BLOCK 944 LOT 47 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-4469

CONSTRUCTION PERMIT APPLICATION

C13-005545

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

I. IDENTIFICATION

1. Proposed Work Site at: 850 South Dr. Brick NJ 08724
2. Name of Owner in Fee: Charles + Colleen Maguire
   Tel. ( ) _____ e-mail _____
   Address same (street) (municipality) (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Accredited Home Elevator Tel. (609) 660-8000
   Address 127 Rt 9 South Barnegat NJ 08005 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH04315000
   Federal Emp. ID No. 20-8058932 FAX: (609) 660-8336
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices	267-		
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	28-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 295-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building									
☒ Electrical									
☐ Plumbing									
☐ Fire Protection									
☒ Elevator	16.700				10-11-13	JL			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☒ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Accredited Home Elevator of NJ

Address 127 Rt. 9 South

Barnegat NJ 08005

Telephone (609) 660-8000

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/3/2014
Control Number C-13-005545
Permit Number 13-4469
Permit Issue Date 10/26/2013
Certificate Number 13-4469

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 850 SOUTH DR. Brick Township, NJ Block: 944 Lot: 47 Qual:

Owner in Fee: MAGUIRE, CHARLES J & COLLEEN M

Owner Address: 12402 ENGLISH GARDEN CT OAK HILL VA 20171

Telephone:

Contractor ACCREDITED HOME ELEVATOR OF NJ

Address 127 ROUTE 9 SOUTH BARNEGAT NJ 08005

Telephone: (609) 660-8000 Fax: (609) 660-8336

License Number or Builders Registration Number: Federal Emp. Number: 20-8058932

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELEVATOR

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/3/2014

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

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 13-4469

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

Block 944 Lot 47 Qualification Code

Work Site Location 850 South Drive.
Brick NJ 08724

Owner in Fee: Charles + Colleen Maguire

Tel. ( ) e-mail

Address Same.
street municipality zip code

Contractor/Installer: Accredited Home Elevator of New Jersey Tel. (609) 660-8000

Address 127 Route 9 South e-mail
Barnegat, NJ 08005

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04317500

Federal Emp. ID No. 20-8058932 FAX: (609) 660-8336

Maintenance/Service Contractor

Address

e-mail

Tel ( ) FAX ( )

B. ELEVATOR CHARACTERISTICS

Building Use Group Residential Building Registration No.

Manufacturer Accredited Home Elevator Device I.D.

Machine Room Location

No. of Stops 3 No. of Openings 2

Travel (ft.) 232" Speed (f.p.m.) 40 fpm

Type of Control SAPB Type of Operation Auto

Passenger X Freight

Capacity (lbs.) 950lbs

Year of Installation 2013 Year of Alteration

Estimated Cost of Elevator Work $ 16,700.00

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 Date 9.18.13

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	$
	Over 10 Floors	
	Hydraulic	
1	Roped Hydraulic	204.
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other PLAN Review	63
	Other	

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[X] Building [ ] Plumbing
[ ] Fire [X] Electric
[X] Elevator Plans Approved
Date: 10-11-13
Approved by: R Ely

INSPECTIONS Dates (Month/Day) 12/3/2014
Type: Failure Failure Approval Initial
Temporary
Final 12/3 DFT
SUBCODE APPPROVAL:
[X] C of C [ ] Temp C of C
Date: 12/3/2014
Approved by: Dennis T. Murphy

* Flood Zone Compliant Installation *
All mechanicals located above flood plane and when necessary equipped with pit float switch

U.C.C. F150 (rev. 7/06)

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

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received 10/26/13
Control #
Date Issued
Permit # 13.4469

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

Block 944 Lot 47 Qualification Code

Work Site Location 850 South Drive
Brick NJ 08724

Owner in Fee: Charles + Colleen Maguire

Tel. ( ) e-mail

Address same.
street municipality zip code

Contractor/Installer: Accredited Home Elevator of New Jersey Tel. (609) 660-8000

Address 127 Route 9 South e-mail
Barnegat, NJ 08005

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04317500

Federal Emp. ID No. 20-8058932 FAX: (609) 660-8336

Maintenance/Service Contractor

Address

e-mail

Tel ( ) FAX ( )

B. ELEVATOR CHARACTERISTICS

Building Use Group Residential Building Registration No.

Manufacturer Accredited Home Elevator Device I.D.

Machine Room Location

No. of Stops 3 No. of Openings 2

Travel (ft.) 232" Speed (f.p.m.) 40 fpm

Type of Control SAPB Type of Operation Auto

Passenger X Freight

Capacity (lbs.) 950 lbs

Year of Installation 2013 Year of Alteration

Estimated Cost of Elevator Work $ 16,700.00

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 Date 9.18.13

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
___	1 to 10 Floors	$
___	Over 10 Floors	
___	Hydraulic	
1	Roped Hydraulic	209.
___	Escalator/Moving Walk	
___	Dumbwaiter	
___	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
___	Oil Buffers	
___	Counterweight Governor and Safeties	
___	Auxiliary Power Generator	
___	Alterations	
1	Other PLAN Review	63.
___	Other	

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[X] Elevator Plans Approved
Date: 10-11-13
Approved by: RED

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPPROVAL:
[ ] C of C [ ] Temp C of C
Date:
Approved by:

* Flood Zone Compliant Installation *
All mechanicals located above flood plane and when necessary equipped with pit float switch

U.C.C. F150 (rev. 7/06)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

A.H.E MANUFACTURING
1:2 Roped Hydraulic

Model

Model Number:	ACC120
Rated Capacity:	950 #
Car Weight (Inc. Frame):	800 #
Pit Depth	12.00 in
Floor To Floor Travel:	232 in
Overhead:	96 in
Travel Speed:	40 fpm
Maximum Bracket Spacing	60 inch

Cab

Bristol Flatt Pannel

Clear Platform:	49" X 40.25"
Height:	7'0"
Panels:	Oak
Ceiling:	Oak
Finish:	Clear Coat
Car Operating Panel: Lable	#4 Stainless Steel
Keyed Car Operating Panel:	N
Cab Lighting:	Globe
Handrail:	#4 Stainless Steel
Flooring:	unfinnished
Recessed Phone Box:	Yes

Gate

Type:	Accordion
Finish:	2 Lt oak Lam 1 Vision Pannel
Size	48 X 84 DLP
Autogate Operator:	No

Drive System

Motor:	Submerged 3 HP 230V 1 phase		
Pump:	25 L Screw pump		
Estimated Working Pressure:	499psi		
Estimated Pressure Relief:	624psi		
Valve:	2 speed with manual lowering		
Piston	2.75 in (70mm)	Wall thick	.295 in
Cylinder	4.00 in (101mm) single piece	Wall thick	.142 in
Hydraulic Oil:	AW32 30 Gal		
Suspension Means:	(2) 3/8 7X19 Steel Core Air Craft Cable 14400# Breaking Strength		
Hydraulic Line:	3/4" schedule 80 pipe		
Hydraulic Hose:	3' L X 3/4" Diameter 12,400 psi burst strength		
Operating Temperature:	50-120 deg		
Buffer Springs:	Rubber		
Stop Blocks:	N/A		

Main Electrical Supply *

208/230 VAC Single Phase (30 Amp Dedicated)

Cab Lighting Electrical Supply *

120 VAC Single Phase (15 Amp Dedicated)

Controls

Operation:	Automatic
Stops:	3
Final Limits:	N/A
Battery Lowering:	Yes
Floor Connections:	In Main Controller

Additional Travel Cable _____

Hoistway

Doors & Hardware:	By Others
Door Locks:	2 LH 1 RH EMI/Porta
Hall Stations:	#4 Stainless Steel
Keyed Hall Stations:	No
Power Door Operator(s):	N0

Standard Features

- UL Listed Controller & Motor
- Emergency Stop & Alarm
- Low Pressure Switch
- Low Oil Run Timer
- Positively Opened Car Gate Switch
- Broken Rope Safety Switch
- Type "A" Instantaneous Safeties (Roller)
- Type "C" Safety (Rupture Valve)
- 1" - 3/4" Reducer Bushing
- 3/8" Wedge Rope Shackles

APPLICABLE CODES

This Elevator Installation as defined in A17.1 will comply with ASME 17.1 2007 section 5.3, NEC 2011 and all applicable building codes. SEI/ASCE 24-05 shall be applied when applicable. clearances in front of the controller and disconnect shall be 36" and all clearances shall comply with NEC 2011.

