Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

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Bryan J. Dickerson, CA, CMR
Township Archivist

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9 AM

OCK 211.17 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 3 Toledo Dr PERMIT NO. 24-1646

CONSTRUCTION PERMIT APPLICATION

C24-002145 Mech

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

I. IDENTIFICATION

IDENTIFICATION

. Proposed Work Site at: 3 Toledo Dr

. Name of Owner in Fee: Terrence Tormey

Tel [redacted]

Ad [redacted]

. Ownership in Fee: Public _____ Private _____

. Principal Contractor: Brick Twsp Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail info@bricktownshiphvac.com

Brick, NJ 08723

License No. OR, if new home, Builder Reg. No. 19HC0052070 Exp. Date 06/30/2024

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 210703175 FAX: (732) 477-0205

. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

. Responsible Person in Charge once Work has Begun Craig Law

Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	150-	419
2. Electrical			
3. Plumbing			
4. Fire Protection			
5 Elevator Devices		125-	75-
6 Subtotal			
7. Less 20% for State Plan Review	$	12-	4-
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	287-	79-

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 ____

a. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair Replace Tankless ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Exhaust hood

b. 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		MJ	6/7/24						
☒ Electrical	4275								
☒ ~~Plumbing~~ mech	4275								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	8550								

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

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. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued	7/22/2024
Control Number	C-24-002145
Permit Number	24-1646
Permit Issue Date	6/17/2024
Certificate Number	24-1646

Identification

Work Site Location: 3 TOLEDO DR. Brick Township, NJ Block: 211.17 Lot: 9 Qual:

Owner in Fee: TORMEY, TERRENCE P & GAIL P

Owner Address: [redacted]

Telephone:

Contractor BRICK TOWNSHIP HEATING & AIR

Address 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300 Fax: (732) 477-0205 Federal Emp. Number: 21-0103175

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: REPLACEMENT BOILER

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr

Construction Official

Fee: $0.00

Check Number:

Collected By:

Date Printed: 7/22/2024

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Control # 6/17/24
Date Issued
Permit # 24-1646

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 Qualification Code

Work Site Location 3 Toledo Dr
Brick NJ 08723

Owner in Fee: Terrance Tormey

Tel. 732 [redacted]

Address [redacted]
street municipality zip code

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail info@bricktownshiphvac.co
Brick, NJ 08723

Contractor License No. 19HC0052070 Exp. Date 06/30/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 210703175 FAX: (732) 477-0205

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4275

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: Craig Law

Print name here: Craig Law

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: PLUG into existing outlet
Boiler + Water Heater Replacement

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	
0		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	
1	110,000	Boiler	
~~1~~	~~309~~	~~Water Heater~~	

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:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-17-23 (M)
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-17-24	(M)
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 $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Control # 6/17/24
Date Issued
Permit # 24-10046

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 Qualification Code

Work Site Location 3 Toledo Dr
Brick NJ 08723

Owner in Fee: Terrance Tormey

Tel. 73 [redacted]

Address [redacted]
street municipality zip code

Contractor: Frank Smith Tel. 732-477-3306

Address 3131 Cohocton Ave e-mail

Point Pleasant, NJ 08742

Contractor License No. 8242 Exp. Date 06/2025

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 $ 2138

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 Replacement

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater 30gal	$
	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 $

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: 7-17-24
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			7-22-24	

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Control # 6/17/24
Date Issued
Permit # 24-1646

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 Qualification Code

Work Site Location 3 Toledo Dr
Brick NJ 08723

Owner in Fee: Terrance Tormey

Tel. 73 [redacted]

Address [redacted]
street municipality zip code

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail info@bricktownshiphvac.com
Brick, NJ 08723

Contractor License No. 19HC00520700 Exp. Date 06/30/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 210703175 FAX: (732) 477-0205

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2137

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: Craig Law

[ ] Licensed Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Boiler Replacement - Tankless

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
1	Hot Water Boiler 110,000 BTU	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

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: 6/17/24
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			7-17-24	6668

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

PERMIT UPDATE

Date Update Issued 6/17/24
Control # C-24-002145+A
Permit # +A
24-1646 +A

IDENTIFICATION Block: 211.17 Lot: 9 Qualifier
Work Site Location: 3 TOLEDO DR. Brick Township, NJ
Owner in Fee [redacted]
Telephone:

Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000 19HC00520700
Federal Employee. No. 21-0103175

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:
REPLACEMENT WATER HEATER ...TANKLESS

