BLOCK 388.41 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 419 LAKESHORE DRIVE PERMIT NO. 17-2209

CONSTRUCTION PERMIT APPLICATION C-17-002680

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

I. IDENTIFICATION

1. Proposed Work Site at: 419 LAKESHORE DRIVE
2. Name of Owner in Fee: DUCO
   Tel. [redacted] e-mail _____
   Address 419 LAKESHORE DR (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: **Arctic Air Conditioning** Tel. (732) 251-1111
   Address **1 Pleasant Valley Road** e-mail _____
   Old Bridge, NJ 08857
   License No. OR, if new home, Builder Reg. No. **13VH01741400** Exp. Date **12/31**
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. **22-2195279** FAX: (732) 251-1147
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun **Michael Buonadonna**
   Tel. (732) 251-1111 FAX: (732) 251-1147

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150	✓	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices		✓	
6. Subtotal (Mech)	185	✓	
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	21		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 206		

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 (Replace)
- ☐ Repair
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

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

JUN 12 2017

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
	Mail In							
TOTAL COST 11,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/28/2017
Control Number C-17-002680
Permit Number 17-2209
Permit Issue Date 6/29/2017
Certificate Number 17-2209

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 419 LAKE SHORE DR. Brick Township, NJ Block: 383.41 Lot: 7 Qual:

Owner in Fee: DUGO, BENJAMIN & DONNA

Owner Address: 419 LAKE SHORE DR BRICK NJ 08723

Telephone: [redacted]

Contractor Arctic Air Conditioning

Address 1 PLEASANT VALLEY ROAD Old Bridge NJ 08857

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

License Number or Builders Registration Number: 19HC00100600 13vh01741400 Federal Emp. Number: 22-2195279

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: ALTERATION - RESIDENTIAL ...REPLACE A/C & FURNACE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/28/2017

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

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 **Arctic Air Conditioning**

Address **1 Pleasant Valley Road**

Old Bridge, NJ 08857

Telephone **732 251-1111**

Signature **Michael Buonadonna** MBuonadonna

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/29/17
Control #
Date Issued
Permit # 17-2209

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

Block 383.41 Lot 7 Qualification Code

Work Site Location 419 Lakeshore Drive
BNCK, NJ 08723

Owner in Fee

Tel. [redacted] ail

Address Same
street municipality zip code

Contractor: Artic Air Conditioning Tel. (732) 251-1111

Address 1 Pleasant Valley Road e-mail
Old Bridge, NJ 08857

Contractor License No. 19HC00100600 Exp. Date 6/30/2018

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

Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/25/17
Approved by: P.E

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/25/17	PE
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Ross Albert

Print name here: **Ross Albert**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RPL A/C/AH

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	12	KW Central A/C Unit	
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

CONSTRUCTION PERMIT

Date Issued 6/29/17
Control # C-17-002680
Permit # 17-2209

IDENTIFICATION Block: 383.41 Lot: 7 Qualifier
Work Site Location: 419 LAKE SHORE DR. Brick Township, NJ
Owner in Fee DUGO, BENJAMIN & DONNA
419 LAKE SHORE DR BRICK NJ 08723
Telephone: [redacted]

Contractor Arctic Air Conditioning
Address 1 PLEASANT VALLEY ROAD Old Bridge NJ 08857
Telephone: (732) 251-1111
Lic. No. or Bldrs. Reg. No. 13vh01741400 19HC00100600
Federal Employee. No. 22-2195279

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:
ALTERATION - RESIDENTIAL ...REPLACE A/C & FURNACE

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $11,000

D. Neumann Jr
Construction Official

6/30/17
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other (Mech)	$125.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$296
Check No.	5349
Cash	$0
Credit	$0

Collected By [illegible]
XX03 SERV-003

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

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

#2209
ELECTRIC $150.00
MECH $125.00
DCA $21.00
CHECK $296.00

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.

MECHANICAL INSPECTOR
TECHNICAL SECTION 7

Date Received 6/29/17
Control #

Date Issued
Permit # 17-2209

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

Block 383.41 Lot 2417 Qualification Code

Work Site Location 419 LAKE SHORE DRIVE BRICK, NJ 08723

Owner in Fee: DUCO

Tel. [redacted]

Address DRIVE
street municipality zip code

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

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

Old Bridge, NJ 08857

Contractor License No. or Builder Registration No. AHC0010000 13VH01740400 Exp. Date 6/30/2018

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

Federal Emp. ID No. **22-2195279** FAX: (732) 251-1147

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 10,700

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.