9/18/13

A.H.E. MANUFACTURING
127 RT 9 SOUTH BARNEGAT, NJ 08005 800-488-5905

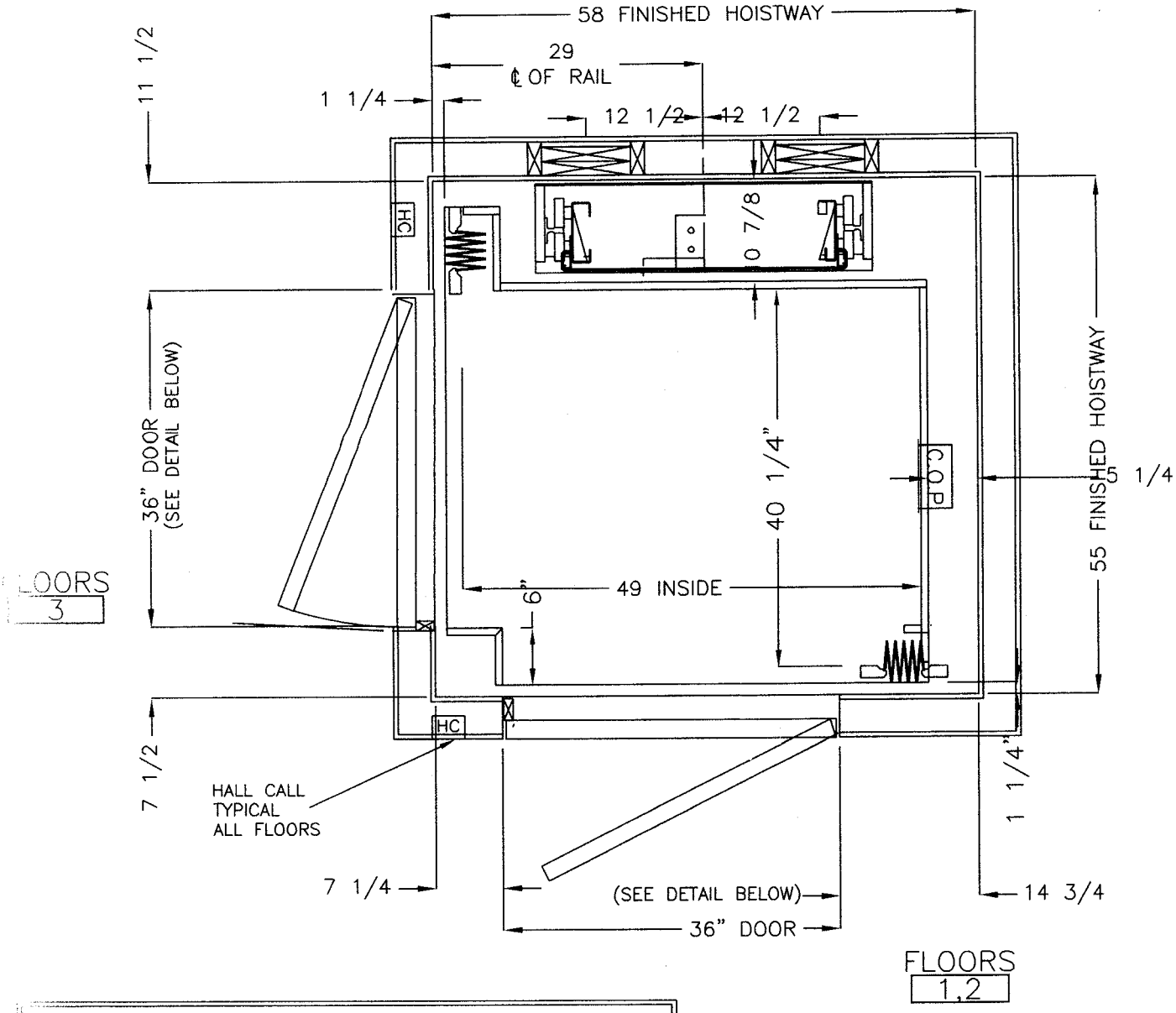
1:2 ROPED HYDRAULIC SPECIFICATION SHEET

SCALE: DATE: 9/18/2013

850 South Drive Brick, NJ

Ron Ely #5997 10/11/13

ELEVATOR SUBCODE RELEASED DATE

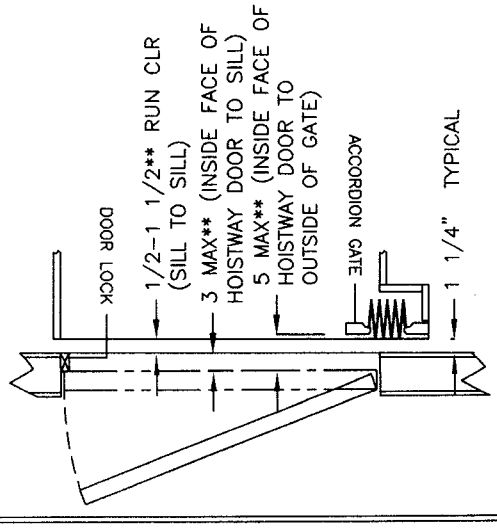


FLOORS
3

FLOORS
1,2

TYPICAL DOOR LOCATION DETAIL

** HORIZONTAL RUNNING CLEARANCES AS REQUIRED BY ASME A17.1, Rule 5.3.1.7.2



THE STANDARD FLOORING FOR THIS ELEVATOR IS UNFINISHED PLYWOOD. IT IS DESIGNED TO ALLOW INSTALLATION OF CARPET OR HARDWOOD FLOORING SUPPLIED BY THE CONTRACTOR OR END USER.

9/18/13

AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

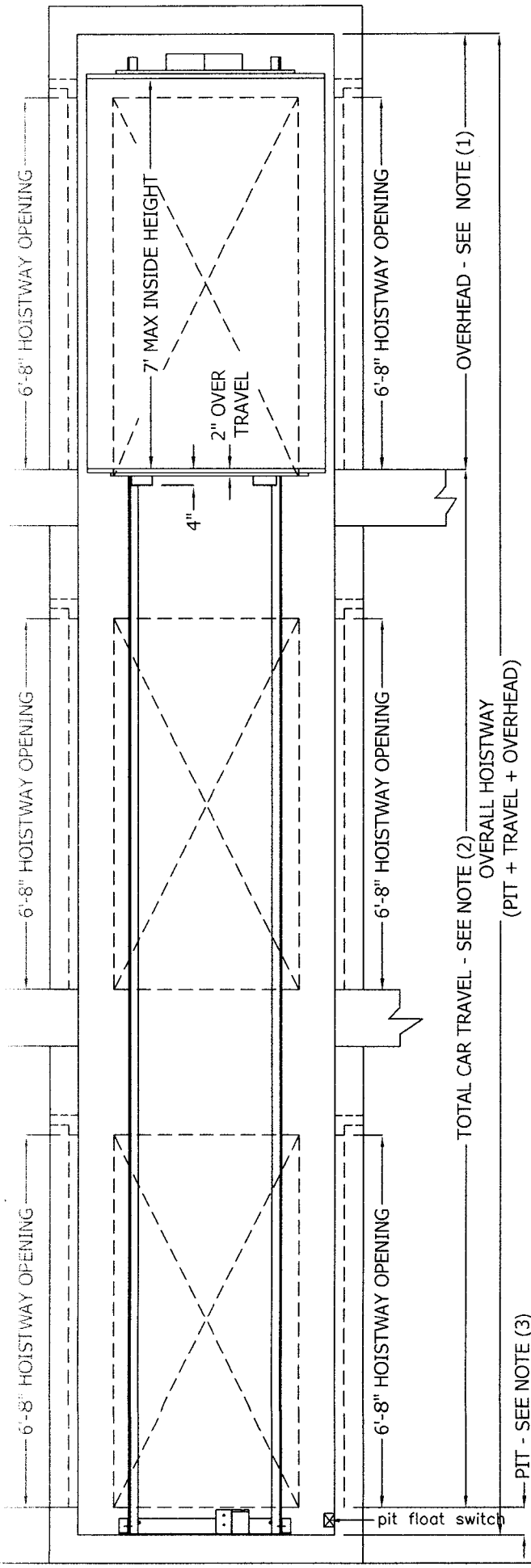
SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc103

DEALER:
Accredited

JOB:
850 South Drive Brick, NJ

#5947 10/11/13

ELEVATOR SUBCODE RELEASED DATE



WORK BY OTHERS

1. A LOCKABLE, FUSED DISCONNECT SWITCH FOR ELEVATOR, PER NATIONAL ELECTRIC CODE, FUSED FOR 30 AMP. DUAL ELEMENT (TIME DELAY FUSE). THE FUSED DISCONNECT SWITCH IS TO BE FURNISHED WITH NORMALLY OPEN ELECTRICAL INTERLOCK CONTACTS.

2. A 120 VAC 20 AMP SINGLE PHASE POWER SUPPLY WITH LOCKABLE, FUSED. DISCONNECT SWITCH OR CIRCUIT BREAKER WITH FEEDER WIRING TO CONTROLLER FOR CAR LIGHTING PER N.E.C.

3. AN ADJACENT MACHINE AREA MUST BE PROVIDED FOR THE OPERATING EQUIPMENT THAT MEETS N.E.C. REQUIREMENTS, ANSI A17.1 AND ALL LOCAL CODES. (SEE RECOMMENDED MACHINE ROOM PLAN).

4. TELEPHONE CONNECTION IN MACHINE ROOM.

5. THE ELEVATOR HOISTWAY SHOULD BE CONSTRUCTED IN ACCORDANCE WITH ANSI A17.1 AND ALL LOCAL CODES. NO ITEMS NOT DIRECTLY INVOLVED WITH THE FUNCTION OF THE ELEVATOR ARE ALLOWED IN HOISWAY.

6. HOISTWAY FRAMEWORK MUST BE PLUMB AND SQUARE WITHIN 1/2" OVER THE ENTIRE RISE. HOISTWAY DOORS TO BE INSTALLED PLUMB ONE ABOVE THE OTHER ION ACCORDANCE WITH A17.1 RULE 5.3.7.1.2 ALL WALLS AND SIDE MEMBERS MUST EXTEND FROM SILL TO BEAM.

7. ADEQUATE RAIL BRACKET SUPPORT MUST BE PROVIDED AS INDICATED ON SHOP DRAWINGS FASTENINGS NOT TO EXCEED VERTICAL INTERVALS SHOWN.

8. ALL SCREENS, RAILINGS, STEPS AND LADDERS AS REQUIRED FOR LEGAL HOISTWAY AND MACHINE ROOM.

9. BARRICADES OUTSIDE OF ELEVATOR HOISTWAY AS REQUIRED FOR PROTECTION OF WORKMEN, OTHER CONTRACTORS OR OCCUPANTS.

10. CUTOUTS TO ACCOMMODATE HALL PUSHBUTTONS ARE REQUIRED. ALL WALL PATCHING , PAINTING AND GROUTING BY GENERAL CONTRACTOR.

10. A FIXED VERTICAL LADDER TO PIT EXTENDING 42" ABOVE SILL OF BOTTOM TERMINAL ENTRANCE SHALL BE PROVIDED WHEN PIT EXCEEDS 36".

11. KNOCKOUT IN WALL BETWEEN HOISTWAY MACHINE ROOM FOR OIL AND ELECTRICAL LINES TO BE COORDINATED WITH ELEVATOR CONTRACTOR

NOTES:
1) 8'0" OVERHEAD REQUIRED FOR 7'-0" CAB HEIGHT. (INCLUDES 9" OF CARTOP CLEARANCE.) CAB HEIGHT OvER 7'-0" REQUIRES ADDITIONAL OVERHEAD.

2) MINIMUM FLOOR TO FLOOR TRAVEL IS 16" BETWEEN FLOORS
(IF TRAVEL IS LESS THAN 16" CONSULT FACTORY)

3) CONSULT FACTORY FOR MINIMUM PIT DEPTH.
IMPACT LOAD @ PIT 4750 LBS (950# CAPACITY)
STATIC LOAD @ PIT 2900 LBS (950# CAPACITY)

4) CONSULT LOCAL AUTHORITY TO ENSURE COMPLIANCE
WITH STATE AND LOCAL CODES .

