

CALL BEFORE YOU DIG
1-800-272-1000
FOR UTILITY LOCATIONS.



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work-site at: 27 Broadway
2. Name of Owner in Fee: John Corbin Jr Tel. (908) 308-0724
- Address 27 Broadway Freehold, NJ 07728
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Jo-Mar Fence Co Tel. (908) 431-4222
- Address Throckmorton St, Freehold, NJ
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 22-1919221 Social Security No. _____
5. Architect or Engineer _____ Tel. (_____) _____
- Address _____
6. Responsible Person
In Charge of Work _____ Tel. (_____) _____

1. ☒ Minor Work
(single trade)
2. ☐ Small Job (\$5,000
and no prior
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

OPTIONAL (for office use only)

[illegible]

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

U.C.C. Form F-100A

Update Update

- | | | | |
|--------------------------------------|----|------|--|
| 1. Building | \$ | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Other <i>Insurance</i> | | 2500 | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for
State Plan Review | | | |
| 8. Subtotal | \$ | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | \$ | 2500 | |

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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 _____ sq. ft.
 no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

A. RESIDENTIAL.

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

No of dwelling units:

Before Construction

After Construction

Net gain or loss _____

B. NON-RESIDENTIAL

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



ed 8/2/92
92-0384

C. CERTIFICATION IN LIEU OF OATH

Signature

TYPE OF WORK:

[] New Building
[] Addition
[] Alteration
 [] Roofing
 [] Siding
 [] Other _____
[] Demolition
[] Miscellaneous *4'-6'*
 [☒] Fence _____ Height
 [] Sign _____ Sq. Ft.
 [] Pool
 [] Elevator
 [] Asbestos Abatement
 [] Other _____

25.00

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
☒	No Plans Req.	8-5-92	RM	Type:	Failure	Failure	Approval	Initial
☐	All			Footing				
☐	Footing			Foundation				
☐	Foundation			Slab				
☐	Frame			Frame				
☐	Other			Insulation				
Joint Plan Review Required:				Finishes:				
☐	Elec.	☐	Plumb.	☐	Fire			
SUBCODE APPROVAL				Energy				
☐	CO	☐	CCO	☒	CA			
Date: 9-29-92				TCO				
Approved By: [Signature]				Other				
				Final				

Use Group	Present _____	Proposed _____
Constr. Class	Present _____	Proposed _____
No. of Stories	_____	
Height of Structure	_____	Ft.
Area—Largest Floor	_____	Sq. Ft.
Total Bldg. Area/All Floors	_____	Sq. Ft.
Volume of Structure	_____	Cu. Ft.
Total Land Area Disturbed	_____	Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	\$ _____
2. Alteration	\$ _____
3. Total (1+2)	\$ _____

Administrative Surcharge \$ _____
Paid [1] Check # 623 Minimum Fee \$ _____
Collected by: [Signature] TOTAL FEE \$ 25.00

Jo-Mar Fence Co.

247 THROCKMORTON STREET
FREEHOLD, NJ 07728
(908) 431-4222

+ MURPHY ST.

51 WEST H
FENCE

DATE 8/1/92

NO. 7

We propose to furnish and to install on your property a FENCE in accordance with sketch and quantities listed below.

Chain Link Fabric, "mesh, Gauge wire, Line posts, Ft. Max. Spacing, Top rail, high,

Name Mr & Mrs CORWIN

Ship to:

Address: 27 BROADWAY (RT 79)

"SAME"

City FREEDLO

State NJ

Phone 308-0724

Zip Code 07728

FRAMEWORK:

☐ GALVANIZED

☐ ALUMINUM

FABRIC:

☐ GALVANIZED

☐ VINYL COATED

QUANTITY	CODE	SKETCH
3	6' HIGH SENATORIAL STOLKAOE 1x4 SPRUCE "CANVEX"	
2	6' WIDE SECTIONS	
1	6' WIDE SECTION	
1	6' TO 4' SWEEP NS-65-RS	
1	4' WIDE WALK GATE BBR w/NOV-SAL KIT	
8	4x4x7' w/FINIALS	
6	4' SPALD PICKET 50% OPEN 1x4 SPRUCE "CANVEX"	
2	6' WIDE SECTIONS	
1	5' WIDE SECTION	
1	4' WIDE WALK GATE BBR w/NOV-SAL KIT	
11	4x4x7' w/FINIALS	
1	4' HIGH SENATORIAL STOLKAOE "CANVEX"	
1	3' WIDE WALK GATE BBR w/NOV-SAL KIT	
4	4x4x7' w/FINIALS	
TENTATIVE INSTALLATION DATE 8/13/92. WEATHER PERMITTING.		

Top of fence to: follow ground ☒ be straight ☐

Cash price of the work \$ 1,538

Down payment made by the Owner \$ 600 #622 8/1/92 RD

Payment due at delivery/posting \$ 600

Final payment at completion of work \$ 338

Gravel ☒

Concrete ☐

Knuckle up ☐

Twist up ☐

The undersigned hereby certifies that he is ☒ or is not ☐ exempt from payment of the sales and use tax on the amount of the contract entered into with you, because the performance of the contract will result in a capital improvement to real property.



CONSTRUCTION PERMIT

Date Issued 8/7/92

Control # _____

Permit # 92-0384IDENTIFICATION Block 43 Lot 26Work Site Location 27 Broadway
Freehold NJ 07728Contractor Jo-Mar Fence Co.Address Throckmorton St
Freehold, N.J. 07728Owner in Fee John Corbin JrAddress 27 Broadway
Freehold, NJ 07728

Tele. () _____

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

Exp. Date _____

Tele. (908) 308-0724Federal Emp. No. 22-7919271

or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☒ OTHER Fence
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

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 \$ 1538

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)

Building 25.00

Plumbing _____

Electrical _____

Fire Protection _____

Other _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other _____

Total 25.00Check No. 623

Cash _____

Collected By: [Signature]

(see reverse side)

BOROUGH OF FREEHOLD
DEPARTMENT OF BUILDING INSPECTION

FENCE APPLICATION AND PERMIT
(PREPARE IN DUPLICATE)

ADDRESS 27 Broadway Freehold, NJ ZONING DISTRICT _____

BETWEEN Murray St. AND Henri St.
(Cross Street) (Cross Street)

LOT 43 BLOCK 26 CORNER LOT ✓ YES _____ NO _____

NAME OF OWNER OF PROPERTY John Corbin Jr

27 Broadway Freehold, NJ

TELEPHONE # 908 308-0724

FENCING DESCRIPTION

TYPE OF FENCE AND MATERIAL Spruce

HEIGHT ~~10~~

FRONT YARD _____
(FRONT OF HOUSE)

SIDE YARD 4"

REAR YARD 6"
(REAR OF HOUSE)

SIZE AND PERCENTAGE OF OPENING 4" - 50%

ATTACH (1) copy of sketch with application.

FEE: \$25.00

John Corbin
(SIGNATURE OF OWNER)

PERMIT APPROVED 8-7-92

Date

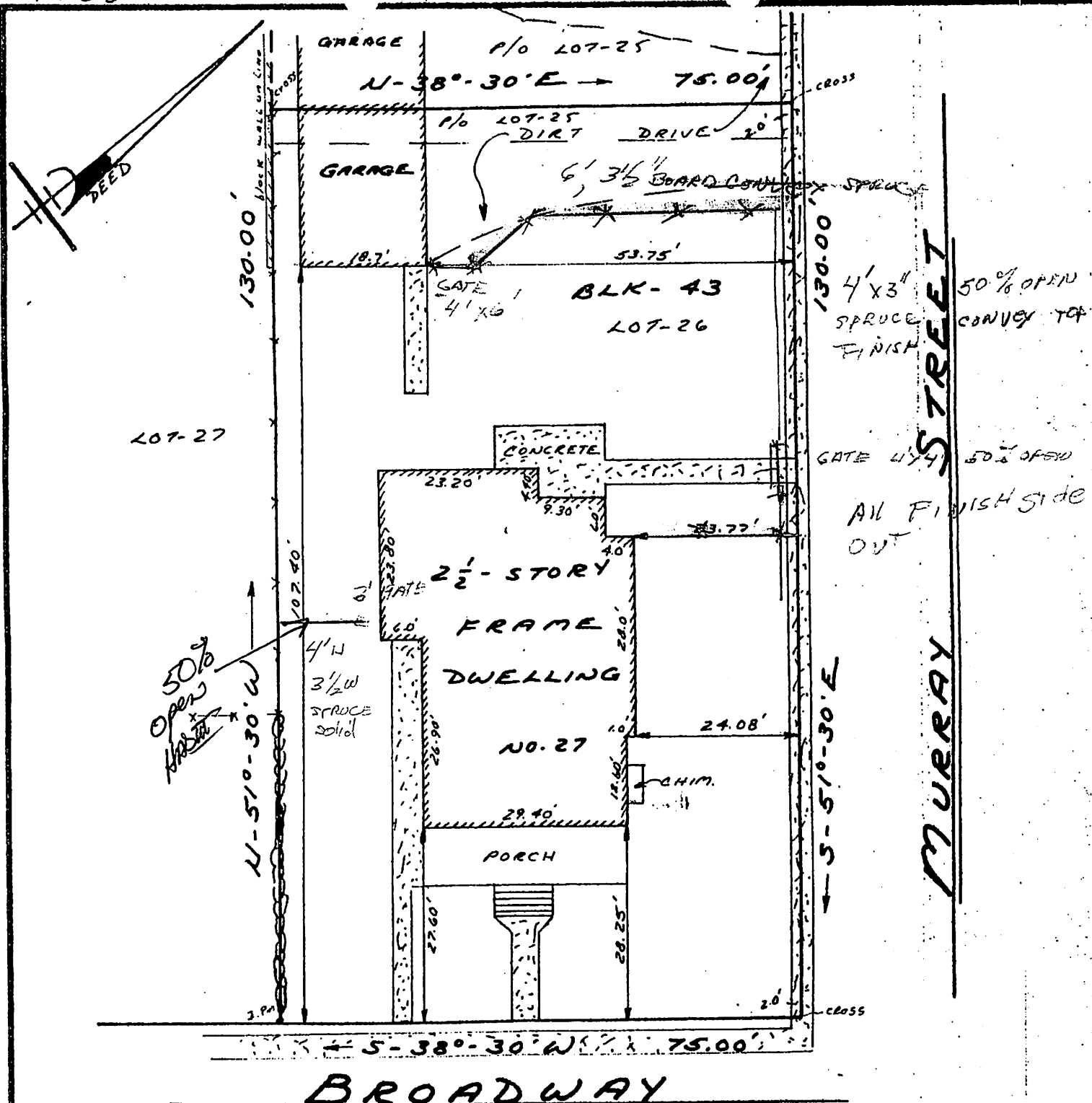
DISAPPROVED _____

REASONS FOR DISAPPROVAL _____

NOTE: FINISHED SIDE OF FENCE TO FACE ADJACENT PROPERTY

*CALL WHEN FENCE IS COMPLETED.

BY Henry H. Stryker III
BUILDING INSPECTOR



Property known as Lot-26, p/o Lot-25, Blk.-43 as shown on Sheet No. 14 of the Borough of Freehold Tax Map.

This survey is certified to:
John F. Corbin, JR. & Johanna I. Ham;
Larson Mortgage Company and/or
its successors and assigns;
Stewart Title Agency of Central Jersey
Inc.;
Sanford D. Brown, Esq.

Robert S. Yuro
Robert S. YURO L.S. 19463

SURVEY OF PROPERTY
prepared for

JOHN F. CORBIN, JR. & JOHANNA I. HAM

situated in

FREEHOLD BOROUGH, MONMOUTH COUNTY, N.J.

prepared by

ROBERT S. YURO ASSOCIATES INC.

Professional Land Surveyors

382 Hulse's Corner Rd., Howell Twp., N.J.

367-0447

dated JULY 3, 1985

scale: 1" = 20'
File No. Y. 7141

BLOCK 43 LOT 26 ADDRESS (SITE) 27 BROADWAY PERMIT NO. 92-0269



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 27 BROADWAY, FREEHOLD
2. Name of Owner in Fee: JOHN & JOHANITA CORBIN Tel. (908) 308-0724
Address 27 BROADWAY FREEHOLD NJ 07728
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: N/A Tel. (____) _____
Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person In Charge of Work JOHN F. CORBIN Tel. (____) _____

V. FEE SUMMARY (for office use only)

Update

1. Building	\$	<u>3000</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other <u>CLA</u>		<u>2000</u>	
13. TOTAL	\$	<u>5000</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1
2. Height of Structure 15'
3. Area—Largest Floor 400 sq. ft.
4. Building Area—All Floors 400 sq. ft.
5. Volume of Structure 5000 cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____ sq. ft.
no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☒ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost
800.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			<u>5-10-92</u>	<u>RM</u>			

TOTAL COSTS

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 | 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| 2. ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| | | 9. ☐ Underground Storage Tanks |

VII. DESCRIPTION OF BUILDING

A. RESIDENTIAL

1. ☐ Hotels (F)
2. ☐ Multi-Fam
3. ☐ Two-Fam
4. ☐ Two-Fam
5. ☐ One-Fam
6. ☐ One-Fam
- No of dwelling _____
- Before Constr _____
- After Constr _____
- Net gain or _____

B. NON-RESIDENTIAL

1. State Specific _____
2. Use Group: _____
3. Change in Use _____
- Indicate For _____

Boro of Freehold
51 West Main Street
Freehold, NJ 07728
(908) 462-4903



CERTIFICATE

Date Issued 9/29/92
Control #
Permit # 92-0269

IDENTIFICATION

Block 43 Lot 26
Work Site Location 27 Broadway
Freehold NJ 07728
Owner in Fee John Corbin Jr
Address 27 Broadway
Freehold NJ 07728
Tele. (908) 308-0724
Contractor Self
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____
or Social Security No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Ad Hoc repair of garage, re-roof 400 sq ft
½ existing roof, reside 1000 sq ft vinyl
siding

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

Henry A. Stryker III
CONSTRUCTION OFFICIAL

Fee \$ PAID
Paid [] Check No. _____
Collected by: _____



CONSTRUCTION PERMIT

Date Issued 6/19/92

Control # _____

Permit # 92-0261IDENTIFICATION Block 43 Lot 26Work Site Location 27 BROADWAY
FREEDMAN, NJ.Contractor OWNERAddress SAMEOwner in Fee JOHN & JOHANNA CORBINAddress 27 BROADWAY

Tele. (____) _____

FRED HOLT, NJ.Tele. (908) 308-0724

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. _____

Is hereby granted permission to perform the following work:

☒ BUILDING [] PLUMBING [] OTHER _____
 [] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

AD Hoc Repair of GARAGE

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 \$ 800.00

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)

Building 30.00

Plumbing _____

Electrical _____

Fire Protection _____

Other _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other Cert of App. 20.00Total 50.00

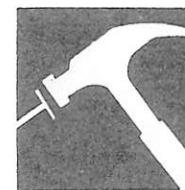
Check No. _____

Cash 50.00Collected By: [Signature]

(see reverse side)

PRO 108

NEW JERSEY
UNIFORM CONSTRUCTION CODE
BUILDING SUBCODE TECHNICAL SECTION



Date Received

Date Issued

Control #

Permit #

6/18/92
92-0261

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

Block 43 Lot 26
Work Site Location 27 BROADWAY
FREEHOLD
Owner in Fee JOHN & JOHANNA CORBIN
Address 27 BROADWAY
FREEHOLD, NJ
Tele. (908) 308-0724
Contractor N/A
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Req.	6-10-92	RM	Type:	Failure Failure Approval Initial
☐ All			Footing	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☐ CO ☐ CCO ☒ CA			TCO	
Date: 9-29-92			Other	
Approved By: <u>HA Styler III</u>			Final	9-29-92 <u>HA Styler III</u>

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ 800.00

U.C.C. Form F-110A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ad Hoc Repair of GARAGE
Re Roof 400 Δ 1/2 EXISTING RO.
Re Side 1000 Δ Vinyl

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☒ Siding
☒ Other REPAIR of GARAGE
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height _____
☐ Sign _____ Sq. Ft. _____
☐ Pool _____
☐ Elevator _____
☐ Asbestos Abatement _____
☐ Other _____

(Office Use C
FEE

\$ _____

30.00

Administrative Surcharge \$ _____
Paid ☐ Check # Cash Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ 30.00

PR

ADDRESS (SITE) 27 BROADWAY

PERMIT NO.

U C
NEW JERSEY
UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work Site at: 27 BROADWAY, FREEHOLD, NJ

2. Name of Owner in Fee: JOHN F CORBIN Tel. (732) 294-9429

Address 27 BROADWAY FREEHOLD NJ 07728

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: CABALLERO & SON Tel. (732) 294-7971

Address 919 HWY 33 SUITE 21

License No. OR, if new home, Builder Reg. No. 7889 Exp. Date _____

Federal Employee No. 222414043 FAX: (732) 294-7969

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work JOHN CABALLERO

Tel. (732) 294-7971 FAX (732) 294-7969

1. Building	\$		
2. Electrical		25	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		1	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	26	

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 _____

(office use only)

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☒ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

1560

[illegible]

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Dewatering 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

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

Before Construction _____
After Construction _____
Net Gain or Loss _____

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

BORO OF FREEHOLD
51 WEST MAIN STREET
FREEHOLD, NJ 07728
(732) 462-4903



CERTIFICATE

Date Issued
Control #
Permit #

12/24/98

98-0627

IDENTIFICATION

Block 43 Lot 26
Work Site Location 27 BROADWAY
FREEHOLD, NJ 07728
Owner in Fee/Occupant JOHN CORBIN
Address 27 BROADWAY
FREEHOLD, NJ 07728
Tele. () 294-9429
Contractor CABALLERO & SONS P & H INC.
Address 919 HWY. 33, STE. 21
FREEHOLD, NJ 07728
Tele. () 294-7971 Fax ()
Lic. No. or Bldrs. Reg. No. 9819
Federal Emp. No. 22-241043

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:
REPLACE WATER SERVICE

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

CONSTRUCTION OFFICIAL

HENRY A. STRYKER, III

Fee \$ N/C
Paid [] Check No. _____
Collected by: _____

Construction Official



Date Received
Date Issued
Control #
Permit #

98-0627
12/29/98

[illegible][illegible]

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower

Lot

4

Date Issued _____
Control # _____
Permit # _____

12/23/98



JEC CONSTRUCTION PERMIT
NEW JERSEY
UNIFORM CONSTRUCTION CODE

Mr Corbin

Contractor
Address

Address 915 Hwy 33 S. W. 21

27 Breeding

Tele. (732) 294-7571

$$\text{lele. } \left(\frac{133}{20} \right) -$$

Federal Emp. No. 2274424 Exp. Date 1/31/2011

Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING	☒ PLUMBING
-----------------------------------	--

PLUMBING

ELECTRICAL

[] ELEVATOR DEVICES

1. OTHER

DESCRIPTION OF WORK:

10 replace existing water service

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.

Cost of Work \$ 1500

U.C.C. Form F-170C

1 WHITE-INSPECTOR 2 CANARY OFFICE

3 PINK-OFFICE 4 GOLD-APPLICANT

(see reverse side)

Signature — Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

UCC F130

(rev 3/96)

FEE (Office Use Only)

Active Surcharge	\$
Minimum Fee	\$
SA Training Fee	\$
TOTAL FEE	\$

TOTAL FEE \$

3

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



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

IDENTIFICATION Block

Lot

Work Site Location

Owner in Fee

Address

Tele. (732)

Contractor

Address

Tele. (732)

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING☒ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

To replace existing water service

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 \$ 1,500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 25

Fire Protection

Elevator Devices

Other

DCA Training Fee 1

Cert. of Occ.

Other

Total 26

Check No. 500-0

Cash

Collected By: SV

(see reverse side)

U.C.C. Form F-170C

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

CONSTRUCTION DEPT.
Construction Official



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

12/23/18
98-0627

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

Block 43 Lot 26

Work Site Location 21 Broadway

Owner in Fee M M Corbax

Address 27 Broadway

Freehold, NJ 07728

Tele. (732) 294-9429

Contractor CABALLERO & SONS P & H INC

Address 919 Hwy 33 Site 21

Freehold, NJ 07728

Tele. (732) 294-7971 Fax (732) 294-7969

Lic. No. 9589

Federal Emp No 222414043

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 \$ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

Date: 12/23/18

Approved by: [Signature]

SUBCODE APPROVAL

☒ CO ☐ CCO ☐ CA

Date: 12/23/18

Approved by: [Signature]

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

Solar _____

TCO _____

Dates (Month/Day)

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

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection/Replacement

Stacks

Other _____

Other _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge

\$ _____

Minimum Fee

\$ _____

DCA Training Fee

\$ _____

TOTAL FEE

\$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

1. ☐ Partial Releases

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 11/30/2000
Control #
Permit # 99-0519

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 45 Lot 26 CHURCH
Work Site Location 27 BROADWAY
Owner in Fee/Decedent CORBIN
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Telephone (732)294-9429
Contractor DOUG MARTIN
Address 57 WAYNE AVE.
FREEHOLD, NJ 07728-
Telephone (732)462-1936 Fax ()
Lic. No. or Bldg. Reg. No.
Federal Empl. No. 000000000

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE ROOF; INSTALL NEW REAR DECK; REPLACE EXIS
MOVE SIDE FENCE 6'

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

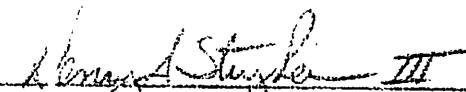
- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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


CONSTRUCTION OFFICIAL
N.J. 5200-4 (rev. 3/96)

Fee \$ 0
Paid ☒ Check No. 563-0
Collected by: TB

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/22/99
Date Issued 10 27 99
Control # C-43/26
Permit # 99-0519

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

Block 43 Lot 26 Dual
Work Site Location 27 BROADWAY

Owner in Fee CORBIN
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (732) 294-9429
Contractor DOUG MARTIN
Address 57 WAYNE AVE.
FREEHOLD, NJ 07728-
Tele. (732) 462-1936 Fax
Lic. No. or Bldg. Reg. No.
Federal Emp. No. ~~CORBIN~~

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.

On file
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REPLACE ROOF; INSTALL NEW REAR DECK; REPLACE EXISTING DECK;
MOVE SIDE FENCE 6'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	TYPE OF WORK	FEE (Office Use Only)
☐ No Plans Req.			Type	Failure Failure Approval Initial	☐ New Building	\$
☐ All			Footings	11-16-99 JMM	☐ Addition	
☐ Footings			Foundation		☒ Alteration	180
☐ Foundation			Slab		☐ Roofing	
☐ Frame			Frame		☐ Siding	
☐ Other			Barrier-Free		☐ Fence	
Joint Plan Review Required:			Insulation		☐ Sign	
☐ Elect ☐ Plumb ☐ Fire			Finishes		☐ Pool	
SUBCODE APPROVAL			Energy		☐ Asbestos Abatement Subchapter 2	
☐ CC ☐ CO ☒ CA			Mechanical		☐ Lead Haz. Abatement NJAC 5:27	
Date: 11-28-99			TCU		☐ Other	
Approved By: [Signature]			Owner		☐ Other	
			Final		☐ Demolition	
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 1,999
3. Total (1+2) \$ 1,999
Industrialized Building:
☐ State Approved
☐ HUD

11-16-99 - Roof Completed

Administrative Surcharge \$ 0
Paid ☒ Check # 563-0 Minimum Fee \$ 0
Collected by: TB TOTAL FEE \$ 180
DCA Training Fee \$ 0

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 10/27/99
Control # C-43/26
Permit # 99-0519

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 43 Lot 26 Sublot

Work Site Location 27 BROADWAY
Owner in Fee CORBIN
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Telephone (732)294-9429

Contractor DOLG MARTIN
Address 57 WAYNE AVE.
FREEHOLD, NJ 07728-
Telephone (732)462-1936
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. (732)462-1936

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE ROOF; INSTALL NEW REAR DECK; REPLACE EXISTING DECK;
MOVE SIDE FENCE 6'

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 \$ 8,000

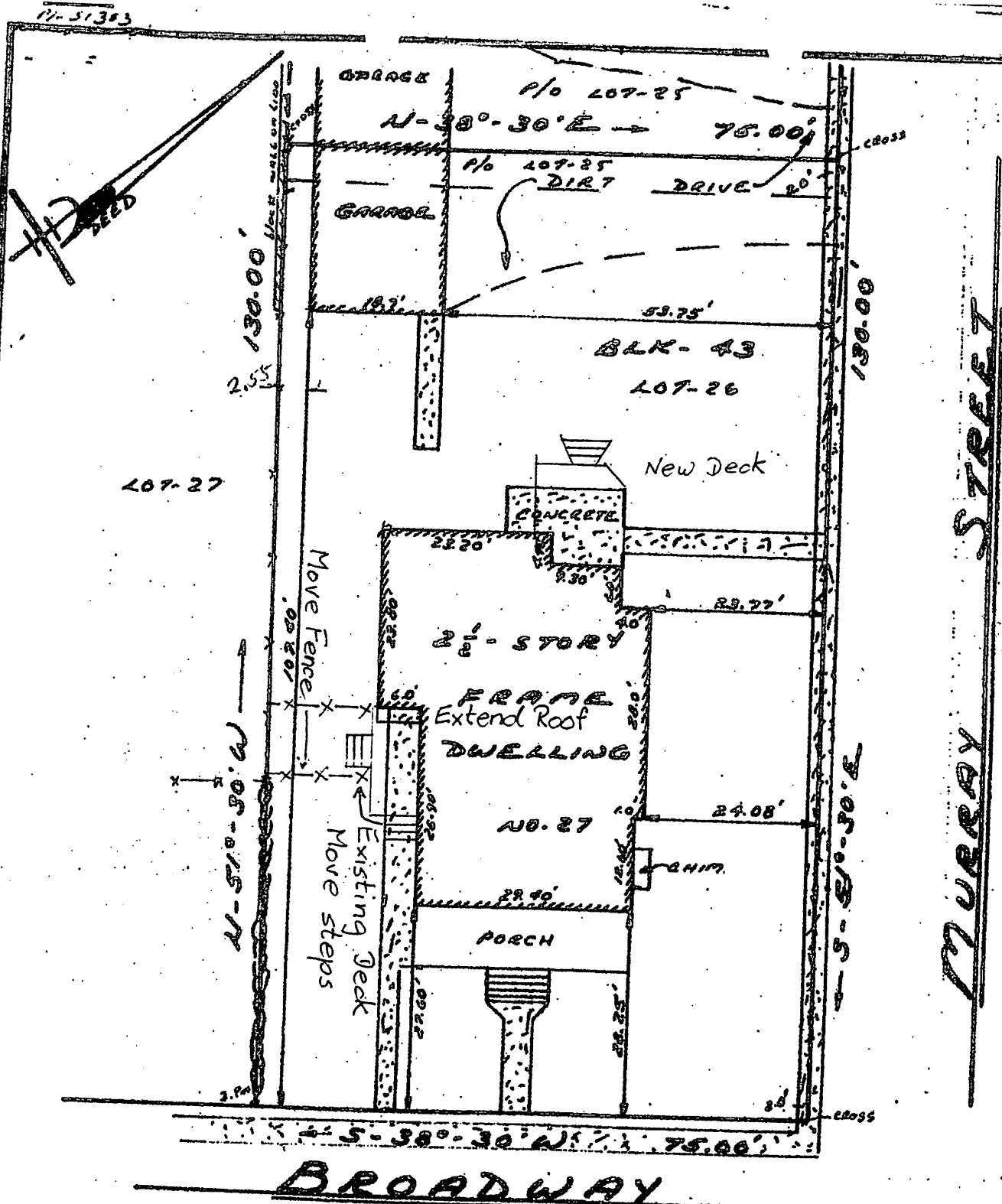
Robert J. Stuyke III
Construction Official

1/1
Date

U.C.C. 270 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	180
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	7
Cent. of Occupancy	0
Other	
Total	187
Check No. <u>563-0</u>	
Cash	
Collected By <u>JB</u>	



Property known as Lot-26, p/o Lot-25, Blk.-43 as shown on Sheet No. 14 of the Borough of Freehold Tax Map.

This survey is certified to:
John F. Corbin, JR. & Johanna I. Ha
Larson Mortgage Company and/or
its successors and assigns;
Stewart Title Agency of Central Jer
Inc.;
Sanford D. Brown, Esq.

Plat 14

Kevin J. Stone
General Contractor
21 Birch Drive
Freehold, NJ 07728
(732) 462-5559

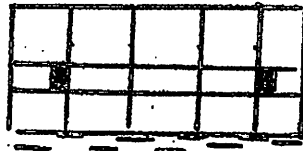
10/19/99

JOHN COBBIN
27 Broadway
Freehold NJ 07728

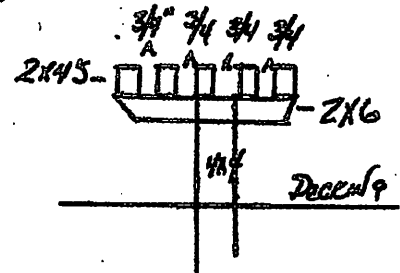
204 9429

CONSTRUCT EXTENSION OF DECK TO NINE STEPS TO INCLUDE

- 1) FRAME - 2X6 16" O.C ATTACHED WITH Teco's (CCA)
- 2) 4X4 SUPPORT POST - 1 12"X36" HOLE FILLED WITH CONCRETE & Teco SNOE, 1 4X4 POST ON STAIR WITH Teco SNOE
- 3) DECKING 5/4X6 CCA
- 4) 6' HIGH PRIVACY SHADOW BOX FENCE
- 5) NEW SET OF STAIRS CCA RAILING
- 6) BENCH 2X4'S ON EDGE, 3/4" SPRING - 16" DEEP, 17 1/2" HIGH



Privacy Fence



Extend Roof - 2'

- ① FRAME 2X6 16" O.C
- ② 3/4" SHEATHING
- ③ 1X6 FASCIA
- ④ REMOVE GUTTER - & PUT BACK UP - SPRING BY HOMEOWNER; GUTTER COMPANY IS UNAVAILABLE
- ⑤ WEAP FASCIA
- ⑥ REPLACE SOFFIT
- ⑦ DECORATE 4" SQUARE/ROUND DECORATE PILE WITH CEDAR B. ON DECK FRAME
- ⑧ LATTICE - CCA ON NEW PORTION OF DECK TO MATCH EXISTING.

BOROUGH OF FREEHOLD
BUILDING DEPT. - RECYCLING FORM

PERMIT # _____ WORK-SITE AT: 27 BROADWAY
BLOCK # 43
LOT # 26 JOHN F. CORBIN
(PERMIT APPLICANTS NAME)

In accordance with the Monmouth County Solid Waste Management Plan, all applicants seeking construction or demolition permits must identify all disposal and recycling arrangements. Records documenting the quantity and disposition of all materials must be provided.

	<u>HAULER</u>	<u>RECYCLE/DISPOSAL SITE</u>	<u>APPROX TONNAGE</u>
☐ CARDBOARD (non resident'l)	_____	_____	_____
☐ CONCRETE	_____	_____	_____
☐ ASPHALT	_____	_____	_____
☐ WHITE GOODS	_____	_____	_____
☐ TREE STUMPS & LIMBS	_____	_____	_____
☐ HAZARDOUS & LIQUID WASTE	_____	_____	_____
☐ WOOD/PLASTER CONST. DEBRIS	_____	_____	_____
☒ ROOFING MAT'L.	<u>DOUG MARTIN</u>	_____	_____
☐ OTHER	_____	_____	_____

I hereby certify the above information is true and accurate

Date 10/22/99

John F. Corbin
Permit Applicants Signature

HOMEOWNER WAIVER

In lieu of the above requirements the Permit Applicant certifies that the work performed is minor construction and will generate less than 6 cubic yards and accepts responsibility for the proper disposal of the construction debris in accordance with County and Borough regulations.

METHOD OF DISPOSAL _____

(Permit Applicant's Signature)

FOR FURTHER ASSISTANCE CONTACT:
SCOTT PRESTON, RECYCLING COORDINATOR (908) 462-4200

BLOCK 43 LOT 26 QUALIF /CODE _____ ADDRESS (SITE) 27 Broadway PERMIT NO. 04-0531



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 Broadway
2. Name of Owner in Fee: John Corbin Tel. 609 971-0492
Address: Same Freehold Boro 07728
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: RAdata Inc. Tel. 873 927-7303
27 Ironia Rd., Unit 2
Address Flanders, NJ 07836
License No. OR, if new home, Builder Reg. No. M1390001 Exp. Date 4/05
Federal Employee No. 40424 Fax 873 927-4980
5. Architect or Engineer _____ Tel. ()
Address NOV 20 2013
6. Responsible Person in Charge of Work John Corbin
Tel. 609 971-0492 Fax ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40-</u>		
2. Electrical	\$ <u>35-</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	\$ <u>3-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>98-</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____ sq. ft.
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. B
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

1,685

Plans
Rec'd by

Date
Rec'd

Rejection
Date

Approval
Date

Re-
viewer

Resubmission Dates
Approval Rejection

Re-
viewer

JB

8/24/04

9-10-04

MEH

9-2-04

MEH

TOTAL COSTS

1,685

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

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO
No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

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

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 11/20/2013
Control #
Permit # 04-0531

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 43 Lot 26 Dual _____
Work Site Location 27 BROADWAY
Owner in Fee/Occupant CORBIN
Address 27 BROADWAY
FREEHOLD, NJ 07728
Telephone (609)971-9429
Contractor R.A.DATA INC.
Address 27 IRONIA RD., UNIT 2
FLANDERS, NJ 07836
Telephone (973)927-7303 Fax ()
Lic. No. or Bldrs. Reg. No. MJB90001
Federal Emp. No. 22-3140424

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-3
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL 1 SUB-SLAB VENTILATION SYSTEM

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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


CONSTRUCTION OFFICIAL

U.C.C. 1760 (rev. 3/98) NJ UCCMS 5.26

Fee \$ 0
Paid ☒ Check No. 22540-C
Collected by: TR

INSPECTION NOTICE

21

Broadway

TO: Don

TIME: _____ DATE: 11/7/13 BY: _____

OWNER/AGENT _____

TELE: () _____ PERMIT #: 04-5531

WORK SITE: 27 Broadway

BLOCK 43 LOT 26

INSPECTION REQUESTED: Pool

AVAILABILITY/COMMENTS: _____

NOTE: ALL INSPECTION REQUESTS WILL BE DONE

WITHIN 72 HOURS AS OUTLINED IN UCC

24 HOUR NOTICE REQUIRED PRIOR TO

TIME INSPECTION.

NJ UCCARS5.24D

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/02/20
Date Issued 9/29/0
Control # C-43/26
Permit # 04-0531

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

Block 43 Lot 26 Qual _____
Work Site Location 27 BROADWAY

Owner in Fee CORBIN
Address 27 BROADWAY
FREEHOLD, NJ 07728-

Tele. (609) 971-9429

Contractor DANIEL GLENN

Address 4 MICHAEL AVE.

HILLTOWN, NJ 08850-

Tele. (732) 249-7526

Lic. No. or Bldrs. Reg. No. 9742

Federal Emp. No. 22-3526933

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg ☐ Plumb

☐ Fire ☐ Elevator

☐ Elect Plans Approved

Date: _____

Approved By: on file

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved By: on file

INSPECTIONS

Type

Dates (Month/Day)

Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.

SIZE

ITEM

FEE (Office Use Only)

0

Lighting Fixtures

0

Receptacles

0

Switches

0

Detectors

0

Light Poles

0

Motors-Fract HP

0

Emergency & Exit Lights

0

Communications Points

0

Alarm Devices/F.A.C. Panel

0

TOTAL NUMBERS

0

Pool Permit/with UW Lights

0

Storable Pool/Spa/Hot Tub

0

KW Elect Range/Receptacle

0

KW Oven/Surface Unit

0

KW Elect Water Heater

0

KW Elect Dryer/Receptacle

0

KW Dishwasher

0

HP Garbage Disposal

0

KW Central A/C Unit

0

HP/KW Space Heater/Air Handler

0

Baseboard Heat

0

HP Motors 1/+ HP

0

KW Transformer/Generator

0

ANP Service

0

ANP Subpanels

0

ANP Motor Control Center

0

KW Elect Sign/Outline Light

0

Other RADON

0

Other

0

Other

0

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

Administrative Surcharge \$ 0
Paid [☒ Check # 2540-C Minimum Fee \$ 0
Collected by: TS TOTAL FEE \$ 35
DCA State Permit Fee \$ 0

27 Broadway
Freehold
609-971-0492H



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 27 Broadway
Freehold NJ 07728
Owner in Fee/Occupant John Corbin
Address 27 Broadway
Freehold NJ 07728
Tele. (_____) 609-971-0492H
Contractor DANIEL GLENN
Address 4 MICHAEL AVE., MILLTOWN, NJ 08850
\$ 100.00
Tele: 732-249-7526 Fax: _____
Lic. No. or Bldrs. Reg. No. 9742
Federal Emp. No. 22-3526933

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[X] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Temp. Serv.				
[] Fire [] Elevator			Constr. Serv.				
[] Elec. Plans Approved			TCO				
Date: <u>9-2-04</u>			Other				
Approved by: <u>[Signature]</u>			Service				
			Final				

SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: 11-7-03
Approved by: [Signature]

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) 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 Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights _____
Storable Pool/Spa/Hot Tub _____
KW Elec. Range/Receptacle _____
KW Oven/Surface Unit _____
KW Elec. Water Heater _____
KW Elec. Dryer/Receptacle _____
KW Dishwasher _____
HP Garbage Disposal _____
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 _____

RADON

Administrative Surcharge	\$ _____
Minimum Fee	\$ <u>35</u>
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

Radata/ F-120 rev 10/00
Professional Printing
856-468-7933

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

NJ UCCARS 5.24D
BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/02/2004
Date Issued 09/02/04
Control # C-43/26
Permit # 04-6531

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee CORBIN
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (609) 971-9429
Contractor R.A. DATA INC.
Address 27 IRONIA RD., UNIT 2
FLANDERS, NJ 07836-
Tele. (973) 927-7303 Fax (
Lic. No. or Bldrs. Reg. No. MIB90001
Federal Emp. No. 22-3140424

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.

on file
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INSTALL 1 SUB-SLAB VENTILATION SYSTEM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Req.			Type	Failure Failure Approval Initial
[] All			Footing	
[] Footing			Foundation	
[] Foundation			Slab	
[] Frame			Frame	
[] Other			BarrierFree	
Joint Plan Review Required:			Insulation	
[] Elect [] Plumb [] Fire			Finishes	
SUBCODE APPROVAL [] Elev			Energy	
[] CO [] CCO [] CA			Mechanical	
Date: 11/1/13			TCO	
Approved By: [Signature]			Other	
			Final	
			BarrierFree	

TYPE OF WORK

[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence 0 Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other
Other
[] Demolition

FEE (Office Use Only)

\$ 0
0
40
0
0
0
0
0
0
0
0
0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0
2. Alteration \$ 1,999
3. Total (1+2) \$ 1,999

Industrialized Building:

[] State Approved
[] HUD

Administrative Surcharge \$ 0
Paid Check # 22510-0 Minimum Fee \$ 0
Collected by: 13 TOTAL FEE \$ 40
DCA State Permit Fee \$ 3

Date Issued 9/24
Control # C-43/26
Permit # NY-DE 3

ued 9/29/04
C-43/26
04-0531

Work Site Location 27 BROADWAY

Contractor **R.A.DATA INC.**

Owner in Fee CORBIN

Address 27 IRONIA RD., UNIT 2

Address 27 BROADWAY

FLANDERS, NJ 07836-

FREEHOLD, NJ 07728-

Telephone (973) 927-7303

Telephone (609) 971-9429

Lic. No. or Bldrs. Reg. No. MIB90001

Federal Emp. No. 22-3140424

Is hereby granted permission to perform the following work:

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL 1 SUB-SLAB VENTILATION SYSTEM

PAYMENTS (Office Use Only)

Building 40

Electrical 35

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other

DCA State Permit Fee	3
----------------------	---

Cert. of Occupancy 0

Other _____

Total	78
--------------	-----------

Check No. 22540-C

Cash

Collected By MB

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 \$ 2,099

Construction Official

Date _____



BUILDING SUBCODE TECHNICAL SECTION

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

Block _____ Lot _____
Work Site Location 27 Broadway
Freehold NJ 07728
Owner in Fee John Corbin
Address 27 Broadway
Freehold NJ 07728
Tele. () 609 974 0402H
Contractor STONE RIDGE RADON/Radata Inc.
Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836

Tele: 973-927-7303 Fax: 973-927-4980

Lic. No. or Bldrs. Reg. No. MIB90001

Federal Emp. No. 22-3140424

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type:	Failure Failure Approval Initial
☐ All	_____	_____	Footing	_____
☐ Footing	_____	_____	Foundation	_____
☐ Foundation	_____	_____	Slab	_____
☐ Frame	_____	_____	Frame	_____
☒ Other <u>Radon</u> <u>9-20-01</u>	_____	_____	Barrier-Free	_____
Joint Plan Review Required:			Insulation	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes	_____
SUBCODE APPROVAL			Energy	_____
☐ CO ☐ CCO ☐ CA			Mechanical	_____
Date: _____			TCO	_____
Approved by: _____			Other	_____
			Final	_____
			Barrier-Free	_____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+ 2) \$ \$1,585.00



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 sub-slab ventilation system

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☒ Other RADON
☐ Demolition

FEE (Office Use Only)

\$ _____

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____

Work Site Location 27 Broadway
Freehold NJ 07728

Owner in Fee John Corbin
Address 27 Broadway
Freehold NJ 07728

Tele. (____) 609-971-0492H

Contractor STONE RIDGE RADON/RAdata Inc.

Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836

Tele: 973-927-7303 Fax: 973-927-4980

Lic. No. or Bldrs. Reg. No. MIB90001

Federal Emp. No. 22-3140424

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>RADON</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Install 1 sub-slab ventilation system

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 \$ \$1,685.00

Date

9-10-04

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)

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

(see reverse side)

Radata/ F-170 rev 10/00



RAdata, Inc.

27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303 973-927-4980 fax
1-800-447-2366

RE: Radon permits

To all municipalities,

Please be informed as per the Minor Work requirements that this application for permits is a notification to the building or construction department that the work is to be completed by the date on the proposal. When the permits are processed by your department, PLEASE CALL the following number to notify us that they are ready and payment/pick-up will be dispersed thereafter. Thank-you for your cooperation!

Please call: 1-800-447-2366

Thank-you,

David Grammer

DG/hg



Jim Florio
Governor

State of New Jersey
Department of Community Affairs
Division of Codes and Standards
Construction Code Element
CH 816
Trenton, New Jersey 08625-0816
(609) 530-8820



Stephanie R. Bush
Commissioner

NUMBER
93-4

Date: December 1, 1993

Subject: Radon Hazard Subcode
and Radon Mitigation
Work in Existing Buildings

Reference: N.J.A.C. 5:23-10

There continues to be confusion over what guidelines code officials should follow when issuing a permit and performing inspections of radon mitigation work in existing buildings. The construction techniques in subsection 10.4 of the Radon Hazard Subcode are for new construction and should not be applied to radon mitigation work in existing buildings.

