

Closed

BLOCK 866.3999999999998  
11 GINSBURG LN  
PERMIT # 1956

LOT 4

PEMBERTON TOWNSHIP  
DEPARTMENT OF INSPECTIONS

No 1956

**Application for Construction Permit and Certificate of Occupancy**

1. Name of Owner Rodester Brandon Phone [REDACTED]  
Address 11 Ginsburg Lane Browns Mills N.J. 08015
2. Owner is represented by Same as Above Phone \_\_\_\_\_  
Address \_\_\_\_\_
3. Construction site location Same as Above
4. Block 866.4 Lot 4 Zone District \_\_\_\_\_
5. Type of Construction — ☒ Check Appropriate Box(es)  
☐ Dwelling      ☐ Industrial      ☐ Swimming Pool      Plumber Lic. # \_\_\_\_\_  
☐ Commercial      ☐ Addition      ☒ Other      Electrician Lic. # \_\_\_\_\_
6. Describe fully the work to be done \_\_\_\_\_  
Building and installing a chimney for a coal and wood heater
7. Contractor R. Brandon Phone [REDACTED]  
Address 11 Ginsburg Ln. Browns Mills
8. The following documents are attached:  
☐ Architect's Plans      ☐ Owner's Drawings      ☐ Board of Health Approval  
☐ Plot Plan      ☐ Affidavit      ☐ Sewer Permit
9. Frontage on proper street 1/2 Set Backs: Front \_\_\_\_\_  
Rear \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_
10. Escrow and Road Opening Information  
☐ Road Escrow      ☐ Road Improvement Permit      ☒ Not Applicable
11. Construction Cost \$ 250.00 Permit Fee \$ 20.00

I (the applicant) hereby affix my signature in testimony that all of the above statements are true and that all Construction and Zoning Ordinance Requirements will be met.

Date

Applicant's Signature

NOTICE: This permit authorizes you to do the work strictly in accordance with your application. It does not authorize you to occupy the building. The inspector shall be notified 10 days before final inspection; and at that time he will issue a Certificate of Occupancy if the work complies with the application and only for the use set out in the application. Any code violation requiring a re-inspection will be subject to an additional inspection fee of \$10.00 to be paid before the re-inspection is made.

Date

Authorized Signature

PEMBERTON TOWNSHIP  
DEPARTMENT OF INSPECTIONS

893-7249

CONSTRUCTION PERMIT PREAPPLICATION  
(to be submitted with plans)

Type of Construction: Wood Stone

Proposed Use: Home Heating

Construction Cost: \$250.00

Size: Scandia 900

Block/Lots(s): 866, 4 Zoning: \_\_\_\_\_ Lot Size: 4

Street Address: 11 Ginsburg Lane

Street Condition: fair black top

Owner's Name: Rodester Brandon

Owner's Address: 11 Ginsburg Ln. ~~Brando~~ Browns Mills

Contractor's Name: RODESTER BRANDON

Contractor's Address: SAME AS ABOVE

State License(s): \_\_\_\_\_

Any other information:

8-31-82 OK Mr.

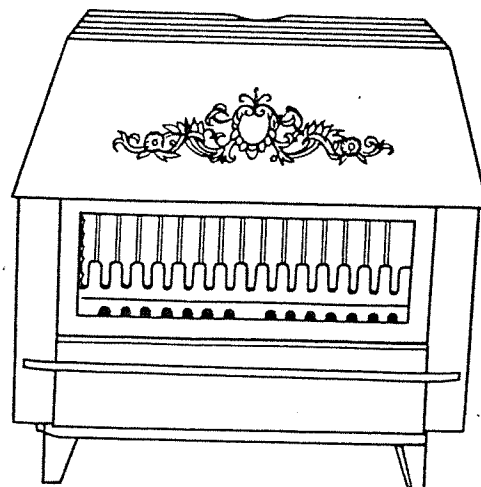
RECEIVED AUG 25 1982



SCANDIA 900

WOOD/COAL HEATER

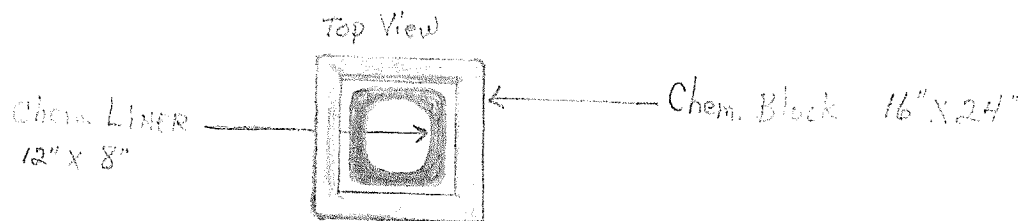
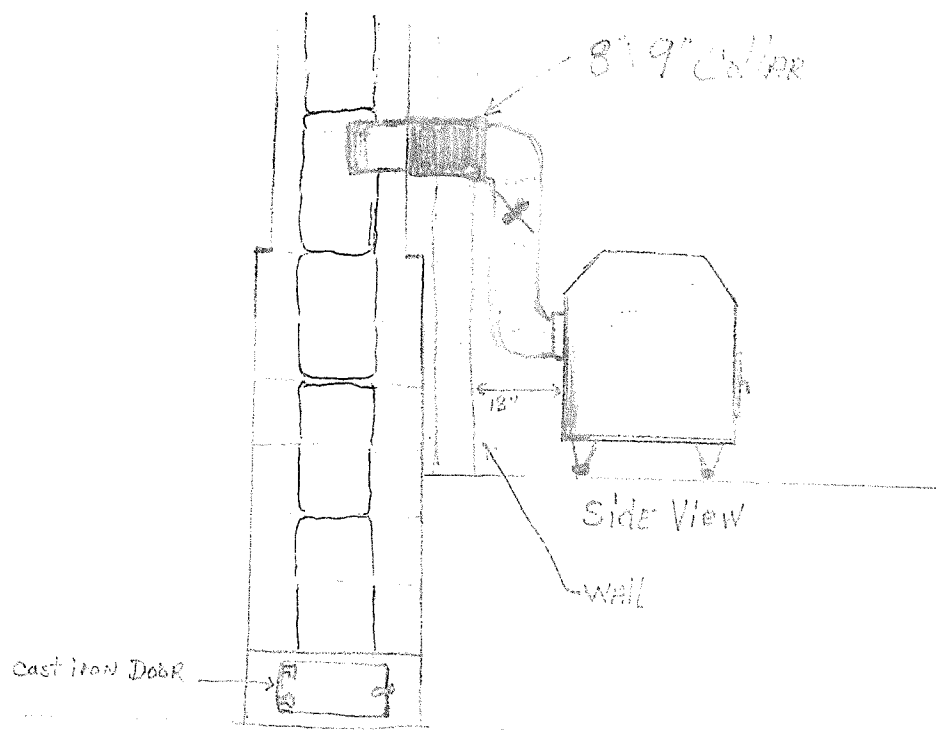
### ASSEMBLY INSTRUCTIONS



1. Remove all packing materials and check for damages. If damaged inform delivery carrier immediately.
2. Remove all parts from inside of stove and set on its back.
3. Attach legs using four bolts provided. Set stove on its legs. **DO NOT OVERTIGHTEN BOLTS.**
4. Attach the flue outlet to the rear of the stove. It is a good idea to place some furnace cement on this piece before assembly to insure a tight fit.
5. Screw the rear and bottom heat shield spacer bolts to the stove. Connect the bottom heat shield to the rear heat shield and attach this assembly to the heat shield spacer bolts and tighten.
6. Remove the wires that hold the shaker grate in place and check for smooth operation. To operate the grate slip the round part of the Handle in the grate arm hole & lodge the flat part of the handle in the bracket mounted on the stove side. Pulling up and down on the handle will cause the grate to move back and forth. By shaking the grate fine ash will fall into the ash pan while live coals will remain on the grate. **WHEN EMPTYING ASH PAN BE CAREFUL THAT THERE ARE NO HOT COALS IN THE ASH.** Before lighting make sure the inner baffle on the back wall is on the two brackets provided.
7. **BE SURE TO FOLLOW REQUIRED DISTANCES FROM COMBUSTIBLE SURFACES.** In order to adhere to NFPA requirements for installation, you must allow proper clearance from combustible surfaces that the SCANDIA 900 has been tested and approved for. The following the **MINIMUM CLEARANCES FROM COMBUSTIBLE MATERIALS.**

|            |                                   |
|------------|-----------------------------------|
| BACK       | 30"                               |
| SIDES      | 18"                               |
| SMOKE PIPE | 18"                               |
| PIPE SIZE  | 8" CRIMPED END INSIDE FLUE OUTLET |

A 3/8" asbestos millboard hearthmat or equivalent should be used beneath the stove, that extends a minimum of 8" from the sides and back and 18" from the front where the Wood is loaded and 2" to either side of the smoke pipe. **NEVER PLACE STOVE ON AN UNPROTECTED FLOOR OR RUG.**



## Permit

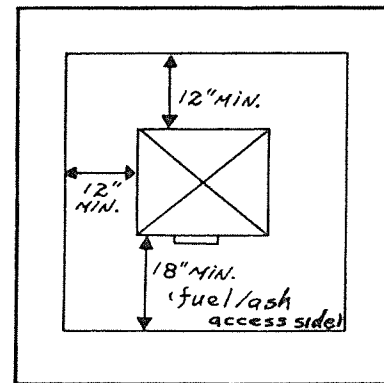
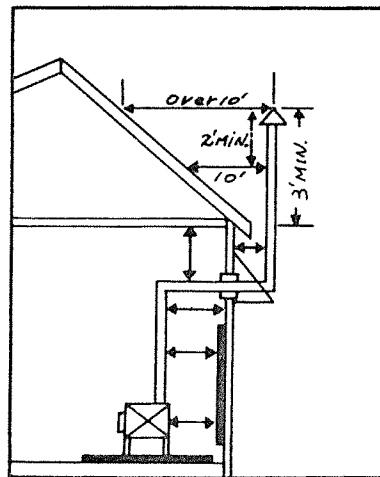
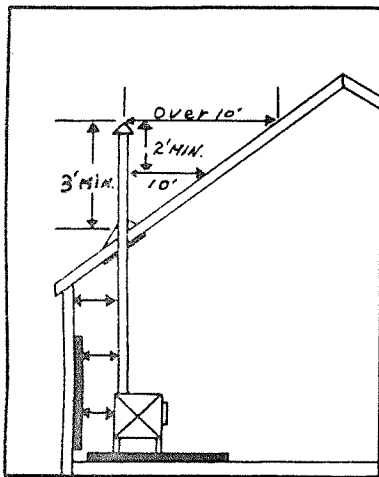
A building permit is required for the installation of any solid fuel burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

## Stove

- A) Type/radiant \_\_\_\_\_ circulating \_\_\_\_\_  
B) Manufacturer \_\_\_\_\_ test label \_\_\_\_\_  
Name/Model No. \_\_\_\_\_ Collar size \_\_\_\_\_  
Dimensions/Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

## Chimney

- A) New \_\_\_\_\_ Existing \_\_\_\_\_  
B) Size (flue area) \_\_\_\_\_  
C) Other appliances attached to flue (Number and flue size) \_\_\_\_\_  
D) Metal (Manufacturer—name and type) \_\_\_\_\_  
E) Masonry/Lined  
Unlined \_\_\_\_\_ Flue liner \_\_\_\_\_  
(type & manufacturer)  
F) Height (refer to diagrams) \_\_\_\_\_ cap \_\_\_\_\_



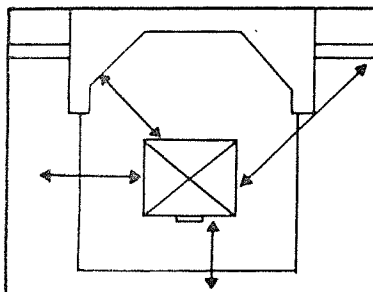
HEARTH

CHIMNEY HEIGHT

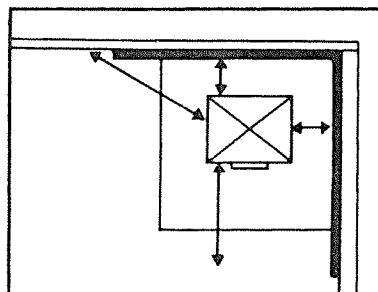
- Hearth (min. 1hr. fire resistance) A) Materials \_\_\_\_\_  
B) Sub-floor construction \_\_\_\_\_  
C) Minimum dimensions (refer to diagram)

## Clearances and Wall Protection (see stove installation clearances chart)

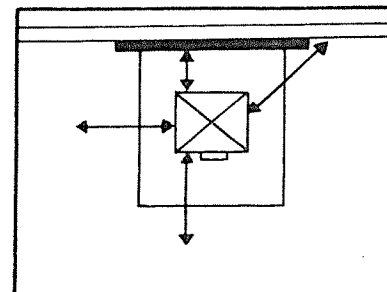
- A) Type of wall protection provided \_\_\_\_\_  
B) Clearances (refer to diagrams)



FIREPLACE



CORNER



WALL/CENTER

Back venting will give greater efficiency than top venting on models designed for this change. However, back venting will create greater heat from the stove pipe and may require a pipe adaptor or shield. Check individual instructions for each stove.

The finish on your Scandia wood stove is a high temperature flat finish that will turn charcoal gray after a few burnings. Many stove polishes are available to restore a deeper color if desired. For repainting or when touch-up can is empty, use any good stove polish or flat black, high temperature paint. DeRusto, Rustoleum, Thurmolux, etc.

WHEN CONNECTING SINGLE WALL VENT PIPE INTO STOVE, INSTALL THE CRIMPED END INSIDE THE COLLAR. IF IT DOES NOT FIT HAVE YOUR DEALER CRIMP IT A BIT MORE. THIS WILL ALLOW CREOSOTE TO RUN BACK INTO THE STOVE WITHOUT DRIPPING OUT. Stove cement should be used at each pipe joint and through sheet metal screws to assure the pipe stays connected. Avoid using any more elbows than necessary; they provide excellent places for creosote to build up and ignite. A stovepipe damper should be installed in your pipe to allow you more control over your draft. IF YOUR STOVE DOES NOT COME WITH A FACTORY SUPPLIED DAMPER, THEN ONE SHOULD BE INSTALLED, THE SAME SIZE AS YOUR SMOKE PIPE. This damper provides you with better control of your draft. (ie: 6 inch pipe - 6 inch stove pipe damper). Use only listed low heat appliance chimney pipe. Always check with local building codes for proper installation. Be sure your stove pipe is connected with a minimum 1" per running foot uppitch from the stove to the chimney.

We recommend on all cast iron woodstoves that your first few fires be small ones to season the cast iron. Ideally, they should be burned outdoors as there will be some oils that initially burn off from the paint and castings causing a bit of blue colored smoke and acid odor. The larger stoves all require longer break in or seasoning periods.

Creosote is the main cause of chimney fires, stoves do not cause creosote; wood does. ALWAYS USE WELL SEASONED HARD WOOD. Do not use artificial logs. Air-tight stoves will create the largest deposits of creosote because of their slow burn efficiency. The slower you burn your fire, the more creosote you will create. WE RECOMMEND THAT YOU BUILD A VERY HOT FIRE AND LET IT BURN WITH DAMPERS AND DRAFT CONTROL WHEELS WIDE OPEN FOR 1/2 HOUR PER DAY. This will burn off small creosote deposits before they become dangerous. Many companies market chemicals to burn with your wood that help eliminate build up, such as noniodized salt, but they will not clean out existing deposits. There is no substitute for proper installation and frequent checks and cleaning of your pipes and chimney to prevent creosote fires. HAVE YOUR CHIMNEY INSPECTED AT LEAST TWICE A YEAR.

#### Draft

Always be sure your intake draft wheels or dials are clear of obstructions. A fire cannot burn without air. Proper chimneys, flue pipes and damper settings all play an important role. Experiment with your new Scandia until you have found the ideal settings for all your needs. Stoves need an adequate supply of air to support combustion if your home is tightly constructed, highly insulated or you have exhaust fans, it may be

Congradulations on your purchase of a SCANDIA wood stove. The information in this booklet will help you enjoy your stove for many years. Please be sure to read this booklet carefully and to follow all state and local building codes. Be sure to protect your five year warrantly by reading carefully and following all provisions including the sending in of your registration form which can be found inside the rear cover.

Important: Read all installation and operating instructions carefully before installing and using your stove. Always refer the your local building inspector or department for any specific requirements they might have. **BE SURE TO FOLLOW MANUFACTURERS RECOMMENDED CLEARANCES FROM COMBUSTIBLES.**

#### **GENERAL INFORMATION: Airtight Stoves**

Airtight stoves are designed to produce high yield heat while using a minimal amount of fuel. In many cases they are burned around the clock with wood being added as necessary usually only two-three times per 24-hours period.

Doors are always gasketed or precision ground to eliminate unwanted draft air. Seams are always cemented inside and out to insure the firebox of being leakproof. Castings are thicker than traditional styled woodburning stoves to withstand the higher, more constant temperatures. Cast iron side baffles or firebrick line the sides to give added protection, retain heat, and aid in combustion circulation. Top smoke baffles create a secondary burn chamber. This creates an "S" type flow of hot gases and exhaust smoke.

Every home differs, the performance you receive from your Scandia stove is relative to many contributing factors: How you vent the stove, direction of chimney, type of wood burned, moisture content of wood, draft, room layout, flue pipe sizes, house insulation, location of wood stove, etc.

#### **Vent Outlets:**

Each stove in the Scandia series uses a vent collar size designed for the optimum operation of that particular stove. If you find it necessary to use a size other than that of the flue collar, remember: **ALWAYS INCREASE PIPE SIZES.** If your outlet is 7" adapt to an 8" pipe; **DO NOT** go down to a 6". Increasing flue pipe size will cause greater draft through your stove. You may have to readjust your damper to close more in order to maintain heat; also, increasing pipe size cools faster, creating more creosote build-up. **ALWAYS HAVE INSTALLATIONS INSPECTED BY LOCAL BUILDING INSPECTOR. KEEP CHIMNEY AND PIPES CLEAR AND FREE OF CREOSOTE BUILD-UP AND OTHER BLOCKAGES.** Use low heat appliance chimney as defined in Section 914 of the Uniform Mechanical Code.

On Scandia models with interchangeable vents, it is best to use a small amount of stove cement around the vent plates if you have changed them from the way they came on the stove. Although the plates are gasketed, a small amount of stove cement will insure no leaks after you have decided on your venting arrangement.

# REQUEST FOR INSPECTION

5664 1956  
BLOCK PERMIT

11 Lincoln Lane  
STREET ADDRESS

4 change for woodburning  
LOT PROJECT

Type of Inspection: final

Date Received 10/12/82 Date Requested 10/12/82

Date Inspected 10-12-82

## Results of Inspection

☒ Approved ☐ Approved with conditions

☐ Disapproved (State Reasons Below)

☐ Sticker Posted On Job

AB  
INSPECTORS INITIALS

Department \_\_\_\_\_



# CONSTRUCTION PERMIT

Date Issued 8/14/1995  
Control # 883390  
Permit # 19955004

IDENTIFICATION Block: 866 Lot: 4  
Work Site Location: 11 GINSBURG LANE PEMBERTON, NJ  
Owner in Fee BRANDON,-  
11 GINSBURG LANE PEMBERTON NJ 08015  
Telephone: [REDACTED]  
Contractor BRANDON,-  
Address GINSBURG LANE PEMBERTON NJ 08015  
Telephone: [REDACTED]  
Lic. No. or Bldgs. Reg. No.  
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FLAT ROOF TO A FRAME ROOF

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 \$400

Construction Official 8/14/1995  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$35   |
| Electrical       | \$0    |
| Plumbing         | \$0    |
| Fire Protection  | \$0    |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$0    |
| CO Fee           |        |
| Other            | \$0    |
| Total            | \$35   |
| Check No.        |        |
| Cash             | \$0    |
| Credit           | \$0    |
| Collected By     |        |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 8/14/1995  
Control # 883390  
Date Issued 8/14/1995  
Permit # 19955004

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LANE PEMBERTON, NJ

Owner in Fee: BRANDON,-

Address 11 GINSBURG LANE PEMBERTON NJ 08015

Tel. [REDACTED] Email \_\_\_\_\_

Contractor: \_\_\_\_\_

Address NJ

\_\_\_\_\_ Email \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

Contractor License No. or, if new home, Bldrs Reg. No. \_\_\_\_\_ Exp. \_\_\_\_\_

Home improvment Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required \_\_\_\_\_

☐ All \_\_\_\_\_

☐ Footing/Foundation \_\_\_\_\_

☐ Struct/Framework \_\_\_\_\_

☐ Exterior \_\_\_\_\_

☐ Interior \_\_\_\_\_

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## INSPECTIONS

Type: Failure Dates (Month/Day) Initial

Footing \_\_\_\_\_

Footing Bonding \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Frame \_\_\_\_\_

Truss Sys./Bracing \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes-Base Layer \_\_\_\_\_

Finishes-Final \_\_\_\_\_

Energy \_\_\_\_\_

Mechanical \_\_\_\_\_

TCO \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

Barrier-Free \_\_\_\_\_

## B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ If Industrial Building: \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ State Approved \_\_\_\_\_

Number of Stories \_\_\_\_\_ HUD \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft. **Est. Cost of Bldg. Work:**

Area - Largest Floor \_\_\_\_\_ Sq. Ft. 1. New Bldg. \_\_\_\_\_

New Bldg. Area / All Floors \_\_\_\_\_ Sq. Ft. 2. Rehabilitation \_\_\_\_\_

Volume of New Structure \_\_\_\_\_ Cu. Ft. 3. Total (1+2) \_\_\_\_\_

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

## C. CERTIFICATION IN LIEU OF OATH

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

Signature \_\_\_\_\_

Print Name Here: \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

FLAT ROOF TO A FRAME ROOF

### TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence \_\_\_\_\_ Height (exceeds 6')
- ☐ Sign \_\_\_\_\_ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall \_\_\_\_\_ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other \_\_\_\_\_
- ☐ Demolition

### FEE (Office Use Only)

Administrative Surcharge \_\_\_\_\_  
Minimum Fee \_\_\_\_\_  
State Permit Surcharge Fee \_\_\_\_\_  
TOTAL FEE \$35



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068

*Closed*

## Certificate

Construction Code Division  
(Certificate of Approval)

Date Issued 1/23/2012  
Control Number 908044  
Permit Number 20110825  
Permit Issue Date 10/17/2011  
Certificate Number 20110825

### Identification

Block: 866 Lot: 4 Qual: \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ

Owner in Fee: BRANDON, RODESTER & JEAN M  
Owner Address: 11 GINSBURG LN BROWNS MILLS NJ 08015  
Telephone: \_\_\_\_\_

Contractor: JOHNSON'S GENERAL CONTRACTING, JIM  
Address: 2803 MONMOUTH ROAD WRIGHTSTOWN NJ 08562  
Telephone: (609) 267-7257 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_  
Federal Emp. Number: \_\_\_\_\_

☐ **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:**

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: \_\_\_\_\_ Use Group: R-5

Maximum Occupancy Load: \_\_\_\_\_ Maximum Live Load: \_\_\_\_\_

Description of Work/Use:  
RE-ROOF

Certificate Comments:

☐ **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 \_\_\_\_\_ U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: \_\_\_\_\_  
Collected By: \_\_\_\_\_

Date Printed: 10/19/2025



# CONSTRUCTION PERMIT

Date Issued 10/17/2011  
Control # 908044  
Permit # 20110825

IDENTIFICATION Block: 866 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ Contractor JOHNSON'S GENERAL CONTRACTING, JIM  
Owner in Fee BRANDON, RODESTER & JEAN M Address 2803 MONMOUTH ROAD WRIGHTSTOWN NJ 08562  
11 GINSBURG LN BROWNS MILLS NJ 08015 Telephone: (609) 267-7257  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RE-ROOF

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 \$6,700

Construction Official \_\_\_\_\_

10/17/2011  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$32   |
| Electrical       | \$0    |
| Plumbing         | \$0    |
| Fire Protection  | \$0    |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$11   |
| CO Fee           |        |
| Other            | \$10   |
| Total            | \$53   |
| Check No.        |        |
| Cash             | \$53   |
| Credit           | \$0    |
| Collected By     |        |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 9/27/2011  
Control # 908044  
Date Issued 10/17/2011  
Permit # 20110825

**A. IDENTIFICATION - APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000  
Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ

Owner in Fee: BRANDON, RODESTER & JEAN M

Address 11 GINSBURG LN BROWNS MILLS NJ 08015

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: JOHNSON'S GENERAL CONTRACTING, JIM

Address 2803 MONMOUTH ROAD WRIGHTSTOWN NJ 08562

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Tel. (609) 267-7257 Fax. \_\_\_\_\_

Contractor License No. or, if new home, Bldrs Reg. No. \_\_\_\_\_ Exp. \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Emp. ID No. [REDACTED]

## JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required \_\_\_\_\_

☐ All \_\_\_\_\_

☐ Footing/Foundation \_\_\_\_\_

☐ Struct/Framework \_\_\_\_\_

☐ Exterior \_\_\_\_\_

☐ Interior \_\_\_\_\_

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## INSPECTIONS

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

Footing \_\_\_\_\_

Footing Bonding \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Frame \_\_\_\_\_

Truss Sys./Bracing \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Insulation \_\_\_\_\_

Finishes-Base Layer \_\_\_\_\_

Finishes-Final \_\_\_\_\_

Energy \_\_\_\_\_

Mechanical \_\_\_\_\_

TCO \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

Barrier-Free \_\_\_\_\_

## B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed \_\_\_\_\_ If Industrial Building: \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ State Approved \_\_\_\_\_

Number of Stories \_\_\_\_\_ HUD \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft. **Est. Cost of Bldg. Work:**

Area - Largest Floor \_\_\_\_\_ Sq. Ft. 1. New Bldg. \_\_\_\_\_

New Bldg. Area / All Floors \_\_\_\_\_ Sq. Ft. 2. Rehabilitation \$6,700

Volume of New Structure \_\_\_\_\_ Cu. Ft. 3. Total (1+2) \_\_\_\_\_

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

## C. CERTIFICATION IN LIEU OF OATH

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

Signature \_\_\_\_\_

Print Name Here: \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

RE-ROOF

### TYPE OF WORK

☐ New Building

☐ Addition

☒ Rehabilitation

☒ Roofing

☐ Siding

☐ Fence \_\_\_\_\_ Height (exceeds 6')

☐ Sign \_\_\_\_\_ Sq. Ft.

☐ Pool

☐ Retaining Wall \_\_\_\_\_ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Radon Remediation

☐ Other \_\_\_\_\_

☐ Demolition

### FEE (Office Use Only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$46

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative Surcharge \_\_\_\_\_ \$10

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \_\_\_\_\_ \$11

TOTAL FEE \_\_\_\_\_ \$53



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068

## Inspection Activity Report

Inspections for Permit Number 20110825

Permit Number

**20110825**

| Inspection Date | Inspection Type | Inspector             | Subcode  | Result | Owner                      |  | Work Type  | Work Description | Inspection Comments                                                                                                                                                                                                    |
|-----------------|-----------------|-----------------------|----------|--------|----------------------------|--|------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 |                 |                       |          |        | Location                   |  |            |                  |                                                                                                                                                                                                                        |
| 01/23/2012      | Final           | Building Underwriters | Building | Pass   | BRANDON, RODESTER & JEAN M |  | Alteration |                  | Inspection: Inspection Type 1: Final<br>Date Requested:<br>1/23/2012<br>Date Inspected: 1/23/2012<br>Requested by:<br>Requested by Phone:<br>Inspector: BUB<br>Entered By: Admin<br>Special Instructions:<br>Comments: |
|                 |                 |                       |          |        | 11 GINSBURG LN             |  |            |                  |                                                                                                                                                                                                                        |



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068

*Cloud*

## Certificate

Construction Code Division  
(Certificate of Approval)

Date Issued 5/21/2012  
Control Number 908723  
Permit Number 20120340  
Permit Issue Date 5/16/2012

Certificate Number 20120340

### Identification

Block: 866 Lot: 4 Qual: \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ  
Owner in Fee: BRANDON, RODESTER & JEAN M  
Owner Address: 11 GINSBURG LN BROWNS MILLS NJ 08015  
Telephone: \_\_\_\_\_  
Contractor AKKJ ELECTRIC  
Address 2560 RT 22 E SUITE 1163 SCOTCH PLAINS NJ 07076  
Telephone: (908) 769-5204 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_  
Federal Emp. Number: \_\_\_\_\_

☐ **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:**

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: \_\_\_\_\_ Use Group: R-5

Maximum Occupancy Load: \_\_\_\_\_ Maximum Live Load: \_\_\_\_\_

Description of Work/Use:  
INSTALL CIRCUIT & RECEPTACLES

Certificate Comments:

☐ **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  
U.C.C. F260 (rev. 08/05)

Check Number: \_\_\_\_\_  
Collected By: \_\_\_\_\_

Date Printed: 10/19/2025

Page 1



# CONSTRUCTION PERMIT

Date Issued 5/16/2012  
Control # 908723  
Permit # 20120340

IDENTIFICATION Block: 866 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ Contractor AKKJ ELECTRIC  
Owner in Fee BRANDON, RODESTER & JEAN M Address 2560 RT 22 E SUITE 1163 SCOTCH PLAINS NJ 07076  
11 GINSBURG LN BROWNS MILLS NJ 08015 Telephone: (908) 769-5204  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INSTALL CIRCUIT & RECEPTACLES

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 \$400

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$0    |
| Electrical       | \$39   |
| Plumbing         | \$0    |
| Fire Protection  | \$0    |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$1    |
| CO Fee           |        |
| Other            | \$12   |
| Total            | \$52   |
| Check No.        |        |
| Cash             | \$52   |
| Credit           | \$0    |
| Collected By     |        |

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

Construction Official

5/16/2012  
Date

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:

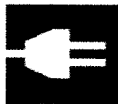
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 5/7/2012  
Date Issued 5/16/2012  
Control # 908723  
Permit # 20120340

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ

Owner in Fee: BRANDON, RODESTER & JEAN M

Address 11 GINSBURG LN BROWNS MILLS NJ 08015

Email \_\_\_\_\_

Tel. \_\_\_\_\_

Contractor: AKKJ ELECTRIC

Address 2560 RT 22 E SUITE 1163 SCOTCH PLAINS NJ 07076

Email \_\_\_\_\_

Tel. (908) 769-5204 Fax. (973) 372-8326

Lic No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. [REDACTED]

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed R-5

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Estimated Cost of Electrical Work \$400

| JOB SUMMARY (Office Use Only)                                                        |      |         |                               |         |                   |          |
|--------------------------------------------------------------------------------------|------|---------|-------------------------------|---------|-------------------|----------|
| PLAN REVIEW                                                                          | Date | Initial | INSPECTIONS                   |         | Dates (Month/Day) |          |
| <input type="checkbox"/> No Plan Required                                            |      |         | Type:                         | Failure | Failure           | Approval |
| <input type="checkbox"/> Partial/Underslab Approved                                  |      |         | Rough                         |         |                   |          |
| Partial Underslab Utilities Approved                                                 |      |         | Barrier-Free                  |         |                   |          |
| Date: _____ by: _____                                                                |      |         | Trench                        |         |                   |          |
| <input type="checkbox"/> Electrical Plans Approved                                   |      |         | Temp. Serv.                   |         |                   |          |
| Date: _____ by: _____                                                                |      |         | Constr. Serv.                 |         |                   |          |
| Joint Plan Review Required                                                           |      |         | TCO                           |         |                   |          |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         | Other                         |         |                   |          |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         | Service                       |         |                   |          |
| SUBCODE APPROVAL for PERMIT                                                          |      |         | Final                         |         |                   |          |
| Date: _____                                                                          |      |         | Barrier-Free                  |         |                   |          |
| Approved by: _____                                                                   |      |         | Temp. Cut-in-Card Date Issued |         |                   |          |
| SUBCODE APPROVAL for CERTIFICATE                                                     |      |         | Final Cut-in-Card Date Issued |         |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         | Annual Pool Inspection        |         |                   |          |
| Date: _____                                                                          |      |         | Date of Grounding and Bonding |         |                   |          |
| Approved by: _____                                                                   |      |         | Certification                 |         |                   |          |

