BLOCK 211.17 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 3 TOLEDO DRIVE PERMIT NO. 04-4978

Brick

CONSTRUCTION PERMIT APPLICATION

C09.44

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

I. IDENTIFICATION

1. Propsed Work Site at: 3 TOLEDO DRIVE BRICK NJ 087[redacted]
2. Name of Owner in Fee: TERRENCE TORMEY [redacted]
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: POINT BAY FUEL, INC. Tel. (732) 349-5059
   Address 71 IRONS STREET TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-1817388 FAX: (732) 349-1788
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun BOB VALENTINE
   Tel. (732) 349-5059 FAX: (732) 349-1788

REPLACE GAS BOILER
INSTALL INDIRECT HOT WATER STORAGE TANK

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	45	
2.	Electrical		150	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		10	
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	205	

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK — OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing	7000.00				11/12/04		1/18/05		OK
7. ☒ Electrical	700.00				11/9/04				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	7700.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: SINGLE FAMILY
2. Use Group: DWELLING
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10625586

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(e)1.vii:

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the 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 Point Bay Fuel, Inc.
Address 71 Irons St
Toms River NJ 08753
Telephone (732) 349-5059
Signature Bob Valentin

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/24/2004
Control #
Permit # 04-4978

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 211.17 Lot 9 Qual

Work Site Location 3 TOLEDO DR
REPLACE BOILER/NWSTORAGE
Owner in Fee TORMEY, TERRENCE
Address [redacted]
Telephone [redacted]

Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Telephone (732)349-5059
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-1817388

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE OIL BOILER

PAYMENTS (Office Use Only)

Building	0
Electrical	45
Plumbing	150
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	10
Cert. of Occupancy	0
Other	
Total	205
Check No.	215812
Cash	
Collected By	AMH

11/24/04 10:22AM 001558#4404
#XD1 SERV.001

#4978	
ELECTRIC	$45.00
PLUMBING	$150.00
DCA	$10.00
CHECK	$205.00

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 $ 7,700.00

D. Wesmer
Construction Official

11/24/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

IJ UCCARS5.24E

Sewell C LL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/09/2004
Date Issued 11 12 04
Control # C09-44
Permit #04-4978

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

Block 211.17 Lot 9 Qual
Work Site Location 3 TOLEDO DR OWNER
REPLACE BOILER/HWSTORAGE TENTES ACTUAL
Owner in Fee TORNEY, TERRENCE HOUSE # IS
A[redacted] ONE NOT TWO
T[redacted]
Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Tele.(732)349-5059
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1817388

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 $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 11 9 04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1 10 05
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			1/18/05	

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		*Storable Pool/Spa/Hot Tub*	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	10
0	0	*Baseboard Heat*	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 45
DCA State Permit Fee	$ 1

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

Brick

TOWNSHIP OF LAKEWOOD
Department of Inspections
~~212 4th Street~~
LAKEWOOD, NJ 08701
(732) 364-3760

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/24/04
Control #
Permit # 04-4978

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

Block 211.17 Lot 9
Work Site Location 3 TOLEDO DRIVE
BRICK, NJ 08723
Owner in Fee TERRENCE TORMEY
Add [redacted]
Tele [redacted]
Contractor JOHN MOONEY
Address 71 IRONS STREET
TOMS RIVER, NJ 08753
Tele. (732) 349-5059 Fax ( )
Lic. No. 317
Federal Emp. No. [redacted]

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 $ 7000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 11/12/04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-1-05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			2-1-05	
Gas Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping (REPLACE GAS)	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other REPL. GAS BOILER	
1	Other INST. INDIRECT HOT	
	Other WATER STORAGE TANK	

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

311

U.C.C. F130 (rev 3/96) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 211.17 LOT: 9 PERMIT #: _____

WORKSITE ADDRESS: 3 Toledo Dr, Brick

Certifying Individual (Print Name) Bob Valentine

Name: Terrence Tormey
Address: 3 Toledo Dr
City: Brick State: NJ Zip: _____
Phone: [redacted]

Company
Name: Point Bay Fuel, Inc.
Address: 71 Irons St.
City: Toms River, N.J. State: Zip: 08753
Phone: 732-349-5069

Check the Appropriate Box

Type of Replacement:
( ) Oil to Gas conversion
(✓) Gas appliance replacement
( ) Oil to Oil Replacement
( ) Other (describe) _____

Existing Vent/Chimney
(✓) B label vent
( ) L label vent
( ) Masonry chimney – tile lined
( ) Flexible liner
( ) Power vent/exhauster
( ) Other (describe) _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacement:

I hereby certify that the existing chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

R. Valentine 11/4/04
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:
No Certification required:

_____
Signature Date

Installations should utilize the Energy Kinetics prefabricated boiler stand to provide a solid, level, and smooth foundation for the boiler. Place the unit as near to the chimney or vent as possible allowing clearance for rear cleaning service. If not using an Energy Kinetics supplied stand, provide a solid, level, and smooth foundation with clearance fo door opening and service.