JOB SPECIFIC HOISTWAY SPECS

340	OVERALL HOISTWAY
96	OVERHEAD
232	FLOOR TO FLOOR TRAVEL
12	PIT DEPTH

9/18/13

AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc100

DEALER:
accredited home elevator

JOB:
850 South Drive Brick, NJ

Ryan Dm Ely #5007 10/11/13

ELEVATOR SUBCODE RELEASED DATE

MAIN LINE DISCONNECT & CAB LIGHT DISCONNECT BY OTHERS**

MAIN LINE DISCONNECT
3 POLES
(1 FOR BATTERY LOWERING)

CAB LIGHT DISCONNECT
1 POLE

MAIN CONTROL BOX
23"H X 20"W X 6.5"D

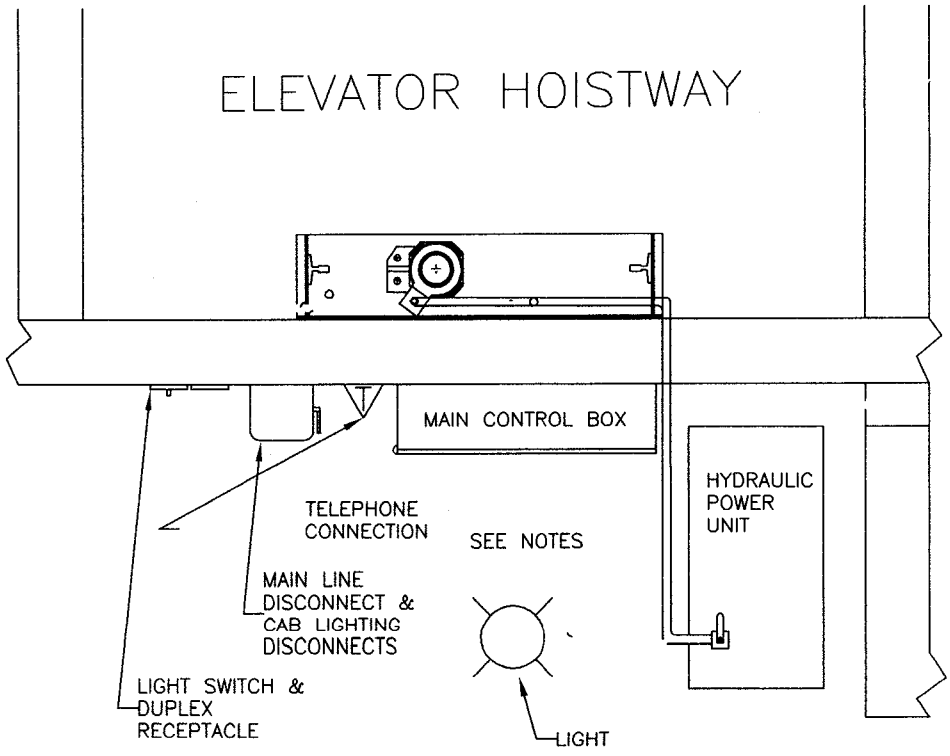
SUBMERGED POWER UNIT
33"H X 30"W X 14"D

*****IF IN FLOOD ZONE *****
ALL ELEVATOR EQUIPMENT SHALL BE LOCATED ABOVE FLOOD PLANE AND UNIT SHALL BE EQUIPPED WITH FLOAT SWITCH OTHERS per SEI/ASCE 24-05

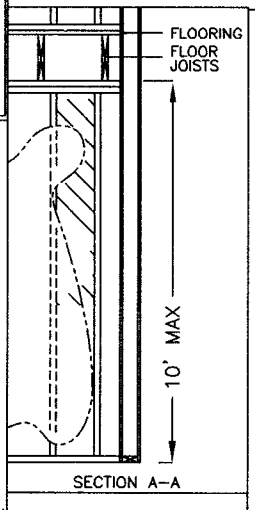
DEALER IS RESPONSIBLE FOR INSURING THAT THE MACHINE SPACE LAYOUT AND THE MACHINE LOCATION MEET CODE REQUIREMENTS IMPOSED BY LOCAL AUTHORITY HAVING JURISDICTION

NOTES:

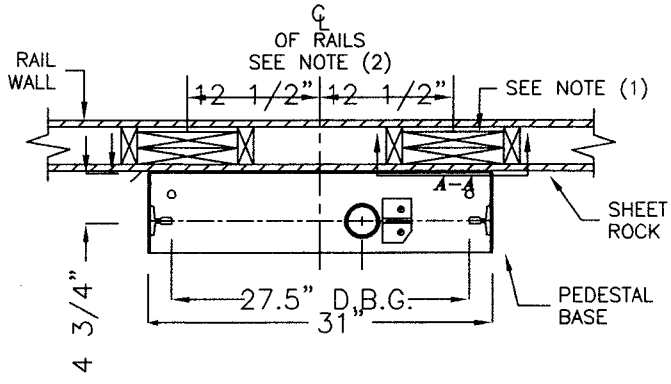
1. LOCAL, STATE, & NATIONAL CODES MUST ALWAYS BE FOLLOWED.
2. 3'-0" CLEARANCE IN FRONT OF THE CONTROL PANEL AND DISCONNECTS REQUIRED BY NEC
3. IF MACHINE ROOM IS PROVIDED, AND CLOSING OF MACHINE ROOM DOOR RESULTS IN CLEARENCES LESS THEN NEC REQUIREMENTS, THEN A MEANS OF SECURING THE DOOR IN THE OPEN POSITION SHALL BE SUPPLIED
4. MAIN LINE DISCONNECT AND LIGHTING DISCONNECT TO BE LOCKED AND CAPABLE OF BEING LOCKED IN THE OPEN POSITION.
5. THE PUMP UNIT SHOULD NOT BE OVER 40' AWAY FROM THE CYLINDER.

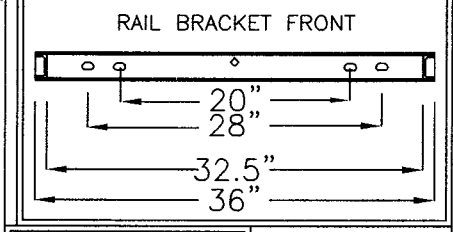


Machine Space



SECTION A-A





NOTES:
(1) TWO 2X10's LAMINATED, SUPPORTED AND FASTENED BETWEEN 2-2X4's RECESSED IN HOISTWAY WALL BEHIND THE SHEETROCK.

(2) RAIL CENTERLINE CAN BE LOCATED ON THE HOISTWAY OVERVIEW DRAWING.

9/18/13

RAIL REACTIONS (PER RAIL)
950#
F1 = 151
F2 = 303

GENERAL CONTRACTOR'S RESPONSIBILITY:
PROVIDE ADEQUATE WALL SUPPORTS FOR T-RAIL FASTENINGS. VERTICAL INTERVALS NOT TO EXCEED 10'0" (SECTION A-A). COMPLY TO ALL PERTINENT BUILDING CODES FOR HOISTWAY CONSTRUCTION AND FIRE RATING. HOISTWAY TO BE VERTICAL WITHIN 1/2" THROUGHOUT ENTIRE HEIGHT.

AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc101

DEALER:
accredited home elevator

JOB:
850 South Drive Brick, NJ

Dm Ely #5997 10/11/13

ELEVATOR SUBCODE RELEASED DATE

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 13-4469

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

Block 944 Lot 47 Qualification Code

Work Site Location 850 South Drive
Brick NJ 08724

Owner in Fee: Charles + Colleen Maguire

Tel. ( ) e-mail

Address same.
street municipality zip code

Contractor/Installer: Accredited Home Elevator of New Jersey Tel. (609) 660-8000

Address 127 Route 9 South e-mail
Barnegat, NJ 08005

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04317500

Federal Emp. ID No. 20-8058932 FAX: (609) 660-8336

Maintenance/Service Contractor

Address

e-mail

Tel ( ) FAX ( )

B. ELEVATOR CHARACTERISTICS

Building Use Group Residential Building Registration No.

Manufacturer Accredited Home Elevator Device I.D.

Machine Room Location

No. of Stops 3 No. of Openings 2

Travel (ft.) 232" Speed (f.p.m.) 40 fpm

Type of Control SAPB Type of Operation Auto

Passenger X Freight

Capacity (lbs.) 950lbs

Year of Installation 2013 Year of Alteration

Estimated Cost of Elevator Work $ 16,700.00

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 Date 9.18.13

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
___	1 to 10 Floors	$
___	Over 10 Floors	
___	Hydraulic	
1	Roped Hydraulic	204.
___	Escalator/Moving Walk	
___	Dumbwaiter	
___	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
___	Oil Buffers	
___	Counterweight Governor and Safeties	
___	Auxiliary Power Generator	
___	Alterations	
1	Other BLDN Review	63
___	Other	

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[X] Building [ ] Plumbing
[ ] Fire [X] Electric
[X] Elevator Plans Approved
Date: 10-11-13
Approved by: R Ely

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Temporary				
Final			12/3/2014	

SUBCODE APPPROVAL:
[X] C of C [ ] Temp C of C
Date: 12/3/2014
Approved by: Dennis Murphy

* Flood Zone Compliant Installation *
All mechanicals located above flood plane and when necessary equipped with pit float switch

CONSTRUCTION PERMIT

Date Issued
Control # C-13-005545
Permit #

IDENTIFICATION Block: 944 Lot: 47 Qualifier
Work Site Location: 850 SOUTH DR. Brick Township, NJ

Owner in Fee: MAGUIRE, CHARLES J & COLLEEN M
12402 ENGLISH GARDEN CT OAK HILL NJ 20171
Telephone:

Contractor: ACCREDITED HOME ELEVATOR OF NJ
Address: 127 ROUTE 9 SOUTH BARNEGAT NJ 08005
Telephone: (609) 660-8000
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-8058932

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☑ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ELEVATOR

Note: If constuction 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 $18,000

David P Newman Jr

Construction Official — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$267
Other	$0.00
DCA Training Fee	$28
CO Fee	
Other	$0
Total	$295
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

10/26/13

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 13.4469

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

Block 944 Lot 47 Qualification Code

Work Site Location 850 South Drive
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Owner in Fee: Charles + Colleen Maguire

Tel. ( ) e-mail

Address Same.
street municipality zip code

Contractor/Installer: Accredited Home Elevator of New Jersey Tel. (609) 660-8000

Address 127 Route 9 South e-mail
Barnegat, NJ 08005

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04317500

Federal Emp. ID No. 20-8058932 FAX: (609) 660-8336

Maintenance/Service Contractor

Address

e-mail

Tel ( ) FAX ( )

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Manufacturer Accredited Home Elevator Device I.D.

Machine Room Location

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Signature Date 9.18.13

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1	Roped Hydraulic	204.
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	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other DPAN Review	63.
	Other	

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[X] Elevator Plans Approved
Date: 10-11-13
Approved by: R Ely

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPPROVAL:
[ ] C of C [ ] Temp C of C
Date:
Approved by:

* Flood Zone Compliant Installation *
All mechanicals located above flood plane and when necessary equipped with pit float switch

U.C.C. F150 (rev. 7/06)

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

Accred Elev. Co

Private Residence

ELEVATOR INSPECTION

Name

Address 850 South Drive Brick

Date 12/3/2014

BUILDING REGISTRATION NO. 13-4469

If FA, Permit No.