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK<br>INSTALL CIRCUIT & RECEPTACLES |          |                             |  | FEE (Office Use Only) |             |
|------------------------------------------------------|----------|-----------------------------|--|-----------------------|-------------|
| QTY.                                                 | SIZE     | ITEMS                       |  |                       |             |
|                                                      |          | Lighting Fixtures           |  |                       |             |
| <u>2</u>                                             |          | Receptacles                 |  |                       |             |
|                                                      |          | Switches                    |  |                       |             |
|                                                      |          | Detectors                   |  |                       |             |
|                                                      |          | Light Poles                 |  |                       |             |
|                                                      |          | Motors - Fract. HP          |  |                       |             |
|                                                      |          | Emergency & Exit Lights     |  |                       |             |
|                                                      |          | Communication Points        |  |                       |             |
|                                                      |          | Alarm Devices/F.A.C. Panel  |  |                       |             |
| <u>2</u>                                             |          | TOTAL NUMBERS               |  |                       |             |
|                                                      |          | Pool Permit/with UW Lights  |  |                       |             |
|                                                      |          | Storable Pool/Spa/Hot Tub   |  |                       |             |
|                                                      |          | KW Elec. Range/Receptical   |  |                       |             |
|                                                      |          | KW Oven/Surface Unit        |  |                       |             |
|                                                      |          | KW Elec. Water Heater       |  |                       |             |
|                                                      |          | KW Elec. Dryer/Recepticle   |  |                       |             |
|                                                      |          | KW Dishwasher               |  |                       |             |
|                                                      |          | HP Garbage Disposal         |  |                       |             |
|                                                      |          | KW Central A/C Unit         |  |                       |             |
| <u>1</u>                                             | <u>2</u> | HP/KW Space Heater/Air Hand |  |                       | <u>\$13</u> |
|                                                      |          | 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 \$12

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \$1

TOTAL FEE \$52



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068

## Inspection Activity Report

Inspections for Permit Number 20120340

Permit Number

**20120340**

| Inspection Date | Inspection Type | Inspector                  | Subcode    | Result | Owner<br>Location                               | Work Type  | Work Description | Inspection Comments                                                                                                                                                                                                       |
|-----------------|-----------------|----------------------------|------------|--------|-------------------------------------------------|------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 05/21/2012      | ROUGH           | Electrical<br>Underwriters | Electrical | Pass   | BRANDON, RODESTER &<br>JEAN M                   | Alteration |                  | Inspection: Inspection Type 1:<br>Rough<br>Date Requested:<br>5/21/2012<br>Date Inspected: 5/21/2012<br>Requested by:<br>Requested by Phone:<br>Inspector: BUE<br>Entered By: Admin<br>Special Instructions:<br>Comments: |
| 05/21/2012      | Final           | Electrical<br>Underwriters | Electrical | Pass   | 11 GINSBURG LN<br>BRANDON, RODESTER &<br>JEAN M | Alteration |                  | Inspection: Inspection Type 2: Final<br>Requested by:<br>Requested by Phone:<br>Date Requested:<br>5/21/2012<br>Date Inspected: 5/21/2012<br>Inspector: BUE<br>Entered By: Admin<br>Special Instructions:<br>Comments:    |
|                 |                 |                            |            |        | 11 GINSBURG LN                                  |            |                  |                                                                                                                                                                                                                           |



# CONSTRUCTION PERMIT

Date Issued 10/19/2023  
Control # C-23-00958  
Permit # 20230829

IDENTIFICATION Block: 866 Lot: 4 Qualifier  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015 Contractor 7-OIL COMPANY INC  
Owner in Fee IBDB19 21 Address 1708 UNION LANDING RD CINNAMINSON NJ 08077  
10 CLARENCE AVENUE LONG BRANCH NJ 07740 Telephone: (856) 786-0707  
Telephone: Lic. No. or Bldrs. Reg. No. 13VH01110200 19HC00411900  
Federal Employee No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TANK REMOVAL REMOVE 275 GALLON BASEMENT TANK

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 \$800

Construction Official 10/19/2023  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |                 |
|------------------|-----------------|
| Building         | \$0             |
| Electrical       | \$0             |
| Plumbing         | \$0             |
| Fire Protection  | \$95            |
| Elevator Devices | \$0             |
| Other            | \$0.00          |
| DCA Training Fee | \$2             |
| CO Fee           |                 |
| Other            | \$0             |
| Total            | \$97            |
| Check No.        |                 |
| Cash             | \$97            |
| Credit           | \$0             |
| Collected By     | Sabrina Perkins |

## 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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.



# FIRE SUBCODE TECHNICAL SECTION



Date Received 10/2/2023  
Control # C-23-00958  
Date Issued 10/19/2023  
Permit # 20230829

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: IBDB19 21

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740 Email \_\_\_\_\_

Tel. \_\_\_\_\_

Contractor: 7-OIL COMPANY INC Tel. (856) 786-0707

Address 1708 UNION LANDING RD CINNAMINSON NJ 08077 Email lkapral@7oilco.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. [REDACTED] Fax. (856) 829-2785

## B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Fuel Type ☐ Flammable or ☐ Combustible

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ Capacity \_\_\_\_\_

Heating Systems: ☐ New or ☐ Modification to Existing  
or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$800

## Fuel Storage Tank:

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel: \_\_\_\_\_

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve: \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved

Date: \_\_\_\_\_ by: \_\_\_\_\_

☐ Fire Protection Plans Approved

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## INSPECTIONS

Type: \_\_\_\_\_

Failure \_\_\_\_\_ Approval \_\_\_\_\_

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Cumbust Tank

Fireplace Venting

Final

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.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

TANK REMOVAL, REMOVE 275 GALLON BASEMENT TANK

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

|                                                                                                          | NUMBER | FEE (Office Use Only) |
|----------------------------------------------------------------------------------------------------------|--------|-----------------------|
| Flammable/Combustible Tanks                                                                              | _____  | _____                 |
| <b>Alarm Systems</b>                                                                                     |        |                       |
| <input type="checkbox"/> System                                                                          | _____  | _____                 |
| <input type="checkbox"/> 110v Interconnected                                                             | _____  | _____                 |
| <input type="checkbox"/> CO Detectors/110v                                                               | _____  | _____                 |
| Alarm Devices (i.e. smoke, heat, pulls, water/flow)                                                      | _____  | _____                 |
| Supervisory Devices (tampers, low/high air)                                                              | _____  | _____                 |
| Signaling Devices (horn/strobes, bells)                                                                  | _____  | _____                 |
| Other Devices                                                                                            | _____  | _____                 |
| <b>TOTAL</b>                                                                                             | _____  | _____                 |
| <b>Suppression Systems</b>                                                                               |        |                       |
| Fire Pump _____ GPM Type _____                                                                           | _____  | _____                 |
| Dry Pipe/Alarm Valves                                                                                    | _____  | _____                 |
| Pre-action Valves                                                                                        | _____  | _____                 |
| Sprinkler Heads (Dry and Wet)                                                                            | _____  | _____                 |
| Standpipes                                                                                               | _____  | _____                 |
| <b>Pre-engineered Systems</b>                                                                            |        |                       |
| Wet Chemical                                                                                             | _____  | _____                 |
| Dry Chemical                                                                                             | _____  | _____                 |
| CO2 Suppression                                                                                          | _____  | _____                 |
| Foam Suppression                                                                                         | _____  | _____                 |
| FM200 Suppression                                                                                        | _____  | _____                 |
| Other                                                                                                    | _____  | _____                 |
| <b>Other Systems</b>                                                                                     |        |                       |
| Kitchen Hood Exhaust System                                                                              | _____  | _____                 |
| Smoke Control System                                                                                     | _____  | _____                 |
| Fire Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid | _____  | _____                 |
| Fireplace Venting/Metal Chimney                                                                          | _____  | _____                 |
| Other _____ Fuel Tank Removal _____                                                                      | 1      | \$95                  |

Administrative Surcharge \_\_\_\_\_

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \$2

TOTAL FEE \$97



# CONSTRUCTION PERMIT

Date Issued 10/19/2023  
Control # C-23-00968  
Permit # 20230830

IDENTIFICATION Block: 866 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015 Contractor AMERIGAS PROPANE  
Owner in Fee IBDB19 21 Address 80 N MAIN WINDSOR NJ  
10 CLARENCE AVENUE LONG BRANCH NJ 07740 Telephone: (609) 448-3232  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee. No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INSTALL TWO (2) 100 GALLON LP TANKS AND CONNECT TO EXISTING PIPING

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 \$199

## PAYMENTS (Office Use Only)

|                  |                 |
|------------------|-----------------|
| Building         | \$0             |
| Electrical       | \$0             |
| Plumbing         | \$0             |
| Fire Protection  | \$0             |
| Elevator Devices | \$0             |
| Other            | \$85.00         |
| DCA Training Fee | \$1             |
| CO Fee           |                 |
| Other            | \$19            |
| Total            | \$105           |
| Check No.        |                 |
| Cash             | \$105           |
| Credit           | \$0             |
| Collected By     | Sabrina Perkins |

Construction Official

10/19/2023  
Date

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.



# MECHANICAL SUBCODE TECHNICAL SECTION



Date Received 10/2/2023  
Control # C-23-00968  
Date Issued 10/19/2023  
Permit # 20230830

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: IBDB19 21

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: AMERIGAS PROPANE

Address 80 N MAIN WINDSOR NJ

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home improvment Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

## B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed \_\_\_\_\_

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$199

### JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date \_\_\_\_\_ Initial \_\_\_\_\_

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### INSPECTIONS

Type: Failure Failure Approval Initial

Gas Piping \_\_\_\_\_

Appliance \_\_\_\_\_

Chimnet/Vent \_\_\_\_\_

Piping \_\_\_\_\_

Tank \_\_\_\_\_

Cooling/AC \_\_\_\_\_

Generator \_\_\_\_\_

Fireplace \_\_\_\_\_

Chimney Cert. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

INSTALL TWO (2) 100 GALLON LP TANKS AND CONNECT TO EXISTING PIPING

NO.

FIXTURES/EQUIPMENT

FEE (Office Use Only)

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other \_\_\_\_\_

Administrative Surcharge \$19

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \$1

TOTAL FEE \$105

BLOCK 866

LOT 4

QUALIFICATION CODE

ADDRESS (SITE) 11 Ginsburg

PERMIT NO.

23-0201



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 11 Ginsburg Lane Browns Mills NJ

2. Name of Owner in Fee: iBDB19 21 LLC

Tel. (732) 996-6665 e-mail [REDACTED]

Address 10 Clarence Ave Long Branch

3. Ownership in Fee: Public                      Private                      zip code                     

4. Principal Contractor: Venus Electrical Construction Tel. (609) 820-0292

Address 7 Light Horse Ct e-mail joe@venuselectrical.com

Marlton NJ 08053

License No. OR, if new home, Builder Reg. No. 8759 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason                     

Federal Emp. ID No. [REDACTED] FAX:                     

5. Architect or Engineer                      Contact                     

Address                      e-mail                     

Tel.                      FAX:                     

6. Responsible Person in Charge once Work has Begun Joe Sciala B86

Tel. 609-820-0292 FAX:                     

## V. FEE SUMMARY (for office use only)

|                                   |    | Update | Update |
|-----------------------------------|----|--------|--------|
| 1. Building                       | \$ |        |        |
| 2. Electrical                     |    | 104.00 | 136.00 |
| 3. Plumbing                       |    | 238.00 |        |
| 4. Fire Protection                |    |        |        |
| 5. Elevator Devices               |    |        |        |
| 6. Subtotal                       |    |        |        |
| 7. Less 20% for State Plan Review | \$ |        |        |
| 8. Subtotal                       | \$ |        |        |
| 9. State Permit Surcharge Fee     |    | 2.00   | 6.00   |
| 10. Subtotal                      | \$ |        |        |
| 11. Cert. of Occupancy            |    | 23.00  | 52.00  |
| 12. Other                         |    |        |        |
| 13. TOTAL                         | \$ | 129.00 | 246.00 |

## 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 <u>                    </u> HUD <u>                    </u> |                   |
| 9. Total Land Area Disturbed                                                                              | sq. ft.           |
| 10. Flood Hazard Zone                                                                                     |                   |
| 11. Base Flood Elevation                                                                                  | ft.               |
| 12. Wetlands yes <u>                    </u> no <u>                    </u>                               |                   |

## IIa. PROPOSED WORK

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

## IIb. SUBCODES

(Check all that apply)

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

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|-----------|----------------|------------|----------------|---------------|-----------|-----------------------------|-----------|-----------|
| 1200      |                |            |                |               |           |                             |           |           |
|           |                |            | 4-28-23        |               | 2         |                             |           |           |
|           |                |            | 4-28-23        |               | 2         |                             |           |           |

TOTAL COST 1200

## 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

## VII. DESCRIPTION OF BUILDING USE

## A. RESIDENTIAL (primary use)

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

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

- D. Construct. Classification: Present
- Proposed

352-907-106 #8

RECEIVED

(12)

**CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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

(X) Check if contractor.

Agent Name Joseph Scialabbo

Address 7 Light Horse Ct.

Marlton NJ 08053

Telephone [REDACTED]

Signature [Signature]

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

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

7-16-23 Emailed pick-up to agent / owner (AAG)

3-30-23 Emailed pick-up for update B to owner

5-25-23 Emailed pick-up for update A

6-19-23 Emailed pick-up for updates C + D



# PERMIT UPDATE

Date Update Issued 6-20-23  
Control # C-23-00551  
Permit # 20230201+D

IDENTIFICATION Block: 866 Lot: 4 Qualifier  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015 Contractor VENUS ELECTRICAL CONTRACTING LLC  
Owner in Fee IBDB19 21 LLC Address 7 LIGHT HORSE COURT MARLTON NJ 08053  
10 CLARENCE AVENUE LONG BRANCH NJ 07740 Telephone: (609) 820-0292  
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 34FI00875900  
Federal Employee No. [REDACTED]

Is hereby granted permission to perform the following work:

- |                                                |                                                                    |                                                |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING              | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION                | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, SMOKE DETECTORS TO 2017 NEC

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 \$3,600

[Signature]  
Construction Official

6-19-23  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$0    |
| Electrical       | \$180  |
| Plumbing         | \$0    |
| Fire Protection  | \$75   |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$7    |
| CO Fee           |        |
| Other            | \$40   |
| Total            | \$302  |
| Check No.        |        |
| Cash             | \$0    |
| Credit           | \$0    |
| Collected By     |        |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Issued C-20-23  
Control # C-23-00551  
Permit # 20230201+D

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: iBDB19 21 LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Email \_\_\_\_\_

Tel. \_\_\_\_\_

Contractor: VENUS ELECTRICAL CONTRACTING LLC

Address 7 LIGHT HORSE COURT MARLTON NJ 08053

Email \_\_\_\_\_

Tel. (609) 820-0292 Fax. \_\_\_\_\_

Lic No. 34E100875900 Exp. Date \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Estimated Cost of Electrical Work \$3,000

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                          | Date | Initial | INSPECTIONS                   |         | Dates (Month/Day) |          |
|--------------------------------------------------------------------------------------|------|---------|-------------------------------|---------|-------------------|----------|
|                                                                                      |      |         | Type:                         | Failure | Failure           | Approval |
| <input type="checkbox"/> No Plan Required                                            |      |         | Rough                         |         |                   |          |
| <input type="checkbox"/> Partial/Underslab Approved                                  |      |         | Barrier-Free                  |         |                   |          |
| Partial Underslab Utilities Approved                                                 |      |         | Trench                        |         |                   |          |
| Date: _____ by: _____                                                                |      |         | Temp. Serv.                   |         |                   |          |
| <input type="checkbox"/> Electrical Plans Approved                                   |      |         | Constr. Serv.                 |         |                   |          |
| Date: _____ by: _____                                                                |      |         | TCO                           |         |                   |          |
| Joint Plan Review Required                                                           |      |         | Other                         |         |                   |          |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         | Service                       |         |                   |          |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         | Final                         |         |                   |          |
| SUBCODE APPROVAL for PERMIT                                                          |      |         | Barrier-Free                  |         |                   |          |
| Date: _____                                                                          |      |         | Temp. Cut-in-Card Date Issued |         |                   |          |
| Approved by: _____                                                                   |      |         | Final Cut-in-Card Date Issued |         |                   |          |
| SUBCODE APPROVAL for CERTIFICATE                                                     |      |         | Annual Pool Inspection        |         |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         | Date of Grounding and Bonding |         |                   |          |
| Date: _____                                                                          |      |         | Certification                 |         |                   |          |
| Approved by: _____                                                                   |      |         |                               |         |                   |          |

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certifd Landscape Irrigation Cont'r ☐ Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
ELECTRICAL ALTERATIONS, SMOKE DETECTORS, TO 2017 NEC

| QTY. | SIZE | ITEMS                       | FEE (Office Use Only) |
|------|------|-----------------------------|-----------------------|
| 24   |      | Lighting Fixtures           |                       |
| 40   |      | Receptacles                 |                       |
| 20   |      | Switches                    |                       |
| 7    |      | Detectors                   |                       |
|      |      | Light Poles                 |                       |
| 3    |      | Motors - Fract. HP          |                       |
|      |      | Emergency & Exit Lights     |                       |
|      |      | Communication Points        |                       |
|      |      | Alarm Devices/F.A.C. Panel  |                       |
| 94   |      | TOTAL NUMBERS               | \$200                 |
|      |      | Pool Permit/with UW Lights  |                       |
|      |      | Storable Pool/Spa/Hot Tub   |                       |
|      |      | KW Elec. Range/Receptical   |                       |
|      |      | KW Oven/Surface Unit        |                       |
|      |      | KW Elec. Water Heater       |                       |
|      |      | KW Elec. Dryer/Recepticle   |                       |
|      |      | KW Dishwasher               |                       |
|      |      | HP Garbage Disposal         |                       |
|      |      | KW Central A/C Unit         |                       |
|      |      | HP/KW Space Heater/Air Hand |                       |
|      |      | 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 \$40

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \$6

TOTAL FEE \$226



# FIRE SUBCODE TECHNICAL SECTION



**A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000**  
Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: IBDB19 21 LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Email \_\_\_\_\_

Tel. \_\_\_\_\_

Contractor: VENUS ELECTRICAL CONTRACTING LLC

Tel. (609) 820-0292

Address 7 LIGHT HORSE COURT MARLTON NJ 08053

Email \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

Fax. \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5

### Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible  
Capacity \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating Systems: ☐ New or ☐ Modification to Existing  
or ☐ Conversion or ☐ Replacement

Fire Alarm System: ☐ New or ☐ Existing  
Location of Panel: \_\_\_\_\_

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar  
☐ Other \_\_\_\_\_

Fire Suppression/Standpipe System:  
☐ New or ☐ Existing  
Location of Main Control Valve: \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$600

## JOB SUMMARY (Office Use Only)

PLAN REVIEW Date \_\_\_\_\_ Initial \_\_\_\_\_

☐ No Plan Required

☐ Partial Underslab Utilities Approved  
Date: \_\_\_\_\_ by: \_\_\_\_\_

☐ Fire Protection Plans Approved  
Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Joint Plan Review Required

☐ Building ☐ Plumbing  
☐ Electrical ☐ Elevator

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 |
| Alarm System      | _____             | _____   | _____    | _____   |
| Suppression Sys.  | _____             | _____   | _____    | _____   |
| Standpipe         | _____             | _____   | _____    | _____   |
| Fire Pump         | _____             | _____   | _____    | _____   |
| Pre-Eng. System   | _____             | _____   | _____    | _____   |
| Mechanical        | _____             | _____   | _____    | _____   |
| Smoke Control     | _____             | _____   | _____    | _____   |
| TCO               | _____             | _____   | _____    | _____   |
| Flam/Cumbust Tank | _____             | _____   | _____    | _____   |
| Fireplace Venting | _____             | _____   | _____    | _____   |
| Final             | _____             | _____   | _____    | _____   |
| Other             | _____             | _____   | _____    | _____   |

Date Received 6/9/2023

Control # C-23-00551

Date Issued 6-20-23

Permit # 20230201+D

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor

☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ELECTRICAL ALTERATIONS, SMOKE DETECTORS, TO 2017 NEC

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

|                                                                                                          | NUMBER   | FEE (Office Use Only) |
|----------------------------------------------------------------------------------------------------------|----------|-----------------------|
| Flammable/Combustible Tanks                                                                              | _____    | _____                 |
| <b>Alarm Systems</b>                                                                                     |          |                       |
| <input type="checkbox"/> System                                                                          |          |                       |
| <input checked="" type="checkbox"/> 110v Interconnected                                                  |          |                       |
| <input checked="" type="checkbox"/> CO Detectors/110v                                                    |          |                       |
| Alarm Devices (i.e. smoke, heat, pulls, water/flow)                                                      | <u>7</u> | _____                 |
| Supervisory Devices (tamper, low/high air)                                                               | _____    | _____                 |
| Signaling Devices (horn/strobes, bells)                                                                  | _____    | _____                 |
| Other Devices                                                                                            | _____    | _____                 |
| <b>TOTAL</b>                                                                                             | <u>7</u> | <u>\$75.00</u>        |
| <b>Suppression Systems</b>                                                                               |          |                       |
| Fire Pump _____ GPM Type _____                                                                           |          |                       |
| Dry Pipe/Alarm Valves                                                                                    | _____    | _____                 |
| Pre-action Valves                                                                                        | _____    | _____                 |
| Sprinkler Heads (Dry and Wet)                                                                            | _____    | _____                 |
| Standpipes                                                                                               | _____    | _____                 |
| <b>Pre-engineered Systems</b>                                                                            |          |                       |
| Wet Chemical                                                                                             | _____    | _____                 |
| Dry Chemical                                                                                             | _____    | _____                 |
| CO2 Suppression                                                                                          | _____    | _____                 |
| Foam Suppression                                                                                         | _____    | _____                 |
| FM200 Suppression                                                                                        | _____    | _____                 |
| Other                                                                                                    | _____    | _____                 |
| <b>Other Systems</b>                                                                                     |          |                       |
| Kitchen Hood Exhaust System                                                                              | _____    | _____                 |
| Smoke Control System                                                                                     | _____    | _____                 |
| Fire Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid |          |                       |
| Fireplace Venting/Metal Chimney                                                                          | _____    | _____                 |
| Other                                                                                                    | _____    | _____                 |

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

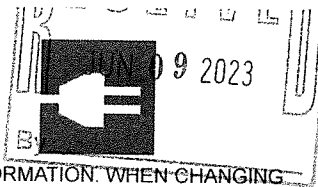
\$1

TOTAL FEE

\$76



# **ELECTRICAL SUBCODE TECHNICAL SECTION**



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

Block 866 Lot 4 Qualification Code n/a

Work Site Location 11 Ginsburg Lane  
BROWNS MILLS, NJ

Owner in Fee: iBDB19 21 LLC

Tel. [REDACTED] e-mail [REDACTED]

Address 10 Clarence Ave Long Branch 07740

Contractor: Venus Electrical Contr. Tel. (609) 820-0292

Address 7 Light Horse Ct e-mail joe@venuselectrical.com  
Marlton NJ 08053

Contractor License No. 8759 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 222809010 FAX: \_\_\_\_\_

## **B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as RESIDENCE Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 3,000

### **JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                          |                                             | INSPECTIONS |         | Dates (Month/Day) |         |
|------------------------------------------------------|---------------------------------------------|-------------|---------|-------------------|---------|
| [ ] No Plans Required                                | Type:                                       | Failure     | Failure | Approval          | Initial |
| [ ] Partial -Underslab Utilities Approved            | Rough                                       |             |         |                   |         |
| Date: _____ Approved by: _____                       | Barrier-Free                                |             |         |                   |         |
| [ ] Electric Plans Approved                          | Trench                                      |             |         |                   |         |
| Date: <u>6-16-23</u> Approved by: <u>[Signature]</u> | Temp. Serv.                                 |             |         |                   |         |
| Joint Plan Review Required:                          | Constr. Serv.                               |             |         |                   |         |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.             | TCO                                         |             |         |                   |         |
| SUBCODE APPROVAL FOR PERMIT                          | Other                                       |             |         |                   |         |
| Date: <u>6-16-23</u>                                 | Service                                     |             |         |                   |         |
| Approved by: <u>[Signature]</u>                      | Final                                       |             |         |                   |         |
| SUBCODE APPROVAL for CERTIFICATE                     | Barrier-Free                                |             |         |                   |         |
| [ ] CO [ ] CCO [ ] CA                                | Temp. Cut-in-Card Date Issued               |             |         |                   |         |
| Date: _____                                          | Final Cut-in-Card Date Issued               |             |         |                   |         |
| Approved by: _____                                   | 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: [Signature]

Print name here: joseph scialabbo

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

## **D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:  
REHAB OF HOME TO 2017 NEC

| QTY.      | SIZE | ITEMS                          | FEE (Office Use Only) |
|-----------|------|--------------------------------|-----------------------|
| <u>24</u> |      | Lighting Fixtures              |                       |
| <u>40</u> |      | Receptacles                    |                       |
| <u>20</u> |      | Switches                       |                       |
| <u>6</u>  |      | Detectors                      |                       |
| <u>2</u>  |      | Light Poles                    |                       |
|           |      | Motors—Fract. HP               |                       |
|           |      | Emergency & Exit Lights        |                       |
|           |      | Communications Points          |                       |
|           |      | Alarm Devices/F.A.C. Panel     |                       |
| <u>90</u> |      | 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    |                       |

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



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



JUN 09 2023

Date Received

Control # C-23-00551

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 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location 11 GINSBURG LANE

BROWNS MILLS, NJ

Owner in Fee: iBDB19 21 LLC

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 10 CLARENCE AVE LONG BRANCH, NJ 07740

Contractor: VENUS ELECTRIC LLC municipality \_\_\_\_\_ Tel. (609) 820-0292

Address 7 LIGHTHORSE CT e-mail Joe@VenusElectrical.com

MARLTON, NJ 08053

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar  
[ ] Other \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$ 600,000

## Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible  
Capacity \_\_\_\_\_

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: \_\_\_\_\_

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor  
sign here: \_\_\_\_\_

Print name here: JOE SCIALABBO

## D. TECHNICAL SITE DATA

☒ Certified Contractor [ ] Exempt Applicant

## DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

Flammable/Combustible Tanks \_\_\_\_\_

## Alarm Systems

[ ] System

[X] 110v Interconnected

[X] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls,  
water/flow) 7

Supervisory Devices (i.e., tampers, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horn/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

TOTAL 7

## Suppression Systems

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

## Pre-engineered Systems

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

FM200 Suppression \_\_\_\_\_

Other \_\_\_\_\_

## Other Systems

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid \_\_\_\_\_

Fireplace Venting/Metal Chimney \_\_\_\_\_

Other \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

[X] Fire Protection Plans Approved

Date: 6-15-23 Approved by: ARC

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

### SUBCODE APPROVAL for PERMIT

Date: 6-15-23

Approved by: [Signature]

### SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## INSPECTIONS

Type: \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Alarm System \_\_\_\_\_

Suppression Sys. \_\_\_\_\_

Standpipe \_\_\_\_\_

Fire Pump \_\_\_\_\_

Pre-Eng. System \_\_\_\_\_

Mechanical \_\_\_\_\_

Smoke Control \_\_\_\_\_

TCO \_\_\_\_\_

Flam/Combust Tanks \_\_\_\_\_

Fireplace Venting \_\_\_\_\_

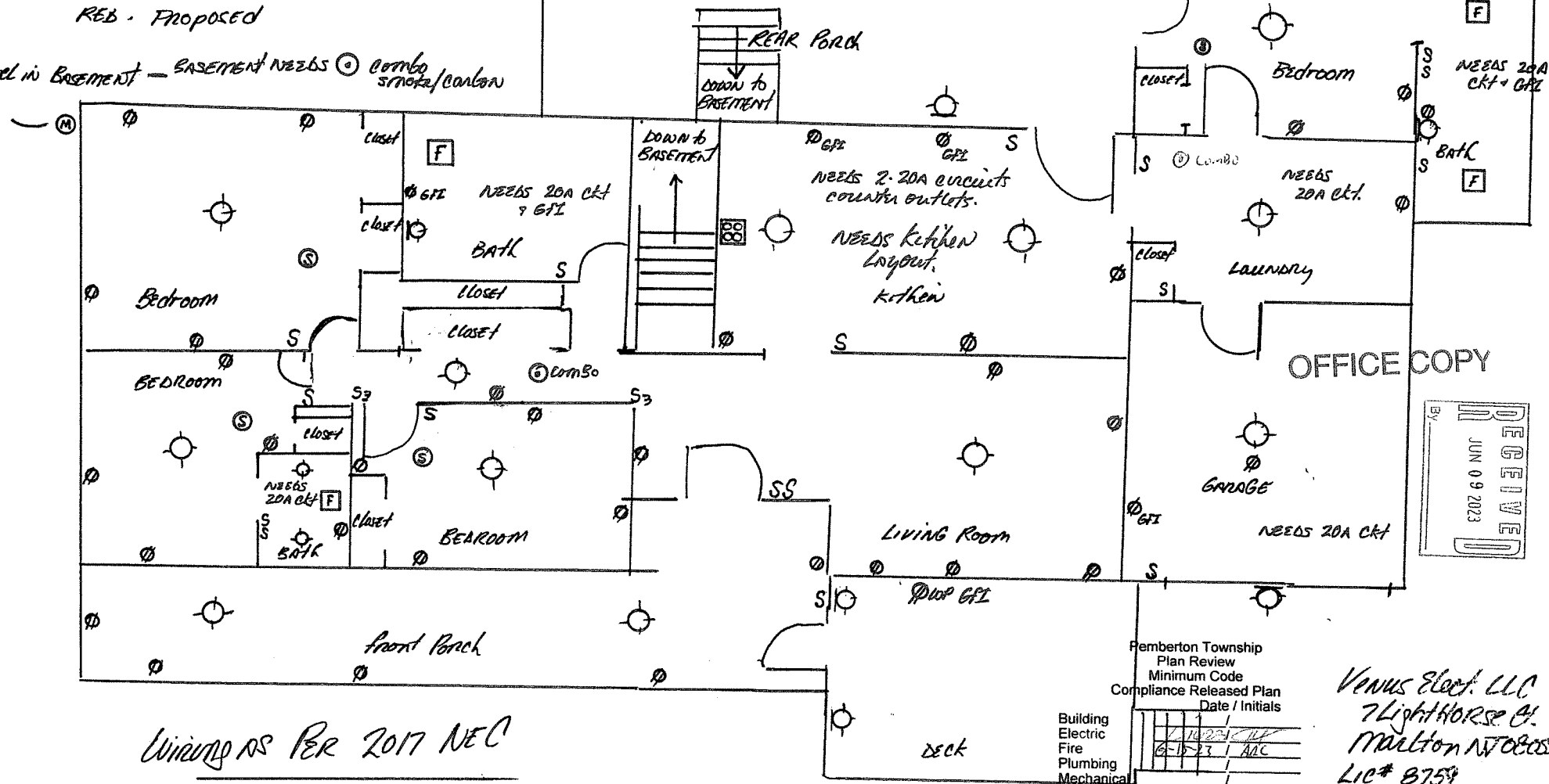
Final \_\_\_\_\_

Other \_\_\_\_\_

⊙ smoke/carbon combo

REB. PROPOSED

REL IN BASEMENT - BASEMENT NEEDS ○ combo smoke/carbon



Winning as PER 2017 NEC

11 Gonsburg Lane  
Browns Mills NJ

front.

