BLOCK 25 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 1438 Huron PERMIT NO. 090204

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

26234

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

OCCUPANCY LOAD _____ USE GROUP _____

I. IDENTIFICATION

1. Proposed Work Site at: 1438 HURON RD NO. BRUNSWICK
2. Name of Owner in Fee: JENNIFER HAMMILL Tel. (732) 718-0167
   Address 1438 HURON RD NO BRUNSWICK
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MARK JAMESON cont. Tel. (800) 992-1019
   Address 373 E WESTFIELD ROSELLE PARK NJ
   License No. OR, if new home, Builder Reg. No. 13VH01492200 Exp. Date 12/31/09
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work RICH
   Tel. (800) 992-1019 FAX (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 43.		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	3.		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 46.		

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

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration	1285				3/25/09	MP			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1285.								

Plan Approval: Fire _____ Plbg. _____ Bldg. _____ Elec. _____

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

LDS NOB-B 10312133

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. 5:32-2.15(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 MARK JAMESON CONT INC

Address 373 E WESTFIELD AVE

ROSELLE PARK N.J.

Telephone (800) 992-1019

Signature_____

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. _____	_____	_____	_____	_____

APPROVAL PRIOR TO ISSUING A CERTIFICATE OF OCCUPANCY - RESIDENTIAL AND COMMERCIAL

		DATE	SIGN
/ /	Application for C of O given when calling for final inspections		
/ /	All technicals signed by prospective inspectors		
/ /	Homeowner's Warranty Form with Buyer's name on it		
/ /	Mercer County Soil Approval, except for land disturbed under 5,000 square feet / / Temp. / / Clear Reason_____ Authorized by_____		
/ /	Public Works Approval (copy sent to Engineering) / / Temp. / / Clear		
	Reason_____		
	Authorized by_____		
/ /	Septic System and/or water approval from Health Dept.		
/ /	Final Asbuilt approved by Engineering or memo stating posting of bond		
/ /	C of O Typed after all approvals are given		
/ /	Other_____		

RECEIVED
MAR 16 2009
NORTH BRUNSWICK TWSP.
CONSTRUCTION OFFICE

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK NJ 08902
732-247-0922

CERTIFICATE
IDENTIFICATION

Date Issued: 04/09/2009
Control #: 26234
Permit #: 20090284

Block: 25 Lot : 8 Qualification Code:

Work Site Location: 1438 HURON ROAD
NORTH BRUNSWICK

Owner in Fee: HAMMILL JOHN & JENNIFER

Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: 732 718-0167

Agent/Contractor: MARK JAMESON COTRACTOR

Address: 373 E, WESTFIELD
ROSELLE PARK NJ 07204

Telephone: 800 992-1019

Lic. No./ Bldrs. Reg.No.: 13VH01492200 Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
CHIMNEY LINER

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Thomas Paun

THOMAS PAUN Construction Official

Fees: $0.00
Paid[X]Check No.: 135
Collected by: DB

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20090284
Permit Date: 04/03/2009
Update Number:
Control Number: 26234
Application Date: 03/17/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 25 Lot: 8 Qualification Code:
Work Site Location: 1438 HURON ROAD NORTH BRUNSWICK

Owner In Fee: HAMMILL JOHN & JENNIFER
Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902
Telephone: (732) - 718-0167
Use Group(s): R-5

Contractor: MARK JAMESON COTRACTOR
Address: 373 E, WESTFIELD
ROSELLE PARK NJ 07204
Telephone: (800) - 992-1019
Lic. No. / Bldrs. Reg. No.: 13VH01492200
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

CHIMNEY LINER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,285.00
Cost of Demolition:	0.00
Total Cost:	$1,285.00

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.

THOMAS PAUN
Construction Official

4.3.09
Date

PAYMENTS (Office Use Only)	
Building	$43.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$45.00**
All Fees Waived:	No

Amount to be Paid:	**$45.00**
Check Number:	135
Check amount:	$45.00

Collected by:	DB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$45.00
Total CC Amount:	
Grand Total:	$45.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 26234
Application Date: 03/17/2009

CONSTRUCTION PERMIT

IDENTIFICATION

090284

OWNER/PROPERTY DETAILS

Block: 25 Lot: 8 Qualification Code:
Work Site Location: 1438 HURON ROAD NORTH BRUNSWICK

Owner In Fee: HAMMILL JOHN & JENNIFER
Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 718-0167

Use Group(s): R-5

Contractor: MARK JAMESON COTRACTOR
Address: 373 E, WESTFIELD
ROSELLE PARK NJ 07204

Telephone: (800) - 992-1019

Lic. No. / Bldrs. Reg. No.: 13VH01492200

Federal Emp. No.:

is hereby granted permission to perform the following work:

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

CHIMNEY LINER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,285.00
Cost of Demolition:	0.00
Total Cost:	$1,285.00

PAYMENTS (Office Use Only)	
Building	$43.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$45.00**
All Fees Waived:	No

Amount to be Paid: **$45.00**

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.