In order to provide code officials with guidance, the following is an administrative and technical checklist for items directly related to radon mitigation work performed in existing buildings. (Regulations, incorporating several of these items, are anticipated to be proposed and adopted in the near future.)

1. Radon mitigation work in existing low rise (three or fewer stories) detached one and two-family dwellings is categorized as minor work. Therefore, no plan review is required and only a personal or telephoned oral notice is necessary before work commences.
2. At maximum, only two technical subcode forms, Building and Electrical, should be required for radon mitigation work in low rise detached one and two-family dwellings. The expertise of the Building and Electrical subcode officials should be sufficient in determining the acceptability of the construction work performed. If the radon mitigation work does not involve any electrical aspects, such as an in-line electrical fan, lighting or receptacle outlet, then only a Building technical subcode form is necessary.
3. Items such as, but not limited to, the following should be observed when a radon mitigation system with an in-line electrical fan (an active system) is installed:
 - (a) Is adequate access for servicing the electrical devices provided? If the electrical devices such as the in-line electrical fan, are installed in an attic space with an access opening that does not meet current code requirements, it does not have to be enlarged to conform to the current code. If no access is currently available to the attic space and access would be required by current code, then the opening shall be made to conform to current code requirements.
 - (b) Once an electrical or mechanical device is installed that requires servicing or access; additional electrical items, such as a lighting outlet and receptacle outlet, may be necessary if not existing.
 - (c) If the appliance is installed in a remote location, access such as a walkway must be provided.

BULLETIN

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.



STATE OF NEW JERSEY
Department of Environmental Protection-Radon Section
PO Box 415, Trenton, NJ 08625-0415

DISPLAY THIS PART PUBLICLY AT YOUR LOCAL BUSINESS
HEREBY CERTIFIES THE GOOD STANDING OF

RADATA, INC.
27 IRONIA RD STE 2
FLANDERS NJ 07836-9172

AS A: RADON MITIGATION BUSINESS

Effective Date	thru	Expiration Date
04/29/2004		04/29/2005

CERTIFICATION NUMBER
MIB90001

Donald P. Nicholas
DIRECTOR

THIS CERTIFICATION HAS BEEN ISSUED IN ACCORDANCE WITH
N.J.A.C. 7.28-27 AND THE CONDITIONS SET FORTH IN YOUR APPLICATION
PLEASE INFORM THE DEP OF ANY ADDRESS CHANGE.

DOC# 040279080

IF YOUR LICENSE IS LOST
PLEASE NOTIFY:

NJDEP - RADON SECTION
PO BOX 415
TRENTON, NJ 08625-0415
(609) 984-5425

PLEASE DETACH HERE

EXPIRATION DATE: 04/29/2005

YOUR CERTIFICATION NUMBER IS MIB90001. PLEASE USE IT IN ALL CORRESPONDENCE
WITH THE RADON SECTION. USE THIS SECTION TO REPORT NAME AND/OR ADDRESS CHANGES.

COMPLETE BELOW WITH NEW INFORMATION AND FORWARD TO THE RADON SECTION AT:

NJDEP - RADON SECTION
PO BOX 415
TRENTON, NJ 08625-0415

NEW ADDRESS

OLD ADDRESS

TELEPHONE WITH AREA CODE:

TELEPHONE WITH AREA CODE:

DOC# 040279080

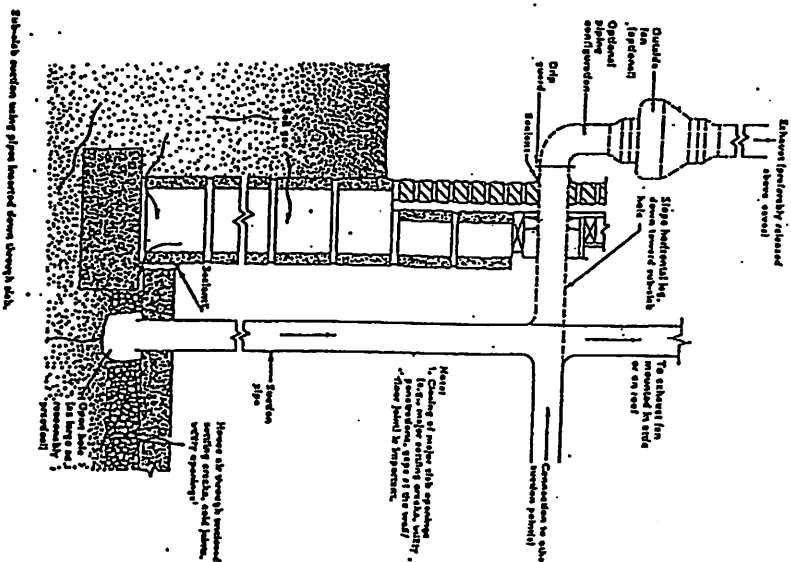
SUB-SLAB VENTILATION (ACTIVE)

Principle of Operation: In active sub-slab ventilation, a fan is used to suck soil gas away from the foundation by means of individual suction pipes which are inserted through the region under the concrete slab. The pipes can be inserted vertically downward through the slab from inside the house, or can be inserted horizontally through a foundation wall at a level beneath the slab. The intent of the system is to create a low-pressure region underneath the entire slab. Depending upon the permeability of the surrounding soil, this pressure field can extend beyond the immediate sub-slab area to the exterior face of the footings. This pressure field, if effective, would prevent soil gas from entering the void network. Sometimes the treatment can extend under the footings or through block walls to inhibit soil gas entry into the house through openings in the below-grade foundation wall. When the sub-slab ventilation fan is operated in suction, the system can be pictured as using the crushed rock that is often under the slab as a large collector, into which the soil gas in the vicinity of the house is drawn and then exhausted outdoors.

The central issues with sub-slab ventilation are the number of ventilation points needed, where they must be placed, and the static pressure needed. In the ventilation pipes in order to effectively treat all soil gas entry routes. These factors will be determined largely by the permeability distribution under the slab, i.e., the ease with which suction (or pressure) at one point can extend to other parts of the slab to surrounding soil. Other considerations influencing the number, location, and pressure of the ventilation points are the location and nature of the entry routes, and the presence of unclosed openings in the slab or walls.

A sub-slab ventilation system is operated with the fan in suction, to reduce soil gas pressure lower than the pressure in the house, drawing soil gas away from entry routes.

Sometimes wall-related entry routes will not be adequately treated by sub-slab ventilation. Such cases can result, for example when soil permeability under the footings is poor, or when there is insufficient communication between the sub-slab and the block wall void network. In these cases, the sub-slab system might have to be supplemented by some form of wall treatment.



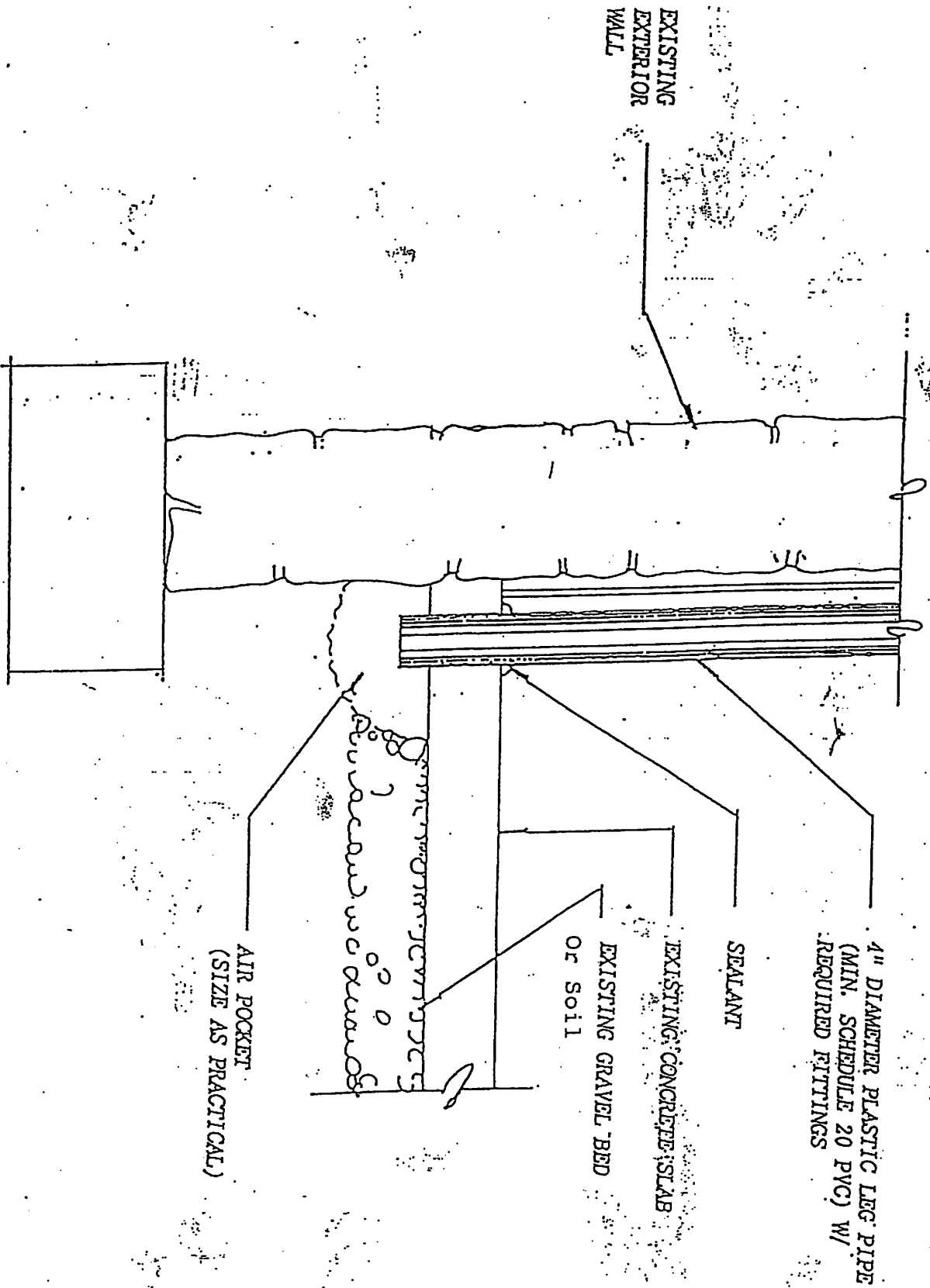
Radata, Inc.

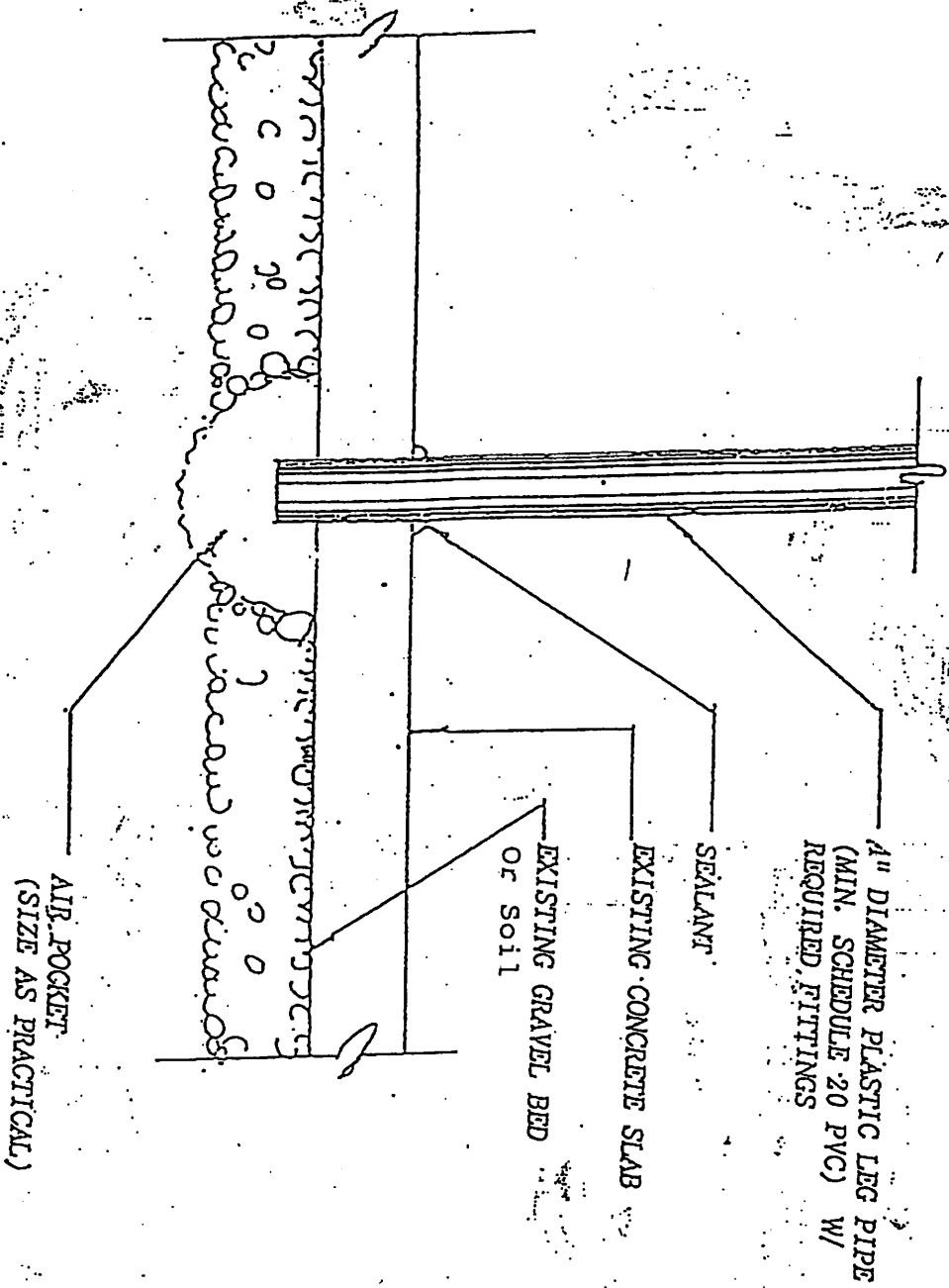
27 Ironia Road, Unit 2

Flanders, New Jersey 07836

973-927-7303 973-927-4980 fax

1-800-447-2366







RAdata, Inc.
27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303 Phone 973-927-4980 Fax

Radon Reduction Proposal

John Corbin
27 Broadway
Freehold, NJ 07728

732-294-9429 H

8/24/2004
No: 26642

Job Location: Corbin
27 Broadway
Freehold, NJ 07728
609-971-0492H

Municipality Freehold Boro
County: Monmouth

Job Description

- Install one sub slab ventilation system through concrete floor in basement. Extend system with pvc pipe to add additional intakes if necessary.
- Extend exhaust to the outside and stack to roof with pvc pipe.
- Power system with one Dynavac RP145 fan. Mount fan outside.
- Electrical will be completed by our licensed electrician. (Minor work only is included).
- Install one flow meter to monitor system operation.
- Seal minor cracks and penetrations where available.
- Cover soil in crawl space with 10mil poly sheeting and seal to walls. Approximately 200 square feet
- One self-service charcoal canister radon retest.

COPY

Notes:

- 1) All work areas must be made accessible for service crew prior to installation or there will be an additional charge of \$65.00 per hour (two men) added for the time it takes our staff to access work area properly.
- 2) Homeowner is responsible for scheduling appointments and meeting municipal inspectors for final building inspections (you will be notified by our office with permit information). *Permit fees are estimated.
- 3) Prices subject to change after 60 days.

Subtotal: \$1,685.00
Estimated Permit Fees: \$71.00

TOTAL JOB COST: **\$1,756.00**

GUARANTEE: Radon will be reduced to below 4.0 pCi/L and will remain there for a minimum period of three years(see warranty).

WARRANTY NA
RESTRICTIONS:

All material is guaranteed to be as specified. All work will be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tomado, and other necessary insurance. Our workers are fully covered by Workman's Compensation insurance.

"This notice is provided to you by an organization or individual certified by the New Jersey Department of Environmental Protection to perform radon mitigation or safeguarding services. At some time in the near future, a representative of the Department of Environmental Protection may contact you to ask your permission to visit your building. The purpose of this visit would be to inspect the recently installed mitigation system. Any questions, comments or complaints regarding the persons performing these mitigation or safeguarding services should be directed to the New Jersey Department of Environmental Protection, Attention: Radon Certification Section, Bureau of Environmental Radiation, CN415, Trenton, New Jersey 08625 (1-800-648-0394)."

Payment Terms: COD--upon completion of installation

System Proposed/Designed by:

Blair B. Miers, Mitigation Specialist
NJ DEPE #MIS10273

Acceptance of Proposal:

The above, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Customer Signature

Date



RAdata, Inc.
27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303 Phone 973-927-4980 Fax

Radon Reduction Proposal

John Corbin
27 Broadway
Freehold, NJ 07728

732-294-9429 H

8/24/2004
No: 26642

Job Location: Corbin
27 Broadway
Freehold, NJ 07728
609-971-0492H

Municipality Freehold Boro
County: Monmouth

Job Description

- Install one sub slab ventilation system through concrete floor in basement. Extend system with pvc pipe to add additional intakes if necessary.
- Extend exhaust to the outside and stack to roof with pvc pipe.
- Power system with one Dynavac RP145 fan. Mount fan outside.
- Electrical will be completed by our licensed electrician. (Minor work only is included).
- Install one flow meter to monitor system operation.
- Seal minor cracks and penetrations where available.
- Cover soil in crawl space with 10mil poly sheeting and seal to walls. Approximately 200 square feet
- One self-service charcoal canister radon retest.

COPY

Notes:

- 1) All work areas must be made accessible for service crew prior to installation or there will be an additional charge of \$65.00 per hour (two men) added for the time it takes our staff to access work area properly.
- 2) Homeowner is responsible for scheduling appointments and meeting municipal inspectors for final building inspections (you will be notified by our office with permit information). *Permit fees are estimated.
- 3) Prices subject to change after 60 days.

Subtotal: \$1,685.00
Estimated Permit Fees: \$71.00

TOTAL JOB COST: \$1,756.00

GUARANTEE: Radon will be reduced to below 4.0 pCi/L and will remain there for a minimum period of three years(see warranty).

WARRANTY NA
RESTRICTIONS:

All material is guaranteed to be as specified. All work will be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation insurance.

Payment Terms: COD--upon completion of installation

System Proposed/Designed by:

Blair B. Miers, Mitigation Specialist
NJ DEPE #MIS10273

Acceptance of Proposal:

The above, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

"This notice is provided to you by an organization or individual certified by the New Jersey Department of Environmental Protection to perform radon mitigation or safeguarding services. At some time in the near future, a representative of the Department of Environmental Protection may contact you to ask your permission to visit your building. The purpose of this visit would be to inspect the recently installed mitigation system. Any questions, comments or complaints regarding the persons performing these mitigation or safeguarding services should be directed to the New Jersey Department of Environmental Protection, Attention: Radon Certification Section, Bureau of Environmental Radiation, CN415, Trenton, New Jersey 08625 (1-800-648-0394)."

Customer Signature

Date

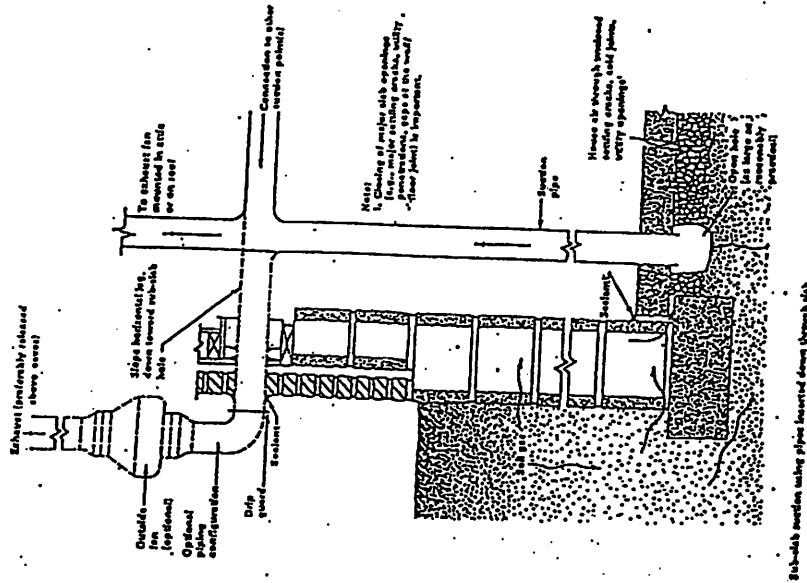
SUB-SLAB VENTILATION (ACTIVE)

Principle of Operation: In active sub-slab ventilation, a fan is used to suck soil in the region under the foundation by means of individual suction pipes which are inserted through the slab from inside the house, or can be inserted horizontally downward foundation wall at a level beneath the slab. The intent of the system is to create a low-pressure region underneath the entire slab. Depending upon the permeability of area to the exterior face of the footings. This pressure field, if effective, would prevent soil gas from entering the void network inside the hollow-block foundation walls in the region around the footings. Sometimes the treatment can extend under the footings or through block walls to inhibit soil gas entry into the house through openings in the below-grade foundation wall. When the sub-slab ventilation fan is operated in suction, the system can be pictured as using the crushed rock that is often under the slab as a large collector, into which the soil gas in the vicinity of the house is drawn and then exhausted outdoors.

The central issues with sub-slab ventilation are the number of ventilation points needed, where they must be placed, and the static pressure needed in the ventilation pipes in order to effectively treat all soil gas entry routes. In the factors will be determined largely by the permeability distribution under the slab, i.e., the ease with which suction (or pressure) at one point can extend to other parts of the slab to surrounding soil. Other considerations influencing the number, location, and pressure of the ventilation points are the location and nature of the entry routes, and the presence of unclosed openings in the slab or walls.

A sub-slab ventilation system is operated with the fan in suction, to reduce soil gas pressure lower than the pressure in the house, drawing soil gas away from entry routes.

Sometimes wall-related entry routes will not be adequately treated by sub-slab ventilation. Such cases can result, for example when soil permeability under the footings is poor, or when there is insufficient communication between the sub-slab and the block wall void network. In these cases, the sub-slab system might have to be supplemented by some form of wall treatment.



**27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303 • 973-927-4980 fax
1-800-447-2366**

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.



STATE OF NEW JERSEY

Department of Environmental Protection-Radon Section
PO Box 415, Trenton, NJ 08625-0415

DISPLAY THIS PART PUBLICLY AT YOUR LOCAL BUSINESS

HEREBY CERTIFIES THE GOOD STANDING OF

RADATA, INC.
27 IRONIA RD STE 2
FLANDERS NJ 07836-9172

AS A: RADON MITIGATION BUSINESS

04/29/2004 thru 04/29/2005
Effective Date Expiration Date

MIB90001
CERTIFICATION NUMBER

Gerald P. Nicholls
DIRECTOR

THIS CERTIFICATION HAS BEEN ISSUED IN ACCORDANCE WITH
N.J.A.C. 7.28-27 AND THE CONDITIONS SET FORTH IN YOUR APPLICATION

PLEASE INFORM THE DEP OF ANY ADDRESS CHANGE.

DOC# 040279080

PLEASE DETACH HERE
IF YOUR LICENSE IS LOST
PLEASE NOTIFY:

NJDEP - RADON SECTION
PO BOX 415
TRENTON, NJ 08625-0415
(609) 984-5425

PLEASE DETACH HERE

RADATA, INC.

EXPIRATION DATE: 04/29/2005

YOUR CERTIFICATION NUMBER IS MIB90001. PLEASE USE IT IN ALL CORRESPONDENCE
WITH THE RADON SECTION. USE THIS SECTION TO REPORT NAME AND/OR ADDRESS CHANGES.

COMPLETE BELOW WITH NEW INFORMATION AND FORWARD TO THE RADON SECTION AT:

NJDEP - RADON SECTION
PO BOX 415
TRENTON, NJ 08625-0415

OLD ADDRESS

NEW ADDRESS

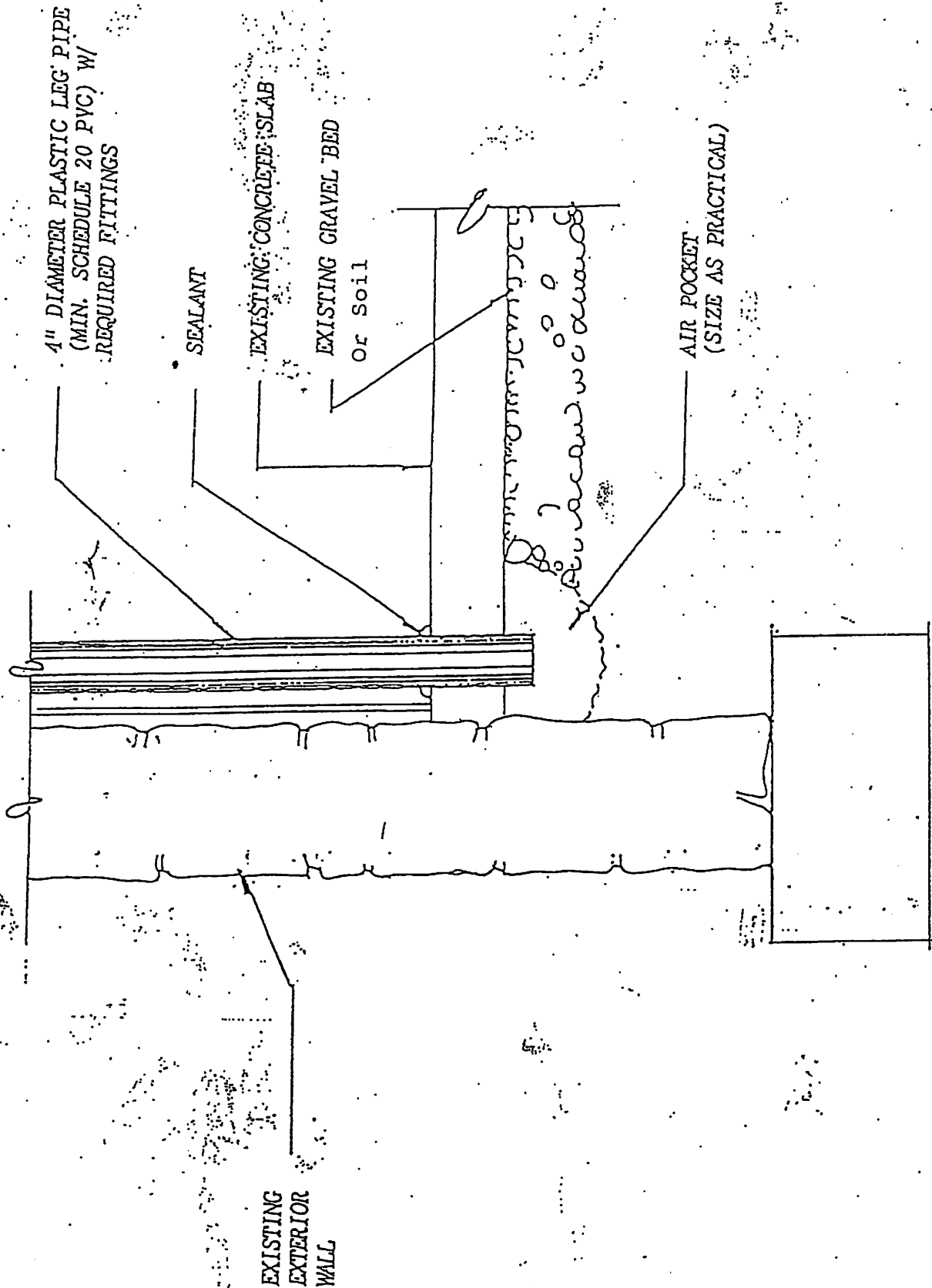
TELEPHONE WITH AREA CODE:

()

TELEPHONE WITH AREA CODE:

()

DOC# 040279080



This information provided
by David Gramer,
Mitigation Specialist
*NJ DEP License #MIS10027

3. Change in Use Group, Indicate Former:

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 09/19/2011
Control #
Permit # 06-0553

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 43 Lot 28
Work Site Location 27 BROADWAY
Owner in Fee/Occupant PETERS
Address 17 BROADWAY
FREEHOLD, NJ 07728
Telephone (732) 863-1906
Contractor H O M E I O W N E R
Address
Telephone () FAX ()
Lic. No. of Eldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: () State () Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 2
Description of Work/Use:

ALTERATIONS TO DECK

I. CERTIFICATE OF OCCUPANCY

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

II. CERTIFICATE OF APPROVAL

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

III. TEMPORARY CERTIFICATE OF OCCUPANCY/TOWNSHIP

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions shall be met no later than _____ or the order will be subject to fine or order to vacate.

IV. CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 17:27, to the following extent:

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

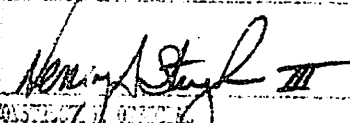
V. CERTIFICATE OF CONTINUED OCCUPANCY

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

VI. CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment was used, installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Fee \$
Paid [X] Check No. Cash
Collected by: TE


HENRY J. STUY
N.J. UNIFORM CONSTRUCTION CODE

NJ UCCARS 5.24D
BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/12/2006
Date Issued 10/18/06
Control # C-43/26
Permit # 06-0553

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (732) 863-1946
Contractor
Address

Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	10/23/06 Jm
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	10/23/06 Jm
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect	☐ Plumb	☐ Fire	Finishes	
SUBCODE APPROVAL			Energy	
☐ CO	☐ CCO	☐ CA	Mechanical	
Date: 6/18/11			TCO	
Approved By: [Signature]			Other	
			Final	10/12/06 3/24/07 6/8/11
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	R-3	Est. Cost of Bldg. Work:
Constr. Class	Present		Proposed		1. New Bldg. \$ 0
No. of Stories					2. Alteration \$ 700
Height of Structure					3. Total (1+2) \$ 700
Area Largest Floor					
New Bldg. Area/All Floors					Industrialized Building:
Volume of New Structure					☐ State Approved
Total Land Area Disturbed					☐ HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ALTERATIONS TO DECK

TYPE OF WORK

☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	0 Height (exceeds 6')
☐ Sign	0 Sq. Ft.
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Other	
☐ Demolition	

FEE (Office Use Only)

\$	0
	0
	14
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0

Paid ☒ Check # CASH Administrative Surcharge
Collected by: [Signature] Minimum Fee
TOTAL FEE
DCA State Permit Fee

UCC NEW JERSEY CONSTRUCTION PERMIT

Date Issued 10/18/00
Control # C-43/26
Permit # 00-0553

Federal Emp. No. HO-

Collected By da

U.C.C. E170 (rev. 3/96) NJ UCCARS 5.24D

Boro of Freehold
51 West Main Street
Freehold, NJ 07728
(732) 462-4903



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block 43 Lot 26

Work Site Location 27 BROADWAY

FREEHOLD, NJ 07728

Owner in Fee MARK PETERS

Address same

Tela. (732) 863-1946

Contractor owner

Address same

Tela. ()

Lic. No. or Bldrs. Reg. No. Fax ()

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

Date Initial

INSPECTIONS

Type:

Footing

Foundation

Slab

Frame

Barrier-Free

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Dates (Month/Day)

Failure

Failure

Approval

Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure Ft.

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$ 1700

3. Total (1+ 2) \$

C. CERTIFICATION IN LIEU OF OATH

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

Signature Mark Peters

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alteration of the existing deck on the backyard side of the house. Per the attached drawings. This is a freestanding deck. All pressure-treated wood used. Galvanized screws, bolts, anchors, and nails used.

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6')

☐ Sign Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter B

☐ Lead Haz. Abatement NJAC 5:17

☐ Other DECK

☐ Demolition

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

MURRAY STR.

BROADWAY

BOROUGH OF FREEHOLD
BUILDING DEPARTMENT
RELEASED PLANS

ALTERATION

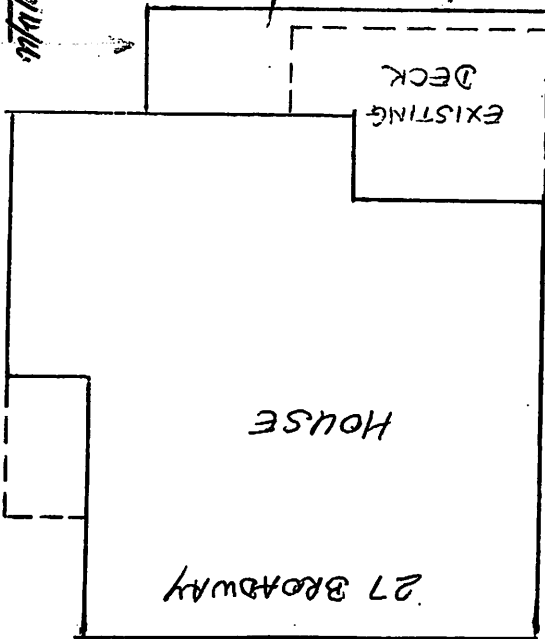
CONSTRUCTION OFFICIAL James DATE 10/14/16

BUILDING Project III DATE 10/14/16

ELECTRIC _____ DATE 24

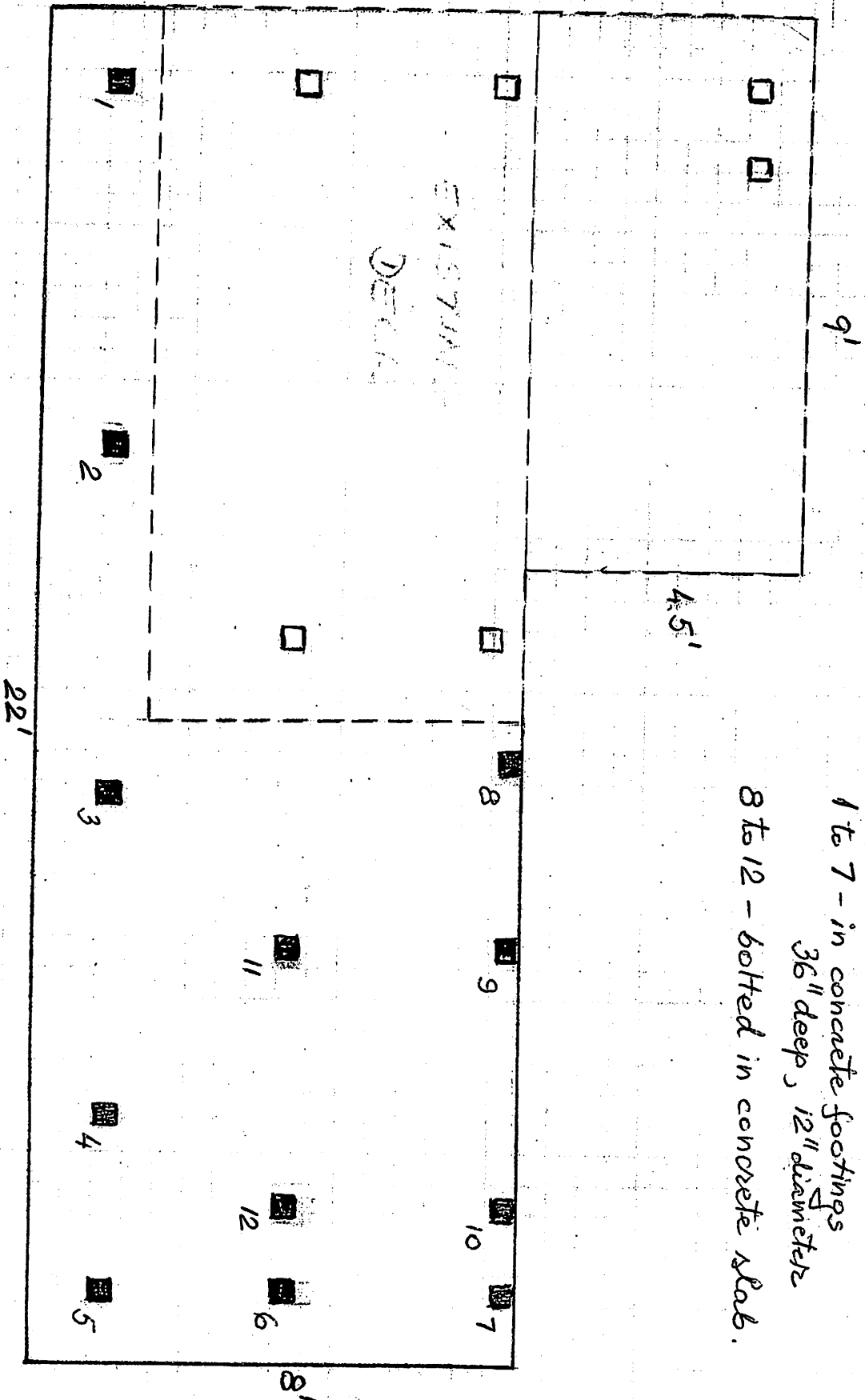
PLUMBING _____ DATE _____

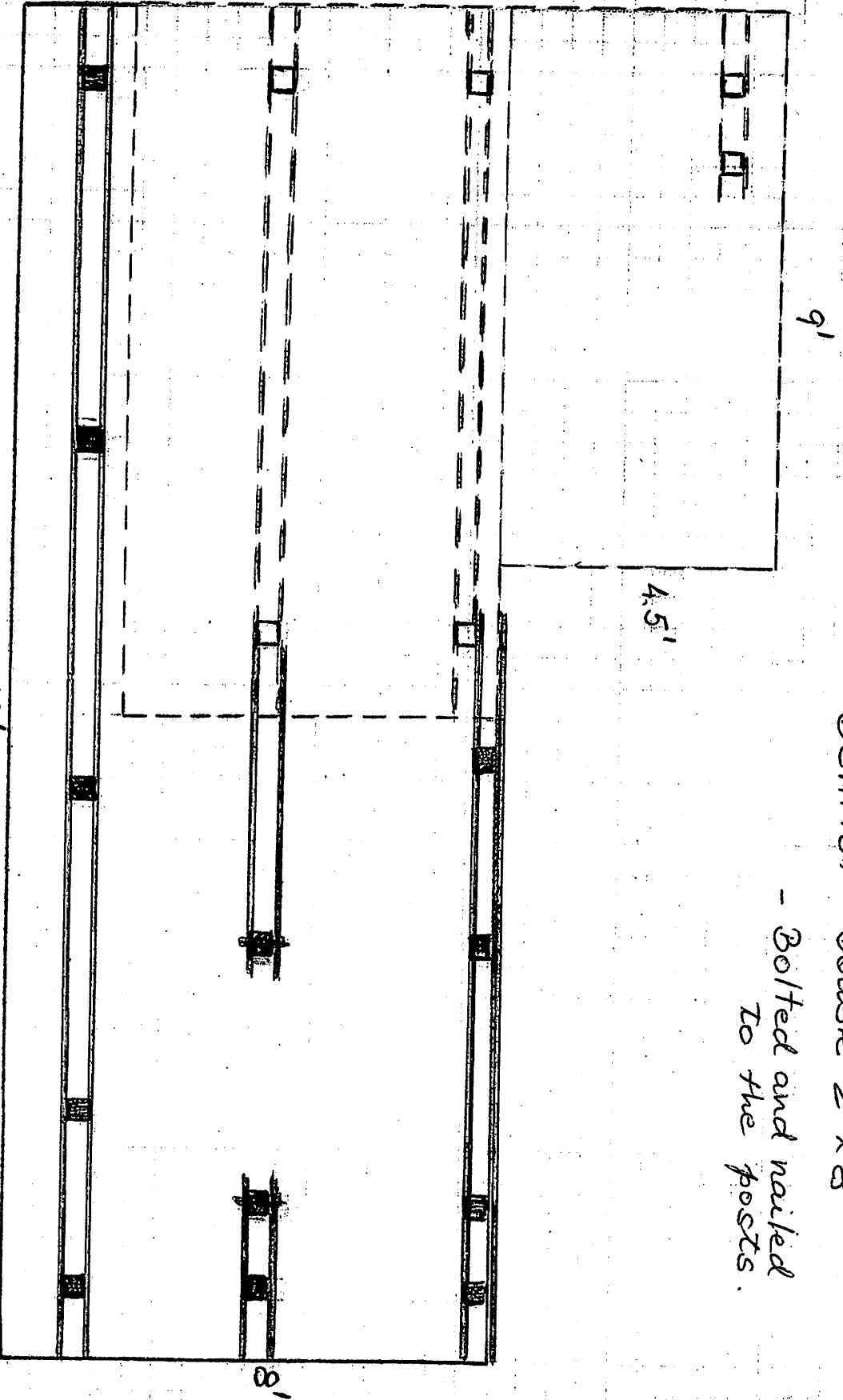
FIRE _____ DATE _____

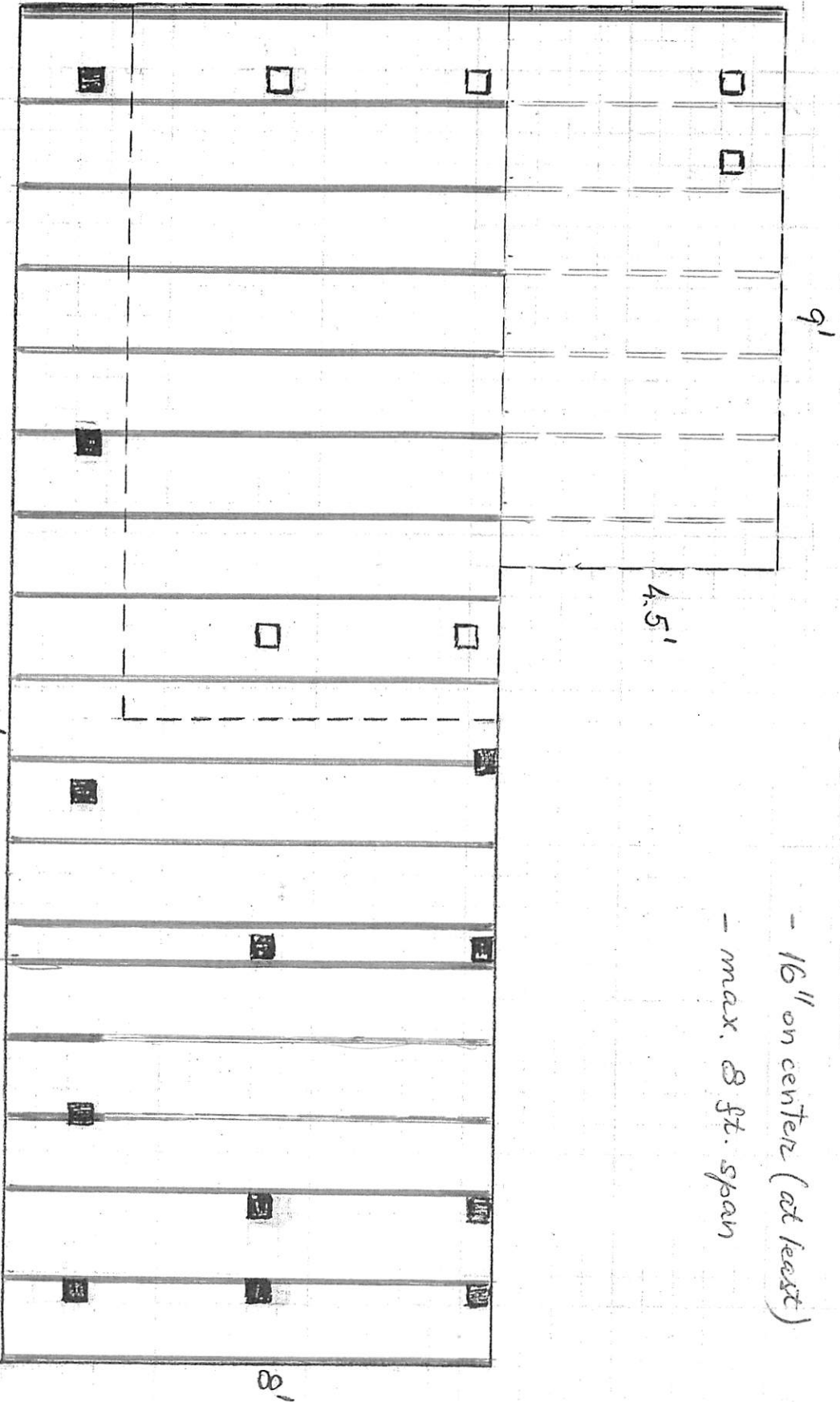


POSTS : 4" x 4"

1 to 7 - in concrete footings
36" deep, 12" diameter
8 to 12 - bolted in concrete slab.







