BLOCK 1427.02 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 843 Baker Ave PERMIT NO. 12-8453

CONSTRUCTION PERMIT APPLICATION C12-002823

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 843 Baker DR.
2. Name of Owner in Fee: Douglas & Jennifer Hoffman
   Tel. [redacted] e-mail _____
   Address 843 (street) Baker DR Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Air Experts, Inc. Tel. ( ) _____
   Address 727C 17th Avenue Lake Como, NJ 07719 e-mail _____
   Tel: 732-681-9090 Fax: 732-280-2213
   Lic# 13VH01546400 FEIN# 223324128
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Michael Bondurant
   Tel. (732) 681-9090 FAX: (OR) Samantha

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 140.- ✓		
2. Electrical	50.- ✓		
3. Plumbing	45.- ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	8.-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 143.-		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		AUG 02 2012							
☐ Electrical					8/7/12	SD			
☐ Plumbing					8/8/12	MH			
☐ Fire Protection					8/6/12	SD			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name _____

Address Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

Telephone ( ) _____

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/19/2012
Control Number C-12-002823
Permit Number 12-2453
Permit Issue Date 8/30/2012
Certificate Number 12-2453

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 843 BAKER DR. Brick Township, NJ Block: 1427.02 Lot: 1 Qual:

Owner in Fee: HOFFMAN, DOUGLAS & JENNIFER

Owner Address: 843 BAKER DR. BRICK NJ 08724

Telephone: [redacted]

Contractor AIR EXPERTS INC

Address 727C 17TH AVE LAKE COMO NJ 07719- - 3077

Telephone: (732) 681-9090 Fax: (732) 280-2213

License Number or Builders Registration Number: 13VH01546400 Federal Emp. Number: 22-3324128

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AIR CONDITIONER, FURNACE Replace

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/19/2012 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 8-20-12
Control # C-12-002823
Permit #

IDENTIFICATION Block: 1427.02 Lot: 1 Qualifier
Work Site Location: 843 BAKER DR. Brick Township, NJ
Owner in Fee HOFFMAN, DOUGLAS & JENNIFER
843 BAKER DR. BRICK NJ 08724
Telephone: [redacted]

Contractor AIR EXPERTS INC
Address 727C 17TH AVE LAKE COMO NJ 07719- - 3077
Telephone: 7326819090
Lic. No. or Bldrs. Reg. No. 13VH01546400
Federal Employee. No. 22-3324128

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:
AIR CONDITIONER, FURNACE Replace

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$143
Check No.	1414
Cash	$0
Credit	$0
Collected By	

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $5,000

Construction Official Date 8-10-12

U.C.C. F170
equiv (rev 8/03)
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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 8-30-12

Date Issued Permit # 12-2453

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

Block 1427.02 Lot 1 Qualification Code

Work Site Location 843 Baker DR

Owner in Fee: Douglas & Jennifer Hoffman

Tel. [redacted] e-mail

Address 843 Baker DR (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Air Experts, Inc Tel. ( )

Address 727C 17th Avenue Lake Como, NJ 07719 e-mail

Tel: 732-681-9090 Fax: 732-280-2213

Lic# 13VH01546400 FEIN# 223324128

Contractor License No. Exp. Date

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 $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 9/19/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 09.09.12 PA
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-23-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	09.26.12	10.10.12	10.18.12	PF

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: Michael J Brodnicki

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Condenser, Coil & Furnace

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

86/70

09-26-12 PA

① NO ADULT PRESENT
GIRL 17 YRS. OLD

10-10-12 PA

① ARMA FLEX AGAINST FLUE NEED 6" CLEARANCE → OK 10-10-12 PK

② OPEN SEAMS ON BOTTOM OF ARMA FLEX

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-30-12
Control #
Date Issued
Permit # 12-2453

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

Block 1421.02 Lot 1 Qualification Code

Work Site Location 843 Baker DR

Owner in Fee: Daniel & Jennifer Hoffman

Tel. [redacted] e-mail

Address 843 Baker DR Brick, NJ 08724
street municipality zip code

Contractor: Air Experts, Inc. Tel. ( )

Address 727C 17th Avenue e-mail
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