Thomas Paun 3/30/09

THOMAS PAUN — Date
Construction Official

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 26234
Application Date: 03/17/2009

CONSTRUCTION PERMIT

IDENTIFICATION

090284

OWNER/PROPERTY DETAILS

Block: 25 Lot: 8 Qualification Code:
Work Site Location: 1438 HURON ROAD NORTH BRUNSWICK

Owner In Fee: HAMMILL JOHN & JENNIFER
Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 718-0167

Use Group(s): R-5

Contractor: MARK JAMESON COTRACTOR
Address: 373 E, WESTFIELD
ROSELLE PARK NJ 07204

Telephone: (800) - 992-1019
Lic. No. / Bldrs. Reg. No.: 13VH01492200
Federal Emp. No.:

is hereby granted permission to perform the following work:

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

CHIMNEY LINER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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.

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	No

Amount to be Paid:

THOMAS PAUN
Construction Official

Date

Note:

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ___ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE / OWNER DATA:

BLOCK _____ LOT _____ WORKSITE ADDRESS 1438 HURON RD

Owner in Fee JENNIFER HAMMILL

Address 1438 HURON RD City NO BRUNSWICK State NJ Zip Code _____

Phone 732-718-0467

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
Control # _____
Issued _____
Permit # _____

09 0284

BUILDING SUBCODE

Contractor MARK JAMESON CONT INC

Address 373 E. WESTFIELD

City ROSELLE PARK State NJ Zip Code _____

Phone 800-992-1019

License # 13VH01492200 Expires 12/31/09

Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present ___ Proposed ___

CONST. CLASS: Present ___ Proposed ___

New Bldg.: # of Stories _____ Height _____Ft.

Area: Largest Floor _____Sq. Ft. / All Floors _____Sq. Ft.

Volume _____Cu. Ft. / Total Land Disturbed _____Sq. Ft.

TECHNICAL SITE DATA:

Description: RELINE CHIMNEY TOP TO BOTTOM WITH 5" X 31' ALUMINUM CHIM LINER TOTAL BTU 130,000

TYPE OF WORK:

[ ] New Building [ ] Addition

[ ] Alteration:

[ ] Roofing [ ] Pool

[ ] Siding [ ] Asbestos Abatement

[ ] Fence, Height _____ [ ] Lead Hazard Abatement

[ ] Sign, Sq. Ft. _____ [ ] Other CHIM LINER

[ ] Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 1285.00

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other CHIMNEY LINER

SIGNATURE _____ DATE 3/25/09

PLUMBING SUBCODE

Contractor _____

Address _____

City _____ State ___ Zip Code _____

Phone _____

License # _____ Expires _____

Federal Employment # _____

PLUMBING CHARACTERISTICS:

USE GROUP: Present ___ Proposed ___

Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic

Water Service Size _____ [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
___	Water Closet	___	Gas Piping
___	Urinal/Bidet	___	Steam Boiler
___	Bath Tub	___	Hot Water Boiler
___	Lavatory	___	Sewer Pump
___	Shower	___	Interceptor/Separator
___	Floor Drain	___	Backflow Preventer
___	Sink	___	Greasetrap
___	Dishwasher	___	Sewer Connection
___	Drinking Fountain	___	Water Service Connection
___	Washing Machine	___	Stacks
___	Hose Bibb	___	Other _____
___	Water Heater	___	Other _____
___	Fuel Oil Piping	___	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

FIRE SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC: Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing: Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid	_____	_____
[ ] Combustible Liquid	_____	_____
[ ] LPG _____	_____	
[ ] LNG _____	_____	

QTY.
ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signaling Devices (i.e. horns/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
____ CO2 Suppression
____ Foam Suppression
____ Halon Suppression
____ Other _____
____ Kitchen Hood Exhaust System
____ Smoke Control System
____ [ ] Gas or [ ] Oil Fired Appliances
____ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors - Fractional HP
____		Emergency & Exit Lights
____		Communications Points
____		Alarm Devices/F.A.C. Panel
____		TOTAL QUANTITY
____		Pool / with UW Lights
____		Storable Pool/Spa/Hot Tub
____	____	KW Elec. Range/Receptacle
____	____	KW Oven/Surface Unit
____	____	KW Electric Water heater
____	____	KW Electric Dryer/Receptacle
____	____	KW Dishwasher
____	____	HP Garbage Disposal
____	____	KW Central Air Conditioning 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 Electric Sign/Outline Light
____	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received: 03/17/2009 Control #: 26234 | Date Issued: 04/03/2009 Permit #: 20090284