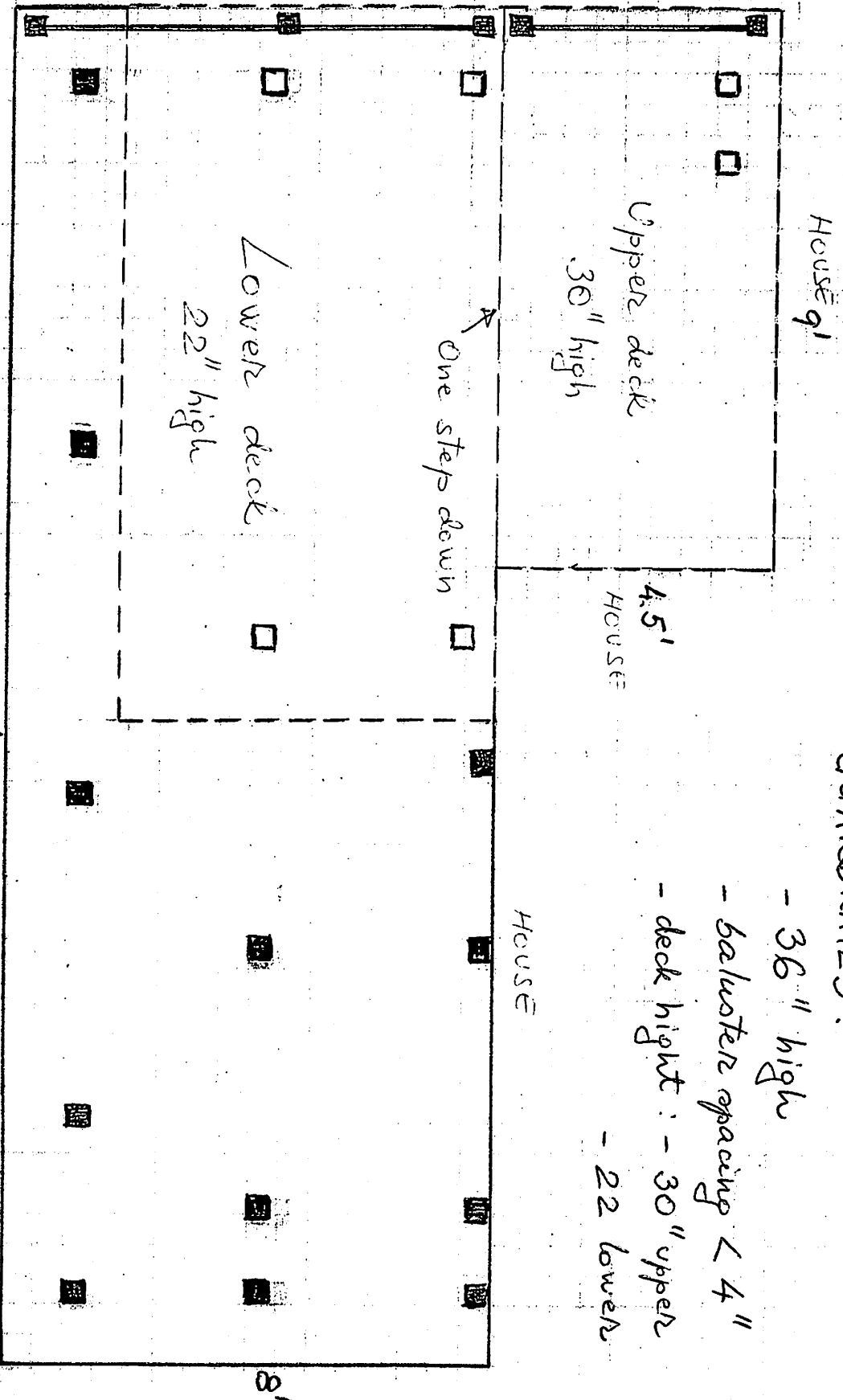
JOISTS :- 2" x 8"

- 16" on center (at least)

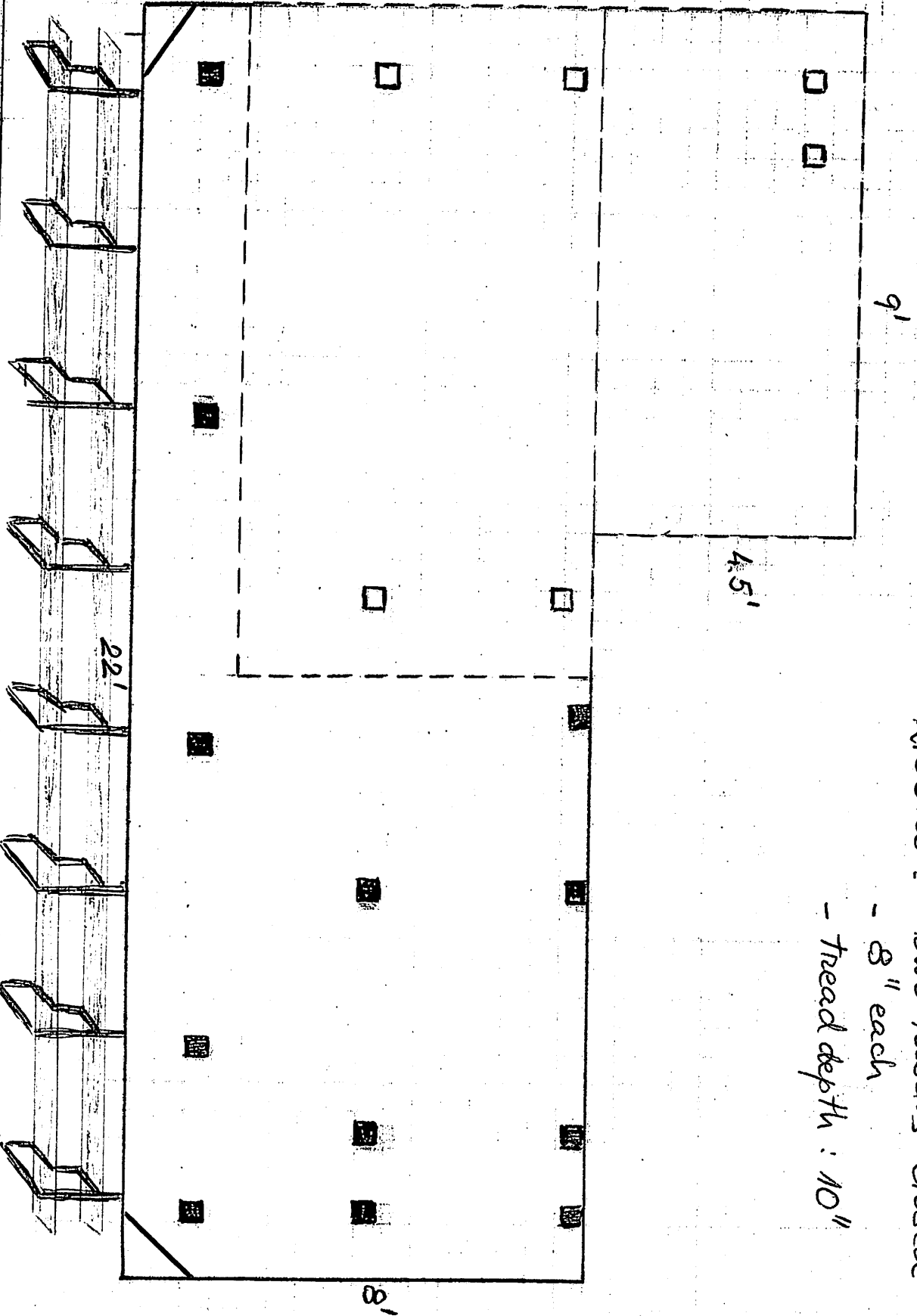
- max. 8 ft. span

GUARDRAILS:

- 36" high
- balusters spacing < 4"
- deck height: - 30" upper
- 22" lower



RISE : - two risers - closed
- 8" each
- tread depth : 10"





APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 43 Lot 26
Work Site Location 27 BROADWAY
Owner in Fee MARK PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728
Tel. (732) 863-1946

Contractor H. M. Mowrer
Address _____
Tel. (_____) _____
License No. _____
Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 700.00

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

ALTERATION OF THE EXISTING REAR DECK -

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: Mark Peters
OWNER/AGENT

- ☒ OWNER
☐ AGENT

BOROUGH OF FREEHOLD
BUILDING DEPT. - RECYCLING FORM

WORK-SITE AT: 27 BROADWAY

MARK PETERS

(PERMIT APPLICANTS NAME)

In accordance with the Monmouth County Solid Waste Management Plan, all applicants seeking construction or demolition permits must identify all disposal and recycling arrangements. Records documenting the quantity and disposition of all materials must be provided.

HAULER RECYCLE/DISPOSAL SITE APPROX TONNAGE

PERMIT #

BLOCK #

LOT #

43

26

[] CARDBOARD
(non resident, 1)

[] CONCRETE

[] ASPHALT

[] WHITE GOODS

[] TREE STUMPS &
LIMBS

[] HAZARDOUS &
LIQUID WASTE

[] WOOD/PLASTER
CONST. DEBRIS

[] ROOFING MAT'L.

[] OTHER

wood / decking

I hereby certify the above information is true and accurate

Date 10/9/2006

Mark Peters

Permit Applicants Signature

HOMEOWNER WAIVER

In lieu of the above requirements the Permit Applicant certifies that the work performed is minor construction and will generate less than 6 cubic yards and accepts responsibility for the proper disposal of the construction debris in accordance with County and Borough regulations.

METHOD OF DISPOSAL

County waste, Tinton Falls, Monmouth

Mark Peters

(Permit Applicant's Signature)

FOR FURTHER ASSISTANCE CONTACT:

DAN MEGILL, RECYCLING COORDINATOR (732)462-4200

5-2



UC
NEW JERSEY
UNIFORM CONSTRUCTION
CODE

V. FEE SUMMARY (for office use only)

I. IDENTIFICATION

Tel. () _____ FAX () _____

CODE ENFORCEMENT

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☒ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

OPTIONAL (for office use only)

[illegible]

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

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 11/08/2013
Control #
Permit # 07-367

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY
FREEHOLD, NJ 07728
Owner in Fee/Occupant PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Telephone (732)863-1946
Contractor HOME OWNER
Address
Telephone () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Imp. No. HO-

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL SECOND WATER METER FOR OUTSIDE IRRIGATION

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

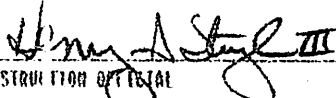
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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


CONSTRUCTION OFFICIAL
U.C.C. 1260 (REV. 3/96) NJ DECORS 5.26

Fee \$ 0
Paid ☒ Check No. 2504
Collected by: CR

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date received 05/15/2001
Date Issued / /
Control # C-43/26
Permit # 07-0367

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY
FREEHOLD, NJ 07728
Owner in Fee PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (732) 863-1946
Contractor
Address
Tele. (
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved

Date:

Approved By:

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: DDC

Date: 11-7-13

INSPECTIONS

Dates (Month/Day)
Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip. CODE ENFORCEMENT

Gas Piping

Solar

TCO

DCU 11-2-13 DDC

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	30
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0

Administrative Surcharge	\$	0
Paid [] Check #	Minimum Fee	\$ 0
Collected by:	TOTAL FEE	\$ 30
	DCA State Permit Fee	\$ 0

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued / /
Control # C-43/26
Permit # 07-367

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 43 Lot 26 Qual

Work Site Location 27 BROADWAY
FREEHOLD, NJ 07728

Contractor H O M E O W N E R
Address

Owner in Fee PETERS
Address 27 BROADWAY

Telephone ()

FREEHOLD, NJ 07728-

Lic. No. or Bldrs. Reg. No.

Telephone (732)863-1946

Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

☐ BUILDING	☒ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER <u></u>

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL SECOND WATER METER FOR OUTSIDE IRRIGATION

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 \$ 100

Henry A. Stuyck III
Construction Official

5/16/97
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	30
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	30
Check No. <u>2504</u>	
Cash	
Collected By <u>CB</u>	

3. Change in Use Group, Indicate Former:

BOROUGH OF FREEHOLD
31 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued: 08/30/2012
Control #
Permit # 09-0110

UNION NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block No. 100-124
Work Area: 100-124 BROADWAY

Owner: J. Lee, Company: J. LEES
Address: 17 BROADWAY
FREEHOLD, NJ 07728
Tel. No.: 732-474-1006
Contract No.: 100-124-100-124
Area:

Rel. No.:
Lic. No. or Elics. Reg. No.:
Permit No. 09-0110

Use: Warranty No.:
Type of Warranty Plan: State, Private
Use Group: 100-124
Maximum Life: 100
Construction Classification:
Maximum Occupancy Load: 8
Insulation of Work/Use:

REPLACE IN: 100-124

1. CERTIFICATE OF WARRANTY

This certificate is issued to the owner of the property described above, and it is a condition of the warranty that the owner shall maintain the property in good condition and shall not alter or modify the same without the written consent of the issuer.

2. CERTIFICATE OF WARRANTY

This certificate is issued to the owner of the property described above, and it is a condition of the warranty that the owner shall maintain the property in good condition and shall not alter or modify the same without the written consent of the issuer.

3. CERTIFICATE OF WARRANTY

This certificate is issued to the owner of the property described above, and it is a condition of the warranty that the owner shall maintain the property in good condition and shall not alter or modify the same without the written consent of the issuer.

4. CERTIFICATE OF WARRANTY - THE PROPERTY

This certificate is issued to the owner of the property described above, and it is a condition of the warranty that the owner shall maintain the property in good condition and shall not alter or modify the same without the written consent of the issuer.

5. CERTIFICATE OF WARRANTY

This certificate is issued to the owner of the property described above, and it is a condition of the warranty that the owner shall maintain the property in good condition and shall not alter or modify the same without the written consent of the issuer.

6. CERTIFICATE OF WARRANTY

This certificate is issued to the owner of the property described above, and it is a condition of the warranty that the owner shall maintain the property in good condition and shall not alter or modify the same without the written consent of the issuer.

Handwritten signature: Henry A. Styer III

Fee \$
Paid by: Check No. 0510-0
Collected by: *Handwritten initials*

NJ UCCARS 5.24F
BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/18/2007
Date Issued 8/16/09
Control # C-43/26
Permit # 08-0110

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-

Tele. (732) 863-1946

Contractor
Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REPLACE DECK ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Req.			Type	Failure Failure Approval Initial
[] All			Footing	
[] Footing			Foundation	
[] Foundation			Slab	
[] Frame			Frame	
[] Other			BarrierFree	
Joint Plan Review Required:			Insulation	
[] Elect [] Plumb [] Fire			Finishes	
SUBCODE APPROVAL [] Elev			Energy	
[] CO [] CCO [] CA			Mechanical	
Date: 3/29/11			TCO	
Approved By: [Signature]			Other	
			Final	3/19/09 3/21/11
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0
2. Alteration \$ 300
3. Total (1+2) \$ 300

Industrialized Building:

[] State Approved
[] HUD

TYPE OF WORK

[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence 0 Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other
[] Demolition

FEE (Office Use Only)

\$ 0
0
6
0
0
0
0
0
0
0
0

Paid [X] Check # 2524 0 Administrative Surcharge
Collected by: [Signature] Minimum Fee
TOTAL FEE
DCA State Permit Fee

\$ 0
\$ 29
\$ 35
\$ 0

UCC NEW JERSEY CONSTRUCTION PERMIT

Date Issued 3/16/09
Control # C-43/26
Permit # 09-0110

Federal Emp. No. HO-

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No. 2524-0	
Cash	
Collected By X3	

Construction Official

Date _____



BOROUGH OF FREEHOLD

51 WEST MAIN STREET
FREEHOLD, NEW JERSEY 07728-2195

REPLY TO:

DEPT:

TELEPHONE: _____

MICHAEL WILSON, MAYOR

LINDA L. COTTRELL, BOROUGH CLERK

JOSEPH B. BELLINA, BUSINESS ADMINISTRATOR

NANCY FORMAN, CHIEF FINANCIAL OFFICER

Date: January 21, 2009

Name: Jeffers

Address: 27 Broadway

Control # 431a6

Property Location: 27 Broadway

Upon review of our files, this office shows an outstanding balance due to the Borough of Freehold for Building Permits that were applied for, reviewed and processed.

Please submit the amount shown above within 7 days or penalties will be assessed. Checks should be made payable to the Borough of Freehold. Should you need additional information please feel free to call the Construction Office at 732-462-4903. Your anticipated cooperation is appreciated.

Sincerely,

Henry F. Struven, III

Henry A. Struven III
Construction Official



BUILDING SUBCODE TECHNICAL SECTION

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

Block 43 Lot 26
Work Site Location 27 BROADWAY
FREEHOLD, NJ 07728
Owner in Fee MARK PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728
Tele. (732) 863-1946
Contractor _____
Address _____
Tele. (____) _____ Fax (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required				Type:	Failure	Failure	Approval
[] All				Footings			
[] Footing				Foundation			
[] Foundation				Slab			
[] Frame				Frame			
[] Other				Barrier-Free			
Joint Plan Review Required:				Insulation			
[] Elec.	[] Plumb.	[] Fire	[] Elevator	Finishes			
SUBCODE APPROVAL				Energy			
[] CO	[] CCO	[] CA		Mechanical			
Date: _____				TCO			
Approved by: _____				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ 200
2. Alteration \$ _____
3. Total (1+2) \$ _____



Date Received _____
Date Issued _____
Control # _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

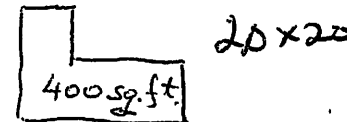
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Mark Peters
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Resurface the existing flat roof deck with GAF (or fiber-glass) and the railguards - Approx. 400 sq. ft.



TYPE OF WORK:

- [] New Building
[] Addition
[x] Alteration
[x] Roofing
[] Siding
[] Fence _____ Height (exceeds 6')
[] Sign _____ Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other _____
[] Demolition

FEE (Office Use Only)

\$ _____

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



APPLICATION FOR CERTIFICATE

Date Received _____
Date Permit Issued _____
Control # _____
Permit # _____
Date Issued _____

IDENTIFICATION

Block _____ Lot _____
☒ Work Site Location _____ ☒ Contractor _____
Address _____
☒ Owner in Fee _____
Address _____ Tel. (_____) _____
License No. _____
Tel. (_____) _____ Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: ☒ \$ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

☒ DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

☒ SIGNED: _____
OWNER/AGENT

- ☐ OWNER
☐ AGENT

**BOROUGH OF FREEHOLD
BUILDING DEPT. - RECYCLING FORM**

PERMIT # _____
 BLOCK # _____
 LOT # _____
 WORK-SITE AT: _____
 (PERMIT APPLICANTS NAME) _____

In accordance with the Monmouth County Solid Waste Management Plan, all applicants seeking construction or demolition permits must identify all disposal and recycling arrangements. Records documenting the quantity and disposition of all materials must be provided.

HAULER _____
 RECYCLE/DISPOSAL SITE _____
 APPROX TONNAGE _____

- ☐ CARDBOARD (non resident, 1)
- ☐ CONCRETE
- ☐ ASPHALT
- ☐ WHITE GOODS
- ☐ TREE STUMPS & LIMBS
- ☐ HAZARDOUS & LIQUID WASTE
- ☐ WOOD/PLASTER CONST. DEBRIS
- ☐ ROOFING MAT'L.
- ☐ OTHER

I hereby certify the above information is true and accurate

 Permit Applicants Signature

HOMEOwner WAIVER
 In lieu of the above requirements the Permit Applicant certifies that the work performed is minor construction and will generate less than 6 cubic yards and accepts responsibility for the proper disposal of the construction debris in accordance with County and Borough regulations.

 METHOD OF DISPOSAL

 (Permit Applicant's Signature)

FOR FURTHER ASSISTANCE CONTACT:
 DAN MEGILL, RECYCLING COORDINATOR (732) 462-4200

BLOCK 43 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) 27 Broadway PERMIT NO. 13-0691



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 Broadway
2. Name of Owner in Fee: Mark Peters
Tel. (732) 863-1946 e-mail _____
Address same street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: Lawes Environmental Services, Inc. Tel. (732) 530-4333
Address P.O. Box 258 - 499 Sycamore Avenue e-mail _____
Shrewsbury, NJ 07702
License No. OR, if new home, Builder Reg. No. DEP#US00796 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00059700
Federal Emp. ID No. 223363157 FAX: (732) 741-8527
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge of Work has Begun Robert Young
Tel. (732) 530-4333 FAX: (732) 741-8527

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing		
4. Fire Protection	<u>25</u>	
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	<u>2</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>77</u>	

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)

- ☐ Building
☐ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>AB</u>	<u>10/17/13</u>						

TOTAL COST 1105

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 Release

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
7. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 11/08/2013
Control #
Permit # 13-0681

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY
Owner in Fee/Occupant PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Telephone (732)863-1946
Contractor LAWE ENVIRONMENTAL SERVICE
Address P.O. BOX 258
SHREWSBURY, NJ 07702-
Telephone (732)530-4313 Fax (732)741-8527
Lic. No. or Bldgs. Reg. No. US000796
Federal Emp. No. 22-3363157

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVE 550 GALLON FUEL OIL TANK

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL

U.C.C. #268 (rev. 1/94) NJ UCC#S 5.26

Fee \$ 0
Paid ☒ Check No. 5528-C
Collected by: TB

NJ UCCARS 5.26
BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/17/2013
Date Issued 10/17/2013
Control #
Permit # 13-0681

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (732) 863-1946
Contractor LAMES ENVIRONMENTAL SERVICE
Address P.O. BOX 258
SHREWSBURY, NJ 07702-
Tele. (732) 530-4333
Lic. No. or Bldrs. Reg. No. US00796
Federal Emp. No. 22-3363157

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[] Other
Location:
Total Est Cost of Fire Prot Work \$ 1,100

Fire Alarm System
New [] Existing []
Location of Panel:
Fire Suppression/Standpipe Sys
New [] Existing []
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date:
Approved By: *Code*
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 11/14/13
Approved By: *11/13/13*

INSPECTIONS
Type Alarm Sys
Suppr Test
Standpipe
Fire Pump
Prefng Sys
Mechanical
Smoke Ctl
TCO
Final
Other
Dates (Month/Day)
Failure Approval Initial
ENTERED
NOV 28 2013
CODE ENFORCEMENT
11/13/13

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

FEE (Office Use Only)

Storage Tanks
Type: [] Flammable Liquid [] Combust Liquid
[] LP6 [] LH6 Capacity 550 Fuel

Alarm Systems [] 110v Interconnected NUMBER
[] System

Alarm Devices (smoke, heat, pulls, water/flow) 0
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 0

Suppression Systems
Fire Pump 0 GPM Type 0
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems 0

Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other 0
Other 0

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 75
OCA State Permit Fee \$ 2

Paid [X] Check # 5528-C
Collected by: TB
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 75
OCA State Permit Fee \$ 2

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 10/17/2013
Control #
Permit # 13-0681

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 43 Lot 26 Qual

Work Site Location 27 BROADWAY
Owner in Fee PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Telephone (732)863-1946

Contractor LAWES ENVIRONMENTAL SERVICE
Address P.O. BOX 258
SHREWSBURY, NJ 07702-
Telephone (732)530-4333
Lic. No. or Bldrs. Reg. No. US00796
Federal Emp. No. 22-3363157

Is hereby granted permission to perform the following work:

☐ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☒ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER <u> </u>

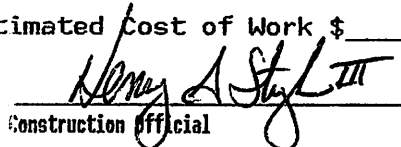
(Subchapter 8 only)

DESCRIPTION OF WORK:

REMOVE 550 GALLON FUEL OIL TANK

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 \$ 1,100


Construction Official

10/17/2013
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>75</u>
Elevator Devices	<u>0</u>
Other	<u> </u>
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	<u>0</u>
Other	<u> </u>
Total	<u>77</u>
Check No.	<u>5528-C</u>
Cash	<u> </u>
Collected By	<u>TB</u>



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 43 Lot 26 Qualification Code _____
Work Site Location 27 Broadway

Owner in Fee Peters
Address Sano

Tel () 863-1946
Contractor Lawes Environmental Services, LLC
Address P.O. Box 258

Tel () Shrewsbury, NJ 07702
Fire Protection Equipment, NJ Div of Fire Safety Permit DEP Lic. # 00796
Fire Protection Equipment, NJ Div of Fire Safety Installer No. Fed. ID# 22-3363157
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New OR [X] Existing [] HVAC Fire Suppression/Standpipe System: _____
Type: [] Gas [X] Oil [] Electric [] Solar [] New OR [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable OR [X] Combustible Capacity 550g

Total Cost of Fire Protection Work \$ 1100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[X] No Plans Required	Alarm System	_____	_____	_____	_____
Joint Plan Review Required:	Suppression Sys.	_____	_____	_____	_____
[] Building [] Plumbing	Standpipe	_____	_____	_____	_____
[] Electric [] Elevator	Fire Pump	_____	_____	_____	_____
[] Fire Plans Approved	Pre-Eng. System	_____	_____	_____	_____
Date: <u>10/17/13</u>	Mechanical	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL	TCO	_____	_____	_____	_____
[] CO [] CCO [] CA	Flam/Combust Tanks	_____	_____	_____	_____
Date: _____	Fireplace Venting	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
	Other	_____	_____	_____	_____



Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
Certified Contractor

Applicant's Signature/Contractor's Signature

[] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Rem of oil UST
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	_____	_____
Fired Appliances [] Gas or [] Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

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



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

LAWES ENVIRONMENTAL SERVICES LLC
499 SYCAMORE AVE
Shrewsbury, NJ 07702

*Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8*

Is hereby approved to perform the following services:

CATHODIC PROTECTION SPECIALIST
CLOSURE
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION
TANK TESTING

04/30/2016
EXPIRATION DATE

US00796
CERTIFICATION NUMBER

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Lawes Environmental Services LLC
Robert A Young
PO BOX 258 SYCAMORE AVE
SHREWSBURY NJ 07701

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

11/15/2012 TO 12/31/2013
VALID

13VH00059700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block 43 Lot 26 Qualification Code _____
Work Site Location 27 Broadway Contractor Lawes Environmental Service LLC
Address 499 Sycamore Ave., P. O. Box 258
Owner in Fee Peters Address Shrewsbury, NJ 07702
Address Same Tel. (732) 530-4333
Tel. (863) 1946 Lic. No. or Bldrs. Reg. No. 13VH00059700 DEP# US 00796

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Removal of 550 sq ft of US

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 \$ 110,000

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

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

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 Broadway Freehold, NJ 07728

2. Name of Owner in Fee: Mark Peters
 Tel. (732) 863-1946 e-mail _____
 Address 27 Broadway Freehold, NJ 07728
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Lawes Coal DBA Duckett & Laird Tel. 732-462-1044
 Address 71 Bannard St Freehold, NJ 07728 e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04384700
 Federal Emp. ID No. 210-497-110/000 FAX: (732) 462-3571

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun Rob Petrow
 Tel. (732) 462-1044 FAX: (732) 462-3571

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)

- ☐ Building
- ☐ Electrical
- ☒ Plumbing
- ☒ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>JB</u>	<u>10/18/17</u>						
				<u>10-21-13</u>	<u>DDJ</u>			
				<u>10-21-13</u>	<u>JK</u>			

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 11/08/2013
Control #
Permit # 13-0706

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY
Owner in Fee/Occupant PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728
Telephone (732)863-1946
Contractor LAWES COAL CO.
Address P.O. BOX 258
SHREWSBURY, NJ 07702
Telephone (732)741-6300 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0497110

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL 275 GALLON ABOVE GROUND TANK

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL

U.C.C. 1260 (rev. 8/96) NJ ACCRS 5.26

Fee \$ 0
Paid ☒ Check No. 2550-0
Collected by: TB

NJ UCCARS 5.26
BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2013
Date Issued 10/21/13
Control # C-43/26
Permit # 13-0706

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (732) 863-1946
Contractor LAWES COAL CO.
Address P.O. BOX 258
SHREWSBURY, NJ 07702-
Tele. (732) 741-6300
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0497110

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 1,199

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date:
Approved By: Cnole
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved By: SDJ
Date: 11.7.13
INSPECTIONS
Type Slab
Rough
Water
Sewer
Fixtures
Gas Equip.
Gas Piping
Solar
TCO
Dates (Month/Day)
Failure Failure Approval Initial
ENTERED
NOV 07 2013
CODE ENFORCEMENT
11.7.13

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

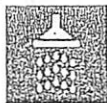
D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
1	Fuel Oil Piping	60
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0

Administrative Surcharge \$ 0
Paid [] Check # 2550-0 Minimum Fee \$ 0
Collected by: 13 TOTAL FEE \$ 60
PCA State Permit Fee \$ 2



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block 43 Lot 26 Qualification Code _____
Work Site Location 27 Broadway Freehold, NJ 07728

Owner In Fee: Mark Peters

Tel. (732) 863-1946 e-mail _____

Address 27 Broadway Freehold, NJ 07728

Contractor: LAWes Coal DBA Duckett & Laird Tel. (732) 462-1044

Address 71 Bannard St Freehold, NJ 07728

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (If applicable): 13VH04384700

Federal Emp. ID No. 210-497-110/000 FAX: (732) 462-3571

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 \$ 1,150

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	
☒ No Plans Required	INSPECTIONS
☐ Partial -Underslab Utilities Approved	
Date: _____ Approved by: _____	
☐ Plumbing Plans Approved	
Date: _____ Approved by: _____	Type:
Joint Plan Review Required:	Slab
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Rough
SUBCODE APPROVAL for PERMIT	Water
Date: <u>10-21-13</u>	Sewer
Approved by: <u>Dan O'Neil</u>	Fixtures
SUBCODE APPROVAL for CERTIFICATE	Gas Equipment
☐ CO ☐ CCO ☐ CA	Gas Piping
Date: _____	LPGas Tank
Approved by: _____	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: Ross Delhagen

Print name here: Ross Delhagen

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 275 gallon double wall oil tank w/ new oil line
Above ground

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Blidet	\$ _____
_____	Bath Tub	\$ _____
_____	Lavatory	\$ _____
_____	Shower	\$ _____
_____	Floor Drain	\$ _____
_____	Sink	\$ _____
_____	Dishwasher	\$ _____
_____	Drinking Fountain	\$ _____
_____	Washing Machine	\$ _____
_____	Hose Bibb	\$ _____
_____	Water Heater	\$ _____
☒	Fuel Oil Piping <u>only</u>	\$ _____
_____	Gas Piping	\$ _____
_____	LPGas Tank	\$ _____
_____	Steam Boller	\$ _____
_____	Hot Water Boller	\$ _____
_____	Sewer Pump	\$ _____
_____	Interceptor/Separator	\$ _____
_____	Backflow Preventer	\$ _____
_____	Greasetrap	\$ _____
_____	Sewer Connection	\$ _____
_____	Water Service Connection	\$ _____
_____	Stacks	\$ _____
_____	Other <u>oil TANK</u>	\$ _____

NJ UCCARS 5.26
BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2013
Date Issued 10/30/13
Control # C-43/26
Permit # 13-0706

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

Block 43 Lot 26 Qual _____
Work Site Location 27 BROADWAY

Owner in Fee PETERS
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (732) 863-1946
Contractor LAWES COAL CO.
Address P.O. BOX 258
SHREWSBURY, NJ 07702-
Tele. (732) 741-6300
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 21-0497110

B. FIRE PROTECTION CHARACTERISTICS

Use Group	Present R-5	Proposed R-5	Fire Alarm System
Constr Class	Present	Proposed	New [] Existing []
Heating Systems [] New [] Existing [] HVAC			Location of Panel: _____
Type: [] Gas [] Oil [] Elect [] Solar			Fire Suppression/Standpipe Sys
[] Other _____			New [] Existing []
Location: _____			Location of Main Control Valve
Total Est Cost of Fire Prot Work \$	1,199		

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type	Failure Failure Approval Initial
Joint Plan Review Required:	Alarm Sys	
[] Bldg [] Elect	Suppr Test	
[] Plumb [] Elevator	Standpipe	
[] Fire Plans Approved	Fire Pump	
Date: _____	PreEng Sys	
Approved By: <i>cn/ste</i>	Mechanical	
SUBCODE APPROVAL	Smoke Ctl	
[] CO [] CCO [] CA	TCO	
Date: 11/4/13	Final	
Approved By: <i>11/1/13</i>	Other	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized

D. TECHNICAL SITE DATA

Description of Work: _____
Water Supply Source _____
Method of Alarm/Suppr Sys Superv _____

Storage Tanks	FEE (Office Use Only)	
Type: [] Flammable Liquid [] Combust Liquid		
[] LPG [] LNG Capacity _____ Fuel _____		
Alarm Systems [] 110v Interconnected	NUMBER	
[] System		
Alarm Devices (smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tamper, low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump _____ GPM Type _____	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other	0	0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [] or Oil [] Fired Appliances	0	0
Other 275 GAL TANK		50
Other		0

Administrative Surcharge	\$	0
Paid [] Check # 2550.00	Minimum Fee	\$ 0
Collected by: <i>73</i>	TOTAL FEE	\$ 50
	DCA State Permit Fee	\$ 2

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 10/23/13
Control # C-43/26
Permit # 13-0706

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 43 Lot 26 Qual _____

Work Site Location 27 BROADWAY

Contractor LAWES COAL CO.

Address P.O. BOX 258

Owner in Fee PETERS

SHREWSBURY, NJ 07702-

Address 27 BROADWAY

Telephone (732)741-6300

FREEHOLD, NJ 07728-

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

Telephone (732)863-1946

Federal Emp. No. 21-0497110

Is hereby granted permission to perform the following work:

☐ BUILDING	☒ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☒ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL 275 GALLON ABOVE GROUND TANK

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 \$ 2,398

[Signature]
Construction Official

10/23/13
Date

PAYMENTS (Office Use Only)

Building _____ 0

Electrical _____ 0

Plumbing _____ 60

Fire Protection _____ 50

Elevator Devices _____ 0

Other _____

DCA State Permit Fee _____ 4

Cert. of Occupancy _____ 0

Other _____

Total _____ 114

Check No. 2550-0

Cash _____

Collected By [Signature]



FIRE SUBCODE TECHNICAL SECTION

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

Block 43 Lot 26
Work Site Location 27 Broadway Freehold, NJ 07728

Owner in Fee Mark Peters
Address 27 Broadway Freehold, NJ 07728

Tele. (732) 863-1946
Contractor Lawes Coal DBA Duckett & Laird
Address 71 Bannard St Freehold, NJ 07728

Tele. (732) 462-1044 Fax (732) 462-3571
Lic. No. _____
Federal Emp. No. 210-497-110/000

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Fire Alarm System
Constr. Class Present _____ Proposed _____ New ☐ Existing ☐
Heating Systems ☐ New ☐ Existing ☐ HVAC Location of Panel: _____
Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System
☐ Other _____ New ☐ Existing ☐
Location: _____ Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 24,150

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☒ No Plans Required		Alarm System	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____
☐ Building ☐ Plumbing		Standpipe	_____	_____	_____
☐ Electric ☐ Elevator		Fire Pump	_____	_____	_____
☐ Fire Plans Approved		Pre-Eng. System	_____	_____	_____
Date: <u>10/13/11</u>		Mechanical	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Final	_____	_____	_____
Date: _____		Other	_____	_____	_____
Approved by: _____					

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.

Lawes Coal
Signature



Date Received _____
Date Issued _____
Control # _____
Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

*Install 275 gallon double wall
oil tank. Above ground
w/ new oil line*

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity _____ Fuel _____

Alarm Systems ☐ 110v Interconnected NUMBER _____
☐ System

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 _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas ☐ or Oil ☐ Fired Appliances _____

Other _____

FEE (Office Use Only)

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



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block 43 Lot 26 Qualification Code _____
Work Site Location 27 Broadway Freehold, NJ Contractor Lawes Coal DBA Duckett & Laird
07728 Address 71 Bannard Street
Owner in Fee Mark Peters Freehold, NJ 07728
Address 27 Broadway Freehold, NJ 07728 Tel. (732) 462-1044
Tel. (732) 863-1946 Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK: Install 275 gallon Double wall Heating oil
tank aboveground w/new oil line

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 \$ 2,300

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

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

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



APPLICATION FOR CERTIFICATE

Permit #
Date Issued:
or
Control #:
Certificate Application Rec'd:
Certificate Issued:

IDENTIFICATION

Work Site Location 27 Broadway Freehold Block 43 Lot 26 Qual Code _____
NJ 07728

Contractor Laves Coal Co. Inc. DBA Dockett and Laird
Address 71 Barnard Street Freehold, NJ 07728

Owner in Fee Mark Peters
Address 27 Broadway Freehold, NJ
07728
Tel. (732) 863-1946

Tel.: (732) 462-1044
License No. _____
Federal Employee No. 210-497-110/000

ACTION

- ☐ Certificate of Approval
☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION \$ 2,300

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below:

DESCRIPTION OF WORK / USE: Install 275 gallon Doublewall Heating oil
Abwegrund w/new oil line to burner

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

Ross DeBagen

Owner / Agent

☐ OWNER

☒ AGENT

BOROUGH OF FREEHOLD
BUILDING DEPT. - RECYCLING FORM

PERMIT # _____ WORK-SITE AT: 27 Broadway Freehold, NJ 07728
BLOCK # 43
LOT # 26 Mark Peters
(PERMIT APPLICANTS NAME)

In accordance with the Monmouth County Solid Waste Management Plan, all applicants seeking construction or demolition permits must identify all disposal and recycling arrangements. Records documenting the quantity and disposition of all materials must be provided.

HAULER RECYCLE/DISPOSAL SITE APPROX TONNAGE

- ☒ CARDBOARD
(non resident'l) FLi
- ☐ CONCRETE _____
- ☐ ASPHALT _____
- ☐ WHITE GOODS _____
- ☐ TREE STUMPS &
LIMBS _____
- ☐ HAZARDOUS &
LIQUID WASTE _____
- ☐ WOOD/PLASTER
CONST. DEBRIS _____
- ☐ ROOFING MAT'L. _____
- ☒ OTHER Red Bank Recycling

I hereby certify the above information is true and accurate

Date Res DeHagen Permit Applicants Signature

HOMEOWNER WAIVER

In lieu of the above requirements the Permit Applicant certifies that the work performed is minor construction and will generate less than 6 cubic yards and accepts responsibility for the proper disposal of the construction debris in accordance with County and Borough regulations.

METHOD OF DISPOSAL _____

Res DeHagen
(Permit Applicant's Signature)

FOR FURTHER ASSISTANCE CONTACT:
DAN MEGILL, RECYCLING COORDINATOR (732)452-4200

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

Laves Coal Co. Inc. dba/ Duckett & Laird
Donald E. Laves III/William D. Laves
499 Sycamore Ave.
Shrewsbury NJ 07702

FOR PRACTICE IN NEW JERSEY AS A/NY Home Improvement Contractor

11/23/2012 TO 12/31/2013

VALID

13VH04384700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Laves Coal Co. Inc. dba/ Duckett & Laird
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/23/2012 TO 12/31/2013

VALID

13VH04384700

License/Registration/Certificate #

SIGNATURE

ACTING DIRECTOR

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 45015
Kew-Forest, NJ 07131

PLEASE DETACH HERE

Double-Wall Oil Storage Tanks (DWT)

Double-Wall Oil Storage Tanks



Roth's state-of-the-art double-wall tanks are the best you can find.

More for the environment

More for your safety

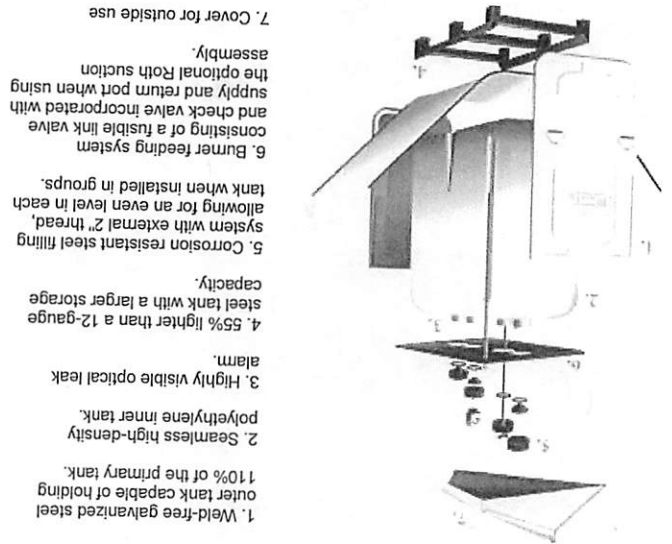
More quality

More than 4 million installed

*****NEW 30-YEAR PRODUCT WARRANTY*****
Follow the links below for more information.

Overview

Characteristics



1. Weld-free galvanized steel outer tank capable of holding 110% of the primary tank.
2. Seamless high-density polyethylene inner tank.
3. Highly visible optical leak alarm.
4. 55% lighter than a 12-gauge steel tank with a larger storage capacity.
5. Corrosion resistant steel filling system with external 2" thread, allowing for an even level in each tank when installed in groups.
6. Burner feeding system consisting of a fusible link valve and check valve incorporated with supply and return port when using the optional Roth suction assembly.
7. Cover for outside use

tallation of tanks is faster and easier than ever.

Up to 50% lighter than conventional steel tanks.

Wide handles on each end facilitates transport and handling.

Removable base facilitates access to tight spaces and offers greater stability.

Compact and economical design. (8 sq. ft. for 1000L)

The only tank on the market with no fittings below the oil line.

Unique expansion system ensures increase storage capacity and faster, easier fill-ups.

Completely sealed, every one of our tanks is pressure tested and meets exacting quality control standards.

Better than industry average warranty of 10 years insurance, \$2 million clean up policy

plus 30 year product warranty.

/ Start / Products / Double-Wall Oil Storage Tanks

Roth Double-Wall Oil Storage Tanks (DWT)



Roth's state-of-the art double-wall tanks are the best you can find.