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 $2138

Daniel J. Newman Jr.
Construction Official

6/11/24
Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$75.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$79
Check No.	10881
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 6/17/24
Control # C-24-002145
Permit # 24-1646

IDENTIFICATION Block: 211.17 Lot: 9 Qualifier
Work Site Location: 3 TOLEDO DR. Brick Township, NJ
Owner in Fee TORMEY, TERRENCE P & GAIL P
Telephone: [redacted]

Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000 19HC00520700
Federal Employee. No. 21-0103175

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:
REPLACEMENT BOILER

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$287
Check No.	10888
Cash	$0
Credit	$0
Collected By	K

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 $6,412

David J. Mannan Jr
Construction Official

6/11/24 K
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 INSPECTION
TECHNICAL SECTION

Control # 6/17/24

Date Issued
Permit # 24-1646 HA

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 Qualification Code

Work Site Location 3 Toledo Dr
Brick NJ 08723

Owner in Fee: Terrance Tormey

Tel. 732 [redacted]

Address [redacted]

Contractor: Frank Smith Tel. 732-477-3306

Address 3131 Cohocton Ave e-mail

Point Pleasant, NJ 08742

Contractor License No. 8242 Exp. Date 06/2025

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 $ 2138

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:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/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.
Applicant sign/Contractor sign and seal here:

Print name here:

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Heater Replacement

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater 30gal	$
	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 $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Control #
Date Issued 6/17/24
Permit # 24-1646

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 Qualification Code

Work Site Location 3 Toledo DR
Brick NJ 08723

Owner in Fee: Terrance Tormey

Tel. 732 [redacted]

Address [redacted]
street municipality zip code

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail info@bricktownshiphvac.co
Brick, NJ 08723

Contractor License No. 19HC0052070 Exp. Date 06/30/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 210703175 FAX: (732) 477-0205

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4275

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:
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				

Dates (Month/Day)

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: Craig Law

Print name here: Craig Law

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: PLUG into existing outlet
Boiler + Water Heater Replacement

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	
0		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	
1	110,000	Boiler	
~~1~~	~~30g~~	~~Water Heater~~	

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

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Control # 6/17/24

Date Issued

Permit # 24-1646

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 Qualification Code

Work Site Location 3 Toledo Dr
Brick NJ 08723

Owner in Fee: Terrance Tormey

Tel. 73[redacted]

Address [redacted]
street municipality zip code

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail info@bricktownshiphvac.com
Brick, NJ 08723

Contractor License No. 19HC00520700 Exp. Date 06/30/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 210703175 FAX: (732) 477-0205

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2137

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				

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: Craig Law

[ ] Licensed Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Boiler Replacement - Tankless

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
1	Hot Water Boiler 110,000 BTU	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	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.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 211.17 LOT 9 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 3 Toledo Dr

Owner in Fee Terrance Tormey

Verifying Individual Craig Law Company Brick Township Heating & A/C

Address 465 Brick Blvd (Street) Brick (City) NJ (State) 08723 (Zip Code)

Tel: (732) 477-3300 Fax: (732) 477-0205

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 _____

	"B" Label Vent
	"L" Label Vent
	Flexible Liner
	Power Vent/Exhauster

	Chimney-Interior
	Chimney-Exterior
	Masonry Chimney-Tile Lined
	Masonry Chimney-Unlined
X	Other Direct

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water Heater	Oil (Gas) Other:	30gal
Appliance 2:	Boiler	Oil (Gas) Other:	110,000
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.

Craig Law Signature 6/7/24 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 ...