Sign here: Ross Albert Michael Buonadonna

Print name here: ROSS ALBERT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PPI A/C / A/H

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[Y] CA [ ] CCO
Date: 7-25-17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL			7-25-17 MM	

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
1	~~Other~~ A/C
X	~~XXX~~

FEE (Office Use Only)

$

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

SPECIFICATIONS

General Data	Model Number	CBX32MV-048	CBX32MV-060	CBX32MV-068
	Nominal tonnage	4	5	5+
	Refrigerant	R-410A	R-410A	R-410A
Connections in.	Suction / vapor (o.d.) line - sweat	7/8	7/8	1-1/8
	Liquid line (o.d.) - sweat	3/8	3/8	3/8
	Condensate drain - in. (fpt)	(2) 3/4	(2) 3/4	(2) 3/4
Indoor Coil	Net face area - ft.[2]	7.22	7.22	7.77
	Tube outside diameter - in.	3/8	3/8	3/8
	Number of rows	3	3	3
	Fins per inch	12	12	12
Blower Data	Wheel nominal diameter x width - in.	12 x 9	12 x 9	15 x 9
	Motor output - hp	1	1	1
Filters	[1] Number and size - in.	(1) 20 x 24 x 1	(1) 20 x 24 x 1	(1) 20 x 25 x 1
Shipping Data - 1 Package - lbs.		212	212	244

ELECTRICAL DATA

Voltage - phase - 60hz	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (unit only)	20	20	20
[3] Minimum circuit ampacity (unit only)	11	11	11

CONTROLS

iComfort® S30 Thermostat	12U67	12U67	12U67
iComfort Wi-Fi® Thermostat	10F81	10F81	10F81
ComfortSense® 7500 Thermostat	13H14	13H14	13H14
[4] Remote Outdoor Sensor (for dual fuel and Humiditrol®)	X2658	X2658	X2658
[5] Discharge Temperature Sensor	88K38	88K38	88K38

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Circuit Breaker Cover Kit		82W01	82W01	82W01
Downflow Additive Base		44K15	44K15	44K15
Electric Heat		See Electric Heat Data tables		
Healthy Climate Germicidal Light	UVC-24V (24V)	X9423	X9423	X9423
	Shielding Baffle (required)	Y5172	Y5172	Y5172
	UVC-41W-S (110/230v-1 ph)	X9424	X9424	X9424
	Shielding Baffle (required)	Y5171	Y5171	Y5171
Horizontal Support Frame Kit		56J18	56J18	N/A
Hot Water Heat Kit		90W84	90W84	90W84
Side Return Unit Stand (Upflow)		45K32	45K32	N/A
Single-Point Power Source Control Box		21H39	21H39	21H39
Wall Hanging Bracket Kit (Upflow)		45K30	45K30	45K30
High Performance Economizer (Commercial Only)		10U53	10U53	10U53

[1] Disposable frame type filter.

[2] HACR type circuit breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements. Use wires suitable for at least 167°F.

[4] Remote Outdoor Temperature Sensor is used with conventional (non-iComfort®-enabled) outdoor units (sensor is furnished with iComfort®-enabled outdoor units). Allows the thermostat to display outdoor temperature. Required in dual-fuel and Humiditrol® applications.

[5] Optional for EvenHeater® electric heat operation and service diagnostics.