NOTICE: The stand must be **level** to allow for proper venting of air from the boiler. The System 2000 Boiler is manufactured with the front of the boiler *higher* than the back to assist in air removal.

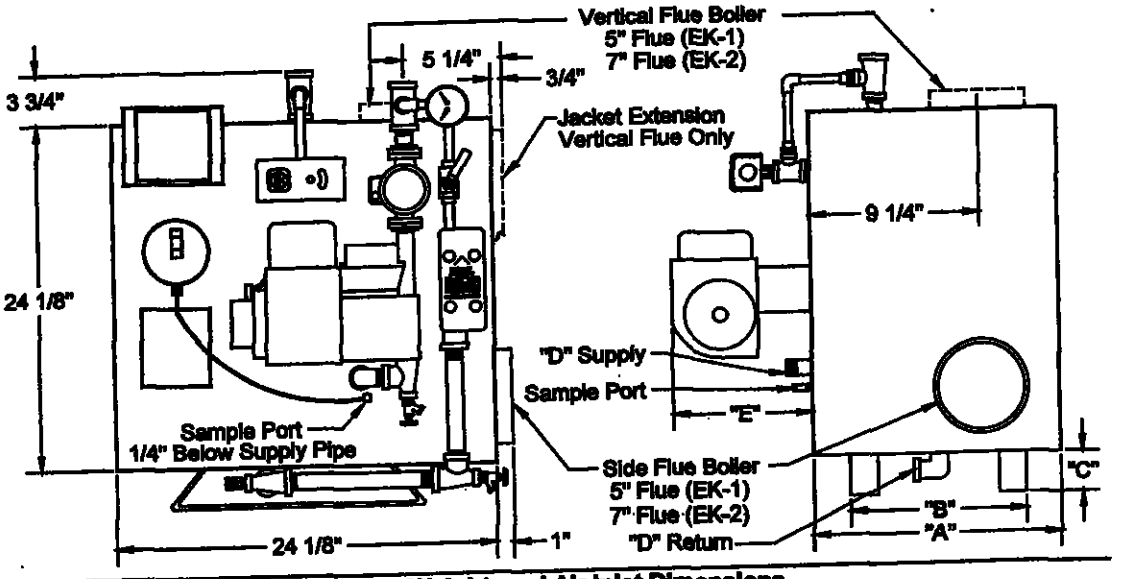

Figure 1
Dimension Drawing

Clearances, Water Content, Weight, and Air Inlet Dimensions

Model	Water Content	Weight Lbs	Air Inlet Pipe Size	A	B	C	D	Burner	E	E With Air Bo
EK-1	2 ½ gal.	250	2"	17 ½"	13"	2 ½"	1"	Beckett	11"	13"
EK-2	4 gal.	350	3"	24 ¾"	20 ¼"	3 ½"	1 ¼"	Carlin	14"	15 ½"
								Riello	13"	13"

COMBUSTION AIR

The System 2000 Boiler must be installed in an area where adequate fresh air is available to support combustion. Frontier is provided with a sealed Air Box that can be piped to air outside the building. Piping of outside air directly to boiler is highly recommended because it completely isolates the boiler from the home environment, as well as greatly reducing operating noise from the boiler.

Boiler with outside air piping:

In modern houses with tight construction the connection of the Air Box to an outside air source to provide combus air is highly recommended. The outside air source must be located high enough above grade to be at least 12" abov expected snow accumulation.

WARNING: For systems with sidewall venting, combustion air piping from outside the building is required. Th Energy Kinetics sidewall vent kit contains specific instructions for installation that must be followed. Combustion air r supplied through PVC pipe. For EK-1 use 2" pipe up to 20 feet in length with up to (5) 90-degree elbows. For EK-2 u pipe up to 20 feet in length with up to (5) 90-degree elbows. A total equivalent length of 45 feet is allowed. Each 90 elbow is the equivalent of 5 feet of straight pipe. For example, if three 90 degree elbows are used, then the length of run may increase to 35 feet. For longer runs up to 40 feet with up to five 90 degree elbows, immediately increase pi by 1", to 3" for EK-1 and 4" for EK-2. An unglued or Tek-screw joint allows the door to swing down when the air inlet disconnected.

Boiler without outside air piping:

WARNING: The confined space shall be provided with two permanent openings, one near the top of the enclo and one near the bottom. Each opening shall have a free area of not less than one square inch per 1,000 BTU per h the total input rating of all appliances in the enclosure, freely communicating with interior areas having adequate infil from the outside.

WARNING: Modern buildings of tight construction, as well as the operation of attic and exhaust fans, kitchen ventilation systems, clothes dryers or fireplaces may create conditions of unsatisfactory combustion or venting. Prov must be made to use combustion air that communicates with a well-ventilated attic or with the outdoors (such as usi louver or grate). The opening should have a free area of not less than one (1) square inch per 4,000 BTU per hour total input rating.

d Manager - Principle of Operation:

e left side of the Manager is the input side, which provides 24-volt power supply and connections for thermostats. ht side is the output side, which starts the burner, circulator, zone valves or zone circulators and the domestic hot culator. See photo of the Manager on the cover.

hts on the Digital Manager indicate what is calling for heat (left side) and (right side) lights indicate active zone(s), operation and circulator operation. These function lights are an aid in servicing. The following is a typical cycle.