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 25 Lot: 8 Qualification Code:
Work Site Location: 1438 HURON ROAD

Owner Details

Name: HAMMILL JOHN & JENNIFER
Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902
Telephone: 732 - 718-0167

Contractor Details

Contractor: MARK JAMESON COTRACTOR
Address: 373 E. WESTFIELD
ROSELLE PARK NJ 07204
Telephone: (800) 992-1019
Fax:
Lic No. or Bldrs Reg. No.: 13VH01492200
Federal Emp. No:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure	Ft.	**Est. Cost of Bldg. work:**	
Area - Largest Floor	Sq. Ft.	1. New Building	0.00
New Bldg. Area/All Floors	Sq. Ft.	2. Rehabilitation	1,285.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$1,285.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CHIMNEY LINER

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign_____ Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$30.84

Administrative Surcharge	
Minimum Fee	$43.00
State Permit Surcharge Fee	$2.00
Total Fee	$45.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Applicant: When submitting this form to your local Construction Code Enforcement Officeplease provide one original and three photocopies

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/17/2009
Control #: 26234

Date Issued: 04/03/2009
Permit #: 20090284

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 25 Lot: 8 Qualification Code:
Work Site Location: 1438 HURON ROAD

Owner Details

Name: HAMMILL JOHN & JENNIFER
Address: 1438 HURON ROAD

NORTH BRUNSWICK NJ 08902

Telephone: 732 - 718-0167

Contractor Details

Contractor: MARK JAMESON COTRACTOR
Address: 373 E. WESTFIELD
ROSELLE PARK NJ 07204
Telephone: (800) 992-1019
Fax:
Lic No. or Bldrs Reg. No.: 13VH01492200
Federal Emp. No:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:
Constr. Class	Present:	Proposed:
No. of Stories		
Height of Structure	Ft.	
Area - Largest Floor	Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	1,285.00
3. Demolition	0.00
4. Total (1+2+3)	$1,285.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CHIMNEY LINER

TYPE OF WORK:

[ ] New Building
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[ ] Pylon Sign_____ Sq. Ft.
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[ ] Pool
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$30.84

Administrative Surcharge Minimum Fee	$43.00
State Permit Surcharge Fee	$2.00
Total Fee	$45.00

Applicant: When submitting this form to your local Construction Code Enforcement Officeplease provide one original and three photocopies

TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received: 03/17/2009 Control #: 26234 | Date Issued: 04/03/2009 Permit #: 20090284

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

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Telephone: (800) 992-1019
Fax:
Lic No. or Bldrs Reg. No.: 13VH01492200
Federal Emp. No:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure	Ft.	**Est. Cost of Bldg. work:**	
Area - Largest Floor	Sq. Ft.	1. New Building	0.00
New Bldg. Area/All Floors	Sq. Ft.	2. Rehabilitation	1,285.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$1,285.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CHIMNEY LINER

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign_____ Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$30.84

Administrative Surcharge	
Minimum Fee	$43.00
State Permit Surcharge Fee	$2.00
Total Fee	$45.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 2/17/10

Approved by: [signature]

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/17/10	[signature]
Barrier-Free				

Applicant: When submitting this form to your local Construction Code Enforcement Officeplease provide one original and three photocopies

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Mark Jamesson Contractor, Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/19/2000 TO 12/31/2000
VALID

SIGNATURE

13VH01482200
License/Registration/Certificate #

DIRECTOR

090284

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

OCK _____ LOT _____ PERMIT # _____

ORK SITE ADDRESS 1438 Hudson RD

olicant MARK JAMESON CONT

rtifying Individual RICH Company MARK JAMESON CONTRACTOR INC

dress 373 EAST WESTFIELD AVE ROSELLE PARK N.J. 07204
Street City State Zip Code

(1800) 992-1019

090284

eck the Appropriate Box

pe of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [✓] Other LINER REPLACEMENT

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [✓] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

Oil to Gas Conversions:

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

_____
Signature Date

to Oil or Gas to Gas Replacements:

reby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing nney/vent is appropriately lined and sized for the appliance being installed.