Venus Elect. LLC  
7 Light Horse Ct.  
Milton MA 02183  
Lic# 8759  
Joe ScinLasso  
609.820.0292



# PERMIT UPDATE

Date Update Issued 6-19-23  
Control # C-23-00529  
Permit # 20230201+C

IDENTIFICATION Block: 866 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015 Contractor IBDB19 21 LLC  
Owner in Fee IBDB19 21 LLC Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740  
10 CLARENCE AVENUE LONG BRANCH NJ 07740 Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- |                                                |                                                                    |                                                |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING              | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION                           | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input checked="" type="checkbox"/> OTHER      |

### DESCRIPTION OF WORK:

HVAC 50k BTU FURNACE AND 3TON AC WITH DUCTWOK IN ATTIC

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 \$13,000

[Signature]  
Construction Official

6-19-23  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

### PAYMENTS (Office Use Only)

|                  |         |
|------------------|---------|
| Building         | \$0     |
| Electrical       | \$58    |
| Plumbing         | \$0     |
| Fire Protection  | \$0     |
| Elevator Devices | \$0     |
| Other            | \$85.00 |
| DCA Training Fee | \$25    |
| CO Fee           |         |
| Other            | \$32    |
| Total            | \$200   |
| Check No.        |         |
| Cash             | \$0     |
| Credit           | \$0     |
| Collected By     |         |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 6/2/2023  
Date Issued 6-19-23  
Control # C-23-00529  
Permit # 20230201+C

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

Block 866 Lot 4 Qualification Code  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: iBDB19 21 LLC  
Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Tel. [REDACTED] Email [REDACTED]  
Contractor: SOUTH POLE HEATING AND COOLING

Address 111 CLIFTON AVENUE, UNIT 4 LAKEWOOD NJ 08701  
Email service@southpolehvac.com

Tel. (732) 813-4822 Fax.  
Lic No. Exp. Date

Home improvement Contractor Registration No. or Exemption Reason(is applicable):  
Federal Employee No. [REDACTED]

## B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other  
Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$1,000

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                          | Date | Initial | INSPECTIONS                   |         | Dates (Month/Day) |          |
|--------------------------------------------------------------------------------------|------|---------|-------------------------------|---------|-------------------|----------|
| <input type="checkbox"/> No Plan Required                                            |      |         | Type:                         | Failure | Failure           | Approval |
| <input type="checkbox"/> Partial/Underslab Approved                                  |      |         | Rough                         |         |                   |          |
| <input type="checkbox"/> Partial Underslab Utilities Approved                        |      |         | Barrier-Free                  |         |                   |          |
| Date: by:                                                                            |      |         | Trench                        |         |                   |          |
| <input type="checkbox"/> Electrical Plans Approved                                   |      |         | Temp. Serv.                   |         |                   |          |
| Date: by:                                                                            |      |         | Constr. Serv.                 |         |                   |          |
| Joint Plan Review Required                                                           |      |         | TCO                           |         |                   |          |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         | Other                         |         |                   |          |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         | Service                       |         |                   |          |
| SUBCODE APPROVAL for PERMIT                                                          |      |         | Final                         |         |                   |          |
| Date:                                                                                |      |         | Barrier-Free                  |         |                   |          |
| Approved by:                                                                         |      |         | Temp. Cut-in-Card Date Issued |         |                   |          |
| SUBCODE APPROVAL for CERTIFICATE                                                     |      |         | Final Cut-in-Card Date Issued |         |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         | Annual Pool Inspection        |         |                   |          |
| Date:                                                                                |      |         | Date of Grounding and Bonding |         |                   |          |
| Approved by:                                                                         |      |         | Certification                 |         |                   |          |

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
HVAC, 50k BTU FURNACE AND 3TON AC WITH DUCTWOK IN ATTIC

| QTY. | SIZE | ITEMS                       | FEE (Office Use Only) |
|------|------|-----------------------------|-----------------------|
|      |      | Lighting Fixtures           |                       |
|      |      | Receptacles                 |                       |
|      |      | Switches                    |                       |
|      |      | Detectors                   |                       |
|      |      | Light Poles                 |                       |
|      |      | Motors - Fract. HP          |                       |
|      |      | Emergency & Exit Lights     |                       |
|      |      | Communication Points        |                       |
|      |      | Alarm Devices/F.A.C. Panel  |                       |
|      |      | TOTAL NUMBERS               |                       |
|      |      | Pool Permit/with UW Lights  |                       |
|      |      | Storable Pool/Spa/Hot Tub   |                       |
|      |      | KW Elec. Range/Receptical   |                       |
|      |      | KW Oven/Surface Unit        |                       |
|      |      | KW Elec. Water Heater       |                       |
|      |      | KW Elec. Dryer/Recepticle   |                       |
|      |      | KW Dishwasher               |                       |
|      |      | HP Garbage Disposal         |                       |
| 1    | 4    | KW Central A/C Unit         | \$20                  |
| 1    | 1    | HP/KW Space Heater/Air Hand | \$20                  |
|      |      | 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 \$13  
Minimum Fee \$65  
State Permit Surcharge Fee \$2  
TOTAL FEE \$73



# MECHANICAL SUBCODE TECHNICAL SECTION



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

Block 866 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: IBDB19 21 LLC  
Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: SOUTH POLE HEATING AND COOLING  
Address 111 CLIFTON AVENUE, UNIT 4 LAKEWOOD NJ 08701

Email service@southpolehvac.com  
Tel. (732) 813-4822 Fax. \_\_\_\_\_

Contractor License No. 19HC00279800 Expiration Date: 6/30/2024

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_

## B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed \_\_\_\_\_  
Heating System ☒ New ☐ Modification to Existing ☐ Conversion ☐ Replacement  
Type: ☐ Hydronic ☒ Hot Air  
Fuel: ☒ Gas ☐ Oil ☐ Electric ☐ Solar  
☐ Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$12,000

### JOB SUMMARY (Office Use Only)

|                                                                       |      |         |
|-----------------------------------------------------------------------|------|---------|
| PLAN REVIEW:                                                          | Date | Initial |
| <input type="checkbox"/> No Plan Required                             |      |         |
| <input type="checkbox"/> MECHANICAL PLANS APPROVED                    |      |         |
| Date:                                                                 |      |         |
| Approved by:                                                          |      |         |
| Joint Plan Review Required                                            |      |         |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing   |      |         |
| <input type="checkbox"/> Electrical <input type="checkbox"/> Elevator |      |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Mechanical     |      |         |
| SUBCODE APPROVAL for PERMIT                                           |      |         |
| Date:                                                                 |      |         |
| Approved by:                                                          |      |         |
| SUBCODE APPROVAL for CERTIFICATE                                      |      |         |
| <input type="checkbox"/> CA <input type="checkbox"/> CCO              |      |         |
| Date:                                                                 |      |         |
| Approved by:                                                          |      |         |

|             |               |         |         |          |         |
|-------------|---------------|---------|---------|----------|---------|
| INSPECTIONS | Type:         | Failure | Failure | Approval | Initial |
|             | Gas Piping    |         |         |          |         |
|             | Appliance     |         |         |          |         |
|             | Chimnet/Vent  |         |         |          |         |
|             | Piping        |         |         |          |         |
|             | Tank          |         |         |          |         |
|             | Cooling/AC    |         |         |          |         |
|             | Generator     |         |         |          |         |
|             | Fireplace     |         |         |          |         |
|             | Chimney Cert. |         |         |          |         |
|             | Other         |         |         |          |         |
|             | Other         |         |         |          |         |
|             | Final         |         |         |          |         |

Date Received 6/2/2023  
Control # C-23-00529  
Date Issued 6-19-23  
Permit # 20230201+C

## 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 \_\_\_\_\_

Print Name Here \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

HVAC, 50k BTU FURNACE AND 3TON AC WITH DUCTWOK IN ATTIC

| NO.   | FIXTURES/EQUIPMENT          | FEE (Office Use Only) |
|-------|-----------------------------|-----------------------|
| _____ | Water Heater                | _____                 |
| _____ | Fuel Oil Piping Connections | _____                 |
| _____ | Gas Piping Connections      | _____                 |
| _____ | Steam Boiler                | _____                 |
| _____ | Hot Water Boiler            | _____                 |
| _____ | Hot Air Furnace             | _____                 |
| _____ | Oil Tank                    | _____                 |
| _____ | LPG Tank                    | _____                 |
| _____ | Fireplace                   | _____                 |
| _____ | Generator                   | _____                 |
| _____ | Other <u>AC UNIT</u>        | _____                 |

Administrative Surcharge \$19  
Minimum Fee \_\_\_\_\_  
State Permit Surcharge Fee \$23  
TOTAL FEE \$127

U.C.C.F145 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



UCC F145 (rev. 12/18) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



# ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.  
Block 866 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 11 Ginsburg Ln. Browns Mills, NJ 08015

Owner in Fee IBDB19 21 LLC

Tel \_\_\_\_\_ e-mail \_\_\_\_\_  
Address 10 Clarence Ave. Long Branch, NJ 07740

Contractor South Pole Heating and Cooling Tel (732) 813-4822  
Address 111 Clifton Ave Unit 4, Lakewood e-mail service@southpolehvac.com

Contractor License No. 19HC00279800 Exp Date 06/30/2024

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co \_\_\_\_\_  
Est. Cost of Elec. Work \$ 1000

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

☒ No Plans Required

☐ Partial—Under slab Utilities Approved

Date \_\_\_\_\_ Approved by \_\_\_\_\_

☐ Electric Plans Approved

Date \_\_\_\_\_ Approved by \_\_\_\_\_

Joint Plan Review Required

☐ Bldg ☐ Plumb ☐ Fire ☐ Elev

SUBCODE APPROVAL FOR PERMIT

Date 02/16/23

Approved by [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date \_\_\_\_\_

Approved by \_\_\_\_\_

### INSPECTIONS

Type Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv

Constr. Serv

TCO

Other

Service

Final

Barrier-Free

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 the owner of record and am authorized to make this application and perform the work listed in this application.  
Applicant sign/Contractor sign and seal here [Signature]

Print name here Aryeh Weinstein

☐ Licensed Electrical Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Install in attic 50K BTU furnace at 5% along with 3-ton cooling and ductwork to full first floor

| QTY   | SIZE    | ITEMS                          | FEE (Office Use Only) |
|-------|---------|--------------------------------|-----------------------|
| _____ | _____   | Lighting Fixtures              | _____                 |
| _____ | _____   | Receptacles                    | _____                 |
| _____ | _____   | Switches                       | _____                 |
| _____ | _____   | Detectors                      | _____                 |
| _____ | _____   | Light Poles                    | _____                 |
| _____ | _____   | Motors—Fract. HP               | _____                 |
| _____ | _____   | Emergency & Exit Lights        | _____                 |
| _____ | _____   | Communications Points          | _____                 |
| _____ | _____   | Alarm Devices/F.A.C. Panel     | _____                 |
| _____ | _____   | TOTAL NUMBERS                  | \$ _____              |
| _____ | _____   | Pool Permit/with UW Lights     | _____                 |
| _____ | _____   | Storable Pool/Spa/Hot Tub      | _____                 |
| _____ | _____   | KW Elec. Range/Receptacle      | _____                 |
| _____ | _____   | KW Oven/Surface Unit           | _____                 |
| _____ | _____   | KW Elec. Water Heater          | _____                 |
| _____ | _____   | KW Elec. Dryer/Receptacle      | _____                 |
| _____ | _____   | KW Dishwasher                  | _____                 |
| _____ | _____   | HP Garbage Disposal            | _____                 |
| _____ | _____   | KW Central A/C Unit            | _____                 |
| _____ | _____   | HP/KW Space Heater/Air Handler | _____                 |
| _____ | _____   | KW Baseboard Heat              | _____                 |
| _____ | _____   | HP Motors 1/4 HP               | _____                 |
| _____ | _____   | KW Transformer/Generator       | _____                 |
| _____ | _____   | AMP Service                    | _____                 |
| _____ | _____   | AMP Subpanels                  | _____                 |
| _____ | _____   | AMP Motor Control Center       | _____                 |
| _____ | _____   | KW Elec. Sign/Outline Light    | _____                 |
| 1     | furnace |                                |                       |

U.C.C. F 120 Rev. 01/21. Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one internet version and one original plus three photocopies.

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

# OFFICE COPY

11 Ginsburg Ln.  
Browns Mills, NJ 08015

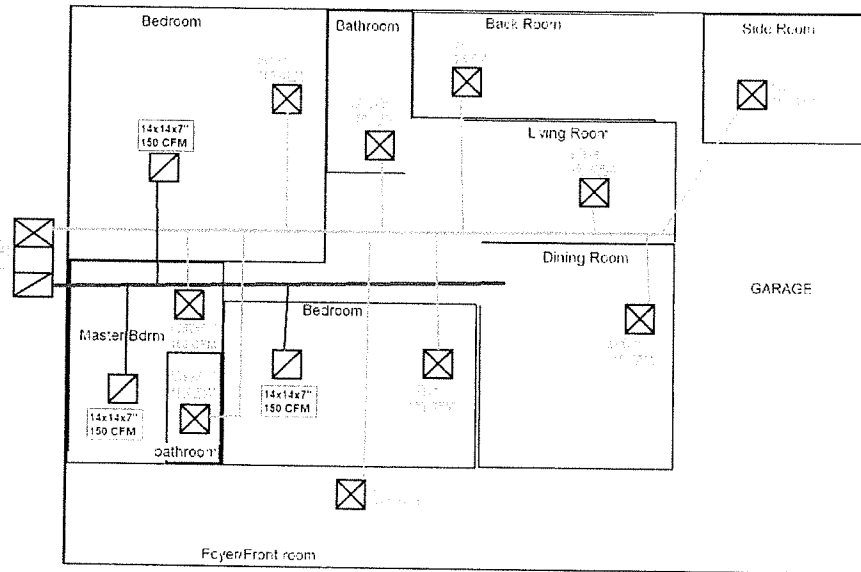
1st floor

Install in attic- 50K BTU furnace at 92%  
along with 3 ton cooling and ductwork  
to full first floor.

1200 CFM

Pemberton Township  
Plan Review  
Minimum Code  
Compliance Released Plan  
Date / Initials

|            |               |
|------------|---------------|
| Building   | _____         |
| Electric   | _____         |
| Fire       | _____         |
| Plumbing   | _____         |
| Mechanical | 6-16-23 / AAG |





# CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 866 LOT 4 QUALIFICATION CODE \_\_\_\_\_ PERMIT # \_\_\_\_\_  
WORK SITE ADDRESS 11 Ginsburg Ln. Browns Mills, NJ 08015  
Owner in Fee IBDB19 21 LLC  
Verifying Individual Aryeh Weinstein Company South Pole Heating and Cooling  
Address 111 Clifton Ave. Unit 4 Lakewood NJ 08701  
City State Zip Code  
Te \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

## Check the Appropriate Box(es):

### Type of Replacement:

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

### Existing Vent/Chimney: Size \_\_\_\_\_

- ☐ "B" Label Vent ☐ Chimney-Interior  
☐ "L" Label Vent ☐ Chimney-Exterior  
☐ Flexible Liner ☐ Masonry Chimney-Tile Lined  
☐ Power Vent/Exhauster ☐ Masonry Chimney-Unlined  
☐ Other \_\_\_\_\_

Type \_\_\_\_\_ Fuel Type \_\_\_\_\_ BTU Rating (input/hour)  
Appliance 1: furnace Oil / Gas / Other: gas 50K  
Appliance 2: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_  
Appliance 3: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_

## CHIMNEY LINER

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

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ UL Listing: \_\_\_\_\_

Material of Liner: Stainless Steel \_\_\_\_\_ Aluminum \_\_\_\_\_

Size of Appliance Vent: \_\_\_\_\_ Size of Liner: \_\_\_\_\_ Height of Chimney: \_\_\_\_\_

Length of Connector: \_\_\_\_\_ Vent Connector Rise: \_\_\_\_\_

How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: \_\_\_\_\_

## PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

### For Oil or Coal to Gas Conversions:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Signature [Signature] Date 5/23/23

### Direct Vent Appliance:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Verification Not Submitted:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

All applicable information requested on this form must be supplied.

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

| 1 Name of Room                                       |                                                                                                                  |             |            |       | Entire House      |         |       |       | Room1                     |         |       |       |  |  |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|------------|-------|-------------------|---------|-------|-------|---------------------------|---------|-------|-------|--|--|
| 2 Running Feet of Exposed Wall                       |                                                                                                                  |             |            |       | 162.0 ft          |         |       |       | 162.0 ft                  |         |       |       |  |  |
| 3 Ceiling Ht (Ft) and Gross Wall Area (SqFt)         |                                                                                                                  |             |            |       | 9.0 ft 1458.0 ft² |         |       |       | 9.0 ft 1458.0 ft²         |         |       |       |  |  |
| 4 Room Dimensions (Ft) and Floor Plan Area (SqFt)    |                                                                                                                  |             |            |       | 1610.0 ft²        |         |       |       | 46.0 x 35.0 ft 1610.0 ft² |         |       |       |  |  |
| 5 Ceiling Slope (Deg.) and Gross Ceiling Area (SqFt) |                                                                                                                  |             |            |       | 0 ° 1610.0 ft²    |         |       |       | 0 ° 1610.0 ft²            |         |       |       |  |  |
| Type of Exposure                                     | Const. Number                                                                                                    | Panel Faces | HTM        |       | Area or Length    | Btuh    |       |       | Area or Length            | Btuh    |       |       |  |  |
|                                                      |                                                                                                                  |             | Htg.       | Clg.  |                   | Heating | S-Clg | L-Clg |                           | Heating | S-Clg | L-Clg |  |  |
| 6 Wall                                               | 12A-0sw                                                                                                          | n           | 11.47      | 7.25  | 414               | 4749    | 3001  |       | 414                       | 4749    | 3001  |       |  |  |
| Wall                                                 | 12A-0sw                                                                                                          | e           | 11.47      | 7.25  | 315               | 3614    | 2283  |       | 315                       | 3614    | 2283  |       |  |  |
| Wall                                                 | 12A-0sw                                                                                                          | s           | 11.47      | 7.25  | 414               | 4749    | 3001  |       | 414                       | 4749    | 3001  |       |  |  |
| Wall                                                 | 12A-0sw                                                                                                          | w           | 11.47      | 7.25  | 315               | 3614    | 2283  |       | 315                       | 3614    | 2283  |       |  |  |
| 11 Ceil                                              | 16A-30ad                                                                                                         | -           | 1.53       | 2.36  | 1610              | 2463    | 3797  |       | 1610                      | 2463    | 3797  |       |  |  |
| Floor                                                | 19A-0bswp                                                                                                        | -           | 5.30       | 1.87  | 1610              | 8528    | 3015  |       | 1610                      | 8528    | 3015  |       |  |  |
| 12 Infiltration                                      | Heating Load (Btuh)                                                                                              |             | Effect ACH | 0.38  | WAR 1.00          | 4824    |       |       | WAR 1.00                  | 4824    |       |       |  |  |
|                                                      | Sensible Load (Btuh)                                                                                             |             |            | 0.20  |                   |         | 898   |       |                           |         |       | 898   |  |  |
|                                                      | Latent Load (Btuh)                                                                                               |             |            |       |                   |         |       | 1346  |                           |         |       |       |  |  |
| 13 Internal                                          | a Occupants at 230 and 200 Btuh<br>b Scenario number<br>c Default Adjustments<br>d Custom Appliances<br>e Plants |             |            |       | 0                 | 0       | 0     | 0     | 0                         | 0       | 0     | 0     |  |  |
| 14 Subtotals                                         | Sum lines 6 through 12                                                                                           |             |            |       |                   | 32541   | 18277 | 1346  |                           | 32541   | 18277 |       |  |  |
| 15 Duct Loads                                        | EHLF & ESGF                                                                                                      |             | 0.174      | 0.454 |                   | 5658    | 8304  |       |                           | 5658    | 8304  |       |  |  |
|                                                      | ELG                                                                                                              |             |            |       |                   |         |       | 1180  |                           |         |       | 1180  |  |  |
| 16 Ventilation Loads                                 | Vent Cfm                                                                                                         | 0           | E Cfm      | 0     |                   | 0       | 0     | 0     |                           |         |       |       |  |  |
| 17 Winter Humidification Load                        | Gal/Day                                                                                                          |             |            | 0     |                   | 0       |       |       |                           |         |       |       |  |  |
| 18 Piping Load                                       |                                                                                                                  |             |            |       |                   | 0       |       |       |                           |         |       |       |  |  |
| 19 Blower Heat                                       |                                                                                                                  |             |            |       |                   |         | 0     |       |                           |         |       |       |  |  |
| 20 AED Excursion & Latent Moisture Migration Load    |                                                                                                                  |             |            |       |                   |         | 0     |       |                           | 0       |       |       |  |  |
| 21 Total Load                                        | Sum lines 13 through 19                                                                                          |             |            |       |                   | 38199   | 26581 | 2526  |                           | 38199   | 26581 |       |  |  |

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

# Loads for Multiple Orientations Entire House

Job:  
Date: May 30, 2023  
By:

## Project Information

For:  
11 Ginsburg Ln, Browns Mills, NJ 08015

## Design Conditions

### Location:

Washington R Reagan AP, DC, US  
Elevation: 10 ft  
Latitude: 39°N

### Indoor:

Indoor temperature (°F)  
Design TD (°F)  
Relative humidity (%)  
Moisture difference (gr/lb)

### Heating

68  
48  
50  
38.9

### Cooling

75  
17  
50  
41.0

### Outdoor:

Dry bulb (°F)  
Daily range (°F)  
Wet bulb (°F)  
Wind speed (mph)

### Heating

20  
-  
-  
15.0

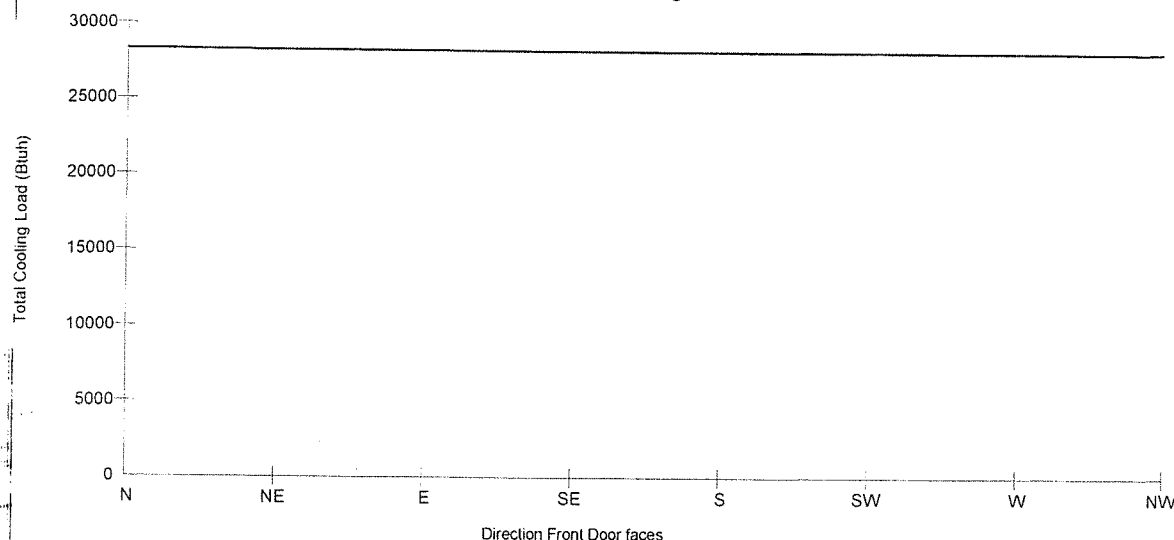
### Cooling

92  
16 ( M )  
75  
7.5

### Infiltration:

| Front Door           | North | Northeast | East  | Southeast | South | Southwest | West  | Northwest |
|----------------------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|
| Sensible Load (Btuh) | 25757 | 25757     | 25757 | 25757     | 25757 | 25757     | 25757 | 25757     |
| Latent Load (Btuh)   | 2526  | 2526      | 2526  | 2526      | 2526  | 2526      | 2526  | 2526      |
| Total Load (Btuh)    | 28284 | 28284     | 28284 | 28284     | 28284 | 28284     | 28284 | 28284     |
| Heating AVF (cfm)    | 728   | 728       | 728   | 728       | 728   | 728       | 728   | 728       |
| Cooling AVF (cfm)    | 1193  | 1193      | 1193  | 1193      | 1193  | 1193      | 1193  | 1193      |

Building Orientation Cooling Load



Current Orientation: Front Door faces North  
Highest Cooling Load: Front Door faces North

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

### Supporting Detail

|               |                                        |       |              |
|---------------|----------------------------------------|-------|--------------|
| Project Name: | 11 Ginsburg Ln, Browns Mills, NJ 08015 | Date: | May 30, 2023 |
| Address:      | 11 Ginsburg Ln, Browns Mills, NJ 08015 |       |              |
| Phone:        | Job ID:                                |       |              |

### Worksheet A

#### Location and Design Conditions

|                                |                                 |               |                             |            |                 |
|--------------------------------|---------------------------------|---------------|-----------------------------|------------|-----------------|
| Weather Location:              | Washington R. Reagan AP, DC, US | Elevation =   | 10                          | Latitude = | 39              |
| Indoor Conditions, Heating:    | DB = 68 °F                      | RH = 50 %     | Indoor Conditions, Cooling: | DB = 75 °F | RH = 50 %       |
| Table 1 Conditions             | 99% DB = 20 °F                  | 1% DB = 92 °F | Grains Difference =         | 41 gr/lb   | Daily Range = M |
| Design Temperature Differences | HTD = 48 °F                     |               | CTD = 17 °F                 |            |                 |

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

## Project Information

For:  
11 Ginsburg Ln, Browns Mills, NJ 08015

## Design Conditions

### Location:

Washington R Reagan AP, DC, US  
Elevation: 10 ft  
Latitude: 39°N

### Outdoor:

Dry bulb (°F)  
Daily range (°F)  
Wet bulb (°F)  
Wind speed (mph)

### Heating

20  
-  
-  
15.0

### Cooling

92  
16 ( M )  
75  
7.5

### Indoor:

Indoor temperature (°F)  
Design TD (°F)  
Relative humidity (%)  
Moisture difference (gr/lb)

### Heating

68  
48  
50  
38.9

### Cooling

75  
17  
50  
41.0

### Infiltration:

Method  
Construction quality  
Fireplaces

Simplified  
Average  
0

## Construction descriptions

### Walls

12A-0sw: Frm wall, vnl ext, 2"x4" wood frm, 16" o.c. stud

| Or  | Area<br>ft² | U-value<br>Btu/ft²·F | Insul R<br>ft²·F/Btu | Htg HTM<br>Btu/ft² | Loss<br>Btu/h | Clg HTM<br>Btu/ft² | Gain<br>Btu/h |
|-----|-------------|----------------------|----------------------|--------------------|---------------|--------------------|---------------|
| n   | 414         | 0.240                | 0                    | 11.5               | 4749          | 7.25               | 3001          |
| e   | 315         | 0.240                | 0                    | 11.5               | 3614          | 7.25               | 2283          |
| s   | 414         | 0.240                | 0                    | 11.5               | 4749          | 7.25               | 3001          |
| w   | 315         | 0.240                | 0                    | 11.5               | 3614          | 7.25               | 2283          |
| all | 1458        | 0.240                | 0                    | 11.5               | 16726         | 7.25               | 10568         |

### Partitions

(none)

### Windows

(none)

### Doors

(none)

### Ceilings

16A-30ad: Attic ceiling, asphalt shingles roof mat, r-20 roof ins, r-30 ceil ins

|      |       |      |      |      |      |      |
|------|-------|------|------|------|------|------|
| 1610 | 0.032 | 30.0 | 1.53 | 2463 | 2.36 | 3797 |
|------|-------|------|------|------|------|------|

### Floors

19A-0bswp: Part floor, hrd wd flr fnsh, frm flr, 6" thkns

|      |       |   |      |      |      |      |
|------|-------|---|------|------|------|------|
| 1610 | 0.295 | 0 | 5.30 | 8528 | 1.87 | 3015 |
|------|-------|---|------|------|------|------|

### Project Information

For:  
11 Ginsburg Ln, Browns Mills, NJ 08015

### Design Conditions

**Location:**

Washington R. Reagan AP, DC, US  
Elevation: 10 ft  
Latitude: 39°N

**Outdoor:**

Dry bulb (°F)  
Daily range (°F)  
Wet bulb (°F)  
Wind speed (mph)

**Heating**

20  
-  
-  
15.0

**Cooling**

92  
16 ( M )  
75  
7.5

**Indoor:**

Indoor temperature (°F)  
Design TD (°F)  
Relative humidity (%)  
Moisture difference (gr/lb)

**Heating**

68  
48  
50  
38.9

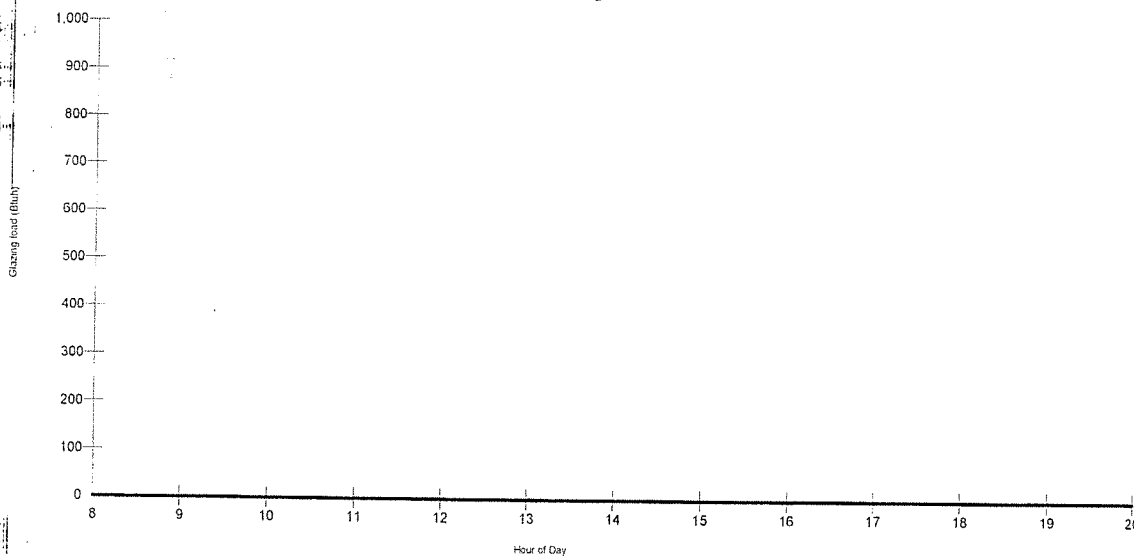
**Cooling**

75  
17  
50  
41.0

**Infiltration:**

### Test for Adequate Exposure Diversity

Hourly Glazing Load



Maximum hourly glazing load exceeds average by 0.0%.