REPLACEMENT CIRCUIT BREAKERS

Voltage	Description	Catalog No.
208/240V - 1 Phase	25 amp, 2 pole	41K13
	30 amp, 2 pole	17K70
	35 amp, 2 pole	72K07
	40 amp, 2 pole	49K14
	45 amp, 2 pole	17K71
	50 amp, 2 pole	41K12
	60 amp, 2 pole	17K72
208/240V - 3 Phase	30 amp, 3 pole	64W47
	35 amp, 3 pole	41K14
	40 amp, 3 pole	41K16
	45 amp, 3 pole	18M86
	50 amp, 3 pole	41K15
	60 amp, 3 pole	41K17

SPECIFICATIONS

General Data		**Model No.**	**XC20-024**	**XC20-036**	**XC20-048**	**XC20-060**
		Nominal Tonnage	2	3	4	5
Connections (sweat)		Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8
		Suction line (o.d.) - in.	3/4	7/8	7/8	1-1/8
Refrigerant		[1] R-410A charge furnished	7 lbs. 5 oz.	8 lbs. 6 oz.	10 lbs. 7 oz.	12 lbs. 1 oz.
Outdoor Coil	Net face area - sq. ft.	Outer coil	24.50	16.33	21.00	29.09
		Inner coil	- - -	15.76	20.27	28.24
		Tube diameter - in.	5/16	5/16	5/16	5/16
		No. of rows	1	2	2	2
		Fins per inch	26	22	22	22
Outdoor Fan		Diameter - in.	22	22	22	26
		No. of blades	4	4	4	3
		Motor hp	1/6	1/4	1/3	1/3
		Cfm - minimum speed	1500	3100	3000	2900
		maximum speed	2600	3600	4000	4325
		Rpm - minimum speed	400	600	600	600
		maximum speed	700	700	800	865
		Watts - minimum speed	25	80	70	80
		maximum speed	60	115	160	195
Shipping Data - lbs. 1 pkg.			243	241	287	321

ELECTRICAL DATA

Line voltage data - 60hz			208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			30	30	50	50
[3] Minimum circuit ampacity			19.1	20.6	29.1	29.3
Compressor		Rated load amps	13.0	14.2	21.0	21.2
		Locked rotor amps	13.0	13.0	20.0	20
		Power factor	.98	.99	.99	.99
Outdoor Fan Motor		Full load amps	2.8	2.8	2.8	2.8

REQUIRED COMPONENTS - ORDER SEPARATELY

iComfort Wi-Fi® Thermostat		**10F81**	•	•	•	•
[4] Discharge Air Temperature Sensor		**88K38**	•	•	•	•

OPTIONAL ACCESSORIES - ORDER SEPARATELY

[5] Freezestat	3/8 in. tubing	**93G35**	•	•	•	•
	5/8 in. tubing	**50A93**	•	•	•	•
[6] Refrigerant Line Sets	L15-41-20 L15-41-30	L15-41-40 L15-41-50	•			
	L15-65-30	L15-65-40 L15-65-50		•	•	
		Field Fabricate				•