_____ 3/16/09
Signature Date

tification Not Submitted:

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

_____
Signature Date

ect Vent Appliance:

certification required:

_____
Signature Date

S FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPEC-N.

C. F370
3/96)

DISPOSAL OF BUILDING MATERIALS AND CONSTRUCTION DEBRIS

090284

IN ACCORDANCE WITH ORDINACE #97-26, WHICH REGULATES THE COLLECTION OF GARBAGE

THE TOWNSHIP OF NORTH BRUSNWICK DOES NOT PICK UP:

LUMBER, SHINGLES, WALLBOARD OR OTHER BUILDING MATERIAL OR DEBRIS THAT COMES FROM A PROJECT REQUIRING A CONSTRUCTION PERMIT FROM THE TOWNSHIP. THE EXCEPTION TO THIS RULE IS HOT WATER HEATERS, WHICH THE TOWNSHIP WILL COLLECT UPON CALLING THE DEPARTMENT OF PUBLIC WORKS TO SCHEDULE A PICK-UP

PLEASE INDICATE BELOW HOW YOU ARE PROVIDING FOR THE DISPOSAL OF CONSTRUCTION DEBRIS:

✓ THE CONTRACTOR WILL BE REQUIRED TO DISPOSE OF CONSTRUCTION MATERIALS AND DEBRIS

_____ A DUMPSTER WILL BE PLACED ON THE PROPERTY AND A PRIVATE HAULER WILL REMOVE CONSTRUCTION MATERIALS AND DEBRIS

_____ OTHER (SPECIFY)_____

I, MARK STAMPFLI CONST INC certify that the materials will be disposed of in one of the above manners

APPLICANT'S SIGNATURE

1438 HURON RD. NO BRUNSWICK
PROPERTY ADDRESS

3/16/89
DATE

FLEX-L INTERNATIONAL INC.

TL: (800) 561-1980
FX: (800) 267-1980

"SINCE 1980"

CDA: 6385 Kennedy Rd. • Mississauga • ON • L5T 2W4 USA: POB 29140 • Columbus • OH • 43229-0140

090284

TWO OR MORE CATEGORY I APPLIANCES

(Appliances listed for use with B-Vent)
GAS VENT CAPACITY FOR FLEXI-LINER
(Derated 20% from B-Vent Tables)

Height "H"	Connector Double or Single Wall "C"	FLEXI-LINER Common Vent Diameter - "D" (inches)											
		4"			5"			5.5"			6"			7"			8"		
		Combined Appliance INPUT Rating in Thousands of BTU per Hour																
		FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT
15'	Double	100	90	73	156	131	115	192	157	140	227	182	165	342	282	224	445	355	292
	Single	97	86	70	151	127	112	186	152	136	220	177	160	333	274	219	435	347	286
25'	Double	116	104	88	184	157	138	227	189	168	270	221	198	409	341	268	537	434	350
	Single	111	100	84	178	152	134	220	183	163	262	214	192	398	332	261	524	423	342
30'	Double	122	110	94	195	168	148	242	203	181	289	238	213	438	367	288	576	468	376
	Single	116	106	90	189	162	143	235	196	175	280	229	206	426	357	279	562	456	367
35'	Double	125	113	98	202	175	154	252	212	188	301	249	222	457	385	300	603	492	392
	Single	119	109	93	195	168	148	243	204	181	291	239	214	444	374	291	588	479	382
45'	Double	151	119	104	216	189	166	271	230	203	325	271	240	494	420	326	656	541	424
	Single	125	114	99	208	180	158	261	220	194	314	260	229	480	407	316	640	526	413

THIS LINER will HOLD 143,000 TOTAL BTUS

GENERAL VENTING REQUIREMENTS

1) Flexi-liner systems are UL/ULC Listed for relining existing masonry or factory built chimneys and vents serving Category I natural gas or propane fired appliances.
2) Venting gas fired appliances into masonry chimneys is prohibited unless a "Listed" liner (i.e. Flexi-Liner) or a tile liner conforming to CODE is utilized. Oversized, misaligned and/or cracked tiles DO NOT constitute a "code" liner.
3) The air space around an installed Flexi-Liner System must not be used to vent other appliances.
4) Insulating of Flexi-Liner Systems is a benefit to the installation but not always essential to effective operation of this venting system. Consult the Flexi-Sleeve installation instructions for insulation guidelines.
5) A Flexi-Liner System venting more than one appliance shall not be smaller in diameter than the outlet of the largest appliance being served.
6) The Flexi-Liner System may be smaller in diameter than the outlet of the appliance being served provided:
   a) the vent height is at least 10 feet.
   b) the liner size is not more than one size smaller.
   c) the "FAN MAX" is reduced by 10% if the appliance is "fan assisted".
   d) the outlet is larger than 4" if the appliance is "natural draft".
7) If the vent system contains more than two 90 elbows, the maximum capacity shall be reduced by 10% for each additional 90 elbow or equivalent offset(s).
8) If the vent connectors are combined prior to entering the common vent, the maximum capacities listed for two or more appliances shall be reduced by 10%.
9) The use of a "Y" fitting rather than a "T" fitting is recommended when common venting into a manifold system.
10) AVOID CONDENSATION and/or SPILLAGE OF FLUE GASES:
   a) Install Flexi-Liner as per installation instructions.
   b) Setup appliances as per appliance installation instructions.
11) Local authorities may over rule the foregoing. Consult with FLEX-L INTERNATIONAL INC. if such a situation occurs.