TYPE OF INSPECTION/TEST

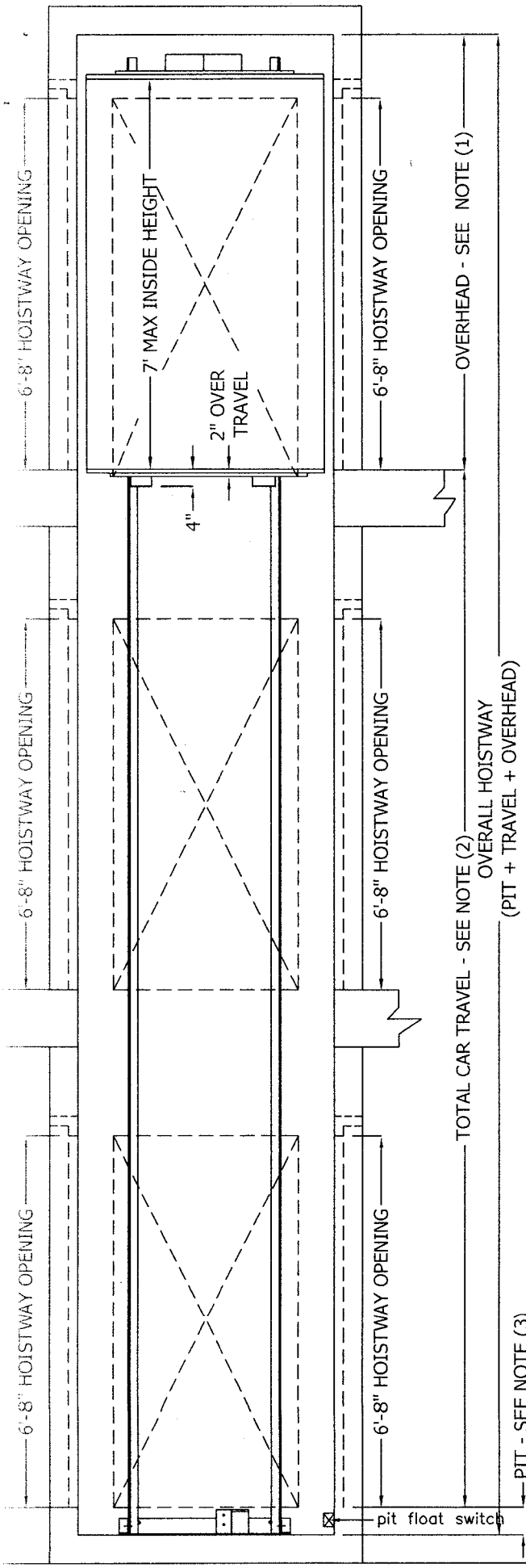
1 = FA (circled) | 4 = 3 Yr | 7 = Alteration

2 = 6 Mo | 5 = 5 Yr | P = Passenger

3 = 1 Yr | 6 = Reinspection | F = Freight

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

	DEVICE TYPE	R/Hyd											
	DEVICE NUMBER	1											
	TYPE OF INSPECTION/TEST	1											
		S	U	S	U	S	U	S	U	S	U	S	U
A. MACHINE ROOM & MACHINE ROOM EQUIPMENT													
1.	Enclosure/Lighting/Vents	✓											
2.	Machine/Brake/Gears/Motor	N/A											
3.	Hydro Power Motor Unit	✓											
4.	Motor Generator Set/SCR Drive	N/A											
5.	Controller/Selector	✓											
6.	Governor(s)	N/A											
7.	Relief & Check Valves	✓											
8.	Required Disconnects	✓											
9.	Oil/Hydro Fluid, Leaks, Level	✓											
10.	Hydro Fluid Hoses or Pipe	✓											
11.	Seals, Plates, Labels, Unit ID, Tags, Signs	✓											
12.	Routine Maintenance	✓											
13.													
B. ELEVATOR CAR AND COUNTERWEIGHT													
1.	Car Enclosure/Platform/Sling/Flooring	✓											
2.	Guide Shoes/Rollers	✓											
3.	Car Gate/Door/Accessories/Car Door Reopening Device(s)	✓											
4.	Car Gate or Door Operator	✓											
5.	Car Lighting/Standard & Emergency	✓											
6.	Rope Hitches/Platen Hitch	✓											
7.	Top-of-Car Operating Station/Stop Switch	✓											
8.	Car Operating Station/Stop Switch/Indicators	✓											
9.	Emergency Signals & Communication	✓											
10.	Emergency Exits/Top/Side	N/A											
11.	Safeties & Accessories	✓											
12.	Seals, Plates, Labels, Unit ID, Tags, Signs	✓											
13.	Firefighter Service PHI & II	N/A											
14.	Counterweight/Car &Counterweight Sheaves	✓											
15.	Routine Maintenance	✓											
16.													
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT													
1.	Enclosure	✓											
2.	Door, Closers & Accessories	✓											
3.	Door Interlocks/Emergency Key/Access Keys	✓											
4.	Guide Rails: Main & Counterweight	✓											
5.	Switches and Cams	✓											
6.	Pit/Stop Switch/Light/Ladder	✓											
7.	Counterweight Guard	N/A											
8.	Buffers: Spring or Oil	N/A											
9.	Ropes: Hoist, Governor, Counterweight, Compensating, Tail	✓											
10.	Traveling Cable and Wiring	✓											
11.	Plunger, Cylinder and Gland	N/A											
12.	Governor Rope Tension Sheave & Assembly	N/A											
13.	Compensating Sheave or Chain	N/A											
14.	Clearances and Runby	✓											
15.	Seals, Plates, Labels, Tags	✓											
16.	Hall Station/Hall Position Indicator (if required), Hall Lantern	✓											
17.	Routine Maintenance	✓											
18.													



WORK BY OTHERS

1. A LOCKABLE, FUSED DISCONNECT SWITCH FOR ELEVATOR, PER NATIONAL ELECTRIC CODE, FUSED FOR 30 AMP. DUAL ELEMENT (TIME DELAY FUSE) . THE FUSED DISCONNECT SWITCH IS TO BE FURNISHED WITH NORMALLY OPEN ELECTRICAL INTERLOCK CONTACTS.

2. A 120 VAC 20 AMP SINGLE PHASE POWER SUPPLY WITH LOCKABLE, FUSED. DISCONNECT SWITCH OR CIRCUIT BREAKER WITH FEEDER WIRING TO CONTROLLER FOR CAR LIGHTING PER N.E.C.

3. AN ADJACENT MACHINE AREA MUST BE PROVIDED FOR THE OPERATING EQUIPMENT THAT MEETS N.E.C. REQUIREMENTS, ANSI A17.1 AND ALL LOCAL CODES. (SEE RECOMMENDED MACHINE ROOM PLAN).

4. TELEPHONE CONNECTION IN MACHINE ROOM.

5. THE ELEVATOR HOISTWAY SHOULD BE CONSTRUCTED IN ACCORDANCE WITH ANSI A17.1 AND ALL LOCAL CODES. NO ITEMS NOT DIRECTLY INVOLVED WITH THE FUNCTION OF THE ELEVATOR ARE ALLOWED IN HOISWAY.

6. HOISTWAY FRAMEWORK MUST BE PLUMB AND SQUARE WITHIN 1/2" OVER THE ENTIRE RISE. HOISTWAY DOORS TO BE INSTALLED PLUMB ONE ABOVE THE OTHER ION ACCORDANCE WITH A17.1 RULE 5.3.7.1.2 ALL WALLS AND SIDE MEMBERS MUST EXTEND FROM SILL TO BEAM.

7. ADEQUATE RAIL BRACKET SUPPORT MUST BE PROVIDED AS INDICATED ON SHOP DRAWINGS FASTENINGS NOT TO EXCEED VERTICAL INTERVALS SHOWN.

8. ALL SCREENS, RAILINGS, STEPS AND LADDERS AS REQUIRED FOR LEGAL HOISTWAY AND MACHINE ROOM.

9. BARRICADES OUTSIDE OF ELEVATOR HOISTWAY AS REQUIRED FOR PROTECTION OF WORKMEN, OTHER CONTRACTORS OR OCCUPANTS.

10. CUTOUTS TO ACCOMMODATE HALL PUSHBUTTONS ARE REQUIRED. ALL WALL PATCHING , PAINTING AND GROUTING BY GENERAL CONTRACTOR.

10. A FIXED VERTICAL LADDER TO PIT EXTENDING 42" ABOVE SILL OF BOTTOM TERMINAL ENTRANCE SHALL BE PROVIDED WHEN PIT EXCEEDS 36".

11. KNOCKOUT IN WALL BETWEEN HOISTWAY MACHINE ROOM FOR OIL AND ELECTRICAL LINES TO BE COORDINATED WITH ELEVATOR CONTRACTOR

NOTES:
1) 8'0" OVERHEAD REQUIRED FOR 7'-0" CAB HEIGHT. (INCLUDES 9" OF CARTOP CLEARANCE.) CAB HEIGHT OvER 7'-0" REQUIRES ADDITIONAL OVERHEAD.

2) MINIMUM FLOOR TO FLOOR TRAVEL IS 16" BETWEEN FLOORS
(IF TRAVEL IS LESS THAN 16" CONSULT FACTORY)

3) CONSULT FACTORY FOR MINIMUM PIT DEPTH.
IMPACT LOAD @ PIT 4750 LBS (950# CAPACITY)
STATIC LOAD @ PIT 2900 LBS (950# CAPACITY)

4) CONSULT LOCAL AUTHORITY TO ENSURE COMPLIANCE
WITH STATE AND LOCAL CODES .

JOB SPECIFIC HOISTWAY SPECS

340	OVERALL HOISTWAY
96	OVERHEAD
232	FLOOR TO FLOOR TRAVEL
12	PIT DEPTH

9/18/13

AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc100

DEALER: accredited home elevator

JOB: 850 South Drive Brick, NJ

850 SOUTH DR BRICK

ELEVATOR INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

DEVICE TYPE
DEVICE NUMBER
TYPE OF INSPECTION/TEST

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

D. ESCALATOR/MOVING WALKS (Device Type)												
	S	U	S	U	S	U	S	U	S	U	S	U
1. Stair Treads/Comb Plates												
2. Balustrade/Handrails												
3. Shear Points Protection												
4. Emergency Stop Switches												
5. Steps, Rollers & Tracks												
6. Chains & Sprockets												
7. Safety Devices												
8. Kiosk/Wellway/Safety Zone												
9. Clearances												
10. Protection of Trusses & Machinery Space (Fire)												
11. Skirt & Steps Clearance												
12. Machinery Access Space & Lighting												
13. Escalator Brakes												
14. Machine/Brakes/Gears/Motor												
15. Starting & Switches												
16. Speed Governor												
17. Roller Shutter Device												
18. Signs, Seals, Planks, Labels, Unit ID, Tags												
19. Step Lighting												
20. Required Disconnect												
21. Routine Maintenance												
22. Tests												
23.												

