20-767

Donna Belton

From: Chrissy D. <opra+request-14329-543662e8@requests.opramachine.com>
Sent: Friday, June 12, 2020 9:39 PM
To: clerkforms
Subject: OPRA request - Open/closed permits 2 Lyndon Lane, Howell

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Open/closed permits for 2 Lyndon Lane, Howell.

BL 65.01
L 64.05

Yours faithfully,

Chrissy D.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-14329-543662e8@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,5NkQMm2rw5Zd30lZstzl1bvexSn0VQKKbXQAuyOmR40Z72FcE4J2XOoTr7PvHL09xR4JtKgiL8NcG26wlZBjMuIfR9RhlGbAkG1mwLMG6Q,,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,gKsp5NADVVdHNUo7bCpxV3F5MpDF9r4yWQd73QMN8taBJZRY0hGe5wmQTDZlbY7qc-_vyrN-tY1_y6Z3G7PWiu97SQLD4QwG8eF02pbgH_CYogR4EnmO8bIlBQ,,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fopenclosed_permits_2_lyndon_lane&c=E,1,NT2A1gCuNWSLckALxoXnvSLwDjtaXvkhD0EFZ0IXB2j4oqgAW1swiv4V1HOWo5E1GqyrG1nKOnXjwcuiQExJWAIrHUW6uBcpCG1shwaI3ne4Pi_j_Mgk7Ybpy08w&typo=1

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Donna Belton

From: Paul Orlando
Sent: Tuesday, June 16, 2020 2:52 PM
To: Donna Belton
Subject: RE: OPRA 20-767
Attachments: BLK65.01 - L64.05 CA Generator-2013-06-17.pdf; BLK65.01 - L64.05 CA Roof-2014-02-04.pdf; 07-0017.pdf; 98-0480.pdf; 4608.pdf; 5538.pdf; 18275-SKMBT_60113081910300.pdf; 25490-SKMBT_60113122310190.pdf

PLEASE FIND ATTACHED.NO OPEN UCC PERMITS OR VIOLATIONS FOUND AT THIS TIME PERMITS 1996-0638 IG POOL AND 2007-0018 ARE CLOSED NOT SCANNED

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, June 15, 2020 8:36 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 20-767

Good Morning,

Attached please find OPRA 20-767 for your review. Please forward your findings to me no later than 6/24/2020.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

NOTICE OF CONFIDENTIALITY

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 6/17/2013
Control Number C-22363
Permit Number 20130476
Permit Issue Date 2/26/2013
Certificate Number 20130476

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 LYNDON LANE Howell Township, NJ Block: 65.01 Lot: 64.05 Qual:

Owner in Fee: MC CARRON, PETER & CAROLINE

Owner Address: 2 LYNDON LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor CORBIN ELECTRIC SERVICES INC.

Address 699 TENNENT RD MANALAPAN NJ 07726 - 3127

Telephone: (732) 536-0444 Fax: (732) 536-8547

License Number or Builders Registration Number: 34EI00641900
34EB00641900
13VH06690800

Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GENERATOR, TRANSFER PANEL SWITCH

Certificate Comments: GENERAC EQUIP. 20 KW.

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/17/2013

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/30/13
Control # C-22363
Date Issued
Permit # 20130476

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lyndon Lane Howell 07731

Owner in Fee: MC CARRON

Tel: [redacted] e-mail

Address 2 Lyndon Lane, Howell 07731
street municipality zip code

Contractor: Corbin Electrical Services, Inc. Tel. (732) 536-0444

Address 699 Tennent Rd. e-mail
Manalapan, NJ 07726

Contractor License No. 6419 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 536-8547

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,100

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: Steven Corbin

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Generator, auto transfer switch

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	
1	20	KW Transformer/Generator	105
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	200A	auto transfer switch	75
		Administrative Surcharge	$ 140
		Minimum Fee	$ 14
		State Permit Surcharge Fee	$
		TOTAL FEE	$ 154

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[√] Electric Plans Approved
Date: 4/30/13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-30-13
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-30-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/30/13	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/30/13
Control # C-22363

Date Issued
Permit # 20130476

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lyndon Lane
Howell 07731

Owner in Fee: MC CARRON

Tel. [redacted] e-mail

Address 2 Lyndon Lane, Howell 07731
street municipality zip code

Contractor: Tel.