FLEX-L
TL: (800) 561-1980
FX: (800) 267-1980
E-mail: FlexLinc@aol.com
"Since 1980"
HEATING APPLIANCE VENTING SPECIALISTS

INSTALLATION AND MAINTENANCE INSTRUCTIONS

Flexi-Liner®

Flexible Aluminum Chimney Lining/Resizing System
for
Gas Applications

c UL us
LISTED

MANUFACTURER:
FLEX-L INTERNATIONAL INC
CDA: 6385 Kennedy Rd • Mississauga • ON • L5T 2W4
USA: POB 29140 • Columbus • OH • 43229-0140

FLEXI-LINER KIT CONTENTS:

Part#	Description	"A" Series (Standard)	"B" Series (Gas Fireplaces)
AFL-(dia.)	Flexi-Liner Tube	✓	✓
LCC-(dia.)	Vent Cap	✓	✓
LCT-(dia.)	Top Adapter	✓	✓
LCF-(dia.)	Top Flashing	✓	✓
LCA-SB	Angle Supports (2)	✓	✓
LCS-(dia.)	Bottom Mortar Sleeve	✓	-
LCB-05.5	Bottom Flue Adapter (5.5" kit only)	✓	-
XMM-FPIA8-8	Fasteners, Warranty, Instr Pkg	✓	✓

OPTIONAL COMPONENTS:

Part#	Description
E10-(dia.)	Flexi-Extension Kit (10' c/w Joiner)
N10-(dia.)	Flexi-Sleeve (10' Insulation)
LBF-(dia.)	Flexi-B Vent Adapter (Universal Connector)

These components and instructions are available separately.

INSTALLATION ACCESSORIES:

Part#	Description
LPC-05	Flexi-Prover Cone (includes 2-40' ropes)
LLC-(dia.)	Flexi-Leader Cone
LSH-SET	Flexi-Stretching Handles
LRP-40	Flexi-Puller Rope (40')

These accessories aid in the installation of Flexi-Liner systems. However, they are optional and therefore available separately.

APPLICATION:
Flexi-Liner is UL/cUL Listed as a liner for existing masonry or Listed factory-built chimneys and vents serving gas fired appliances (including propane) equipped with draft hoods and appliances intended for use with Type B gas vents. Flexi-Liner is not recommended for venting appliances rated higher than 83% AFUE, or installations with aftermarket vent dampers. Refer to appliance manufacturers' instructions for venting requirements.

Under no circumstances should the air space around an installed Flexi-Liner system be used to vent other appliances.

FLEXI-SLEEVE:
Flexi-Sleeve is an important part of the Flexi-Liner system, and is the only UL Listed insulation for use with Flexi-Liner. Laboratory testing has shown a flexible liner combined with an insulation sleeve exhibits the same heat retention performance as Type B Vent.

Use Flexi-Sleeve to minimize condensation and down drafting, particularly if:
a) the flue gas temperature is below 280F at the entry point into the liner.
b) Flexi-Liner is to be installed in an exterior or oversized chimney.
c) the liner system is venting only fan-assisted appliances.
d) the masonry chimney contains solid or liquid fuel residue from prior heating appliances.
e) the appliance is equipped with a vent damper.

LINER MATERIAL USE:
The Listing for this product is void if components used are other than those supplied as Listed components by this manufacturer. All warranties, stated or implied, are void if this product and the appliance(s) to which it is connected are not installed in accordance with their respective instructions and local code requirements. If unusual conditions exist, the installer MUST obtain "Local Authorization" prior to installation of this product.

CLEARANCES:
This liner system may be installed in masonry or factory-built chimneys and vents where there is 0" clearance between the liner and chimney interior and 0" clearance between combustible materials and the chimney exterior.