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 (if applicable):

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 [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 2850

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 8/30 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/30/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9-26-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			9/26	CB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/26	CB
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 sign/Contractor sign and seal here:

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Condenser Coil & Furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	45
Fireplace Venting/Metal Chimney		
Other		

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-30-12
Control #
Date Issued
Permit # 12-2453

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

Block 1427.02 Lot 1 Qualification Code

Work Site Location 843 Baker Drive

Owner in Fee: Douglass & Jennifer Hoffman

Tel. [redacted] e-mail

Address 843 Baker Drive (street) Brick NJ (municipality) 08724 (zip code)

Contractor: Wireman Electric LLC Tel. 732 370-4967

Address 44 Lexington Road Howell NJ 07731 e-mail wiremanelectricllc@hotmail.com

Contractor License No. 14746B Exp. Date 3/31/15

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

Federal Emp. ID No. 27-4584144 FAX: 732 370-3859

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8-7-12

Approved by: J

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9/27/12

Approved by: JC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-26-12 JC	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Damion Leck

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reconnection of HVAC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	7.2	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	
1		KW Elec. Sign/Outline Light	

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

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

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.

A.C.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-30-12
Control #
Date Issued
Permit # 12-2453

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

Block 14.27.60 Lot 1 Qualification Code

Work Site Location 843 Lake's Drive

Owner in Fee: Douglas Jessica Wilson

Tel. 732 266-1706 e-mail

Address 843 Lake Drive Brick NJ 08724
street municipality zip code

Contractor: Weidman Electric LLC Tel. 732 [illegible]

Address 44 Lexington Road Lacell NJ [illegible] e-mail [illegible]

Contractor License No. 13463 Exp. Date [illegible]

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

Federal Emp. ID No. [illegible] FAX: 732 [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-7-12
Approved by: JT

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

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: [illegible]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of HVAC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	7.2	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Cylinder	

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

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

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-30-12
Control #
Date Issued
Permit # 12-2453

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

Block 14 17.02 Lot 1 Qualification Code

Work Site Location

Owner in Fee:

Tel. e-mail

Address
street municipality zip code

Contractor: Tel.

Address e-mail

Contractor License No. Exp. Date

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

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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-30-12
Approved by: JV

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

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	2	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Illumi C	

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

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

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-30-12
Control #
Date Issued
Permit #

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

Block 14202 Lot 1 Qualification Code
Work Site Location 543 Baker DR
Owner in Fee: Douglas & Jennifer Heffernan
Tel. [redacted] e-mail
Address 543 Baker DR Brick, NJ 08724
street municipality zip code
Contractor: Air Experts, Inc. Tel. ( )
Address 727C 17th Avenue e-mail
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128
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 (if applicable):
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 [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Total Cost of Fire Protection Work $ 285

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CSO [ ] 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/Combust Tanks				
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 sign/Contractor sign and seal here:
Print name here:
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Condenser Coil & Furnace
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	75
Fireplace Venting/Metal Chimney		
Other		

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. ( ) _____ e-mail _____

Address _____
street municipality zip code

Contractor: Air-Experts, Inc. 727C 17th Avenue Lake Como, NJ 07719 Tel. ( ) _____

Address Tel: 732-681-9090 Fax: 732-280-2213 e-mail _____
Lic# 13VH01546400 FEIN# 223324128

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 (if applicable): _____

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 [ ] Replacement

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

Location: _____

Total Cost of Fire Protection Work $ _____

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: _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
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 sign/Contractor sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: _____

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
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_2 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 $

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8-30-12

Date Issued / Permit # 12-2453

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

Block 1427.10 Lot 1 Qualification Code

Work Site Location 843 Baker DR

Owner in Fee: Douglas & Jennifer Hoffman

Te [redacted] e-mail

Address 843 Baker DR (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Air Experts, Inc. Tel. ( )

Address 727C 17th Avenue, Lake Como, NJ 07719 e-mail

Tel: 732-681-9090 Fax: 732-280-2213

Lic# 13VH01546400 FEIN# 223324128

Contractor License No. Exp. Date

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 $ 2100

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: 08.09.12.04
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Condenser, Coil & Furnace