AQUA PRO™

AHRI CERTIFIED

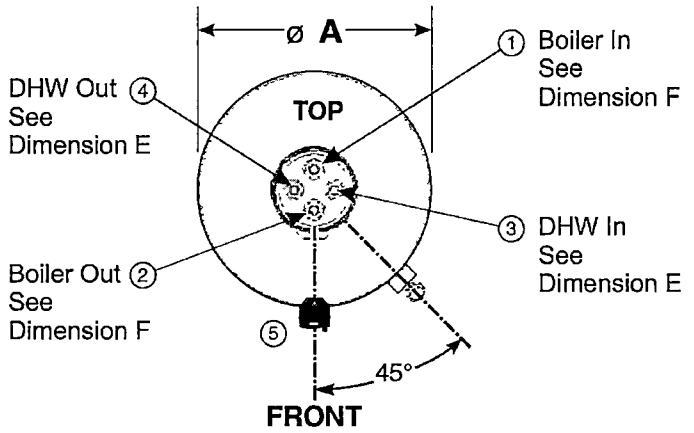
Specifications

AHRI Certified Data

180° F boiler water entering | 58° F to 135° F domestic water

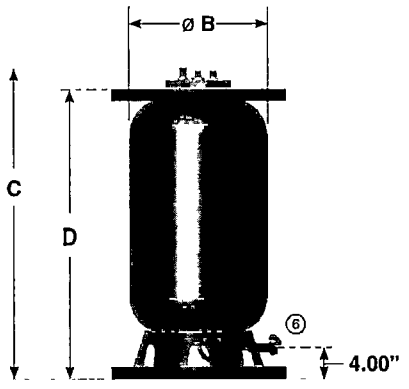
	Potable Water Volume	Heat Source Water Volume	First Draw Rating	Standby Heat Loss	Continuous Draw Rating	First Hour Rating	Minimum Heat Output Rate	Minimum Heat Source Flow Rate	Heat Source Friction Loss
	(Gal)	(Gal)	(Gal/hr)	Degrees F per hour	(Gal/hr)	(Gal/hr)	(MBH)	GPM	Feet w.c.
30	30.0	.3	22	.8	177	199	115	8.0	18.7
55	55.0	.3	40	.6	177	217	115	8.0	18.7
80	80.0	.6	66	.4	315	381	199	14.0	16.0
119	119.0	.8	96	.4	381	477	244	14.0	20.0

These ratings were obtained with a heat source output rate of 234,000 Btu/h at a heat source flow rate of 14 gpm.
Other results shall be obtained under different conditions.



1. Boiler water inlet
2. Boiler water outlet
3. Cold domestic water inlet
4. Hot domestic water outlet
5. Electronic digital controller with adjustment knob
6. Drain (3/4")

	Dimensions						Shipping weight (approx.)
	A Overall Diameter	B Inner Tank Diameter	C Height to Fitting	D Height of Jacket	Connections E DHW In/Out	Connections F Boiler water In/Out	
	Inches	Inches	Inches	Inches	Inches MNPT	Inches MNPT	Pounds
30	20-3/4	18	40-1/2	37-3/4	3/4	3/4	70
55	28	24	41	38-1/8	3/4	3/4	95
80	28	24	53-1/2	50-3/4	1-1/2	1	125
119	28	24	74	71-1/4	1-1/2	1	155



In the interest of continual improvements in product and performance, Weil-McLain reserves the right to change specification without notice. For reference use only-see product manual for detailed information.

AQUA™ PRO

WEIL-McLAIN®

Indirect-Fired Water Heaters

SUBMITTAL SHEET

JOB NAME _____

LOCATION _____

ARCH. / ENGR. _____

WHOLESALER _____

MECH. CONTRACTOR _____

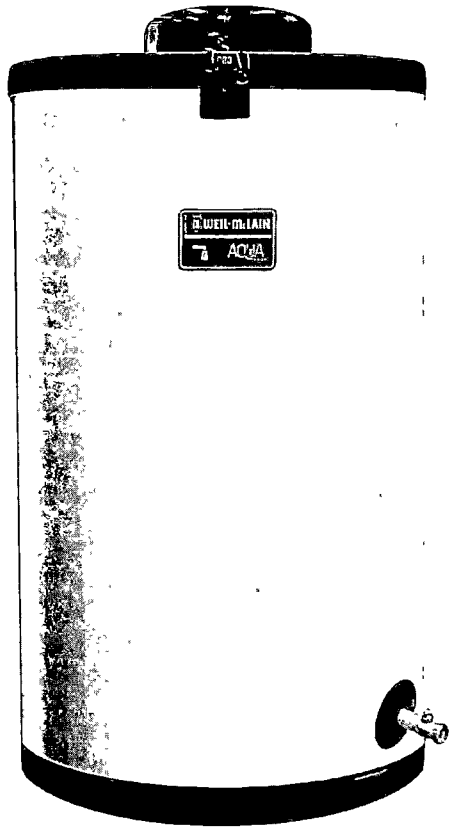
MODEL NO. _____

NOTES

Standard Equipment

Aqua Pro Indirect-Fired Water Heaters:

- Lightweight, composite, easily maneuvered non-metallic tank
- Available in 4 sizes: 30, 55, 80, and 119 gallons
- No anode to check, no annual maintenance
- Convenient top connections
- Seamless tank construction, no welds
- Digital temperature control
- Removable copper finned high-output coil
- Durable brass drain valve
- Low heat loss, 2" foam insulation
- AHRI Certified–the trusted mark of performance assurance