LOCAL APPROVAL:
CONTACT LOCAL GAS UTILITY, BUILDING OR FIRE OFFICIALS ABOUT RESTRICTIONS AND INSTALLATION INSPECTION IN YOUR AREA.

FLEXI-LINER SIZING:
The correct Flexi-Liner diameter can be established by using a Flexi-Liner sizing chart or other approved methods such as NFPA-54 in the USA or CSA-B149.1 in Canada.

Required information:
a) number of appliances
b) type of appliances (natural draft or fan-assisted)
c) BTU input of each appliance
d) vertical height from the appliance(s) flue outlet to the top of the existing chimney
e) single or double wall vent connector
f) length of the lateral run from the appliance(s) to the base of the chimney
g) flue collar size of each appliance
h) smallest inside dimension of the existing chimney
i) number of 90° bends

CHIMNEY CONNECTORS:
Chimney connectors shall be installed as required by regional codes. ANSI/NFPA-211 in the USA or CAN/CSA A405 in Canada are generally preferred standards for guidelines.

WALL PENETRATIONS:
Wall penetration assemblies shall not be located directly behind a heating appliance.

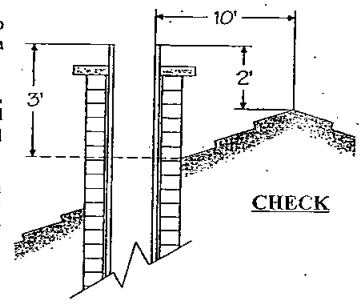
INSTALLATION PROCEDURE

COMPLETE THE FOLLOWING BEFORE INSTALLING THIS LINING SYSTEM

CHECK CHIMNEY STATUS:
The existing masonry chimney must adhere to the American National Standard NFPA-211 in the USA or to CAN/CSA A405 in Canada.

The chimney must be checked for cracked, loose, or missing bricks and mortar and repaired to provide a safe internal and external condition if necessary.

The existing chimney's inside dimension should be such that it can provide at least a ½" space between the liner and the inner masonry wall for ease of installation.

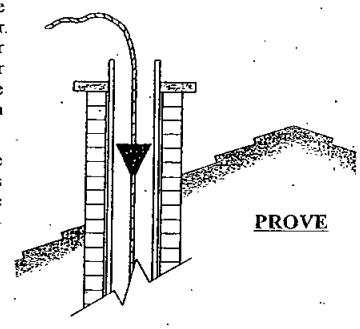


CHECK

PROVE PASSAGEWAY:
The existing chimney passageway must be cleared of any obstructions that would prevent the liner installation. This can be accomplished by running a Flexi-Prover Cone up and down the chimney or utilizing other tools often used by chimney sweeps to clear chimneys. These will break off any mortar projections, prove the liner will fit down the chimney and help to establish the exact length of liner required.

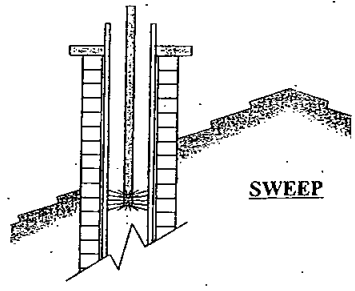
If there is any doubt about the size of the chimney opening after proving, it is recommended a 5'-6' length of scrap liner tube of the diameter required be attached to a Flexi-Leader Cone and pulled down the chimney.

If either the prover cone or the leader cone, with the short length of liner tube attached, do not pass through the chimney, it is not suitable for relining. The chimney may be taken apart at the area of the blockage and rebuilt to allow the installation of the liner, or an alternate method of venting the appliance must be considered.

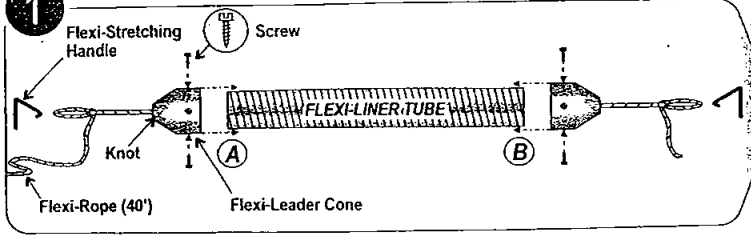

PROVE

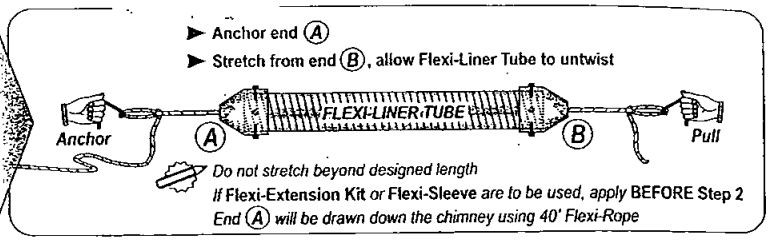
SWEEP CHIMNEY:
Once the chimney passageway has been "proven", the chimney shall be swept to remove particles and contaminates with particular attention paid to the removal of tar glazed creosote.