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

88/78

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8-20-12

Date Issued / Permit # E-2453

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

Block 14.10 Lot 1 Qualification Code

Work Site Location 243 Bkn Dr

Owner in Fee: D [illegible]

Tel. ( ) 291-1106 e-mail

Address 243 Bkn Dr Brick NJ 08724
street municipality zip code

Contractor: Air Experts, Inc. Tel. ( )

Address 727C 17th Avenue e-mail
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213

Contractor License No# 13VH01546400 FEIN# 223924128 Exp. Date

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 $ [illegible]

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: 08/31/12
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible] Fuel Furnace

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

88/00

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

Carbon Monoxide Certification

I, the undersigned certify that:

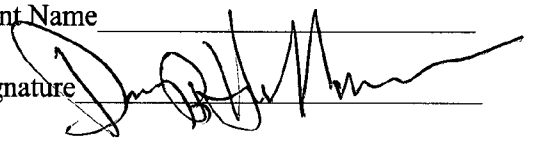
☑ I currently have a carbon monoxide detector installed in the vicinity of all existing Bedrooms.

☐ I will install a carbon monoxide detector in the vicinity of all existing bedrooms.

☐ I have all ELECTRIC heat and do not need a carbon monoxide detector.

Date 7/15-2012

Print Name DOUGLAS HOFFMAN

Signature 

This document MUST be completed and signed and submitted with EVERY permit!

Hoffman - Brick NO

FOR REPLACEMENT FURANCE

Submit b.t.u. input & output of both new & old units.

OLD B.T.U. 80% Input 90K Output 70K

NEW B.T.U 80% Input 90K Output 70K

And/Or

Heat loss for new Unit.

***If you do not have old b.t.u. and new b.t.u. of units, you will have to submit a Heat Loss.

***If the New Unit B.T.U. are less than the Old Unit B.T.U. you will have to submit a Heat Loss.

+++++ We also will need a

****Copy of the brochure for the furnace.
****Chimney Certification

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 843 Baker Ave 843 BAKER DRIVE

Owner in Fee DOUGLAS&JENNIFER,HOFFMAN

Verifying Individual Michael Bondurant Company Air Experts, Inc

Address 727-C 17th Avenue
Street City State Zip Code

Tel: (732) 681-9090 Fax: (732) 280-2213

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: **Size** _____

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	
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 Date

Direct Vent Appliance:

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

Michael Bondurant 7/20/12
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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 843 Baker DR

Owner in Fee Douglas & Jennifer Hoffman

Address 843 Baker DR
20:6 111 cod34

Tel. ([redacted]

Contractor _____

Address Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719

Tel. (_____) ~~Tel: 732-681-9090 Fax: 732-280-2213~~

Lic. No. or Bldrs. Reg. No. ~~Lic#13VH01546400 FEIN# 223324128~~

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replace Condenser Coil & Furnace

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 5000

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

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

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 work installed conforms with the requirements of the Uniform Construction Code.

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

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

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

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Air Experts, Inc
Michael Bondurant
727C 17th Ave
Belmar NJ 07719-3077

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

12/13/2011 TO 12/31/2012
VALID

13VH01546400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Air Experts, Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/13/2011 TO 12/31/2012
VALID

SIGNATURE

DIRECTOR

13VH01546400
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**ML180UH 045P24A**	**ML180UH 045P36A**	**ML180UH 070P24A**	**ML180UH 070P36A**	**ML180UH 090P36B**
	Model No. - Low Nox	**- - -**	**ML180UH 045XP36A**	**- - -**	**ML180UH 070XP36A**	**- - -**
	[1] AFUE	80%	80%	80%	80%	80%
	Input - Btuh	44,000	44,000	66,000	66,000	88,000
	Output - Btuh	35,000	35,000	54,000	54,000	71,000
	Temperature rise range - °F	20 - 50	15 - 45	30 - 60	30 - 60	25 - 55
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 7	10 x 8	10 x 7	10 x 8	10 x 9
	Motor output - hp	1/5	1/3	1/5	1/3	1/3
	Tons of add-on cooling	2 - 3	2 - 3	1.5 - 2	2 - 3	2 - 3
	Air Volume Range - cfm	345 - 1130	650 - 1670	420 - 1160	785 - 1660	680 - 1795
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase				
	Blower motor full load amps	3.1	6.1	3.1	6.1	6.1
	Maximum overcurrent protection	15	15	15	15	15
Shipping Data	lbs. - 1 package	105	110	114	119	131