More for the environment

More for your safety

More quality

More than 4 million installed

NEW 30-YEAR PRODUCT WARRANTY

Follow the links below for more information.

[Overview](#)

[Characteristics](#)

[Specifications](#)

Dimensions for individual tanks

Tank Model	DWT 400L	DWT 620L	DWT 1000L	DWT 1000LH	DWT 1500L
Nom. Capacity US gal (liters)	110 (400)	165 (620)	275 (1000)	275 (1000)	400 (1500)
Length inches (cm)	29 (74)	29 (74)	43 (110)	51 (130)	64 (163)
Width inches (cm)	28 (72)	28 (72)	28 (72)	30 (76)	30 (77)
Height inches (cm)	44 (112)	61 (155)	61 (155)	54 (137)	68 (173)
Min. Height Req'd inches (cm)	49 (125)	66 (168)	66 (168)	60 (152)	76 (193)
Tank Weight lbs. (kg)	106 (48)	132 (60)	167 (76)	208 (94)	333 (151)
Shipping Weight lbs. (kg)	115 (52)	143 (65)	185 (84)	230 (104)	358 (162)

Dimensions for grouped tanks

Tank Model	DWT 400L	DWT 620L	DWT 1000L	DWT 1000LH	DWT 1500L
2 Tanks (side by side)	29 x 60 (74 x 152)	29 x 60 (74 x 152)	43 x 60 (110 x 234)	51 x 63 (130 x 160)	64 x 63 (163 x 160)
3 Tanks (side by side)	29 x 92 (74 x 234)	29 x 92 (74 x 234)	43 x 92 (110 x 234)	51 x 96 (130 x 244)	64 x 96 (163 x 244)
4 Tanks (side by side)	29 x 124 (74 x 315)	29 x 124 (74 x 315)	43 x 124 (110 x 315)	51 x 129 (130 x 329)	N/A
5 Tanks (side by side)	29 x 156 (74 x 397)	29 x 156 (74 x 397)	43 x 156 (110 x 397)	51 x 162 (130 x 411)	N/A
2 Tanks (end to end)	N/A	N/A	28 x 90 (72 x 229)	N/A	N/A

[Accessories](#)

BLOCK

LOT

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

Boro of Freehold
51 West Main Street
Freehold, NJ 07728



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 Broadway

2. Name of Owner in Fee: Vdpe
Tel. (347) 524-2490 e-mail _____
Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public Private

4. Principal Contractor: Gold Medal Plumbing Tel. (732) 390-3730
Address 11 Cotters Lane e-mail _____
East Brunswick NJ 08816

License No. OR, if new home, Builder Reg. No. 12777 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer MAR 1 2015 Contact _____
Address _____ e-mail _____
Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun Joe Todaro
Tel. (732) 390-03725 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>80</u>		
2. Electrical	\$ <u>100</u>		
3. Plumbing	\$ <u>100</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ <u>33</u>		
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>383</u>		

VI. BUILDING/SITE CHARACTERISTICS

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>3500</u>								
<u>2000</u>								
<u>500</u>								

TOTAL COST 6000

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

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
7. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

Date Issued 03/19/2015
Control #
Permit # 15-0018

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY
Owner in Fee/Occupant VOLPE
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Telephone (347)524-2490
Contractor GOLD MEDAL ELECTRIC
Address 11 COTTERS LANE
EAST BRUNSWICK, NJ 08816-
Telephone (732)390-3700 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 83-0357354

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE BOILER & WATER HEATER

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

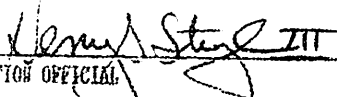
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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


CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ UCCARS 5.26

Fee \$ 0
Paid ☒ Check No. 10117-C
Collected by: TB

NJ UCCARS 5.26
BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/21/2014
Date Issued 12/15
Control # C-43/26
Permit # 15-0018

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee VOLPE
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (347) 524-2490
Contractor GOLD MEDAL ELECTRIC
Address 11 COTTERS LANE
EAST BRUNSWICK, NJ 08816-
Tele. (732) 390-3700
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 83-0357354

B. FIRE PROTECTION CHARACTERISTICS

Use Group	Present R-5	Proposed R-5	Fire Alarm System
Constr Class	Present	Proposed	New [] Existing []
Heating Systems [] New [] Existing [] HVAC			Location of Panel:
Type: [] Gas [] Oil [] Elect [] Solar			Fire Suppression/Standpipe Sys
[] Other			New [] Existing []
Location:			Location of Main Control Valve
Total Est Cost of Fire Prot Work \$	500		

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type	Failure Failure Approval Initial
Joint Plan Review Required:	Alarm Sys	
[] Bldg [] Elect	Suppr Test	
[] Plumb [] Elevator	Standpipe	
[] Fire Plans Approved	Fire Pump	
Date:	PreEng Sys	
Approved By: <i>On file</i>	Mechanical	
SUBCODE APPROVAL	Smoke Ctl	
[] CO [] CCO [] CA	TCO	
Date: 3/2/15	Final	3/2/15
Approved By: <i>AK</i>	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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel
Alarm Systems [] 110v Interconnected NUMBER
[] System
Alarm Devices (smoke, heat, pulls, water/flow) 0
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 0

Suppression Systems
Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [X] or Oil [] Fired Appliances 2 100
Other 0
Other 0

Administrative Surcharge \$ 0
Paid [] Check # 10117-C Minimum Fee \$ 0
Collected By: *AK* TOTAL FEE \$ 100
DCA State Permit Fee \$ 1

NJ

INSPECTION NOTICE
**UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION**

TO:

Dave

TIME:

DA1

3/2/15

BY:

OWNER/AGENT

TELE: ()

PERMIT #:

15-0018

WORK SITE:

21 Broadway

BLOCK

43

LOT

26

INSPECTION REQUESTED:

Final

AVAILABILITY/COMMENTS:

**NOTE: ALL INSPECTION REQUESTS WILL BE DONE
WITHIN 72 HOURS AS OUTLINED IN UCC
24 HOUR NOTICE REQUIRED PRIOR TO
TIME INSPECTION.**

 IN. WHEN CHANGING
-1000

D. TECHNICAL SI

NO.

☐ Private Septic
☐ Private Well

 (Month/Day)
 : Approval Initial

Joint Plan Review Required:

☐ Bldg ☐ Elect☐ Fire ☐ Elevator☐ Plumb. Plans Approved

Date:

Approved By:

Anile

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Approved By:

3-2-15

Date:

-2221

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

 Paid ☒ Check
 Collected by:

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

Anile

TOWNSHIP OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/18/2014
Date Issued 12/15
Control # C-43/26
Permit # 15-009

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee VOLPE
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (347) 524-2490
Contractor GOLD MEDAL ELECTRIC
Address 11 COTTERS LANE
EAST BRUNSWICK, NJ 08816-
Tele. (732) 390-3700
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 83-0357354

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 8,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved

Date: 01/15

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: 3-2-15

Date: 2-2-15

INSPECTIONS

Type	Dates (Month/Day)	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	60
0	Fuel Oil Piping	0
1	Gas Piping	60
0	Steam Boiler	0
1	Hot Water Boiler	60
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0

Paid by Check # 10117-C
Collected by: [Signature]
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 180
DCA State Permit Fee \$ 15

C. CERTIFICATION IN LIEU OF OATH

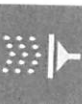
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal

[] Licensed Plumbing Contractor



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 43 Lot 26
Work Site Location 27 Broadway, Freehold 07728 Qualification Code _____

Owner In Fee: **VOLPE**
Tel. **(347) 524-2490** e-mail _____

Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

Contractor: **Gold Medal Plumbing Heating Cooling Electric, Inc** Tel. **(732) 390-3725**
Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

Contractor License No. **12777**

Exp. Date _____

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

FAX: **(732) 390-3793**

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size _____

Public Sewer _____

Proposed _____

Water Service Size _____

Public Water _____

Private Septic _____

Est. Cost of Plumbing Work \$ **8,000**

Private Well _____

JOBS 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: 12.18.14

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

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: **Joe Todaro**

Date Received
Control #
Date Issued
Permit #

D. TECHNICAL SITE DATA
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK
Replace Boiler+Indirect Water Heater+Gas Piping

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other _____

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

INSPECTION NOTICE

TO: Tom BY: 3/2/15

TIME: _____ DATE: _____

OWNER/AGENT _____ PERMIT #: 15-0018

TELE: () 21 Broadway

WORK SITE: 21 Broadway

BLOCK 43 LOT 26

INSPECTION REQUESTED: 8:00 AM

AVAILABILITY/COMMENTS: _____

NOTE: ALL INSPECTION REQUESTS WILL BE DONE WITHIN 72 HOURS AS OUTLINED IN UCC

24 HOUR NOTICE REQUIRED PRIOR TO

TIME INSPECTION DESIRED.

JO	Plumb	Temp Serv	Failure Fail
	Fire	Const Serv	
	Elect Plans	FCO	
Date:	Other		
Approved By: <u>CRS</u>	Service		
SUBCODE APPROVAL	Final		
[] CO [] CCO [] CA	Temp. Cut-In-Card Data		
Date: <u>3-2-15</u>	Final Cut-In-Card Data		
Approved By: <u>AL</u>			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record at
to make this application and perform the work listed on this
note

BOROUGH OF FREEHOLD
51 WEST MAIN ST.
FREEHOLD, NJ 07728

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/17/2014
Date Issued 12/15
Control # C-43/26
Permit # 15-0018

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

Block 43 Lot 26 Qual
Work Site Location 27 BROADWAY

Owner in Fee VOLPE
Address 27 BROADWAY
FREEHOLD, NJ 07728-
Tele. (347) 524-2490
Contractor GOLD MEDAL ELECTRIC
Address 11 COTTERS LANE
EAST BRUNSWICK, NJ 08816-
Tele. (732) 390-3700
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 83-0357354

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date:
Approved By: *anste*
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 3-2-15
Approved By: *al*

INSPECTIONS
Type Failure Failure Approval Initial
Rough
Temp Serv
Const Serv
TCO
Other
Service
Final
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
1		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other BOILER	25
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Administrative Surcharge \$ 0
Paid [] Check # 101M-C Minimum Fee \$ 0
Collected by: *13* TOTAL FEE \$ 80
DCA State Permit Fee \$ 7



ELECTRICAL SUBCODE TECHNICAL SECTION



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 43 Lot 26 Qualification Code _____

Work Site Location 27 Broadway, Freehold 07728

Owner in Fee: VOLPE

Tel. (347) 524-2490 e-mail _____

Address _____

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail _____

East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date 03/31/2015

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Rough				
[] Partial -Underslab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: <u>10-17-14</u>	Final				
Approved by: <u>TAC</u>	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued				
[] CO [] CCO	Final Cut-in-Card Date Issued				
Date: <u>3-2-15</u>	Annual Pool Inspection				
Approved by: <u>6/2</u>	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: Mike Agugliaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace Boiler

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

CSS+

Pipe

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

BLOCK 43

LOT 26

QUALIFICATION CODE

ADDRESS (SITE) 27 Broadway

PERMIT NO.

15-0018



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 Broadway, Freehold 07728

2. Name of Owner in Fee: VOLPE

Tel. (347) 524-2490

e-mail

Address SAME

3. Ownership in Fee: Public ☐ Private ☒ X

4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3730

Address 11 Cotters Lane

e-mail

East Brunswick, NJ 08816

License No. OR, if new home, Builder Reg. No. 12777

Exp. Date

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

Federal Emp. ID No. 830357354

FAX: (732) 390-3793

5. Architect or Engineer

Contact

Address

e-mail

Tel.

FAX:

6. Responsible Person in Charge once Work has Begun Joe Todaro

Tel. (732) 390-3725

FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 800-		
2. Electrical	100-		
3. Plumbing	100-		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	23-		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 803-		

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)

☐ Building☒ Electrical☒ Plumbing☒ Fire Protection☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
3,500	28	12/17/14		12-17-14	AK			
8,000				12-18-14	AK			
500				12-21-14	AK			

TOTAL COST \$12,000

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 43 Lot 26 Qualification Code _____
Work Site Location 27 Broadway, Freehold 07728

Owner in Fee: VOLPE
Tel. (609) 818-1382 e-mail _____

Address _____
Contractor: Gold Medal Plumbing Heating Cooling Electric Inc Tel. (732) 390-3725
Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

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): 12777
Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank:
Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____
Heating System: ☐ New OR ☐ Modification to Existing Fire Alarm System: ☐ New OR ☐ Existing
OR ☐ Conversion OR ☐ Replacement Location of Panel: _____
Fuel Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System:
☐ Other ☐ New OR ☐ Existing
Location: _____ Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____	_____
☐ Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
Date: <u>12/21/14</u> Approved by: <u>[Signature]</u>		Standpipe	_____	_____	_____	_____
☐ Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: <u>12/21/14</u> Approved by: <u>[Signature]</u>		Flam/Combust Tanks	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Final	_____	_____	_____	_____
Date: _____ Approved by: _____		Other	_____	_____	_____	_____

Date Received
Control #

Date Issued
Permit #

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: Joe Todaro

D. TECHNICAL SITE DATA

☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Boiler+Water Heater
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	<u>0</u>	
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	<u>2</u>	
Fireplace Venting/Metal Chimney	_____	
Other	_____	

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



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 43 LOT 26 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 27 Broadway, Freehold 07728

Owner in Fee VOLPE

Verifying Individual Joseph Todaro Company Gold Medal PHCE

Address 11 Cotters Lane East Brunswick NJ 08816
Street City State Zip Code

Tel: (732) 390-3730 Fax: (732) 390-3793

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:

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☒ Power Vent/Exhauster

Size

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>Boiler</u>	Oil / Gas / Other: <u>Gas</u>	<u>150,000</u>
Appliance 2: <u>Water Heater</u>	Oil / Gas / Other: <u>Gas</u>	<u>40,000</u>
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 12/8/14

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.

TDD

(ASAP)

New Search Assessment Postcard Property Card

Block: 43 Prop Loc: 27 BROADWAY Owner: VOLPE, JOSEPH J III Square Ft: 2440
 Lot: 26 District: 1316 FREEHOLD BORO Street: 27 BROADWAY Year Built: 1905
 Qual: Class: 2 City State: FREEHOLD, NJ 07728 Style: 8

Additional Information

Prior Block: Acct Num: Addl Lots: EPL Code: 0 0 0
 Prior Lot: Mtg Acct: Land Desc: 75X125 Statute:
 Prior Qual: Bank Code: 672 Bldg Desc: 2SF2G Initial: 000000 Further: 000000
 Updated: 10/19/14 Tax Codes: Class4Cd: 0 Desc:
 Zone: R-5 Map Page: 14 Acreage: 0.2152 Taxes: 8877.73 / 0.00

Sale Information

Sale Date: 11/21/13 Book: 9046 Page: 7282 Price: 422000 NU#: 0

Sale	Date	Book	Page	Price	NU#	Grantee
<u>More Info</u>	09/02/04	8400	8002	370000	39.32	PETERS, MARK & CRISTINA
<u>More Info</u>	11/21/13	9046	7282	422000	86.97	VOLPE, JOSEPH J III

TAX HIST-HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed	Property Class
2015	VOLPE, JOSEPH J III 27 BROADWAY FREEHOLD, NJ 07728	166100 248800 414900	0	414900	2
2014	PETERS, MARK & CRISTINA 27 BROADWAY FREEHOLD, NJ 07728	166100 200900 367000	0	367000	2
2013	PETERS, MARK & CRISTINA 27 BROADWAY FREEHOLD, NJ 07728	166100 200900 367000	0	367000	2
2012	PETERS, MARK & CRISTINA 27 BROADWAY FREEHOLD, NJ 07728	166100 200900 367000	0	367000	2

28848369

- Gas line for oil to gas conv.
- Install water boiler
- Install water meter & hydr

GAS

Diagram

732-294-2050

(Total 6.150
11.150
17.250)



CONSTRUCTION PERMIT

Date Issued:

Permit #

IDENTIFICATION Block 43 Lot 26 Qualification Code _____
Work Site Location 27 Broadview Contractor GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC
Freehold 07738 Address 11 COTTERS LANE
Owner in Fee Volpe Address EAST BRUNSWICK, NEW JERSEY 08816
Address Same Tel. (732) 390-3725 12777
Tel. (347) 524-2490 Lic. No. or Bids. Reg. No. Joe Todaro

is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Install Boiler + Indirect water heater + gas piping for oil to gas conversion

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 \$ 12,000

Construction Official

Date

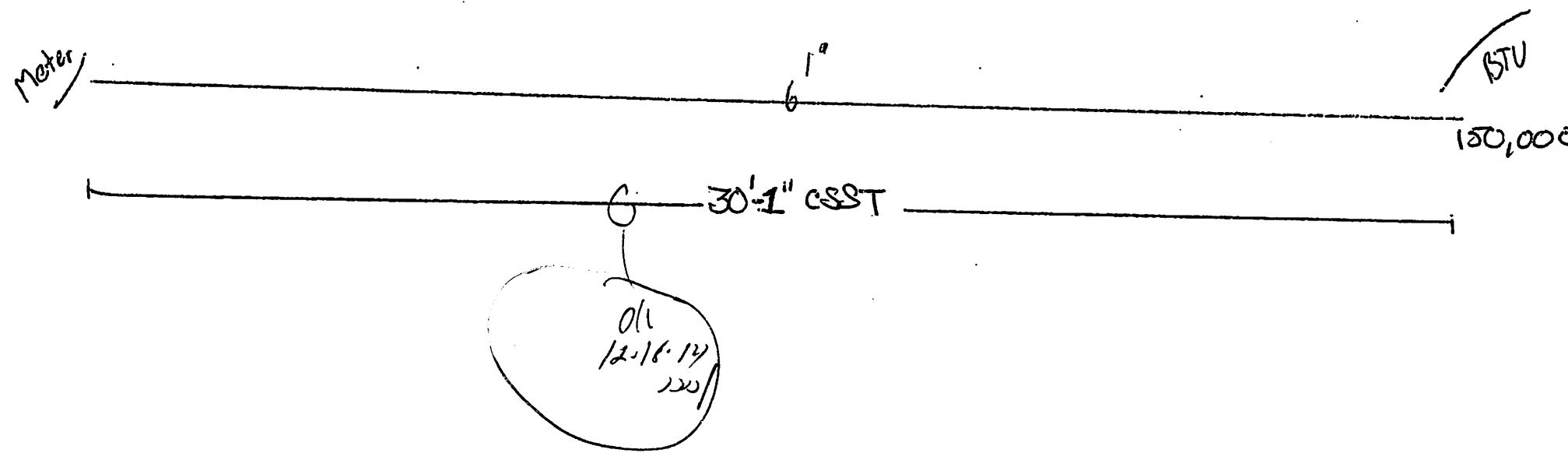
PAYMENTS (Office Use Only)

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

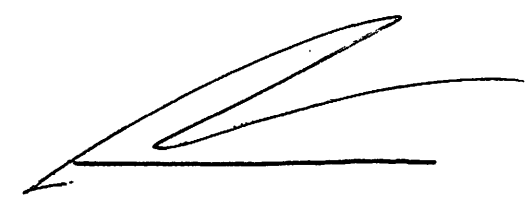
(see reverse side)

UCC/170
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1 WHITE-INSPECTOR
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3 PINK-TAX ASSESSOR
4 GOLD-APPLICANT

Volpe
27 Broadway
Freehold, NJ 07728
30143 Lot: 26



Gold Medal
Plumbing Heating Cooling Electric
11 Cotters Lane
East Brunswick, NJ 08816





High Performance Stainless Steel Indirect Water Heater



The Standard in Indirect Water Heaters

www.CrownBoiler.com | Philadelphia, PA

Abundant domestic hot water powered by the same efficient boiler that heats your home or commercial building

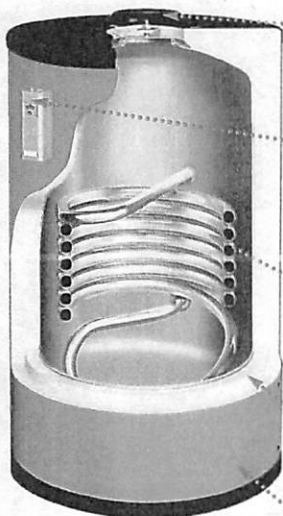
Busy lifestyles demand lots of hot water – for showering the whole family, starting the dishwasher, putting a load of clothes in the washing machine and getting everybody out of the door on time.

Compare the performance of a Mega-Stor® to water heaters fueled by gas, electric or oil, and you'll see the advantage that comes with choosing hydronic products from Crown Boiler Co.

Mega-Stor® is indirectly heated for efficiency. The boiler that heats your home or building provides more energy, while consuming fuel more efficiently, than direct-fired domestic water heaters. So Mega-Stor saves on fuel costs by using hot water from your boiler to heat water for your showers.

Crown Mega-Stor® water heaters come in a variety of sizes from 26 to 119 gallons to meet every residential and commercial need. Mega-Stor® is engineered for performance, constructed of high quality materials inside and out, and finished attractively.

Space saving, horizontal 40- and 53-gallon Mega-Stor® can fit into crawl spaces, and can be stacked with most Crown boilers for an even smaller footprint using the optional mounting kit.



Superior features and comfort come standard

Mega-Stor® has a removable inspection cap for easy access to the coil and tank. Plus, there's a drain at the bottom to flush out the tank if necessary.

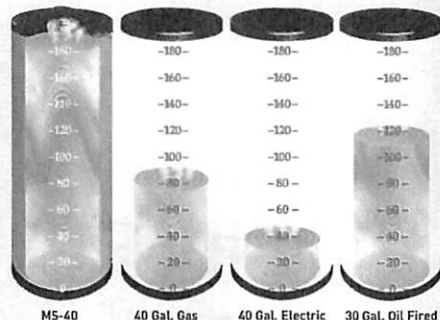
Mega-Stor® has a highly responsive Honeywell adjustable aquastat so that the water can be adjusted for your desired temperature.

Mega-Stor® heats water fast. With a smooth surfaced stainless steel coil that transfers heat throughout the tank, the recovery rate is up to three times more rapid than typical gas, electric or oil heaters.

Mega-Stor® keeps water hot. The two inch thick layer of polystyrene foam insulation keeps the water in your Mega-Stor® hot for hours during standby periods.

Mega-Stor®'s tank is ruggedly made of stainless steel, TIG welded and passivated for superior durability.

Mega-Stor® indirect water heaters provide more gallons of water after an hour of heating than gas, electric or oil-fired water heaters. The heating coil throughout the tank, powered by the heating capacity of boiler, provides this superior performance as shown below.



How much hot water your Mega-Stor® will provide depends both on its size and on the heating capacity (the BTU per hour rating) of your boiler.

Volume of Hot Water Available During One Hour Starting with a Fully Recovered Tank (First Hour Rating) At 90°F Rise

Model	40,000 BTU/hr Boiler	60,000 BTU/hr Boiler	80,000 BTU/hr Boiler	100,000 BTU/hr Boiler	125,000 BTU/hr Boiler	150,000 BTU/hr Boiler	175,000 BTU/hr Boiler	200,000 BTU/hr Boiler	250,000 BTU/hr Boiler	300,000 BTU/hr Boiler
MS-26	103	124*	124*	124*	124*	124*	124*	124*	124*	124*
MS-40	115	142	141	172*	172*	172*	172*	172*	172*	172*
MS-53	127	154	181	200*	200*	200*	200*	200*	200*	200*
MS-79	146	172	198	230	255*	255*	255*	255*	255*	255*
MS-119	167	194	222	254	289	323	356	417*	417*	417*
MSH-40H	115	135*	135*	135*	135*	135*	135*	135*	135*	135*
MSH-53H	125	152	177	180*	180*	180*	180*	180*	180*	180*

*Maximum Transfer Rates

If you need a lot of hot water quickly, for example a high flow rate to fill a hot tub, a larger size Mega-Stor® may be required to maintain an uninterrupted flow of hot water.

Approximate Mixed Flow at 115°F

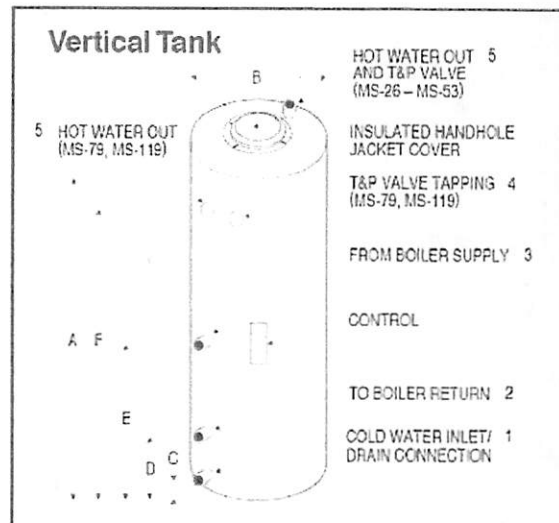
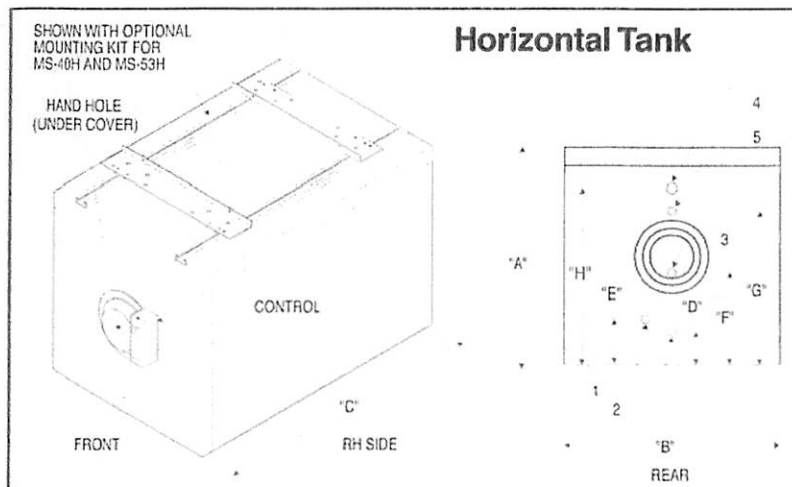
Model	Boiler Output (BTU/HR)	5.0 Gallons per Minute		7.5 Gallons per Minute	
		Minutes of Hot Water Provided	Gallons Provided	Minutes of Hot Water Provided	Gallons Provided
MS-26	77,000	4.5	22.8	2.5	18.7
MS-40	102,000	10.0	50.1	4.8	36.4
MS-53	114,000	12.5	62.3	7.4	57.2
MS-79	145,000	12.4	63.0	8.0	60.0
MS-119	225,000	Unlimited	Unlimited	15.1	113.8
MSH-40H	75,000	9.3	46.1	4.8	36.4
MSH-53H	101,000	10.9	54.6	5.8	43.3



Mega-Stor® has a limited lifetime warranty.

Crown Boiler Co. warrants the Mega-Stor® stainless steel tank and coil against leakage for as long as the original purchaser owns the home in which it is installed. Consult warranty for important terms and conditions.

MEGA-STOR® SPECIFICATIONS



PHYSICAL SPECIFICATIONS

Model	Volume (Gal.)	Dimensions in Inches								Coil Surface (Sq.Ft.)	Weight (lbs.)	
		A	B	C	D	E	F	G	H		Net	Full
MS-26	26	38-3/4	20-1/4	2	9-3/4	22-1/2	—	—	—	6.5	49	269
MS-40	39	54-3/4	20-1/4	2	9-3/4	25-3/4	—	—	—	8.6	66	396
MS-53	51	47-7/8	23-7/8	2	9-7/8	26-3/4	—	—	—	10.1	82	522
MS-79	80	69-1/4	23-7/8	1-5/8	10-1/4	29-1/4	59-1/4	—	—	15.1	170	831
MS-119	112	66	29-1/2	2-1/2	12-3/4	39-1/4	52-3/4	—	—	24.3	183	1,178
MSH-40H*	38	24-3/8	23-7/8	34-3/4	3-5/8	5	10-1/8	16-7/8	19-3/8	6.7	127	449
MSH-53H*	51	24-3/8	23-7/8	44-7/8	3-5/8	5	10-1/8	16-7/8	19-3/8	9.8	168	595

*MSH-40H and MSH-53H are Horizontal Tanks

CONNECTIONS

Key #	Description	Size (NPT)			
		MS-26 - MS-53	MSH-40H - MSH-53H	MS-79	MS-119
1	Cold Water Inlet	3/4M	3/4M	1M	1-1/4M
2	To Boiler Return	3/4M	3/4M	3/4M	1-1/4M
3	From Boiler Supply	3/4M	3/4M	3/4M	1-1/4M
4	T&P Valve Tapping	—	3/4F	1F	1F
5	Hot Water Out	3/4M	3/4M	1F	1-1/4F

IMPORTANT NOTE Some localities require indirect water heaters having a relief valve capacity in excess of 200,000 BTU/Hr to be constructed and stamped in accordance with ASME requirements. Check with the local authority having jurisdiction before installing an MS-79 or MS-119 with a boiler or boilers having a total gross output in excess of 200,000 BTU/Hr.

AHRI PERFORMANCE SPECIFICATIONS

Model	First Hour Rating (Gal/Hr)	Continuous Draw Rating (Gal/Hr)	Standby Loss (°F/Hr)	Minimum Boiler Output (MBH)	Boiler Water Through Coil	
					Min Flow (Gal/Min)	Head Loss (ft w.c.)
MS-26	144	121	1.7	77	8.0	2.5
MS-40	195	157	1.4	102	8.0	3.0
MS-53	226	179	0.9	114	8.0	3.5
MS-79	287	218	1.0	145	8.0	4.8
MS-119	472	384	1.4	225	12.7	7.9
MSH-40	151	116	1.4	75	8.0	2.5
MSH-53	203	158	1.3	101	8.0	3.5



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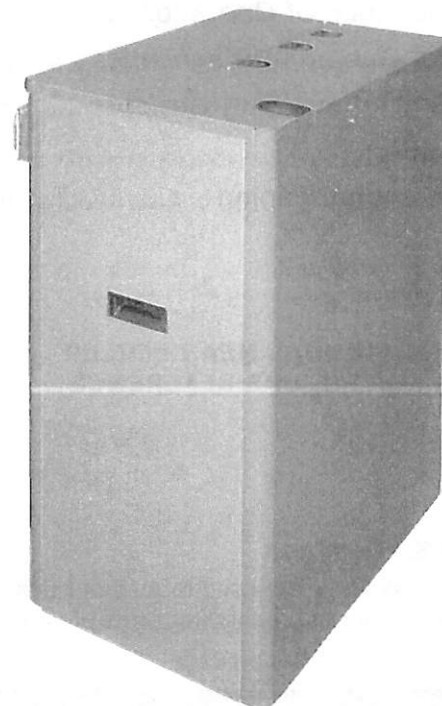
MS - 04/12
PN980515 - Rev 2



Models
Q90-125
Q90-150
Q90-175
Q90-200

Q90 125-200 SERIES II **GAS-FIRED DIRECT VENT** **CONDENSING HOT WATER BOILER**

INSTALLATION, OPERATION & **MAINTENANCE MANUAL**



An ISO 9001-2008 Certified Company

Manufactured by:
ECR International, Inc.
2201 Dwyer Avenue, Utica NY 13504-4729
web site: www.ecrinternational.com

P/N 240009431, Rev. C [07/2013]

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**KEEP THIS MANUAL NEAR BOILER
RETAIN FOR FUTURE REFERENCE**

IMPORTANT: Read following instructions COMPLETELY before installing!!

WARNING

Fire, explosion, asphyxiation and electrical shock hazard. Improper installation could result in death or serious injury. Read this manual and understand all requirements before beginning installation.

WARNING

Keep boiler area clear and free from combustible materials, gasoline and other flammable vapors and liquids.

DO NOT obstruct air openings to the boiler room. Modification, substitution or elimination of factory equipped, supplied or specified components may result in personal injury or loss of life.

TO THE OWNER - Installation and service of this boiler must be performed by a qualified installer.

TO THE INSTALLER - Leave all instructions with boiler for future reference.

When this product is installed in the Commonwealth of Massachusetts the installation must be performed by a Licensed Plumber or Licensed Gas Fitter.

Safety Symbols & Warnings

The following defined symbols are used throughout this manual to notify the reader of potential hazards of varying risk levels.

DANGER

Indicates a hazardous situation which, if not avoided, WILL result in death or serious injury

WARNING

Indicates a hazardous situation which, if not avoided, could result in death or serious injury.

CAUTION

Indicates a hazardous situation which, if not avoided, could result in minor or moderate injury.

NOTICE

Used to address practices not related to personal injury.

1 -BOILER RATINGS & CAPACITIES

Figure 1 - Boiler Jackets

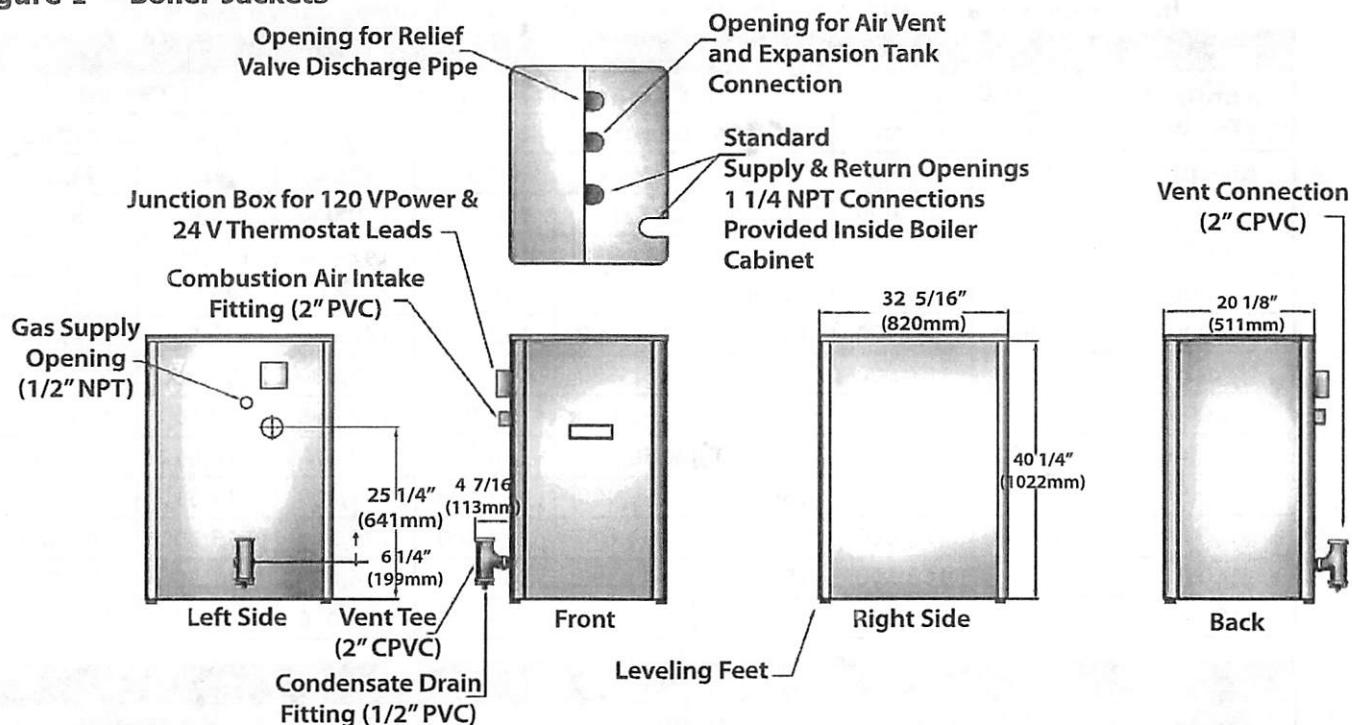


 Table 1 - SEA LEVEL RATINGS (NATURAL AND PROPANE GASES)					
Model	Input (MBH) ⁽¹⁾	Heating Capacity (MBH) ⁽¹⁾⁽²⁾	Net AHRI Rating (MBH) ⁽¹⁾	Shipping Weight (lbs.)	AFUE ⁽²⁾
125	125	113	98	284	90.0
150	150	134	117	284	90.0
175	175	158	137	284	90.0
200	200	180	157	284	90.0

⁽¹⁾ 1 MBH = 1,000 Btuh (British Thermal Units Per Hour)

⁽²⁾ AFUE (Annual Fuel Utilization Efficiency) and Heating Capacity is based on Department of Energy test procedure.

These low pressure gas-fired hot water boilers are design certified by CSA International, for use with natural and propane gases.

Boilers are constructed and hydrostatically tested for maximum working pressure of 50 psi (pounds per square inch) in accordance with A.S.M.E. (American Society of Mechanical Engineers) Boiler and Pressure Vessel Code, Section IV Standards for heating boilers.

Boilers are certified in accordance with ANSI (American National Standards Institute) Z21.13 standards as gas-fired, direct vent, condensing, hot water boilers.

Heating Capacity indicates amount of heat available after subtracting losses up the stack. Most of this heat is available to heat water. Small portion is heat loss from jacket and surfaces of boiler, it is assumed this heat stays in the structure.

Net AHRI Rating represents portion of remaining heat applied to heat radiation or terminal units (i.e. Finned tube baseboard, cast iron radiators, radiant floor, etc.). Difference between Heating Capacity and Net AHRI Rating, called piping and pickup allowance, establishes reserve for heating volume of water in the system and offsetting heat losses from piping. Net AHRI Ratings shown are based on piping and pickup factor of 1.15. Net AHRI Rating of boiler selected should be greater than or equal to calculated peak heating load (heat loss) for building or area(s) served by boiler and associated hot water heating systems. Manufacturer should be consulted before selecting boiler for installations having unusual piping and pickup requirements.

1 - BOILER RATINGS & CAPACITIES

Ratings shown are for sea level applications. Boiler automatically derates input as altitude increases. No alterations to boiler are required for altitudes above sea level.

Table 2 - NATURAL GAS

Nominal Input	200,000		175,000		150,000		125,000	
	3" Vent Lengths		3" Vent Lengths		3" Vent Lengths		3" Vent Lengths	
Altitude	Min	Max	Min.	Max	Min.	Max	Min.	Max
0	200,000	200,000	175,000	175,000	150,000	150,000	125,000	125,000
1,000	197,000	196,500	172,400	172,200	147,800	147,400	123,500	123,000
2,000	194,000	193,000	169,800	169,400	145,600	144,800	122,000	121,000
3,000	191,000	189,500	167,200	166,600	143,400	142,200	120,500	119,000
4,000	188,000	186,000	164,600	163,800	141,200	139,600	119,000	117,000
5,000	185,000	182,500	162,000	161,000	139,000	137,000	117,500	115,000
6,000	182,000	179,000	159,400	158,200	136,800	134,400	116,000	113,000
7,000	179,000	175,500	156,800	155,400	134,600	131,800	114,500	111,000
8,000	176,000	172,000	154,200	152,600	132,400	129,200	113,000	109,000
9,000	173,000	168,500	151,600	149,800	130,200	126,600	111,500	107,000
10,000	170,000	165,000	149,000	147,000	128,000	124,000	110,000	105,000

Table 3 - LP GAS

Nominal Input	200,000		175,000		150,000		125,000	
	3" Vent Lengths		3" Vent Lengths		3" Vent Lengths		3" Vent Lengths	
Altitude	Min.	Max	Min.	Max	Min.	Max	Min.	Max
0	200,000	200,000	175,000	175,000	150,000	150,000	125,000	125,000
1,000	195,900	195,750	171,900	171,200	146,900	146,700	123,050	122,250
2,000	191,800	191,500	168,800	167,400	143,800	143,400	121,100	119,500
3,000	187,700	187,250	165,700	163,600	140,700	140,100	119,150	116,750
4,000	183,600	183,000	162,600	159,800	137,600	136,800	117,200	114,000
5,000	179,500	178,750	159,500	156,000	134,500	133,500	115,250	111,250
6,000	175,400	174,500	156,400	152,200	131,400	130,200	113,300	108,500
7,000	171,300	170,250	153,300	148,400	128,300	126,900	111,350	105,750
8,000	167,200	166,000	150,200	144,600	125,200	123,600	109,400	103,000
9,000	163,100	161,750	147,100	140,800	122,100	120,300	107,450	100,250
10,000	159,000	157,500	144,000	137,000	119,000	117,000	105,500	97,500

This is gas-fired direct vent cast aluminum hot water boiler. Cast aluminum heat exchanger means better heat transfer and thermal storage than similarly sized cast iron boilers, which results in higher efficiency. Heating system water absorbs large amounts of heat from cast aluminum heat exchanger, cooling flue gases and causing condensation. Sealed combustion, premix gas burner, and low flame temperature means drastically reduced CO and NOx emissions, which contribute to cleaner and healthier environment.

Appliance, unlike normal residential atmospheric and induced draft units, takes its combustion air directly from outdoors (sealed combustion) and does not compete with building occupants for fresh air. Sealed combustion (also known as "direct vent") is safest and best way to obtain plenty of clean combustion air. Forced draft fan draws in outside combustion air to mix with gas, which flows into pre-mix burner and combusts. Fan forces resulting flue gases from boiler unit and provides positive removal of flue gases from building through choice of PVC, CPVC or PP vent pipes. (Refer to Table 7 page 18 for material limitations.)

2 - SAFE INSTALLATION AND OPERATION

WARNING

Improper installation, adjustment, alteration, service or maintenance could result in death or serious injury.

Boiler is equipped for residential installations. If used for commercial applications; additional code requirements must be adhered to. This may require additional controls, including but not limited to manual reset low water cut off, manual reset high temperature limit, and wiring and/or piping modifications.

1. Installation must conform to the requirements of the authority having jurisdiction or, in the absence of such requirements, to the National Fuel Gas Code, ANSI Z223.1/NFPA 54 and/or Natural Gas and Propane Installation Code, CAN/CSA B149.1.
2. Where required by authority having jurisdiction, installation must conform to the Standard for Controls and Safety Devices for Automatically fired Boilers, ANSI/ASME CSD-1.
3. Be certain gas input rate is correct. Over-firing may result in early failure of boiler components; this may cause dangerous operation. Under-firing may result in too much air for pre-mix burner causing poor or loss of combustion.
4. Never vent products of combustion from this boiler to enclosed space. Always vent to outdoors. Never vent to another room or to inside building.
5. Verify adequate outdoor air supply to boiler for complete combustion.
6. Follow regular service and maintenance schedule for efficient and safe operation.
7. Keep boiler area clean of debris and free from combustible materials, gasoline and other flammable vapors and liquids.
8. Proper through-the-wall or through-the-roof combustion venting shall be in accordance with materials and methods described in this manual. Installation must comply with local codes.
9. Boiler and related hot water heating systems are not do-it-yourself items. Installation and service by qualified professionals are required.

Installers - Follow local regulations with respect to installation of CO (Carbon Monoxide) Detectors. Follow maintenance recommendations in this manual. See "Maintenance And Cleaning" on page 48.

Boiler Sizing

- Verify you have selected the boiler with proper capacity before continuing installation. AHRI Rating of boiler selected should be greater than or equal to calculated peak heating load (heat loss) for building or area(s) served by boiler and associated hot water heating systems. See "Boiler Ratings & Capacities" on page 3.
- Heat loss calculations should be based on approved industry methods.