House has adequate exposure diversity (AED), based on AED limit of 30%.

AED excursion: 0 Btuh

**Project Information**For:  
11 Ginsburg Ln, Browns Mills, NJ 08015**Cooling Equipment****Design Conditions**

|                    |        |                    |       |      |                   |        |
|--------------------|--------|--------------------|-------|------|-------------------|--------|
| Outdoor design DB: | 91.9°F | Sensible gain:     | 26581 | Btuh | Entering coil DB: | 77.8°F |
| Outdoor design WB: | 75.3°F | Latent gain:       | 2526  | Btuh | Entering coil WB: | 63.7°F |
| Indoor design DB:  | 75.0°F | Total gain:        | 29108 | Btuh |                   |        |
| Indoor RH:         | 50%    | Estimated airflow: | 1193  | cfm  |                   |        |

**Manufacturer's Performance Data at Actual Design Conditions**

|                    |          |        |                           |
|--------------------|----------|--------|---------------------------|
| Equipment type:    | Split AC |        |                           |
| Manufacturer:      | Ruud     | Model: | RA1336AJ1NB+RCFL-HM3617AC |
| Actual airflow:    | 1193     | cfm    |                           |
| Sensible capacity: | 25060    | Btuh   | 94% of load               |
| Latent capacity:   | 10740    | Btuh   | 425% of load              |
| Total capacity:    | 35800    | Btuh   | 123% of load SHR: 70%     |

**Heating Equipment****Design Conditions**

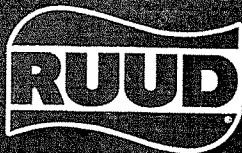
|                    |        |            |       |      |                   |        |
|--------------------|--------|------------|-------|------|-------------------|--------|
| Outdoor design DB: | 20.2°F | Heat loss: | 38199 | Btuh | Entering coil DB: | 66.0°F |
| Indoor design DB:  | 68.0°F |            |       |      |                   |        |

**Manufacturer's Performance Data at Actual Design Conditions**

|                  |             |        |                   |
|------------------|-------------|--------|-------------------|
| Equipment type:  | Gas furnace |        |                   |
| Manufacturer:    | Ruud        | Model: | R801SA050314ZSA   |
| Actual airflow:  | 728         | cfm    |                   |
| Output capacity: | 40000       | Btuh   | 105% of load      |
|                  |             |        | Temp. rise: 50 °F |

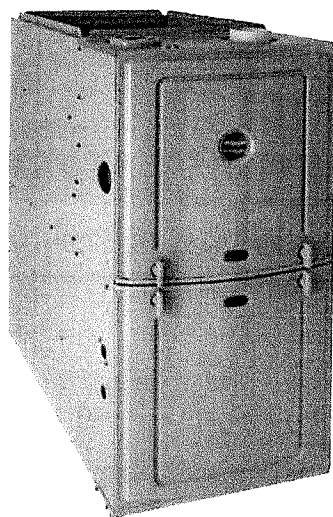
Meets all requirements of ACCA Manual S.





Gas Furnaces  
R801S (UF/HZ) Series

## Ruud Achiever® Series Upflow/Horizontal Gas Furnace



### R801S- (Upflow/Horizontal) Series

80% A.F.U.E.†

Input Rates 50-150 kBTU



†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- 80% residential Gas Furnace CSA certified
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics — 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation

- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design – serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Controls board features dip switches for easy system set up
- QR codes for quick access to product information from your smart phone or tablet

RELY ON RUUD.™

FORM NO. G22-542 REV 7

PATENTED HEAT EXCHANGER

DRAFT INDUCER MOTOR

N-SHOT BURNERS

DIRECT SPARK IGNITOR

INTEGRATED  
FURNACE  
CONTROL

## STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve; pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics.

## OPTIONAL EQUIPMENT

Side and bottom filter frame assembly. Return air cabinet for all sizes.  
NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Ruud distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Ruud parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form.

NOTE: For natural and L.P. (propane) gas models, direct spark ignition is 100% safety lockout type.

## WARNING

THIS FURNACE IS NOT APPROVED  
OR RECOMMENDED  
FOR USE IN MOBILE HOMES

# Model Number Identification

| <u>R</u> | <u>80</u>        | <u>1</u>         | <u>S</u>                               | <u>A</u>                        | <u>05</u>                                                                                          | <u>4</u>                                                       | <u>17</u>                                                            | <u>M</u>  | <u>S</u>                                | <u>A</u>                                              |
|----------|------------------|------------------|----------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|-----------|-----------------------------------------|-------------------------------------------------------|
| Ruud     | 80 =<br>80% AFUE | 1 = Single Stage | S = PSC Motor<br>w/Standard<br>Cabinet | Design Series<br>A = 1st Design | Input<br>BTU/HR<br>050 = 50,000<br>075 = 75,000<br>100 = 100,000<br>125 = 125,000<br>150 = 150,000 | 3 = Up to<br>3 Ton<br>4 = Up to<br>4 Ton<br>5 = Up to<br>5 Ton | Cabinet<br>Width<br>14 = 14"<br>17 = 17.5"<br>21 = 21"<br>24 = 24.5" | M = Multi | X = Low NO <sub>x</sub><br>S = Standard | Revision-<br>Marketing<br>(A - First Time<br>Release) |

## Horizontal Application

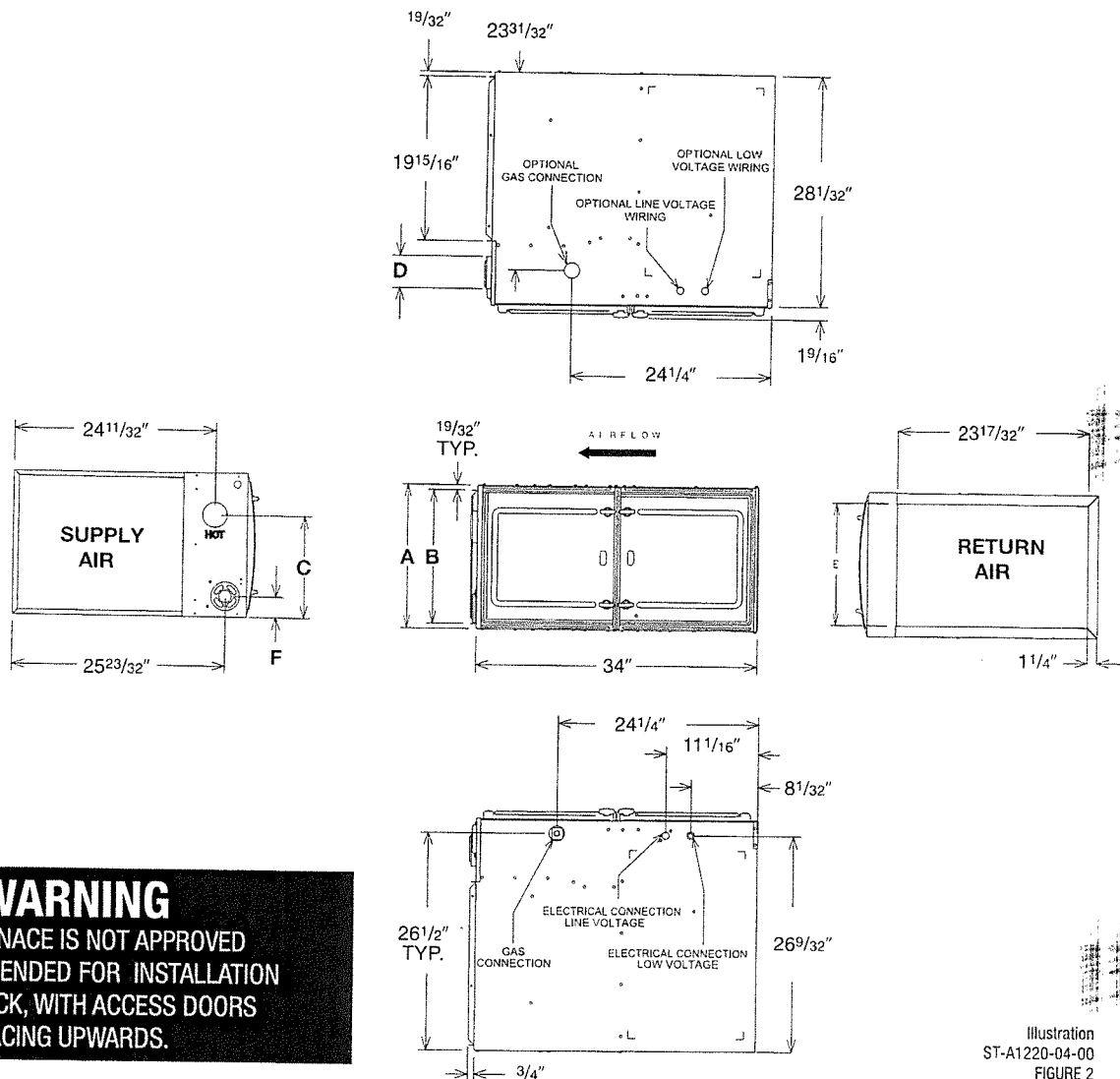


Illustration  
ST-A1220-04-00  
FIGURE 2

### WARNING

THIS FURNACE IS NOT APPROVED  
OR RECOMMENDED FOR INSTALLATION  
ON ITS BACK, WITH ACCESS DOORS  
FACING UPWARDS.

## Dimensional Data: Horizontal Model

| MODEL<br>R801S- | A      | B                                | C                              | D | E      | F                              | MINIMUM CLEARANCE (IN.) |                    |      |     |       |      | SHIP<br>WGTS.<br>(LBS.) |
|-----------------|--------|----------------------------------|--------------------------------|---|--------|--------------------------------|-------------------------|--------------------|------|-----|-------|------|-------------------------|
|                 |        |                                  |                                |   |        |                                | SUPPLY<br>AIR SIDE      | RETURN<br>AIR SIDE | BACK | TOP | FRONT | VENT |                         |
| 050             | 14     | 12 <sup>27</sup> / <sub>32</sub> | 10 <sup>5</sup> / <sub>8</sub> | ① | 11 1/2 | 17 <sup>7</sup> / <sub>8</sub> | 4 ②                     | 0                  | 0    | 1   | 3     | 6 ③  | 85                      |
| 075/<br>100417  | 17 1/2 | 16 <sup>11</sup> / <sub>32</sub> | 12 <sup>3</sup> / <sub>8</sub> | ① | 15     | 2 1/2                          | 3 ②                     | 0                  | 0    | 1   | 3     | 6 ③  | 105                     |
| 100521          | 21     | 19 <sup>27</sup> / <sub>32</sub> | 14 <sup>1</sup> / <sub>8</sub> | ① | 18 1/2 | 2 1/2                          | 0                       | 0                  | 0    | 1   | 3     | 6 ③  | 120                     |
| 125             | 24 1/2 | 23 <sup>11</sup> / <sub>32</sub> | 15 <sup>7</sup> / <sub>8</sub> | ① | 22     | 2 1/2                          | 0                       | 0                  | 0    | 1   | 3     | 6 ③  | 140                     |
| 150             | 24 1/2 | 23 <sup>11</sup> / <sub>32</sub> | 15 <sup>7</sup> / <sub>8</sub> | ① | 22     | 2 1/2                          | 0                       | 0                  | 0    | 1   | 3     | 6 ③  | 150                     |

NOTES: ① May require a 3" to 4" or 3" to 5" adapter. 4" adapter included with (-)801P units.

② May be 0" with type B vent.

③ May be 1" with type B vent.

Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

**SIDE RETURN FILTER RACK: RXGF-CD**  
**BOTTOM RETURN FILTER RACK FOR**  
**UPFLOW APPLICATION: RXGF-CB**

| FILTER RACK FILTER SIZES* INCHES |                                     |                                     |
|----------------------------------|-------------------------------------|-------------------------------------|
| MODEL                            | RXGF-CB<br>(UPFLOW/<br>HORIZONTAL)  | RXGF-CD<br>(UPFLOW)<br>SIDE RETURN  |
| R801SA050                        | 12 <sup>1</sup> / <sub>4</sub> x 25 | 15 <sup>3</sup> / <sub>4</sub> x 25 |
| R801SA075                        | 15 <sup>3</sup> / <sub>4</sub> x 25 | 15 <sup>3</sup> / <sub>4</sub> x 25 |
| R801SA100417                     |                                     |                                     |
| R801SA100521                     | 19 <sup>1</sup> / <sub>4</sub> x 25 | 15 <sup>3</sup> / <sub>4</sub> x 25 |
| R801SA125                        | 22 <sup>3</sup> / <sub>4</sub> x 25 | 15 <sup>3</sup> / <sub>4</sub> x 25 |
| R801SA150                        | 22 <sup>3</sup> / <sub>4</sub> x 25 | 15 <sup>3</sup> / <sub>4</sub> x 25 |

**4" FLUE ADAPTER: RXGW-C01**

**INDOOR COIL CASINGS**

| MODEL<br>NUMBER |
|-----------------|
| RXBC-D14AI      |
| RXBC-D17AI      |
| RXBC-D21AI      |
| RXBC-D21BI      |
| RXBC-D24AI      |

**WARNING: IMPORTANT NOTICE**

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

| FURNACE<br>WIDTH<br>IN.        | SOLID BOTTOM<br>KIT NO. | BASE<br>PLATE NO. | BASE<br>PLATE SIZE<br>IN.                                        |
|--------------------------------|-------------------------|-------------------|------------------------------------------------------------------|
| 14                             | RXGB-D14                | AE-61874-01       | 11 <sup>5</sup> / <sub>8</sub> x 23 <sup>9</sup> / <sub>16</sub> |
| 17 <sup>1</sup> / <sub>2</sub> | RXGB-D17                | AE-61874-02       | 15 <sup>1</sup> / <sub>8</sub> x 23 <sup>9</sup> / <sub>16</sub> |
| 21                             | RXGB-D21                | AE-61874-03       | 18 <sup>3</sup> / <sub>8</sub> x 23 <sup>9</sup> / <sub>16</sub> |
| 24 <sup>1</sup> / <sub>2</sub> | RXGB-D24                | AE-61874-04       | 25 <sup>5</sup> / <sub>8</sub> x 23 <sup>9</sup> / <sub>16</sub> |

**FOR HIGH ALTITUDES:**

**OPTION CODE FOR HIGH ALTITUDE: U.S. & Canada**  
None required for high altitudes.

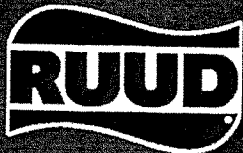
**HIGH ALTITUDE CONVERSION KITS: U.S. & Canada**  
None required for high altitudes.

**80+ HIGH ALTITUDE INSTRUCTIONS**

**CAUTION:** Always follow National Fuel Gas Code (NFPA) guidelines when converting for high altitudes.

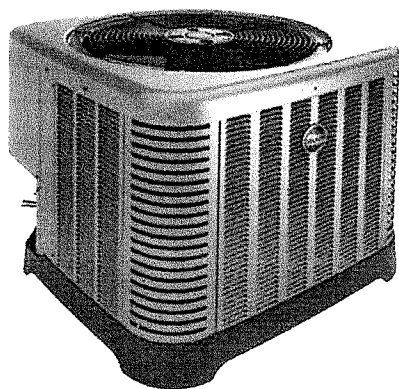
High altitude option codes are not required for these models. However, the burner orifice size needs to be recalculated and verified at elevations above 2000 ft. See Installation Instructions for more information.

**NOTE:** For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may **NOT** be used for U.S. installations.



Air Conditioners  
RA13 Series

## Ruud Achiever® Series Air Conditioners



### RA13 Series

Efficiencies 13-15.5 SEER/11.5-13 EER

Nominal Sizes 1½ to 5 Ton [5.28 to 17.6 kW]

Cooling Capacities 17.3 to 60.5 kBtu  
[5.7 to 17.7 kW]



*"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet Energy Star. Ask your Contractor for details or visit [www.energystar.gov](http://www.energystar.gov)."*

- New composite base pan – dampens sound, captures louver panels, eliminates corrosion and reduces number of fasteners needed
- Powder coat paint system – for a long lasting professional finish
- Scroll compressor – uses 70% fewer moving parts for higher efficiency and increased reliability
- Modern cabinet aesthetics – increased curb appeal with visually appealing design
- Curved louver panels – provide ultimate coil protection, enhance cabinet strength, and increased cabinet rigidity
- Optimized fan orifice – optimizes airflow and reduces unit sound
- Rust resistant screws – confirmed through 1500-hour salt spray testing
- PlusOne™ **Expanded Valve Space** – 3"-4"-5" service valve space – provides a minimum working area of 27-square inches for easier access
- PlusOne™ **Triple Service Access** – 15" wide, industry leading corner service access – makes repairs easier and faster. The two fastener removable corner allows optimal access to internal unit components. Individual louver panels come out once fastener is removed, for faster coil cleaning and easier cabinet reassembly
- Diagnostic service window with two-fastener opening – provides access to the high and low pressure.
- External gauge port access – allows easy connection of "low-loss" gauge ports
- Single-row condenser coil – makes unit lighter and allows thorough coil cleaning to maintain "out of the box" performance
- 35% fewer cabinet fasteners and fastener-free base – allow for faster access to internal components and hassle-free panel removal
- Service trays – hold fasteners or caps during service calls
- QR code – provides technical information on demand for faster service calls
- Fan motor harness with extra long wires allows unit top to be removed without disconnecting fan wire.

RELY ON RUUD.™

FORM NO. A22-221 REV. 5

## Standard Feature Table

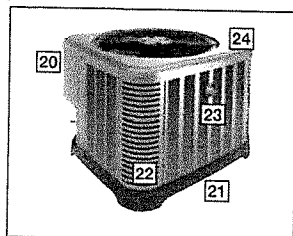
| Feature                             | STANDARD FEATURES |      |      |      |      |      |      |
|-------------------------------------|-------------------|------|------|------|------|------|------|
|                                     | 18                | 24   | 30   | 36   | 42   | 48   | 60   |
| R-410a Refrigerant                  | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Maximum SEER                        | 15.1              | 15.0 | 15.5 | 15.1 | 14.5 | 14.5 | 14.0 |
| Maximum EER                         | 12.5              | 12.5 | 13.0 | 12.5 | 12.0 | 12.0 | 11.5 |
| Scroll Compressor                   | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Field Installed Filter Drier        | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Front Seating Service Valves        | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Internal Pressure Relief Valve      | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Internal Thermal Overload           | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Long Line capability                | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Low Ambient capability with Kit     | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| 3-4-5 Expanded Valve Space          | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Composite Basepan                   | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| 2 Screw Control Box Access          | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| 15" Access to Internal Components   | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Quick release louver panel design   | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| No fasteners to remove along bottom | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Optimized Venturi Airflow           | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Single row condenser coil           | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Powder coated paint                 | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Rust resistant screws               | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| QR code                             | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| External gauge ports                | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Service trays                       | ✓                 | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |

✓ = Standard

## Available SKUs

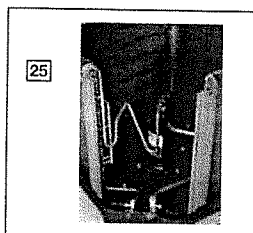
| Available Models | Description                                                                                                   |
|------------------|---------------------------------------------------------------------------------------------------------------|
| RA1318AJ1NA      | Achiever <sup>®</sup> Series 1 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60                      |
| RA1324AJ1NA      | Achiever <sup>®</sup> Series 2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60                          |
| RA1330AJ1NA      | Achiever <sup>®</sup> Series 2 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60                      |
| RA1336AJ1NA      | Achiever <sup>®</sup> Series 3 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60                          |
| RA1342AJ1NA      | Achiever <sup>®</sup> Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60                      |
| RA1348AJ1NA      | Achiever <sup>®</sup> Series 4 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60                          |
| RA1360AJ1NA      | Achiever <sup>®</sup> Series 5 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60                          |
| RA1318AJ1NB      | Achiever <sup>®</sup> Series 1 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60 |
| RA1324AJ1NB      | Achiever <sup>®</sup> Series 2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60     |
| RA1330AJ1NB      | Achiever <sup>®</sup> Series 2 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60 |
| RA1336AJ1NB      | Achiever <sup>®</sup> Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60     |
| RA1342AJ1NB      | Achiever <sup>®</sup> Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60 |
| RA1348AJ1NB      | Achiever <sup>®</sup> Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60     |
| RA1360AJ1NB      | Achiever <sup>®</sup> Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60     |
| RA1336AC1NB      | Achiever <sup>®</sup> Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60     |
| RA1342AC1NB      | Achiever <sup>®</sup> Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60 |
| RA1348AC1NB      | Achiever <sup>®</sup> Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60     |
| RA1360AC1NB      | Achiever <sup>®</sup> Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60     |
| RA1336AD1NB      | Achiever <sup>®</sup> Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60         |
| RA1342AD1NB      | Achiever <sup>®</sup> Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60     |
| RA1348AD1NB      | Achiever <sup>®</sup> Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60         |
| RA1360AD1NB      | Achiever <sup>®</sup> Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60         |

The entire cabinet has powder post paint (20) achieving 1000 hour salt spray rating, allowing the cabinet to retain its aesthetics throughout its life.



Scroll compressors with standard internal pressure relief and internal thermal overload are used on all capacities assuring longevity of high efficient and quiet operation for the life of the product.

Each unit is shipped with filter drier for field installation and will trap any moisture or dirt that could contaminate the refrigerant system.



All cabinets have industry leading structural strength due to the composite base pan (21), interlocking corner post (22), formed curved louver panels (23) and drawn top cover (24) making it the most durable cabinet on the market today.

Each RA13 capacity has undergone rigorous psychometric testing to assure performance ratings of capacity, SEER and EER per AHRI Standard 210/240 rating conditions. Also each unit bears the UL mark and each unit is certified to UL 1995 safety standards.



Each unit has undergone specific strain and modal testing to assure tubing (25) is outside the unit's natural frequency and that the suction and discharge lines connected to the compressor withstand any starting, steady state operation or shut down forces imposed by the compressor.

All units have been sound tested in sound chamber to AHRI 270 rating conditions, and A-weighted Sound Power Level tables produced, assuring units have acceptable noise qualities (see page 9). Each unit has been ran in cooling operation at 95°F and 82°F and sound ratings for the RA13 range from as low as 73 dBA to 79 dBA.

All units have been ship tested to assure units meet stringent "over the road" shipping conditions.

As manufactured all units in the RA13 family have cooling capability to 55 °F. Addition of low ambient control will allow the unit to operate down to 0°F. Factory testing is performed on each unit. All component parts meet well defined specification and continually go through receiving inspections. Each component installed on a unit is scanned, assuring correct component utilization for a given unit capacity and voltage. All condenser coils are leak tested with pressurization test to 550#s and once installed and assembled, each unit's complete refrigerant system is helium leak tested. All units are fully charged from the factory for up to 15 feet of piping. All units are factory run tested. The RA13 has a 10-year conditional compressor and parts warranty (registration required).

## Optional Accessories

(Refer to accessory chart for model #)

### Compressor Crankcase Heater

Protects against refrigerant migration that can occur during low ambient operation

### Compressor Sound Cover

- Reinforced vinyl compressor cover containing a 1 ½ inch thick batt of fiberglass insulation
- Open edges are sealed with a one-inch wide hook and loop fastening tape

### Compressor Hard Start Kit

- Single-phase units are equipped with a PSC compressor motor, this type of motor normally does not need a potential relay and start capacitor
- Kit may be required to increase the compressor starting torque, in conditions such as low voltage

### Low Ambient Kit

- Air conditioners operate satisfactorily in the cooling mode down to 55°F outdoor air temperature without any additional controls
- This Kit can be added in the field enabling unit to operate properly down to 0° in the cooling mode
- Crankcase heater and freezestat should be installed on compressors equipped with a low ambient kit

### 3"/6"/12"

- Gray high density polyethylene feet are available to raise unit off of mounting surface away from moisture

### Low Pressure

- Can be added in field enabling the unit to shut off compressor on loss of charge

NOTE: Unit can be purchased with high and low pressure installed at factory. (Refer to SKU list)

### High Pressure

- Can be added in field enabling unit to shut off compressor if unit loses outdoor fan operation.

NOTE: Unit can be purchased with high and low pressure installed at factory. (Refer to SKU list)

### Decorative Top

- Can be installed on fan grille

## 90%+ AFUE Gas Furnaces (For Reference)\*\*

| <u>R</u> | <u>96</u>    | <u>V</u>           | <u>A</u>       | <u>70</u>                | <u>2</u>         | <u>3</u>              | <u>17</u>        | <u>M</u>      | <u>S</u>                    | <u>A</u>       |
|----------|--------------|--------------------|----------------|--------------------------|------------------|-----------------------|------------------|---------------|-----------------------------|----------------|
| Brand    | Series       | Motor              | Major Rev      | Input<br>BTU/HR          | Stages           | Air Flow              | Cabinet<br>Width | Configuration | Nox                         | Minor Rev      |
| Ruud     | 90 - 90 AFUE | V - Variable speed | A - 1st Design | 040 - 42,000 [12.31 kW]  | 1 - Single-stage | 3 - up to 3 ton       | 14 - 14"         | M - Multi     | X - Low Nox<br>S - Standard | A - 1st Design |
|          | 92 - 92 AFUE | T - Constant       |                | 060 - 56,000 [16.41 kW]  | 2 - Two-stage    | 5 - 3 1/2 up to 5 ton | 17 - 17.5"       |               |                             |                |
|          | 95 - 95 AFUE | Torque             |                | 070 - 70,000 [20.51 kW]  | M - Modulating   |                       | 21 - 21"         |               |                             |                |
|          | 96 - 96 AFUE | (X-13)             |                | 085 - 84,000 [24.62 kW]  |                  |                       | 24 - 24.5"       |               |                             |                |
|          | 97 - 97 AFUE | P - PSC            |                | 100 - 98,000 [28.72 kW]  |                  |                       |                  |               |                             |                |
|          |              |                    |                | 115 - 112,000 [32.82 kW] |                  |                       |                  |               |                             |                |

## 80% AFUE Gas Furnaces (For Reference)\*\*

| <u>R</u> | <u>80</u>     | <u>2</u>         | <u>V</u>                   | <u>A</u>       | <u>075</u>            | <u>3</u>              | <u>17</u>        | <u>M</u>       | <u>S</u>                    | <u>A</u>       |
|----------|---------------|------------------|----------------------------|----------------|-----------------------|-----------------------|------------------|----------------|-----------------------------|----------------|
| Brand    | Series        | Stages           | Motor                      | Major Rev      | Input<br>BTU/HR       | Air Flow              | Cabinet<br>Width | Configuration  | Nox                         | Minor Rev      |
| Ruud     | 80 - 80+ AFUE | 1 - Single-stage | V - Variable speed         | A - 1st Design | 050 - 50,000 [15 kW]  | 3 - up to 3 ton       | 14 - 14"         | M - Multi      | X - Low Nox<br>S - Standard | A - 1st Design |
|          |               | 2 - Two-stage    | T - Constant Torque (X-13) |                | 075 - 75,000 [22 kW]  | 4 - 2 1/2 to 4 ton    | 17 - 17.5"       | D - Down       |                             |                |
|          |               |                  | P - PSC premium            |                | 100 - 100,000 [29 kW] | 5 - 3 1/2 up to 5 ton | 21 - 21"         | Z - Down &     |                             |                |
|          |               |                  | S - PSC standard           |                | 125 - 125,000 [37 kW] |                       | 24 - 24.5"       | zero clearance |                             |                |
|          |               |                  |                            |                | 150 - 150,000 [44 kW] |                       |                  | down flow      |                             |                |
|          |               |                  |                            |                |                       |                       |                  |                |                             |                |

## Air Handlers (For Reference)\*\*

| <u>R</u> | <u>H</u>            | <u>1</u>             | <u>T</u>     | <u>36</u>              | <u>17</u>  | <u>S</u>      | <u>T</u>           | <u>A</u>         | <u>N</u>                          | <u>A</u>                                                  | <u>A</u>          | <u>000</u>                                     | <u>*</u>       |
|----------|---------------------|----------------------|--------------|------------------------|------------|---------------|--------------------|------------------|-----------------------------------|-----------------------------------------------------------|-------------------|------------------------------------------------|----------------|
| Brand    | Product<br>Category | Stages of<br>Airflow | Motor Type   | Capacity<br>BTU/HR     | Width      | Coil Size     | Metering<br>Device | Major<br>Series* | Controls                          | Voltage                                                   | Minor<br>Series** | Factory Heat<br>Cap                            | Option<br>Code |
| Ruud     | H - Air<br>Handler  | 1 - Single-Stage     | V - Variable | 24 - 24,000 [7.03 kW]  | 14 - 14"   | S - Standard  | T - TEV            | A - 1st Design   | C - Communicating<br>N - Non-comm | A - 1ph, 115/60<br>J - 1ph, 208-240/60<br>D - 3ph, 480/60 | A - 1st Design    | 00 - no<br>factory heat<br>with option<br>code | *TBD           |
|          |                     | 2 - Two-Stage        | Speed        | 36 - 36,000 [10.55 kW] | 17 - 17.5" | Eff.          | E - EEV            |                  |                                   |                                                           |                   |                                                |                |
|          |                     | M - Modulating       | T - Constant | 48 - 48,000 [14.07 kW] | 21 - 21"   | M - Mid Eff.  | P - Piston         |                  |                                   |                                                           |                   |                                                |                |
|          |                     |                      | Torque       | 60 - 60,000 [17.58 kW] | 24 - 24.5" | H - High Eff. |                    |                  |                                   |                                                           |                   |                                                |                |
|          |                     |                      | P - PSC      |                        |            |               |                    |                  |                                   |                                                           |                   |                                                |                |

\*\*Model number ID's are for reference only. See available SKU page of applicable spec sheet for table of available SKU's for a specific model.

[ ] Designates Metric Conversions

## Accessories

| Model No.                                       |                | RA1318         | RA1324         | RA1330         | RA1336         | RA1342         | RA1348         | RA1360         |
|-------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Compressor crankcase heater*                    |                | 44-17402-44    | 44-17402-44    | 44-17402-44    | 44-17402-44    | 44-17402-45    | 44-17402-45    | 44-17402-45    |
| Low ambient control                             |                | RXAD-A08       | RXAD-A08       | RXAD-A08       | RXAD-A08       | RXAD-A08       | RXAD-A08       | RXAD-A08       |
| Compressor sound cover                          |                | 68-23427-26    | 68-23427-26    | 68-23427-26    | 68-23427-26    | 68-23427-25    | 68-23427-25    | 68-23427-25    |
| Compressor hard start kit                       |                | SK-A1          | SK-A1          | SK-A1          | SK-A1          | SK-A1          | SK-A1          | SK-A1          |
| Compressor time delay                           |                | RXMD-B01       | RXMD-B01       | RXMD-B01       | RXMD-B01       | RXMD-B01       | RXMD-B01       | RXMD-B01       |
| Low pressure control                            |                | RXAC-A07       | RXAC-A07       | RXAC-A07       | RXAC-A07       | RXAC-A07       | RXAC-A07       | RXAC-A07       |
| High pressure control                           |                | RXAB-A07       | RXAB-A07       | RXAB-A07       | RXAB-A07       | RXAB-A07       | RXAB-A07       | RXAB-A07       |
| Liquid Line Solenoid<br>(24 VAC, 50/60 Hz)      | Solenoid Valve | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD3T3TVLC   | 200RD3T3TVLC   |
|                                                 | Solenoid Coil  | 61-AMG24V      | 61-AMG24V      | 61-AMG24V      | 61-AMG24V      | 61-AMG24V      | 61-AMG24V      | 61-AMG24V      |
| Liquid Line Solenoid<br>(120/240 VAC, 50/60 Hz) | Solenoid Valve | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD2T3TVLC   | 200RD3T3TVLC   | 200RD3T3TVLC   |
|                                                 | Solenoid Coil  | 61-AMG120/240V | 61-AMG120/240V | 61-AMG120/240V | 61-AMG120/240V | 61-AMG120/240V | 61-AMG120/240V | 61-AMG120/240V |
| Pop Cap w/Label                                 |                | 91-101123-21   | 91-101123-21   | 91-101123-21   | 91-101123-21   | 91-101123-21   | 91-101123-21   | 91-101123-21   |
| Heat Pump Riser 6 in.                           |                | 686020         | 686020         | 686020         | 686020         | 686020         | 686020         | 686020         |

\*Crankcase Heater recommended with Low Ambient Kit.