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**ML180UH 090P48B**	**ML180UH 110P48C**	**ML180UH 110P60C**	**ML180UH 135P60D**
	Model No. - Low Nox	**ML180UH 090XP48B**	**- - -**	**ML180UH 110XP60C**	**- - -**
	[1] AFUE	80%	80%	80%	80%
	Input - Btuh	88,000	110,000	110,000	132,000
	Output - Btuh	71,000	89,000	89,000	107,000
	Temperature rise range - °F	25 - 55	25 - 55	25 - 55	30 - 60
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 10	10 x 10	11-1/2 x 10	11 x 11
	Motor output - hp	1/2	1/2	1	1
	Tons of add-on cooling	3 - 4	3 - 4	4 - 5	4 - 5
	Air Volume Range - cfm	920 - 2160	910 - 2170	1355 - 2715	1380 - 2810
Electrical Data	Voltage				
	Blower motor full load amps	[1] 8.2	8.2	10	11.5
	Maximum overcurrent protection	15	15	15	15
Shipping Data	lbs. - 1 package	183	151	161	174

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

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DESIGN CERTIFIED

ISO 9001 REGISTERED QUALITY SYSTEMS

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS

General Data	Model No.	14ACX-018	14ACX-024	14ACX-030	14ACX-036	14ACX-041
	Nominal Tonnage	1.5	2	2.5	3	3.5
[1] Sound Rating Number (dB)		76	76	76	76	78
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8
[2] Refrigerant (R-410A) furnished		5 lbs. 11 oz.	6 lbs. 8 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.	10 lbs. 1 oz.
Outdoor Fan	Diameter - in.	18	22	22	22	22
	Number of blades	3	3	3	3	4
	Motor hp	1/10	1/6	1/6	1/6	1/4
Shipping Data	lbs. - 1 package	138	166	171	177	209

ELECTRICAL DATA

	14ACX-018	14ACX-024	14ACX-030	14ACX-036	14ACX-041
Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)	20	30	30	30	35
[4] Minimum circuit ampacity	12.0	17.9	17.2	18.7	22.8
Compressor - Rated load amps	9.0	13.4	12.9	14.1	16.7
Condenser Fan Motor - Full load amps	0.7	1.1	1.1	1.1	1.7

SPECIFICATIONS

General Data	Model No.	14ACX-042	14ACX-047	14ACX-048	14ACX-059	14ACX-060
	Nominal Tonnage	3.5	4	4	5	5
[1] Sound Rating Number (dB)		78	80	78	78	80
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	7/8	7/8	7/8	1-1/8	1-1/8
[2] Refrigerant (R-410A) furnished		8 lbs. 10 oz.	11 lbs. 3 oz.	10 lbs. 0 oz.	11 lbs. 2 oz.	12 lbs. 0 oz.
Outdoor Fan	Diameter - in.	22	26	22	26	26
	Number of blades	4	4	4	4	4
	Motor hp	1/4	1/3	1/4	1/3	1/3
Shipping Data	lbs. - 1 package	208	250	243	266	253

ELECTRICAL DATA

	14ACX-042	14ACX-047	14ACX-048	14ACX-059	14ACX-060
Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)	40	45	50	50	60
[4] Minimum circuit ampacity	24.1	26.7	29.0	34.1	34.8
Compressor - Rated load amps	17.9	19.9	21.8	25	26.4
Condenser Fan Motor - Full load amps	1.7	1.8	1.7	2.8	1.8

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

[1] Sound Rating Number rated in accordance with test conditions included in AHRI Standard 270.

[2] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

[3] HACR type circuit breaker or fuse.

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

AHRI CERTIFIED www.ahridirectory.org Unitary Small HP AHRI Standard 210/240 Certification applies only when the complete system is listed with AHRI.

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ISO 9001 REGISTERED QUALITY SYSTEMS

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