If there is any doubt about the cleanliness of the chimney after sweeping, Flexi-Sleeve insulation (available separately) should be used to help protect the liner from contamination.


SWEEP

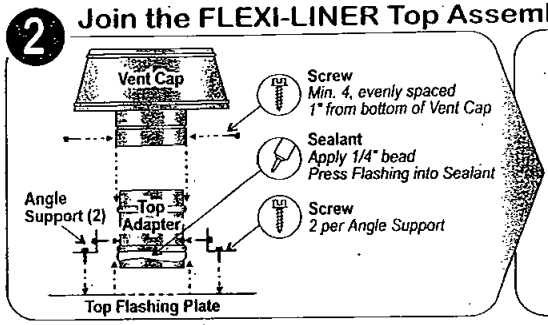
1 Stretch the FLEXI-LINER Tube

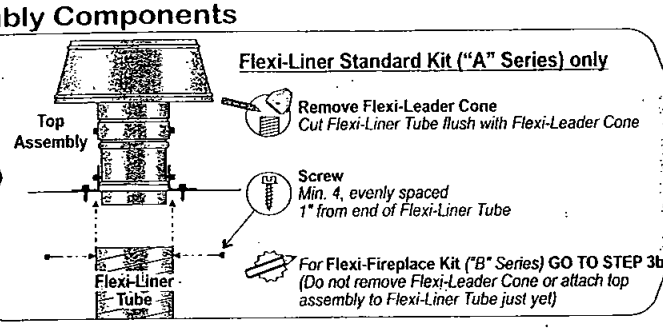


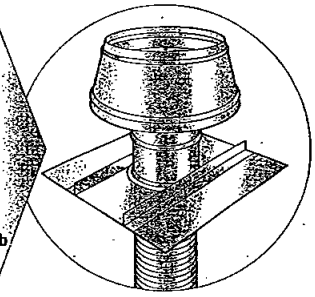


Do not stretch beyond designed length
If Flexi-Extension Kit or Flexi-Sleeve are to be used, apply BEFORE Step 2
End (A) will be drawn down the chimney using 40' Flexi-Rope

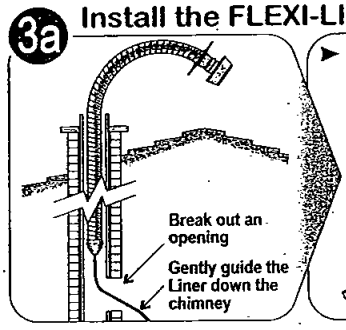
2 Join the FLEXI-LINER Top Assembly Components

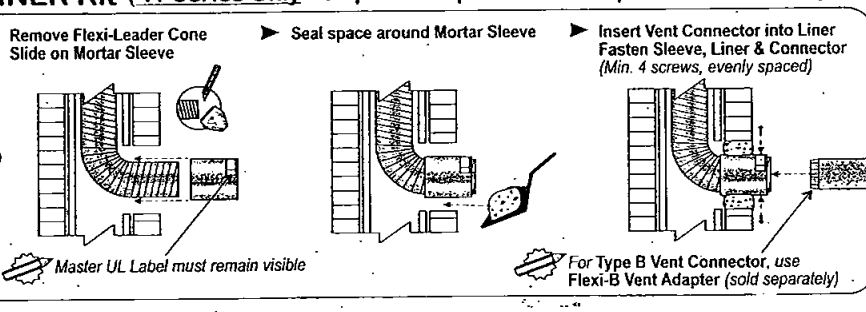


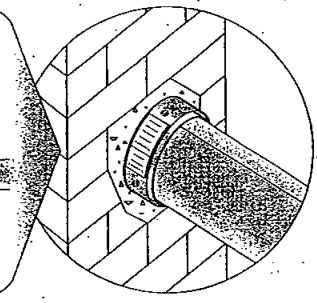




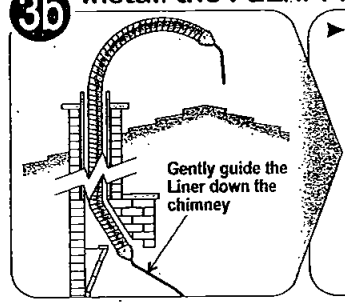
3a Install the FLEXI-LINER Kit ("A" Series Only - Skip this step for Flexi-Fireplace installations)