Considerations For Boiler Location

Before selecting boiler location, consider following.

- Supplied with correct type of gas (natural gas or propane).
- Connected to suitable combustion air intake piping system to supply correct amount of fresh (outdoor) air for combustion. See "Combustion Air And Vent Pipe" on page 15.
- Connected to suitable venting system to remove hazardous products of gas combustion. See "Combustion Air And Vent Pipe" on page 15.
- Connected to suitable hot water heating system.
- Supplied with suitable electrical supply for all boiler motors and controls.
- Connected to properly located thermostat or operating control. (Not included with boiler)

WARNING

Fire hazard. Do not install boiler on carpeting. Failure to follow these instructions could result in death or serious injury.

- Placed on level surface (DO NOT install on carpeting)
- Condensate drain line must be pitched down to floor drain or external condensate pump with reservoir at ¼" per foot (21 mm/m) (wood frame or blocks may be used to raise boiler).

3 - LOCATING THE BOILER

Locating The Boiler

1. Select level location, central to piping systems served and close to vent and air intake terminals as possible.
2. Manufacture recommended accessibility clearances, if more stringent (i.e. larger clearances) than required fire protection clearances, must be used for boiler installation. Accessibility clearances may be achieved with use of removable walls or partitions.
3. Combustible clearances shown in Table 4 indicate required clearances per CSA listing. Minimum 1" (25 mm) clearance must be maintained between combustible construction and each of the right, top and back surfaces of boiler. Minimum 8" (203 mm) clearance is required on left side, to allow room for inlet air pipe. 18" (457 mm) clearance must be maintained at front where passage is required for cleaning or servicing, inspection or replacement of any parts that normally require such attention. Allow 24" (610 mm) at front and left side and 8" (203 mm) at top for servicing. No combustible clearances are required to venting or combustion air intake piping.
7. Boiler shall be installed such that automatic gas ignition system components are protected from water (dripping, spraying, rain, etc.) during operation and service (circulator replacement, condensate trap, control replacement, etc.).
8. Boiler must be located where ambient temperatures (minimum possible room temperatures where boiler is installed assuming boiler is not in operation and therefore contributes no heat to space) are always above freezing temperature.
9. If boiler is not level condensate drain lines will not function properly. Adjustable feet are located on boiler to make up for minor surface irregularities or tilt.
10. Wood frame or blocks may be used to raise boiler to maintain drain pitch or to be above external condensate pump reservoir.
11. Provide means for condensate drainage.

Table 4 - BOILER CLEARANCES

Unit	Combustible Clearance	Accessibility, Cleaning, and Servicing
Top	1" (25 mm)	8" (203 mm)
Left Side	8" (203 mm)	24" (610 mm)
Right Side	1" (25 mm)	-
Base	1" (25 mm)	-
Front	0" (0 mm)	24" (610 mm)
Back	1" (25 mm)	-
Intake/Vent Piping	0" (0 mm)	-

All distances measured from boiler cabinet.

4. Keep boiler area clean of debris and free of flammable and combustible materials, liquids and vapors.
5. Install equipment in location which facilitates operation of venting and combustion air intake piping systems as described in this manual.
6. Advise owner to keep venting and combustion air intake passages free of obstructions. Both venting and combustion air intake piping systems connected to outdoors must permit flow through piping systems without restrictions for boiler to operate.
3. In so far as is practical, close all building doors and windows and all doors between the space in which the appliances remaining connected to the common venting system are located and other spaces of the building. Turn on clothes dryer and any appliance not connected to the common venting system. Turn on any exhaust fans, such as range hoods and bathroom exhaust, so they will operate at maximum speed. Do not operate a summer exhaust fan. Close fire dampers.
4. Place in operation appliance being inspected. Follow lighting instructions. Adjust thermostat so appliances operate continuously.
5. Test for spillage at draft hood relief opening after 5 minutes of main burner operation. Use flame of match or candle, or smoke from cigarette, cigar or pipe.

Removal Of Existing Boiler From Common Vent System

When an existing boiler is removed from a common venting system, the common venting system is likely to be too large for proper venting of the appliances remaining connected to it. At the time of removal of an existing boiler, the following steps shall be followed with each appliance remaining connected to the common venting system placed in operation, while the other appliances remaining connected to the common venting system are not in operation.

3 - LOCATING THE BOILER

6. After it has been determined each appliance remaining connected to common venting system properly vents when tested as outlined above, return doors, windows, exhaust fans and any other gas-burning appliance to their previous condition.
7. Any improper operation of common venting system should be corrected so installation conforms with the National Fuel Code, ANSI Z223.1/NFPA 54. When re-sizing any portion of common venting system, common venting system should be re-sized to approach minimum size as determined using appropriate tables in chapter 13 of the National Fuel Code, ANSI Z223.1/NFPA 54.

Placing The Boiler

- Place boiler to provide most direct connections to combustion air, vent, and system piping as possible.
- Place crated boiler as close to selected location as possible and uncrate boiler.
- Move uncrated boiler into position with appliance dolly or 2-wheel hand truck.
- Insert dolly or hand truck under ***right hand side*** of boiler. It is possible to slide boiler for short distance on smooth floor or surface.

4 - NEAR BOILER PIPING

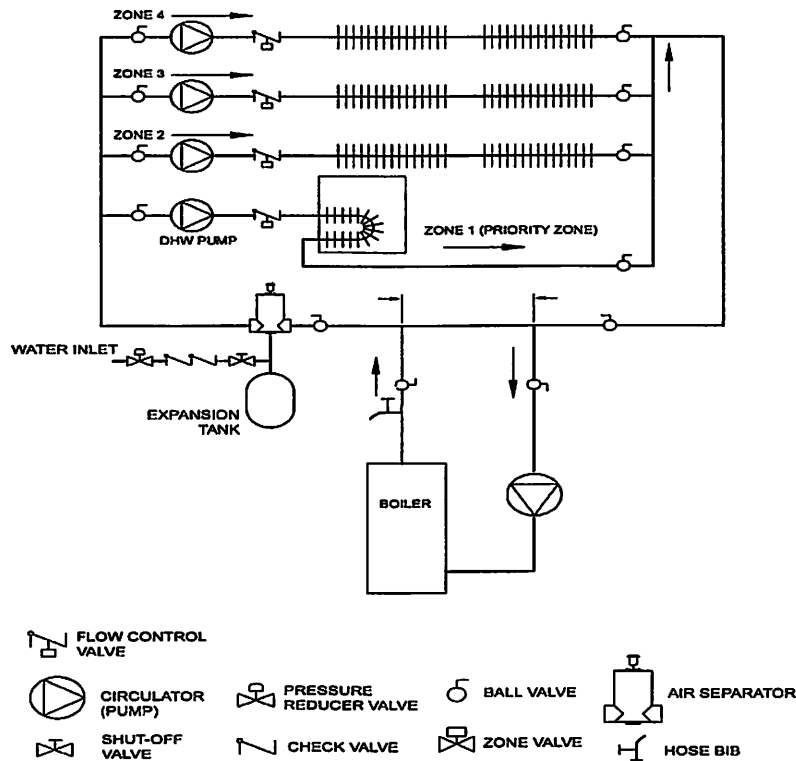
General Instructions

1. Packaged boiler is furnished with iron piping in front boiler section for supply and return connections.
2. Install all of radiation units (panels, radiators, baseboard, or tubing) and supply and return mains first, when installation of boiler is for new heating system.
3. After installation of all heating system piping and components; make final connection of system piping to boiler.
4. Hot water boiler installed above radiation level or as required by authority having jurisdiction must be equipped with low water cut off device (included with boiler).
5. Periodic inspection is necessary, as is flushing of float type devices, per low water cut off manufacturers specific instructions.
6. Proper water flow through any boiler is essential to proper operation and long life. Simple single or two zone systems with adequate flow do not require primary secondary piping. Systems with more zones or low flow require primary secondary piping.

Dielectric Isolation

1. Two (2) 1-1/4" X 1-1/4" female to female dielectric isolation unions are supplied. Install dielectric isolation unions at boiler supply line and return line. Install isolation fittings nearest boiler prior to system piping connections.
2. Water contaminants that cause low or high pH makes corrosion more likely.
3. Do not install copper supply and return piping directly into aluminum boiler section castings due to galvanic corrosion between dissimilar metals.
4. Use iron, steel bushings or pipe connectors between copper system piping and boiler to make final connection to boiler.
5. Use of dielectric unions is required, supplied with boiler, the purpose is to electrically insulate aluminum boiler from remainder of the system.

Figure 2 - General Primary Secondary Configuration



4 - NEAR BOILER PIPING

Expansion Tank And Make-Up Water

- Determine required system fill pressure, design temperature, and water content.
- Boiler contains 2.6 gallons (U.S.). Size expansion tank accordingly. Consult expansion tank manufacturer for proper sizing information.
- Connect properly sized expansion tank (not furnished) See Figure 3, for diaphragm type expansion tank. For diaphragm type expansion tanks, adjust tank air pressure to match system fill pressure.
- Install air vent (furnished) as shown for diaphragm type expansion tank system only.
- Install make-up water connections as shown and per local codes.
- If pressure reducing valve is used, adjust to match system fill pressure. Verify clean water supply is available when connecting cold make-up water supply to boiler. When water supply is from well or pump, install sand strainer at pump.

WARNING

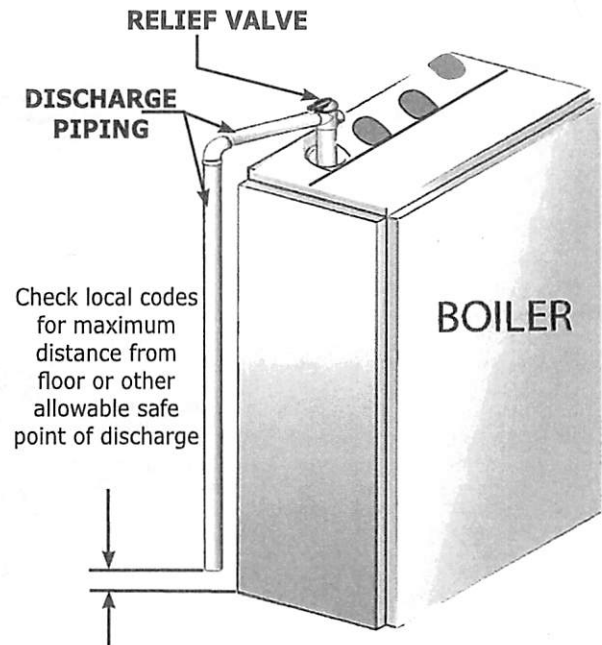
Burn and scald hazard. Safety relief valve could discharge steam or hot water during operation. Install discharge piping per these instructions.

Safety Relief Valve / Temperature Pressure Gauge

Boiler is furnished with safety relief valve and temperature pressure gauge.

- Install safety relief valve using pipe fittings provided with boiler. Figure 2.
- Install safety relief valve with spindle in vertical position.
- Do not install shutoff valve between boiler and safety relief valve.
- Install discharge piping from safety relief valve.
 - A. Use $\frac{3}{4}$ " or larger pipe.
 - B. Use pipe suitable for temperatures of 375°F (191°C) or greater.
 - C. Individual boiler discharge piping shall be independent of other discharge piping.
 - D. Size and arrange discharge piping to avoid reducing safety relief valve relieving capacity below minimum relief valve capacity stated on rating plate.
 - E. Run pipe as short and straight as possible to location protecting user from scalding and properly drain piping.
 - F. Install union, if used, close to safety relief valve outlet.
 - G. Install elbow(s), if used, close to safety relief valve outlet and downstream of union (if used).
 - H. Terminate pipe with plain end (not threaded).

Figure 3 - Relief Valve Discharge Piping



4 - NEAR BOILER PIPING

Figure 4 - Diaphragm Type Expansion Tank Piping

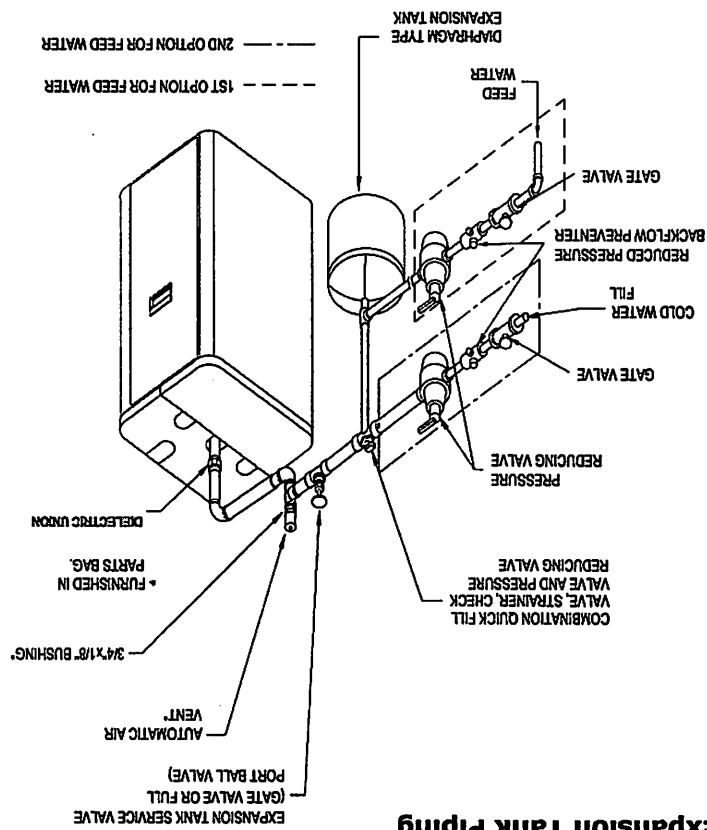


Figure 5 - Single Zone Boiler Piping

DIELECTRIC UNIONS

4 - NEAR BOILER PIPING

Figure 6 - Multi-zone Boiler Piping with Circulators

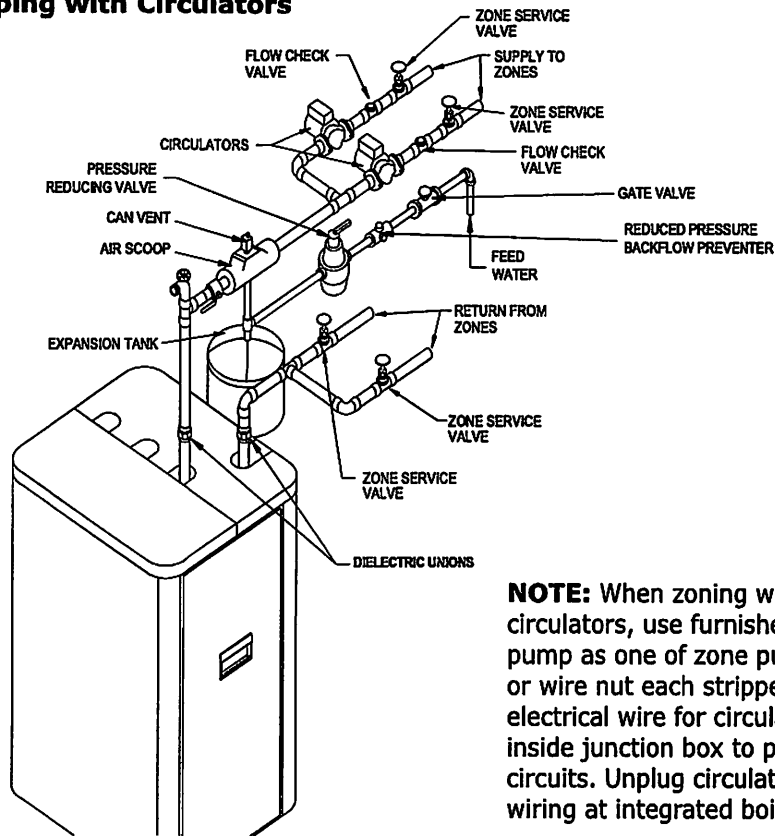
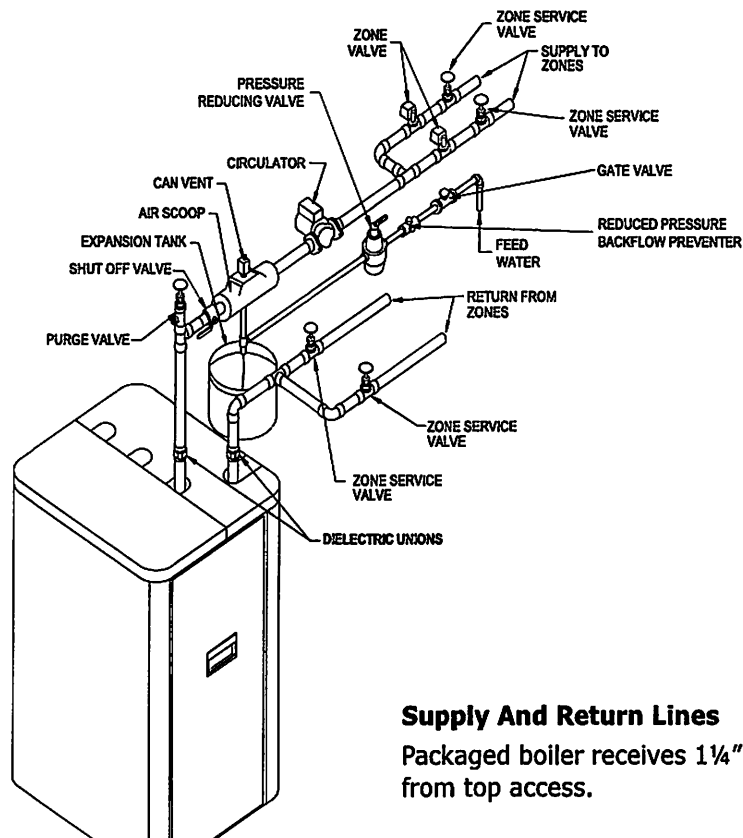


Figure 7 Multi Zone Boiler Piping With Zone Valves



4 - NEAR BOILER PIPING

Condensate Drain Requirements

Pitch condensate drain line down to floor drain at minimum of 1/4" per foot (21mm/m). External condensate pump (not furnished) may be used if floor drain is not available. Condensate pump must be designed for flue gas condensate application.

Condensate trap is proved with boiler.

1. Build condensate trap in the field. See Figure 7.
2. Wood frame or blocks may be used to raise boiler to maintain drain pitch or to be above external condensate pump reservoir.
3. 115 volt AC receptacle provided on service switch junction box which is located at boiler right side, to provide power for external condensate pump (if needed).

Condensate Drain Piping

- Condensate trap is to be field installed as shown in Figure 7.
- Provided are 1/2" PVC fittings for condensate drain trap (assembled in field).
- The 1/2" diameter schedule 40 PVC condensate drain piping and pipe fittings must conform to ANSI standards and ASTM D1785 or D2846.
- Schedule 40 PVC cement and primer must conform to ASTM D2564 or F493. In Canada, use CSA or ULC certified schedule 40 PVC drain pipe and cement.

- Condensate pump with reservoir (not furnished) may be used to remove condensate to drain line (sanitary line) above boiler if floor drain is not available or is inaccessible

Filling Condensate Trap With Water

Manually fill condensate trap at initial start up with water. Following steps are required to fill condensate trap for start up. Steps are only required at initial start up or if maintenance requires draining of condensate trap:

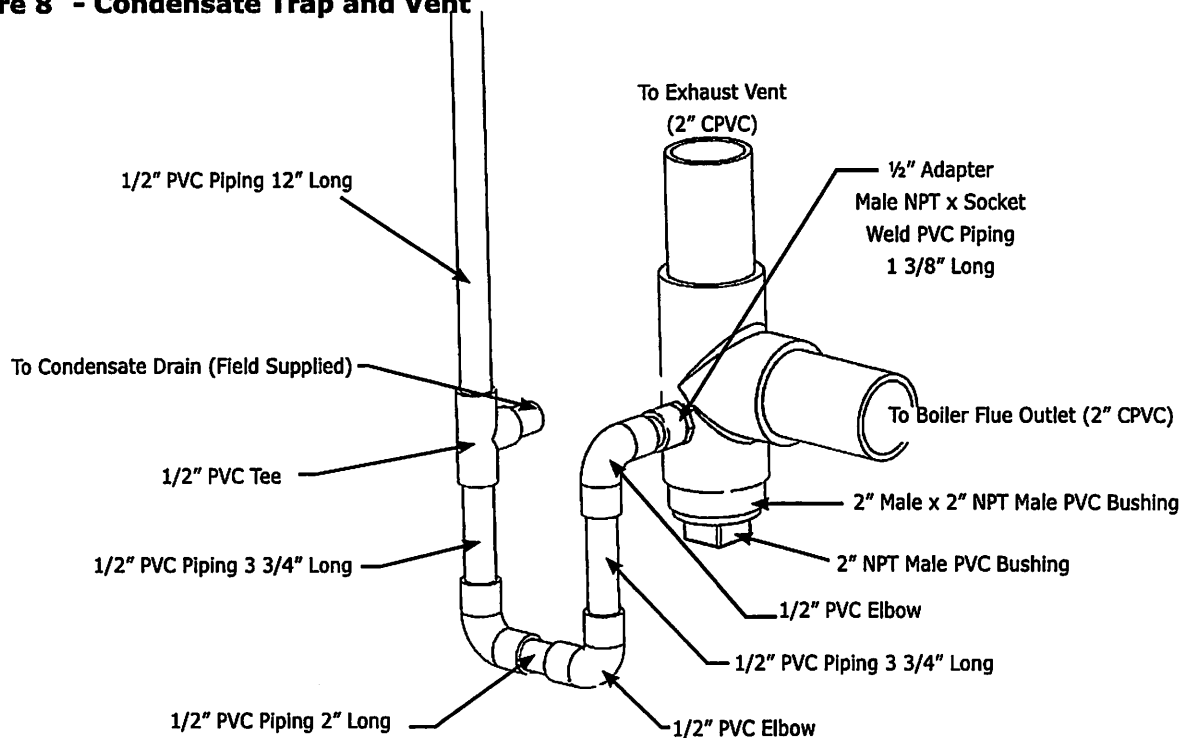
1. Pour about 1 cup of cold tap water into condensate trap vent.
2. Excess water will go through condensate drain line. Verify proper operation of drain line (and external condensate pump if used).

Chilled Water Piping

Install boiler used in connection with refrigeration system, so chiller medium is piped in parallel with boiler with appropriate valves to prevent chilled medium from entering boiler.

Boiler piping system of hot water boiler connected to heating coils located in air handling units where they may be exposed to refrigerated air circulation must be equipped with flow control valves or other automatic means to prevent gravity circulation of boiler water during cooling cycle.

Figure 8 - Condensate Trap and Vent



5 - WATER CHEMISTRY AND GENERAL ANTIFREEZE GUIDELINES

WARNING

Fire, explosion, asphyxiation hazard. Inadequate dielectric isolation, incorrect water treatment or antifreeze application may cause damage to boilers heat exchanger. Improper installation could result in death or serious injury. Follow these instructions completely.

Boiler Water Quality and Antifreeze

Water treatment and antifreeze protection must be applied to all aluminum series high efficiency gas-fired boilers using antifreeze protection.

Clean System First

- Before connecting boiler to heating system, clean and flush system thoroughly. Verify system is free of sediment, flux and residual boiler water additives.
- Systems having antifreeze not recommended must be completely flushed to ensure no old antifreeze remains. In older systems obviously discolored, murky or dirty water; or pH reading outside acceptable range (between 7.0 and 8.0) are indications system should be cleaned or treated. Thoroughly flush system with clean water to remove sediment or contaminants. Sludge and iron oxide deposits can cause rapid breakdown of inhibitors.
- Flush with clean water. If chemical cleaners are used, use only those recommended for use with aluminum boilers. Follow chemical cleaner manufacturer's instructions completely.
- DO NOT mix different manufacturer's products.

Fill Water and Chemistry

Verify water used to fill system meets these requirements:

- System fluid pH maintained between 7.0 and 8.0.
- Maintain water hardness below 7 grains hardness.
- Filling with chlorinated potable water is acceptable. DO NOT fill boiler with water containing chlorine in excess of 100 ppm.
- DO NOT use inhibitors or other additives that are not listed.
- Consult local water treatment specialist for recommendations if any of above requirements is outside stated ranges.

Eliminate System Leaks

- Continuous addition of make-up water will constantly add oxygen to system. Eliminate all system leaks. All system leaks must be repaired immediately.
- Verify expansion tank is operational and properly sized. Undersized expansion tanks cause relief valve weeping and substantial make-up water addition.
- Operation of this boiler in a system containing significant amounts of dissolved oxygen can cause severe heat exchanger corrosion damage.
- This boiler is not designed for use in systems containing regular additions of make-up water. Regular additions of make-up water may cause severe heat exchanger damage. System leaks may not always be visible. Unseen system leak will become obvious if boiler pressure decreases when make-up valve is closed.

- This boiler is designed for closed loop hydronic heat system only. Boiler is not suitable for natural gravity type installations, or any other open type system.

General Guidelines When Using Antifreeze

- Use only antifreeze products recommended for use with aluminum boilers. See Table 5 page 14.
- Continuous addition of make-up water will dilute power of antifreeze and change buffers ability to maintain pH.
- Flush old antifreeze from system. Flush boiler and system separately.
- Do not use antifreeze unless required.
- Antifreeze must be of type as listed in this manual due to their operational characteristics of : type 356 T6 aluminum at operating temperatures between 20°F (-6.7°C) and 250°F (121°C).
- Always clean system prior to using antifreeze.
- Follow antifreeze manufacturer's instructions for use, safe handling and storage. Refer to MSDS (Material Safety Data Sheets) provided by antifreeze manufacturer for potential hazards and first aid procedures for exposure or ingestion.
- Antifreeze will raise pH of hydronic solution in heating system above recommended level due to corrosion inhibitors. Solution must be treated to maintain pH within recommended level. Follow antifreeze manufacturer's instructions to adjust pH.
- If system leaked, adjust water and antifreeze chemistry. To avoid damage to boiler, check pH and chemistry of boiler solution. Consult antifreeze manufacturer for recommendations.
- Take pH reading annually, and adjust as necessary. Follow antifreeze/inhibitor manufacturer's instructions for details on how to adjust pH.
- Antifreeze solutions can break down over time. Failure to check antifreeze chemistry on annual basis may result in accelerated corrosion of boiler and other system components. Consult with antifreeze manufacturer for recommendations.
- Use of antifreeze in any boiler will reduce heating capacity as much as 10-20%. Take into consideration when sizing heating system, pumps and expansion tank. Consult antifreeze manufacturer's literature for specific information on reduced capacity.
- Using antifreeze manufacturer's instructions, determine freezing temperature needed and use correct amount of antifreeze. Never exceed 50% antifreeze by volume.
- Boiler operating pressure must remain below 15 psi for antifreeze solutions that specify maximum of 250°F (121°C). Otherwise, increase system operating/tank pressure to 20 psig. Refer to expansion tank manufacturer instructions for adjusting tank pressure.

5 - WATER CHEMISTRY AND GENERAL ANTIFREEZE GUIDELINES

Table 5 - Compatible Aluminum Antifreeze & Inhibitor Suppliers

Noburst AL Antifreeze	Noble Company P. O. Box 350 Grand Haven, MI 49417 www.noblecompany.com Tel: 800-878-5788 Fax: 231-799-8850
Rhogard Antifreeze & Pro-Tek 922 Inhibitor*	Rhomar Water Management, Inc. P. O. Box 229 Springfield, MO 65801 www.rhomarwater.com Tel: 800-543-5975 Fax: 417-862-6410
* Pro-Tek 922 Inhibitor may be used to adjust the pH level of the hydronic system, but on occasion may not resolve the pH issue. In these cases, flush the system and refill with untreated water and antifreeze suitable for aluminum heat exchangers, as listed in this supplement.	
Alphi-11	Hydronic Agencies, Ltd. (Fernox North Distributor) 15363 117 Avenue Edmonton, AB T5M 3X4 Canada www.hydronicagencies.com Tel: 780-452-8661 Fax: 780-488-2304 Fernox www.fernox.com
Intercool NFP-30,40,50 AA Intercool RPH-15*	Interstate Chemical 2797 Freedland Road P.O. Box 1600 Hermitage, PA 16148-0600 www.interstatechemical.com Tel: 800-422-2436 Fax: 724-981-8383
Hercules cryo-tek™-100/Al	Hercules Chemical Company, Inc. 111 South Street Passaic, NJ 07055 www.herchem.com Tel: 800-221-9330 Fax: 800-333-3456
* This product may be used to adjust pH level of hydronic system, but on occasion may not resolve pH issue. In these cases it is recommended to flush system and refill with untreated water and new boiler manufacturer approved antifreeze suitable for Aluminum heat exchangers.	

6 - COMBUSTION AIR/ VENT REQUIREMENTS

Combustion Air/Vent Pipe Requirements

Boiler requires dedicated direct vent system. Direct vent system, all air for combustion is taken directly from outside atmosphere, and all flue products are discharged to outside atmosphere.

Combustion air and vent pipe connections must terminate together in same atmospheric pressure zone, either through roof or sidewall (roof termination preferred). See Figures 8 and 9 for required clearances.

Venting must be as direct as possible and properly supported.

Figure 9 - Multiple Boiler Roof Vent/Intake Terminations

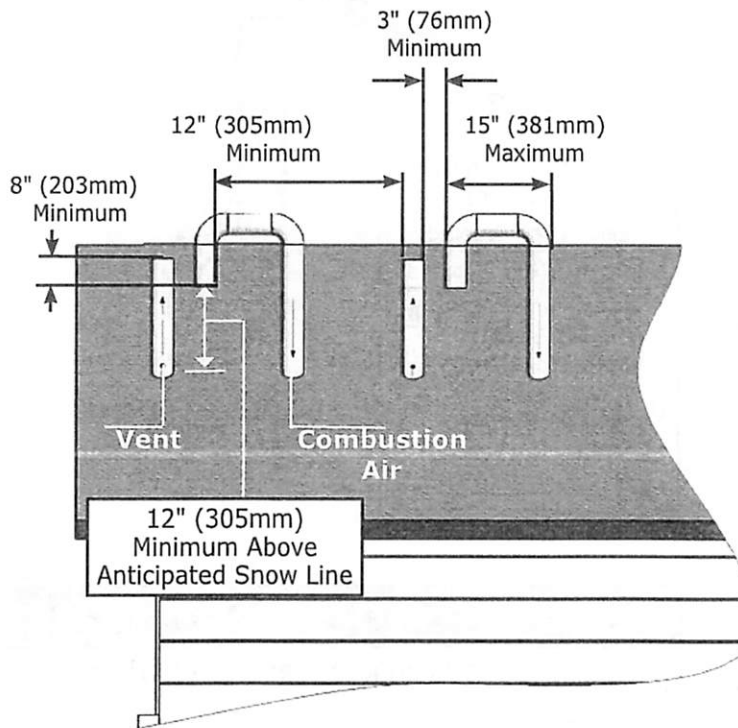
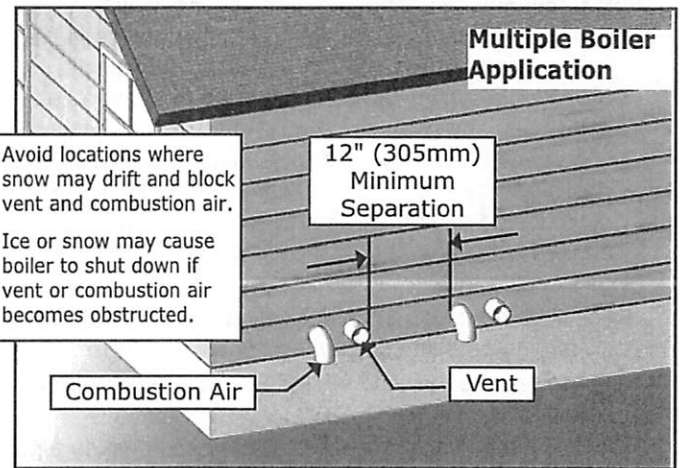
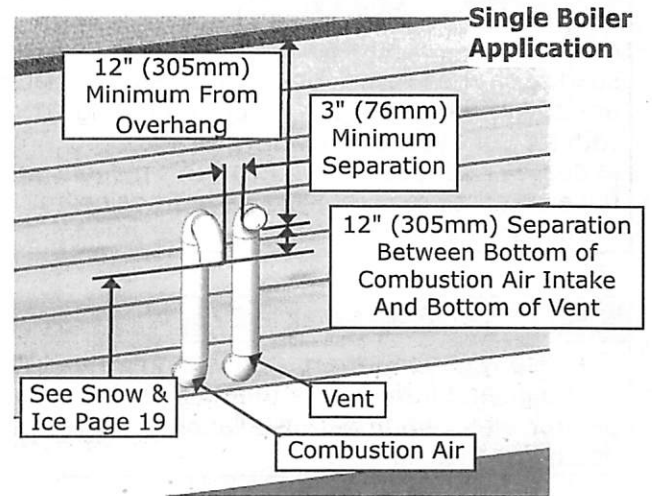
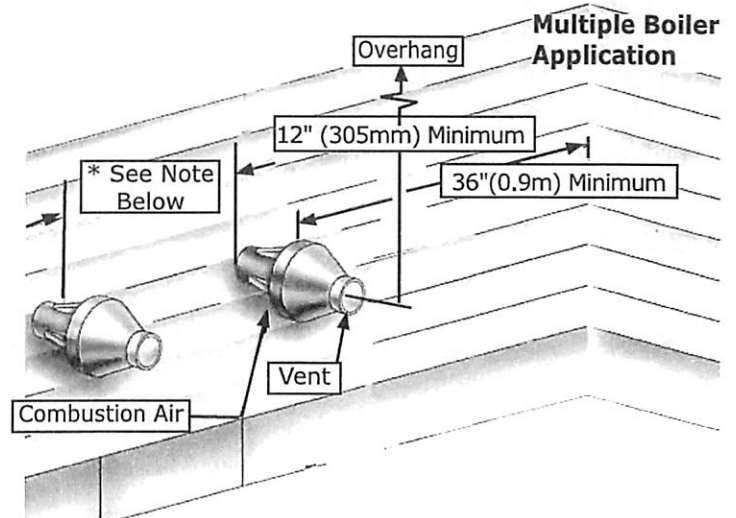
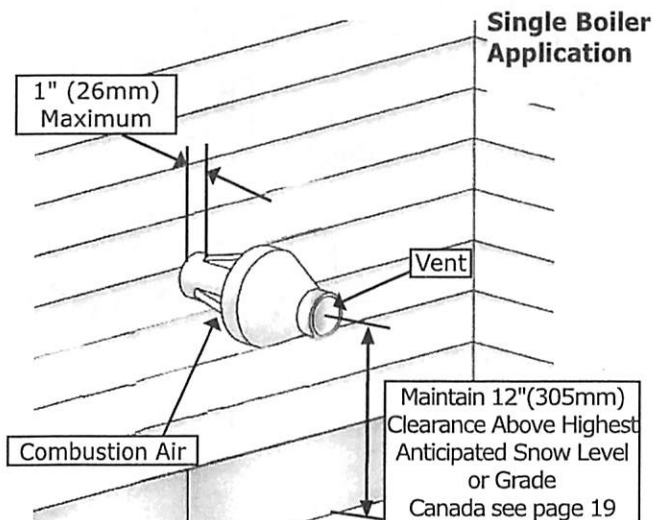


Figure 10- Sidewall Vent/Intake Terminations



If concentric vent termination is being used, refer to Figure 10 for proper setup.

Figure 11- Concentric Vent Terminations



*Must be less than 4" or greater than 24" Horizontal distance between end bells of each air intake to prevent flue gas recirculation.

6 - COMBUSTION AIR/ VENT REQUIREMENTS

⚠ WARNING

Fire, explosion, asphyxiation hazard. Solvent cements are combustible. Keep away from heat, sparks, or open flame. Use only in well ventilated areas. Avoid breathing in vapor or allowing contact with skin or eyes. Improper installation could result in death or serious injury. Read this manual and understand all requirements before beginning installation.

⚠ WARNING

Fire, asphyxiation hazard. Covering non-metallic vent pipe and fittings with thermal insulation shall be prohibited. Improper installation could result in death or serious injury.

- Combustion air must be clean outdoor air. Do not take combustion air from inside structure because that air is frequently contaminated by halogens, which includes fluorides, chlorides, phosphates, bromides and iodides. These elements are found in aerosols, detergents, bleaches, cleaning solvents, salts, air fresheners, paints, adhesives, and other household products. Typical areas of contamination include dry cleaning facilities, swimming pools, beauty shops, new building construction, air conditioning equipment. For example combustion air intake near swimming pool chemicals will damage any condensing boiler.
- Locate combustion air inlet as far away as possible from swimming pool and swimming pool pump house.
- All combustion air and vent pipes must be airtight and watertight.
- Follow instructions in this manual for combustion air and vent piping termination.
- Use of concentric vent termination refer to Figures 10, 11 and 12 for proper setup.
- Vent connections serving appliances vented by natural draft shall not be connected into any portion of mechanical draft systems operating under positive pressure.
- Fully support all vent piping. Use hangers at intervals to prevent pipe from sagging.

Figure 12- Concentric Vent

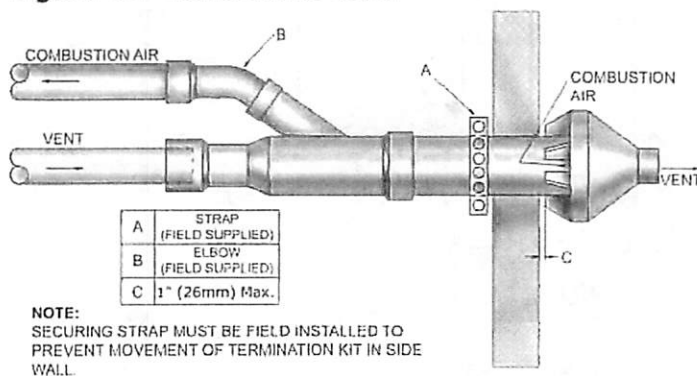
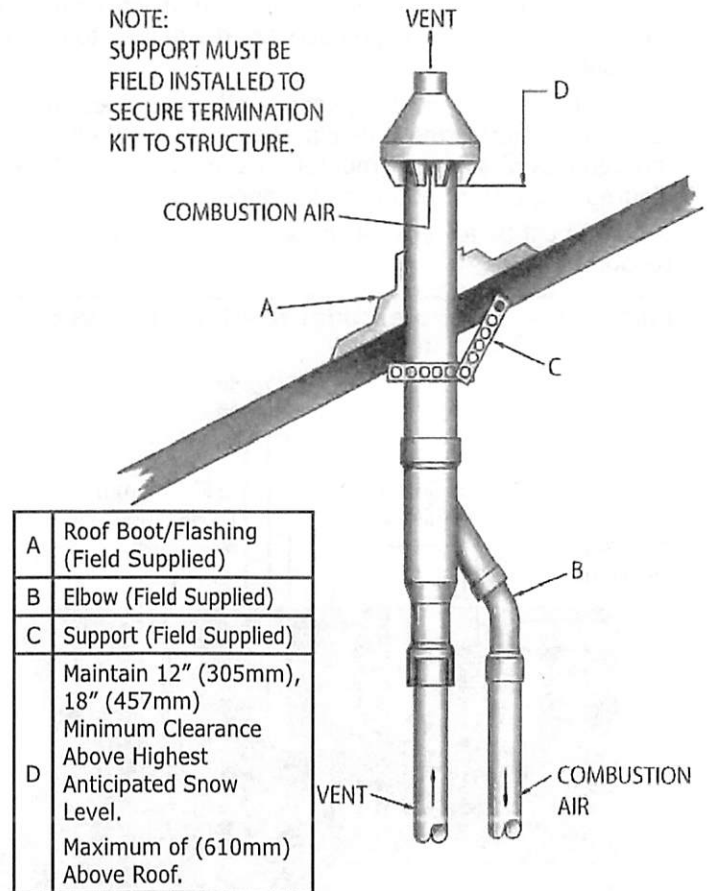


Figure 13- Concentric Vent Roof Installation

NOTE:
SUPPORT MUST BE FIELD INSTALLED TO SECURE TERMINATION KIT TO STRUCTURE.

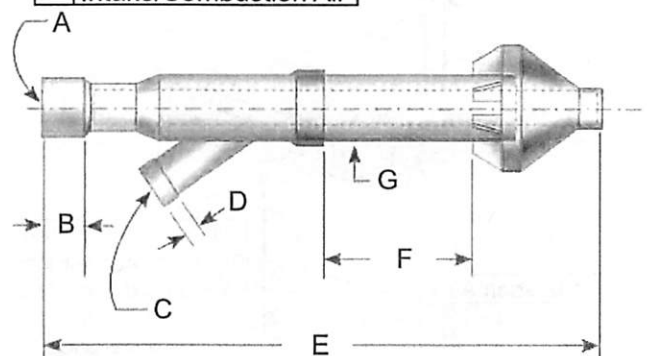


NOTICE

Properly support venting. Boiler is not designed to bear weight of venting system.

Dimension	
A	3" Diameter PVC Vent/Exhaust
B	1 1/2"
C	3" Diameter PVC Intake/Combustion Air

Dimension	
D	1 3/16"
E	46 3/4"
F	31 7/8"
G	4 1/2" Dia.



7 - COMBUSTION AIR AND VENT PIPE

Connections And Termination

Installation must conform to requirements of authority having jurisdiction or, in absence of such requirements, to the section for Air for Combustion and Ventilation of the National Fuel Gas Code, ANSI Z223.1/NFPA 54 and/or Natural Gas and Propane Installation Code, CAN/CSA B149.1.

Installer must clean and remove all shavings from interior of all pipes used on air intake to prevent damage to gas burner and ensure proper operation.

Boilers require dedicated direct vent system. All air for combustion is taken directly from outdoors through combustion air intake pipe. All flue products are discharged to outdoors through vent pipe. Install vent system in accordance with instructions in this manual.

- Figures 8 and 9 "Combustion Air and Vent Pipe Requirements, for standard two-pipe roof and sidewall terminations and Figures 10, 11, and 12 for concentric vent terminations (roof termination is preferred). Combustion air and vent pipes must terminate together in same atmospheric pressure zone as shown. Construction through which vent and air intake pipes may be installed is minimum 1/4" and maximum 24" thickness.
- Combustion air and vent pipe fittings must conform to one of the following American National Standards Institute (ANSI) and American Society for Testing and Materials (ASTM) standards:
- Combustion air and vent piping connections on boiler are 2", but must increase to 3". Due to potential for flue gas temperatures over 155°F, first 5 feet of vent pipe must be CPVC (furnished), remaining vent pipe can be PVC. This requirement is not required when using PP. If any elbows are employed within first 2 1/2' of vent, they must be CPVC. Two 30" pieces of 2" CPVC pipe and one 2" CPVC coupling are furnished with boiler. See Figure 13.

Length of pipe is counted from boiler jacket (air intake pipe) or from vent tee (vent pipe). First five feet of "Total Equivalent Length" of vent pipe must be CPVC. This requirement is required when using PP.

Reduce maximum vent length 5 feet per each additional elbow.