## Weighted Sound Power Level (dBA)

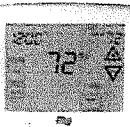
| Model  |      | RA13 Sound Power Level                                          |      |      |      |      |      |      |      |
|--------|------|-----------------------------------------------------------------|------|------|------|------|------|------|------|
|        |      | Full Octave Linear Sound Power Level dB - Center Frequency - Hz |      |      |      |      |      |      |      |
|        |      | 125                                                             | 250  | 500  | 1000 | 2000 | 4000 | 6300 | 8000 |
| RA1318 | 71.9 | 52.1                                                            | 58.3 | 61.5 | 61.1 | 57.0 | 54.2 | 51.0 | 48.7 |
| RA1324 | 75.5 | 55.4                                                            | 60.3 | 64.7 | 66.4 | 62.6 | 58.0 | 54.3 | 52.4 |
| RA1330 | 73.6 | 49.7                                                            | 62.6 | 64.6 | 63.1 | 60.3 | 54.8 | 49.4 | 47.6 |
| RA1336 | 72.4 | 55.1                                                            | 60.2 | 62.6 | 63.3 | 58.1 | 53.4 | 51.3 | 52.0 |
| RA1342 | 72.7 | 48.9                                                            | 56.1 | 62.9 | 62.2 | 61.1 | 55.2 | 51.9 | 50.2 |
| RA1348 | 75.8 | 51.4                                                            | 59.6 | 65.2 | 65.9 | 64.3 | 58.5 | 55.2 | 53.7 |
| RA1360 | 77.7 | 51.7                                                            | 60.9 | 66.9 | 70.4 | 63.5 | 57.4 | 55.4 | 53.8 |

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI)

## Thermostats



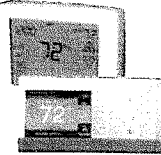
**200-Series \***  
Programmable



**300-Series \***  
Deluxe  
Programmable



**400-Series \***  
Special Applications/  
Programmable



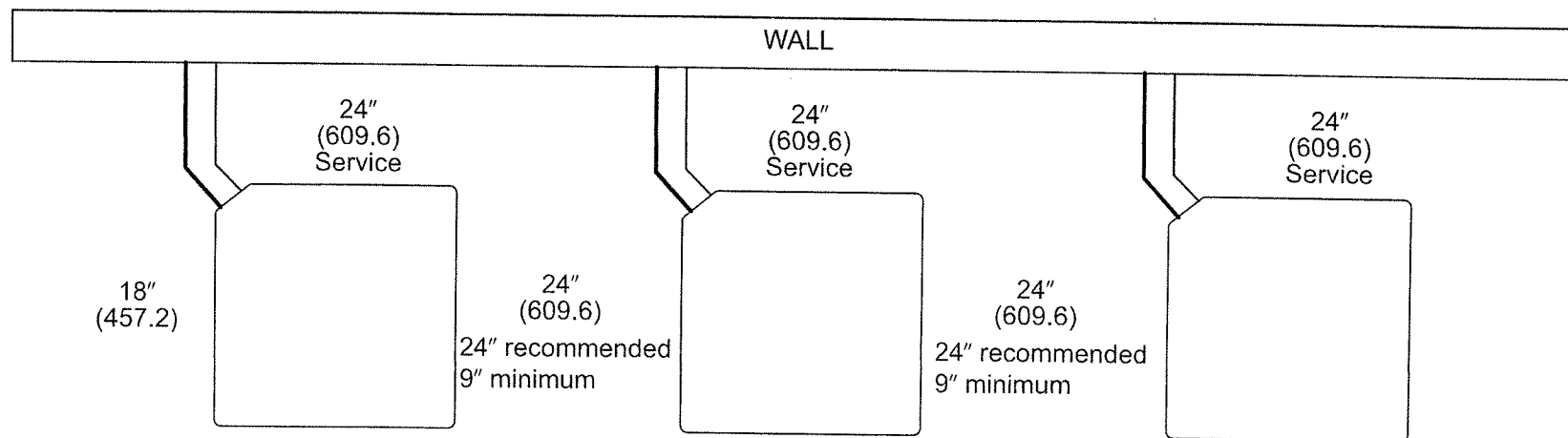
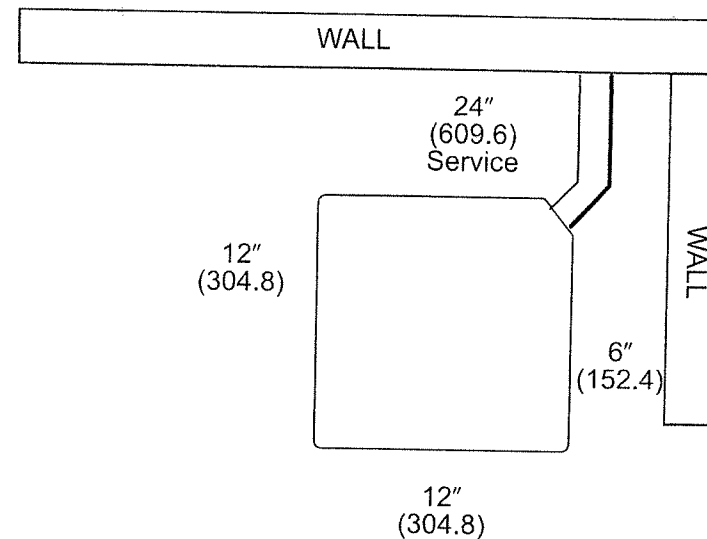
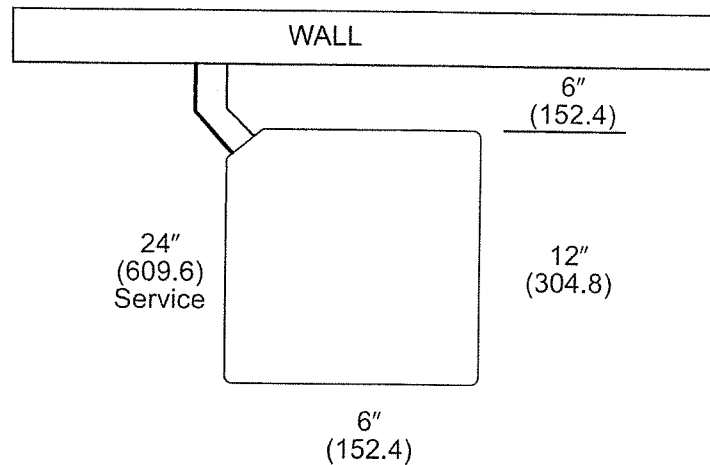
**500-Series \***  
Communicating/  
Programmable

| Brand    | Descriptor<br>(3 Characters) | Series<br>(3 Characters)                                                                                                       | System<br>(2 Characters)                                                                                | Type<br>(2 Characters)            |
|----------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| UHC      | - TST                        | 213                                                                                                                            | UN                                                                                                      | MS                                |
| UHC=Ruud | TST=Thermostat               | 200=Programmable<br>300=Deluxe Programmable<br>400=Special Applications/<br>Programmable<br>500=Communicating/<br>Programmable | GE=Gas/Electric<br>UN=Universal (AC/HP/GE)<br>MD=Modulating Furnace<br>DF=Dual Fuel<br>CM=Communicating | SS=Single-Stage<br>MS=Multi-Stage |

\* Photos are representative. Actual models may vary.

For detailed thermostat match-up information,  
see specification sheet form number T22-001.

# CLEARANCES



NOTE: NUMBERS IN ( ) = mm

IMPORTANT: When installing multiple units in an alcove, roof well or partially enclosed area, ensure there is adequate ventilation to prevent re-circulation of discharge air.

## GUIDE SPECIFICATIONS

### General

#### System Description

Outdoor-mounted, air-cooled, split-system air conditioner composite base pan unit suitable for ground or rooftop installation. Unit consists of a hermetic compressor, an air-cooled coil, propeller-type condenser fan, suction and legend line service valve, and a control box. Unit will discharge supply air upward as shown on contract drawings. Unit will be used in a refrigeration circuit to match up to a coil unit.

#### Quality Assurance

- Unit will be rated in accordance with the latest edition of AHRI Standard 210.
- Unit will be certified for capacity and efficiency, and listed in the latest AHRI directory.
- Unit construction will comply with latest edition of ANSI/ASHRAE and with NEC.
- Unit will be constructed in accordance with UL standards and will carry the UL label of approval. Unit will have c-UL-us approval.
- Unit cabinet will be capable of withstanding ASTM B117 1000-hr salt spray test.
- Air-cooled condenser coils will be leak tested at 150 psig and pressure tested at 550 psig.
- Unit constructed in ISO9001 approved facility.

#### Delivery, Storage, and Handling

- Unit will be shipped as single package only and is stored and handled per unit manufacturer's recommendations.

**Warranty (for inclusion by specifying engineer)** — U.S. and Canada only.

### Products

#### Equipment

Factory assembled, single piece, air-cooled air conditioner unit. Contained within the unit enclosure is all factory wiring, piping, controls, compressor, refrigerant charge R-410A, and special features required prior to field start-up.

#### Unit Cabinet

- Unit cabinet will be constructed of galvanized steel, bonderized, and coated with a powder coat paint.
- All units constructed with louver coil protection and corner post. Louver can be removed by removing one fastener per louver panel.

### AIR-COOLED, SPLIT-SYSTEM AIR CONDITIONER RA13

#### 1-1/2 TO 5 NOMINAL TONS

##### Fans

- Condenser fan will be direct-drive propeller type, discharging air upward.
- Condenser fan motors will be totally enclosed, 1-phase type with class B insulation and permanently lubricated bearings. Shafts will be corrosion resistant.
- Fan blades will be statically and dynamically balanced.
- Condenser fan openings will be equipped with coated steel wire safety guards.

##### Compressor

- Compressor will be hermetically sealed.
- Compressor will be mounted on rubber vibration isolators.

##### Condenser Coil

- Condenser coil will be air cooled.
- Coil will be constructed of aluminum fins mechanically bonded to copper tubes.

##### Refrigeration Components

- Refrigeration circuit components will include liquid-line shutoff valve with sweat connections, vapor-line shutoff valve with sweat connections, system charge of R-410A refrigerant, and compressor oil.
- Unit will be equipped with filter drier for R-410A refrigerant for field installation.

##### Operating Characteristics

- The capacity of the unit will meet or exceed \_\_\_\_\_ Btuh at a suction temperature of \_\_\_\_\_ °F/°C. The power consumption at full load will not exceed \_\_\_\_\_ kW.
- Combination of the unit and the evaporator or fan coil unit will have a total net cooling capacity of \_\_\_\_\_ Btuh or greater at conditions of \_\_\_\_\_ CFM entering air temperature at the evaporator at \_\_\_\_\_ °F/°C wet bulb and \_\_\_\_\_ °F/°C dry bulb, and air entering the unit at \_\_\_\_\_ °F/°C.
- The system will have a SEER of \_\_\_\_\_ Btuh/watt or greater at DOE conditions.

##### Electrical Requirements

- Nominal unit electrical characteristics will be \_\_\_\_\_ v, single phase, 60 hz. The unit will be capable of satisfactory operation within voltage limits of \_\_\_\_\_ v to \_\_\_\_\_ v.
- Nominal unit electrical characteristics will be \_\_\_\_\_ v, three phase, 60 hz. The unit will be capable of satisfactory operation within voltage limits of \_\_\_\_\_ v to \_\_\_\_\_ v.
- Unit electrical power will be single point connection.
- Control circuit will be 24v.

##### Special Features

- Refer to section of this literature identifying accessories and descriptions for specific features and available enhancements.

BACKGROUND AND MULTIPLE SECURITY FEATURES: PLEASE VERIFY AUTHENTICITY

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New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Board of Examiners of HVACR Contractors

HAS LICENSED

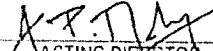
Aryeh Weinstein  
PO Box 935  
Lakewood NJ 08701

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

06/09/2022 TO 06/30/2024  
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Signature of Licensee/Registrant/Certificate Holder

  
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Division of Consumer Affairs  
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Master HVACR Contractor

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License/Reg. stration/Cert. #

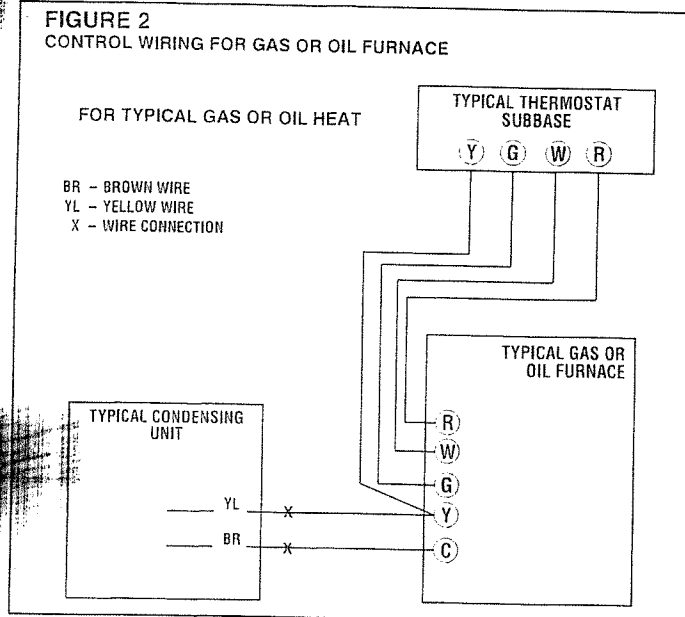
SIGNATURE

  
ACTING DIRECTOR

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Newark, NJ 07101

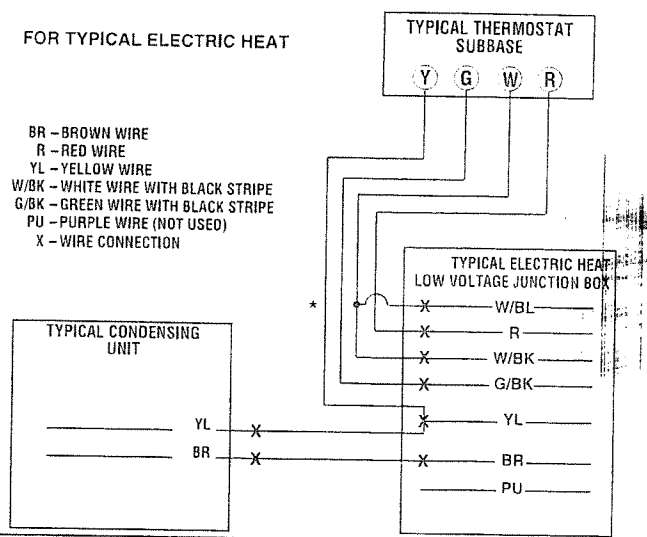
## Control Wiring

**FIGURE 2**  
 CONTROL WIRING FOR GAS OR OIL FURNACE



\*IF MAXIMUM OUTLET TEMPERATURE RISE IS DESIRED, IT IS RECOMMENDED THAT W1 (W/BK) AND W2 (W/BL) BE JUMPED TOGETHER.

FOR TYPICAL ELECTRIC HEAT

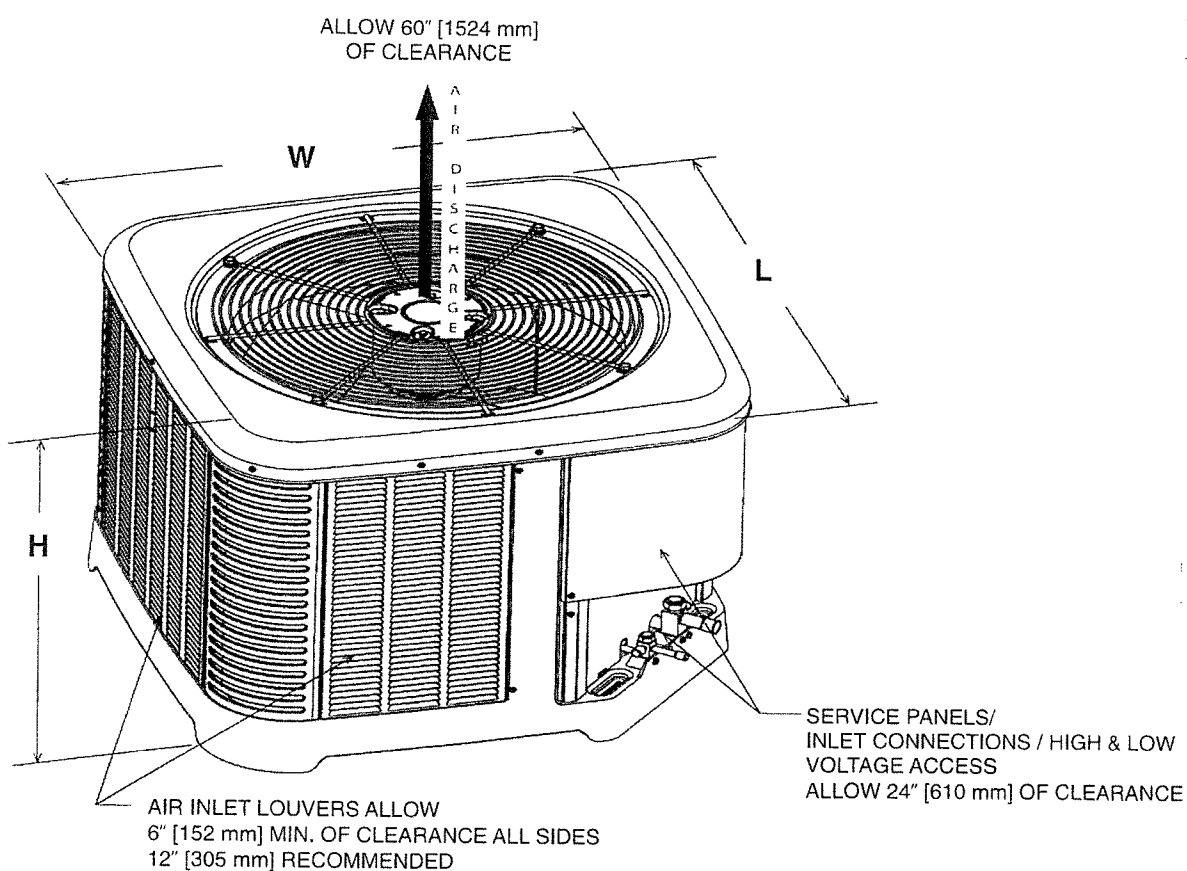


## Application Guidelines

1. Intended for outdoor installation with free air inlet and outlet. Outdoor fan external static pressure available is less than 0.01 -in. wc.
2. Minimum outdoor operation air temperature for cooling mode without low-ambient operation accessory is 55°F (12.8°C).
3. Maximum outdoor operating air temperature is 125°F (51.7°C).
4. For reliable operation, unit should be level in all horizontal planes.
5. Use only copper wire for electric connections at unit. Aluminum and clad aluminum are not acceptable for the type of connector provided.
6. Do not apply capillary tube indoor coils to these units.
7. Factory - supplied filter drier must be installed.

## Unit Dimensions

| MODEL NO. | OPERATING  |     |            |     |           |     | SHIPPING   |     |            |     |           |     |
|-----------|------------|-----|------------|-----|-----------|-----|------------|-----|------------|-----|-----------|-----|
|           | H (Height) |     | L (Length) |     | W (Width) |     | H (Height) |     | L (Length) |     | W (Width) |     |
|           | INCHES     | mm  | INCHES     | mm  | INCHES    | mm  | INCHES     | mm  | INCHES     | mm  | INCHES    | mm  |
| RA1318    | 27         | 685 | 29.75      | 755 | 29.75     | 755 | 28.75      | 730 | 32.38      | 822 | 32.38     | 822 |
| RA1324    | 25         | 635 | 29.75      | 755 | 29.75     | 755 | 26.75      | 679 | 32.38      | 822 | 32.38     | 822 |
| RA1330    | 25         | 635 | 29.75      | 755 | 29.75     | 755 | 26.75      | 679 | 32.38      | 822 | 32.38     | 822 |
| RA1336    | 27         | 685 | 29.75      | 755 | 29.75     | 755 | 28.75      | 730 | 32.38      | 822 | 32.38     | 822 |
| RA1342    | 31         | 787 | 29.75      | 755 | 29.75     | 755 | 32.75      | 831 | 32.38      | 822 | 32.38     | 822 |
| RA1348    | 27         | 685 | 33.75      | 857 | 33.75     | 857 | 28.75      | 730 | 36.38      | 924 | 36.38     | 924 |
| RA1360    | 31         | 787 | 35.75      | 908 | 35.75     | 908 | 32.75      | 831 | 38.38      | 974 | 38.38     | 974 |



[ ] Designates Metric Conversions

ST-A1226-02-00

## Physical Data

| PHYSICAL DATA                                  |         |         |         |         |         |         |         |
|------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|
| Model No.                                      | RA1318A | RA1324A | RA1330A | RA1336A | RA1342A | RA1348A | RA1360A |
| Nominal Tonnage                                | 1.5     | 2.0     | 2.5     | 3.0     | 3.5     | 4.0     | 5.0     |
| Valve Connections                              |         |         |         |         |         |         |         |
| Liquid Line O.D. – in.                         | 3/8     | 3/8     | 3/8     | 3/8     | 3/8     | 3/8     | 3/8     |
| Suction Line O.D. – in.                        | 3/4     | 3/4     | 3/4     | 3/4     | 7/8     | 7/8     | 7/8     |
| Refrigerant (R410A) furnished oz. <sup>1</sup> | 50      | 60      | 72      | 86      | 105     | 106     | 148     |
| Compressor Type                                | Scroll  |         |         |         |         |         |         |
| Outdoor Coil                                   |         |         |         |         |         |         |         |
| Net face area – Outer Coil                     | 5.9     | 9.1     | 9.1     | 12.1    | 14.2    | 14.8    | 18.8    |
| Net face area – Inner Coil                     | —       | —       | —       | —       | —       | —       | —       |
| Tube diameter – in.                            | 3/8     | 3/8     | 3/8     | 3/8     | 3/8     | 3/8     | 3/8     |
| Number of rows                                 | 1       | 1       | 1       | 1       | 1       | 1       | 1       |
| Fins per inch                                  | 22      | 18      | 22      | 22      | 22      | 22      | 22      |
| Outdoor Fan                                    |         |         |         |         |         |         |         |
| Diameter – in.                                 | 20      | 20      | 20      | 20      | 20      | 24      | 26      |
| Number of blades                               | 2       | 2       | 3       | 3       | 2       | 3       | 2       |
| Motor hp                                       | 1/8     | 1/8     | 1/4     | 1/4     | 1/8     | 1/6     | 1/5     |
| CFM                                            | 2038    | 2325    | 2795    | 2900    | 2465    | 4145    | 3870    |
| RPM                                            | 1075    | 1075    | 1075    | 1075    | 1075    | 850     | 820     |
| watts                                          | 144     | 137     | 189     | 186     | 175     | 279     | 233     |
| Shipping weight – lbs.                         | 127     | 129     | 140     | 164     | 195     | 202     | 235     |
| Operating weight – lbs.                        | 120     | 122     | 133     | 157     | 188     | 195     | 228     |

## Electrical Data

| Line Voltage Data (Volts-Phase-Hz)                 | 208/230-1-60 | 208/230-1-60 | 208/230-1-60 | 208/230-1-60 | 208/230-1-60 | 208/230-1-60 | 208/230-1-60 |
|----------------------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Maximum overcurrent protection (amps) <sup>2</sup> | 20           | 25           | 30           | 35           | 40           | 50           | 60           |
| Minimum circuit ampacity <sup>3</sup>              | 13           | 15           | 18           | 23           | 24           | 29           | 35           |
| Compressor                                         |              |              |              |              |              |              |              |
| Rated load amps                                    | 9.7          | 11.2         | 12.8         | 16.7         | 17.9         | 21.8         | 26.4         |
| Locked rotor amps                                  | 46           | 60.8         | 64           | 83.9         | 112          | 117          | 134          |
| Condenser Fan Motor                                |              |              |              |              |              |              |              |
| Full load amps                                     | 0.7          | 0.7          | 1.3          | 1.3          | 0.7          | 1            | 1.2          |
| Locked rotor amps                                  | 1.3          | 1.3          | 2.5          | 2.6          | 1.3          | 2            | 2            |
| Line Voltage Data (Volts-Phase-Hz)                 |              |              |              |              |              |              |              |
| Maximum overcurrent protection (amps) <sup>2</sup> | —            | —            | —            | 208/230-3-60 | 208/230-3-60 | 208/230-3-60 | 208/230-3-60 |
| Minimum circuit ampacity <sup>3</sup>              | —            | —            | —            | 20           | 30           | 30           | 35           |
| Compressor                                         |              |              |              |              |              |              |              |
| Rated load amps                                    | —            | —            | —            | 10.4         | 13.2         | 13.7         | 16           |
| Locked rotor amps                                  | —            | —            | —            | 73           | 88           | 83.1         | 110          |
| Condenser Fan Motor                                |              |              |              |              |              |              |              |
| Full load amps                                     | —            | —            | —            | 1.3          | 0.7          | 1            | 1.3          |
| Locked rotor amps                                  | —            | —            | —            | 2.6          | 1.3          | 2.2          | 2.0          |
| Line Voltage Data (Volts-Phase-Hz)                 |              |              |              |              |              |              |              |
| Maximum overcurrent protection (amps) <sup>2</sup> | —            | —            | —            | 480-3-60     | 480-3-60     | 480-3-60     | 480-3-60     |
| Minimum circuit ampacity <sup>3</sup>              | —            | —            | —            | 15           | 15           | 15           | 15           |
| Compressor                                         |              |              |              |              |              |              |              |
| Rated load amps                                    | —            | —            | —            | 5.8          | 6.0          | 6.2          | 7.8          |
| Locked rotor amps                                  | —            | —            | —            | 38           | 44           | 41           | 52           |
| Condenser Fan Motor                                |              |              |              |              |              |              |              |
| Full load amps                                     | —            | —            | —            | .6           | .3           | .6           | .6           |
| Locked rotor amps                                  | —            | —            | —            | 2.5          | .9           | 1.6          | 1.1          |

<sup>1</sup>Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the installation instructions for information about set length and additional refrigerant charge required.

<sup>2</sup>ACR-type circuit breaker or fuse.

<sup>3</sup>Refer to National Electrical Code manual to determine wire, fuse and disconnect size requirements.

## Air Conditioners\*

| <u>R</u> | <u>A</u>             | <u>13</u>    | <u>24</u>              | <u>A</u>       | <u>J</u>                                                      | <u>1</u>                                          | <u>N</u>                                   | <u>A</u>       | <u>*</u>    |
|----------|----------------------|--------------|------------------------|----------------|---------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|----------------|-------------|
| Brand    | Product Category     | SEER         | Capacity<br>BTU/HR     | Major Series*  | Voltage                                                       | Type                                              | Controls                                   | Minor Series** | Option Code |
| Ruud     | A - Air Conditioners | 13 - 13 SEER | 18 - 18,000 [5.28 kW]  | A - 1st Design | J - 1ph, 208-230/60<br>C - 3ph, 208-230/60<br>D - 3ph, 460/60 | 1 - Single-stage<br>2 - Two-stage<br>V - Inverter | C - Communicating<br>N - Non-Communicating | A - 1st Design | N/A         |
|          |                      | 14 - 14 SEER | 24 - 24,000 [7.03 kW]  |                |                                                               |                                                   |                                            |                |             |
|          |                      | 16 - 16 SEER | 30 - 30,000 [8.79 kW]  |                |                                                               |                                                   |                                            |                |             |
|          |                      | 17 - 17 SEER | 36 - 36,000 [10.55 kW] |                |                                                               |                                                   |                                            |                |             |
|          |                      | 20 - 20 SEER | 42 - 42,000 [12.31 kW] |                |                                                               |                                                   |                                            |                |             |
|          |                      |              | 48 - 48,000 [14.07 kW] |                |                                                               |                                                   |                                            |                |             |
|          |                      |              | 60 - 60,000 [17.58 kW] |                |                                                               |                                                   |                                            |                |             |

\*See page 3 for available SKU's.

## Heat Pumps (For Reference)\*\*

| <u>R</u> | <u>P</u>         | <u>14</u>    | <u>24</u>              | <u>A</u>       | <u>J</u>                                                      | <u>1</u>                                                        | <u>N</u>                                   | <u>A</u>       | <u>*</u>    |
|----------|------------------|--------------|------------------------|----------------|---------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|----------------|-------------|
| Brand    | Product Category | SEER         | Capacity<br>BTU/HR     | Major Series*  | Voltage                                                       | Type                                                            | Controls                                   | Minor Series** | Option Code |
| Ruud     | P - Heat Pump    | 13 - 13 SEER | 18 - 18,000 [5.28 kW]  | A - 1st Design | J - 1ph, 208-230/60<br>C - 3ph, 208-230/60<br>D - 3ph, 460/60 | 1 - Single-stage<br>2 - Two-stage<br>V - Inverter<br>P - Piston | C - Communicating<br>N - Non-Communicating | A - 1st Design | N/A         |
|          |                  | 14 - 14 SEER | 24 - 24,000 [7.03 kW]  |                |                                                               |                                                                 |                                            |                |             |
|          |                  | 15 - 15 SEER | 30 - 30,000 [8.79 kW]  |                |                                                               |                                                                 |                                            |                |             |
|          |                  | 17 - 17 SEER | 36 - 36,000 [10.55 kW] |                |                                                               |                                                                 |                                            |                |             |
|          |                  | 20 - 20 SEER | 42 - 42,000 [12.31 kW] |                |                                                               |                                                                 |                                            |                |             |
|          |                  |              | 48 - 48,000 [14.07 kW] |                |                                                               |                                                                 |                                            |                |             |
|          |                  |              | 60 - 60,000 [17.58 kW] |                |                                                               |                                                                 |                                            |                |             |

## Furnace Coils (For Reference)\*\*

| <u>R</u> | <u>C</u>         | <u>F</u>        | <u>24</u>              | <u>17</u>  | <u>S</u>         | <u>T</u>        | <u>A</u>       | <u>M</u>                                                                           | <u>C</u>                 | <u>A</u>       | <u>*</u>    |
|----------|------------------|-----------------|------------------------|------------|------------------|-----------------|----------------|------------------------------------------------------------------------------------|--------------------------|----------------|-------------|
| Brand    | Product Category | Type            | Capacity<br>BTU/HR     | Width      | Efficiency       | Metering Device | Major Series*  | Orientation                                                                        | Casing                   | Minor Series** | Option Code |
| Ruud     | C - Evap Coil    | F - Furn Coil   | 24 - 24,000 [7.03 kW]  | 14 - 14"   | S- Standard Eff. | T-TXV           | A - 1st Design | M - Multipoise<br>V - Vertical only/<br>convertible<br>H - Ded.<br>Horizontal only | C - Cased<br>U - Uncased | A - 1st Design | N/A         |
|          |                  | H - Air-Handler | 36 - 36,000 [10.55 kW] | 17 - 17.5" | M- Mid Eff.      | E-EEV           |                |                                                                                    |                          |                |             |
|          |                  | Coil            | 48 - 48,000 [14.07 kW] | 21 - 21"   | H- High Eff.     | P-Piston        |                |                                                                                    |                          |                |             |
|          |                  |                 | 60 - 60,000 [17.58 kW] | 24 - 24.5" |                  |                 |                |                                                                                    |                          |                |             |

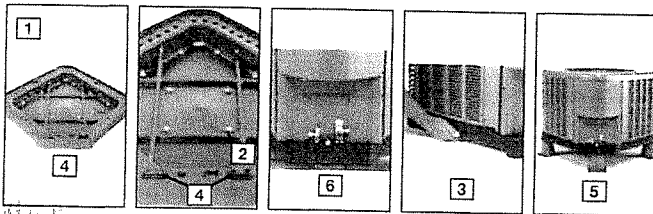
\*\*Model number ID's are for reference only. See available SKU page of applicable spec sheet for table of available SKU's for a specific model.