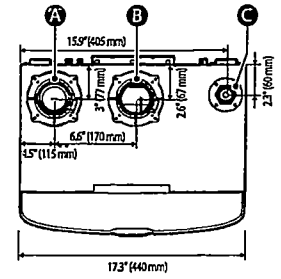


Navien
Condensing *Gas*
Hot Water Boiler

NHB Series Hot Water Boilers
Specification Sheet

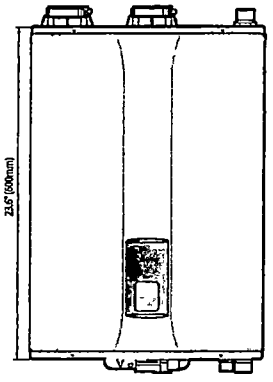
Dimensions

Overhead View

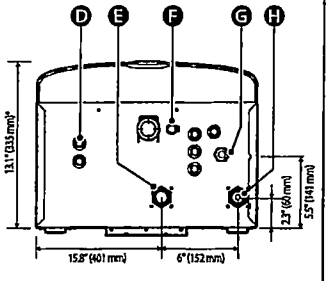


	Connection Size
A Air Intake	Φ 2"
B Exhaust Gas Vent	Φ 2"
C Air Vent Connection	Φ 3/4"

Front View



Supply Connections



* NHB-055/080: 11.8" (300 mm)

	Connection Size
D Rubber Grommet	Φ 1"
E Space Heating Return	Φ 1"
F Condensate Outlet	Φ 1/2"
G Gas Connection	Φ 3/4"
H Space Heating Supply	Φ 1"

Navien Condensing Boiler
Space Heating Ratings

Model Number[1]	Heating Input, MBH		Heating Capacity[2], MBH	Net AHRI Rating, Water[3], MBH	AFUE[2], %
	Min	Max			
NHB-055	8	55	51	44	95.0
NHB-080	8	80	74	64	95.0
NHB-110	10	110	102	89	95.0
NHB-150	10	150	138	120	95.0

1 Ratings are the same for Natural Gas models converted to Propane use.
2 Based on U.S. Department of Energy (DOE) test procedures.
3 The NET AHRI Water Ratings shown are based on a piping and pickup allowance of 1.15. Consult Navien before selecting a boiler for installations having unusual piping and pickup requirements, such as intermittent system operation, extensive piping systems, etc.

Specifications

Item		NHB-055	NHB-080	NHB-110	NHB-150
Dimensions		24in. (H) x 17in. (W) x 12in. (D)		24in. (H) x 17in. (W) x 13in. (D)	
Weight		73 lb (33 kg)		80 lb (36 kg)	
Installation Type		Indoor Wall-Hung			
Venting Type		Forced Draft Direct Vent			
Ignition		Electronic Ignition			
Natural Gas Supply Pressure (from source)		3.5 in.–10.5 in. WC			
Propane Gas Supply Pressure (from source)		8.0 in.–13.5 in. WC			
Natural Gas Manifold Pressure		-0.03 in. WC	-0.08 in. WC	-0.10 in. WC	-0.40 in. WC
Propane Gas Manifold Pressure		-0.03 in. WC	-0.07 in. WC	-0.09 in. WC	-0.30 in. WC
Gas Connection Size		3/4 in. NPT			
Power Supply	Main Supply	120V AC, 60Hz			
	Maximum Power Consumption	Less than 10A			
Materials	Casing	Cold-rolled carbon steel			
	Heat Exchangers	Primary and Secondary: Stainless Steel			
Venting	Exhaust	2 in. or 3 in. PVC, CPVC, approved polypropylene* *(*see Installation Manual for more details)* 2 in. or 3 in. Special Gas Vent Type BH (Class III, A/B/C)			
	Intake	2 in. or 3 in. PVC, CPVC, polypropylene 2 in. or 3 in. Special Gas Vent Type BH (Class III, A/B/C)			
	Vent Clearance	0 in. to combustibles			
Safety Devices		Flame Rod, APS, Gas Valve Operation Detector, Ignition Operation Detector Water Temperature High Limit Switch, Exhaust Temperature High Limit Sensor			

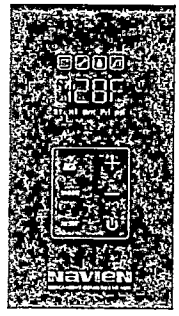
**Navien reserves the right to change specifications at any time without prior notice*