- Pitch horizontal combustion air and vent piping back to boiler at minimum 1/4" per foot (21mm/m) from intake and vent terminals so all moisture in combustion air and vent piping drains to boiler. Pitch pipes continuously with no sags or low spots where moisture can accumulate and block flow of air or flue gas. This blockage may cause combustion instability, noise and lead to nuisance control lockouts.
- Combustion air and vent pipes must be airtight, watertight and tested for leaks.

WARNING

Use of cellular core PVC (ASTM F891), cellular core CPVC, or Radel® (polyphenolsulfone) in venting system could result in death, serious injury.

Table 6 Combustion Air and Vent Pipe Length Requirement

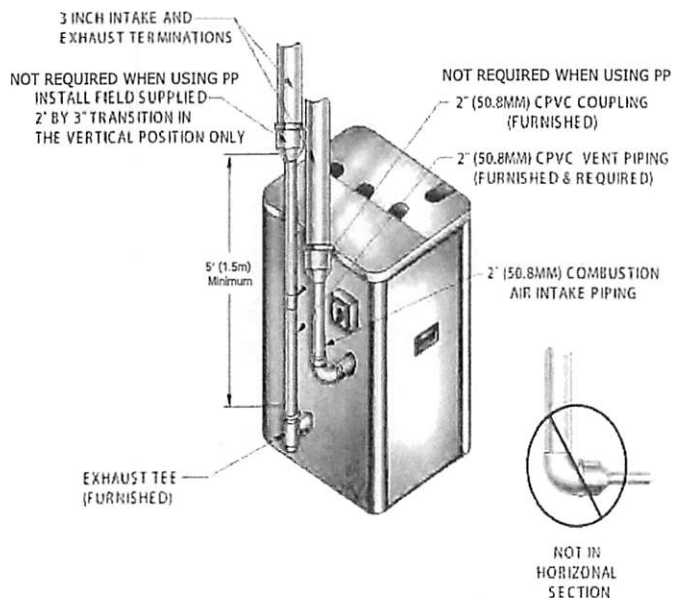
3 in. Pipe Minimum Venting	* 3 in. Pipe Maximum Venting
6 ft. (1.8 m) in length	60 ft. (18.3 m) in length and up to four (4) 90° elbows
1 - 90° elbow = 5 ft (1.6 m) 1 - 45° elbow = 3.5 ft (1.1 m) 1 - 2" x 3" adapter = 0 ft (0 m)	
All field installed vent pipe must be 3" * Past first 2" section provided with boiler	

7 - COMBUSTION AIR AND VENT PIPE

Table 7 - Combustion air and vent pipe fittings must conform with the following:

Item	Material	USA Standard	Canadian Standard
Exhaust and/or Intake Air Pipe and Fittings	PVC	UL1738 ULC S636 ASTM D1785 ASTM D2241 (Fittings) D2466	(Pipe & Fittings) ULC S636
	CPVC	UL1738 ULC S636 F441 (Fittings) F439	(Pipe & Fittings) ULC S636
	Polypropylene (PP)	UL1738 ULC S636	(Pipe & Fittings) ULC S636
Intake Air ONLY Pipe and Fittings	PVC	ASTM D2665	(DWV) CSA B181.2 (SCH 40) CSA B137.3
	ABS	ASTM D3965 ASTM D2661	CSA B181.1
Pipe Cement And Primer	PVC	ULC S636 ASTM D2564	ULC S636 (Exhaust & Air Intake) CSA B137.3 (Air Intake ONLY) CSA B181.2 (Air Intake ONLY)
	CPVC	ULC S636 ASTM F493	ULC S636 (Exhaust & Air Intake) CSA B137.6 (Air Intake ONLY) CSA B181.2 (Air Intake ONLY)
	ABS	ASTM D2235	ULC S636 (Exhaust & Air Intake) CSA B181.1 (Air Intake ONLY)

Figure 14- Combustion Air & Vent Piping



7 - COMBUSTION AIR AND VENT PIPE

NOTICE

Exhaust transition from 2" pipe to 3" pipe must be made in vertical run. (Transition pieces not included.)

6. General Installation Requirements:

- A. Position termination where vent vapors will not damage plants/shrubs, air conditioning equipment, or siding on the house.
- B. Position termination so it will not be effected by wind eddy, air born leaves, snow, or recirculated flue gases. For high wind location termination tees are required.
- C. Position termination where it will not be subjected to potential damage by foreign objects, such as stones, balls, etc.
- D. Position termination where vent vapors are not objectionable.
- E. Put vent on wall away from prevailing winter wind. Locate or guard vent to prevent accidental contact with people or pets.
- F. Avoid locations where snow may drift and block vent. Ice or snow may cause boiler to shut down if vent becomes obstructed.
- G. Under certain conditions, flue gas will condense, forming moisture, and may be corrosive. In such cases, take steps to prevent building materials at vent from being damaged by exhaust of flue gas.

US Installation Requirements

- Venting system shall terminate at least 3 ft. (0.9m) above any forced (mechanical) air inlet located within 10 ft. (3m) horizontally to any building.
- Venting system shall terminate minimum of 1 ft. (0.3m) above grade or expected snow level in such a way that it cannot be blocked by snow.
- Termination shall be not less than 7 ft. (2.1m) above adjacent public walkway, paved driveway or sidewalk.
- Vent terminal shall not be installed closer than 3 ft. from inside corner of L shaped structure.
- Venting system shall terminate at least 1 ft. from any air opening (i.e. window, door, or non-mechanical inlet) into any building.
- Vent termination should be kept at least 3 ft. away from vegetation.
- Venting system shall terminate at least 4 ft. horizontally from, and in no case above or below, unless 4 ft. (1.22m) horizontal distance is maintained, from electric meters, gas meters, regulators, and relief equipment.
- Venting system shall not terminate where hot gases can cause property damage, personal injury, or where condensate may cause hazardous frost or ice accumulations.

- Every outside wall penetration shall be permanently sealed to prevent entry of combustion products into building.
- Venting that discharges flue gases perpendicular to the adjacent wall shall be located not less than 10 ft. (3m) horizontally or must be a minimum of 2 ft. (0.6m) above or must be a minimum of 25 ft. (7.6m) below from an operable opening in an adjacent building.

Canadian Installation Requirements

- Venting system shall terminate at least 6 ft. (1.8m) away from any forced (mechanical) air inlet to any building.
- Venting system shall terminate a minimum of 1 ft. (0.3m) above grade or expected snow level such a way that it cannot be blocked by snow.
- Termination shall be not less than 7 ft. (2.1m) above adjacent public walkway, paved driveway or sidewalk
- Vent terminal shall not be installed closer than 3 ft. from inside corner of L shaped structure.
- Vent shall not terminate within 1 ft. (0.3 m) for inputs up to and including 100,000 Btu/hr (30kW) and 3 ft. (0.9 m) for inputs exceeding 100,000 Btu/hr (30kW) of window or door that can be opened in any building, or of non-mechanical air-supply inlet to any building, or of combustion air inlet of any other appliance.
- Venting system shall terminate at least 4 ft. horizontally from, and in no case above or below, unless 4 ft. (1.22m) horizontal distance is maintained, from electric meters, gas meters, regulators, and relief equipment.
- Venting system shall not terminate where hot gases can cause property damage, personal injury, or where condensate may cause hazardous frost or ice accumulations.
- First 3 feet (900mm) of plastic venting must be readily accessible for visual inspection.**
- Vent shall not terminate underneath veranda, porch or deck unless,
 - a. The veranda, porch or deck is fully open on minimum of two sides beneath floor, and
 - b. The distance between top of vent termination and the underside of the veranda, porch or deck is greater than 1 ft. (0.3 m).

7 - COMBUSTION AIR AND VENT PIPE

Installation

1. Recommend all pipes be cut, prepared, and pre-assembled before permanently cementing any joint.
2. Rigid supports cause excess noise in vent piping.
3. Attach combustion air intake piping to supplied 2" coupling on CVI gas valve. Attach vent piping to furnished 2" CPVC vent tee on draft inducer outlet.
4. All pipe joints are to be water tight.
5. Working from boiler to outside, cut pipe to required length(s).
6. Deburr inside and outside of pipe. Remove all chips and shavings.
7. Chamfer outside edge of pipe for better distribution of primer and cement.
8. Clean and dry all surfaces to be joined.
9. Check dry fit of pipe and mark insertion depth on pipe.
10. After pipes have been cut and pre-assembled, apply cement primer to pipe fitting socket and end of pipe to insertion mark. Quickly apply approved cement to end of pipe and fitting socket (over primer). Apply cement in light, uniform coat on inside of socket to prevent buildup of excess cement. Apply second coat.
11. While cement is still wet, insert pipe into socket with ¼ turn twist. Be sure pipe is fully inserted into fitting socket.
12. Wipe excess cement from joint. Continuous bead of cement will be visible around perimeter of properly made joint.
13. Handle pipe joint carefully until cement sets.
14. Support combustion air and vent piping minimum of every 5 feet using pre-formed metal hanging straps. Do not rigidly support pipes. Allow for movement due to expansion and contraction.
15. Slope combustion air and vent pipes toward boiler minimum of ¼" per linear foot with no sags between hangers.
16. Use appropriate methods to seal openings where vent and combustion air pipes pass through roof or side wall.

8 - GAS SUPPLY PIPING

Check Gas Supply

Table 8 - Gas Supply Pressure

Pressure	Natural Gas	Propane Gas
Minimum	4" w.c.	10" w.c.
Maximum	10" w.c.	14" w.c.

Please check line pressure while unit is running.

- Gas pipe to boiler must be correct size for length of run and total Btuh input of all gas utilization equipment connected to it.
- See Tables 9 and 10 for proper size. Refer to NFPA54 for additional tables.
- Verify your gas line complies with local codes and gas company requirements.

Table 9 - Natural Gas Piping Sizes

Pipe Length	Pipe Capacity - BTU/Hr. Input ⁽¹⁾			
	1/2"	3/4"	1"	1 1/4"
20'	92,000	190,000	350,000	625,000
40'	63,000	130,000	245,000	445,000
60'	50,000	105,000	195,000	365,000

Table 10 - Propane Gas Piping Sizes

Pipe Length	Pipe Capacity - BTU/Hr. Input ⁽¹⁾			
	Copper Tubing ⁽²⁾		Iron Pipe	
	5/8"	3/4"	1/2"	3/4"
20'	131,000	216,000	189,000	393,000
40'	90,000	145,000	129,000	267,000
60'	72,000	121,000	103,000	217,000

⁽¹⁾Includes Fittings

⁽²⁾Outside Diameter

Length of pipe or tubing should be measured from gas meter or propane second stage regulator.

Connecting Gas Piping

Refer to Figure 14 for general layout at boiler. Gas line enters boiler through left side panel.

Boiler is equipped with 1/2" NPT connection on gas valve for supply piping and 1/2" NPT ball valve for manual shut off. Following rules apply:

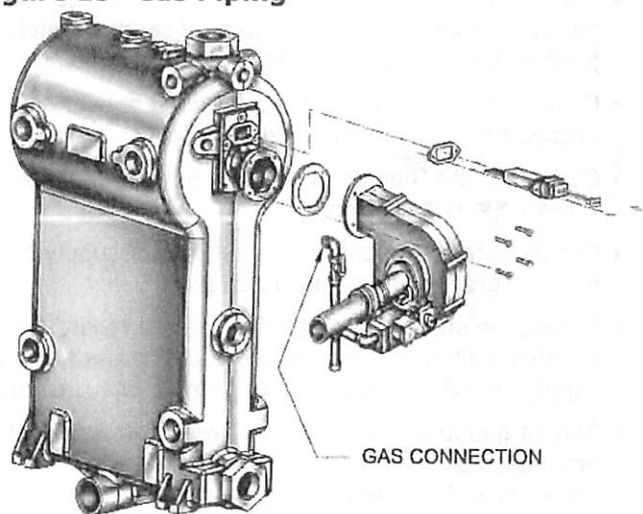
1. Use only those piping materials and joining methods listed as acceptable by the authority having jurisdiction, or in the absence of such requirements, National Fuel Gas Code, ANSI Z223.1/NFPA 54.
2. Use pipe joint compound suitable for liquefied petroleum gas on male threads only.
3. Use ground joint unions.

4. Install sediment trap upstream of gas controls.
5. Use two pipe wrenches when making connection to gas valve to keep it from turning.
6. Install manual main shutoff valve in vertical pipe about 5 feet (1.5m) above floor outside boiler jacket.
7. Tighten all joints securely.
8. Propane gas connections made by licensed propane installer.
9. Two stage regulation used by licensed propane installer.
10. Propane installer to verify Propane gas piping.
11. Recommend use 1/2" union suitable for natural and propane gas after ball valve to facilitate service on unit.

Leak Check Gas Piping

Pressure test boiler and gas connection before placing boiler in operation.

Figure 15- Gas Piping



- Pressure test over 1/2 psig (3.5 kPa). Disconnect boiler and its individual gas shutoff valve from gas supply system.
- Pressure test at 1/2 psig (3.5 kPa) or less. Isolate boiler from gas supply system by closing manual gas shutoff valve.
- Locate leakage using gas detector, noncorrosive detection fluid, or other leak detection method acceptable to authority having jurisdiction. Do not use matches, candles, open flames, or other methods providing ignition source.
- Correct leaks immediately and retest.

9 - ELECTRICAL WIRING

WARNING

Electrical shock hazard. Turn OFF electrical power supply at service panel before making electrical connections. Failure to do so could result in death or serious injury.

NOTICE

Use copper conductors only.

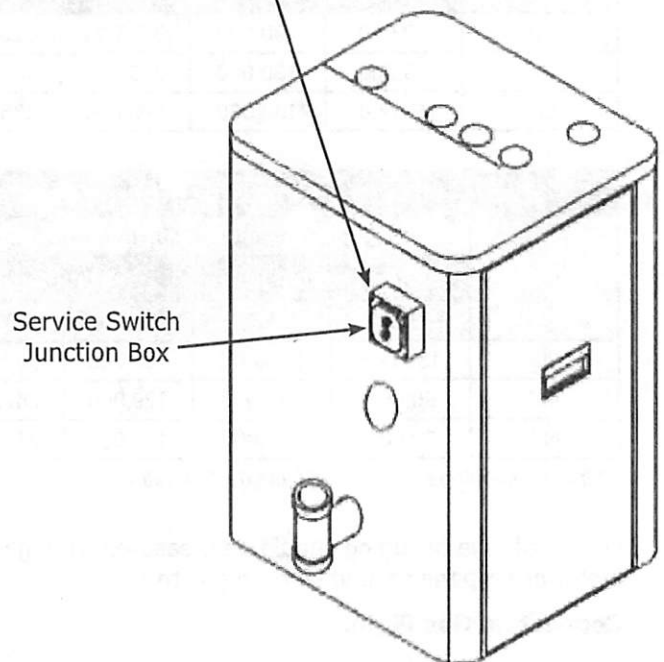
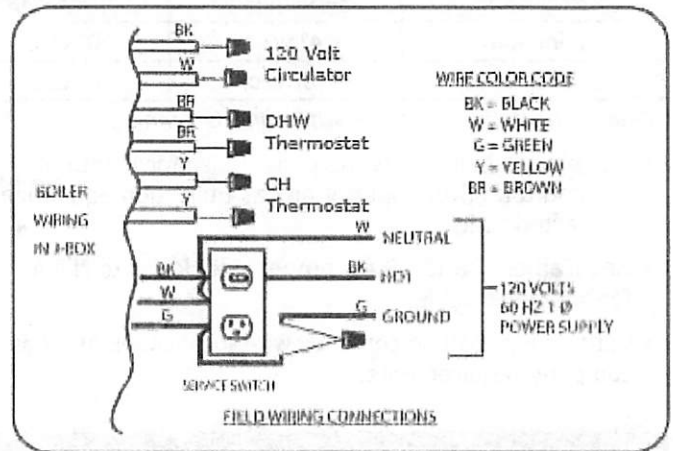
Electrically bond boiler to ground in accordance with requirements of authority having jurisdiction. Refer to National Electrical Code, ANSI/NFPA 70.

Electric Power Supply

Turn OFF electrical power supply at service panel and boiler before making electrical connections.

- Run 120 volt circuit from separate over current protection device in electrical service entrance panel, 15 ampere circuit.
- Service switch is pre-wired and located on exterior boiler jacket. See Figure 15 for location of service switch, junction box, and power supply connection points.
- Connect black (hot) lead from power supply to either of unused brass screws on service switch.
- Connect white (neutral) lead from power supply to white screw on service switch.
- Connect green (ground) lead from power supply to ground (green) screw on service switch.
- Receptacle on service switch is powered regardless of whether switch is on or off, and could be used as power supply for external condensate pump if one is used.
- Run 14 gauge or heavier copper wire from boiler to grounded connection in service panel or properly driven and electrically grounded ground rod.

Figure 16- Field Wiring Connection



9 - ELECTRICAL WIRING

AVOID THE FOLLOWING	
Dead Spots	Corners Alcoves Behind doors
Cold Spots	Concealed pipes or ducts Stairwells - drafts Unheated rooms on the other side of the wall
Hot Spots	Concealed pipes Fireplaces TVs or radios Lamps Direct sunlight Kitchens

Thermostat Installation

- Follow instructions included with your thermostat.
- Locate thermostat five feet above floor on inside wall.
- Mount directly on wall or vertically mount on outlet box. Thermostat should sense average room temperature.
- Set heat anticipator at 0.7 amps.
- Connect 24 volt thermostat leads to the two (2) yellow wires located in service switch junction box, located on outer jacket of boiler. See Figure 15, Page 22 for service switch junction box and thermostat field wiring connections.

Connect Circulator Pump Wiring

NOTICE

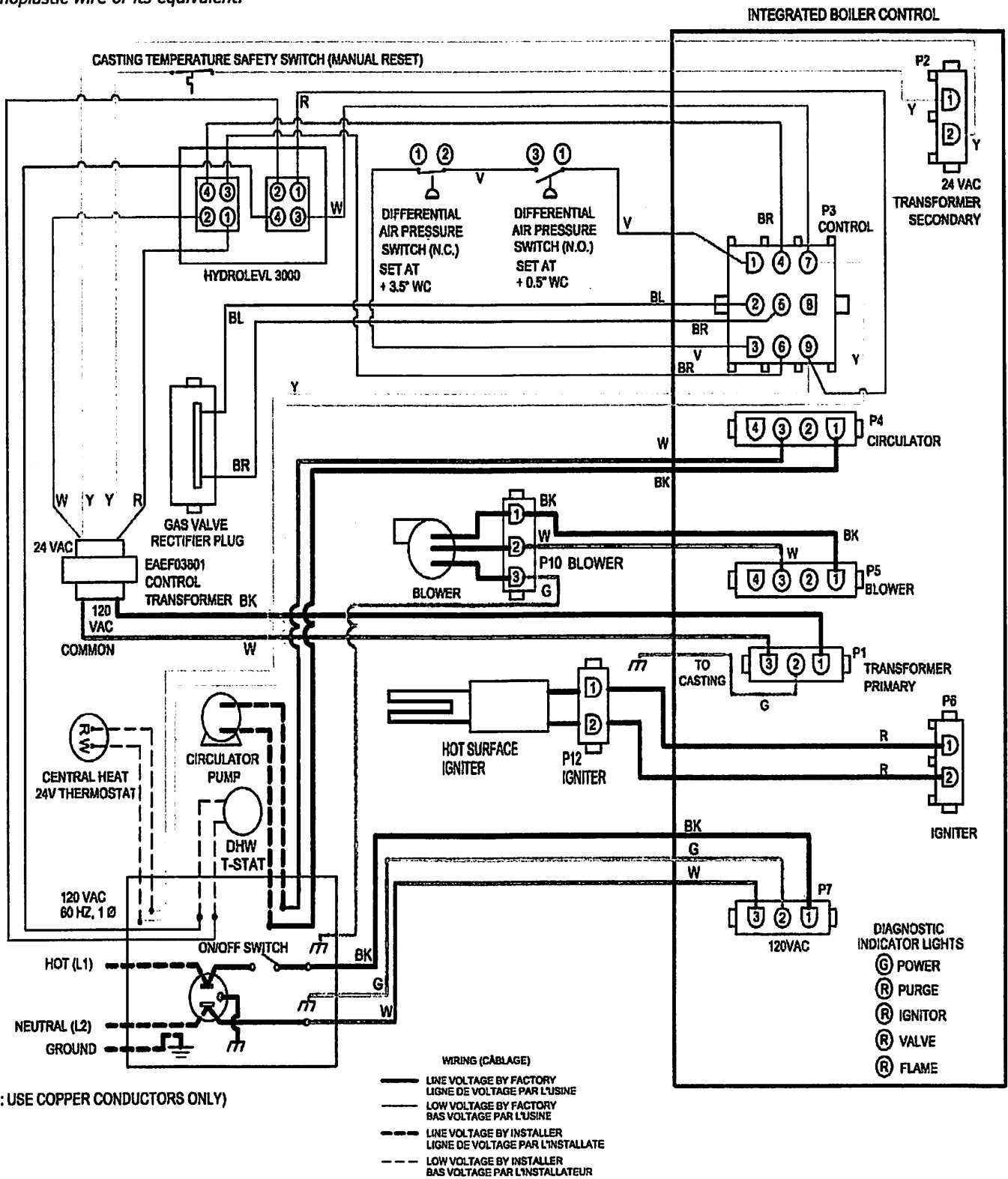
Label all wires prior to disconnection when servicing controls. Wiring errors can cause improper and dangerous operation. Verify proper operation after servicing.

See Figure 16, Page 24 and Figure 17, Page 25 for service switch junction box and circulator pump field wiring connections. If the two 120 volt circulator wire terminals inside junction box are not used, leave two wire nuts to prevent short circuit.

9 - ELECTRICAL WIRING

Figure 17- Schematic Wiring Connections

NOTE: If any of the original wire as supplied with this appliance must be replaced, it must be replaced with type 150°C Thermoplastic wire or its equivalent.

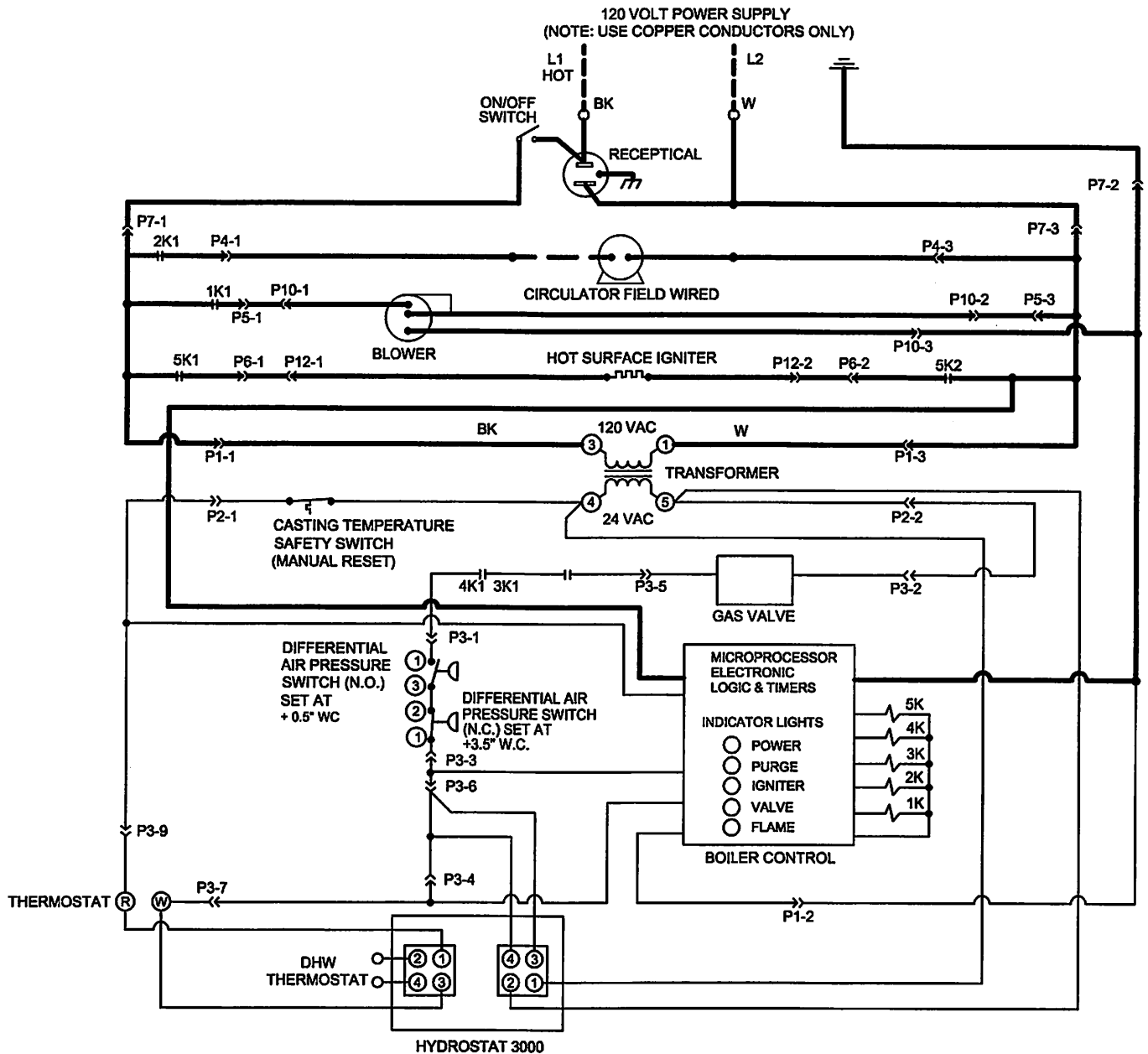


(NOTE: USE COPPER CONDUCTORS ONLY)

9 - ELECTRICAL WIRING

Figure 18- Ladder Wiring Diagram

NOTE: If any of the original wire as supplied with this appliance must be replaced, it must be replaced with type 150°C Thermoplastic wire or its equivalent.



10 - CONTROLS AND ACCESSORIES

See "Troubleshooting" on page 31 for detailed sequences of operation and troubleshooting procedures. See separately provided "Repair Parts Manual" for locations of control components and accessories described.

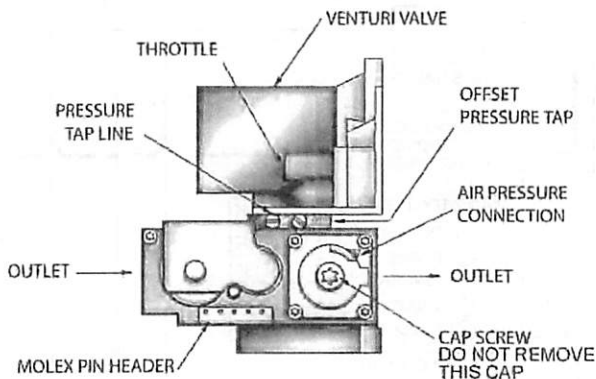
Integrated Boiler Control (IBC)

- Integrated Boiler Control (IBC) is a microprocessor based controller for high efficiency gas boilers.
- Controller monitors all safety controls which control operation of combustion air blower, circulator pump, burner, and combination hot surface igniter/flame sensor.
- Controller is not intended for use with vent damper. Controller is mounted on control panel inside boiler. Contains five diagnostic indicator lights.

Gas Control Valve

Electronic 24 volt gas control valve contains 1:1 gas/air pressure regulator, controls gas flow to main burner of appliance. Suited for both natural and LP gas, and rated in accordance with ANSI Z21.21 - latest revision and CGA-6.5-M95.

Figure 19- Gas Valve



Hot Surface Igniter

- 120 volt hot surface igniter heats up 1800°F initiates combustion of gas in burner.
- Igniter is mounted next to burner through gas/air mixer.
- Igniter also serves as means for proving main burner flame by flame rectification.
 - A. In event of lack of flame signal on three consecutive trials for ignition, IBC will lock out.
 - B. "Valve" and "Flame" diagnostic indicator lamps blink indicating failure mode as lack of flame signal.
 - C. Manually reset IBC from lockout by removing and re-establishing thermostat's call for heat, or turn service switch off, then back on. See Figure 19.

Figure 20- Indicator Lights

High Limit Control

NOTICE

Maximum set-point of limit control must not exceed 190°F.

- High limit control determines maximum boiler water temperature and provides means for protecting boiler and heating system from unsafe operating conditions which could damage boiler.
- Control is mounted in 1/2" NPT control well and 3/4" x 1/2" bushing on top of front boiler section at hot water outlet.
- Control is tied in with IBC and factory set at 190°F water temperature.
- High limit set-point is field adjustable and may be set between 100°F and 190°F.
- Field set-point adjustment for each installation depends on heating system requirements.
- Differentials are automatic, vary based on control settings and boiler temperature.
- Refer to limit manufacturer instructions provided with limit control.

Casting Temperature Safety Switch

NOTICE

Never run cold water into hot, empty boiler.

Casting temperature safety switch (230°F set-point) shuts off boiler by shutting off power to IBC, result of lack or loss of boiler water. Power indicator light goes out.

Switch is installed on top of aluminum boiler section behind supply piping.

Fault requires manual reset of casting temperature safety switch, restarting boiler. Verify boiler is filled with water before resetting switch.

10 - CONTROLS AND ACCESSORIES

Differential Pressure Switches

- Diaphragm type differential pressure switches are connected by vinyl tubing to gas valve, air inlet connection on negative side, and sight glass adapter on positive side. Pressure switches monitor air flow by sensing differential pressure measured in inches of water ("w.c.).
- Switch factory settings are 0.5" w.c. on normally open switch and 3.5" w.c. for normally closed switch.
- See pages 31-32, "Detailed Sequence of Operation," for details.

Blower

Blower provides means for pushing combustion air into and through mixer, burner, and flue ways of cast aluminum boiler section before being discharged through vent piping to outdoors.

Circulator Pump

- Forced hot water system requires at least one circulating pump.
- Circulating pump provides energy to move water through closed loop supply, return piping systems, terminal heating equipment (finned tube radiators, etc.) and back through boiler for reheating.
- To provide required hot water flow rates, circulator pump must be properly sized to overcome frictional losses (usually measured in feet of water, also referred to as "pump head loss") of supply and return piping systems and boiler.
- Circulator pump is furnished in a carton within boiler cabinet. Locate circulator(s) on downstream (i.e., "pumping away") side of expansion tank.

Drain Valve

Manual drain valve is means of draining water in heating system, including boiler, hot water supply and return piping systems installed above drain valve.

Install drain valve in $\frac{3}{4}$ " tapping at bottom of boiler. Piping installed below drain valve elevation requires additional drain valves installed at low points in piping systems to drain entire system.

WARNING

Burn and scald hazard. Safety relief valve could discharge steam or hot water during operation. Install discharge piping per these instructions.

A.S.M.E. Rated Pressure Relief Valve

- Each boiler must have properly sized and installed A.S.M.E. rated pressure relief valve.
- Water expands as it is heated by the burner/boiler sections. If no place for water to expand its volume, (i.e., properly sized functioning expansion tank) pressure inside of boiler and heating system increases.

- Furnished relief valve automatically opens at 30 psi to relieve strain on boiler and heating system from increasing pressure.
- Pipe pressure relief valve discharge with same size as valve discharge opening to open drain, tub or sink, or other suitable drainage point. Do not subject to freezing, in accordance with A.S.M.E.
- Failure to provide pressure relief valve with piping as described may cause water damage and/or serious bodily injury.

Blocked Vent Safety Shutoff

- Boiler equipped with blocked vent safety shutoff, shuts off main burner gas in event airflow of combustion products through flue-way is reduced.
- Air will not be available to support combustion if flue-way is blocked. IBC locks out due to loss of adequate air flow.
- Pressure switches monitor air flow by sensing differential pressure. Contacts normally open and close when draft inducer is running causing differential pressure at switch to exceed settings. Closed switch proves adequate air flow for combustion.
- Pressure switch shuts off main burner if differential pressure is inadequate due to blocked vent pipe, blocked air intake, blocked boiler section, or blocked air inducer. After 5 minutes of inadequate differential pressure, IBC will lock out.
- "Purge" indicator lamp blinks, see Figure 19, Page 26, indicating failure to prove adequate combustion air flow or flue gas flow. IBC automatically resets after 15 minutes or manually reset as noted see "C" page 26. Boiler cannot be restored to normal operating condition by resetting control, contact qualified service agency to check heat exchanger flue-ways for blockage.

High Limit /Low Water Cut Off

Unit equipped with high limit low water cut off control, protects against over temperature and dry firing. Control provides burner cut off if unsafe water loss, which can result from broken or leaking radiator, pipe, or boiler. Use water/glycol mixture 50% with low water cut off. Refer to manufacturer provided literature for specific features.

External Condensate Pump (Optional)

Installations where no floor drain or other appropriate drainage available, external float activated condensate pump with integral sump (not supplied) is required. May pipe condensate pump to remote tie in point to sanitary sewer system. For this application, boiler must be installed so proper pitch of piping to external condensate reservoir (sump) can be accomplished. Use wood frame or blocks to raise boiler as required for proper installation.

11 - STARTUP

Water Treatment And Freeze Protection

Filling Boiler With Water And Purging Air For Systems With Diaphragm Type Expansion Tanks

Refer to the appropriate diagrams "Near Boiler Piping" on pages 10 and 11.

1. Close all zone service valves on supply and return piping. Open feed valve and fill boiler with water. Verify air vent is open. Hold relief valve open until water runs air free for five seconds to rapidly bleed air from boiler, let relief valve snap shut.
2. Open zone service valve on **supply** pipe for first zone. Open purge valve on first zone. Feed water fills zone, pushing air out purge valve. Close purge valve when water runs air free. Close zone service valve.
3. Repeat step 2 for all remaining zones.
4. Open all service valves. Any air remaining trapped in return lines between service valves and boiler are pushed towards air vent when boiler is placed in operation.
5. Inspect piping system. Repair any leaks immediately.

NOTICE

Do not use stop leak compounds or other chemicals not listed in this manual. Repair leaks in threaded connections of aluminum boiler sections. Aluminum threads do not seal themselves.

6. Systems with automatic fill valves and leaks will cause excessive fill water. This water contains oxygen. Excessive oxygen will cause the aluminum boiler to corrode over time. All system leaks should be repaired immediately.

Filling Boiler With Water And Purging Air For Systems With Conventional Closed Type Expansion Tanks

Refer to diagrams on "Near Boiler Piping" on pages 9 and 10 for more information.

1. Close all zone service valves on supply and return piping. Close expansion tank service valve. Drain expansion tank. Open feed valve and fill boiler with water. Hold relief valve open until water runs air free for five seconds to rapidly bleed air from boiler, let relief valve snap shut.
2. Open zone service valve on supply pipe for first zone. Open purge valve on first zone. Feed water will fill zone, pushing air out purge valve. Close purge valve when water runs air free. Close zone service valve.
3. Repeat step 2 for remaining zones.
4. Open expansion tank service valve and tank vent. Fill tank to proper level and close tank vent. Remove handle from expansion tank service valve so homeowner doesn't accidentally close it.
5. Open all service valves. Any air remaining trapped in return lines between service valves and boiler will push towards expansion tank when boiler is placed in operation.
6. Inspect piping system. Repair any leaks immediately.

11 - STARTUP

WARNING

If you do not follow these instructions exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

- This appliance is equipped with an ignition device which automatically lights burner. **Do NOT try to light this burner by hand.**
- Before operating smell all around appliance area for gas. Be sure to smell next to floor because some gas is heavier than air and will settle to the floor.
- **Use only your hand to turn the gas shutoff valve.** Never use tools. If valve will not turn by hand, do not try to repair it, call a qualified service technician. Force or attempted repair may result in fire or explosion.
- **Do not use this appliance if any part has been under water.** Immediately call a qualified service technician to inspect appliance and to replace any part of control system and any gas control which has been under water.

LIGHTING PROCEDURE FOR BOILER WITH INTERMITTENT PILOT SYSTEM

1. This appliance is equipped with an ignition device which automatically lights the pilot. Do not try to light the appliance by hand.

CAUTION

WHAT TO DO IF YOU SMELL GAS

- Do not try to light any appliance.
- Do not touch any electrical switches; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.

Operating Instructions

1. **STOP!** Read the safety information on this page before operating this appliance.
2. Set the thermostat to the lowest setting.
3. Turn off all electrical power to the appliance.
4. This appliance does not have a pilot. It is equipped with an ignition device which automatically lights the burner. Do NOT try to light this burner by hand.
5. Remove the front jacket panel.
6. Turn off the gas shut off valve. Valve handle should be perpendicular to the gas pipe.
7. Wait five minutes for any gas to clear. Then smell for gas, including near the floor. If you smell gas, **STOP!** Follow instructions at left under "*What To Do If You Smell Gas.*" If you do not smell gas, go to the next step.
8. Turn the gas shut off valve to the "On" position. The handle on the valve should be parallel to the gas pipe.
9. Replace the front jacket panel.
10. Turn on all electrical power to the appliance.
11. Set thermostat to desired setting.
12. If the appliance will not operate, follow instructions in "**To Turn Off Gas To Appliance**" (below) and call your service technician or gas supplier.

To Turn Off Gas To Appliance

1. Set thermostat to lowest setting.
2. Turn off all electric power to appliance if service is to be performed.
3. Remove the front jacket panel.
4. Turn gas shut off valve off. Handle should be perpendicular to the gas pipe.
5. Replace the front jacket panel.

Safe lighting and other performance criteria were met with gas manifold and control assembly provided on boiler when boiler underwent tests specified in ANSI Z21.13-latest revision.

11 - STARTUP

If Burner Appears To Pulsate During Ignition:

1. Turn off boiler power. Shut off gas supply to boiler.
2. Take burner assembly apart by removing combustion air blower and gas valve/venturi assembly from boiler. Visually inspect inside of burner. Look for debris (PVC shavings, etc.). Remove debris if present.
3. Reassemble burner assembly, turn gas supply and boiler power back on, relight boiler.

If Burner Continues To Pulsates Or Fails To Light:

1. Check for proper vent, intake pipe sizing, proper vent lengths and vent configuration. Refer to "Safe Installation And Operation" on page 6 and "Combustion Air/ Vent Requirements" on page 16.
2. Check for proper gas supply pressure and proper gas line sizing to boiler. Refer to "Check Gas Supply" on page 22.
3. Check for orifice in negative pressure hose at gas valve, and 2" air intake pipe upstream of gas valve.
4. Relight boiler.
5. If boiler still does not light,
 - A. Disconnect air inlet pipe. Allow boiler to start, verify boiler firing rate and combustion properties.
 - B. Disconnect inlet air pipe by removing PVC inlet air piping from coupler located on air inlet of gas valve/venturi assembly.
 - C. Relight boiler.
6. Verify firing rate and combustion when boiler lights. Refer to "Adjustments And Checkout" on page 35. If air inlet piping was disconnected in step 4 (above), leave it disconnected and make first adjustment. Reconnect air inlet piping, then verify combustion CO₂, adjust again if necessary.
7. If burner pulsation continues or boiler fails to light after performing above procedures, contact technical service for assistance.

12 - DETAILED SEQUENCE OF OPERATION

DRAFT INDUCER TEMPERATURE SAFETY SWITCH

If draft inducer temperature reaches temperature safety switch set-point, safety switch contacts open immediately, closing gas valve (**light goes out**).

Draft inducer runs through 30 second post purge and switches OFF.

Circulator runs with thermostat on call for heat.

When temperature safety switch contacts connect before end of call for heat, control goes in normal light-off sequence.

LOSS OF FLAME SIGNAL

If established flame signal is lost while control expects burner is operating, control immediately de-energizes gas valve.

Valve and flame lights go out.

Draft inducer runs through 30 second post purge.

Control attempts to light boiler 3 times. If flame is not proven, control lockout problem establishing flame signal.

Valve light is blinking.

Control automatically resets after 1 hour.

LOSS OF COMBUSTION AIRFLOW

If combustion airflow is lost while burner is firing (Differential air pressure switch contacts open) gas valve is de-energized.

Valve and flame lights go out.

Draft inducer runs through 30 second post purge.

If call for heat remains, IBC waits 5 minutes for airflow to be re-established.

If airflow does not re-establish control lockout problem with combustion airflow.

Purge light blinks.

Control automatically reset after 15 minutes.

CASTING TEMPERATURE SAFETY SWITCH

If burner operates when boiler has no water, aluminum boiler sections heat up rapidly.

Casting temperature safety switch contacts will open, breaking 24 volt power to IBC.

Power indicator light goes out.

Requires manual reset to re-close contacts.

Power light goes out.

HIGH LIMIT CONTROL [REFER TO PAGE 37 FOR MORE INFO]

If boiler water temperature reaches high limit setpoint, high limit n.c. contacts open immediately, closing gas valve.

Valve and flame lights go out.

Draft inducer continues to run for 30 second post purge and switch OFF.

Circulator runs as long as thermostat calls for heat.

When high limit contacts connect before end of call for heat - control goes into normal light-off sequence.

CIRCULATOR PUMP

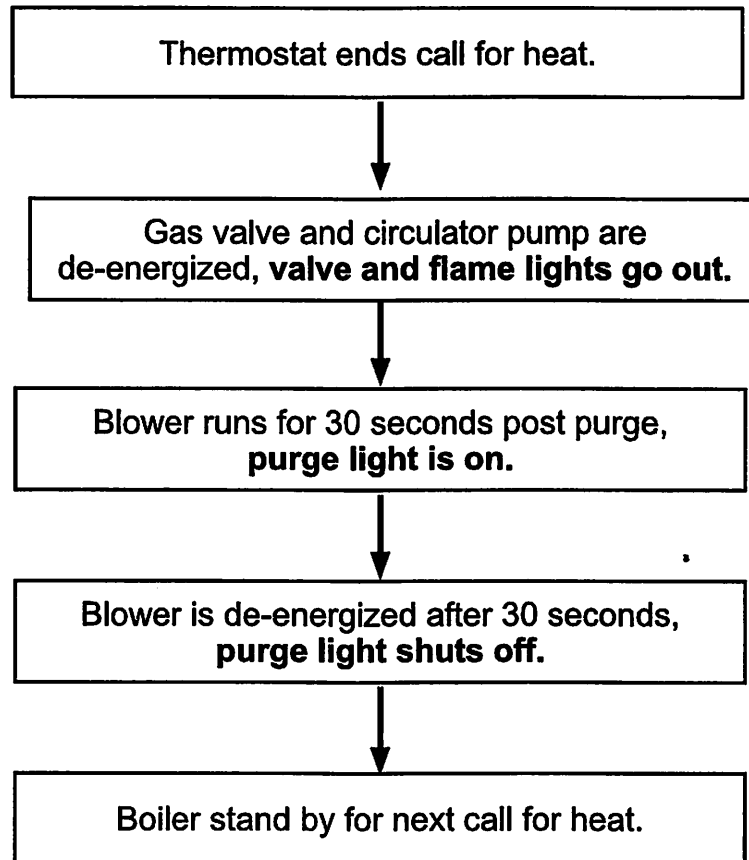
Circulator is energized as long as thermostat calls for heat during lockout.

Recovery from any lockout requires reset, which can be accomplished by:

- (a) Removing and re-establishing thermostat's call for heat or turning service switch off and back on;
or
- (b) Waiting for control to automatically reset after 15 minutes for loss of combustion airflow or one hour for loss of flame.