[ ] Designates Metric Conversions

## Introduction to RA13 Air Conditioner

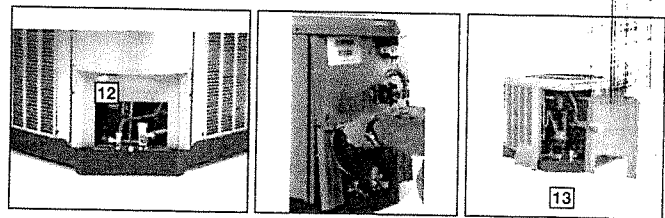
The RA13 is our 13 SEER air conditioner and is part of the Ruud air conditioner product line that extends from 13 to 20 SEER. This highly featured and reliable air conditioner is designed for years of reliable, efficient operation when matched with Ruud indoor aluminum evaporator coils and furnaces or air handler units with aluminum evaporators.

Our unique composite base (1) reduces sound emission, eliminates rattles, significantly reduces fasteners, eliminates corrosion and has integrated brass compressor attachment inserts (2). Furthermore it has incorporated into the design, water management features, means for hand placement (3) for unit maneuvering, screw trays (4) and inserts for lifting off unit pad. (5)

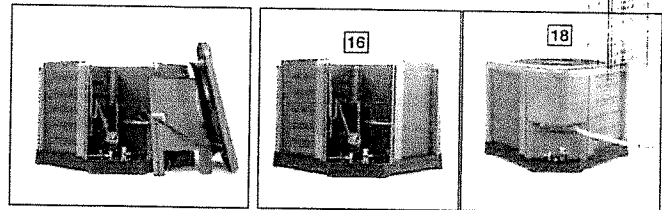


Service Valves (6) are rigidly mounted in the composite base with 3" between suction and discharge valves, 4" clearance below service valves and a minimum of 5" above the service valves, creating industry leading installation ease. The minimum 27 square-inches around the service valves allows ample room to remove service valve schrader prior to brazing, plenty of clearance for easy brazing of the suction and discharge lines to service valve outlets, easy access and hookup of low loss refrigerant gauges (7), and access to the service valve caps for opening. For applications with long-line lengths up to 250 feet total equivalent length, up to 200 feet condenser above evaporator, or up to 80 feet evaporator above condenser, the long-line instructions in the installation manual should be followed.

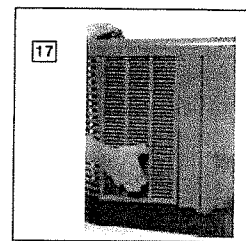
Controls are accessed from the corner of the unit by removing only two fasteners from the control access cover, revealing the industry's largest 15" wide and 14" tall control area (8). With all this room in the control area the high voltage electrical whip (9) can easily be inserted through the right size opening in the bottom of the control area. Routing it leads directly to contractor lugs for connection. The low voltage control wires (10) are easily connected to units low voltage wiring. If contactor or capacitor (11) needs to be replaced there is more than adequate space to make the repair. Furthermore, if high pressure and low pressure model was not purchased but is desired to be installed in the field, the service window (12) can be removed by removing two screws, to access the high and low side schrader fittings for easy field installation. The entire corner can be removed providing ultimate access to install the high and low pressure switch. (13)



If in the rare event, greater access is needed to internal components, such as the compressor, the entire corner of the unit can be removed along with the top cover assembly to have unprecedented access to interior of the unit (14). Extra wire length is incorporated into each outdoor fan and compressor so top cover and control panel can be positioned next to the unit. With minimal effort the plug can be removed from the compressor and the outdoor fan wires can be removed from the capacitor to allow even more uncluttered access to the interior of the unit (15). Outdoor coil heights range from as short as 22" to 28", aiding access to the compressor. Disassembly to this degree and complete reassembly only takes a first time service technician less than 10 minutes. (15)

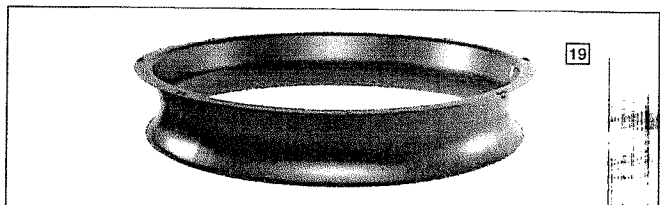


All units utilize strong formed louver panels which provide industry leading coil protection. Louver removal for coil cleaning is accomplished by removing one screw and lifting the panel out of the composite base pan. (17) All RA13 units utilize single row coils (16) making cleaning easy and complete, restoring the performance of the air conditioner back to out of the box performance levels year after year.



The outdoor fan motor has sleeve bearings and is inherently protected. The motor is totally enclosed for maximum protection from weather, dust and corrosion. Access to the outdoor fan is made by removing four fasteners from the fan grille. The outdoor fan can be removed from the fan grille by removing 4 fasteners in the rare case outdoor fan motor fails.

Each cabinet has optimized composite (19) fan orifice assuring efficient and quiet airflow.



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## Blower Performance Data

| MODEL             | MOTOR H.P.<br>BLOWER SIZE<br>IN | SPEED<br>TAP   | CFM AIR DELIVERY<br>EXTERNAL STATIC PRESSURE INCHES WATER COLUMN |             |             |             |             |             |             |             |
|-------------------|---------------------------------|----------------|------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                   |                                 |                | 0.1                                                              | 0.2         | 0.3         | 0.4         | 0.5         | 0.6         | 0.7         | 0.8         |
| (-)801SA050314M*A | 1/3<br>11 x 6                   | Low            | 823                                                              | 803         | 787         | 732         | 718         | 691         | 651         | 593         |
|                   |                                 | <b>Med. Lo</b> | <b>1030</b>                                                      | <b>1018</b> | <b>1006</b> | <b>976</b>  | <b>929</b>  | <b>897</b>  | <b>850</b>  | <b>808</b>  |
|                   |                                 | Med. Hi        | 1129                                                             | 1132        | 1112        | 1087        | 1054        | 1028        | 971         | 919         |
|                   |                                 | High           | 1361                                                             | 1353        | 1331        | 1297        | 1264        | 1232        | 1164        | 1117        |
| (-)801SA075317M*A | 1/2<br>11 x 7                   | Low            | 1008                                                             | 977         | 935         | 893         | 854         | 823         | 777         | 735         |
|                   |                                 | <b>Med. Lo</b> | <b>1215</b>                                                      | <b>1181</b> | <b>1133</b> | <b>1098</b> | <b>1065</b> | <b>1023</b> | <b>975</b>  | <b>937</b>  |
|                   |                                 | <b>Med. Hi</b> | <b>1421</b>                                                      | <b>1408</b> | <b>1372</b> | <b>1326</b> | <b>1299</b> | <b>1247</b> | <b>1198</b> | <b>1152</b> |
|                   |                                 | High           | 1668                                                             | 1648        | 1633        | 1580        | 1545        | 1481        | 1442        | 1373        |
| (-)801SA075417M*A | 1/2<br>11 x 7                   | Low            | 1229                                                             | 1200        | 1181        | 1155        | 1120        | 1078        | 1013        | 970         |
|                   |                                 | <b>Med. Lo</b> | <b>1308</b>                                                      | <b>1267</b> | <b>1266</b> | <b>1233</b> | <b>1204</b> | <b>1176</b> | <b>1113</b> | <b>1082</b> |
|                   |                                 | <b>Med. Hi</b> | <b>1553</b>                                                      | <b>1542</b> | <b>1516</b> | <b>1491</b> | <b>1451</b> | <b>1417</b> | <b>1358</b> | <b>1306</b> |
|                   |                                 | High           | 1969                                                             | 1924        | 1893        | 1840        | 1803        | 1728        | 1657        | 1570        |
| (-)801SA100417M*A | 1/2<br>11 x 7                   | Low            | 1211                                                             | 1183        | 1148        | 1116        | 1077        | 1040        | 984         | 953         |
|                   |                                 | <b>Med. Lo</b> | <b>1305</b>                                                      | <b>1261</b> | <b>1225</b> | <b>1185</b> | <b>1157</b> | <b>1113</b> | <b>1068</b> | <b>1012</b> |
|                   |                                 | <b>Med. Hi</b> | <b>1520</b>                                                      | <b>1498</b> | <b>1464</b> | <b>1427</b> | <b>1387</b> | <b>1340</b> | <b>1292</b> | <b>1226</b> |
|                   |                                 | High           | 1874                                                             | 1810        | 1767        | 1686        | 1678        | 1650        | 1582        | 1497        |
| (-)801SA100521M*A | 1/2<br>11 x 10                  | Low            | 1209                                                             | 1182        | 1131        | 1112        | 1051        | 976         | 929         | 867         |
|                   |                                 | <b>Med. Lo</b> | <b>1438</b>                                                      | <b>1420</b> | <b>1386</b> | <b>1350</b> | <b>1320</b> | <b>1293</b> | <b>1248</b> | <b>1186</b> |
|                   |                                 | <b>Med. Hi</b> | <b>1902</b>                                                      | <b>1883</b> | <b>1844</b> | <b>1817</b> | <b>1753</b> | <b>1700</b> | <b>1636</b> | <b>1547</b> |
|                   |                                 | High           | 2071                                                             | 2037        | 2001        | 1962        | 1905        | 1856        | 1807        | 1709        |
| (-)801SA125524M*A | 3/4<br>11 x 10                  | Low            | 1358                                                             | 1354        | 1331        | 1301        | 1250        | 1224        | 1154        | 1089        |
|                   |                                 | <b>Med. Lo</b> | <b>1541</b>                                                      | <b>1517</b> | <b>1476</b> | <b>1453</b> | <b>1416</b> | <b>1371</b> | <b>1339</b> | <b>1277</b> |
|                   |                                 | <b>Med. Hi</b> | <b>1799</b>                                                      | <b>1774</b> | <b>1746</b> | <b>1712</b> | <b>1691</b> | <b>1629</b> | <b>1554</b> | <b>1495</b> |
|                   |                                 | High           | 2015                                                             | 1989        | 1929        | 1902        | 1862        | 1815        | 1742        | 1665        |
| (-)801SA150524M*A | 3/4<br>11 x 10                  | Low            | 1411                                                             | 1395        | 1370        | 1334        | 1310        | 1252        | 1220        | 1150        |
|                   |                                 | <b>Med. Lo</b> | <b>1606</b>                                                      | <b>1579</b> | <b>1569</b> | <b>1537</b> | <b>1499</b> | <b>1468</b> | <b>1407</b> | <b>1346</b> |
|                   |                                 | <b>Med. Hi</b> | <b>1889</b>                                                      | <b>1891</b> | <b>1849</b> | <b>1828</b> | <b>1764</b> | <b>1717</b> | <b>1659</b> | <b>1609</b> |
|                   |                                 | High           | 2178                                                             | 2160        | 2105        | 2067        | 2024        | 1976        | 1916        | 1832        |

Note: Bold data is factory heating tap. Table represents blower performance data WITHOUT filters.

## Upflow Application

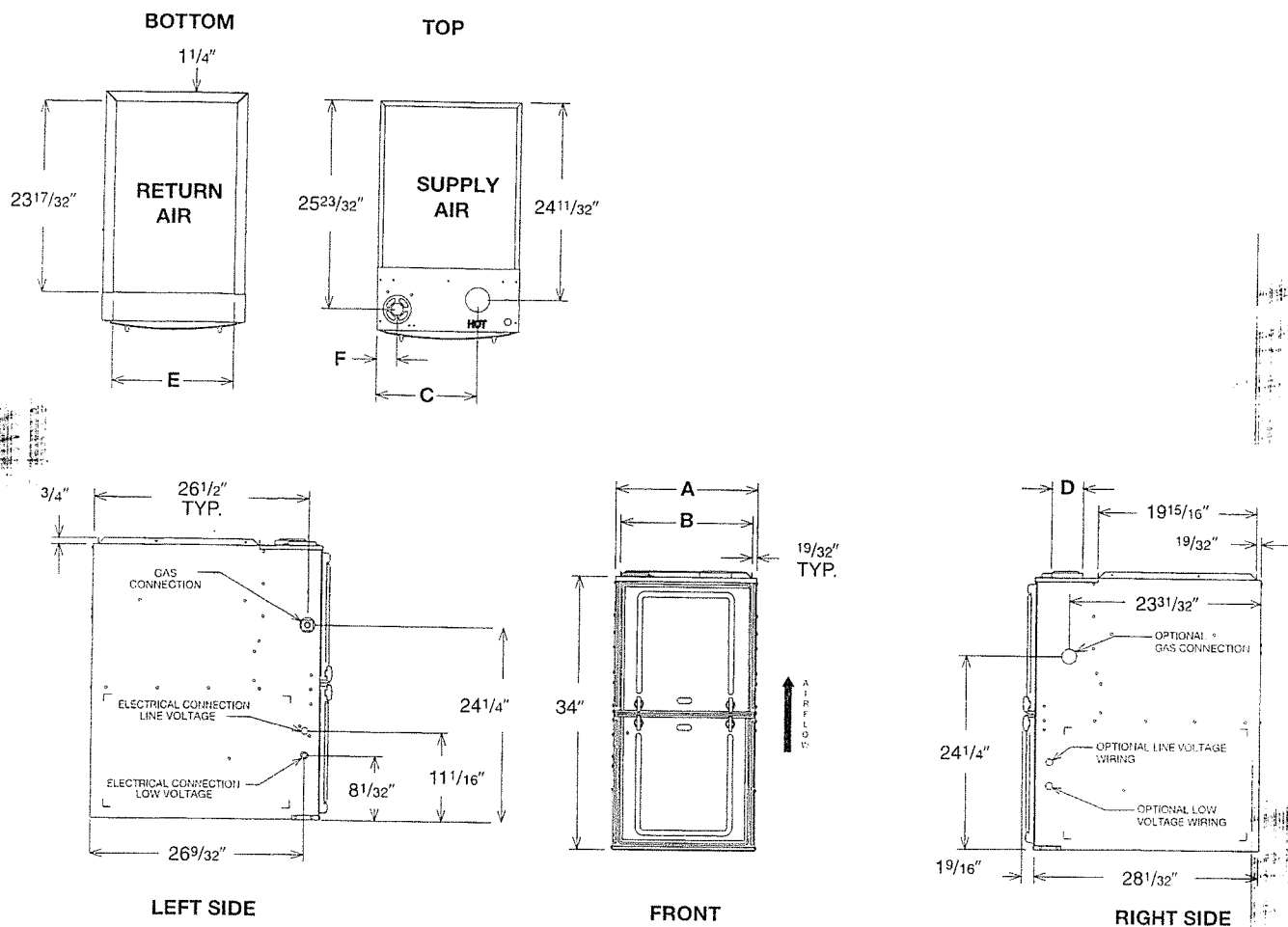


Illustration  
ST-A1220-04-00  
FIGURE 1

## Dimensional Data: Upflow Model

| MODEL<br>R801S- | A      | B        | C      | D | E      | F     | MINIMUM CLEARANCE (IN.) |               |      |     |       |      | SHIP<br>WGTS.<br>(LBS.) |
|-----------------|--------|----------|--------|---|--------|-------|-------------------------|---------------|------|-----|-------|------|-------------------------|
|                 |        |          |        |   |        |       | LEFT<br>SIDE            | RIGHT<br>SIDE | BACK | TOP | FRONT | VENT |                         |
| 050             | 14     | 12 27/32 | 10 5/8 | ① | 11 1/2 | 1 7/8 | 0                       | 4 ②           | 0    | 1   | 3     | 6 ③  | 85                      |
| 075/<br>100417  | 17 1/2 | 16 11/32 | 12 3/8 | ① | 15     | 2 1/2 | 0                       | 3 ②           | 0    | 1   | 3     | 6 ③  | 105                     |
| 10052           | 21     | 19 27/32 | 14 1/8 | ① | 18 1/2 | 2 1/2 | 0                       | 0             | 0    | 1   | 3     | 6 ③  | 120                     |
| 125             | 24 1/2 | 23 11/32 | 15 7/8 | ① | 22     | 2 1/2 | 0                       | 0             | 0    | 1   | 3     | 6 ③  | 140                     |
| 150             | 24 1/2 | 23 11/32 | 15 7/8 | ① | 22     | 2 1/2 | 0                       | 0             | 0    | 1   | 3     | 6 ③  | 150                     |

NOTES: ① May require a 3" to 4" or 3" to 5" adapter. 4".

② May be 0" with type B vent.

③ May be 1" with type B vent.

Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

## Model Features

- 80% residential Gas Furnace CSA certified
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics — 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability.  
Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Controls board features dip switches for easy system set up
- QR codes for quick access to product information from your smart phone or tablet

## Physical Data and Specifications

| MODEL NUMBERS R801S SERIES     | R801SA050314M*A | R801SA075317M*A | R801SA075417M*A | R801SA100417M*A | R801SA100521M*A | R801SA125524M*A | R801SA150524M*A |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Input BTU/Hr ②                 | 50,000          | 75,000          | 75,000          | 100,000         | 100,000         | 125,000         | 150,000         |
| Heating Capacity BTU/Hr ①      | 41,000          | 61,000          | 61,000          | 82,000          | 81,000          | 101,000         | 122,000         |
| Heat Ext. Static Pressure      | .18             | .20             | .20             | .28             | .28             | .28             | .28             |
| Blower (D x W)                 | 11 x 6          | 11 x 7          | 11 x 7          | 11 x 7          | 11 x 10         | 11 x 10         | 11 x 10         |
| Motor H.P.–Speed–Type          | 1/3-4-PSC       | 1/2-4-PSC       | 1/2-4-PSC       | 1/2-4-PSC       | 1/2-4-PSC       | 3/4-4-PSC       | 3/4-4-PSC       |
| Min Circuit Ampacity           | 9               | 10              | 9               | 11              | 9               | 12              | 13              |
| Min. Overload Protection       | 15              | 15              | 15              | 15              | 15              | 15              | 15              |
| Max. Overload Protection       | 15              | 15              | 15              | 15              | 15              | 15              | 20              |
| Motor Full Load Amps           | 5.7             | 6.7             | 7.8             | 7.8             | 7.5             | 8.4             | 9.3             |
| Heating Speed                  | Med-Low         | Med-High        | Med-High        | Med-High        | Med-Low         | Med-High        | Med-High        |
| Cooling Speed                  | High            | Med-High        | High            | Med-High        | High            | High            | High            |
| Cooling CFM @ .70" W.C. E.S.P. | 1164            | 1198            | 1657            | 1292            | 1807            | 1742            | 1916            |
| Max. E.S.P. (In. W.C.)         | 0.8             | 0.8             | 0.8             | 0.8             | 0.8             | 0.8             | 0.8             |
| Temperature Rise Range °F      | 25-55           | 25-55           | 25-55           | 35-65           | 35-65           | 35-65           | 45-75           |
| Max. Outlet Air Temp. °F       | 155             | 155             | 155             | 165             | 180             | 165             | 190             |
| Approx. Shipping Weight (Lbs.) | 110             | 110             | 125             | 110             | 140             | 150             | 160             |
| Efficiency ③                   | 80.0%           | 80%             | 80.0%           | 80.0%           | 80.0%           | 80.0%           | 80.0%           |

NOTES: All models are 115V, 60HZ, 1 Ph. Gas connection size for all models is 1/2" N.P.T.

① In accordance with D.O.E. test procedures.

② See Conversion Kit Index Form for high altitude derate.

\* S = Standard, X = Low Nox

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Model Number Identification .....5

Dimensional Data .....6-7

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Accessories.....9

Limited Warranty .....10



# Residential Plans Examiner Review Form for HVAC System Design (Loads, Equipment, Ducts)

Form  
RPER 1  
15 Mar 09

## Header Information

Contractor:

Mechanical license:

Building plan #:

Home address (Street or Lot#, Block, Subdivision):

11 Ginsburg Ln, Entire House

### REQUIRED ATTACHMENTS

Manual J1 Form (and supporting worksheets):  
or MJ1AE Form\* (and supporting worksheets):  
OEM performance data (heating, cooling, blower):  
Manual D Friction Rate Worksheet  
Duct distribution sketch:

### ATTACHED

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## HVAC LOAD CALCULATION (IRC M1401.3)

### Design Conditions

#### Winter Design Conditions

Outdoor temperature: 20 °F  
Indoor temperature: 68 °F  
Total heat loss: 38199 Btuh

#### Summer Design Conditions

Outdoor temperature: 92 °F  
Indoor temperature: 75 °F  
Grains difference: 41 gr/lb @ 50% RH  
Sensible heat gain: 27432 Btuh  
Latent heat gain: 2607 Btuh  
Total heat gain: 30039 Btuh

### Building Construction Information

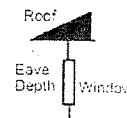
#### Building

Orientation: Front Door faces North  
North, East, West, South, Northeast, Northwest, Southeast, Southwest

Number of bedrooms: 0  
Conditioned floor area: 1610 ft²  
Number of occupants: 0

#### Windows

Eave overhang depth: 0 ft  
Internal shade: none  
Blinds, drapes, etc.  
Number of skylights: 0



## HVAC EQUIPMENT SELECTION (IRC M1401.3)

### Heating Equipment Data

Equipment type: Gas furnace  
Furnace, Heat pump, Boiler, etc.  
Model: Ruud  
R801SA050314ZSA  
Heating output capacity: 40000 Btuh  
Heat pumps - capacity at winter design outdoor conditions  
Aux. heating output capacity: 0 Btuh

### Cooling Equipment Data

Equipment type: Split AC  
Air Conditioner, Heat pump, etc.  
Model: Ruud  
RA1336AJ1NB+RCFL-HM3617AC  
Total cooling capacity: 0 Btuh  
Sensible cooling capacity: 0 Btuh  
Latent cooling capacity: 0 Btuh

### Blower Data

Heating cfm: 728  
Cooling cfm: 1193  
Static pressure: 0 in H2O  
Fan's rated external static pressure for design airflow

## HVAC DUCT DISTRIBUTION SYSTEM DESIGN (IRC M1601.1)

|                                           |                                    |                          |
|-------------------------------------------|------------------------------------|--------------------------|
| Design airflow: 1193 cfm                  | Longest supply duct: 0 ft          | Duct Materials Used      |
| Equipment design ESP: 0 in H2O            | Longest return duct: 0 ft          | Trunk duct               |
| Total device pressure losses: 0 in H2O    | Total effective length (TEL): 0 ft | Branch duct: Sheet metal |
| Available static pressure (ASP): 0 in H2O | Friction rate: 0 in/100ft          |                          |

Friction Rate = ASP ÷ (TEL x 100)

I declare the load calculation, equipment, equipment selection and duct design were rigorously performed based on the building plan listed above. I understand the claims made on these forms will be subject to review and verification.

Contractor's printed name: \_\_\_\_\_

Contractor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reserved for County, Town Municipality or Authority having jurisdiction use.

\*Home qualifies for MJ1AE Form based on Abridged Edition Checklist

# Right-J® Worksheet Entire House

Job:  
Date: May 30, 2023  
By:

| 1  | Room name                                        |                     |                       |    |                |      | Entire House                 |      |             |       | Room1                        |      |             |       |
|----|--------------------------------------------------|---------------------|-----------------------|----|----------------|------|------------------------------|------|-------------|-------|------------------------------|------|-------------|-------|
|    | Exposed wall                                     |                     |                       |    |                |      | 9.0 ft                       |      |             |       | 162.0 ft                     |      |             |       |
|    | Room height                                      |                     |                       |    |                |      | 1610.0 ft²                   |      |             |       | 9.0 ft                       |      |             |       |
|    | Room dimensions                                  |                     |                       |    |                |      | 1610.0 ft²                   |      |             |       | 1610.0 ft²                   |      |             |       |
| 5  | Room area                                        |                     |                       |    |                |      | 1610.0 ft²                   |      |             |       | 1610.0 ft²                   |      |             |       |
|    | Ty                                               | Construction number | U-value (Btuh/ft²·°F) | Or | HTM (Btuh/ft²) |      | Area (ft²) or perimeter (ft) |      | Load (Btuh) |       | Area (ft²) or perimeter (ft) |      | Load (Btuh) |       |
|    |                                                  |                     |                       |    | Heat           | Cool | Gross                        | NP/S | Heat        | Cool  | Gross                        | NP/S | Heat        | Cool  |
|    |                                                  |                     |                       |    |                |      |                              |      |             |       |                              |      |             |       |
| 6  | W                                                | 12A-0sw             | 0.240                 | n  | 11.47          | 7.25 | 414                          | 414  | 4749        | 3001  | 414                          | 414  | 4749        | 3001  |
|    | W                                                | 12A-0sw             | 0.240                 | e  | 11.47          | 7.25 | 315                          | 315  | 3614        | 2283  | 315                          | 315  | 3614        | 2283  |
|    | W                                                | 12A-0sw             | 0.240                 | s  | 11.47          | 7.25 | 414                          | 414  | 4749        | 3001  | 414                          | 414  | 4749        | 3001  |
|    | W                                                | 12A-0sw             | 0.240                 | w  | 11.47          | 7.25 | 315                          | 315  | 3614        | 2283  | 315                          | 315  | 3614        | 2283  |
| 11 | C                                                | 16A-30ad            | 0.032                 | -  | 1.53           | 2.36 | 1610                         | 1610 | 2463        | 3797  | 1610                         | 1610 | 2463        | 3797  |
|    | F                                                | 19A-0bwp            | 0.295                 | -  | 5.30           | 1.87 | 1610                         | 1610 | 8528        | 3015  | 1610                         | 1610 | 8528        | 3015  |
| 6  | c) AED excursion                                 |                     |                       |    |                |      |                              |      | 0           |       |                              |      | 0           |       |
|    | Envelope loss/gain                               |                     |                       |    |                |      |                              |      | 27717       | 17380 |                              |      | 27717       | 17380 |
| 12 | a) Infiltration                                  |                     |                       |    |                |      |                              |      | 4824        | 898   |                              |      | 4824        | 898   |
|    | b) Room ventilation                              |                     |                       |    |                |      |                              |      | 0           | 0     |                              |      | 0           | 0     |
| 13 | Internal gains. Occupants @ 230 Appliances/other |                     |                       |    |                |      | 0                            |      | 0           | 0     | 0                            |      | 0           | 0     |
|    | Subtotal (lines 6 to 13)                         |                     |                       |    |                |      |                              |      | 32541       | 18277 |                              |      | 32541       | 18277 |
|    | Less external load                               |                     |                       |    |                |      |                              |      | 0           | 0     |                              |      | 0           | 0     |
|    | Less transfer                                    |                     |                       |    |                |      |                              |      | 0           | 0     |                              |      | 0           | 0     |
|    | Redistribution                                   |                     |                       |    |                |      |                              |      | 0           | 0     |                              |      | 0           | 0     |
| 14 | Subtotal                                         |                     |                       |    |                |      |                              |      | 32541       | 18277 |                              |      | 32541       | 18277 |
| 15 | Duct loads                                       |                     |                       |    |                |      | 17%                          | 45%  | 5658        | 8304  | 17%                          | 45%  | 5658        | 8304  |
|    | Total room load                                  |                     |                       |    |                |      |                              |      | 38199       | 26581 |                              |      | 38199       | 26581 |
|    | Air required (cfm)                               |                     |                       |    |                |      |                              |      | 728         | 1193  |                              |      | 728         | 1193  |

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

## Project Information

For: 11 Ginsburg Ln, Browns Mills, NJ 08015

Notes:

## Design Information

Weather: Washington R. Reagan AP, DC, US

### Winter Design Conditions

Outside db 20 °F  
Inside db 68 °F  
Design TD 48 °F

### Summer Design Conditions

Outside db 92 °F  
Inside db 75 °F  
Design TD 17 °F  
Daily range M  
Relative humidity 50 %  
Moisture difference 41 gr/lb

### Heating Summary

Structure 32541 Btuh  
Ducts 5658 Btuh  
Central vent (0 cfm)  
(none) 0 Btuh  
Humidification 0 Btuh  
Piping 0 Btuh  
Equipment load 38199 Btuh

### Sensible Cooling Equipment Load Sizing

Structure 18277 Btuh  
Ducts 8304 Btuh  
Central vent (0 cfm)  
(none) 0 Btuh  
Blower 0 Btuh  
Use manufacturer's data n  
Rate/swing multiplier 0.97  
Equipment sensible load 25757 Btuh

### Infiltration

Method Simplified  
Construction quality Average  
Fireplaces 0

### Latent Cooling Equipment Load Sizing

Structure 1346 Btuh  
Ducts 1180 Btuh  
Central vent (0 cfm)  
(none) 0 Btuh  
Equipment latent load 2526 Btuh

|                  | Heating | Cooling |
|------------------|---------|---------|
| Area (ft²)       | 1610    | 1610    |
| Volume (ft³)     | 14490   | 14490   |
| Air changes/hour | 0.38    | 0.20    |
| Equiv. AVF (cfm) | 92      | 48      |

**Equipment Total Load (Sen+Lat)** 28284 Btuh  
Req. total capacity at 0.70 SHR 3.1 ton

### Heating Equipment Summary

Make Ruud  
Trade RUUD  
Model R801SA050314ZSA  
AHRI ref 7175425

Efficiency 80 AFUE  
Heating input 50000 Btuh  
Heating output 40000 Btuh  
Temperature rise 50 °F  
Actual air flow 728 cfm  
Air flow factor 0.019 cfm/Btuh  
Static pressure 0 in H2O  
Space thermostat

### Cooling Equipment Summary

Make Ruud  
Trade RUUD  
Cond RA1336AJ1NB  
Coil RCFL-HM3617AC  
AHRI ref 8049088  
Efficiency 11.5 EER, 13.5 SEER  
Sensible cooling 25060 Btuh  
Latent cooling 10740 Btuh  
Total cooling 35800 Btuh  
Actual air flow 1193 cfm  
Air flow factor 0.045 cfm/Btuh  
Static pressure 0 in H2O  
Load sensible heat ratio 0.91