STEM WAITING FOR A CALL: The boiler is turned off and sits cold, waiting until a call for heat. The red power light the Manager is glowing.

LL FOR HEAT: A room thermostat call or hot water call (aquastat) starts the cycle. The thermostat light on the left le will turn on for that zone.

E-HEAT: Output lights for the main circulator and burner turn on, the circulator starts, and the burner begins firing. e boiler water circulates through the energy converter via the bypass line, heating up the water.

EAT: Once the boiler water has heated up to 140F (about 90 seconds), the Manager will turn on the zone output light the right side. The zone valve will open and hot water will flow to the zone needing heat (for hot water, the zone tput starts the hot water tank circulator). The burner runs as long as there is a thermostat calling and as long as heat being delivered to the zone. The burner may shut off if the return temperature exceeds 170F/190F (RED burner light rns off) or if the high limit temperature is exceeded (RED burner light stays on, but the high limit aquastat shuts the rner off).

NOTHER CALL FOR HEAT: If another zone calls for heat while the burner is already running and the return mperature is above 140F, the zone output will turn on, immediately supplying heat to the zone.

ONITOR RETURN TEMPERATURE: The Manager continually senses the return temperature and will turn off the ne outputs if the return temperature drops below 120° F (130° F if Option Switch #1 is ON). With the zone outputs osed, the boiler water will quickly reheat and once the return temperature reaches 140° F (150° F if Option Switch #1 ON), then the Manager will reopen the zone valves.

HERMOSTAT (or Aquastat) SATISFIED: The thermostat light on the left side will go out. The burner light and the rner will then turn off.

NERGY RECOVERY: The circulator and zone valve remain energized. The circulating water will remove the energy m the converter, sending the heat to the last zone that called. The energy recovery stage continues until the return mperature has dropped sufficiently or until maximum timing has been reached. The boiler is now sitting cold, waiting r the next call for heat. Maximum timing for heat recovery stage is usually set at twenty minutes for space heating nes and is fixed at five minutes for the Hot Water zone. *(See Digital Energy Manager Option Switch Settings).*

eiving and Unpacking:

spect shipment upon receipt for external damage. When unpacking and uncrating, inspect each item for internal ge. Any damage found should immediately be reported to the freight carrier before installation. The receiver is nsible for following the claims procedure of the freight carrier. The freight carrier is responsible for taking prompt n on all claims. If freight cannot be inspected at the time of delivery, sign the bill of lading "Subject to Inspection" and ct the shipment as soon as possible after receipt. Replacements for parts damaged in shipment are available upon pt of a signed copy of a claim report *(concealed damage claims should be filed immediately against the freight carrier e consignee).*

After unpacking, check each item against the packing list. Inspect it thoroughly for loose parts, instruction sheets and ing lists. Immediately report any missing items. It is wise to complete the installation before discarding packing rial. Store all parts where they will not be damaged or lost during installation.

ation and Clearance:

NGER: Provide clearance to combustible surfaces in accordance with all local and national codes. Follow National Protection Association Bulletin NFPA Installation of Oil Burning Equipment and all applicable codes.

Installation Clearances	Clearance to Combustibles	Clearance for Service Minimum	Clearance for Service Recommended
FRONT	12"	12"	18"
EK-1 BACK	6"	12"	18" OR MORE
EK-2 BACK	6"	18"	24" OR MORE
RIGHT SIDE W/ FLUE	6"	12"	15"
LEFT SIDE/RIGHT W/OUT FLUE	6"	6"	15"
TOP	6"	6"	12"
FLUE CONNECTION	9"	6"	6"

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 3 Toledo Dr Brick NJ 08724
Block: 211.17 Lot: 9
Owner's Name: Terrence Tormey
Owner's Mailing Address: 3 Toledo Dr Brick NJ 08724
Phone: [redacted]

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: Point Bay Fuel
Address: 71 Irons St
Toms River NJ 08753
Phone#: 732-349-7059
Lis #:
Federal Emp # or SSN 22-1817388

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	1
Switches	1
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	K
Oven/Surface Unit	KV
Electric Water Heater	K
Electric Dryer	K
Dishwasher	K
Garbage Disposal	H
A/C Unit –Central Air	K
Space Heater/Air Handler	K
Baseboard Heating	K
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service	AM
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	K
Furnace	
Steam Boiler	
Other: Repl gas boiler	1

Estimated Cost of Electrical Work: $700.00

I hereby certify that I am the agent/owner of record and a authorized to make this application and perform the worl listed on this application.

Signature: Bob Valentine
Please Print Name Bob Valentine

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____