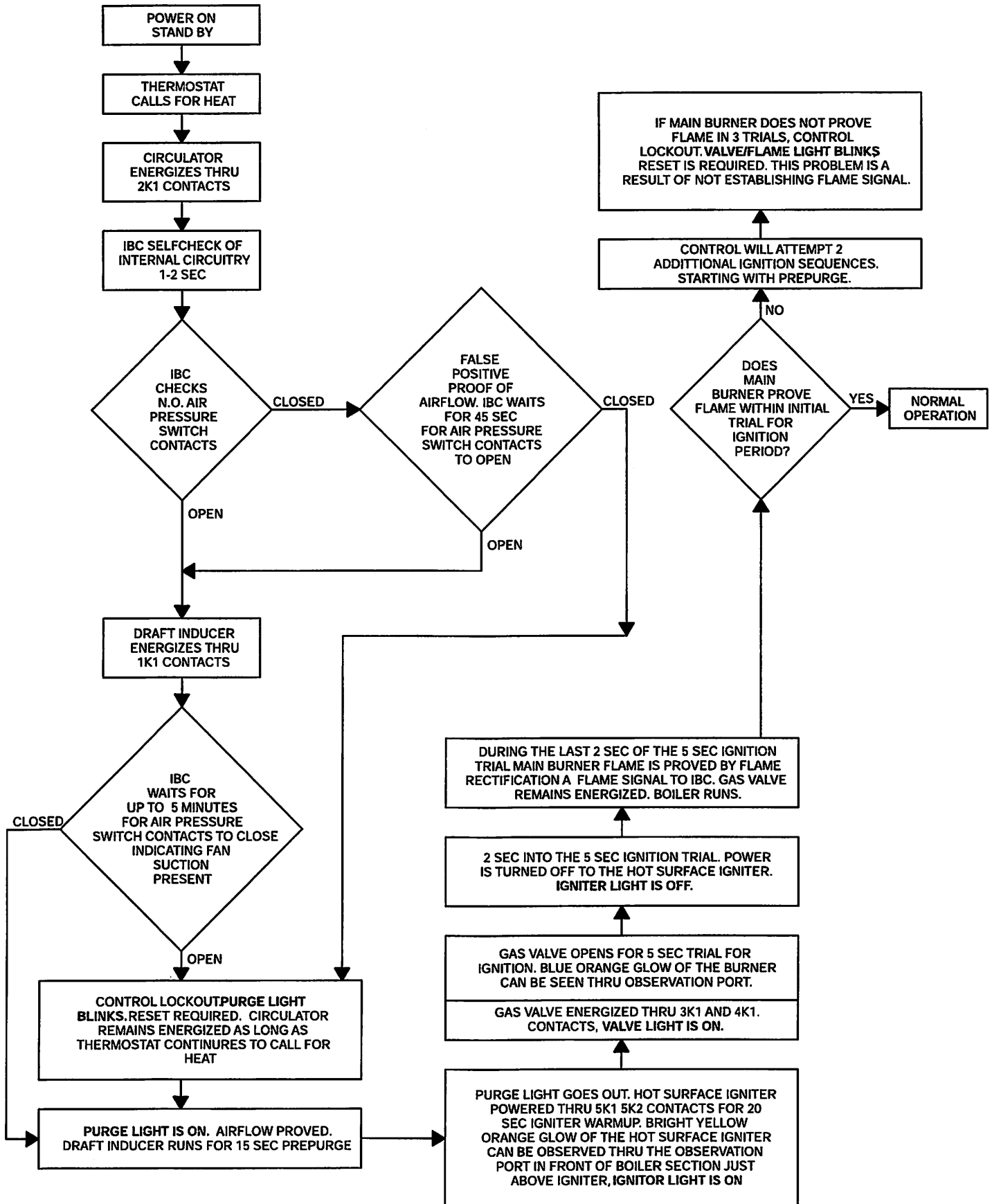
12 - DETAILED SEQUENCE OF OPERATION

End Of Normal Sequence Of Operation



12 - DETAILED SEQUENCE OF OPERATION

SERVICE HINTS



13 - SEQUENCE OF OPERATION DIAGNOSTICS

Sequence Of Operation Diagnostics

Follow sequence using the diagnostic indicator lamps on Integrated Boiler Control (IBC). See "Controls And Accessories" on page 26 for normal sequence of operation. Detailed sequence of operation containing potential faults can be found in service hints section.

SEQUENCE OF OPERATION	DIAGNOSTIC INDICATOR LAMPS	
(1) Lamp A is illuminated, indicating integrated control is receiving 24 volts and is in standby waiting for thermostat call for heat. (2) Thermostat calls for heat, energizing system circulator. (3) Integrated boiler control performs self check of internal circuitry, approximately two seconds, energizing draft inducer.	A. B. C. D. E.	● ○ ○ ○ ○
(4) Draft inducer comes up to speed and establishes combustion airflow, causing normally open differential pressure air proving switch contacts to close. When combustion airflow is proved, Lamp B illuminates indicating 15 second pre-purge cycle has begun.	A. B. C. D. E.	● ● ○ ○ ○
(5) After pre-purge completion, Lamp B is extinguished and Lamp C is illuminated, indicating power is being delivered to hot surface igniter for 20 second igniter warm-up period. Observe bright yellow-orange glow of hot surface igniter through observation port on boiler.	A. B. C. D. E.	● ○ ● ○ ○
(6) After igniter warm-up period, integrated boiler control energizes gas valve, initiating 6 second trial for ignition mode, indicated by illumination of Lamp D. Lamp C extinguishes after 2 second delay. Integrated boiler control stops sending power to hot surface igniter.	A. B. C. D. E.	● ○ ● ● ○
(7) Low level illumination of Lamp E indicates initiation of flame proving. During last 2 seconds of trial for ignition mode, main burner flame is proven by flame rectification through hot surface igniter, providing flame signal is relayed to integrated boiler control, fully illuminating Lamp E.	A. B. C. D. E.	● ○ ○ ● ●
(8) Thermostat ends its call for heat. Integrated boiler control de-energizes gas valve and system circulator. Lamp D is extinguished while unit enters 30 second post purge mode, indicated by illumination of Lamp B. Lamp E will remain illuminated as remainder of gas in blower is burned off (approximately 2 seconds). During post purge blower remains powered and clears out any residual products of combustion.	A. B. C. D. E.	● ● ○ ○ ○
(9) After post purge mode draft inducer is de-energized. Unit goes into standby mode until next call for heat from thermostat.	A. B. C. D. E.	● ○ ○ ○ ○

NOTE: First one or two cold starts may be rough due to gas line not being completely purged of air, causing low firing rate and high excess air levels.

13 - SEQUENCE OF OPERATION DIAGNOSTICS

System Status

Indicator lights track operating sequence. If system locks out, lights indicate point in sequence of operation where lockout occurs. Refer to following pages for detailed troubleshooting procedures.

LIGHT	STATUS	INDICATES
POWER	ON	IBC is energized through 24 volt transformer.
	OFF	IBC is not energized.
	Blinking	IBC receives more than 40 VAC.
PURGE	ON	IBC is energizing draft inducer and air flow is proven.
	OFF	Off during purge cycle - draft inducer is not powered on or air flow is not proven.
		Off during igniter and run cycle - normal operation, purge cycle complete.
	Blinking	IBC is locked out. Problem could indicate false positive proof of air flow. Blocked vent, intake air pipe, flue way, or orifice in negative pressure hose.
IGNITER	ON	IBC is energizing igniter.
	OFF	Igniter is not energized.
VALVE	ON	IBC is energizing gas control valve to open.
	OFF	Gas control valve is closed.
	Blinking	IBC is locked out. Problem is flame has not been proven in three (3) ignition attempts. May be due to broken igniter or lack of/low flame signal, or no gas.
FLAME	On Bright	Flame proven.
	On Dim	Checking for flame signal (during trial for ignition)
	OFF	Flame unproven.

14 - CHECKOUT PROCEDURE & ADJUSTMENTS

Inspect Venting & Air Intake System - Operate boiler. Verify all vent/air intake connections are gas-tight and water-tight. Repair any leaks immediately.

Inspect Condensate Drain - Verify all connections are watertight, and condensate flows freely. Repair any leaks immediately.

Inspect System Piping - Verify all connections are watertight. Repair any leaks immediately.

Test Ignition System Safety Shutoff

1. Turn off manual gas shut off valve.
2. Set thermostat to call for heat.
3. Boiler begins normal sequence of operation.
4. After approximately 30 seconds (pre-purge and igniter warm-up period), lamp D illuminates, indicating gas valve is powered.
5. After 4 seconds, gas valve closes, lamp D goes out as integrated boiler control senses flame is not present.
6. To restart system, follow operating instructions. See "Startup" on page 29.

Test And Adjust High Limit Control

- At initial start up, with Economy Feature activated, control establishes 145°F target temperature.
- While burner is operating, adjust setting on high limit control below actual boiler water temperature.
- Burner should go off while circulator continues to operate.
- Raise limit setting above boiler water temperature and burner should re-ignite after pre-purge and igniter warm-up period.
- Set high limit control to design temperature requirements of system.
- Maximum high limit setting is 190°F.
- Minimum high limit setting is 100°F.
- After testing, restore Economy setting. If heating demand is high, target will increase over time to satisfy heat load.
- See Manufacturer provided literature for specific features of high limit control.

Test Other Safety Controls

If boiler is equipped with low water cut off, manual reset high limit, or additional safety controls, test for operation as outlined by control manufacturer.

Burner should be operating and should go off when controls are tested.

When safety controls are restored, burner should re-ignite.

Set Thermostat Heat Anticipator (If Used) And Verify Thermostat Operation

- Set heat anticipator at 0.7 amps for single thermostat connected to yellow thermostat lead wires in furnished field wiring junction box.
- For other wiring configurations, refer to instructions provided by thermostat manufacturer regarding adjustment of heat anticipator.
- Cycle boiler with thermostat.
- Raise thermostat to highest setting.
- Verify boiler goes through normal start up cycle.
- Lower thermostat to lowest setting and verify boiler shuts off.

Measure Natural Gas Input Rate

Correct input rate is essential for proper and efficient operation of burner and boiler.

1. Determine elevation at installation site.
2. See "Boiler Ratings & Capacities" on page 4. to determine correct approximate input rate for local elevation.
3. Obtain yearly average heating value of local gas utility. At sea level elevation, approximately 1000 BTU per standard cubic foot.
4. Operate boiler for 5 minutes.
5. Turn off all other gas appliances, extinguishing standing pilots where applicable.
6. At gas meter, measure time in seconds required to use one cubic foot of gas.
7. Calculate "input rate". Refer to following formula:

$$\text{Btuh Input Rate} = \frac{3600 \times \text{Heating Value From Step 3}}{\text{Time In Seconds From Step 6}}$$

8. Measured input rate should be within +0/-2% of input rating found in step 2. See "Adjustments And Checkout" on page 36.

14 - CHECKOUT PROCEDURE & ADJUSTMENTS

Adjustments And Checkout

Appliance should operate between 8.5 And 10% CO₂.
Verify boiler is operating in this range. Follow steps below.

NOTICE

Under all conditions CO levels should not exceed 100ppm.

1. Check incoming gas pressure to appliance using pressure gauge with resolution of 0.1" w.c. or better and range from 0" to at least 14" w.c.
 - A. Close gas shut-off inside boiler jacket.
 - B. Locate inlet pressure tap on gas valve. Figure 18, Page 26.
 - C. Open inlet pressure tap screw ½ turn. Connect positive side of pressure gauge to inlet pressure tap.
 - D. Open gas shut-off.
 - E. Gas pressure
 - between 4" and 10" w.c. natural gas
 - between 10" and 14" w.c. propane gas.
2. Drill hole in plastic CPVC pipe for combustion analyzer.
3. Turn thermostat to closed position to activate boiler.
4. Allow boiler to run for 5 minutes.
5. Insert combustion analyzer sample probe into hole just drilled, about halfway into exhaust gas stream.
 - A. Take flue gas reading and observe CO₂ value.
 - B. Adjust throttle screw until CO₂ value is between 8.5 And 10%. (O₂ between 5.5% and 2%)
 - C. Turning throttle screw counter clockwise increases rate and CO₂ value.
 - D. Turning throttle screw clockwise decreases rate and CO₂ value.
 - E. Allow boiler to stabilize for 1 minute after adjusting throttle screw before taking reading with combustion analyzer.
6. After adjustments are made stop appliance. Disconnect pressure gauge. Tighten inlet pressure tap on gas valve, remove CO₂ meter from CPVC pipe.
7. Seal hole in CPVC pipe with appropriate material.
8. Return thermostat switch to its original position.

Installation Final Checkout

After any adjustment to boiler, observe several complete cycles to ensure all components function correctly.

Set Thermostat To Desired Temperature

Set thermostat to desired room temperature and observe several complete cycles to verify proper operation.

Final Review And Sign-Off

Review all instructions shipped with this boiler with owner or maintenance person. Affix instructions on or adjacent to boiler.

High Limit Control and LWCO

LED Legend and LWCO Test Button

1 HI TEMP illuminates when boiler water temperature reaches high limit setting. Remains lit until water temperature falls 10°F. Limit prevents burner operation while this LED is on.



2 LWCO ACTIVE Indicates low water cut-off function is active. When control is installed with Electro-well, LED is on at all times when control is powered. If the control is installed with a well other than Electro-well, LED will not illuminate indicating the control is not providing low water cutoff functionality.

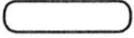
⚠ WARNING

Burn and scald hazard. Do not add water until boiler has fully cooled. Failure to follow these instructions could result in death or serious injury.

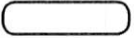


3 LWCO LOW WATER Illuminates if boiler is in low water condition. Control will prevent burner operation during this condition.

Important: System must be checked by qualified service agency prior to resuming operation.



4 ECONOMY ACTIVE Indicates that thermal targeting function is active and control reduces boiler temperature to conserve fuel. Economy feature is activated using the ECONOMY dial.



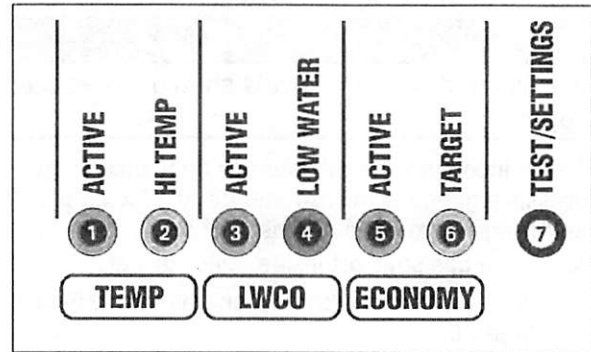
5 ECONOMY TARGET When feature is active, control continually sets target temperatures below high limit setting to maximize fuel efficiency. When boiler reaches target temperature, LED illuminates and burner shuts down. Boiler water continues to circulate and heat the house as long as thermostat call continues. LED stays lit until boiler temperature drops below differential at which point boiler will be allowed to fire again.

Note: LED illuminates regularly during normal boiler operation.

6 PURGE Control is purging latent heat from boiler and will not fire until temperature drops to 135°F.

7 LWCO To Test LWCO: Press and hold TEST button. Red Low Water light will illuminate and burner circuit will de-energize.

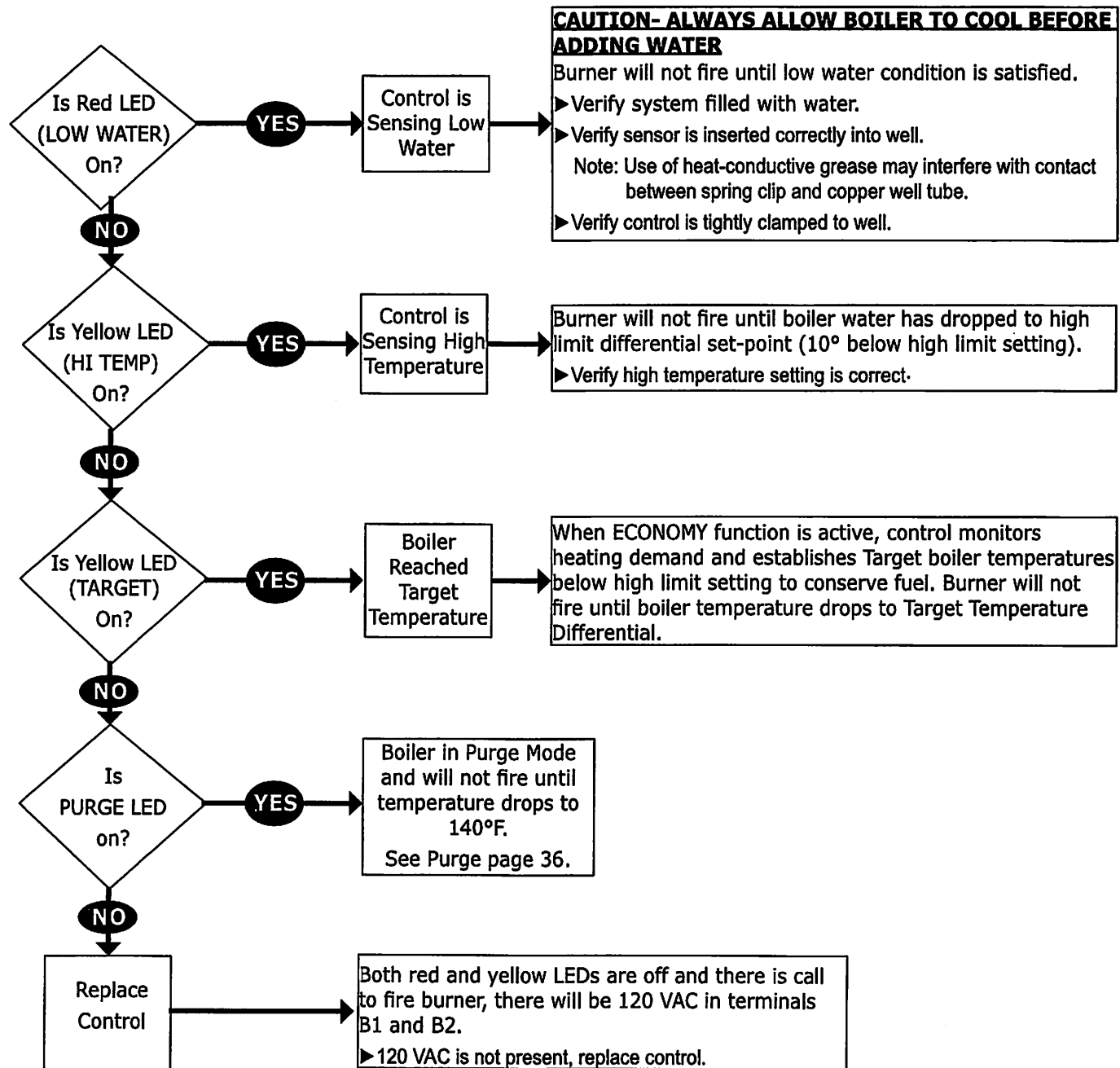
Figure 21- LED Legend



15 - TROUBLESHOOTING

Troubleshooting Flow Chart - High Limit Control And LWCO

Burner Will Not Fire	See Flow Chart, this page.
No or Insufficient Domestic Hot Water	If installed with indirect water heater, insure end switch in relay box controlling indirect water heater is properly connected to Cable 2. This will insure domestic water calls are prioritized. If Cable 2 is not used, turn Economy Feature OFF.
House Will Not Get or Stay Warm	1. Check for air-bound radiators. 2. Check thermostat settings including heat anticipator settings (common on non-digital thermostats). 3. Check Economy setting. Economy feature, like outdoor reset controls, lowers average boiler temperature and can slow or, in some cases, prevent the house from coming up to temperature. Move to lower setting.



15 - TROUBLESHOOTING

WARNING

Fire, explosion or shock hazard may cause death or serious injury. Do not attempt to modify physical or electrical characteristics of this boiler in any way.

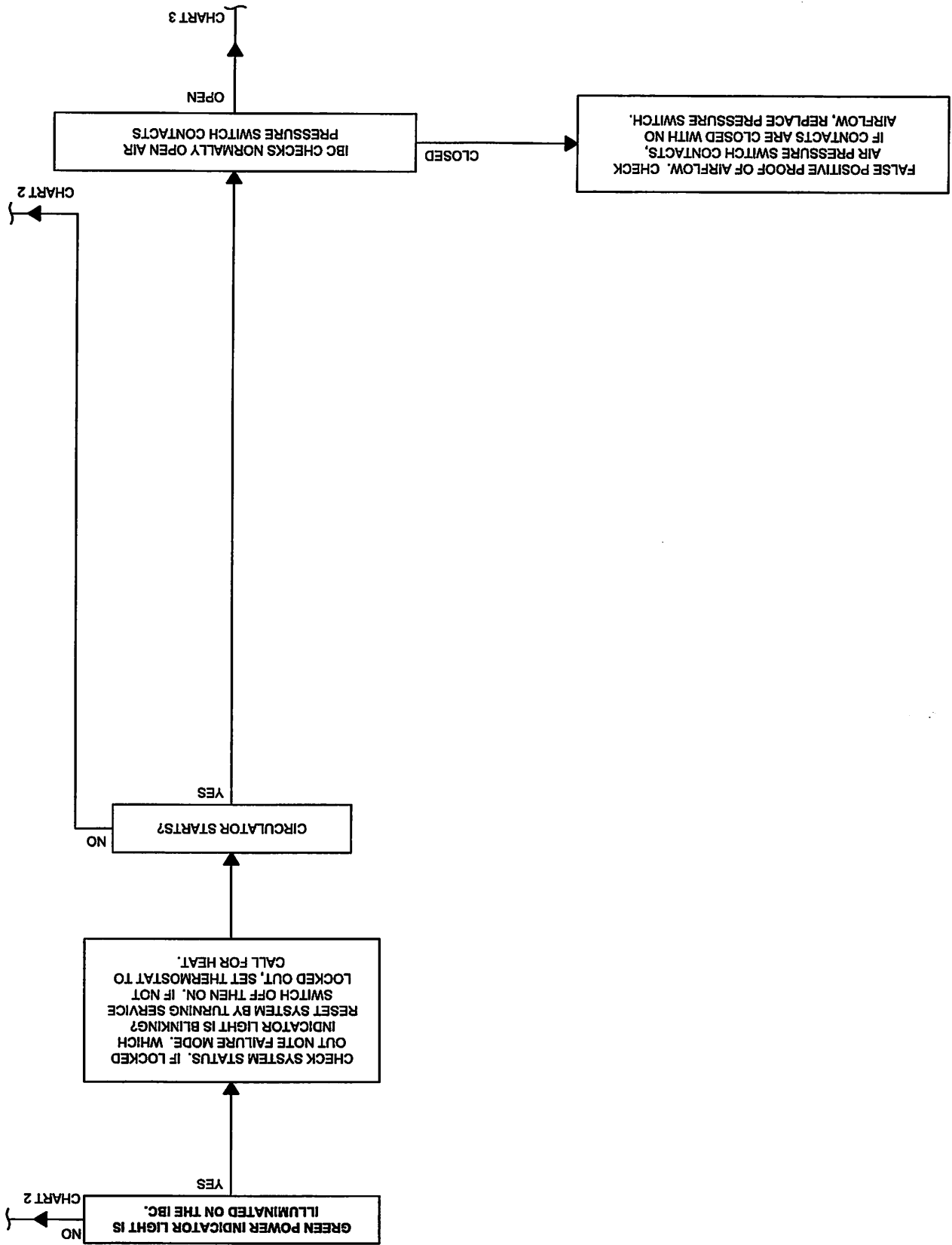
- In reset from lockout condition, all electrical meter readings at gas control valve (24 vac) must be taken within trial for ignition period.
- If any component does not function properly, make sure it is correctly installed and wired before replacing.
- Static electricity discharge can damage integrated boiler control (IBC). Touch metal surface to discharge static electricity before touching IBC.
- IBC cannot be repaired. If it malfunctions it must be replaced.
- Only trained, experienced service technicians should service IBC systems. Follow troubleshooting to check out system and sequence of operation for normal light off sequence.
- Defective control is least likely cause of malfunction. If you suspect unit has defective control, read through troubleshooting chart before replacing it.
- It is unlikely two consecutive controls are defective. If this seems to be the case chances are the controls are not the cause but rather malfunction is due to some other problem such as electrical short burning out transformer.

Initial Service Checks

1. Before Troubleshooting:
 - A. Verify circuit breaker is on or fuse is OK at electrical panel.
 - B. Verify service switch is ON.
 - C. Verify Gas is ON at:
 - Gas meter
 - Appropriate manual shutoff valves
 - Gas control valve
 - D. Verify thermostat is calling for heat.
 - E. Verify wire connections at integrated boiler control (IBC) and originating control are securely plugged in or connected.
 - F. Check hoses are securely connected and are not plugged or damaged.
2. Troubleshooting Tools:
 - A. Voltmeter to verify 120 VAC and 24 VAC
 - B. Continuity Tester
 - C. Inclined Manometer or Pressure Gauge with 0-2.0" range (0.01" scale) for measuring suction pressures at pressure switch.
 - D. U-Tube Manometer or Differential Pressure Gauge with 0-14" range (0.1" scale) for measuring inlet and manifold gas pressures.
3. System Status:
 - A. Consult "System Status" on page 40.
 - B. See Figure 19, Page 26, for location of boiler Diagnostic Indicator Lamps.

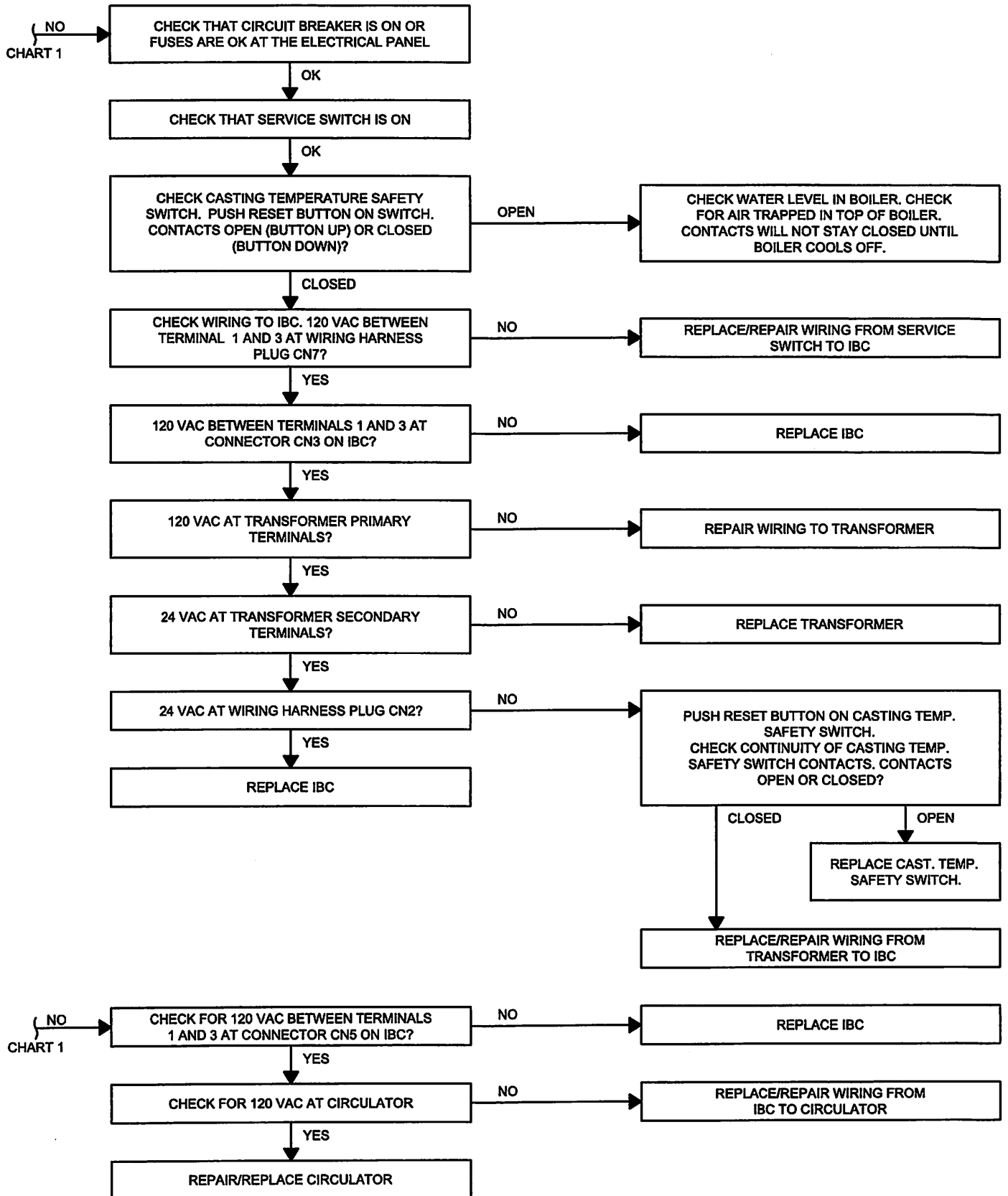
15 - TROUBLESHOOTING

Troubleshooting Chart 1



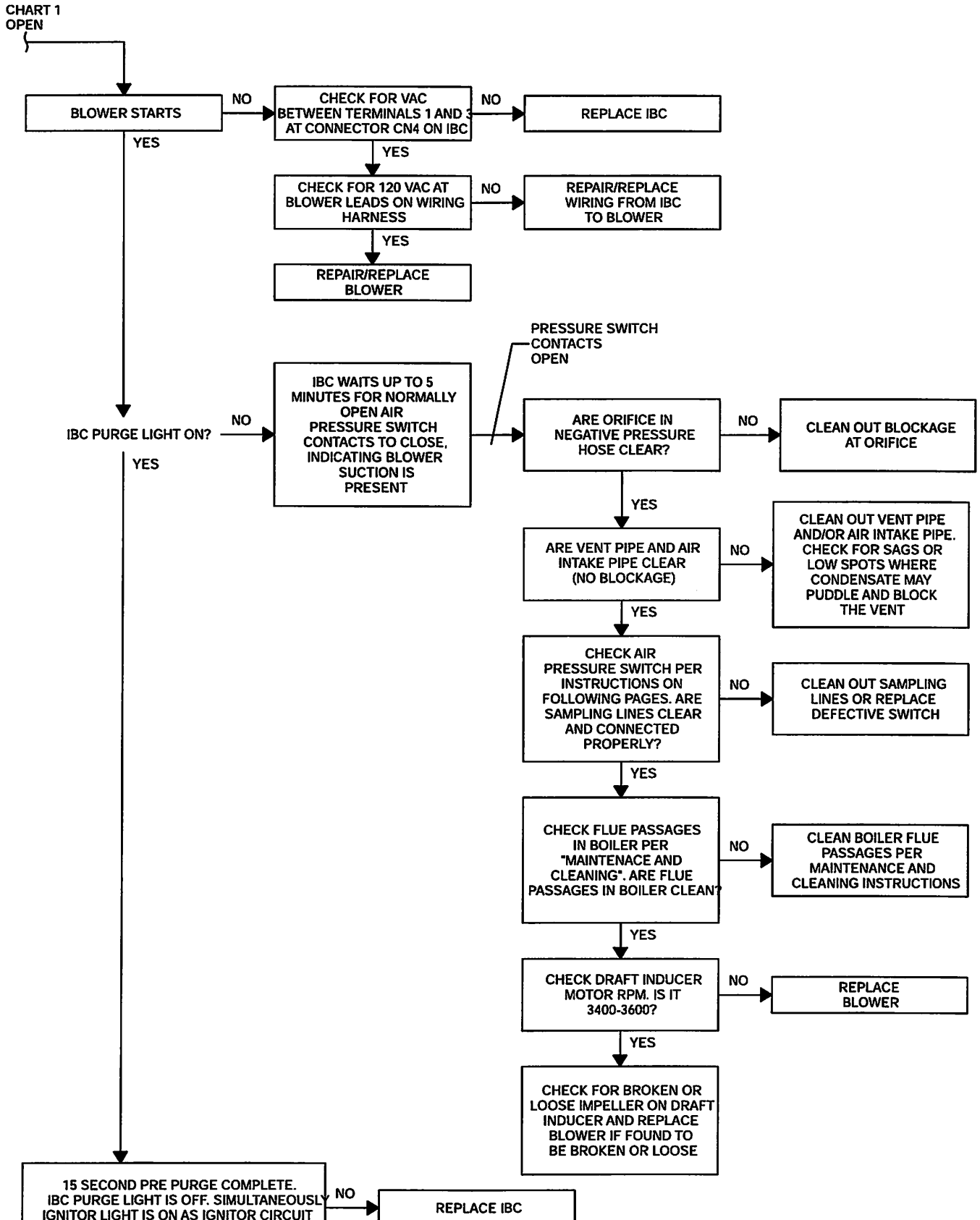
15 - TROUBLESHOOTING

Troubleshooting Chart 2



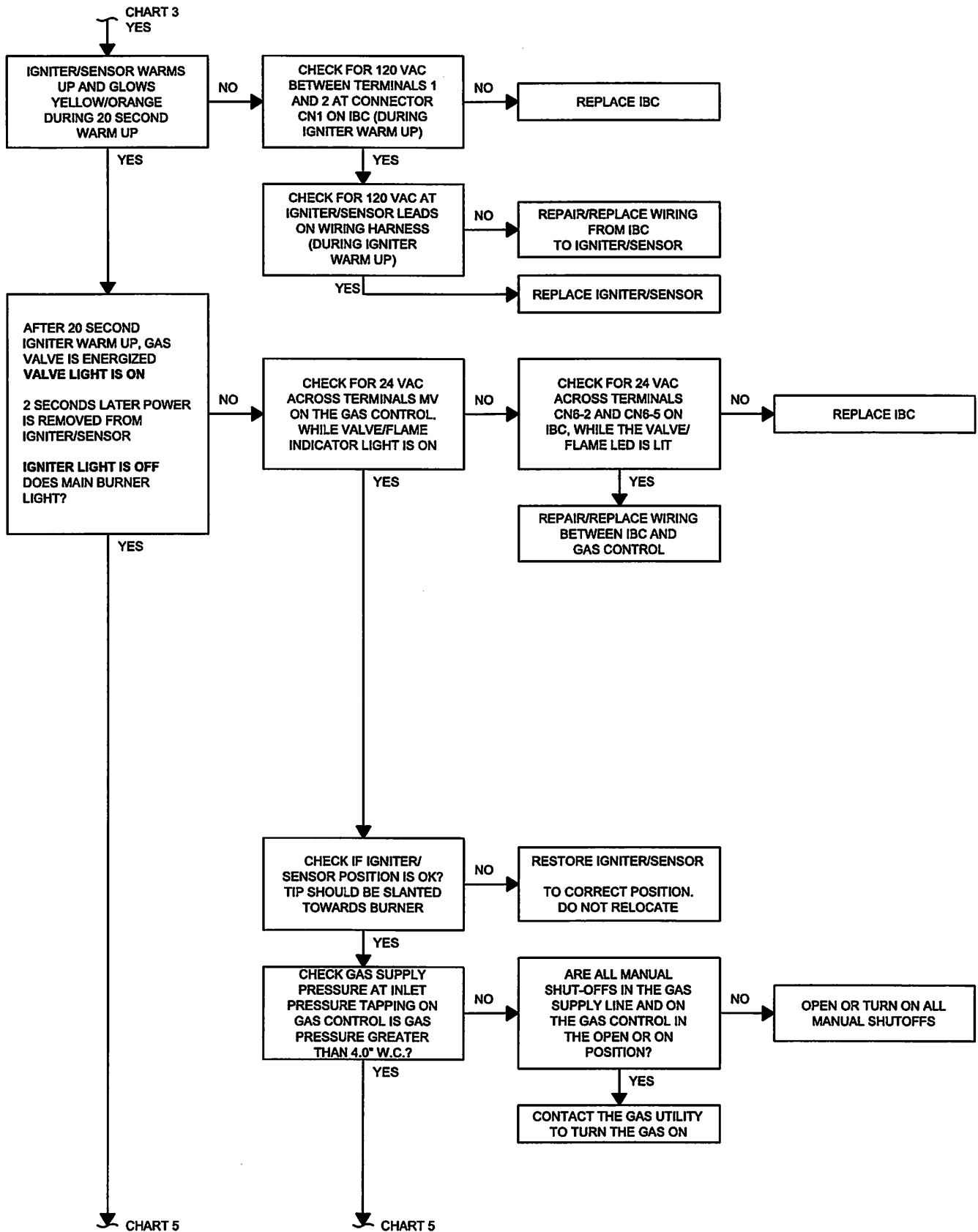
15 - TROUBLESHOOTING

Troubleshooting Chart 3



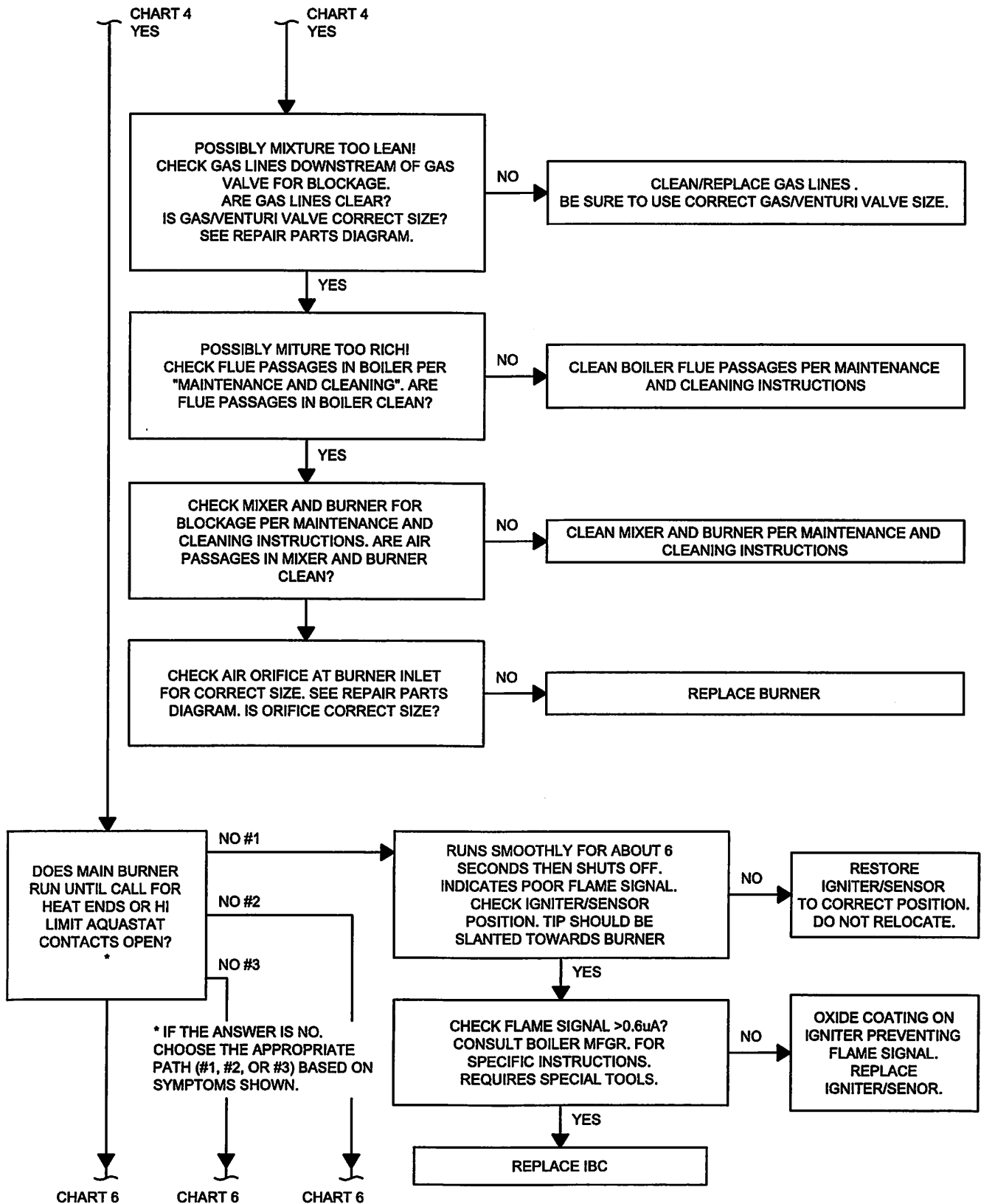
15 - TROUBLESHOOTING

Troubleshooting Chart 4



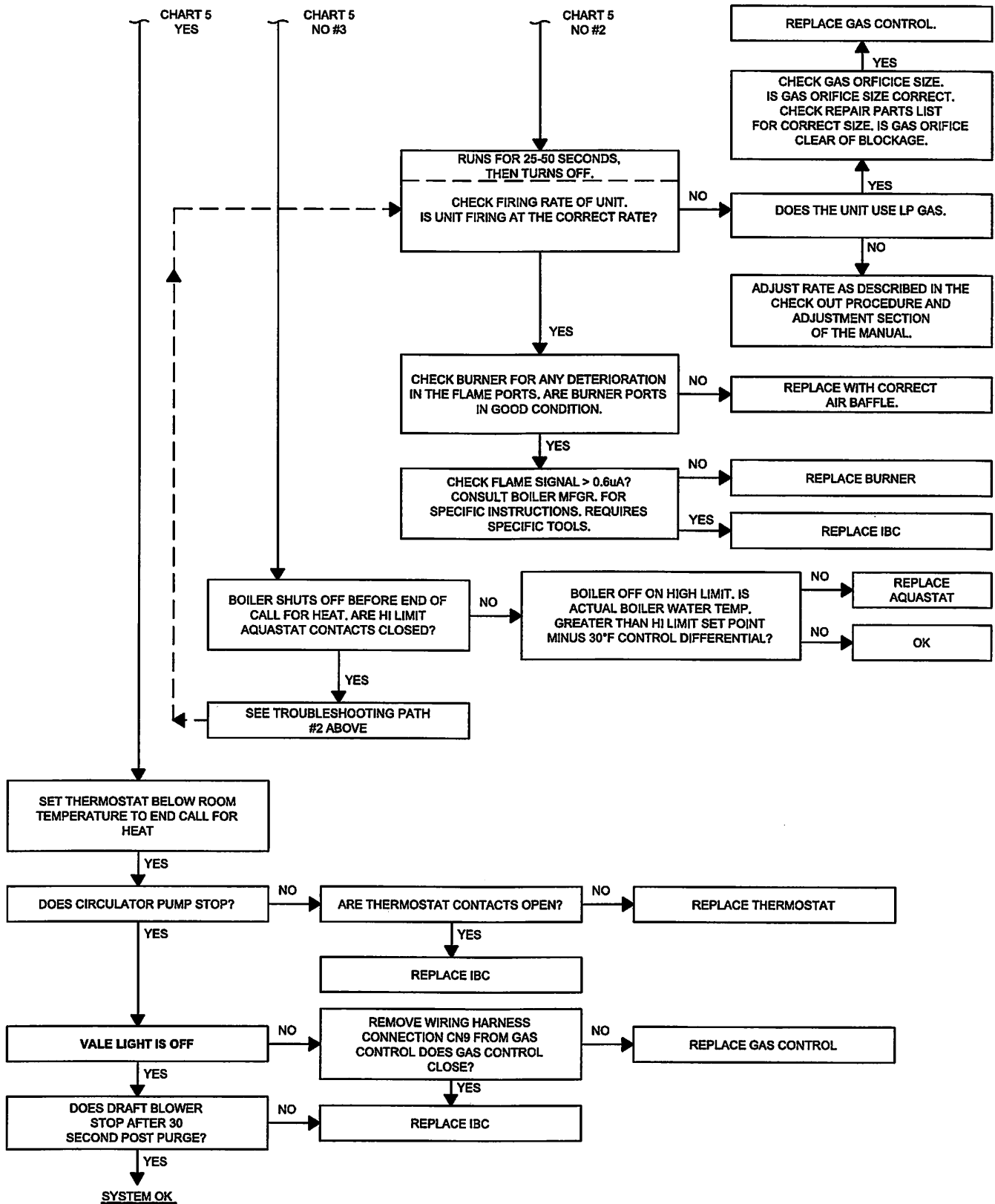
15 - TROUBLESHOOTING

Troubleshooting Chart 5



15 - TROUBLESHOOTING

Troubleshooting Chart 6



15 - TROUBLESHOOTING

Differential Air Pressure Switch Check

Differential air pressure switch is safety device which prevents boiler from firing if there is air intake, boiler heat exchanger or vent blockage.