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

### Project Information

For: 11 Ginsburg Ln, Browns Mills, NJ 08015

### Design Conditions

|                                 |                |                             |                      |                |                |
|---------------------------------|----------------|-----------------------------|----------------------|----------------|----------------|
| <b>Location:</b>                |                | <b>Indoor:</b>              |                      | <b>Heating</b> | <b>Cooling</b> |
| Washington R. Reagan AP, DC, US |                | Indoor temperature (°F)     |                      | 68             | 75             |
| Elevation: 10 ft                |                | Design TD (°F)              |                      | 48             | 17             |
| Latitude: 39°N                  |                | Relative humidity (%)       |                      | 50             | 50             |
|                                 |                | Moisture difference (gr/lb) |                      | 38.9           | 41.0           |
| <b>Outdoor:</b>                 | <b>Heating</b> | <b>Cooling</b>              | <b>Infiltration:</b> |                |                |
| Dry bulb (°F)                   | 20             | 92                          | Method               | Simplified     |                |
| Daily range (°F)                | -              | 16 ( M )                    | Construction quality | Average        |                |
| Wet bulb (°F)                   | -              | 75                          | Fireplaces           | 0              |                |
| Wind speed (mph)                | 15.0           | 7.5                         |                      |                |                |

### Construction descriptions

|                                                                                  | Or  | Area<br>ft² | U-value<br>Btu/h ft² °F | Insul R<br>ft² °F/Btu | Htg HTM<br>Btu/h ft² | Loss<br>Btu/h | Clg HTM<br>Btu/h ft² | Gain<br>Btu/h |
|----------------------------------------------------------------------------------|-----|-------------|-------------------------|-----------------------|----------------------|---------------|----------------------|---------------|
| <b>Walls</b>                                                                     |     |             |                         |                       |                      |               |                      |               |
| 12A-0sw: Frm wall, vnl ext, 2"x4" wood frm, 16" o.c. stud                        |     |             |                         |                       |                      |               |                      |               |
|                                                                                  | n   | 414         | 0.240                   | 0                     | 11.5                 | 4749          | 7.25                 | 3001          |
|                                                                                  | e   | 315         | 0.240                   | 0                     | 11.5                 | 3614          | 7.25                 | 2283          |
|                                                                                  | s   | 414         | 0.240                   | 0                     | 11.5                 | 4749          | 7.25                 | 3001          |
|                                                                                  | w   | 315         | 0.240                   | 0                     | 11.5                 | 3614          | 7.25                 | 2283          |
|                                                                                  | all | 1458        | 0.240                   | 0                     | 11.5                 | 16726         | 7.25                 | 10568         |
| <b>Partitions</b>                                                                |     |             |                         |                       |                      |               |                      |               |
| (none)                                                                           |     |             |                         |                       |                      |               |                      |               |
| <b>Windows</b>                                                                   |     |             |                         |                       |                      |               |                      |               |
| (none)                                                                           |     |             |                         |                       |                      |               |                      |               |
| <b>Doors</b>                                                                     |     |             |                         |                       |                      |               |                      |               |
| (none)                                                                           |     |             |                         |                       |                      |               |                      |               |
| <b>Ceilings</b>                                                                  |     |             |                         |                       |                      |               |                      |               |
| 16A-30ad: Attic ceiling, asphalt shingles roof mat, r-20 roof ins, r-30 ceil ins |     |             |                         |                       |                      |               |                      |               |
|                                                                                  |     | 1610        | 0.032                   | 30.0                  | 1.53                 | 2463          | 2.36                 | 3797          |
| <b>Floors</b>                                                                    |     |             |                         |                       |                      |               |                      |               |
| 19A-0bswp: Part floor, hrd wd flr fnsh, frm flr, 6" thkns                        |     |             |                         |                       |                      |               |                      |               |
|                                                                                  |     | 1610        | 0.295                   | 0                     | 5.30                 | 8528          | 1.87                 | 3015          |

## Project Information

For: 11 Ginsburg Ln, Browns Mills, NJ 08015

## Design Conditions

### Location:

Washington R. Reagan AP, DC, US  
Elevation: 10 ft  
Latitude: 39°N

### Outdoor:

Dry bulb (°F)  
Daily range (°F)  
Wet bulb (°F)  
Wind speed (mph)

### Heating

20  
-  
-  
15.0

### Cooling

92  
16 ( M )  
75  
7.5

### Indoor:

Indoor temperature (°F)  
Design TD (°F)  
Relative humidity (%)  
Moisture difference (gr/lb)

### Heating

68  
48  
50  
38.9

### Cooling

75  
17  
50  
41.0

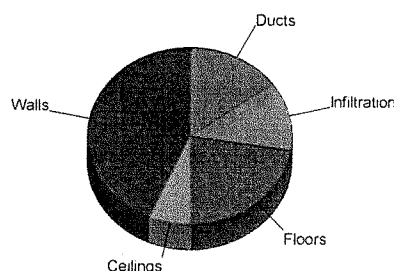
### Infiltration:

Method  
Construction quality  
Fireplaces

Simplified  
Average  
0

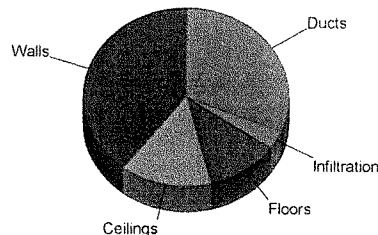
## Heating

| Component      | Btuh/ft² | Btuh         | % of load    |
|----------------|----------|--------------|--------------|
| Walls          | 11.5     | 16726        | 43.8         |
| Glazing        | 0        | 0            | 0            |
| Doors          | 0        | 0            | 0            |
| Ceilings       | 1.5      | 2463         | 6.4          |
| Floors         | 5.3      | 8528         | 22.3         |
| Infiltration   | 3.3      | 4824         | 12.6         |
| Ducts          |          | 5658         | 14.8         |
| Piping         |          | 0            | 0            |
| Humidification |          | 0            | 0            |
| Ventilation    |          | 0            | 0            |
| Adjustments    |          | 0            | 0            |
| <b>Total</b>   |          | <b>38199</b> | <b>100.0</b> |



## Cooling

| Component      | Btuh/ft² | Btuh         | % of load    |
|----------------|----------|--------------|--------------|
| Walls          | 7.2      | 10568        | 39.8         |
| Glazing        | 0        | 0            | 0            |
| Doors          | 0        | 0            | 0            |
| Ceilings       | 2.4      | 3797         | 14.3         |
| Floors         | 1.9      | 3015         | 11.3         |
| Infiltration   | 0.6      | 898          | 3.4          |
| Ducts          |          | 8304         | 31.2         |
| Ventilation    |          | 0            | 0            |
| Internal gains |          | 0            | 0            |
| Blower         |          | 0            | 0            |
| Adjustments    |          | 0            | 0            |
| <b>Total</b>   |          | <b>26581</b> | <b>100.0</b> |



Latent Cooling Load = 2526 Btuh  
Overall U-value = 0.187 Btuh/ft²-°F

WARNING: window to floor area ratio = 0.0% - less than 5%.

# **wrightsoft** Load Short Form Entire House

Job:  
 Date: May 30, 2023  
 By:

## Project Information

For:  
 11 Ginsburg Ln, Browns Mills, NJ 08015

## Design Information

|                             | Htg | Clg | Infiltration         | Simplified |
|-----------------------------|-----|-----|----------------------|------------|
| Outside db (°F)             | 20  | 92  | Method               | Average    |
| Inside db (°F)              | 68  | 75  | Construction quality | 0          |
| Design TD (°F)              | 48  | 17  | Fireplaces           |            |
| Daily range                 | -   | M   |                      |            |
| Inside humidity (%)         | 50  | 50  |                      |            |
| Moisture difference (gr/lb) | 39  | 41  |                      |            |

### HEATING EQUIPMENT

Make Ruud  
 Trade RUUD  
 Model R801SA050314ZSA  
 AHRI ref 7175425

Efficiency 80 AFUE  
 Heating input 50000 Btuh  
 Heating output 40000 Btuh  
 Temperature rise 50 °F  
 Actual air flow 728 cfm  
 Air flow factor 0.019 cfm/Btuh  
 Static pressure 0 in H2O  
 Space thermostat

### COOLING EQUIPMENT

Make Ruud  
 Trade RUUD  
 Cond RA1336AJ1NB  
 Coil RCFL-HM3617AC  
 AHRI ref 8049088  
 Efficiency 11.5 EER, 13.5 SEER  
 Sensible cooling 25060 Btuh  
 Latent cooling 10740 Btuh  
 Total cooling 35800 Btuh  
 Actual air flow 1193 cfm  
 Air flow factor 0.045 cfm/Btuh  
 Static pressure 0 in H2O  
 Load sensible heat ratio 0.91

| ROOM NAME         | Area<br>(ft²) | Htg load<br>(Btuh) | Clg load<br>(Btuh) | Htg AVF<br>(cfm) | Clg AVF<br>(cfm) |
|-------------------|---------------|--------------------|--------------------|------------------|------------------|
| Room1             | 1610          | 38199              | 26581              | 728              | 1193             |
| Entire House      | 1610          | 38199              | 26581              | 728              | 1193             |
| Other equip loads |               | 0                  | 0                  |                  |                  |
| Equip. @ 0.97 RSM |               |                    | 25757              |                  |                  |
| Latent cooling    |               |                    | 2526               |                  |                  |
| TOTALS            | 1610          | 38199              | 28284              | 728              | 1193             |

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



# PERMIT UPDATE

Date Update Issued 3-30-23  
Control # C-23-00267  
Permit # 20230201+B

IDENTIFICATION Block: 866 Lot: 4 Qualifier  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015 Contractor IBDB19 21 LLC  
Owner in Fee IBDB19 21 LLC Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740  
07740 Telephone: [REDACTED]  
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. [REDACTED]  
Federal Employee No. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BUILDING REPAIRS FROM FIRE PER ENGINEER'S LETTER

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 \$4,000

[Signature]  
Construction Official

3-30-23  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |          |
|------------------|----------|
| Building         | \$136    |
| Electrical       | \$0      |
| Plumbing         | \$0      |
| Fire Protection  | \$0      |
| Elevator Devices | \$0      |
| Other            | \$0.00   |
| DCA Training Fee | \$8      |
| CO Fee           | \$120.00 |
| Other            | \$0      |
| Total            | \$264    |
| Check No.        |          |
| Cash             | \$0      |
| Credit           | \$0      |
| Collected By     |          |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 3/29/2023  
Control # C-23-00267  
Date Issued 3-30-23  
Permit # 20230201+B

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: iBDB19 21 LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: IB RENOVATIONS LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Email ibahary@gmail.com

Tel. (732) 996-6665 Fax. \_\_\_\_\_

Contractor License No. or, if new home, Bldrs Reg. No. \_\_\_\_\_ Exp. \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

- ☐ No Plan Required \_\_\_\_\_
- ☐ All \_\_\_\_\_
- ☐ Footing/Foundation \_\_\_\_\_
- ☐ Struct/Framework \_\_\_\_\_
- ☐ Exterior \_\_\_\_\_
- ☐ Interior \_\_\_\_\_

Joint Plan Review Required  
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_

## INSPECTIONS

| Type:               | Failure  | Dates (Month/Day) | Initial |
|---------------------|----------|-------------------|---------|
| Failure             | Approval |                   |         |
| Footing             | _____    | _____             | _____   |
| Footing Bonding     | _____    | _____             | _____   |
| Foundation          | _____    | _____             | _____   |
| Slab                | _____    | _____             | _____   |
| Frame               | _____    | _____             | _____   |
| Truss Sys./Bracing  | _____    | _____             | _____   |
| Barrier-Free        | _____    | _____             | _____   |
| Insulation          | _____    | _____             | _____   |
| Finishes-Base Layer | _____    | _____             | _____   |
| Finishes-Final      | _____    | _____             | _____   |
| Energy              | _____    | _____             | _____   |
| Mechanical          | _____    | _____             | _____   |
| TCO                 | _____    | _____             | _____   |
| Other               | _____    | _____             | _____   |
| Final               | _____    | _____             | _____   |
| Barrier-Free        | _____    | _____             | _____   |

## B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 If Industrial Building: \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ State Approved \_\_\_\_\_

Number of Stories \_\_\_\_\_ HUD \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft. Est. Cost of Bldg. Work:

Area - Largest Floor \_\_\_\_\_ Sq. Ft. 1. New Bldg. \_\_\_\_\_

New Bldg. Area / All Floors \_\_\_\_\_ Sq. Ft. 2. Rehabilitation \$4,000

Volume of New Structure \_\_\_\_\_ Cu. Ft. 3. Total (1+2) \$4,000

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

## C. CERTIFICATION IN LIEU OF OATH

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

Signature \_\_\_\_\_

Print Name Here: \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

BUILDING REPAIRS FROM FIRE PER ENGINEER'S LETTER

### TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence \_\_\_\_\_ Height (exceeds 6')
- ☐ Sign \_\_\_\_\_ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall \_\_\_\_\_ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other \_\_\_\_\_
- ☐ Demolition

### FEE (Office Use Only)

\_\_\_\_\_

\_\_\_\_\_

\$136

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative Surcharge \_\_\_\_\_

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \$8

TOTAL FEE \$144



RECEIVED

Date Received  
Control # 2-23-00267  
Date Issued  
Permit # 23-0201 + B

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

Block 866 Lot 4 Qualification Code na  
Work Site Location 11 Ginsburg Lane

Owner in Fee: iBDB19 21 LLC

Tel. [REDACTED] e-mail [ibahary@gmail.com](mailto:ibahary@gmail.com)

Address 10 Clarence Ave Long Branch 07740

Contractor: IB Renovations LLC <sup>street</sup> <sup>municipality</sup> Tel. (732) 996-6665 <sup>zip code</sup>

Address 10 Clarence Ave  
Long Branch NJ 07740

Contractor License No. or Builder Registration No. 13vh10607700 Exp. Date 03/31/2023

Home Improvement Contractor Registration No. or Exemption Reason

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

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    |             |         | INSPECTIONS          |         |         | Dates (Month/Day) |         |  |
|--------------------------------------------------------------------------------------------------------------------------------|-------------|---------|----------------------|---------|---------|-------------------|---------|--|
|                                                                                                                                | Date        | Initial | Type:                | Failure | Failure | Approval          | Initial |  |
| <input type="checkbox"/> No Plans Required                                                                                     |             |         | Footing              |         |         |                   |         |  |
| <input type="checkbox"/> All                                                                                                   |             |         | Footing Bonding      |         |         |                   |         |  |
| <input type="checkbox"/> Footings/Foundations                                                                                  |             |         | Foundation           |         |         |                   |         |  |
| <input checked="" type="checkbox"/> Structural/Framework                                                                       | 2-28-23     | AA      | Slab                 |         |         |                   |         |  |
| <input type="checkbox"/> Exterior                                                                                              |             |         | Frame                |         |         |                   |         |  |
| <input type="checkbox"/> Interior                                                                                              |             |         | Truss Sys./Bracing   |         |         |                   |         |  |
| Joint Plan Review Required:                                                                                                    |             |         | Barrier-Free         |         |         |                   |         |  |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |             |         | Insulation           |         |         |                   |         |  |
| SUBCODE APPROVAL for PERMIT                                                                                                    |             |         | Finishes -Base Layer |         |         |                   |         |  |
| Date:                                                                                                                          | 3-28-23     |         | Finishes -Final      |         |         |                   |         |  |
| Approved by:                                                                                                                   | [Signature] |         | Energy               |         |         |                   |         |  |
| SUBCODE APPROVAL for CERTIFICATE                                                                                               |             |         | Mechanical           |         |         |                   |         |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |             |         | TCO                  |         |         |                   |         |  |
| Date:                                                                                                                          |             |         | Other                |         |         |                   |         |  |
| Approved by:                                                                                                                   |             |         | Final                |         |         |                   |         |  |
|                                                                                                                                |             |         | Barrier-Free         |         |         |                   |         |  |

## B. BUILDING CHARACTERISTICS

**Use Group** 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.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

**Constr. Class** Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building:  
State Approved \_\_\_\_\_ HUD \_\_\_\_\_

**Est. Cost of Bldg. Work:**

|                   |          |       |
|-------------------|----------|-------|
| 1. New Bldg.      | \$ _____ |       |
| 2. Rehabilitation | \$ _____ | 4,000 |
| 3. Total (1+ 2)   | \$ _____ | 4,000 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: \_\_\_\_\_

Print name here: Isaac Bahary

#### D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Building repairs from fire per engineers letter

TYPE OF WORK:

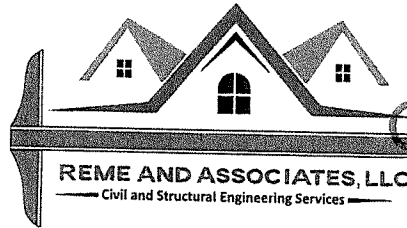
☐ New Building  
☐ Addition  
☒ Rehabilitation  
☐ Roofing  
☐ Siding  
☐ Fence \_\_\_\_\_ Height (exceeds 6')  
☐ Sign \_\_\_\_\_ Sq. Ft.  
☐ Pool  
☐ Retaining Wall \_\_\_\_\_ Sq. Ft.  
☐ Asbestos Abatement Subchapter 8  
☐ Lead Haz. Abatement NJAC 5:17  
☐ Radon Remediation  
☐ Other \_\_\_\_\_  
☐ Demolition

## FEE (Office Use Only)

11

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

RHC RECEIVED  
mailed to



OFFICE COPY

February 7, 2023

Isaac Bahary  
(732) 996-6665  
ibahary@gmail.com

Pemberton Township  
Plan Review  
Minimum Code  
Compliance Released Plan  
Date / Initials

RE: Residential Structural Evaluation  
11 Ginsburg Lane, Browns Mills, NJ  
R&A Project No. 005.712

|            |         |     |
|------------|---------|-----|
| Building   | 3-28-23 | AAC |
| Electric   |         |     |
| Fire       |         |     |
| Plumbing   |         |     |
| Mechanical |         |     |

Dear Isaac:

Our office has performed an inspection of the fire damage located at 11 Ginsburg Lane in Browns Mills, NJ.

The home is a 1,808 square foot, single story, single family wood framed structure built in 1968. The home is of typical wood frame construction on concrete masonry basement foundation wall. The front of the home faces north and for the purposes of this report, any direction given (left or right) is referenced facing the front of the house.

The home experienced a structural fire in early 2023 which appears to have started in the basement below the basement stairs to the first floor. Significant damage was present on the first floor framing around the stair opening, a section of the main floor support girder, and the framing up through and around the stair opening at the first floor walls. The roof framing appears to only have sustained exposure to smoke.

Additionally, the following items were noted during the inspection:

- Approximately six floor joists at the center rear of the home will require full replacement. The portion of the triple 2x girder along this section of floor will also require replacement.
- The basement stairs will require full replacement.
- The framing at the first floor walls at the basement stairway will require replacement.

Based upon the inspection, the majority of the fire damage was contained to the area around the basement stairway.

In order to properly rehabilitate the structure, the following is recommended:

- Replacement of the damaged floor joists identified above.
- Replacement of one section of the floor support girder.
- Replacement of the basement stairs.

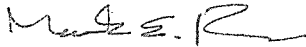
Additionally, any structural member with 20% or more material loss, or floor, wall or roof sheathing that has sustained any fire or water damage should also be replaced.

Bahary  
11 Ginsburg Lane, Browns Mills, NJ

February 7, 2023  
Job Number 005.712

Please note that the inspection was a non-destructive inspection and based on observation of the visible surfaces and structure at the time of the inspection. No further opinion is provided for portions of the structure hidden by surfaces or finishes unless listed and/or identified above. If there are any questions concerning the above, please do not hesitate to contact me.

Sincerely,  
**Reme and Associates, LLC**



**Mark E. Reme, PE**  
**President**  
New Jersey Licensed Professional Engineer  
License No. GE44176





# PERMIT UPDATE

Date Update Issued 5-25-23  
Control # C-23-00028+A  
Permit # 20230201+A

IDENTIFICATION Block: 866 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015 Contractor IB RENOVATIONBNS  
Owner in Fee IBDB19 21 LLC Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740  
10 CLARENCE AVENUE LONG BRANCH NJ 07740 Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. 13VH10607700  
Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- |                                           |                                                                    |                                                |
|-------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING         | <input checked="" type="checkbox"/> PLUMBING                       | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL       | <input type="checkbox"/> FIRE PROTECTION                           | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

DESCRIPTION OF WORK:

WATER HEATER & PLUMBING ALTERATIONS

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 \$3,200

[Signature]  
Construction Official

5-25-23  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$0    |
| Electrical       | \$0    |
| Plumbing         | \$238  |
| Fire Protection  | \$0    |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$6    |
| CO Fee           |        |
| Other            | \$52   |
| Total            | \$296  |
| Check No.        |        |
| Cash             | \$0    |
| Credit           | \$0    |
| Collected By     |        |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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



# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: iBDB19 21 LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: FRED AKRIDGE CALLOY PLUMBING

Address 428 SPRUCE STREET PLAINFIELD NJ 07060

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

## B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size \_\_\_\_\_ ☐ Public Sewer ☐ Private Septic

Water Service Size \_\_\_\_\_ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$3,200

| JOB SUMMARY (Office Use Only)                                                        |             | Truss Sys./Bracing |                 |         |         |          |         |
|--------------------------------------------------------------------------------------|-------------|--------------------|-----------------|---------|---------|----------|---------|
| PLAN REVIEW                                                                          | Date        | Initial            | INSPECTIONS     |         |         |          |         |
| <input type="checkbox"/> No Plan Required                                            |             |                    | Type:           | Failure | Failure | Approval | Initial |
| <input type="checkbox"/> Partial Underslab Utilities Approved                        | Date: _____ | by: _____          | Slab            | _____   | _____   | _____    | _____   |
| <input type="checkbox"/> Plumbing Plans Approved                                     | Date: _____ | by: _____          | Rough           | _____   | _____   | _____    | _____   |
| Approved by: _____                                                                   |             |                    | Water           | _____   | _____   | _____    | _____   |
| Joint Plan Review Required                                                           |             |                    | Sewer           | _____   | _____   | _____    | _____   |
| <input type="checkbox"/> Building <input type="checkbox"/> Electrical                |             |                    | Fixtures        | _____   | _____   | _____    | _____   |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |             |                    | Gas Equipment   | _____   | _____   | _____    | _____   |
| SUBCODE APPROVAL for PERMIT                                                          |             |                    | Gas Piping      | _____   | _____   | _____    | _____   |
| Date: _____                                                                          |             |                    | LPGas Tank      | _____   | _____   | _____    | _____   |
| Approved by: _____                                                                   |             |                    | Fuel Oil Piping | _____   | _____   | _____    | _____   |
| SUBCODE APPROVAL for CERTIFICATE                                                     |             |                    | Solar           | _____   | _____   | _____    | _____   |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |             |                    | TCO             | _____   | _____   | _____    | _____   |
| Date: _____                                                                          |             |                    | Final           | _____   | _____   | _____    | _____   |
| Approved by: _____                                                                   |             |                    | Other           | _____   | _____   | _____    | _____   |

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

Date Received 2/21/2023  
Control # C-23-00028+A  
Date Issued 5-25-23  
Permit # 20230201+A

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

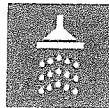
## D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK<br>WATER HEATER & PLUMBING ALTERATIONS |                                |
|------------------------------------------------------------|--------------------------------|
| NO.                                                        | FEE (Office Use Only)          |
| 3                                                          | Water Closet \$60              |
|                                                            | Urinal/Bidet                   |
| 1                                                          | Bath Tub \$20                  |
| 3                                                          | Lavatory \$60                  |
| 2                                                          | Shower \$40                    |
|                                                            | Floor Drain                    |
|                                                            | Sink                           |
| 1                                                          | Dishwasher \$20                |
|                                                            | Drinking Fountain              |
|                                                            | Washing Machine                |
|                                                            | Hose Bibb                      |
| 1                                                          | Water Heater \$65              |
|                                                            | Fuel Oil Piping                |
|                                                            | Gas Piping                     |
|                                                            | LP Gas Tank                    |
|                                                            | Steam Boiler                   |
|                                                            | Hot Water Boiler               |
|                                                            | Sewer Pump                     |
|                                                            | Interceptor/Separator          |
|                                                            | Backflow Preventor             |
|                                                            | Greasetrap                     |
|                                                            | Sewer Connector                |
|                                                            | Water Service Connection       |
|                                                            | Stacks                         |
|                                                            | Other _____                    |
| <input type="checkbox"/> Private Septic                    | Administrative Surcharge \$52  |
| <input type="checkbox"/> Private Well                      | Minimum Fee                    |
|                                                            | State Permit Surcharge Fee \$6 |
|                                                            | <b>TOTAL FEE \$296</b>         |

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies



# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location 11 Ginsburg lane

Owner in Fee: IBDB 19 21 LLC

Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail IBahary@gmail.com

Address 10 Clarence Ave LONG Branch NJ 07740

Contractor: FRED AKOYE (aka) GIBSON Tel. (98) 424-777

Address 428 Spruce St FRED DOWNS e-mail \_\_\_\_\_

Contractor License No. 17452 Exp. Date 6-30-23

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

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

## 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 \$ 3200

## 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: 4-28-23

Approved by: \_\_\_\_\_

### SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### INSPECTIONS

| Type:           | 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: \_\_\_\_\_

Print name here: FRED AKOYE

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Renovation of 3 Bathrooms / Kitchen Dishwasher

| QTY.     | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|----------|--------------------------|-----------------------|
| <u>3</u> | Water Closet             | \$ _____              |
| <u>1</u> | Urinal/Bidet             | _____                 |
| <u>3</u> | Bath Tub                 | _____                 |
| <u>2</u> | Lavatory                 | _____                 |
| _____    | Shower                   | _____                 |
| _____    | Floor Drain              | _____                 |
| _____    | Sink                     | _____                 |
| <u>1</u> | Dishwasher               | _____                 |
| _____    | Drinking Fountain        | _____                 |
| _____    | Washing Machine          | _____                 |
| <u>1</u> | 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 | _____                 |
| _____    | Stacks                   | _____                 |
| _____    | Other                    | _____                 |

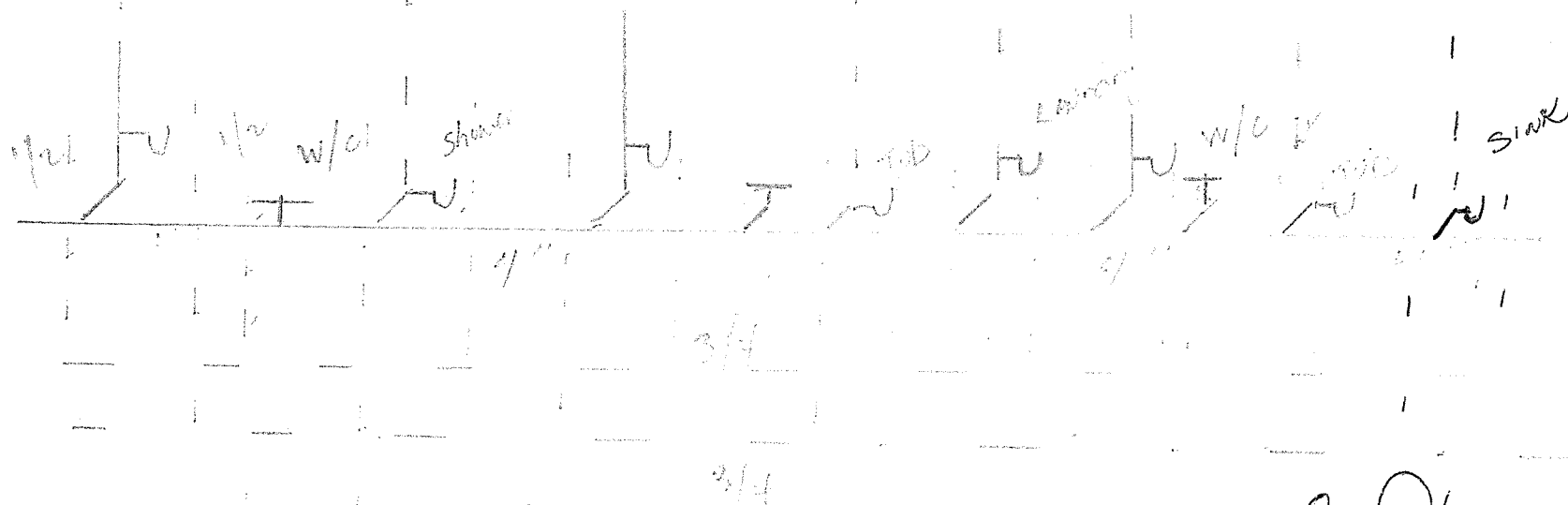
Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

Page 2

| Permit     | Plan | Minimum | Compliance Review | Date | Initials |
|------------|------|---------|-------------------|------|----------|
| Building   |      |         |                   |      |          |
| Electric   |      |         |                   |      |          |
| Fire       |      |         |                   |      |          |
| Plumbing   |      |         |                   |      |          |
| Mechanical |      |         |                   |      |          |

4" 1/2" R

OFFICE COPY



Water supply up stairs  
to the 1st floor to the  
All existing

Creedl fkr  
#13385  
4-11-23

# PERFORMANCE®



The new degree of comfort.®

## PERFORMANCE® electric water heaters feature dual copper heating elements and a six-year warranty

### Efficiency

- .90 - .93 UEF
- Isolated tank design reduces conductive heat loss
- Dual 3800W or 4500W copper heating elements depending on unit

### Performance

- FHR: 33 - 61 gallons, based on gallon capacity
- Recovery: Up to 21 GPH at a 90° F rise, depending on model\*\*

### Longer Life

- Premium grade anode rod provides long-lasting tank protection

### Features

- Electric junction box located above heating elements for easy installation
- Over-temperature protector cuts off power in excess temperature situations

### Plus...

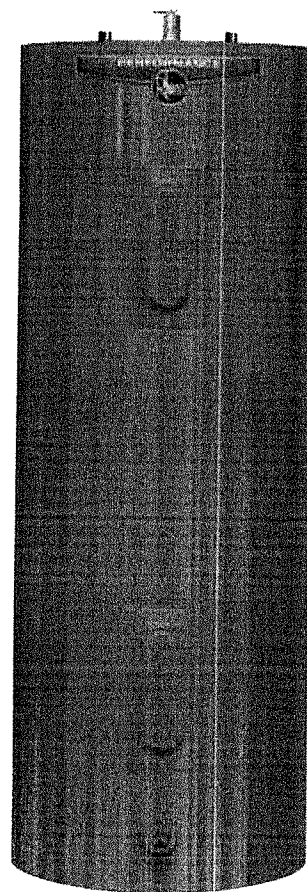
- Temperature and pressure relief valve included
- Models are compliant to HUD Standards for manufactured housing and modular construction
- Low lead compliant

### Warranty

- 6-Year limited warranty for tank and parts, 1-year full in-home labor warranty\*

\*See written warranty for complete details

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



PERFORMANCE  
20 to 50-Gallon Capacities  
240 Volt AC/Single Phase  
Double and Single Element Models



See specifications chart on back.