E. TESTS: TRACTION ELEVATOR DEVICES (Pass or Fail)						
1. Device Number						
2. Car Rated Speed						
3. Overspeed Switch						
4. Tripping Speed						
5. Capacity	PASS					
HYDRO ELEVATOR DEVICES (Pass or Fail)						
1. Car Registration Number	1680					
2. Working Pressure	820					
3. Relief Pressure	950					
4. Capacity	✓					
5. Tags						

F. APPLICABLE CODES						
A17.1	2007					
Nec	2011					

ACTION TAKEN						
1. Device Number	1					
2. Recommended Type of Certificate (Cyclical Inspections Only)	C of C					
3. Removed from Operation						

Note: When unsatisfactory conditions are noted, see "Notice" attached.

NO VIOLATIONS

C of C.

Dennis T. Murphy 6391
Inspector's Name (print) and Lic. No.

Dennis T. Murphy
Inspector's Signature

U.C.C. F310-2
(rev. 2/07)

MAIN LINE DISCONNECT & CAB
HT DISCONNECT BY OTHERS**

MAIN LINE DISCONNECT
3 POLES
(FOR BATTERY LOWERING)

CAB LIGHT DISCONNECT
1 POLE

MAIN CONTROL BOX
23"H X 20"W X 6.5"D

SUBMERGED POWER UNIT
33"H X 30"W X 14"D

*****IF IN FLOOD ZONE *****
L ELEVATOR EQUIPMENT
HALL BE LOCATED ABOVE
LOOD PLANE AND UNIT
HALL BE EQUIPPED WITH
T FLOAT SWITCH OTHERS
S per SEI/ASCE 24-05

DEALER IS RESPONSIBLE FOR INSURING THAT THE MACHINE SPACE LAYOUT AND THE MACHINE LOCATION MEET CODE REQUIREMENTS IMPOSED BY LOCAL AUTHORITY HAVING JURISDICTION

TES:

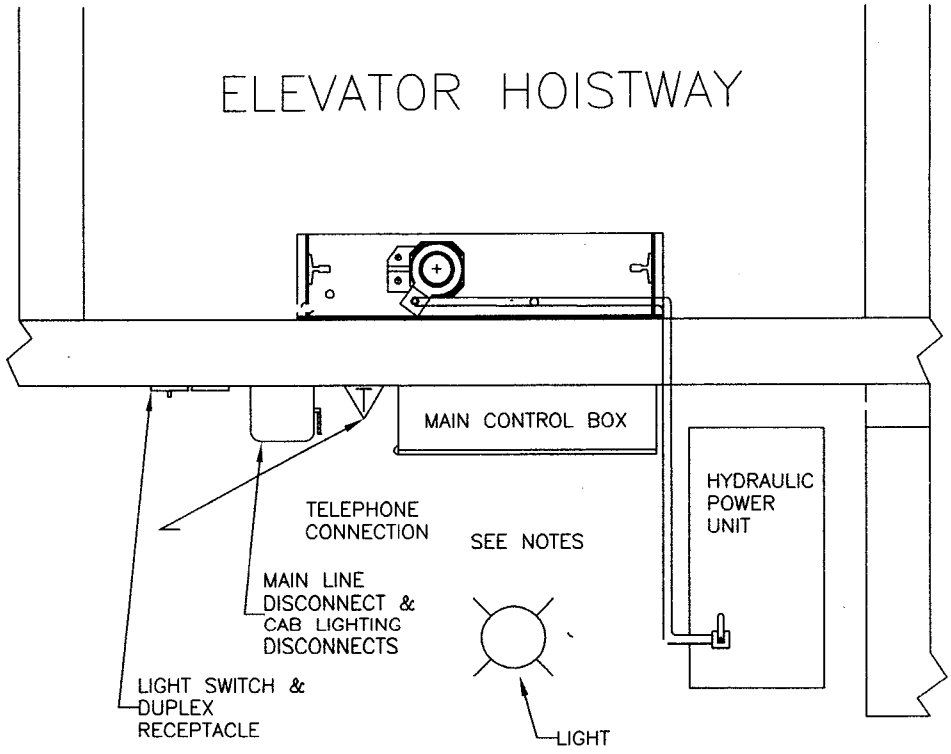
LOCAL, STATE, & NATIONAL
DES MUST ALWAYS BE
LLOWED.

3'-0" CLEARANCE IN FRONT
THE CONTROL PANEL AND
SCONNECTS REQUIRED BY NEC

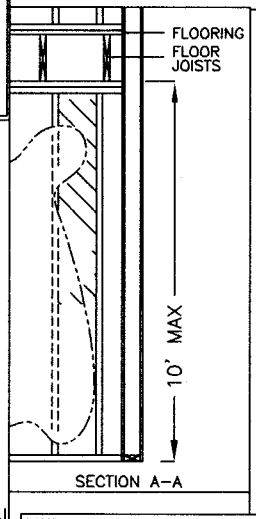
IF MACHINE ROOM IS
ROVIDED, AND CLOSING OF
ACHINE ROOM DOOR RESULTS IN
EARENCES LESS THEN NEC
QUIREMENTS, THEN A MEANS
SECURING THE DOOR IN THE
EN POSITION SHALL BE
PPLIED

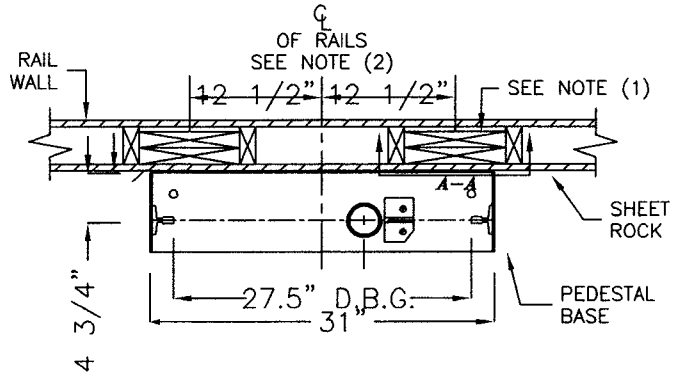
MAIN LINE DISCONNECT AND
HTING DISCONNECT TO BE
SED AND CAPABLE OF BEING
CKED IN THE OPEN POSITION.

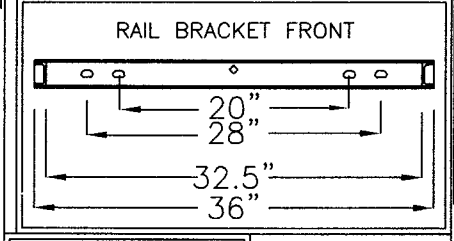
THE PUMP UNIT SHOULD NOT
OVER 40' AWAY FROM THE
LINDER.



Machine Space







NOTES:
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(2) RAIL CENTERLINE CAN BE LOCATED ON THE HOISTWAY OVERVIEW DRAWING.

9/18/13

RAIL REACTIONS
(PER RAIL)
950#
F1 = 151
F2 = 303

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AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc101

DEALER:
accredited home elevator

JOB:
850 South Drive Brick, NJ

A.H.E MANUFACTURING
1:2 Roped Hydraulic

Model

Model Number:	ACC120
Rated Capacity:	950 #
Car Weight (Inc. Frame):	800 #
Pit Depth	12.00 in
Floor To Floor Travel:	232 in
Overhead:	96 in
Travel Speed:	40 fpm
Maximum Bracket Spacing	60 inch

Cab

Bristol Flatt Pannel

Clear Platform:	49" X 40.25"
Height:	7'0"
Panels:	Oak
Ceiling:	Oak
Finish:	Clear Coat
Car Operating Panel:	#4 Stainless Steel
Lable	
Keyed Car Operating Panel:	N
Cab Lighting:	Globe
Handrail:	#4 Stainless Steel
Flooring:	unfinnished
Recessed Phone Box:	Yes

Gate

Type:	Accordion
Finish:	2 Lt oak Lam
	1 Vision Pannel
Size	48 X 84 DLP
Autogate Operator:	No

Drive System

Motor:	Submerged 3 HP 230V 1 phase		
Pump:	25 L Screw pump		
Estimated Working Pressure:	499psi		
Estimated Pressure Relief:	624psi		
Valve:	2 speed with manual lowering		
Piston	2.75 in (70mm)	Wall thick	.295 in
Cylinder	4.00 in (101mm)	Wall thick	.142 in
	single piece		
Hydraulic Oil:	AW32 30 Gal		
Suspension Means:	(2) 3/8 7X19 Steel Core		
	Air Craft Cable		
	14400# Breaking Strength		
Hydraulic Line:	3/4" schedule 80 pipe		
Hydraulic Hose:	3' L X 3/4" Diameter		
	12,400 psi burst strength		
Operating Temperature:	50-120 deg		
Buffer Springs:	Rubber		
Stop Blocks:	N/A		

Main Electrical Supply *

208/230 VAC Single Phase (30 Amp Dedicated)

Cab Lighting Electrical Supply *

120 VAC Single Phase (15 Amp Dedicated)

Controls

Operation:	Automatic
Stops:	3
Final Limits:	N/A
Battery Lowering:	Yes
Floor Connections:	In Main Controller
Additional Travel Cable	_____

Hoistway

Doors & Hardware:	By Others
Door Locks:	2 LH 1 RH EMI/Porta
Hall Stations:	#4 Stainless Steel
Keyed Hall Stations:	No
Power Door Operator(s):	N0

Standard Features

UL Listed Controller & Motor
Emergency Stop & Alarm
Low Pressure Switch
Low Oil Run Timer
Positively Opened Car Gate Switch
Broken Rope Safety Switch
Type "A" Instantaneous Safeties (Roller)
Type "C" Safety (Rupture Valve)
1" - 3/4" Reducer Bushing
3/8" Wedge Rope Shackles

APPLICABLE CODES

This Elevator Installation as defined in A17.1 will comply with ASME 17.1 2007 section 5.3, NEC 2011 and all applicable building codes. SEI/ASCE 24-05 shall be applied when applicable. clearances in front of the controller and disconnect shall be 36" and all clearances shall comply with NEC 2011

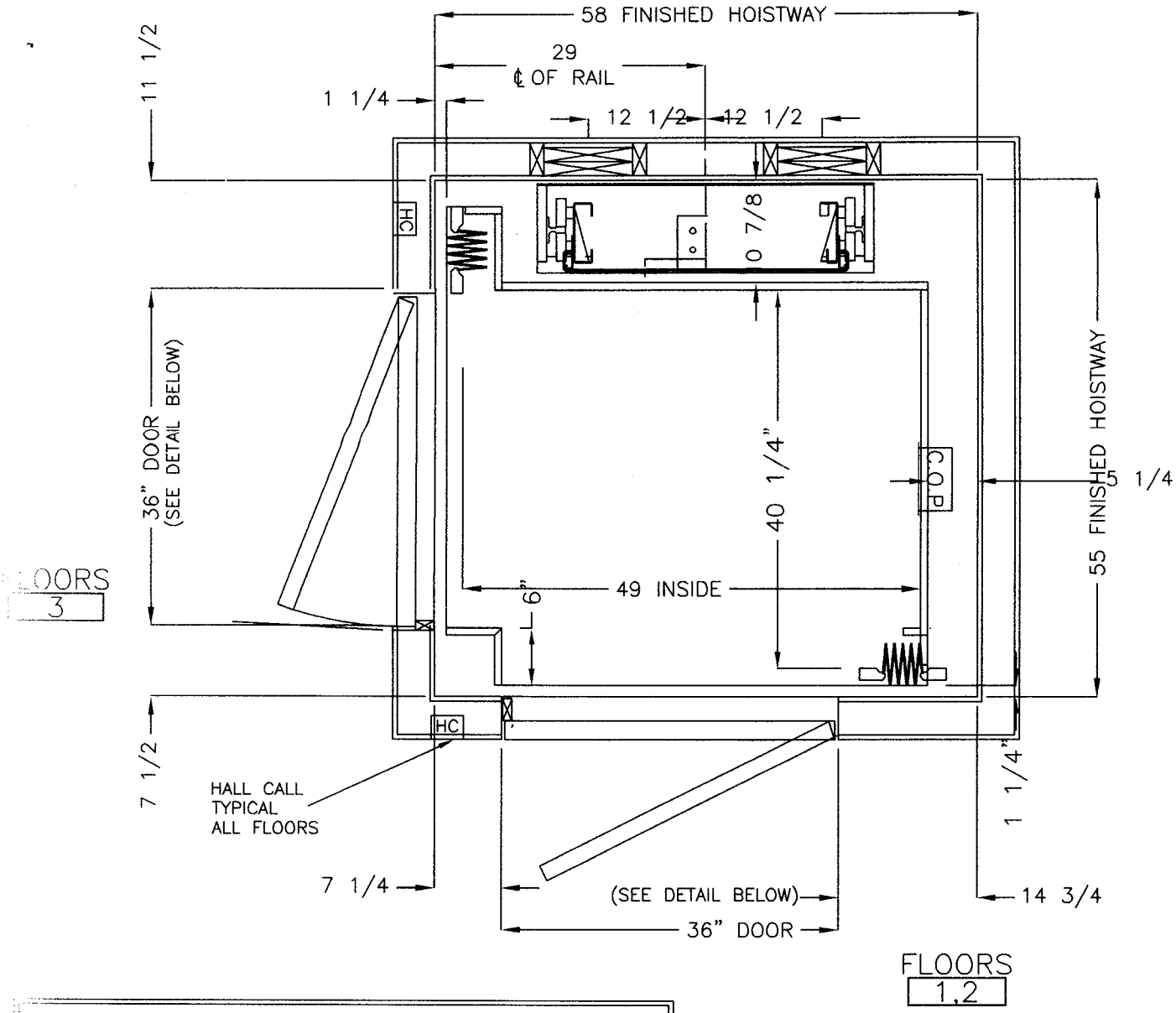
9/18/13

A.H.E. MANUFACTURING
127 RT 9 SOUTH BARNEGAT, NJ 08005 800-488-5905

1:2 ROPED HYDRAULIC SPECIFICATION SHEET

SCALE: DATE: 9/18/2013

850 South Drive Brick, NJ

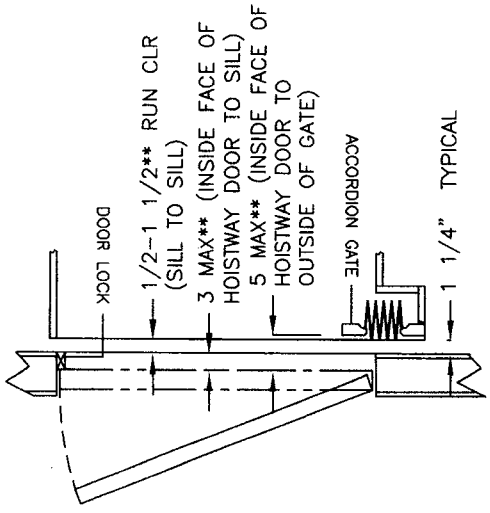


FLOORS
3

FLOORS
1,2

TYPICAL DOOR LOCATION DETAIL

** HORIZONTAL RUNNING CLEARANCES AS REQUIRED BY ASME A17.1, Rule 5.3.1.7.2



THE STANDARD FLOORING FOR THIS ELEVATOR IS UNFINISHED PLYWOOD. IT IS DESIGNED TO ALLOW INSTALLATION OF CARPET OR HARDWOOD FLOORING SUPPLIED BY THE CONTRACTOR OR END USER.

9/18/13

AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc103

DEALER:
Accredited

JOB:
·850 South Drive Brick, NJ

850 South Drive Brick

TOWNSHIP OF Brick

PLAN REVIEW REQUIRED DATE

SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

MANUFACTURER	AHE	INSTALLER	AHE
CAR(S) NO.	#1 RES	PLATFORM THICKNESS	
TYPE (PASS.) (FRT.)	PASS	CAR BUFFER TYPE	
CAPACITY	950 #	CAR BUFFER STROKE	
RATED SPEED	40 FPM	CAR BUFFER REACTIONS	
TRAVEL	23'2"	LOAD CAR BUFFERS	
STOPS	3	TYPE HOISTWAY ENTRANCES	
OPENINGS	2	TYPE CAR DOOR(S) OR GATE(S)	
OPERATION	Sel Col	FIREMAN'S SERVICE AT	FLOOR
POWER SUPPLY	120 AC 230V	ALT. FIREMEN'S SERVICE AT	FLOOR
MACH. ROOM HEAT EMISSION IN BTU'S	N/A	TRANSFORMER	
CAR GUIDE RAILS LBS/FT		HOIST BEAM CAPACITY	
SPACING OF GUIDE RAIL SUPPORTS	60"	SIZE & HEIGHT OF STILES	
NET RAIL FORCES	—	CLASS LOADING (RULE 207 2b)	

F_1 F_2 1 = 151 2 = 303

HYDRAULIC ELEVATORS

PLUNGER OD		PLUNGER WALL THK	
NUMBER OF PLUNGER SECTIONS		CYLINDER OD	
CYLINDER WALL THK		REFUGE SPACE PIT TOP OF HW	
WORKING PRESSURE		RELIEF PRESSURE	
TYPE OF POWER UNIT		PUMP MOTOR HP	
OIL PIPE OD		OIL PIPE WALL THK	
PLUNGER OVERTRAVEL UP DOWN			

3/4 Sch 40

2 3/8 7/19 Steel

TRACTION ELEVATORS

MACHINE ROOM REACTIONS		SIZE & WEIGHT OF MACHINE BEAMS	
SIZE OF CROSSHEAD		HOIST ROPES	
SIZE OF SAFETY PLANK		GOVERNOR ROPE(S)	
TYPE OF SAFETY (CAR)		COMPENSATION TYPE No. SIZE	
CAR GOVERNOR		CWT. BUFFER TYPE	
MACHINE TYPE		CWT. BUFFER STROKE	
MOTOR HP & TYPE		CWT. STILE SIZE	
DRIVE SHEAVE DIA.		TYPE OF CWT. GUIDES	
TYPE OF GROOVE		TYPE OF CWT. SAFETY	
DEFLECTOR/SECONDARY SHEAVE DIA.		CWT. GOVERNOR	
CONTROL (VVVF) (VVSCR) (VVMG)		CWT. GUIDE RAILS LBS./FT.	
ISOLATION		CWT. BUFFER REACTIONS	

ALL WORK TO COMPLY WITH ANSI A17.1 ELEVATOR SAFETY CODE AND/OR STATE OF NEW JERSEY HANDICAP CODE NJAC 5:23.7

Emir Lowery

Springs Rubber

TOWNSHIP OF _____

PLAN REVIEW REQUIRED DATA

ESTIMATED WEIGHTS

TRACTION ELEVATORS

ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL	
MISCELLANEOUS	
CAR FRAME & SAFETY	
TOTAL CAR	
OVERBALANCE	
1/2 TIC WEIGHT	
TOTAL CWT	
LOAD ON CAR SAFETY	
LOAD ON SHEAVE SHAFT	
WEIGHT of MACHINE	

HYDRAULIC ELEVATORS

ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL	
MISCELLANEOUS	
CAR FRAME	800 #
TOTAL CAR	
LOAD ON JACK ASSEMBLY	
WEIGHT of MACHINE	

ESCALATORS

RATED LOADS IN LB. (Rule 8029)	HORIZONTAL SPAN
HORIZONTAL PROTECTION OF TRUSS	STRUCTURAL RATED LOAD
LOCATION OF EMERGENCY STOP BUTTONS	MACHINERY RATED LOAD
ACCESS TO MACHINE ROOM PIT. INTERIOR	BRAKE RATED LOAD (Stopped)
INDICATE NUMBER OF FLAT STEPS	BRAKE RATED LOAD (Running)
TRUSS EXTENSION OR REDUCTION	LOAD OF ONE STEP CHAIN
STEP TREAD WIDTH IN INCHES	BREAKING LOAD OF STEP CHAIN
DIAMETER OF DRIVE WHEEL	DIAMETER OF STEP CHAIN WHEEL
LOAD OF ONE DRIVE CHAIN	BREAKING LOAD OF DRIVE CHAIN

GENERAL INFORMATION REQUIRED

* Locate escalator from structural or architectural drawings
* Furnish sealed structural drawing indicating escalator reactions
* Three sets of sealed escalator layout drawings

A.H.E MANUFACTURING
1:2 Roped Hydraulic

Model

Model Number:	ACC120
Rated Capacity:	950 #
Car Weight (Inc. Frame):	800 #
Pit Depth	12.00 in
Floor To Floor Travel:	232 in
Overhead:	96 in
Travel Speed:	40 fpm
Maximum Bracket Spacing	60 inch

Cab

Bristol Flatt Pannel

Clear Platform:	**49" X 40.25"**
Height:	**7'0"**
Panels:	**Oak**
Ceiling:	**Oak**
Finish:	**Clear Coat**
Car Operating Panel: Lable	**#4 Stainless Steel**
Keyed Car Operating Panel:	**N**
Cab Lighting:	**Globe**
Handrail:	**#4 Stainless Steel**
Flooring:	**unfinnished**
Recessed Phone Box:	**Yes**

Gate

Type:	**Accordion**
Finish:	**2 Lt oak Lam**
	1 Vision Pannel
Size	**48 X 84 DLP**
Autogate Operator:	**No**

Drive System

Motor:	Submerged 3 HP 230V 1 phase		
Pump:	**25 L Screw pump**		
Estimated Working Pressure:	**499psi**		
Estimated Pressure Relief:	**624psi**		
Valve:	**2 speed with manual lowering**		
Piston	**2.75 in (70mm)**	**Wall thick**	.295 in
Cylinder	**4.00 in (101mm) single piece**	**Wall thick**	.142 in
Hydraulic Oil:	**AW32 30 Gal**		
Suspension Means:	**(2) 3/8 7X19 Steel Core Air Craft Cable 14400# Breaking Strength**		
Hydraulic Line:	**3/4" schedule 80 pipe**		
Hydraulic Hose:	**3' L X 3/4" Diameter 12,400 psi burst strength**		
Operating Temperature:	**50-120 deg**		
Buffer Springs:	**Rubber**		
Stop Blocks:	**N/A**		

Main Electrical Supply *

208/230 VAC Single Phase (30 Amp Dedicated)

Cab Lighting Electrical Supply *

120 VAC Single Phase (15 Amp Dedicated)

Controls

Operation:	**Automatic**
Stops:	**3**
Final Limits:	**N/A**
Battery Lowering:	**Yes**
Floor Connections:	**In Main Controller**

Additional Travel Cable _____

Hoistway

Doors & Hardware:	**By Others**
Door Locks:	**2 LH 1 RH EMI/Porta**
Hall Stations:	**#4 Stainless Steel**
Keyed Hall Stations:	**No**
Power Door Operator(s):	N0

Standard Features

UL Listed Controller & Motor
Emergency Stop & Alarm
Low Pressure Switch
Low Oil Run Timer
Positively Opened Car Gate Switch
Broken Rope Safety Switch
Type "A" Instantaneous Safeties (Roller)
Type "C" Safety (Rupture Valve)
1" - 3/4" Reducer Bushing
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APPLICABLE CODES

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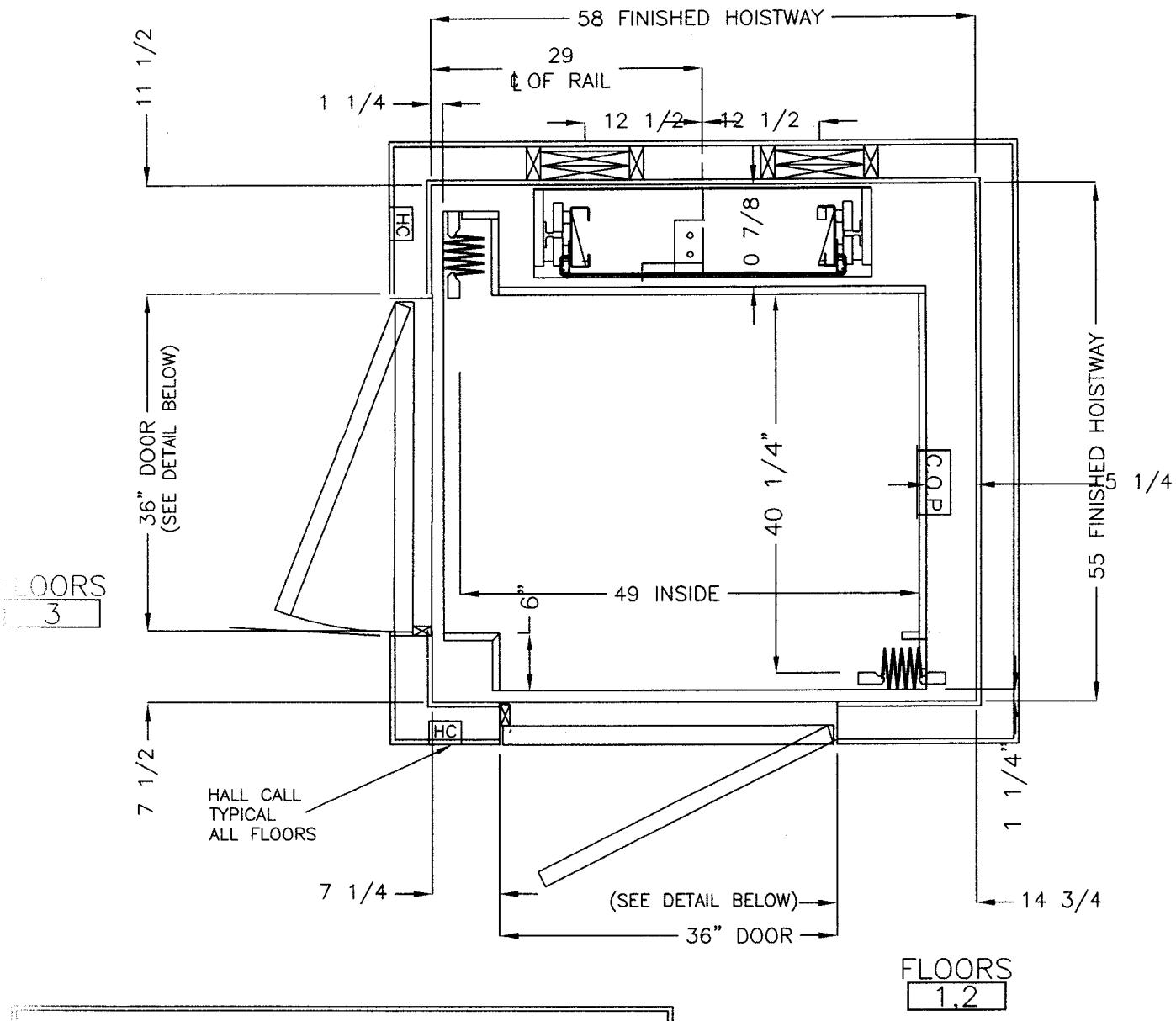
9/18/13

A.H.E. MANUFACTURING
127 RT 9 SOUTH BARNEGAT, NJ 08005 800-488-5905
1:2 ROPED HYDRAULIC SPECIFICATION SHEET
SCALE: DATE: 9/18/2013
850 South Drive Brick, NJ

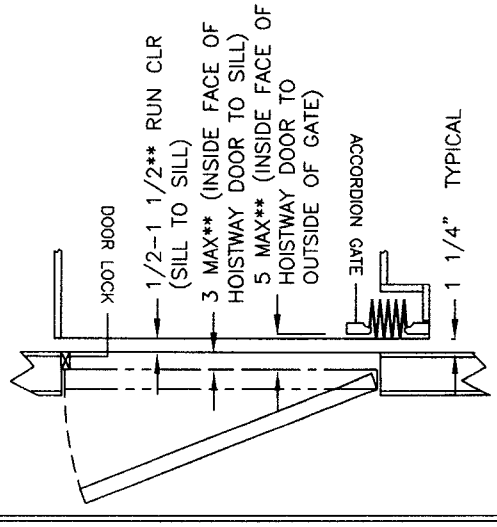
Ryan M Ely #5997 10/11/13

ELEVATOR SUBCODE RELEASED DATE



TYPICAL DOOR LOCATION DETAIL

** HORIZONTAL RUNNING CLEARANCES AS REQUIRED BY ASME A17.1, Rule 5.3.1.7.2



THE STANDARD FLOORING FOR THIS ELEVATOR IS UNFINISHED PLYWOOD. IT IS DESIGNED TO ALLOW INSTALLATION OF CARPET OR HARDWOOD FLOORING SUPPLIED BY THE CONTRACTOR OR END USER.

9/18/13

AHE Manufacturing inc.
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

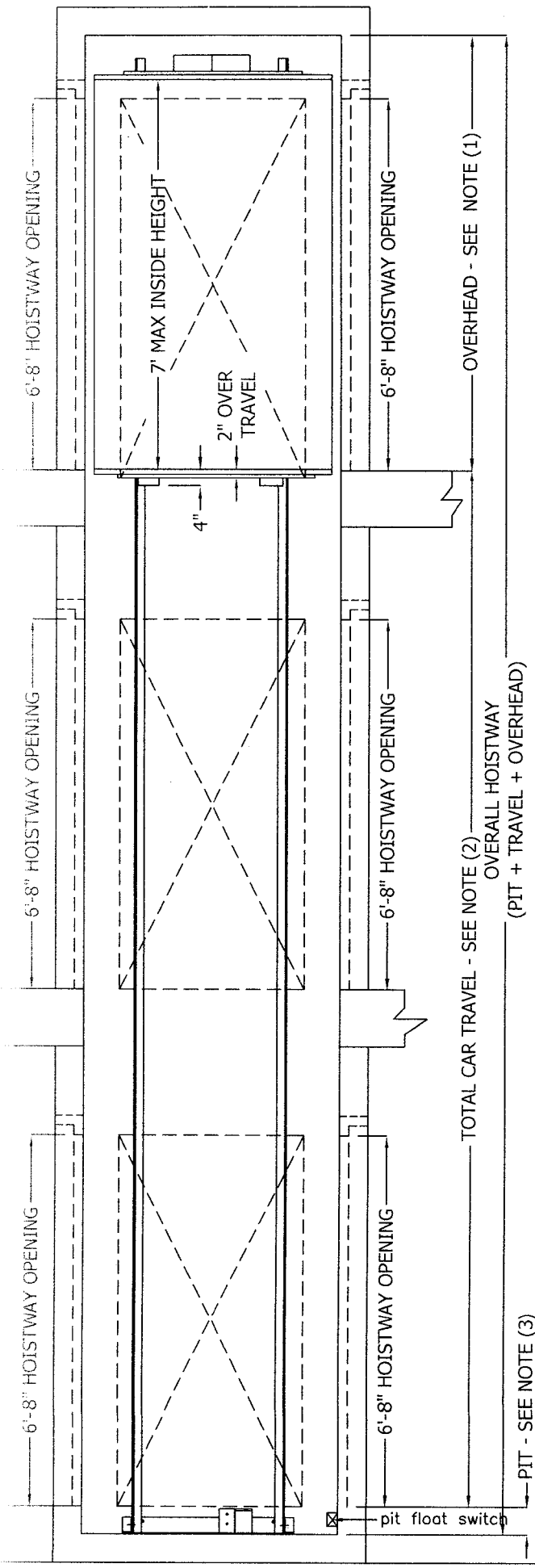
SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc103

DEALER: Accredited

JOB: 850 South Drive Brick, NJ

Ryan J M Ely #3997 10/11/12

ELEVATOR SUBCODE RELEASED DATE



WORK BY OTHERS

1. A LOCKABLE, FUSED DISCONNECT SWITCH FOR ELEVATOR, PER NATIONAL ELECTRIC CODE, FUSED FOR 30 AMP. DUAL ELEMENT (TIME DELAY FUSE). THE FUSED DISCONNECT SWITCH IS TO BE FURNISHED WITH NORMALLY OPEN ELECTRICAL INTERLOCK CONTACTS.

2. A 120 VAC 20 AMP SINGLE PHASE POWER SUPPLY WITH LOCKABLE, FUSED. DISCONNECT SWITCH OR CIRCUIT BREAKER WITH FEEDER WIRING TO CONTROLLER FOR CAR LIGHTING PER N.E.C.