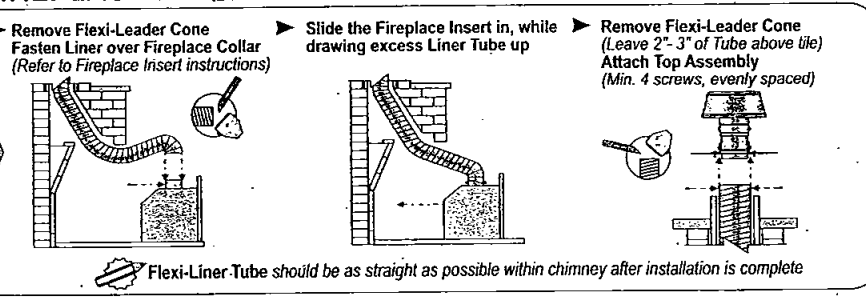


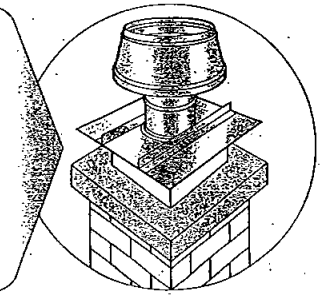




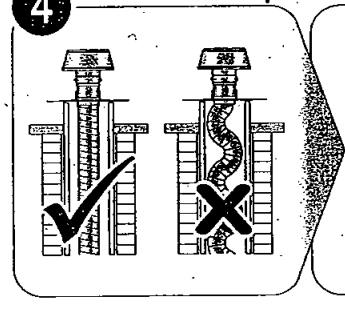
3b Install the FLEXI-FIREPLACE Kit ("B" Series Only - Skip this step for Standard Flexi-Liner installations)

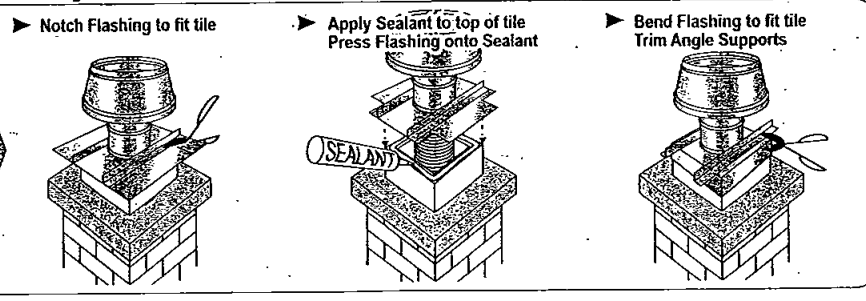


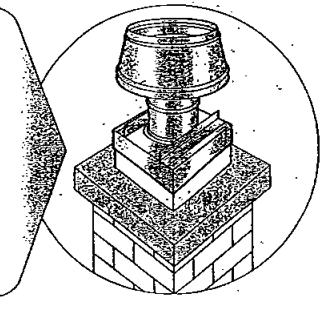




4 Finish the Top Assembly ("A" and "B" Series Kits)







5 Maintain the System

- The Flexi-Liner installation and the entire heating system require periodic inspections:
  - Performed by a qualified heating or chimney technician
  - At least annually, before each heating season
  - Additional inspections during heating season are desirable
- Check the vent cap for icing during cold weather.
- The entire heating system requires assessment if:
  - There are damaged or deteriorated venting components
  - Condensation forms at the bottom fittings
  - Down drafting occurs at the appliance
  - There is debris in the Flexi-Liner tube
- If cleaning debris from Flexi-Liner is necessary, use a non-abrasive brush.

Mark Jameson Contractors Inc.

Chimney liner sizing form

373 East Westfield ave Roslle Park n.j. 07240
1800-992-1019

1. Fuel type GAS
2. Btu boiler 90,000
3. Btu hot water 40,000
4. Total btu 130,000

0902 84E

5. draft type fan assisted _____ natural draft X
6. Connectror length 4'
7. Connector type single X double wall _____
8. Liner type ~~B~~ ALUMINUM
9. Liner height 31'
10. Liner size 5"

Name Jennifer Hammill
Address 1438 Huron RD
NO. BRUNSWICK

732-718-0167