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

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

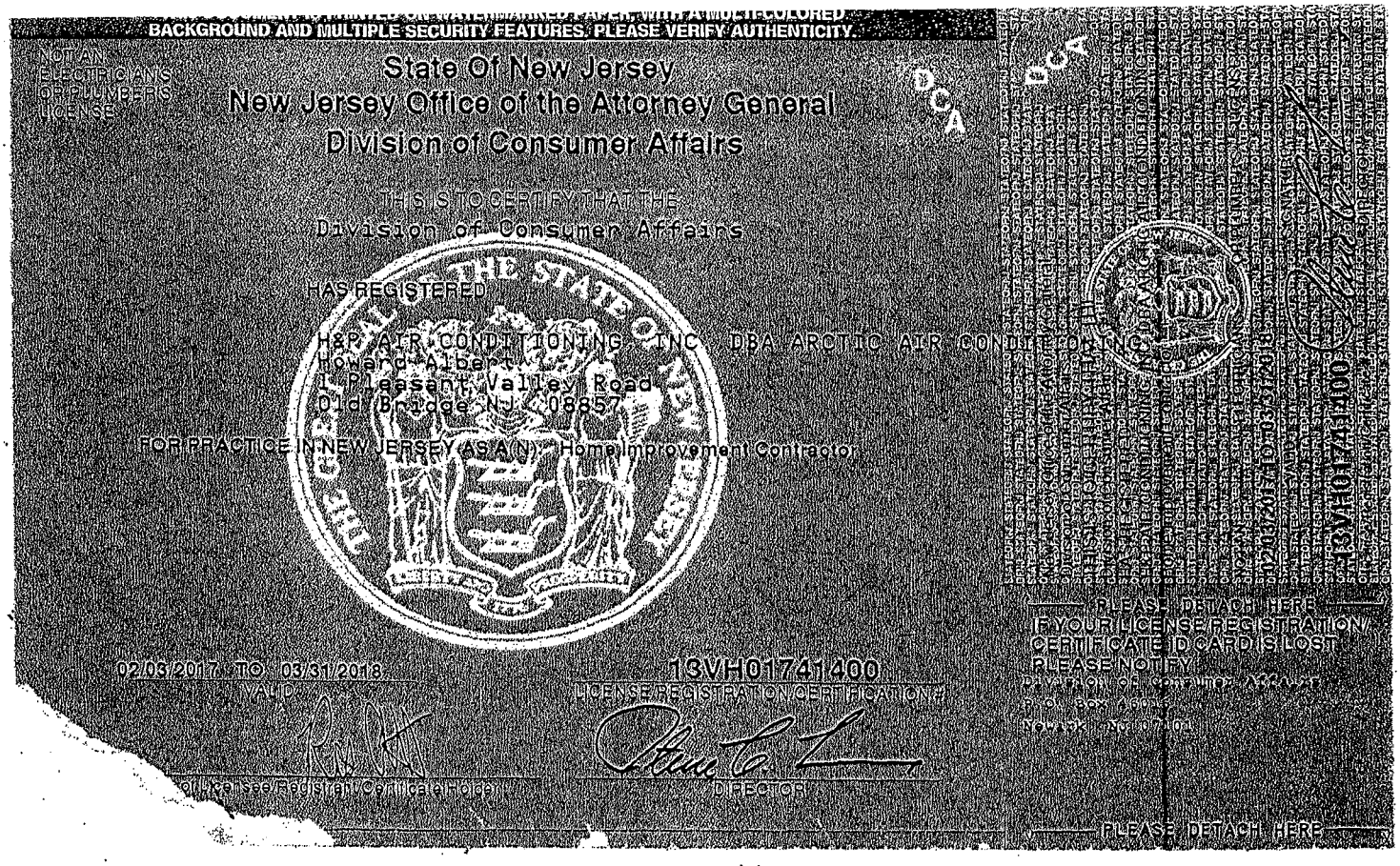
[2] HACR type breaker or fuse.

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

[4] Optional for service diagnostics.

[5] Freezestat is recommended for low ambient operation.

[6] Refer to the Installation Instructions or Service Literature for Line Set Requirements and Refrigerant Piping Guidelines.



BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey

New Jersey Office of the Attorney General

Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

H&P AIR CONDITIONING INC DBA ARCTIC AIR CONDITIONING INC

Howard Albert

1 Pleasant Valley Road

Old Bridge NJ 08857

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

02/03/2017 TO 03/31/2018

AUD

13VH01741400

LICENSE/REGISTRATION/CERTIFICATION #

Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/CERTIFICATE ID CARD IS LOST, PLEASE NOTIFY

PAYMENT OF STATUTORY ASSESSMENT

P.O. BOX 45029

NEWARK, NJ 07101

PLEASE DETACH HERE

13VH01741400

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

Ross A. Albert
1 Pleasant Valley Road
Old Bridge NJ 08857

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

05/04/2016 TO 06/30/2018
VALID

Signature of Licensee/Registrant/Certificate Holder

19HC00100600
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Ross A. Albert
Master HVACR Contractor
05/04/2016 TO 06/30/2018
VALID
SIGNATURE
19HC00100600
ACTING DIRECTOR
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 383.41 Lot 7 Qualification Code

Work Site Location 419 LAKESHORE DR BRICK NJ 08723

Owner in Fee: DITTO

Tel [redacted] e-mail

Address DITTO
street municipality zip code

Contractor: Arctic Air Conditioning Tel. (732) 251-1111

Address 1 Pleasant Valley Road e-mail

Old Bridge, NJ 08857

Contractor License No. 19HC00100600 Exp. Date 6/30/2018

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

Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 10,700

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Ross Albert

Print name here: **Ross Albert**

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Ppl A/C / A/H

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	~~Stacks~~ A/C	
1	Other A/H	

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

2/17- Spoke to Mark - Needs mechanical tech filled out + specs on Air Handler. (MP)

2/17 Called con. (Renee) Ready for plv CW