Condensing *Gas*
Hot Water Boiler

NHB Series Hot Water Boilers
Specification Sheet

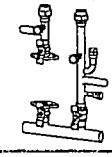
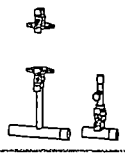
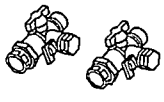
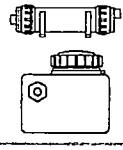
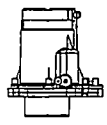
- Certified design according to **ANSI Z21.13 - CSA 4.9-2014** standards for indoor residential applications
- Gas Input Ranges
  NHB-055 - 55,000 to 8,000 BTUh
  NHB-080 - 80,000 to 8,000 BTUh
  NHB-110 - 110,000 to 10,000 BTUh
  NHB-150 - 150,000 to 10,000 BTUh
- **Turndown Ratio (TDR)** of up to 15:1 - *one of the highest in its product class*
- **Dual Primary and Secondary Stainless Steel Heat Exchangers** for optimum efficiency and durability
- Compatible with **2" PVC vent up to 60 ft*** and **3" PVC vent up to 150 ft*** **(* with no elbows)**
- **Backlit Front Panel** - allows adjustment of hot water temperatures and boiler functions including Outdoor Reset Curve settings, pump operation, Integrated Low Water Safety Control, indirect DHW priority, and unit output capacity
- **Low Voltage Terminal Strip** - contacts for thermostat or zone controller, indirect DHW tank thermostat, outdoor reset, 24 VAC device relay, air handler interrupt, and LWCO
- **High Voltage Terminal Strip** - 120V contacts for use with boiler, system, and DHW pump wiring** **(** 2A max per pump)**
- **Temperature Options** - two boiler operating setpoints: hydronic heating temperature and DHW (indirect) settings range from **77°F (25°C) up to 194°F (90°C)**
- **Ready-Link Cascade Compatible** for up to 16 units with the use of Communication Cables #GXXX000546 **(NHB-110 and NHB-150 models ONLY)**
- **Common Vent Compatible** - allows cascade systems to use a single exhaust and/or intake pipe for **up to 8 units** with the use of the Common Vent Backflow Damper Collar Kit **#30014367A (NHB-110 and NHB-150 models ONLY)**
- Compatible with NaviLink Wi-Fi Control **(#PBCM-AS-001)**
- **Outdoor Reset Sensor** (included) - the unit controls will sense outdoor ambient temperatures and adjust the boiler operation for maximum comfort and efficiency
- **External System Supply & Return Sensors** (optional) - additional controls provide optimum system performance
- **AFUE** Ratings
  NHB-055/080/110/150 - 95.0% (NG/LPG)
- Compatible with **Natural Gas (NG)** and **Propane (LPG)*****
  (* requires installation of included Field Conversion Kit by a qualified gas servicer)**
- Certified by **CSA, ASME, SCAQMD** (Rule 1146.2 Type 1 - Complies with 14 ng/J or 20 ppm NOx @ 3% 02)
- **15-Year** Heat Exchanger and **5-Year** Parts Warranty (Residential)
  10-Year Heat Exchanger and **3-Year** Parts Warranty (Commercial)******
  (** see Navien Limited Warranty)**
- **Optional accessories** are available *(see below)*

Sleek Design - Compatible with 2" PVC Vent



INCLUDED Illuminated Front Panel with Advanced Hydronic Operation

Most Efficient 2017

						
NHB Manifold Kit - Primary (GFFM-MSOZUS-001)	**NHB Manifold Kit - Secondary** (GFFM-SKTZUS-001)	**Plumb Easy Valve Set** (30010950A - 1" Standard)	**Condensate Neutralizer** (GXXX001322 - Single Unit) (GXXX001324 - Up to 6 Units) (GXXX001325 - Up to 16 Units)	**Zone Pump Controller** (PFMZ-02P-001 - For 2 Zones) (PFMZ-03P-001 - For 3 Zones) (PFMZ-04P-001 - For 4 Zones) (PFMZ-06P-001 - For 6 Zones)	**Common Vent Damper Kit** (30014367A)	**System Supply/Return Temperature Sensors** (GXXX001417)

State Of New Jersey
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

Craig L. Law
465 Brick Blvd
Brick NJ 08723

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

06/23/2022 TO 06/30/2024
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR