Gina Carroll

From: sdydek <sdydek@riversidetwp.org>
Sent: Friday, November 16, 2018 1:41 PM
To: Gina Carroll
Subject: Fw: OPRA request - Open permits

Gina,

Please see the below OPRA Request. This request must be filled by Tuesday November 20, 2018. Should you not have any of the requested documents, please respond to this email stating so.

Thank you.

Kind Regards,

Susan

Susan M. Dydek, RMC, CTC, CMR
Municipal Clerk
Riverside Sewerage Authority Secretary
Municipal Registrar

> -------Original Message-------
> From: jessica martin
> <opra+request-2933-0dd2b63c@requests.opramachine.com>
> To: OPRA requests at Riverside Township <sdydek@riversidetwp.org>
> Subject: OPRA request - Open permits
> Sent: Nov 12 '18 12:34
>
> Dear Riverside Township,
>
> This is a request for public records made under OPRA and the common
> law right of access. Please acknowledge
receipt of this message.
> Records requested:
>
> Open construction permits:

> 105 Rancocas Ave Riverside NJ 08075	1003/1	NO
> 121 S CHESTER AVE RIVERSIDE NJ 08075	1002/26	YES
> 320 Filmore St Riverside NJ 08075	3,05 5	YES
> 506 HEULINGS AVE RIVERSIDE NJ 08075	1706/2	NO
> 534 BRIDGEBORO ST RIVERSIDE NJ 08075	1901/36	YES
> 548 S FAIRVIEW ST RIVERSIDE NJ 08075	2206/11	YES
> 106 Grant Street Riverside NJ 08075	2002/1402	NO

>
> Yours faithfully,
>
> jessica martin

BLOCK 1002 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 16-0077

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 121 S Chester ave, Riverside 08075
2. Name of Owner in Fee: Robert Lewis
   Tel. (856) 461-6570 e-mail _____
   Address 121 S Chester ave, Riverside 08075 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Alek Air Management, Inc Tel. (215) 253-5680
   Address 701 E Pennsylvania blvd e-mail _____
   Feasterville-Trevose, PA 19053
   License No. OR, if new home, Builder Reg. No. 13VH04558300 Exp. Date 03/31/2016
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 204544165 FAX: (215) 253-7076
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Jimmy Stoykov
   Tel. (215) 253-5680 FAX: (215) 253-7076

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

- ☑ Minor Work 4/13/16 LMH
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	300				05Apr16	CAD			
☑ Plumbing	4500				4/7/16	B			
☑ Fire Protection	200				4.13.16				
☐ Elevator									
TOTAL COST $	10,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: SFD
2. Use Group, Proposed: R5
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 VB

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Alek Air Management, Inc.

Address 701 E Pennsylvania Blvd

Feasterville-Trevose, PA 19053

Telephone (215) 253-5680

Signature _____

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

Riverside Township

Municipal Building
Riverside, NJ 08075
(856)461-1460 FAX *(856)461-3260*

Permit No. **20160077**
Control No. **7256**
Block/Lot **1002/26**
Applic/Issued **4/08/16** / 4/25/16
Applic'n / Issued

CONSTRUCTION PERMIT

121 S CHESTER AVE

Owner in Fee: LEWIS, ROBERT E & GRACE M
Address: 121 S CHESTER AVE
RIVERSIDE, NJ 08075
Phone _____ FAX _____

Contractor: ALEK AIR MANAGEMENT, INC.
Address: 701 E PENNSYLVANIA AVE
FEASTERVILLE-TREVOSE, PA 19053
Phone: (215)253-5680
Bldr Reg#/Fed ID: None / 204544165

Applicant is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☒ PLUMBING
- ☐ DEMOLITION
- ☐ OTHER
- ☒ ELECTRIC
- ☒ FIRE
- ☐ ASBESTOS ABATEMENT
- ☐ ONGOING -
- ☐ ELEVATOR
- ☐ MECHANICAL
- ☐ LEAD HAZARD ABATEMENT

Description of Work
INSTALL FURNACE / AC / WATER HEATER

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

Estimated cost of work $5,000

Construction Official _____ 4.19.16
Thomas P. Mahoney

PAYMENTS (Office use only) *

Building	$0
Electrical	80
Plumbing	50
Fire Protection	70
Elevator Devices	0
Mechanical/Other	0
DCA Training Fee	10
Certificate of Occupancy	0
Other	0
Total	$210
Check No.	62724
Cash	
Collected by	

Total Administrative Fee: $0

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-28-16
Control # 4-25-16
Date Issued
Permit # 16-0077

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

Block 1002 Lot 26 Qualification Code

Work Site Location 121 S Chester ave, Riverside NJ 08075

Owner in Fee: Robert Lewis

Tel. (856) 461-6570 e-mail

Address 121 S Chester ave, (street) Riverside (municipality) 08075 (zip code)

Contractor: Tereshin Electric LLC Tel. (347) 524-8550

Address 1462 Ovington Ave #9 e-mail tereshin.electric@gmail.com
Brooklyn, NY 11219

Contractor License No. 34EB01768900 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 463783047 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed

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

Building Occupied as SFD Utility Co. PSE&G

Est. Cost of Elec. Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] 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: 4/25/16
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Alexei Tereshin

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of the new high efficiency furnace, AC and power vented HWH.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
3		Receptacles	1.00 EA
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	6	KW Central A/C Unit	20.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	1.00
		AMP Subpanels	
		AMP Motor Control Center	50.00
		KW Elec. Sign/Outline Light	

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3-28-16
Control #
Date Issued 4-25-16
Permit # 16-0077

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

Block 1002 Lot 26 Qualification Code

Work Site Location 121 S CHESTER AVENUE
RIVERSIDE, NJ 08075

Owner in Fee: ROBERT LEWIS

Tel. (856) 461-6570 e-mail

Address 121 S CHESTER AVE RIVERSIDE NJ 08075
street municipality zip code

Contractor: J.P.'S PLUMBING & HEATING CORP Tel. (201) 436-0900

Address 116 LINNET STREET e-mail
BAYONNE, NJ 07002

Contractor License No. 11076 Exp. Date 06/01/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223747476 FAX: (201) 436-0926

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4-7-16
Approved by: BJO

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: WILLIAM G. MAUER

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Condensate drain

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

Administrative Surcharge $	
Minimum Fee $	50.00
State Permit Surcharge Fee $	
TOTAL FEE $	

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-28-16
Control # 4-25-16
Date Issued
Permit # 16-0077

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

Block 1002 Lot 26 Qualification Code

Work Site Location 121 S Chester ave, Riverside 08075

Owner in Fee: Robert Lewis

Tel. 856-461-6570 e-mail

Address 121 S Chester ave, Riverside 8075
(street, municipality, zip code)

Contractor: Alek Air Management, Inc. Tel. (215) 253-5680

Address 701 E Pennsylvania Blvd e-mail

Feasterville -Trevose, PA 19053

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 204544165 FAX: (215) 253-7076

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location:

Total Cost of Fire Protection Work $ 200

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 5-13-16 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Oleg Ivanov

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of the new high efficiency furnace, AC and power vented HWH

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	70.00
Fireplace Venting/Metal Chimney		
Other		

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

U.C.C. F140 (rev. 02/11)
Internet version

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 1002 LOT 26 QUALIFICATION CODE _____ PERMIT # 16-0077

WORK SITE ADDRESS 121 S Chester ave, Riverside 08075

Owner in Fee Robert Lewis

Verifying Individual Oleg Ivanov Company Alek Air Management, Inc.

Address 701 E Pennsylvania Blvd (Street) Feasterville-Trevose (City) PA (State) 19053 (Zip Code)

Tel: (215) 253-5680 Fax: (215) 253-7076

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: **Size** N/A - PVC vent

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	furnace	Oil / Gas / Other:	60,000
Appliance 2:	HWH	Oil / Gas / Other: Oil /	40,000
Appliance 3:		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 _____ N/A 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.

_____ Signature 3/14/2016 Date

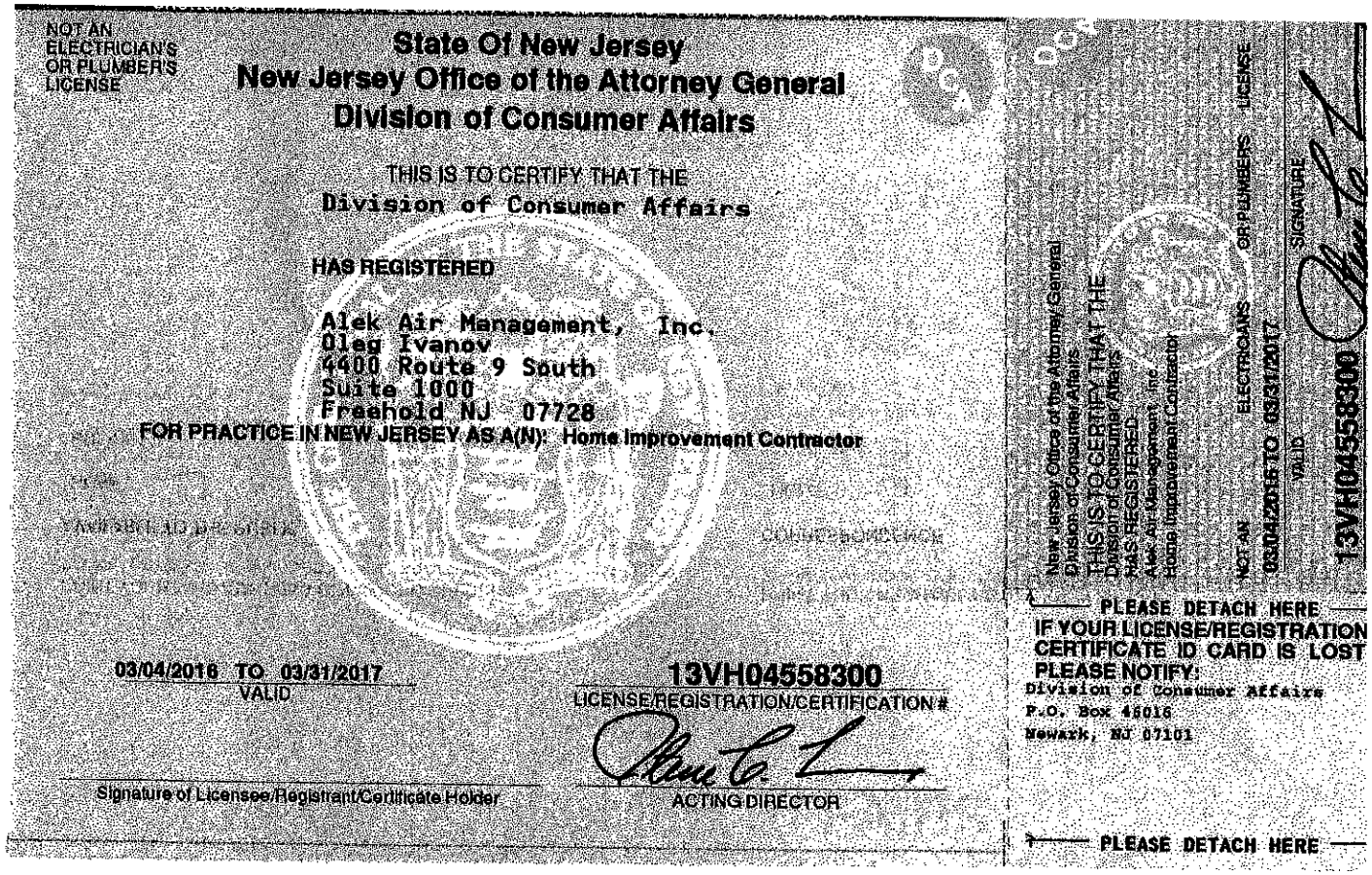
Verification Not Submitted:

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

_____ Signature _____ Date

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

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.



NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Alek Air Management, Inc.
Oleg Ivanov
4400 Route 9 South
Suite 1000
Freehold NJ 07728

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

03/04/2016 TO 03/31/2017
VALID

13VH04558300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
03/04/2016 TO 03/31/2017
VALID
SIGNATURE
13VH04558300

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

PLEASE DETACH HERE

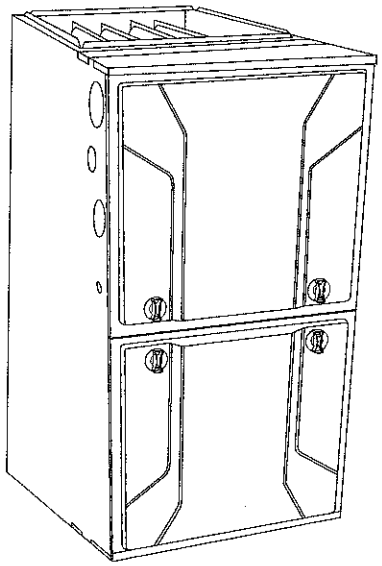
IF YOUR LICENSE/REGISTRATION CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

915SA 95 AFUE
LEGACY LINE SINGLE-STAGE
4-WAY MULTIPOISE
CONDENSING GAS FURNACE, SERIES B

bryant®

Product Data



A11264

The 915S Multipoise Condensing Gas Furnace is part of the Legacy Line product offering. Sporting a PSC blower motor and an Annual Fuel Utilization Efficiency (AFUE) of 95.5%, this single-stage gas furnace provides efficient comfort for homeowners. This Legacy Line Gas Furnace also features 4-way multipoise installation flexibility, and is available in nine model sizes. The 915S can be vented for direct vent/two-pipe, ventilated combustion air, or single-pipe applications. A Bryant® Air Conditioner or Heat Pump can be used to form a complete system. All units meet California Air Quality Management District emission requirements. These furnaces are approved for Manufactured Housing (Mobile Home) applications. All sizes are design certified in Canada.

STANDARD FEATURES

- 4-way multipoise design for upflow, downflow or horizontal installation.
- Optional through-the-cabinet downflow venting.
- Installation flexibility with a 360-degree rotating elbow.
- Ideal condensing furnace height 35" cabinet: short enough for taller coils, but still allows enough room for service.
- Silicon Nitride Perfect Light™ Hot Surface Igniter.
- Aluminized-steel primary heat exchanger.
- Stainless-steel condensing secondary heat exchanger.
- High-quality corrosion-resistant prepainted steel cabinet with hemmed edges for safety.
- Factory-configured ready for upflow applications.
- Direct-vent/sealed combustion, single-pipe venting or ventilated combustion air.
- PSC blower motor, single-speed inducer motor, and single-stage gas valve.
- Self-diagnostics
- Approved for Twinning applications (30060 through 60120 sizes, only).
- Propane convertible (See accessory list).
- Approved for Manufactured Housing/Mobile Home applications (except 140,000 Btuh input) with MH accessory kit.
- Convenient Air Purifier and Humidifier electrical connections.
- Residential installations may be eligible for consumer financing through the Retail Credit Program.
- Certified to leak 2% or less of nominal air conditioning CFM delivered when pressurized to 1-inch water column with all present air inlets, air outlets, and condensate drain port(s) are sealed.

LEGACY LINE

Certified System™

ISO 9001
QMI-SAI Global

AHRI CERTIFIED

Use of the AHRI Certified ™ Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.

DESIGN CERTIFIED®

CERTIFIED®

SAP ORDERING NO.	CASING DIMENSIONS (IN.)			RATED HEATING OUTPUT†		HEATING AIRFLOW		COOLING CFM @ 0.5 ESP (in. W.C.)	MOTOR HP - SPEED TAPS
	H	D	W	(BTUH)	AFUE	CFM‡	Heating ESP (in. W.C.)		
915SA30040S14	35	29.5	14.2	39,000	95.5%	820	0.10	625 - 905	1/2 - 4
915SA36040S17	35	29.5	17.5	39,000	95.5%	1000	0.10	650 - 1050	1/2 - 5
915SA30060S14	35	29.5	14.2	58,000	95.5%	840	0.12	675 - 1130	1/2 - 4
915SA42060S17	35	29.5	17.5	58,000	95.5%	980	0.12	650 - 1420	1/2 - 5
915SA48080S17	35	29.5	17.5	78,000	95.5%	1040	0.15	810 - 1600	3/4 - 5
915SA60080S21	35	29.5	21.0	78,000	95.5%	1695	0.15	1335 - 1970	1 - 5
915SA42100S21	35	29.5	21.0	97,000	95.5%	1510	0.20	915 - 1545	1/2 - 4
915SA60100S21	35	29.5	21.0	97,000	95.5%	1680	0.20	1345 - 2065	1 - 5
915SA60120S24	35	29.5	24.5	117,000	95.5%	2245	0.20	1320 - 2105	1 - 5
915SA60140S24	35	29.5	24.5	135,000	95.5%	2175	0.20	1290 - 2035	1 - 5

† Capacity in accordance with DOE test procedures. Ratings are position dependent. See rating plate.
‡ Heating CFM at factory default blower motor heating tap settings.
ESP – External Static Pressure

FEATURES AND BENEFITS

HYBRID HEAT® Dual Fuel system — This system can provide more control over your monthly energy bills by automatically selecting the most economical method of heating. With HYBRID HEAT, our system automatically switches between the gas furnace and the single-stage electric heat pump as outside temperatures change to maintain greater efficiency and comfort than with any traditional single-source heating system. The heat pump also delivers high-efficiency cooling in the summer.

Power Heat™ Igniter — Bryant's unique SiN igniter is not only physically robust but it is also electrically robust. It is capable of running at line voltage and does not require complex voltage regulators as do other brands. This unique feature further enhances the gas furnace reliability and continues Bryant's tradition of technology leadership and innovation in providing a reliable and durable product.

Reliable Heat Exchanger Design — The aluminized steel, clam shell primary heat exchanger was re-engineered to achieve greater efficiency out of a smaller size. The first two passes of the heat exchanger are based on the current 80% product, a design with more than ten years of field-proven performance and success. These innovations, paired with the continuation of a crimped, no-weld seam create an efficient, robust design for this essential component.

The condensing heat exchanger, a stainless steel fin and tube design, is positioned in the furnace to extract additional heat. Stainless steel coupling box componentry between heat exchangers has exceptional corrosion resistance in both natural gas and propane applications.

4-Way Multipoise Design — One model for all applications – there is no need to stock special downflow or horizontal models when one unit will do it all. The new heat exchanger design allows these units to achieve the certified AFUE in all positions.

Direct or Single-pipe Venting, or Optional Ventilated Combustion Air — This furnace can be installed as a 2-pipe (Direct Vent) furnace, in an optional ventilated combustion air application, or in single-pipe, non-direct vent applications. This provides added flexibility to meet diverse installation needs.

Sealed Combustion System — This furnace brings in combustion air from outside the furnace, which results in especially quiet operation. By sealing the entire combustion vestibule, the entire furnace can be made quieter, not just the sound of the burners.

Monoport Burners — The burners are specially designed and finely tuned for smooth, quiet combustion and economical operation.

Bottom Closure — Factory-installed for side return; easily removable for bottom return. The multi-use bottom closure can also serve for roll-out protection in horizontal applications, and act as the bottom closure for the optional return air base accessory.

Blower Access Panel Switch — Automatically shuts off 115-v power to furnace whenever blower access panel is opened.

Quality Registration — Our furnaces are engineered and manufactured under an ISO 9001 registered quality system.

Certifications — This furnace is CSA (AGA and CGA) design certified for use with natural and propane gases. The furnace is factory-shipped for use with natural gas. A CSA listed gas conversion kit is required to convert furnace for use with propane gas. The efficiency is AHRI efficiency rating certified. This furnace meets California Air Quality Management District emission requirements.

SPECIFICATIONS

The furnace should be sized to provide 100 percent of the design heating load requirement plus any margin that occurs because of furnace model size capacity increments. None of the furnace model sizes can be used if the heating load is 20,000 BTU or lower. Use Air Conditioning Contractors of America (Manual J and S); American Society of Heating, Refrigerating, and Air-Conditioning Engineers; or other approved engineering method to calculate heating load estimates and select the furnace. Excessive oversizing of the furnace may cause the furnace and/or vent to fail prematurely, customer discomfort and/or vent freezing.

Failure to follow these guidelines is considered faulty installation and/or misapplication of the furnace; and resulting failure, damage, or repairs may impact warranty coverage.

Heating Capacity and Efficiency			**30040**	**36040**	**30060**	**42060**	**48080**	**60080**	**42100**	**60100**	**60120**	**60140**
Input	High Heat	(BTUH)	40,000	40,000	60,000	60,000	80,000	80,000	100,000	100,000	120,000	140,000
Output	High Heat	(BTUH)	39,000	39,000	58,000	58,000	78,000	78,000	97,000	97,000	117,000	135,000
Certified Temperature Rise Range °F (°C)		High Heat	40 - 70 (22 - 39)	35 - 65 (19 - 36)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	45 - 75 (25 - 42)

Airflow Capacity and Blower Data		**30040**	**36040**	**30060**	**42060**	**48080**	**60080**	**42100**	**60100**	**60120**	**60140**
Rated External Static Pressure (in. W.C.)	Heating	0.10	0.10	0.12	0.12	0.15	0.15	0.20	0.20	0.20	0.20
	Cooling	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Airflow Delivery @ Rated ESP (CFM)	High Heat	820	1000	840	980	1040	1695	1510	1680	2245	2175
	Cooling	905	1050	1130	1420	1600	1970	1545	2065	2105	2035
Cooling Capacity (tons)	CFM/ton	2	2.5	2.5	3.5	4	5	4	5	5	5
	CFM/ton	2.5	3	3	4	4.5	5.5	4.5	6	6	6
Direct-Drive Motor Type		Permanent Split Capacitor (PSC)									
Direct-Drive Motor HP		0.5	.5	0.5	0.5	0.75	1	0.5	1	1	1
Motor Full Load Amps		6.2	6.8	6.2	6.8	7.9	13.8	6.5	13.8	14.1	14.1
RPM Range		500-1150									
Speed Selections		4	5	4	5	5	5	4	5	5	5
Blower Wheel Dia x Width	in.	11 x 7	11 x 8	11 x 7	11 x 8	11 x 8	11 x 10	11 x 10	11 x 10	11 x 11	11 x 11
Air Filtration System		Field Supplied									
Filter Used for Certified Watt Data*		KGAWF**06UFR									

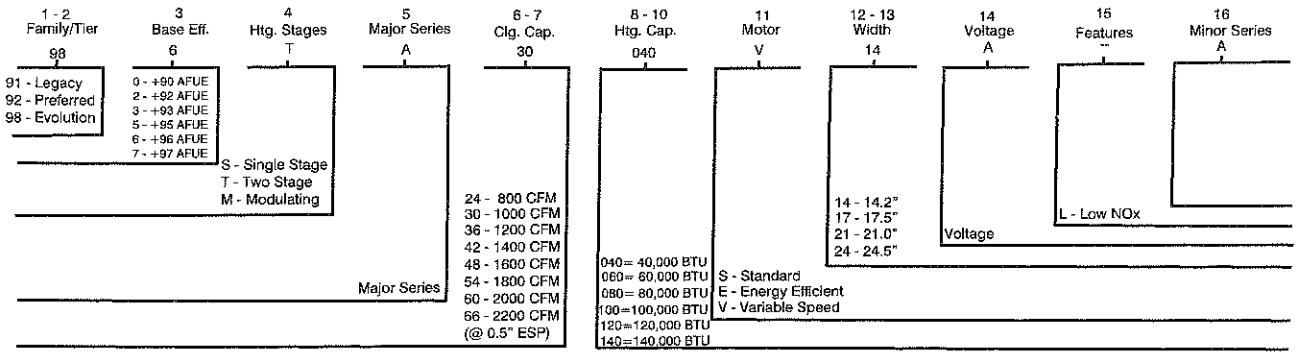
Electrical Data		**30040**	**36040**	**30060**	**42060**	**48080**	**60080**	**42100**	**60100**	**60120**	**60140**
Input Voltage	Volts-Hertz-Phase	115-60-1									
Operating Voltage Range	Min-Max	104-127									
Maximum Input Amps	Amps	6.8	8.3	7.0	8.4	9.6	14.5	7.6	14.6	14.9	14.9
Unit Ampacity	Amps	9.5	11.4	9.7	11.5	13.0	19.1	10.4	19.2	19.6	19.6
Minimum Wire Size	AWG	14	14	14	14	14	12	14	12	12	12
Maximum Wire Length @ Minimum Wire Size	Feet	39	32	38	32	28	30	35	29	29	29
	(M)	(11.9)	(9.8)	(11.6)	(9.8)	(8.5)	(9.1)	(10.7)	(8.8)	(8.8)	(8.8)
Maximum Fuse/Ckt Bkr (Time-Delay Type Recommended)	Amps	15	15	15	15	15	20	15	20	20	20
Transformer Capacity (24vac output)		40 VA									
External Control Power Available	Heating	27.9 VA									
	Cooling	34.6 VA									

Controls	**30040**	**36040**	**30060**	**42060**	**48080**	**60080**	**42100**	**60100**	**60120**	**60140**
Gas Connection Size	1/2" - NPT									
Burners (Monoport)	2	2	3	3	4	4	5	5	6	7
Gas Valve (Redundant) Manufacturer	White Rodgers									
Minimum Inlet Gas pressure (in. W.C.)	4.5									
Maximum Inlet Gas pressure (in. W.C.)	13.6									
Ignition Device	Silicon Nitride									
Limit Control	165	180	165	180	170	200	180	180	160	155
Heating Blower Control (Heating Off-Delay)	Adjustable: 90, 120, 150, 180 seconds									
Cooling Blower Control (Time Delay Relay)	90 seconds									
Communication System	*none*									
Thermostat Connections	Com 24V, R, W, G, Y									
Accessory Connections	EAC (115vac); HUM (24vac)									

* See Accessory List for part numbers available.

MODEL NUMBER NOMENCLATURE

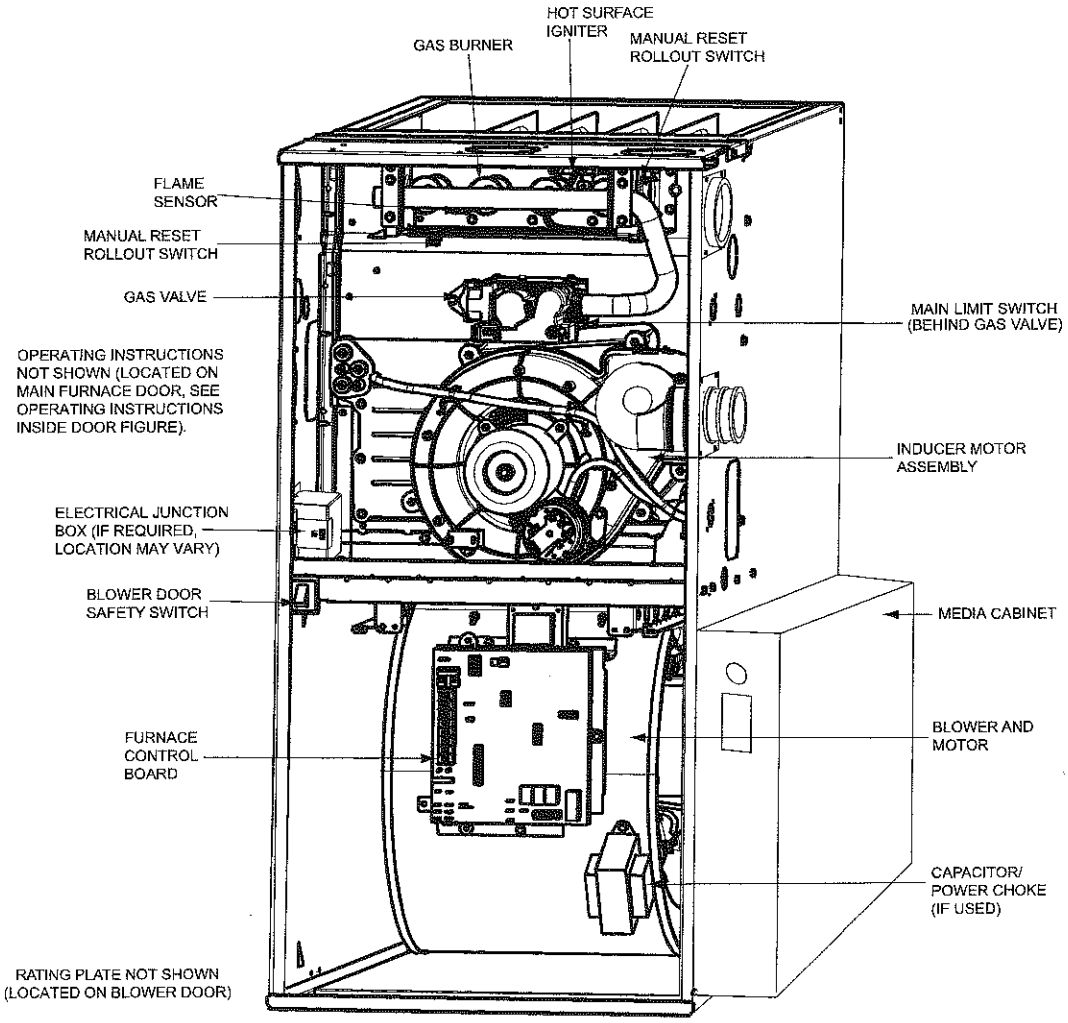
Example of a Model Number



Not all familes have these models.

A12374

FURNACE COMPONENTS



REPRESENTATIVE DRAWING ONLY, SOME MODELS MAY VARY IN APPEARANCE.

A11408

ACCESSORIES

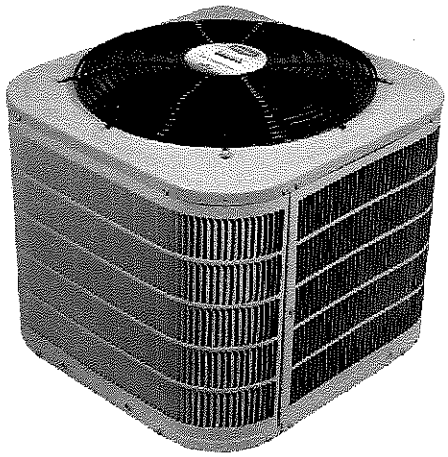
DESCRIPTION	PART NUMBER	30040	30060	36040	42060	48080	60080	42100	60100	60120	60140
Venting Accessories											
Vent Kit - Through the Cabinet	KGADC0101BVC	•	•	•	•	•	•	•	•	•	•
Vent Terminal - Concentric - 2" (51 mm)	KGAVT0701CVT	See Venting Tables									
Vent Terminal - Concentric - 3" (76 mm)	KGAVT0801CVT										
Vent Terminal Bracket - 2" (51 mm)	KGAVT0101BRA										
Vent Terminal Bracket - 3" (76 mm)	KGAVT0201BRA										
Vent Kit – Rubber Coupling	KGAAC0101RVC	See Venting Tables									
Condensate Drainage Accessories											
Freeze Protect Kit – Trap Heater	KGAHT0201CFP	•	•	•	•	•	•	•	•	•	•
CPVC to PVC Drain Adapters - 1/2" CPVC to 3/4" PVC	KGAAD0110PVC	•	•	•	•	•	•	•	•	•	•
Horizontal Trap Grommet - Direct Vent	KGACK0101HCK	All DV Horizontal									
Condensate Neutralizer Kit	P908–0001	•	•	•	•	•	•	•	•	•	•
External Trap Kit	KGAET0201ETK	•	•	•	•	•	•	•	•	•	•
Ductwork Adapter Accessories											
Furnace Base Kit for Combustible Floors	KGASB0201ALL	•	•	•	•	•	•	•	•	•	•
Coil Adapter Kits – No Offset	KGADA0101ALL	•	•	•	•	•	•	•	•	•	•
Coil Adapter Kits – Single Offset	KGADA0201ALL	•	•	•	•	•	•	•	•	•	•
Coil Adapter Kits – Double Offset	KGADA0301ALL	•	•	•	•	•	•	•	•	•	•
Return Air Base (Upflow Applications) 14.0–in. wide	KGARP0301B14	•	•								
Return Air Base (Upflow Applications) 17.5–in. wide	KGARP0301B17			•	•	•					
Return Air Base (Upflow Applications) 21.0–in. wide	KGARP0301B21						•	•	•		
Return Air Base (Upflow Applications) 24.5–in. wide	KGARP0301B24									•	•
IAQ Device Duct Adapters 20.0–in. IAQ to 16 in. Side Return	KGAAD0101MEC	20"x25" IAQ Devices									
IAQ Device Duct Adapters 24.0–in. IAQ to 16 in. Side Return	KGAAD0201MEC	24"x25" IAQ Devices									
Gas Conversion Accessories											
Mobile Home Kit	KGBMH0601KIT	•	•	•	•	•	•	•	•	•	
Gas Conversion Kit - Nat to LP	KGBNP50011SP	•	•	•	•	•	•	•	•	•	•
Gas Conversion Kit - LP to Nat	KGBPN42011SP	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #42 (Nat Gas)	LH32DB207	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #43 (Nat Gas)	LH32DB202	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #44 (Nat Gas)	LH32DB200	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #45 (Nat Gas)	LH32DB205	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #46 (Nat Gas)	LH32DB208	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #47 (Nat Gas)	LH32DB078	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #48 (Nat Gas)	LH32DB076	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #54 (LP)	LH32DB203	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #55 (LP)	LH32DB201	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - #56 (LP)	LH32DB206	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - 1.25mm (LP)	LH32DB209	•	•	•	•	•	•	•	•	•	•
Gas Orifice Kit - 1.30mm (LP)	LH32DB210	•	•	•	•	•	•	•	•	•	•
Control Accessories											
Twinning Kit	KGATW0701HSI		•		•	•	•	•	•	•	
IAQ Accessories											
Filter Rack – Side Return for 1" Filters	KGAFR0201ALL	•	•	•	•	•	•	•	•	•	•
Filter Rack – Bottom Return for 1" Filters – 14.2" wide	KGBFR0401B14	•	•	•	•	•	•	•	•	•	•
Filter Rack – Bottom Return for 1" Filters – 17.5" wide	KGBFR0501B17	•	•	•	•	•	•	•	•	•	•
Filter Rack – Bottom Return for 1" Filters – 21.0" wide	KGBFR0601B21	•	•	•	•	•	•	•	•	•	•
Filter Rack – Bottom Return for 1" Filters – 24.5" wide	KGBFR0701B24	•	•	•	•	•	•	•	•	•	•
Filter Pack (6 pack) – Washable - 16x25x1	KGAWF1306UFR	•	•	•	•	•	•	•	•	•	•
Filter Pack (6 pack) – Washable - 24x25x1	KGAWF1506UFR	•	•	•	•	•	•	•	•	•	•
EZ-Flex Filter - 16" (406 mm)	EXPXXFIL0016	Use with EZXCAB–1016									
EZ-Flex Filter - 20" (508 mm)	EXPXXFIL0020	Use with EZXCAB–1020									
EZ-Flex Filter - 24" (610 mm)	EXPXXFIL0024	Use with EZXCAB–1024									
EZ-Flex Filter with End Caps - 16" (406 mm)	EXPXXUNV0016	Use with EZXCAB–1016									
EZ-Flex Filter with End Caps - 20" (508 mm)	EXPXXUNV0020	Use with EZXCAB–1020									
EZ-Flex Filter with End Caps - 24" (610 mm)	EXPXXUNV0024	Use with EZXCAB–1024									
Cartridge Media Filter - 16" (406 mm)	FILXXCAR0016	Use with FILCABXL–1016									
Cartridge Media Filter - 20" (508 mm)	FILXXCAR0020	Use with FILCABXL–1020									
Cartridge Media Filter - 24" (610 mm)	FILXXCAR0024	Use with FILCABXL–1024									
EZ Flex Cabinet Side or Bottom Return 4" Filters – 16"	EZXCABCC0016	•	•	•	•	•					
EZ Flex Cabinet Side or Bottom Return 4" Filters – 20"	EZXCABCC0020	•	•	•	•	•	•	•	•		
EZ Flex Cabinet Side or Bottom Return 4" Filters – 24"	FILCABXL0024									•	•

• = Used with the model furnace

MODEL 126B
PREFERRED™ SERIES AIR CONDITIONER
WITH PURON® REFRIGERANT
1-1/2 TO 5 NOMINAL TONS

bryant®

Product Data



Puron® the environmentally sound refrigerant

Preferred™ SERIES

Bryant Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 126B has been designed utilizing Bryant's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 16.5 SEER / 11.5- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 72 dBA
- Compressor sound blanket standard

Comfort

- System supports thermidistat or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime servce cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- High and low pressure switches
- Balanced refrigeration system for maximum reliability

Durability

DuraGuard Plus™ protection package:

- Solid, durable sheet metal construction
- Louvered coil guard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C)) with accessory kit

MODEL NUMBER NOMENCLATURE

1	2	3	4	5	6	7	8	9	10	11	12	14
N	N	N	A	A/N	N	N	N	N	A/N	A/N	N	A
1	**2**	**6**	**B**	**N**	**A**	**0**	**3**	**6**	**0**	**0**	**0**	**A**
Product Family	Tier	SEER	Major Series	Voltage	Variations	Cooling Capacity			Open	Open	Open	Minor Series
1=AC	2= Legacy	6=16 SEER	B=Puron	N= 208–230–1 or 208/230–1	A = Standard				0= Not Defined	0= Not Defined	0= Not Defined	A = Original Series

Puron™ the environmentally sound refrigerant

AHRI CERTIFIED www.ahridirectory.org

Use of the AHRI Certified TM Mark indicates a manufacturer's participation in the program For verification of certification for individual products, go to www.ahridirectory.org.

Certified System™

ISO 9001
QMI-SAI Global

c UL us

ENERGY STAR

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. However, proper refrigerant charge and proper air flow are critical to achieve rated capacity and efficiency. Installation of this product should follow all manufacturing refrigerant charging and air flow instructions. **Failure to confirm proper charge and air flow may reduce energy efficiency and shorten equipment life.**

126B

STANDARD FEATURES

Feature	018	024	030	036	042	048	060
Puron Refrigerant	X	X	X	X	X	X	X
Maximum SEER *	16.0	16.0	16.5	16.5	16.0	16.0	16.0
Scroll Compressor	X	X	X	X	X	X	X
Field Installed Filter Drier	X	X	X	X	X	X	X
Front Seating Service Valves	X	X	X	X	X	X	X
Internal Pressure Relief Valve	X	X	X	X	X	X	X
Internal Thermal Overload	X	X	X	X	X	X	X
Long Line capability	X	X	X	X	X	X	X
Low Ambient capability with Kit	X	X	X	X	X	X	X
High Pressure Switch	X	X	X	X	X	X	X
Low Pressure Switch	X	X	X	X	X	X	X
Compressor Sound Blanket	X	X	X	X	X	X	X
Louvered Coil Guard	X	X	X	X	X	X	X

* With approved combinations
X = Standard

PHYSICAL DATA

UNIT SIZE–VOLTAGE, SERIES	0018–A	024–A	030–A	036–A	042–A	048–A	060–A
Operating Weight lb (kg)	136 (61.7)	163 (73.9)	167 (75.7)	180 (81.6)	234 (106.1)	248 (112.5)	337 (152.9)
Shipping Weight lb (kg)	163 (73.9)	198 (89.8)	204 (92.5)	219 (99.3)	281 (127.5)	291 (132.0)	372 (188.7)
Compressor Type	Scroll						
REFRIGERANT	Puron® (R–410A)						
Control	TXV (Puron® Hard Shutoff)						
Charge lb (kg)	4.60 (2.09)	6.00 (2.72)	6.81 (3.09)	7.00 (3.18)	8.62 (3.91)	10.50 (4.76)	14.50 (6.58)
COND FAN	Propeller Type, Direct Drive						
Air Discharge	Vertical						Vertical
Air Qty (CFM)	1881	2614	2614	3223	3810	4046	4046
Motor HP	1/12	1/10	1/10	1/12	1/5	1/4	1/4
Motor RPM	1100	800	800	800	800	800	800
COND COIL							
Face Area (Sq ft)	11.50	15.10	17.20	17.60	25.15	20.10	30.15
Fins per In.	25	25	25	25	25	20	20
Rows	1	1	1	1	1	2	2
Circuits	3	4	4	4	6	7	8
VALVE CONNECT. (In. ID)							
Vapor	3/4	3/4	3/4	7/8	7/8	7/8	7/8
Liquid	3/8	3/8	3/8	3/8	3/8	3/8	3/8
REFRIGERANT TUBES (In. OD)							
Rated Vapor*	3/4			7/8			1 1/8
Max Liquid Line	3/8						3/8

* Units are rated with 25 ft (7.6 m) of lineset length. See Vapor Line Sizing and Cooling Capacity Loss table when using other sizes and lengths of lineset.
Note: See unit Installation Instruction for proper installation.

† See *Liquid Line Sizing For Cooling Only Systems with Puron Refrigerant* tables.

REFRIGERANT PIPING LENGTH LIMITATIONS

Liquid Line Sizing and Maximum Total Equivalent Lengths† for Cooling Only Systems with Puron® Refrigerant:

The maximum allowable length of a residential split system depends on the liquid line diameter and vertical separation between indoor and outdoor units.

See Table below for liquid line sizing and maximum lengths :

Maximum Total Equivalent Length
Outdoor Unit BELOW Indoor Unit

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with Puron Refrigerant Maximum Total Equivalent Length†: Outdoor unit BELOW Indoor Vertical Separation ft (m)								
			0–5 (0–1.5)	6–10 (1.8–3.0)	11–20 (3.4–6.1)	21–30 (6.4–9.1)	31–40 (9.4–12.2)	41–50 (12.5–15.2)	51–60 (15.5–18.3)	61–70 (18.6–21.3)	71–80 (21.6–24.4)
18000 AC with Puron	3/8	1/4	150	150	125	100	100	75	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	225*	150
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
24000 AC with Puron	3/8	1/4	75	75	75	50	50	--	--	--	--
		5/16	250*	250*	250*	250*	250*	225*	175	125	100
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
30000 AC with Puron	3/8	1/4	30	--	--	--	--	--	--	--	--
		5/16	175	225*	200	175	125	100	75	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
36000 AC with Puron	3/8	5/16	175	150	150	100	100	100	75	--	--
		3//8	250*	250*	250*	250*	250*	250*	250*	250*	250*
42000 AC with Puron	3/8	5/16	125	100	100	75	75	50	--	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	150
48000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	230	160	--
60000 AC with Puron	3/8	3/8	250*	250*	250*	225*	190	150	110	--	--

*** Maximum actual length not to exceed 200 ft (61 m)**

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

Maximum Total Equivalent Length
Outdoor Unit ABOVE Indoor Unit

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with Puron Refrigerant Maximum Total Equivalent Length†: Outdoor unit ABOVE Indoor Vertical Separation ft (m)							
			25 (7.6)	26–50 (7.9–15.2)	51–75 (15.5–22.9)	76–100 (23.2–30.5)	101–125 (30.8–38.1)	126–150 (38.4–45.7)	151–175 (46.0–53.3)	176–200 (53.6–61.0)
18000 AC with Puron	3/8	1/4	175	250*	250*	250*	250*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
24000 AC with Puron	3/8	1/4	100	125	175	200	225*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
30000 AC with Puron	3/8	1/4	30	--	--	--	--	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
36000 AC with Puron	3/8	5/16	225*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
42000 AC with Puron	3/8	5/16	175	200	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
48000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*
60000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*

*** Maximum actual length not to exceed 200 ft (61 m)**

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

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REFRIGERANT CHARGE ADJUSTMENTS

Liquid Line Size	Puron Charge oz/ft
3/8	0.60 (Factory charge for lineset = 9 oz)
5/16	0.40
1/4	0.27

Units are factory charged for 15 ft (4.6 m) of 3/8" liquid line. The factory charge for 3/8" lineset 9 oz. When using other length or diameter liquid lines, charge adjustments are required per the chart above.

Charging Formula:

[(Lineset oz/ft x total length) – (factory charge for lineset)] = charge adjustment

Example 1: System has 15 ft of line set using existing 1/4" liquid line. What charge adjustment is required?

Formula: (.27 oz/ft x 15ft) – (9 oz) = (-4.95) oz.

Net result is to remove 4.95 oz of refrigerant from the system

Example 2: System has 45 ft of existing 5/16" liquid line. What is the charge adjustment?

Formula: (.40 oz/ft. x 45ft) – (9 oz.) = 9 oz.

Net result is to add 9 oz of refrigerant to the system

126B

LONG LINE APPLICATIONS

An application is considered Long Line, when the refrigerant level in the system requires the use of accessories to maintain acceptable refrigerant management for systems reliability. See Accessory Usage Guideline table for required accessories. Defining a system as long line depends on the liquid line diameter, actual length of the tubing, and vertical separation between the indoor and outdoor units.

For Air Conditioner systems, the chart below shows when an application is considered Long Line.

AC WITH PURON® REFRIGERANT LONG LINE DESCRIPTION ft (m)
Beyond these lengths, long line accessories are required

Liquid Line Size	Units On Same Level	Outdoor Below Indoor	Outdoor Above Indoor
1/4	No accessories needed within allowed lengths	No accessories needed within allowed lengths	175 (53.3)
5/16	120 (36.6)	50 (15.2)	120 (36.6)
3/8	80 (24.4)	35 (10.7)	80 (24.4)

Note: See Long Line Guideline for details

VAPOR LINE SIZING AND COOLING CAPACITY LOSS

Acceptable vapor line diameters provide adequate oil return to the compressor while avoiding excessive capacity loss. The suction line diameters shown in the chart below are acceptable for AC systems with Puron refrigerant:

Unit Nominal Size (Btuh)	Maximum Liquid Line Diameters (In. OD)	Vapor Line Diameters (In. OD)	Cooling Capacity Loss (%) Total Equivalent Line Length ft. (m)								
			26–50 (7.9–15.2)	51–80 (15.5–24.4)	81–100 (24.7–30.5)	101–125 (30.8–38.1)	126–150 (38.4–45.7)	151–175 (46.0–53.3)	176–200 (53.6–61.0)	201–225 (51.3–68.6)	226–250 (68.9–76.2)
18000 1 Stage AC with Puron	3/8	1/2	1	2	3	5	6	7	8	9	11
		5/8	0	1	1	1	2	2	2	3	3
		3/4	0	0	0	0	1	1	1	1	1
24000 1 Stage AC with Puron	3/8	5/8	0	1	2	2	3	3	4	5	5
		3/4	0	0	1	1	1	1	1	2	2
		7/8	0	0	0	0	0	1	1	1	1
30000 1 Stage AC with Puron	3/8	5/8	1	2	3	3	4	5	6	7	8
		3/4	0	0	1	1	1	2	2	2	3
		7/8	0	0	0	0	1	1	1	1	1
36000 1 Stage AC with Puron	3/8	5/8	1	2	4	5	6	8	9	10	12
		3/4	0	1	1	2	2	3	3	4	4
		7/8	0	0	0	1	1	1	1	2	2
42000 1 Stage AC with Puron	3/8	3/4	0	1	2	2	3	4	4	5	6
		7/8	0	0	1	1	1	2	2	2	3
		1 1/8	0	0	0	0	0	0	0	0	0
48000 1 Stage AC with Puron	3/8	3/4	0	1	2	3	4	5	5	6	7
		7/8	0	0	1	1	2	2	2	3	3
		1 1/8	0	0	0	0	0	0	0	1	1
60000 1 Stage AC with Puron	3/8	3/4	1	2	4	5	6	7	9	10	11
		7/8	0	1	2	2	3	4	4	5	5
		1 1/8	0	0	0	1	1	1	1	1	1

Applications in this area may be long line and may have height restrictions. See the *Residential Piping and Long Line Guideline.*

ACCESSORY THERMOSTATS

PART NUMBER	PROGRAM	GAS	ELECTRIC	HEAT	COOL
T6–PAC01	7–Day	√	√	1	1
T6–NAC01	NP	√	√	1	1

THERMOSTAT ACCESSORIES		
PART NUMBER	**BRIEF DESCRIPTION**	**THERMOSTATS USED WITH**
SYSTXBBRRS01	Indoor Remote Room Temperature Sensor	All T6– thermostats
T6–EXP01–A	ExP® Computer Programming Accessory	T6–P thermostats
TSTATXXCNV10	Thermostat Conversion Kit (4 to 5 wire) – 10 pack	All Bryant® branded thermostats
TX–LBP01	Large Decorative Backplate	T6–Pxx, T6–Nxx, and T2–Pxx
TSTATXXSEN01–B	Outdoor Air Temperature Sensor	All T6– thermostats

ACCESSORIES

KIT NUMBER	DESCRIPTION	Size – Voltage & Series						
		0018–A	024–A	030–A	036–A	042–A	048–A	060–A
KAAFT0101AAA	FREEZE THERMOSTAT	X	X	X	X	X	X	X
KAATD0101TDR	TIME DELAY RELAY	X	X	X	X	X	X	X
KSALA0301410	LOW AMBIENT PSW	X	X	X	X	X	X	X
KSALA0601AAA†	MOTORMASTER 230V	X	X	X	X	X	X	X
HC32GE234	MOTOR FAN BALL BEARING	X						
HC34GE240	MOTOR FAN BALL BEARING		X	X				
HC32GE229	MOTOR FAN BALL BEARING				X			
HC38GE228	MOTOR FAN BALL BEARING					X		
HC40GE228	MOTOR FAN BALL BEARING						X	X
KSAHS1701AAA	HARD START (CAP/RELAY)	X	X	X	X	X	X	X
KSACY0101AAA	CYCLE PROTECTOR	X	X	X	X	X	X	X
KSASF0101AAA	SUPPORT FEET	X	X	X	X	X	X	X
KAACS0201PTC	START ASSIST PTC	X	X	X	X	X	X	X
KAALS0201LLS	LIQUID LINE SOLENOID	X	X	X	X	X	X	X
KAAWS0101AAA	WINTER START	X	X	X	X	X	X	X
KAACH1701AAA	CRANKCASE HTR	X	X	X	X			
KAACH1601AAA	CRANKCASE HTR					X	S	S
KSATX0201PUR	TXV PURON HSO	X	X	X				
KSATX0301PUR	TXV PURON HSO				X			
KSATX0401PUR	TXV PURON HSO					X		
KSATX0501PUR	TXV PURON HSO						X	X

† Required accessories include ball bearing fan motor, compressor start assist (CAP / Relay), crankcase heater, evaporator freeze stat, hard shut–off TXV.
X = Accessory / S – Standard

BRADFORD WHITE®
WATER HEATERS

2015 NAECA Compliant

TTW®

Residential Power Vent Energy Saver Gas Water Heater

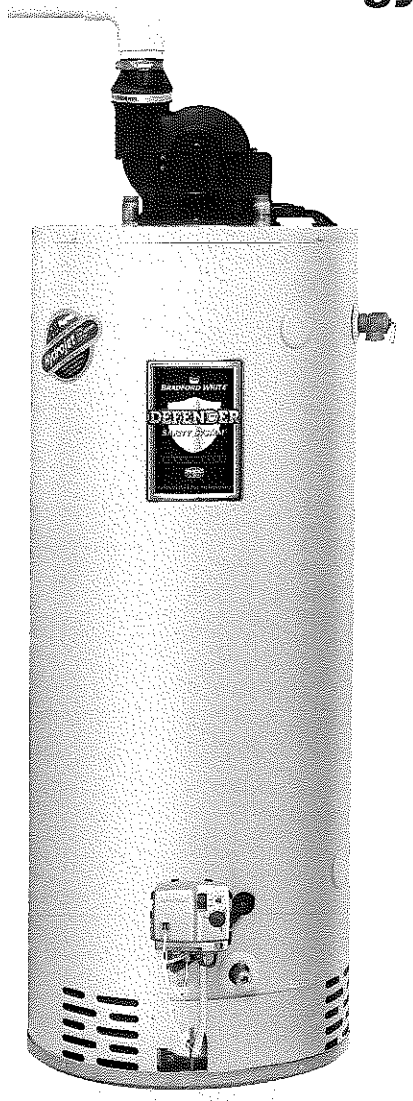


Photo is of RG2PV50H6N

The TTW® Models Feature:

- **ENERGY STAR® Qualified**—Some models qualify for the September 1, 2010 minimum ENERGY STAR® EF requirement, as well as most utility rebate programs.
- **Bradford White ICON System™**—Intelligent gas control with spark to pilot ignition system eliminates the constant burning pilot. This results in savings of pilot gas during standby periods (120 V.A.C.).
  - **Enhanced Performance**—Proprietary algorithms provide enhanced First Hour Delivery ratings and tighter temperature differentials.
  - **Advanced Temperature Control System**—Microprocessor constantly monitors and controls burner operation to maintain consistent and accurate water temperature levels.
  - **Intelligent Diagnostics**—An exclusive green LED light prompts the installer during start-up and provides ten different diagnostic codes to assist in troubleshooting.
- **Power Vented Water Heater**—Designed for installations where atmospheric units cannot be used. Exhaust gases are vented under positive pressure directly out of the building through the roof or the wall.
- **Powerful Blower Motor**—Our significantly quiet design has greater resistance to outside winds and the power to vent in many difficult venting situations.
- **Horizontal and Vertical Venting**—PVC, ABS or CPVC (Maximum equivalent vent length on reverse side).
- **Advanced ScreenLok® Technology Flame Arrestor Design**—Flame arrestor is designed to prevent ignition of flammable vapor outside of the water heater (excluding RG1PV55H6N & RG2PV75H6N).
- **Flammable Vapor Sensor**—Electronic sensor prevents burner operation if flammable vapors are detected. The sensor will also prevent operation if there is ongoing flammable vapor burn inside the combustion chamber (excluding RG1PV55H6N & RG2PV75H6N).
- **Maintenance-Free**—No regular cleaning of air inlet openings or flame arrestor is required under normal conditions (excluding RG1PV55H6N & RG2PV75H6N).
- **Sight Window**—Offers a view into the combustion chamber to observe the operation of the pilot and burner.
- **Factory-Installed Hydrojet® Total Performance System**—Cold water inlet sediment reducing device helps prevent sediment build-up in tank. This increases first hour delivery, while minimizing temperature build-up at top of tank.
- **Vitraglas® Lining**—Bradford White tanks are lined with an exclusively engineered enamel formula that provides superior tank protection from the highly corrosive effects of hot water. This formula (Vitraglas®) is fused to the steel surface by firing at a temperature of over 1600°F (871°C).
- **Non-CFC Foam Insulation**—Covers the sides and top, reducing the amount of heat loss. This results in less energy consumption, improved operation efficiencies, and jacket rigidity.
- **Water Connections**—3/4" NPT factory-installed true dielectric fittings.
- **3/4" NPT Side Connections**—(RG2PV50H6N, RG1PV55H6N, and RG2PV75H6N only).
- **Factory-Installed Heat Traps**—Design incorporates a flexible disk that reduces heat loss in piping and eliminates the potential for noise generation.
- **Protective Magnesium Rod**—(RG1PV55H6N has 2).
- **T&P Relief Valve**—Installed.
- **Low Restriction Brass Drain Valve**—Durable tamper-proof design.

FEATURING:

BRADFORD WHITE ICON System™

DEFENDER SAFETY SYSTEM

Hydrojet

AHRI

6 or 10-Year Limited Tank Warranties / 6 or 10-Year Limited Warranty on Component Parts.

For more information on warranty, please visit www.bradfordwhite.com

For products installed in USA, Canada and Puerto Rico. Some states do not allow limitations on warranties. See complete copy of the warranty included with the heater.

MANUFACTURED UNDER ONE OR MORE OF THE FOLLOWING U.S. PATENTS: 5,682,666; 7,634,976; 5,660,165; 5,954,492; 6,056,542; 6,935,280; 5,372,185; 5,485,879; 5,574,822; 7,971,560; 7,992,526; 6,684,821; 6,442,178; 7,334,419; 7,866,168; 7,270,087; 7,007,748; 5,596,952; 6,142,216; 7,699,026; 5,341,770; 7,337,517; 7,665,211; 7,665,210; 7,063,132; 7,063,133; 7,559,293; 7,900,589; 5,943,984; 8,082,888; 5,988,117; 7,621,238; 7,650,859; 5,761,379; 7,409,925; 5,277,171; 8,146,772; 7,458,341; 2,262,174. OTHER U.S. AND FOREIGN PATENT APPLICATIONS PENDING. CURRENT CANADIAN PATENTS: 2,314,845; 2,504,824; 2,108,186; 2,143,031; 2,409,271; 2,548,958; 2,112,515; 2,476,685; 2,239,007; 2,092,105; 2,107,012. **Defender Safety System®, ScreenLok®, TTW®, Vitraglas® and Hydrojet® are registered trademarks of Bradford White® Corporation.**

Residential Power Vent Gas Water Heater

TTW® Energy Saver Models

NATURAL GAS AND LIQUID PROPANE GAS

Meet or exceed ASHRAE 90.1b (current standard) C.E.C. Listed
80% Recovery Efficiency

Model Number	Capacity U.S. Gal.	Capacity Imp. Gal.	Nat. BTU/Hr. Input	LP BTU/Hr. Input	1st Hour Rating (Gal.)	Energy Factor	Recovery at 90°F Rise* Nat. U.S. GPH	Nat. Imp. GPH	LP U.S. GPH	LP Imp. GPH
RG1PV40S6N	40	33	40,000	38,000	72	0.66	43	36	41	34
RG1PV50S6N	50	42	40,000	38,000	86	0.65	43	36	41	34
★ RG2PV40T6N	40	33	40,000	40,000	72	0.70	43	36	43	36
★ RG2PV50T6N	50	42	40,000	40,000	86	0.70	43	36	43	36
★ RG2PV50H6N	48	42	65,000	58,000	112	0.70	70	58	62	52
RG1PV55H6N	55	46	78,000	78,000	N/A	N/A	84	70	84	70
RG2PV75H6N	75	62	76,000	75,500	N/A	N/A	82	68	81	67

Model Number	Capacity Liters	Nat. kW Input	LP kW Input	1st Hour Rating (Liters)	Energy Factor	Recovery at 50°C Rise* Nat. Liters/Hour	LP Liters/Hour
RG1PV40S6N	151	11.7	11.1	273	0.66	163	155
RG1PV50S6N	189	11.7	11.1	326	0.65	163	155
★ RG2PV40T6N	151	11.7	11.7	273	0.70	163	163
★ RG2PV50T6N	189	11.7	11.7	326	0.70	163	163
★ RG2PV50H6N	182	19.1	17.0	424	0.70	265	235
RG1PV55H6N	208	22.9	22.9	N/A	N/A	318	317
RG2PV75H6N	284	22.3	22.1	N/A	N/A	310	307

Model Number	A Floor to Vent Conn. in.	B Jacket Dia. in.	C Vent Size in.	D Floor to T&P Conn. in.	E Floor to Gas Conn. in.	F Floor to Top of Heater in.	H C/L of Water Conn. in.	J Floor to Water Conn. in.	K Depth in.	L Floor to Space Heating Inlet in.	M Floor to Space Heating Outlet in.	Approx. Shipping Weight lbs.
RG1PV40S6N	57 5/16	20	2 or 3	40	11 3/4	47 1/2	8	49	27 7/8	N/A	N/A	138
RG1PV50S6N	58 1/4	22	2 or 3	40 5/8	11 3/4	48 1/4	8	59 1/2	26 3/4	N/A	N/A	162
★ RG2PV40T6N	66 7/8	20	2 or 3	50	11 3/4	56 3/4	8	58	24 1/2	N/A	N/A	137
★ RG2PV50T6N	66 7/8	22	2 or 3	50	11 3/4	56 3/4	8	58	26 1/2	N/A	N/A	161
★ RG2PV50H6N	66 1/8	22	3 or 4	50 1/8	11 3/4	56 3/8	11	57 3/4	26 3/4	13 1/2	50 1/8	186
RG1PV55H6N	64 3/16	22	3 or 4	47 15/16	11 1/2	54 5/8	8	56	26 1/2	13 3/8	47 15/16	253
RG2PV75H6N	69 7/16	26	3 or 4	51 1/2	13 1/2	59 1/2	11	60 3/4	30 1/4	13 3/8	51 1/2	252

Model Number	A Floor to Vent Conn. mm.	B Jacket Dia. mm.	C Vent Size mm.	D Floor to T&P Conn. mm.	E Floor to Gas Conn. mm.	F Floor to Top of Heater mm.	H C/L of Water Conn. mm.	J Floor to Water Conn. mm.	K Depth mm.	L Floor to Space Heating Inlet mm.	M Floor to Space Heating Outlet mm.	Approx. Shipping Weight kg.
RG1PV40S6N	1456	508	51or76	1016	298	1207	203	1245	708	N/A	N/A	63
RG1PV50S6N	1480	559	51or76	1032	298	1226	203	1511	679	N/A	N/A	73
★ RG2PV40T6N	1699	508	51or76	1270	298	1441	203	1473	622	N/A	N/A	62
★ RG2PV50T6N	1699	559	51or76	1270	298	1441	203	1473	673	N/A	N/A	73
★ RG2PV50H6N	1680	559	76 or 102	1273	298	1432	279	1467	679	343	1273	84
RG1PV55H6N	1630	559	76 or 102	1218	279	1388	203	1422	673	340	1218	115
RG2PV75H6N	1764	660	76 or 102	1308	343	1511	279	1543	768	340	1308	114

Propane models feature a Titanium Stainless Steel propane burner. For Propane (LP) models change suffix "N" to "X". For 10 year models, change suffix from "6" to "10". *Based on manufacturer's rated recovery efficiency. 110 VAC Required for Power Venting / 110 VAC 60HZ 3.1 Amperes.

Energy Factor and First Hour Rating is based on the latest AHRI directory listings.

★ = ENERGY STAR® Qualified.

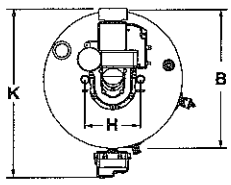
RG1PV40S6N RG1PV50S6N		2" Vent Pipe	3" Vent Pipe
Max. Equivalent Length		†50 ft.	†120 ft.
Min. Equivalent Length		7 ft.	15 ft.
Number	1	45 ft.	115 ft.
of	2	40 ft.	110 ft.
90° Elbows	3	35 ft.	105 ft.

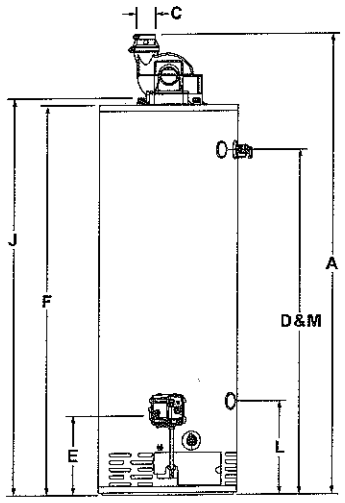
RG2PV50H6N RG1PV55H6N RG2PV75H6N		3" Vent Pipe	4" Vent Pipe
Max. Equivalent Length		†60 ft.	†180 ft.
Min. Equivalent Length		7 ft.	15 ft.
Number	1	55 ft.	175 ft.
of	2	50 ft.	170 ft.
90° Elbows	3	45 ft.	165 ft.

RG2PV40T6N RG2PV50T6N		2" Vent Pipe	3" Vent Pipe
Max. Equivalent Length		†50 ft.	†120 ft.
Min. Equivalent Length		7 ft.	15 ft.
Number	1	45 ft.	115 ft.
of	2	40 ft.	110 ft.
90° Elbows	3	35 ft.	105 ft.

Subtract 5ft. for each additional 90° elbow

†For high altitude installations, consult the installation instructions.





General: All gas water heaters are certified at 300 PSI (2068 kPa) test pressure and 150 PSI (1034 kPa) working pressure. All water connections are 3/4" NPT (19mm), all gas connections are 1/2" (13mm). All models design-certified by CSA International (formerly AGA/CGA), ANSI Z-21.10.1 and/or 10.3 and peak performance rated.

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

Suitable for Water (Potable) Heating and Space Heating. Toxic chemicals, such as those used for boiler treatment, shall NEVER be introduced into this system. This unit may NEVER be connected to any existing heating system or component(s) previously used with a non-potable water heating appliance.

BRADFORD WHITE WATER HEATERS
Ambler, PA

For U.S. and Canada field service, contact your professional installer or local Bradford White sales representative.
Sales **800-523-2931** • Fax **215-641-1670** / Technical Support **800-334-3393** • Fax **269-795-1089** • Warranty **800-531-2111** • Fax **269-795-1089**
International: Telephone **215-641-9400** • Telefax **215-641-9750** / **www.bradfordwhite.com**

BRADFORD WHITE-*CANADA*® *INC.* Sales / Technical Support **866-690-0961** / **905-238-0100** • Fax **905-238-0105** / **www.bradfordwhite.com**

Built to be the Best™

1260-A-0315
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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. _____	_____	_____	_____	_____

BLOCK 1002 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 04-313

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 12 A Chester Ave. South 5.
2. Name of Owner in Fee: Florence Wilinski Tel. (856) 461-4649
   Address Same (street) Riverside (municipality) 08075 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: P. R. Sanders, INC Tel. (856) 429-3086
   Address 100 Park Drive, Voorhees, NJ 08043
   License No. OR, if new home, Builder Reg. No. NJ MPL # 6726 Exp. Date _____
   Federal Employee No. 22-276-9644 FAX: (856) 429-6806
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) _____ FAX: (_____) _____

Called 3/11 left msg

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing	1600 -				12/11/04	JA			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1600 -								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

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

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name **P. R. Sanders, INC**

Address **100 Park Drive, Voorhees, NJ 08043**

Telephone (**856**) **429-3086**

Signature _____

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12/8/10

Permit # 04-313

IDENTIFICATION Block 1602 Lot 26 Qualification Code

Work Site Location 1215 Lincoln Ave. Asbury Park NJ 07712

Owner in Fee [illegible]

Address [illegible]

Tel. ( ) [illegible]

Contractor [illegible]

Address [illegible]

Tel. ( ) [illegible]

Lic. No. or Bldrs. Reg. No. [illegible]

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Hot Water Replacement

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 $ [illegible]

Construction Official Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 10

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 10

Check No. [illegible]

Cash

Collected by

(see reverse side)

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

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 4164

Date Issued
Permit # 34-513

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 131 Chesterton Ave South
Riverside 08075

Owner in Fee Florence Wilinski

Address Same as above

Tel (856) 461-4449

Contractor P. R. Sanders, INC

Address 100 Park Drive
Voorhees, NJ 08043

Tel (856) 429-3086 FAX (856) 429-6806

Contractor License No. NJ MPL # 6726

Federal Emp. No. 22-276-9644

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 4/16/04

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater gas-plc	10.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 11.00

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

BLOCK 3108 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 18-0295

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 320 Filmore St Riverside
2. Name of Owner in Fee: (Steve Nava) US Bank Trust
   Tel. 856-229-2453 e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Flash Electric NJ Corp Tel. (856) 369-0202
   Address 396 Catalba Ave e-mail _____
   Mickleton, NJ 08056
   License No. OR, if new home, Builder Reg. No. 16464 Exp. Date 03/31/2021
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 823789958 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Steve
   Tel. 856-229-2453 FAX: _____

V. FEE SUMMARY (for office use only)

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

RECEIVED OCT 24 2018

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	FOR OFFICE USE ONLY (Optional)								
☐ Building									
☒ Electrical	100				10/25/18	CM			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	100$0								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Flash Electric NJ Corp

Address 396 Catalba Ave, Mickleton NJ 08085

Telephone (856) 369-0202

Signature _____

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

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

Riverside Township

Municipal Building
Riverside, NJ 08075
(856)461-1460 FAX *(856)461-3260*

Permit No. **20180295**
Control No. **8404**
Block/Lot **3108/5**
Applic/Issued **10/24/18** / 11/13/18
Applic'n / Issued

CONSTRUCTION PERMIT

320 FILMORE ST

Owner in Fee: US BANK TRUST
Address: 13801 WIRELESS WAY
OKLAHOMA CITY OK 73134
Phone: _____ FAX _____

Contractor: FLASH ELECTRIC NJ CORP
Address: 396 CATALBA AVENUE
MICKLETON, NJ 08056
Phone: (856)369-0202
Bldr Reg#/Fed ID: None /

Applicant is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ DEMOLITION ☐ OTHER
- ☒ ELECTRIC ☐ FIRE ☐ ASBESTOS ABATEMENT ☐ ONGOING -
- ☐ ELEVATOR ☐ MECHANICAL ☐ LEAD HAZARD ABATEMENT

Description of Work
150 AMP SERVICE

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

Estimated cost of work $100

Construction Official R. Hugh McCurley NOV 02 2018
R. Hugh McCurley

PAYMENTS (Office use only) *

Building	$0
Electrical	75
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical/Other	0
DCA Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$76
Check No.	VV3002
Cash	
Collected by	

Total Administrative Fee: $0

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-24-18
Control #
Date Issued 11-13-18
Permit # 18-0295

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

Block 3108 Lot 5 Qualification Code

Work Site Location 320 Filmore St, Riverside, NJ 08075

Owner in Fee: (Steve Navan) US BANK TRUST NA - TRUSTEE

Tel. (856) 229-2453 e-mail

Address 13801 WIRELESS WAY (street) OKLAHOMA CITY (municipality) 73134 (zip code)

Contractor: Flash Electric NJ Corp Tel. (856) 369-0202

Address 396 Catalba Avenue e-mail Permits@FlashElectricCorp

Mickleton, NJ 08056

Contractor License No. 16464 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 823789958 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 10/25/18 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Todd J Fisher

Print name here: Todd J Fisher

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Inspection of Servcie for Cut-In-Card

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	50
		KW Transformer/Generator	
1	150	AMP Service	75.
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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.

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

September 19, 2018

TO WHOM IT MAY CONCERN

Our records indicate that the holder of License and Business Permit No. 34EB01646400 has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

TODD J FISHER
FLASH ELECTRIC NJ CORP
396 Catalba Avenue
Mickleton NJ 08056

This letter will be rendered invalid **180 days** after the date of its issuance.

Please be advised according to **N.J.A.C. 13:31-3.3 (c) "Pressure Seal and Signature Requirements"**, your old seal is the property of the board, we **MUST** be in receipt of your original seal before the issuance of your new seal can be obtained. Failure to return your old seal may result in a civil penalty assessed against you. If your seal is lost or stolen you **MUST** contact the board immediately.

Sincerely,

Philameana L. Tucker
Executive Director

PLT:gkb

BLOCK 1901 LOT 36 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-0311

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 534 BRIDGEBORO ST. BSDE
2. Name of Owner in Fee: PETERS
   Tel. (609) 238-3092 e-mail _____
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PSE&G Tel. (609) 239-2433
   Address 300 CONNECTICUT DR., e-mail _____
   BURLINGTON TWP., NJ 08016
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (609) 239-9548
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun PETE BERNS
   Tel. (609) 239-2433 FAX: (609) 239-9548

10/25/12 Use it

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	50.00				11-1-12				
☒ Plumbing	50.00						11/1/12	B	
☒ Fire Protection	3,100.00								
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

For reorder call: (609) 390-1400 Allegra Marketing • Print • Mail *(formerly OCS Printing)*

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name **PSE&G**

Address **300 CONNECTICUT DRIVE**

BURLINGTON, NEW JERSEY 08016

Telephone (**609**) **239-2433**

Signature _____

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

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (_____) _____

Contractor PSE & G

Address 300 CONNECTICUT DRIVE
BURLINGTON TWP, N.J. 08016

Tel. (609) 239 - 2433

Lic. No. or Bldrs. Reg. No. _____

Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

GAS TO GAS HEATER REPLACEMENT

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 $ _____

_____ Construction Official

_____ Date

PAYMENTS (Office Use Only)

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

U.C.C. F170
(rev. 12/03)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. ( ) _____ e-mail _____

Address _____

Contractor: PSE&G (street) (municipality) Tel. (609) 239-2433 (zip code)

Address 300 CONNECTICUT DR. e-mail _____

BURLINGTON TWP., NJ 08016

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (609) 239-9548

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ _____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

DESCRIPTION OF WORK: **GAS TO GAS HEATER REPLACEMENT**
Water Supply Source
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	1	Exempt
Fireplace Venting/Metal Chimney		
Other _____		

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

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www.AllegraMarmora.com

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

REQUEST FOR INSPECTION

Date Received Control # 10-25-12

Date Issued Permit # 12-13-12 / 12-0311

1901 Block | 36 Lot | 12-0311 Permit

534 Bridgeton St Street Address

Mr. Peters Project/Owner

Gas Heater Type of Inspection

Date called in 2/7/13

Date insp. Requested 2/14/13

Passed X Fail

Date: 2/14 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 2-14-13
Approved by:

	Approval	Initial
Constr. Serv.		
TCO		
Other		
Service		
Final	2-14-13	
Barrier-Free		
Temp. Cut-in-Card Date Issued		
Final Cut-in-Card Date Issued		
Annual Pool Inspection		
Date of Grounding and Bonding Certification		

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS TO GAS HTR REPL.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 55.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-25-12
Control #
Date Issued 12-13-12
Permit # 12-0311

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

Block 1901 Lot 26 Qualification Code

Work Site Location 534 BRIDGEBORO ST. RSDE

Owner in Fee: PETERS

Tel. (609) 238-3092 e-mail

Address SAME
street municipality zip code

Contractor: PSE&G Tel. (609) 239-2433

Address 300 CONNECTICUT DRIVE e-mail

BURLINGTON TOWNSHIP, NJ 08016

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: (609) 239-9548

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 11-7-12 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CO - 11-9-13
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-4-12	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS TO GAS HTR REPL.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 55.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

REQUEST FOR INSPECTION

Date Received 10-25-12
Control #
Date Issued 12-13-12
Permit # 12-0311

1901 Block | 36 Lot | 12-0311 Permit

534 Bridgeton St
Street Address

Mr. Peter 2
Project/Owner

Gas Heater
Type of Inspection

2/7/13
Date called in

2/14/13
Date insp. Requested

Passed ok Fail

B

Joint Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-1-12
Approved by: BJO

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/14-13
Approved by: DIO/LL

Sewer					
Fixtures					
Gas Equipment					
Gas Piping			2.14.13	B	
LPGas Tank					
Fuel Oil Piping					
Solar					
TCO					
Final			2.14.13	B	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GAS TO GAS HTR REPL.

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

Administrative Surcharge	$
Minimum Fee	$ 46.80
State Permit Surcharge Fee	$
TOTAL FEE	$

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

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

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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10-25-12
Control # 12-13-12
Date Issued
Permit # 12-0311

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

Block 1901 Lot 36 Qualification Code

Work Site Location 534 BRIDGEBORO ST. RSDE

Owner in Fee: PETERS

Tel. (609) 238-3092 e-mail

Address SAME
street municipality zip code

Contractor: PSE&G Tel. (609) 239-2433

Address 300 CONNECTICUT DR. e-mail

BURLINGTON TWP., NJ 08016

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: (609) 239-9548

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 50.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 11-1-12
Approved by: DJO

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/14-13
Approved by: PLUMBER

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			2.14.13	JB
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2-19-13	JB

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GAS TO GAS HTR REPL.

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

Administrative Surcharge	$
Minimum Fee	$ 46.00
State Permit Surcharge Fee	$
TOTAL FEE	$

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

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

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CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1901 LOT 36 QUALIFICATION CODE _____ PERMIT # 12-0311

WORK SITE ADDRESS 534 BRIDGEBORO ST. RSDE

Owner in Fee PETERS

Verifying Individual PETE BERND Company PSE&G

Address 300 CONNECTICUT DR. (Street) BURL-TWP (City) N.J. (State) 08016 (Zip Code)

Tel: (609) 239-2433 Fax: (609) 239-9538

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 VENT APPL.

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	_____	Oil / Gas / Other: _____	_____
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

_____ Signature _____ Date

Direct Vent Appliance:

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

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

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

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.