The new degree of comfort.\*

## PERFORMANCE® Electric Specifications

| Fuel Type | Description | Nominal Gallon Capacity | Rated Gallon Capacity | Model Number   | Recovery in G.P.H. 90° F Rise | First Hour Rating G.P.H. | Tank Height A | Height to Water Conn. B | Diameter C | Ship Weight (LBS.) | Uniform Energy Factor (UEF) |
|-----------|-------------|-------------------------|-----------------------|----------------|-------------------------------|--------------------------|---------------|-------------------------|------------|--------------------|-----------------------------|
| Electric  | Tall        | 50                      | 45                    | XE50T06ST45U1  | 21                            | 61                       | 58-7/8        | 61-5/8                  | 20-1/4     | 121                | 0.93                        |
| Electric  | Medium      | 50                      | 45                    | XE50M06ST45U1  | 21                            | 61                       | 48            | 50-1/2                  | 23         | 132                | 0.93                        |
| Electric  | Short       | 47                      | 43                    | XE47S06ST45U1  | 21                            | 54                       | 32            | 34                      | 26-1/4     | 148                | 0.93                        |
| Electric  | Tall        | 40                      | 36                    | XE40T06ST45U1  | 21                            | 54                       | 60-3/4        | 63-5/8                  | 19-1/4     | 109                | 0.93                        |
| Electric  | Medium      | 40                      | 36                    | XE40M06ST45U1  | 21                            | 53                       | 48-1/4        | 50-1/2                  | 20-1/4     | 106                | 0.93                        |
| Electric  | Medium      | 40                      | 36                    | XE40M06ST38U1  | 17                            | 52                       | 46-1/4        | 50-1/2                  | 20-1/4     | 106                | 0.93                        |
| Electric  | Short       | 38                      | 35                    | XE38S06ST45U1* | 21                            | 51                       | 31-1/2        | 34                      | 23         | 108                | 0.92                        |
| Electric  | Short       | 38                      | 35                    | XE38S06ST38U1* | 17                            | 49                       | 31-1/2        | 34                      | 23         | 108                | 0.91                        |
| Electric  | Short       | 36                      | 33                    | XE36S06ST45U0  | 21                            | 46                       | 31-1/2        | 33                      | 24-1/4     | 118                | 0.92                        |
| Electric  | Short       | 36                      | 33                    | XE36S06ST38U0  | 17                            | 34                       | 31-1/2        | 33                      | 24-1/4     | 118                | 0.92                        |
| Electric  | Tall        | 30                      | 27                    | XE30T06ST45U1  | 21                            | 46                       | 47-1/2        | 50-3/8                  | 19         | 92                 | 0.92                        |
| Electric  | Tall        | 30                      | 27                    | XE30T06ST38U1  | 17                            | 36                       | 47-1/2        | 50-3/8                  | 19         | 92                 | 0.92                        |
| Electric  | Medium      | 30                      | 27                    | XE30M06ST45U1  | 21                            | 45                       | 37-1/2        | 40-1/2                  | 20-1/4     | 92                 | 0.90                        |
| Electric  | Short       | 30                      | 27                    | XE30S06ST45U1* | 21                            | 46                       | 30            | 32                      | 19-3/4     | 95                 | 0.92                        |
| Electric  | Short       | 30                      | 27                    | XE30S06ST38U1* | 17                            | 33                       | 30            | 32                      | 19-3/4     | 95                 | 0.92                        |
| Electric  | Short       | 28                      | 25                    | XE28S06ST45U0  | 21                            | 45                       | 30            | 31-1/8                  | 23         | 95                 | 0.92                        |
| Electric  | Short       | 28                      | 25                    | XE28S06ST38U0  | 17                            | 45                       | 30            | 31-1/8                  | 23         | 95                 | 0.92                        |
| Electric  | Short       | 20                      | N/A                   | XE20S06ST38U0  | 17                            | N/A                      | 31-1/2        | 31-1/2                  | 17         | 62                 | N/A                         |

\* Water heater dimensions prior to installing insulation blanket that is included with water heater. The blanket adds 1-1/2 inches to tank height and 2 inches to tank diameter.

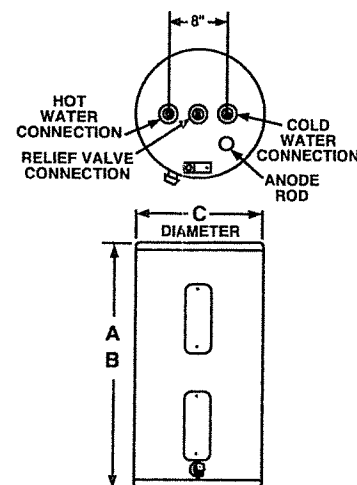
Uniform Energy Factor and rated gallon capacity based on Department of Energy (DOE) requirements.

- Heaters furnished with standard 240 volt AC, single phase non-simultaneous wiring, and 4500 watt upper and lower heating elements.
- All models equipped with heat traps.

\*\*Recovery = wattage/2.42 x temp. rise °F.  
Example:  $\frac{4500W}{2.42 \times 90^\circ} = 21 \text{ GPH}$

\*\*Recovery = wattage/2.42 x temp. rise °F.  
Example:  $\frac{3800W}{2.42 \times 90^\circ} = 17 \text{ GPH}$

\*\*Recovery calculations used are based on 4500 watt elements used in non-simultaneous operation.



WATER CONNECTIONS ALL 3/4" N.P.T.

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

Rheem Water Heating • 1115 Northmeadow Parkway, Suite 100  
Roswell, Georgia 30076 • www.rheem.com



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068  
(609) 894-3330

## Subcode Official Review

Date: Tuesday, February 28, 2023

To: IB RENOVATIOBNS  
10 CLARENCE AVENUE  
LONG BRANCH, NJ 07740

RE: Building Subcode  
Block: 866 Lot: 4 Qual:  
11 GINSBURG LN  
Permit Number: +A Control Number: C-23-00028+A  
Last Submit Date: Tuesday, February 28, 2023

Dear IB RENOVATIOBNS,

Your request is hereby denied based upon the following infractions.

- 1) Building Subcode Technical application (UCC F110) is required for this project. This form must be signed on section C, Certification in Lieu of Oath.
- 2) This structure had suffered damage during a structure fire. Please submit a permit application, documentation, and/ or plans and specifications signed and sealed by a NJ licensed architect or engineer (per NJAC 5:23-2.15(f)1ix) for work related to abatement of fire damage.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Gee", is written over a horizontal line.

Adam Gee, Subcode Official

CC:

## **Lissette Burress**

---

**From:** Lissette Burress  
**Sent:** Friday, March 03, 2023 10:33 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** 11 GINSBURG LANE--BUILDING & MECHANICAL SUBCODE REVIEW LETTERS  
**Attachments:** doc07640720230303102622.pdf

Good Morning,

Attached are the Building & Mechanical Subcode Review Letters for 11 Ginsburg Lane. The information listed must be submitted, in order to continue processing your Permit application. Information that does not require a raised seal can be submitted in-person, by drop box, by mail, or by email, at: [permits@pemberton-twp.com](mailto:permits@pemberton-twp.com). If a raised seal is required, your information must be submitted either by drop-off, in person, or by mail. Please send comments, questions, or concerns to our Construction Official, Adam Gee, at: (609) 894-3384, or by email, at: [agee@pemberton-twp.com](mailto:agee@pemberton-twp.com). Thank you.

Lissette Burress  
Pemberton Township  
Community Development

500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068-1539  
PHONE (609) 894-3330  
FAX (609) 894-2703  
<http://www.pemberton-twp.com>

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## Lissette Burress

---

**From:** Lissette Burress  
**Sent:** Friday, March 03, 2023 11:32 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** 11GINSBURG LANE--PLUMBING SUBCODE REVIEW LETTER  
**Attachments:** doc07641320230303112649.pdf

Good Morning,

Attached is the Plumbing Subcode Review Letter for 11 GINSBURG LANE. The information listed must be submitted, in order to continue processing your Permit application. Information that does not require a raised seal can be submitted in-person, by drop box, by mail, or by email, at: [permits@pemberton-twp.com](mailto:permits@pemberton-twp.com). If a raised seal is required, your information must be submitted either by drop-off, in person, or by mail. Please send comments, questions, or concerns to our Construction Official, Adam Gee, at: (609) 894-3384, or by email, at: [agee@pemberton-twp.com](mailto:agee@pemberton-twp.com). Thank you.

Lissette Burress  
Pemberton Township  
Community Development

500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068-1539  
PHONE (609) 894-3330  
FAX (609) 894-2703  
<http://www.pemberton-twp.com>

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IBDB19 21 LLC  
PO BOX 3143  
Long Branch, New Jersey 07740

E-mail: [REDACTED]

February 16, 2023

Via Regular Mail:

Township of Pemberton  
Department of Construction  
500 Pemberton-Browns Mills Rd  
Pemberton, NJ 08068

Re: Permit Applications  
Premises: 11 Ginsburg Lane, Browns Mills

Dear Sir/Ma'am,

Enclosed, please find the following documents regarding the permits for the above-referenced property:

- Original Completed Plumbing Permit Application – Bathroom Renovation & Kitchen Dishwasher
- Two (2) Certified Mechanical Inspection – Water Heater & Boiler Replacement
- Two (2) Construction Permit Applications - Plumbing

If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Very Truly Yours,



Agnieszka "Aggie" Oles

Property Manager

IBDB19 21 LLC

Tri Star Realty  
PO BOX 3143  
Long Branch, New Jersey 07740

E-mail: [REDACTED]

Cell: [REDACTED]

April 18, 2023

Via Fed-Ex:

Township of Pemberton  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068

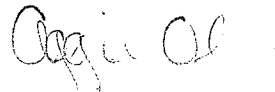
Re: Plumbing Permit -- Additional Supporting Documents  
Premises: 11 Ginsburg Ln, Browns Mills (Pemberton Twp), NJ 08015

Dear Sir/Ma'am,

Enclosed, please find the riser diagrams to go along with the permit for plumbing that was submitted to your office in February 2023.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Very Truly Yours,



Agnieszka "Aggie" Oles  
Property Manager  
Tri Star Realty



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068  
(609) 894-3330

## Subcode Official Review

Date: Tuesday, March 28, 2023

To: IB RENOVATIOBNS  
10 CLARENCE AVENUE  
LONG BRANCH, NJ 07740

RE: Mechanical Subcode  
Block: 866 Lot: 4 Qual:  
11 GINSBURG LN  
Permit Number: +A Control Number: C-23-00028+A  
Last Submit Date: Tuesday, March 28, 2023

Dear IB RENOVATIOBNS,

The following item(s) have not been addressed or more information is required based on the plan review dated 2/28/2023. Please respond in writing.

1) Please submit copies of specific cut sheets for all equipment to be installed in connection with this application per NJAC 5:23-2.15(f)1v.

COMMENT: SATISFACTORILY COMPLIANT

2) Chimney Verification for Replacement of Fuel-Fired Equipment form (UCC F370) is required with this application.

COMMENT: NOT ADDRESSED

### ADDITIONAL COMMENTS:

3) A Plumbing Subcode application is required for the replacement of an electric water heater per NJAC 5:23-3.4.

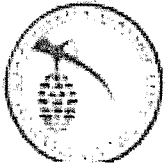
4) Please include a cost for the scope of work in this application per NJAC 5:23-2.15(a)4.

Sincerely,

---

Adam Gee, Subcode Official

CC:



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068  
(609) 894-3330

## Subcode Official Review

Date: Friday, March 3, 2023

To: IB RENOVATIOBNS  
10 CLARENCE AVENUE  
LONG BRANCH, NJ 07740

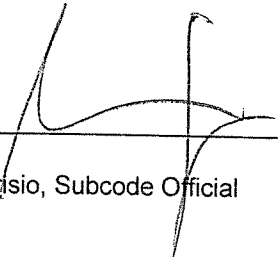
RE: Plumbing Subcode  
Block: 866 Lot: 4 Qual:  
11 GINSBURG LN  
Permit Number: +A Control Number: C-23-00028+A  
Last Submit Date: Friday, February 24, 2023

Dear IB RENOVATIOBNS,

Your request is hereby denied based upon the following infractions.

Two (2) copies of plumbing riser diagram is required to be submitted with this application per NJAC 5:23-2.15(f)1iv. Riser diagrams may be prepared by a NJ licensed plumbing contractor (for Class III buildings) or by a licensed architect or engineer and diagrams must have the raised seal of the professional who prepared them per NJAC 5:23-2.15(f)1ix.

Sincerely,

  
\_\_\_\_\_  
Robert Dorisio, Subcode Official

CC:



Pemberton Township  
500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068  
(609) 894-3330

## Subcode Official Review

Date: Tuesday, February 28, 2023

To: IB RENOVATIOBNS  
10 CLARENCE AVENUE  
LONG BRANCH, NJ 07740

RE: Mechanical Subcode  
Block: 866 Lot: 4 Qual:  
11 GINSBURG LN  
Permit Number: +A Control Number: C-23-00028+A  
Last Submit Date: Friday, February 24, 2023

Dear IB RENOVATIOBNS,

Your request is hereby denied based upon the following infractions.

- 1) Please submit copies of specific cut sheets for all equipment to be installed in connection with this application per NJAC 5:23-2.15(f)1v.
- 2) Chimney Verification for Replacement of Fuel-Fired Equipment form (UCC F370) is required with this application.

Sincerely,



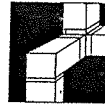
---

Adam Gee, Subcode Official

CC:



# MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 866 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 11 ginsburg lane

Owner in Fee: IBDB19 21 LLC

Tel. [REDACTED] e-mail ibahary@gmail.com

Address 10 clarence ave Long Branch NJ 07740

street

municipality

zip code

Contractor: \_\_\_\_\_ Tel. (908) 612-4787

Address 428 Spruce St e-mail \_\_\_\_\_

Contractor License No. 12492 Exp. Date 02/05/2023

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No [REDACTED] FAX: \_\_\_\_\_

## B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

### SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### INSPECTIONS

Type: \_\_\_\_\_ Failure \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Water Heater

Appliance

Chimney/Vent

Piping

Tank

Cooling/AC

Generator

Fireplace

Chimney Cert.

Other \_\_\_\_\_

Other \_\_\_\_\_

Final

### DATES

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

☒ Licensed Contractor

☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Water Heater + Boiler replacement

NO.

1

### FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other

### FEE (Office Use Only)

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

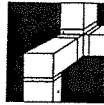
Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_



# MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 866 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 11 ginsburg lane

Owner in Fee: IBDB19 21 LLC

Tel. \_\_\_\_\_ e-mail ibahary@gmail.com

Address 10 clarence ave Long Branch NJ 07740

street

municipality

zip code

Contractor: \_\_\_\_\_ Tel. (908) 612-4787

Address 428 Spruce St

e-mail \_\_\_\_\_

Contractor License No. 12492

Exp. Date 02/05/2023

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

FAX: \_\_\_\_\_

## B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

#### PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

#### INSPECTIONS

Type: \_\_\_\_\_ Failure \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Water Heater \_\_\_\_\_

Appliance \_\_\_\_\_

Chimney/Vent \_\_\_\_\_

Piping \_\_\_\_\_

Tank \_\_\_\_\_

Cooling/AC \_\_\_\_\_

Generator \_\_\_\_\_

Fireplace \_\_\_\_\_

Chimney Cert. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

#### DATES

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

☒ Licensed Contractor

☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Water heater / Boiler replacement

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

1

Water Heater

\$ \_\_\_\_\_

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**



# CONSTRUCTION PERMIT

Date Issued 3-10-23  
Control # C-23-00028  
Permit # 23-0201

IDENTIFICATION Block: 866 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015 Contractor VENUS ELECTRICAL CONTRACTING LLC  
Owner in Fee IBDB19 21 LLC Address 7 LIGHT HORSE COURT MARLTON NJ 08053  
10 CLARENCE AVENUE LONG BRANCH NJ Telephone: (609) 820-0292  
07740 Lic. No. or Bldrs. Reg. No. 34EI00875900  
Telephone: \_\_\_\_\_ Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SERVICE RESTART AND ONE GFCI OUTLET  
DR# 352907106

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 \$1,200

[Signature]  
Construction Official

3-16-23  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$0    |
| Electrical       | \$104  |
| Plumbing         | \$0    |
| Fire Protection  | \$0    |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$2    |
| CO Fee           |        |
| Other            | \$23   |
| Total            | \$129  |
| Check No.        |        |
| Cash             | \$0    |
| Credit           | \$0    |
| Collected By     |        |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 1/13/2023  
Date Issued 3-20-23  
Control # C-23-00028  
Permit # 23-0201

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: IBDB19 21 LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: VENUS ELECTRICAL CONTRACTING LLC

Address 7 LIGHT HORSE COURT MARLTON NJ 08053

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Tel. (609) 820-0292 Fax \_\_\_\_\_

Lic No. 34EI00875900 Exp. Date \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Estimated Cost of Electrical Work \$1,200

## JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: \_\_\_\_\_ by: \_\_\_\_\_

☐ Electrical Plans Approved

Date: \_\_\_\_\_ by: \_\_\_\_\_

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 4.12.23

Approved by: \_\_\_\_\_

## INSPECTIONS

Type: Failure Failure Approval Initial

Rough \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Trench \_\_\_\_\_

Temp. Serv. \_\_\_\_\_

Constr. Serv. \_\_\_\_\_

TCO \_\_\_\_\_

Other \_\_\_\_\_

Service \_\_\_\_\_

Final 3-27-23 4.12.23 CO

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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certifd Landscape Irrigation Cont'r ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
SERVICE, RESTART AND ONE GFCI OUTLET  
DR# 352907106

| QTY.     | SIZE       | ITEMS                       | FEE (Office Use Only) |
|----------|------------|-----------------------------|-----------------------|
|          |            | Lighting Fixtures           |                       |
| <u>1</u> |            | Receptacles                 |                       |
|          |            | Switches                    |                       |
|          |            | Detectors                   |                       |
|          |            | Light Poles                 |                       |
|          |            | Motors - Fract. HP          |                       |
|          |            | Emergency & Exit Lights     |                       |
|          |            | Communication Points        |                       |
|          |            | Alarm Devices/F.A.C. Panel  |                       |
| <u>1</u> |            | TOTAL NUMBERS               | <u>\$50</u>           |
|          |            | Pool Permit/with UW Lights  |                       |
|          |            | Storable Pool/Spa/Hot Tub   |                       |
|          |            | KW Elec. Range/Receptical   |                       |
|          |            | KW Oven/Surface Unit        |                       |
|          |            | KW Elec. Water Heater       |                       |
|          |            | KW Elec. Dryer/Recepticle   |                       |
|          |            | KW Dishwasher               |                       |
|          |            | HP Garbage Disposal         |                       |
|          |            | KW Central A/C Unit         |                       |
|          |            | HP/KW Space Heater/Air      |                       |
|          |            | KW Baseboard Heat           |                       |
|          |            | HP Motors 1/4 HP            |                       |
|          |            | KW Transformer/Generator    |                       |
| <u>1</u> | <u>100</u> | AMP Service                 | <u>\$65</u>           |
|          |            | AMP Subpanels               |                       |
|          |            | AMP Motor Control Center    |                       |
|          |            | KW Elec. Sign/Outline Light |                       |

Administrative Surcharge \$23

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \$2

TOTAL FEE \$129



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 1/13/2023  
Date Issued \_\_\_\_\_  
Control # C-23-00028  
Permit # 23-0201

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: iBDB19 21 LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: VENUS ELECTRICAL CONTRACTING LLC

Address 7 LIGHT HORSE COURT MARLTON NJ 08053

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

Lic No. 34EI00875900

Exp. Date \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Estimated Cost of Electrical Work \$1,200

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
SERVICE, RESTART AND ONE GFCI OUTLET  
DR# 352907106

| QTY.     | SIZE       | ITEMS                       | FEE (Office Use Only) |
|----------|------------|-----------------------------|-----------------------|
|          |            | Lighting Fixtures           |                       |
| <u>1</u> |            | Receptacles                 |                       |
|          |            | Switches                    |                       |
|          |            | Detectors                   |                       |
|          |            | Light Poles                 |                       |
|          |            | Motors - Fract. HP          |                       |
|          |            | Emergency & Exit Lights     |                       |
|          |            | Communication Points        |                       |
|          |            | Alarm Devices/F.A.C. Panel  |                       |
| <u>1</u> |            | TOTAL NUMBERS               | <u>\$50</u>           |
|          |            | Pool Permit/with UW Lights  |                       |
|          |            | Storable Pool/Spa/Hot Tub   |                       |
|          |            | KW Elec. Range/Receptical   |                       |
|          |            | KW Oven/Surface Unit        |                       |
|          |            | KW Elec. Water Heater       |                       |
|          |            | KW Elec. Dryer/Recepticle   |                       |
|          |            | KW Dishwasher               |                       |
|          |            | HP Garbage Disposal         |                       |
|          |            | KW Central A/C Unit         |                       |
|          |            | HP/KW Space Heater/Air      |                       |
|          |            | KW Baseboard Heat           |                       |
|          |            | HP Motors 1/+ HP            |                       |
|          |            | KW Transformer/Generator    |                       |
| <u>1</u> | <u>100</u> | AMP Service                 | <u>\$65</u>           |
|          |            | AMP Subpanels               |                       |
|          |            | AMP Motor Control Center    |                       |
|          |            | KW Elec. Sign/Outline Light |                       |

## JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: \_\_\_\_\_ by: \_\_\_\_\_

☐ Electrical Plans Approved

Date: \_\_\_\_\_ by: \_\_\_\_\_

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## INSPECTIONS

Type: Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

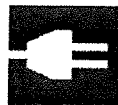
Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge \$23  
Minimum Fee \_\_\_\_\_  
State Permit Surcharge Fee \$2  
TOTAL FEE \$129



# ELECTRICAL SUBCODE TECHNICAL SECTION



9/11/23

Date Received 1/13/2023  
Date Issued 3/20/2023  
Control # C-23-00028  
Permit # 20230201

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

Block 866 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location: 11 GINSBURG LN BROWNS MILLS, NJ 08015

Owner in Fee: iBDB19 21 LLC

Address 10 CLARENCE AVENUE LONG BRANCH NJ 07740

Email \_\_\_\_\_

Tel. \_\_\_\_\_

Contractor: VENUS ELECTRICAL CONTRACTING LLC

Address 7 LIGHT HORSE COURT MARLTON NJ 08053

Email \_\_\_\_\_

Tel. (609) 820-0292 Fax. \_\_\_\_\_

Lic No. 34EI00875900 Exp. Date \_\_\_\_\_

Home improvment Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Estimated Cost of Electrical Work \$1,200

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                          | Date | Initial | INSPECTIONS                   | Dates (Month/Day) |         |          |         |
|--------------------------------------------------------------------------------------|------|---------|-------------------------------|-------------------|---------|----------|---------|
| <input type="checkbox"/> No Plan Required                                            |      |         | Type:                         | Failure           | Failure | Approval | Initial |
| <input type="checkbox"/> Partial/Underslab Approved                                  |      |         | Rough                         |                   |         |          |         |
| Partial Underslab Utilities Approved                                                 |      |         | Barrier-Free                  |                   |         |          |         |
| Date: _____ by: _____                                                                |      |         | Trench                        |                   |         |          |         |
| <input type="checkbox"/> Electrical Plans Approved                                   |      |         | Temp. Serv.                   |                   |         |          |         |
| Date: _____ by: _____                                                                |      |         | Constr. Serv.                 |                   |         |          |         |
| Joint Plan Review Required                                                           |      |         | TCO                           |                   |         |          |         |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         | Other                         |                   |         |          |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         | Service                       |                   |         |          |         |
| SUBCODE APPROVAL for PERMIT                                                          |      |         | Final                         |                   |         |          |         |
| Date: _____                                                                          |      |         | Barrier-Free                  |                   |         |          |         |
| Approved by: _____                                                                   |      |         | Temp. Cut-in-Card Date Issued |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE                                                     |      |         | Final Cut-in-Card Date Issued |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         | Annual Pool Inspection        |                   |         |          |         |
| Date: _____                                                                          |      |         | Date of Grounding and Bonding |                   |         |          |         |
| Approved by: _____                                                                   |      |         | Certification                 |                   |         |          |         |

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
SERVICE, RESTART AND ONE GFCI OUTLET  
DR# 352907106

| QTY.     | SIZE       | ITEMS                       | FEE (Office Use Only) |
|----------|------------|-----------------------------|-----------------------|
|          |            | Lighting Fixtures           |                       |
| <u>1</u> |            | Receptacles                 |                       |
|          |            | Switches                    |                       |
|          |            | Detectors                   |                       |
|          |            | Light Poles                 |                       |
|          |            | Motors - Fract. HP          |                       |
|          |            | Emergency & Exit Lights     |                       |
|          |            | Communication Points        |                       |
|          |            | Alarm Devices/F.A.C. Panel  |                       |
| <u>1</u> |            | TOTAL NUMBERS               | <u>\$50</u>           |
|          |            | Pool Permit/with UW Lights  |                       |
|          |            | Storable Pool/Spa/Hot Tub   |                       |
|          |            | KW Elec. Range/Receptical   |                       |
|          |            | KW Oven/Surface Unit        |                       |
|          |            | KW Elec. Water Heater       |                       |
|          |            | KW Elec. Dryer/Recepticle   |                       |
|          |            | KW Dishwasher               |                       |
|          |            | HP Garbage Disposal         |                       |
|          |            | KW Central A/C Unit         |                       |
|          |            | HP/KW Space Heater/Air      |                       |
|          |            | KW Baseboard Heat           |                       |
|          |            | HP Motors 1/+ HP            |                       |
|          |            | KW Transformer/Generator    |                       |
| <u>1</u> | <u>100</u> | AMP Service                 | <u>\$65</u>           |
|          |            | AMP Subpanels               |                       |
|          |            | AMP Motor Control Center    |                       |
|          |            | KW Elec. Sign/Outline Light |                       |

Administrative Surcharge \$23

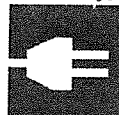
Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \$2

TOTAL FEE \$129



# ELECTRICAL SUBCODE TECHNICAL SECTION



RECEIVED

LE

Date Received  
Control #  
Date Issued  
Permit #

C-23-00028

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

Block 866 Lot 4 Qualification Code n/a  
Work Site Location 11 Ginsburg Lane Browns Mills, NJ

Owner in Fee: iBDB19 21 LLC

Tel. [REDACTED] e-mail [REDACTED]

Address 10 Clarence Ave Long Branch 07740

Contractor: Venus Electrical Contr. Tel. (609) 820-0292

Address 7 Light Horse Ct e-mail joe@venuselectrical.com

Marlton NJ 08053

Contractor License No. 8759 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

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

## B. ELECTRICAL CHARACTERISTICS

Use Group Present [REDACTED] Proposed [REDACTED]

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

Building Occupied as Residence Utility Co. [REDACTED]

Est. Cost of Elec. Work \$ 1,200

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                            | INSPECTIONS                                 | Dates (Month/Day) |         |          |         |
|--------------------------------------------------------|---------------------------------------------|-------------------|---------|----------|---------|
|                                                        | Type:                                       | Failure           | Failure | Approval | Initial |
| <input checked="" type="checkbox"/> No Plans Required  | Rough                                       |                   |         |          |         |
| [ ] Partial -Underslab Utilities Approved              | Barrier-Free                                |                   |         |          |         |
| Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u> | Trench                                      |                   |         |          |         |
| [ ] Electric Plans Approved                            | Temp. Serv.                                 |                   |         |          |         |
| Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u> | Constr. Serv.                               |                   |         |          |         |
| Joint Plan Review Required:                            | TCO                                         |                   |         |          |         |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.               | Other                                       |                   |         |          |         |
| SUBCODE APPROVAL for PERMIT                            | Service                                     |                   |         |          |         |
| Date: <u>11-8-23</u>                                   | Final                                       |                   |         |          |         |
| Approved by: <u>[Signature]</u>                        | Barrier-Free                                |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE                       | Temp. Cut-in-Card Date Issued               |                   |         |          |         |
| [ ] CO [ ] CCO [ ] CA                                  | Final Cut-in-Card Date Issued               |                   |         |          |         |
| Date: <u>[REDACTED]</u>                                | Annual Pool Inspection                      |                   |         |          |         |
| Approved by: <u>[REDACTED]</u>                         | Date of Grounding and Bonding Certification |                   |         |          |         |

## C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: joseph scialabbo

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

## D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK: |            | FEE (Office Use Only)          |
|----------------------|------------|--------------------------------|
| QTY.                 | SIZE       | ITEMS                          |
| <u>1</u>             |            | Lighting Fixtures              |
|                      |            | Receptacles                    |
|                      |            | Switches                       |
|                      |            | Detectors                      |
|                      |            | Light Poles                    |
|                      |            | Motors—Fract. HP               |
|                      |            | Emergency & Exit Lights        |
|                      |            | Communications Points          |
|                      |            | Alarm Devices/F.A.C. Panel     |
| <u>0</u>             |            | 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               |
| <u>1</u>             | <u>100</u> | KW Transformer/Generator       |
|                      |            | AMP Service                    |
|                      |            | AMP Subpanels                  |
|                      |            | AMP Motor Control Center       |
|                      |            | KW Elec. Sign/Outline Light    |

Administrative Surcharge \$ [REDACTED]  
Minimum Fee \$ [REDACTED]  
State Permit Surcharge Fee \$ [REDACTED]  
TOTAL FEE \$ [REDACTED]

Prepared By: (attorney's name and signature)

Dori Scevish, Esq.

**SHERIFF'S DEED****This Indenture,**Made This 10<sup>th</sup> day of November, 2022.Between **Anthony Basantis**, Sheriff of the County of Burlington in the STATE OF NEW JERSEY, party of the first part and**IBDB19 21 LLC****10 Clarence Avenue, Long Branch, NJ 07740**

party of the second part, witnesseth.

**Whereas**, on the 26<sup>th</sup> day of July, 2022, a certain Alias Writ of Execution was issued out of the Superior Court of New Jersey, Chancery Division- Burlington County, Docket No. F-009948-19 directed and delivered to the Sheriff of the said County of Burlington and which said Writ is in the words or to the effect following that is to say: THE STATE OF NEW JERSEY to the Sheriff of the County of Burlington.

**GREETINGS:**

**Whereas**, on the 9<sup>th</sup> day of September, 2019, by a certain judgment made in our Superior Court of New Jersey, in a certain cause therein pending, wherein the PLAINTIFF is: **USAA FEDERAL SAVINGS BANK**

and the following named parties are the DEFENDANTS:

**DOUGLAS WISSMAN A/K/A DOUGLAS J. WISSMAN; REBECCA C. WISSMAN**

**It was ordered and adjudged** that certain mortgaged premises, with the appurtenances in the Complaint, and Amendment to Complaint, if any, in the said cause particularly set forth and described, that is to say:

The mortgaged premises are described as set forth upon the RIDER ANNEXED HERETO AND MADE A PART HEREOF.

BEING KNOWN AS Tax Lot 4 in Block 866 on the Township of Pemberton tax map.

COMMONLY KNOWN AS 11 GINSBURG LN, BROWNS MILLS (PEMBERTON TOWNSHIP), NJ 08015

**Together**, with all and singular the rights, liberties, privileges, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and remainders, rents, issues and profits thereof, and also all the estate, right, title, interest, use, property, claim and demand of the said defendants of, in, to and out of the same, to be sold, to pay and satisfy in the first place unto the plaintiff, the sum of \$178,601.89 being the principal, interest and advances secured by a certain mortgage dated June 15<sup>th</sup>, 2012 and given by DOUGLAS WISSMAN; REBECCA C. WISSMAN together with lawful interest from July 10, 2019 until the same be paid and satisfied and also the costs of the aforesaid plaintiff with interest thereon.

AND for that purpose a Writ of Execution should issue, directed to the Sheriff of the County of Burlington commanding him to make sale as aforesaid; and that the surplus money arising from such sale, if any there be, should be brought into our said Court, as by the judgment remaining as of record in our said Superior Court of New Jersey, at Trenton, doth and more fully appear; and