3. AN ADJACENT MACHINE AREA MUST BE PROVIDED FOR THE OPERATING EQUIPMENT THAT MEETS N.E.C. REQUIREMENTS, ANSI A17.1 AND ALL LOCAL CODES. (SEE RECOMMENDED MACHINE ROOM PLAN).

4. TELEPHONE CONNECTION IN MACHINE ROOM.

5. THE ELEVATOR HOISTWAY SHOULD BE CONSTRUCTED IN ACCORDANCE WITH ANSI A17.1 AND ALL LOCAL CODES. NO ITEMS NOT DIRECTLY INVOLVED WITH THE FUNCTION OF THE ELEVATOR ARE ALLOWED IN HOISWAY.

6. HOISTWAY FRAMEWORK MUST BE PLUMB AND SQUARE WITHIN 1/2" OVER THE ENTIRE RISE. HOISTWAY DOORS TO BE INSTALLED PLUMB ONE ABOVE THE OTHER ION ACCORDANCE WITH A17.1 RULE 5.3.7.1.2 ALL WALLS AND SIDE MEMBERS MUST EXTEND FROM SILL TO BEAM.

7. ADEQUATE RAIL BRACKET SUPPORT MUST BE PROVIDED AS INDICATED ON SHOP DRAWINGS FASTENINGS NOT TO EXCEED VERTICAL INTERVALS SHOWN.

8. ALL SCREENS, RAILINGS, STEPS AND LADDERS AS REQUIRED FOR LEGAL HOISTWAY AND MACHINE ROOM.

9. BARRICADES OUTSIDE OF ELEVATOR HOISTWAY AS REQUIRED FOR PROTECTION OF WORKMEN, OTHER CONTRACTORS OR OCCUPANTS.

10. CUTOUTS TO ACCOMMODATE HALL PUSHBUTTONS ARE REQUIRED. ALL WALL PATCHING , PAINTING AND GROUTING BY GENERAL CONTRACTOR.

10. A FIXED VERTICAL LADDER TO PIT EXTENDING 42" ABOVE SILL OF BOTTOM TERMINAL ENTRANCE SHALL BE PROVIDED WHEN PIT EXCEEDS 36".

11. KNOCKOUT IN WALL BETWEEN HOISTWAY MACHINE ROOM FOR OIL AND ELECTRICAL LINES TO BE COORDINATED WITH ELEVATOR CONTRACTOR

NOTES:
1) 8'0" OVERHEAD REQUIRED FOR 7'-0" CAB HEIGHT. (INCLUDES 9" OF CARTOP CLEARANCE.) CAB HEIGHT OvER 7'-0" REQUIRES ADDITIONAL OVERHEAD.

2) MINIMUM FLOOR TO FLOOR TRAVEL IS 16" BETWEEN FLOORS
(IF TRAVEL IS LESS THAN 16" CONSULT FACTORY)

3) CONSULT FACTORY FOR MINIMUM PIT DEPTH.
IMPACT LOAD @ PIT 4750 LBS (950# CAPACITY)
STATIC LOAD @ PIT 2900 LBS (950# CAPACITY)

4) CONSULT LOCAL AUTHORITY TO ENSURE COMPLIANCE
WITH STATE AND LOCAL CODES .

JOB SPECIFIC HOISTWAY SPECS

340	OVERALL HOISTWAY
96	OVERHEAD
232	FLOOR TO FLOOR TRAVEL
12	PIT DEPTH

9/18/13

AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc100

DEALER: accredited home elevator

JOB: 850 South Drive Brick, NJ

Raymond M Ely #5997 10/11/12

ELEVATOR SUBCODE RELEASED DATE

MAIN LINE DISCONNECT & CAB
HT. DISCONNECT BY OTHERS**

MAIN LINE DISCONNECT
3 POLES
(1 FOR BATTERY LOWERING)

CAB LIGHT DISCONNECT
1 POLE

MAIN CONTROL BOX
23"H X 20"W X 6.5"D

SUBMERGED POWER UNIT
33"H X 30"W X 14"D

*****IF IN FLOOD ZONE *****
L ELEVATOR EQUIPMENT
HALL BE LOCATED ABOVE
LOOD PLANE AND UNIT
HALL BE EQUIPPED WITH
T FLOAT SWITCH OTHERS
per SEI/ASCE 24-05

DEALER IS RESPONSIBLE FOR INSURING THAT THE MACHINE SPACE LAYOUT AND THE MACHINE LOCATION MEET CODE REQUIREMENTS IMPOSED BY LOCAL AUTHORITY HAVING JURISDICTION

OTES:

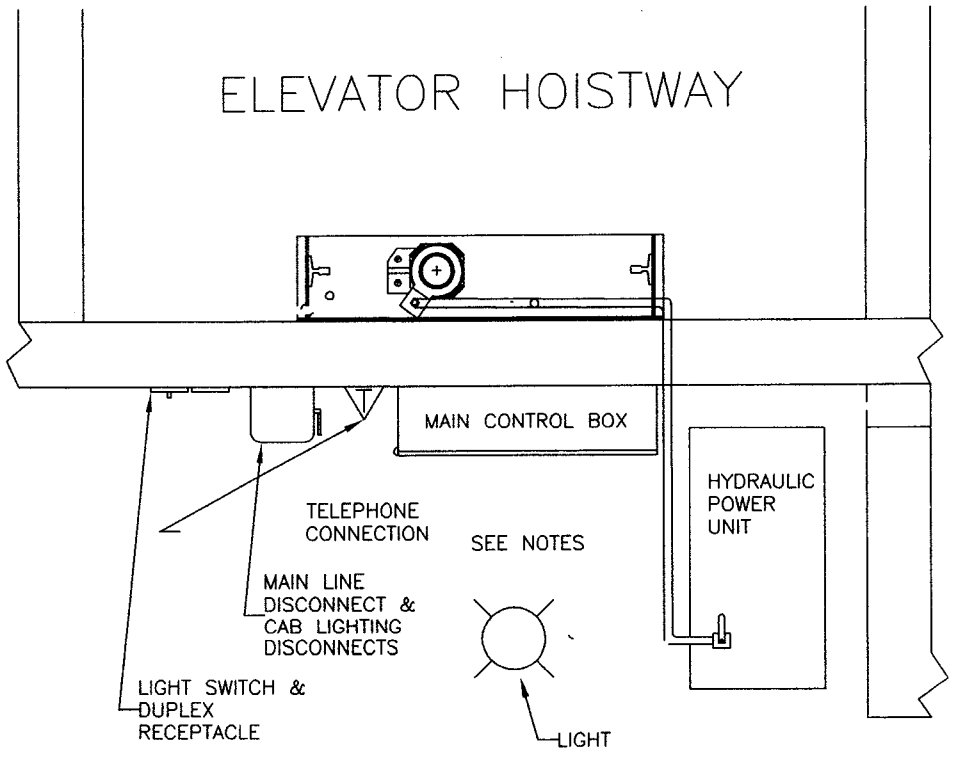
LOCAL, STATE, & NATIONAL
DES MUST ALWAYS BE
LLOWED.

3'-0" CLEARANCE IN FRONT
THE CONTROL PANEL AND
SCONNECTS REQUIRED BY NEC

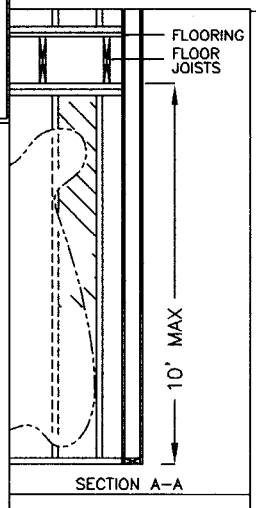
IF MACHINE ROOM IS
OVIDED, AND CLOSING OF
ACHINE ROOM DOOR RESULTS IN
EARENCES LESS THEN NEC
QUIREMENTS, THEN A MEANS
SECURING THE DOOR IN THE
EN POSITION SHALL BE
PPLIED

MAIN LINE DISCONNECT AND
HTING DISCONNECT TO BE
SED AND CAPABLE OF BEING
CKED IN THE OPEN POSITION.

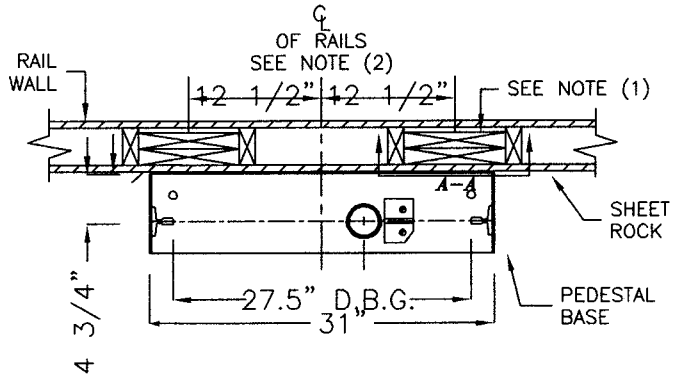
THE PUMP UNIT SHOULD NOT
OVER 40' AWAY FROM THE
LINDER.

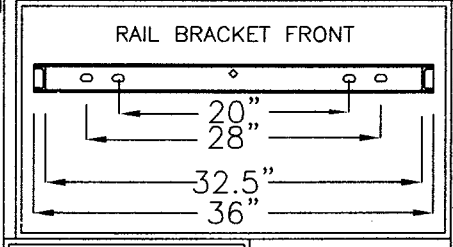


Machine Space



SECTION A-A





NOTES:
(1) TWO 2X10's LAMINATED SUPPORTED AND FASTENED BETWEEN 2-2X4's RECESSED IN HOISTWAY WALL BEHIND THE SHEETROCK.
(2) RAIL CENTERLINE CAN BE LOCATED ON THE HOISTWAY OVERVIEW DRAWING.

9/18/13

RAIL REACTIONS
(PER RAIL)
950#
F1 = 151
F2 = 303

GENERAL CONTRACTOR'S RESPONSIBILITY:
PROVIDE ADEQUATE WALL SUPPORTS FOR T-RAIL FASTENINGS. VERTICAL INTERVALS NOT TO EXCEED 10'0" (SECTION A-A). COMPLY TO ALL PERTINENT BUILDING CODES FOR HOISTWAY CONSTRUCTION AND FIRE RATING. HOISTWAY TO BE VERTICAL WITHIN 1/2" THROUGHOUT ENTIRE HEIGHT.

AHE Manufacturing inc
127 RT 9 SOUTH BARNEGAT, NJ 800-488-5905

1:2 roped hydro

SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	9/18/13	SW	Acc101

DEALER:
accredited home elevator

JOB:
850 South Drive Brick, NJ

RJM EG #5007 10/11/13

ELEVATOR SUBCODE RELEASED DATE