Following steps and diagram indicate location of connection points required to measure offset pressure using inclined Manometer or Differential pressure gauge. Only one device is required to measure offset pressure.

1. Turn off service switch, or lower thermostat setting.
2. Remove vinyl caps from Tee.
3. Install testing lines as shown to inclined manometer or differential pressure gauge with ability to read 0.01" to at least 6.0" w.c.
4. Turn on service switch and set thermostat to call for heat.
5. If manometer readings do not correspond to Table 11 check for possible causes:
 - Blockage or moisture in suction lines to switch.
 - Blockage or moisture in orifice installed in suction lines to switch.
 - Blockage in air intake or vent pipes.
 - Undersized air intake or vent pipes.
 - Loose blower wheel on motor shaft.
 - Incorrect pressure switch or pressure switch set-point.
 - Gas valve out of adjustment.
6. When pressure reading corresponds to Table 11 and pressure switch is operating properly, remove testing lines and reinstall vinyl caps to tee and 3-way connector.

Figure 22- Locations Of Connection Points Required To Check Differential Air Pressure

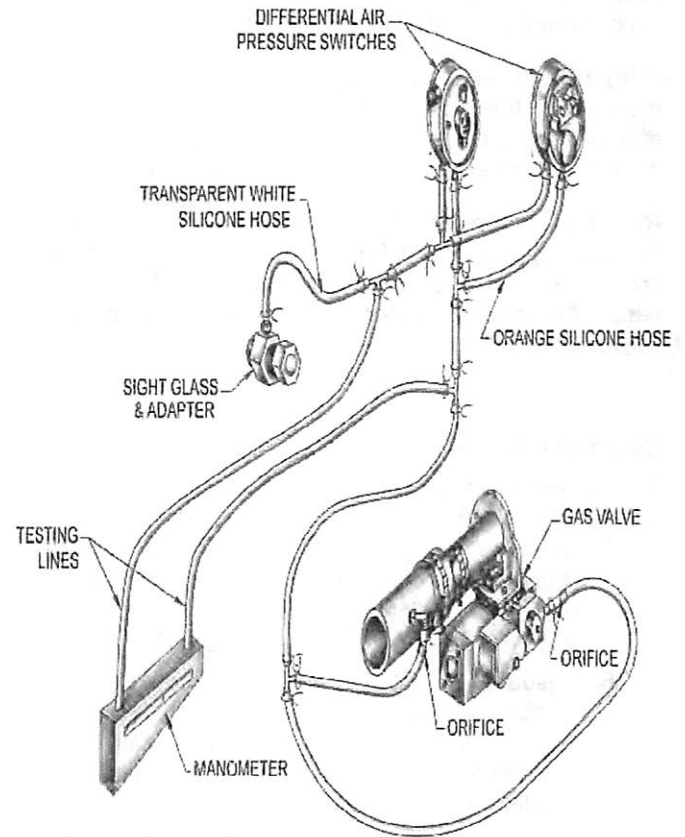


Table 11 - Correct Manometer Readings

Boiler Status	Differential Pressure	Switch	Contacts
Not Running	0"	3.5"	Closed
		0.5"	Open
Running Without Blockage (Approximate minimum vent lengths)	1.00" for Model 125	3.5"	Closed
	1.50" for Model 150		Closed
	1.50" for Model 175	0.5"	Closed
	2.00" for Model 200		Closed
Running With Blockage	Greater Than or Equal To Setpoints	3.5"	Open
		0.5"	Closed

16 - MAINTENANCE AND CLEANING

Acidic nature of flue gasses condensing on aluminum boiler sections cause formation of aluminum oxide. This oxide formation is normal, is generally uniform throughout boiler sections, and represents negligible mass of aluminum that is consumed by oxidation during life of boiler.

If left unchecked, this buildup may eventually cause blockage of flue gas passages in boiler sections, reducing efficiency, and ultimately shutting down boiler due to lack of combustion air flow.

Regular service and maintenance by qualified service agency must be performed to assure safe trouble free operation and maximum efficiency. It is recommended to service boiler at least once every 12 months.

Beginning Of Each Heating Season

1. Schedule annual service call by qualified service agency, which includes:
 - A. Examine flue passages between boiler sections, burner, and condensate lines, and clean if necessary following annual examination and cleaning instructions in paragraph F (below).
 - B. Visually inspect venting and air intake system for proper operation. If vent or air intake show any signs of deterioration or leakage, repair or replace immediately. Ensure proper re-assembly and re-sealing of vent and air intake system.
 - C. Check for and remove any obstruction to flow of combustion air or venting of flue gases.
 - D. Follow instructions for "Startup" on page 28.
 - E. Follow "Checkout Procedure & Adjustments" on page 35.
 - F. Visually inspect condensate drain line for proper operation. Check for deteriorated or plugged condensate drain line.
 - G. Check all gasket joints for leakage, and tighten bolts or replace gaskets if necessary.
 - H. Remove jacket front and top panels and check for piping leaks around relief valve and other fittings. Repair, if found. DO NOT use stop leak compounds.
2. Check boiler area is free from combustible materials, gasoline, and other flammable vapors and liquids.
3. Circulator pump and blower motor furnished with boiler are permanently lubricated from factory and require no further lubrication. Lubricate additional or non-factory supplied pumps and/or motors according to manufacturer's instruction.

Daily During Heating Season

1. Check for and remove any obstruction to flow of combustion air or venting of flue gases.
2. Check boiler area is free from combustible materials, gasoline, and other flammable vapors and liquids.

Monthly During Heating Season

1. Remove jacket front and top panels. Check for piping leaks around relief valve and other fittings. If found, contact qualified service agency to repair. DO NOT use stop leak compounds.
2. Test relief valve. Refer to valve manufacturer's instructions packaged with relief valve.
3. Visually inspect venting and air intake system for proper function. If vent or air intake show any signs of deterioration or leakage, contact qualified service agency to repair or replace immediately and ensure proper reassembly and resealing of vent and air intake system.
4. Visually inspect PVC condensate drain pipe for proper operation. If drain pipe shows any signs of blockage, leakage, or deterioration contact qualified service agency to clean, repair, or replace immediately.
5. Check air vent(s) for leakage.

Periodically During Heating Season

Where low water cutoffs are used, periodic inspection of low water cutoff is necessary, including flushing of float type devices. Refer to low water cut off manufacturer's specific instructions.

16 - MAINTENANCE AND CLEANING

DANGER

Before servicing, turn off electrical power to boiler at service switch. Close manual gas valve to turn gas supply OFF to boiler. Failure to comply will result in death or serious injury.

WARNING

Following service procedures must be performed by qualified service agent. Boiler owner shall not attempt these steps. Failure to do so could result in death or serious injury.

NOTICE

Perform regular service and maintenance by qualified service agency at least once every 12 months to assure safe, trouble free operation and maximum efficiency.

NOTICE

Verify proper operation after servicing.

Annual Shut Down Procedure (End Of Each Heating Season)

1. Follow the instructions in "WHAT TO DO IF YOU SMELL GAS" on page 29.
2. If heating system is to remain out of service during freezing weather, and does not contain antifreeze, drain system completely. If boiler will be exposed to freezing temperatures, drain condensate lines. Otherwise, do not drain system or boiler.

Annual Examination And Cleaning Of Boiler Components

1. Examine flue passages. Remove blower assembly from casting. Follow procedure for examining and cleaning burner is described below.

Any buildup of sediment or aluminum oxide (white powdery or flaky substance) in flue passages must be cleaned as follows:

- A. Remove jacket front and top panels.
- B. Confirm manual gas valve is closed and disconnect gas line to gas valve at union.
- C. Disconnect wires to gas valve and igniter.
- D. Remove air inlet assembly from gas valve.
- E. Loosen, do not remove five nuts attaching blower adapter assembly to boiler.
- F. Remove two igniter screws. Carefully remove igniter. Do not touch igniter element with your fingers or hands as oils or debris will cause premature failure.
- G. Remove five nuts and blower adapter assembly. Remove burner and gaskets.

- H. Aluminum oxide deposits are water soluble and may be rinsed away with spraying or running water.
 - I. Use flexible handle nylon brush to loosen sediment and aluminum oxide on all exposed heating surfaces of boiler. Take care brush does not get stuck in heat exchanger.
 - J. After brushing and rinsing, remove any remaining loosened sediment using vacuum with snorkel attachment.
 - K. Inspect burner for foreign matter in flame ports or inside burner. Remove any foreign matter by blowing with compressed air or vacuuming.
 - L. Install burner and gaskets. Position blower adapter assembly over studs. Install five nuts, do not tighten. Install igniter and igniter gasket and fasten with two screws. Do not touch igniter element with your fingers or hands as oils or debris will cause premature failure. Tighten five nuts holding blower adapter assembly.
 - M. Connect gas line to gas valve; air inlet assembly to gas valve (using 2" x 1½" flexible coupling); pressure switch hose to gas valve and air inlet assembly; 2" flexible coupling to boiler exhaust port; igniter wires; and gas valve wires.
2. Visually inspect condensate trap. Clean out any visible foreign material or debris from condensate lines as described below.
 - A. Inspect for sediment or blockage.
 - B. Flush out with water or vacuum.
 - C. Follow instructions in "Near Boiler Piping" on page 8, for filling condensate trap with water.
 3. Inspect flue connector using following steps.
 - A. Loosen clamp on draft inducer end of 2" flexible coupling connecting vent tee to exhaust port.
 - B. Inspect interior of vent tee. Clean any buildup of sediment on inside surface.
 - C. Connect 2" flexible coupling to draft inducer outlet.

[illegible]

51

[illegible]

IMPORTANT

In accordance with Section 325 (f) (3) of the Energy Policy and Conservation Act, this boiler is equipped with a feature that saves energy by reducing the boiler water temperature as the heating load decreases.

This feature is equipped with an override which is provided primarily to permit the use of an external energy management system that serves the same function.

THIS OVERRIDE MUST NOT BE USED UNLESS AT LEAST ONE OF THE FOLLOWING CONDITIONS IS TRUE:

- An external energy management system is installed that reduces the boiler water temperature as the heating load decreases.
- This boiler is not used for any space heating
- This boiler is part of a modular or multiple boiler system having a total input of 300,000 BTU/hr or greater.
- This boiler is equipped with a tankless coil.

BORO OF FREEHOLD
 51 West Main St.
 Freehold, NJ 07728
 (732) 462-4903



CERTIFICATE

IDENTIFICATION

Block-Lot: 43/26 _____ Qualification Code:
 Work Site Location: 27 BROADWAY FREEHOLD, 07728
 Owner In Fee: LAURIE L. SCHATZ
 Tel.: 908-216-4205 E-mail:
 Address: 27 BROADWAY
 FREEHOLD, NJ 07728
 Contractor: J. HLAVKA - ARCTIC ELECTRICAL, LLC
 Address: 272 ADA PLACE SOUTH PLAINFIELD, NJ 07080
 Contractor License No.: Exp. Date:
 Federal Emp. ID No.: 139707342 FAX:

Tel.: (732) 251-1111

E-mail:

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said bilding or strucure has been constructed in accordance with the new jersey uniform Construction Code and is approved for occupancy.

☐ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No.:
 Type of Warranty Plan:
 Use Group: R-5
 Maximum Live Load:
 Construction Classification:
 Maximum Occupancy Load:
 Description of Work/Use: INSTALL DUCTLESS SYSTEM

Date Issued: 02/02/2021
 Control #: 20-000657

Permit #: C20-0251

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

Construction Official

Administrative Surcharge	\$0.00
Minimum Fee	0.00
State Permit Surcharge Fee	0.00
TOTAL FEE	0.00

Check # _____
 Cash _____
 Collected By _____

INSPECTION NOTICE

TO: JDm

TIME: _____

DATE: _____

BY: _____

OWNER/AGENT _____

TEL: () _____

PERMIT # 20-0251

WORK SITE: 27 Broadway

BLOCK 43

LOT 22

INSPECTION REQUESTED: _____

AVAILABILITY/COMMENTS: _____

NOTE: ALL INSPECTION REQUESTS WILL BE DONE

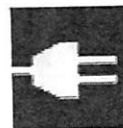
WITHIN 72 HOURS AS OUTLINED IN UCC

24 HOUR NOTICE REQUIRED PRIOR TO

TIME INSPECTION DESIRED



Borough of Freehold
51 West Main St.
Freehold, NJ 07728
ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received: 06/25/2020
Control #: 20-000657

Date Issued:
Permit #:

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:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL DUCTLESS SYSTEM

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

Block-Lot: 43/26 Qualification Code:

Work Site Location: 27 BROADWAY FREEHOLD, 07728

Owner in Fee: LAURIE L. SCHATZ

Tel.: 908-216-4205 E-mail:

Address: 27 BROADWAY
FREEHOLD, NJ 07728

Contractor: J. HLAVKA - ARCTIC ELECTRICAL, LLC

Tel.: (732) 251-1111

Address: 272 ADA PLACE SOUTH PLAINFIELD, NJ 07080

E-mail:

Contractor License No.: Exp. Date:

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

Federal Emp. ID No.: 139707342 FAX:

B. BUILDING CHARACTERISTICS

Use Group: Present: R-5 Proposed: R-5

Pole/Pad: ☐

☐ Temporary: ☐ Other:

Building Occupied as:

Utility Co.:

Est. Cost of Elect Work: \$2,900.00

JOB SUMMARY (Office Use Only)

Plan Review

[] No Plans Required

Date: _____ Approved by: _____

[] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electrical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved By: _____

INSPECTIONS

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

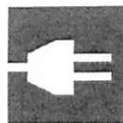
QTY	SIZE	ITEMS	FEE (Official Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0.00
0		Pool Permit/with UW Lights	0.00
0		Storable Pool/Spa/Hot Tub	0.00
0		KW Elec. Range/Receptacle	0.00
0		KW Oven/Surface Unit	0.00
0		KW Elec. Water Heater	0.00
0		KW Elec. Dryer/Receptacle	0.00
0		KW Dishwasher	0.00
0		HP Garbage Disposal	0.00
0		KW Central A/C Unit	0.00
0		HP/KW Space Heater/Air Handler	0.00
0		KW Baseboard Heat	0.00
0		KW Motors 1/+ HP	0.00
3	over 500	KW Transformer/Generator	150.00
0	over 1000	AMP Service	0.00
0		KW Elec. Sign/Outline Light	0.00
0		Other	0.00

Administrative Surcharge \$0.00
Minimum Fee \$0.00
State Permit Surcharge Fee \$0.00
TOTAL FEE \$156.00

Check # 15057-2
Cash
Collected By: JB



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 43 Lot 216 Qualification Code _____

Work Site Location 27 Broadway

Owner in Fee: Oberheim

Tel. 908 216-4205 e-mail _____

Address Sumner

Contractor: J. Hlavka - Arctic Electrical, LLC Tel. (732) 251-1111

Address 272 Ada Place e-mail _____

Contractor License No. 34EI01393400 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01741400

Federal Emp. ID No. 139-70-7342 FAX: (732) 251-1147

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8-26-20 Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 11-24-20 Approved by: [Signature]

INSPECTIONS

Type: _____ Dates (Month/Day)

Failure _____ Failure _____ Approval _____ Initial _____

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: John Hlavka

Print name here: John Hlavka

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install Ductless System

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
1		HP Garbage Disposal	
2		KW Central A/C Unit <u>ductless</u>	
		HP/KW Space Heater/Air Handler <u>water mount</u>	
		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	\$ _____

INSPECTION NOTICE

TO: Robbie

TIME: _____ DATE: _____ BY: _____

OWNER/AGENT _____

TEL: () _____ PERMIT # 20-0251

WORK SITE: 27 Broadway

BLOCK 43 LOT 210

INSPECTION REQUESTED: _____

AVAILABILITY/COMMENTS: Final

NOTE: ALL INSPECTION REQUESTS WILL BE DONE WITHIN 72 HOURS AS OUTLINED IN UCC

24 HOUR NOTICE REQUIRED PRIOR TO TIME INSPECTION DESIRED.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved By: _____

LP Gas Tank
Fuel Oil Piping
Solar

TCO _____

Failure

WHEN CHANGING



Borough of Freehold
51 West Main St.
Freehold, NJ 07728
PLUMBING SUBCODE
TECHNICAL SECTION



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

Block-Lot: 43/26 Qualification Code:

Work Site Location: 27 BROADWAY FREEHOLD, 07728

Owner in Fee: LAURIE L. SCHATZ

Tel.: 908-216-4205 E-mail:

Address: 27 BROADWAY
FREEHOLD, NJ 07728

Contractor: ARCTIC AIR CONDITIONING Tel.: (732) 251-1111

Address: 1 PLEASANT VALLEY RD OLD BRIDGE, NJ 08857 E-mail:

Contractor License No.: Exp. Date:

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

Federal Emp. ID No.: 22-2195279 FAX:

B. BUILDING CHARACTERISTICS

Use Group: Present: R-5 Proposed: R-5

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

Est. Cost of Plumbing Work: \$5,000.00

JOB SUMMARY (Office Use Only)

Plan Review	INSPECTIONS	Dates (Month/ Day)			
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved	Slab	_____	_____	_____	_____
Date: _____ Approved by: _____	Rough	_____	_____	_____	_____
[] Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____ Approved by: _____	Sewer	_____	_____	_____	_____
Joint Plan Review Required:	Fixtures	_____	_____	_____	_____
[] Bldg. [] Elec. [] Fire. [] Elev.	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Gas Piping	_____	_____	_____	_____
Date: _____	LPGas Tank	_____	_____	_____	_____
Approved by: _____	Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Solar	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
Date: _____	_____	_____	_____	_____	_____
Approved By: _____	_____	_____	_____	_____	_____

Date Received: 06/25/2020
Control #: 20-000657

Date Issued: 20-0251

Permit #:

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:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL DUCTLESS SYSTEM

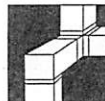
QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Sewer Ejectors: 0	0.00
0	Other:	225.00
0	Other: Fixtures	0.00

Administrative Surcharge	\$0.00
Minimum Fee	0.00
State Permit Surcharge Fee	10.00
TOTAL FEE	235.00

Check # 15501-0
Cash _____
Collected By 113



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 43 lot 26 Qualification Code _____
 Work Site Location 27 Broadway
Freehold NJ 07728
 Owner in Fee: Oberhelm
 Tel. 908 216-4205 e-mail _____
 Address Sumner street municipality zip code
 Contractor: Arctic Air Conditioning Tel. 732 251-1111
 Address 1 Pleasant Valley Road e-mail _____
Old Bridge, NJ 08857

Contractor License No. 19HC00100600 Exp. Date 3/31/2021
 Home Improvement Contractor Registration No. or Exemption Reason 13VH01741400
 Federal Emp. ID No. 22-2195279 FAX: 732 251-1147

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [] Hydronic [] Hot Air

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

Estimated Cost of Mechanical Work \$ 51,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Fire.

[] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/30/20

Approved by: [Signature]

SUBCODE APPPROVAL for CERTIFICATE

Date: 11/23/20

Approved by: [Signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

DATES

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: Ross Albert

Print name here: Ross Albert

[] Licensed Contractor

☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install
Ductwork
System

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
<u>2</u>	Generator <u>ac ductless</u>	_____
_____	Other <u>wall mount</u>	_____

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

Borough of Freehold
51 West Main St.
Freehold, NJ 07728



CONSTRUCTION PERMIT

Date Issued: 7/14/20

Permit #: 20-0251

IDENTIFICATION

Work Site Location:
27 BROADWAY
FREEHOLD, 07728

Owner in Fee: LAURIE L. SCHATZ
Address:
27 BROADWAY
FREEHOLD, NJ 07728
Tel. 908-216-4205

Block/Lot: 43/26

Qualification Code:

Contractor: J. HLAVKA - ARCTIC ELECTRICAL, LLC

Address:
272 ADA PLACE
SOUTH PLAINFIELD NJ 07080
Tel. (732) 251-1111
License # or Builders Registration #:

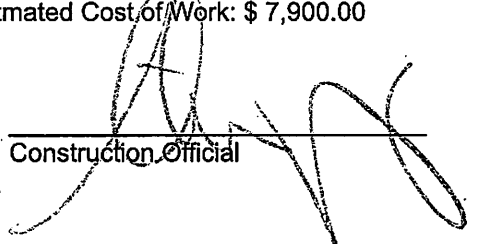
Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ Building | ☒ Plumbing | ☐ Lead Hazard Abatement |
| ☒ Electrical | ☐ Fire Protection | ☐ Demolition |
| ☐ Elevator Devices | ☐ Asbestos Abatement
(subchapter 8 only) | ☐ Other |

Description of work:
INSTALL DUCTLESS SYSTEM

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

Estimated Cost of Work: \$ 7,900.00


Construction Official

7/16/20
Date

PAYMENTS

Building	0.00
Electrical	150.00
Plumbing	225.00
Fire Protection	0.00
Elevator	0.00
Other	0.00
DCA State Permit Fee	16.00
Cert. of Occupancy	0.00
Other	0.00
Credit	0.00
Total	391.00
Amount Paid	0.00

Check # 15000
Cash _____
Collected By 7/3



Arctic Air Conditioning
1 Pleasant Valley Road
Old Bridge, NJ 08857
732-251-1111

**Please mail permits to Arctic Air Conditioning
when they have been processed.**

Our mailing address is:

**Arctic Air Conditioning
1 Pleasant Valley Road
Old Bridge, NJ 08857**

Thank you in advance for your assistance.

Tax Board ▶

Sales Data

New Search		Assessment Postcard		Property Card			
Block:	43	Prop Loc:	27 BROADWAY	Owner:	SCHATZ, LAURIE L	Square Ft:	2572
Lot:	26	District:	1316 FREEHOLD BORO	Street:	27 BROADWAY	Year Built:	1905
Qual:		Class:	2	City State:	FREEHOLD, NJ 07728	Style:	5
Additional Information							
Prior Block:		Acct Num:		Addl Lots:		EPL Code:	0 0 0
Prior Lot:		Mtg Acct:		Land Desc:	75X125	Statute:	
Prior Qual:		Bank Code:	660	Bldg Desc:	2SF2G	Initial:	000000 Further: 000000
Updated:	12/06/18	Tax Codes:		Class4Cd:	0	Desc:	
Zone:	R-5	Map Page:	14	Acreage:	0.2152	Taxes:	11414.43 / 11585.80
Sale Information							
Sale Date:	06/01/18	Book:	9292	Page:	4350	Price:	437500 NU#: 0
Sr1a	Date	Book	Page	Price	NU#	Ratio	Grantor
More Info	09/02/04	8400	8002	370000		39.32	PETERS, MARK & CRISTINA
More Info	11/21/13	9046	7282	422000		86.97	VOLPE, JOSEPH J III
More Info	06/01/18	9292	4350	437500		96.59	SCHATZ, LAURIE L
TAX-LIST-HISTORY							
Year	Owner Information	Land/Imp/Tot	Exemption	Assessed	Property Class		
<u>2020</u>	SCHATZ, LAURIE L	137300	0	446600	2		
	27 BROADWAY	309300					
	FREEHOLD, NJ 07728	446600					
<u>2019</u>	SCHATZ, LAURIE L	137300	0	437200	2		
	27 BROADWAY	299900					
	FREEHOLD, NJ 07728	437200					
<u>2018</u>	VOLPE, JOSEPH J III	128300	0	422600	2		
	27 BROADWAY	294300					
	FREEHOLD, NJ 07728	422600					

Terms of Use

Rel 2020-3 (4/21/2020)



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

June 16, 2020



GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410
(973) 504-6534

TO WHOM IT MAY CONCERN

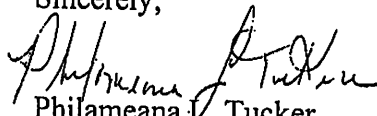
Our records indicate that the holder of License and Business Permit No. 34E~~B~~01393400 has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

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

JOHN HLAVKA
ARCTIC ELECTRICAL LLC
1 Pleasant Valley Road
Old Bridge NJ 08857

This letter will be rendered invalid **300 days** after the date of its issuance.

Sincerely,


Philameana J. Tucker
Executive Director

PLT:gkb



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block 43Lot 56Work Site Location 27 BroadwayOwner in Fee Cherheim/SchultzAddress sameTel. 908 2164205Contractor Arctic Air ConditioningAddress 1 Pleasant Valley RoadOld Bridge, NJ 08857Tel. (732) 251-1111Lic. No. or Bldrs. Reg. No. 13VH01741400

Is hereby granted permission to perform the following work:

- | | | |
|--|---|---|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Install Ductless System

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 \$ 7900

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

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

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

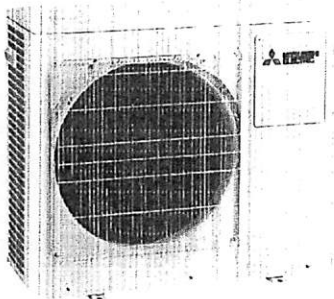
4 GOLD-APPLICANT

Reorder at: ucc.allegramarmora.com • (609) 390-1400 • Allegra Marketing, Print & Mail - Marmora, NJ

Name:

Item Reference:

Date:

**GENERAL FEATURES**

- Variable speed INVERTER-driven compressor
- Energy Star® certified¹ (non-ducted)
- M-NET connection through outdoor unit
- Quiet outdoor unit operation as low as 50 dB(A)
- New Intelligent Power Module (IPM) for reduced power loss
- Selectable thermal lockout/restart function
- Optional base pan heater
- High pressure switch for additional protection
- Thermal differential of +/-1° F from setpoint

¹ ENERGY STAR products are third-party certified by an EPA-recognized Certification Body.

SPECIFICATIONS: MXZ-2C20NA2

Model Number	Outdoor Unit		MXZ-2C20NA2		
	Indoor Unit Type		Non-ducted	Mix	Ducted
Cooling*1	Maximum Capacity	Btu/h	20,000	20,000	20,000
	Rated Capacity	Btu/h	18,000	19,000	20,000
	Minimum Capacity	Btu/h	5,700	5,700	5,700
	Maximum Power Input	W	2,245	2,245	2,245
	Rated Power Input	W	1,417	1,709	2,000
	Power Factor	%	98.7	99.3	99.9
Heating at 47° F*2	Maximum Capacity	Btu/h	25,000	25,000	25,000
	Rated Capacity	Btu/h	22,000	22,000	22,000
	Minimum Capacity	Btu/h	7,400	7,400	7,400
	Maximum Power Input	W	2,455	2,455	2,455
	Rated Power Input	W	1,641	1,706	1,771
	Power Factor	%	96.2	97.9	99.6
Heating at 17° F*3	Maximum Capacity	Btu/h	15,500	15,000	14,500
	Rated Capacity	Btu/h	12,500	13,000	13,500
	Maximum Power Input	W	1,750	1,780	1,810
	Rated Power Input	W	1,300	1,325	1,350
Heating at 5° F*4	Maximum Capacity	Btu/h	11,100	11,000	10,900
	Maximum Power Input	W	1,600	1,625	1,650
Efficiency	SEER		20.00	18.00	16.00
	EER *1		12.70	11.35	10.00
	HSPF (IV)		10.00	9.65	9.30
	COP at 47° F*2		3.93	3.78	3.64
	COP at 17° F*3		2.82	2.87	2.93
	ENERGY STAR® Certified		Yes	No	No
Electrical	Voltage, Phase, Frequency	V AC	208 / 230V, 1-phase, 60 Hz		
	Guaranteed Voltage Range	V AC	187 - 253		
	Voltage: Indoor - Outdoor, S1-S2	V AC	208V / 230		
	Voltage: Indoor - Outdoor, S2-S3	V AC	12-24		
	Voltage: Indoor - Remote Controller	V AC	24		
	Recommended Fuse/Breaker Size	A	20		
	Recommended Wire Size (Indoor-Outdoor)	AWG	AWG14		

SPECIFICATIONS: MXZ-2C20NA2

Model Number	Outdoor Unit		MXZ-2C20NA2		
	Indoor Unit Type		Non-ducted	Mix	Ducted
Outdoor Unit	MCA	A	17.2	17.2	17.2
	Fan Motor Full Load Amperage	A	1.77	1.77	1.77
	Fan Motor Output	W	64	64	64
	Airflow Rate	CFM	1,342 / 1,458	1,342 / 1,458	1,342 / 1,458
	Refrigerant Control		Liner Expansion Valve	Liner Expansion Valve	Liner Expansion Valve
	Defrost Method		Reverse Cycle	Reverse Cycle	Reverse Cycle
	Heat Exchanger Type		Plate Fin Coil	Plate Fin Coil	Plate Fin Coil
	Sound Pressure Level, Cooling*1	dB(A)	50	50	50
	Sound Pressure Level, Heating*2	dB(A)	54	54	54
	Compressor Type		Twin Rotary type	Twin Rotary type	Twin Rotary type
	Compressor Model		SNB140FQUH2T	SNB140FQUH2T	SNB140FQUH2T
	Compressor Motor Output	kW	1.5	1.5	1.5
	Compressor Rated Load Amps	A	10.7	10.7	10.7
	Compressor Locked Rotor Amps	A	15.5	15.5	15.5
	Compressor Oil Type // Charge	oz.	NEO22 // 20.3	NEO22 // 20.3	NEO22 // 20.3
	External Finish Color		Munsell 3.0Y 7.8/1.1	Munsell 3.0Y 7.8/1.1	Munsell 3.0Y 7.8/1.1
	Base Pan Heater		Optional	Optional	Optional
	Unit Dimensions	W: In. [mm]	33-1/16 [840]	33-1/16 [840]	33-1/16 [840]
		D: In. [mm]	13 [330]	13 [330]	13 [330]
		H: In. [mm]	27-15/16 [710]	27-15/16 [710]	27-15/16 [710]
	Package Dimensions	W: In. [mm]	40 [1,010]	40 [1,010]	40 [1,010]
		D: In. [mm]	18-1/2 [470]	18-1/2 [470]	18-1/2 [470]
		H: In. [mm]	33-1/2 [850]	33-1/2 [850]	33-1/2 [850]
	Unit Weight	Lbs. [kg]	126 [57]	126 [57]	126 [57]
	Package Weight	Lbs. [kg]	147 [67]	147 [67]	147 [67]
Outdoor unit operating temperature range	Cooling Intake Air Temp (Maximum / Minimum)	°F	14 to 115	14 to 115	14 to 115
	Heating Intake Air Temp (Maximum / Minimum)	°F	5 to 75	5 to 75	5 to 75
	Thermal Lock-out / Re-start Temperatures	°F	Cooling: 10.4 / 14 Heating: 1.5 / 5	Cooling: 10.4 / 14 Heating: 1.5 / 5	Cooling: 10.4 / 14 Heating: 1.5 / 5

SPECIFICATIONS: MXZ-2C20NA2

Model Number	Outdoor Unit		MXZ-2C20NA2		
	Indoor Unit Type		Non-ducted	Mix	Ducted
Refrigerant	Type		R410A	R410A	R410A
	Charge	Lbs. Oz.	3, 15	3, 15	3, 15
Indoor Unit Connection	Maximum Number of Connected IDU		2	2	2
	Minimum Number of Connected IDU		2	2	2
	Maximum Connected Capacity	Btu/h	24,000	24,000	24,000
	Minimum Connected Capacity	Btu/h	12,000	12,000	12,000
Piping	Gas Pipe Size O.D. (Flared)	In. [mm]	3/8 [9.52]	3/8 [9.52]	3/8 [9.52]
	Liquid Pipe Size O.D. (Flared)	In. [mm]	1/4 [6.35]	1/4 [6.35]	1/4 [6.35]
	Total Piping Length	Ft. [m]	164 [50]	164 [50]	164 [50]
	Maximum Height Difference, ODU above IDU	Ft. [m]	33 [10]	33 [10]	33 [10]
	Maximum Height Difference, ODU below IDU	Ft. [m]	49 [15]	49 [15]	49 [15]
	Farthest Piping Length from ODU to IDU	Ft. [m]	82 [25]	82 [25]	82 [25]
	Maximum Number of Bends		50	50	50
AHRI Rated Conditions (Rated data is determined at a fixed compressor speed)	*1 Cooling (Indoor // Outdoor)	°F	80°F DB, 67°F WB // 95°F DB, 75°F WB		
	*2 Heating at 47°F (Indoor // Outdoor)	°F	70°F DB, 60°F WB // 47°F DB, 43°F WB		
	*3 Heating at 17°F (Indoor // Outdoor)	°F	70°F DB, 60°F WB // 17°F DB, 15°F WB		
Conditions	*4 Heating at 5°F (Indoor // Outdoor)	°F	70°F DB, 60°F WB // -4°F DB, -5°F WB		
For reference to connected capacity charts, please refer MXZ-2C20NA2-U1 Operational Performance.					

NOTES:

M-SERIES

SUBMITTAL DATA: MSZ-GL12NA & MUZ-GL12NA
12,000 BTU/H WALL-MOUNTED HEAT PUMP SYSTEM



Job Name:

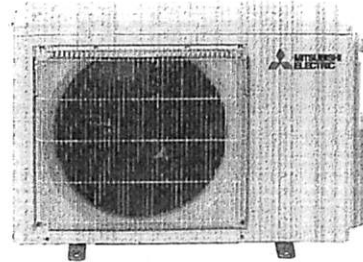
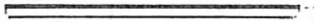
System Reference:

Date:

Indoor Unit:
MSZ-GL12NA

Outdoor Unit:
MUZ-GL12NA-U1
MUZ-GL12NA-U2

Wireless Remote Controller



GENERAL FEATURES

- Slim wall-mounted indoor units provide zone comfort control
- The outdoor unit powers the indoor unit, and should a power outage occur, the system is automatically restarted when power returns
- INVERTER-driven compressor and LEV provide high efficiency and comfort while using only the energy needed to maintain maximum performance
- Multiple fan speed options: Quiet, Low, Medium, High, Super-high, Auto
- Multiple control options available:
 - Hand-held Remote Controller (provided with unit)
 - kumo cloud® smart device app for remote access
 - Third-party interface options
 - Wired or wireless controllers
- Quiet operation
- Smart Set: recalls a preferred preset temperature setting at the touch of a button
- Blue Fin anti-corrosion treatment applied to the outdoor unit heat exchanger for increased coil protection and longer life

SPECIFICATIONS: MSZ-GL12NA & MUZ-GL12NA

Cooling ¹	Maximum Capacity	Btu/h	13,600
	Rated Capacity	Btu/h	12,000
	Minimum Capacity	Btu/h	1,500
	Maximum Power Input	W	1,300
	Rated Power Input	W	920
	Moisture Removal	Pints/h	2.5
	Sensible Heat Factor		0.77
	Power Factor	%	95 / 95
Heating at 47°F ²	Maximum Capacity	Btu/h	18,100
	Rated Capacity	Btu/h	14,400
	Minimum Capacity	Btu/h	2,000
	Maximum Power Input	W	1,620
	Rated Power Input	W	1,100
	Power Factor	%	96 / 96
Heating at 17°F ³	Maximum Capacity	Btu/h	12,000
	Rated Capacity	Btu/h	9,200
	Maximum Power Input	W	1,240
	Rated Power Input	W	870
Heating at 5°F ⁴	Maximum Capacity	Btu/h	9,790
	Maximum Power Input	W	1,020
Heating at -4°F ⁵	Maximum Capacity	Btu/h	7,920
Efficiency	SEER		23.1
	EER ¹		13.0
	HSPF (IV)		12.5
	COP at 47°F ²		3.84
	COP at 17°F in Maximum Capacity ³		2.84
	COP at 5°F in Maximum Capacity ⁴		2.81
	ENERGY STAR® Certified (ENERGY STAR products are third-party certified by an EPA-recognized Certification Body.)		YES
Electrical	Voltage, Phase, Frequency		208/230V, 1 phase, 60Hz
	Guaranteed Voltage Range	V AC	187 - 253
	Voltage: Indoor - Outdoor, S1-S2	V AC	208 / 230
	Voltage: Indoor - Outdoor, S2-S3	V DC	24
	Voltage: Indoor - Remote Controller		Wireless Type
	Recommended Fuse/Breaker Size	A	15
	Recommended Wire Size (Indoor - Outdoor)	AWG	14
Indoor Unit	MCA	A	1
	MOCP	A	15
	Blower Motor Full Load Amperage	A	0.76
	Blower Motor Output	W	30
	Airflow Rate at Cooling, Dry	CFM	399-321-237-170-145

SPECIFICATIONS: MSZ-GL12NA & MUZ-GL12NA

	Airflow Rate at Cooling, Wet		CFM	364-286-201-134-109
	Airflow Rate at Heating, Dry		CFM	406-321-237-170-145
	Sound Pressure Level (Cooling)		dB(A)	45-37-30-22-19
	Sound Pressure Level (Heating)		dB(A)	43-37-30-22-19
	Drain Pipe Size		In. (mm)	5/8 (15.88)
	Heat Exchanger Type			Plate fin coil
	External Finish Color			Munsell 1.0Y 9.2/0.2
	Unit Dimensions	W: In. (mm)		31-7/16 (798)
		D: In. (mm)		9-1/8 (232)
		H: In. (mm)		11-5/8 (295)
	Package Dimensions	W: In. (mm)		33-1/2 (850)
		D: In. (mm)		12 (300)
		H: In. (mm)		14 (350)
	Unit Weight	Lbs. (kg)		22 (10)
	Package Weight	Lbs. (kg)		26 (11.5)
Indoor Unit Operating Temperature Range	Cooling Intake Air Temp (Maximum / Minimum)*	°F		90 DB, 73 WB / 67 DB, 57 WB
	Heating Intake Air Temp (Maximum / Minimum)	°F		80 DB / 70 DB
Outdoor Unit	MCA	A		9
	MOCP	A		15
	Fan Motor Full Load Amperage	A		0.5
	Fan Motor Output	W		55
	Airflow Rate	CFM		1,229 / 1,172
	Refrigerant Control			LEV
	Defrost Method			Reverse cycle
	Heat Exchanger Type			Plate fin coil
	Sound Pressure Level, Cooling ¹	dB(A)		49
	Sound Pressure Level, Heating ²	dB(A)		51
	Compressor Type			DC INVERTER-driven
	Compressor Model			SNB092FQAMT
	Compressor Rated Load Amps	A		6.6
	Compressor Locked Rotor Amps	A		8.2
	Compressor Oil Type // Charge	oz.		FV50S // 11.8
	External Finish Color			Munsell 3Y 7.8/1/1
	Base Pan Heater			Optional
	Unit Dimensions	W: In. (mm)		31-1/3 (800)
		D: In. (mm)		11-1/5 (285)
		H: In. (mm)		21-5/9 (550)
	Package Dimensions	W: In. (mm)		37 (940)
		D: In. (mm)		14-15/16 (380)
		H: In. (mm)		24-13/16 (630)
	Unit Weight	Lbs. (kg)		81 (37)

SPECIFICATIONS: MSZ-GL12NA & MUZ-GL12NA

	Package Weight	Lbs. (kg)	89 (40)
Outdoor Unit Operating Temperature Range	Cooling Air Temp (Maximum / Minimum)*	°F	115 / 14
	Cooling Thermal Lock-out / Re-start Temperatures**	°F	-1 / 3
	Heating Air Temp (Maximum / Minimum)	°F	75 / -4
	Heating Thermal Lock-out / Re-start Temperatures**	°F	-9 / -4
Refrigerant	Type		R410A
	Charge	Lbs, oz	2, 9
Piping	Gas Pipe Size O.D. (Flared)	In. (mm)	3/8 (9.52)
	Liquid Pipe Size O.D. (Flared)	In. (mm)	1/4 (6.35)
	Maximum Piping Length	Ft. (m)	65 (20)
	Maximum Height Difference	Ft. (m)	40 (12)
	Maximum Number of Bends		10

Notes

AHRI Rated Conditions (Rated data is determined at a fixed compressor speed)	¹ Cooling (Indoor // Outdoor)	°F	80 DB, 67 WB // 95 DB, 75 WB
	² Heating at 47°F (Indoor // Outdoor)	°F	70 DB, 60 WB // 47 DB, 43 WB
	³ Heating at 17°F (Indoor // Outdoor)	°F	70 DB, 60 WB // 17 DB, 15 WB
Conditions	⁴ Heating at 5°F (Indoor // Outdoor)	°F	70 DB, 60 WB // 5 DB, 4 WB
	⁵ Heating at -4°F (Indoor // Outdoor)	°F	70 DB, 60 WB // -4 DB, -5 WB

*Applications should be restricted to comfort cooling only; equipment cooling applications are not recommended for low ambient temperature conditions.

**System cuts out in heating mode to avoid thermistor error and automatically restarts at these temperatures.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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
Home Improvement Contractors

HAS REGISTERED

H&P AIR CONDITIONING, INC. DBA ARCTIC AIR CONDITIONING
Howard Albert
1 Pleasant Valley Road
Old Bridge NJ 08857

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

03/03/2020 TO 03/31/2021

VALID

13VH01741400

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Home Improvement Contractor

HAS REGISTERED

H&P AIR CONDITIONING, INC. DBA ARCTIC AIR CONDITIONING

Home Improvement Contractor

NOT AN

ELECTRICIAN'S

OR PLUMBER'S

LICENSE

03/03/2020 TO 03/31/2021

VALID

SIGNATURE

13VH01741400

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

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

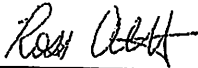
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Ross A. Albert
1 Pleasant Valley Road
Old Bridge NJ 08857

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

05/01/2020 TO 06/30/2022
VALID



Signature of Licensee/Registrant/Certificate Holder

19HC00100600
LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

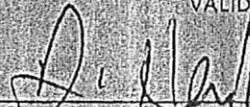
HAS LICENSED

JOHN HLAVKA
273 ADA PLACE
South Plainfield NJ 07080

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

03/14/2018 TO 03/31/2021

VALID



Signature of Licensee/Registrant/Certificate Holder

34E101393400

LICENSE/REGISTRATION/CERTIFICATION #



ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED
JOHN HLAVKA
Electrical Contractor

03/14/2018 TO 03/31/2021

VALID



SIGNATURE

34E101393400

LICENSE/REGISTRATION/CERTIFICATION #



ACTING DIRECTOR