Address e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. [redacted] FAX

CORBIN
ELECTRICAL SERVICES, INC.
699 Tennent Road
Manalapan, NJ 07726-3127
PH (732) 536-0444
FAX (732) 536-8547

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 100

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

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4/30/13
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/30/13	
Other FINAL				

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

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

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: STEVEN COHEN

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

DESCRIPTION OF WORK:
Water Supply Source Generator
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) Required	1	0
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Generator	1	65
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

65.01 - 64.05

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/20/13
Control # C-22363

Date Issued
Permit # 20130476

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lyndon Lane
Howell 07731

Owner in Fee: MC CARRON

Tel. ([redacted]) e-mail

Address 2 Lyndon Lane, Howell 07731
street municipality zip code

Contractor: Corbin Electrical Services Tel. ( )

Address 699 Tennent Road e-mail
Manalapan, NJ 07726

Contractor License No. 6419 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06690800

Federal Emp. ID No. [redacted] FAX: (732) 536-8547

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 $ 650.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: Allen Daastol
Approved by: 2-20-13

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4-30-13
Approved by: Allen Daastol

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-3-13	JW
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			4-30-13	JW

Land Use Release - OK

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install gas pipe from meter to generator.

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

Administrative Surcharge $	
Minimum Fee $	65
State Permit Surcharge Fee $	1
TOTAL FEE $	66

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 2/4/2014
Control Number C-25675
Permit Number 20140024
Permit Issue Date 1/6/2014
Certificate Number 20140024

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 LYNDON LANE Howell Township, NJ Block: 65.01 Lot: 64.05 Qual:

Owner in Fee: MC CARRON, PETER & CAROLINE

Owner Address: 2 LYNDON LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor ROOF DIAGNOSTICS INC.

Address 2333 HWY 34 608 BRIGHTON AVE SPRING LAKE WALL NJ 08736

Telephone: 732 9748874 Fax:

License Number or Builders Registration Number: 13VH06478300 13VH00092200 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/4/2014

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1-6-14
Control # C-25675
Date Issued
Permit # 20146024

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lydon Ln. Howell, NJ

Owner in Fee: Peter McCarron

Tel. [redacted] e-mail

Address Same as work site. (street) (municipality) (zip code)

Contractor: Roof Diagnostics Inc.

Address 2333 Highway 34 (street) Wall, NJ, 08736 (municipality) (zip code)
(732) 974-8874
www.roofdiagnostics.com

Contractor License No. or Builder Registration No. 13VH00092200 Exp. Date

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

Federal Emp. ID No. FAX: ( )

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
- Partial Removal & Replacement of existing shingles
- Install new Timberline / 130 mph wind uplift.
- 6 nail per all codes.

Brown / new attic fan / Snow Ridge vent / new Flashing

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	12/31/13	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12-31-13
Approved by: CG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-3-14
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Roof			1/28/14	
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

Constr. Class Present 5 Proposed 5

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors N/A sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5,160
3. Total (1+ 2) $

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$	
	155.00
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	9.00
TOTAL FEE $	164.00

U.C.C. F110
(rev. 12/07)

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

41857 ✓

BLOCK 65.01 LOT 64.05 QUALIFICATION CODE 41858 ADDRESS (SITE) 2 Lyndon Lane PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 2 Lyndon Lane
2. Name of [redacted] Caroline + Peter McCarron
   Tel. _____ e-mail _____
   Address 2 Lyndon Lane (street) Howell (municipality) 07731 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Nova A/C + Heat Tel. (732) 938-4314
   Address PO Box 533 62 W Farms Road RC Howell
   License No. OR, If new home, Builder Reg. No. 13VH01475100 Exp. Date 12/31/06
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun David Kirk
   Tel. (732) 610-8795 938-4314 FAX: (____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☑ Fire Protection	$ 800.00								
6.	☑ Plumbing	4000.00				12/19/06				
7.	☑ Electrical	1100.00				12-18-06				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	6000.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS HW-B 10409768

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

✓ Check if contractor.

Agent Name Nova Air Conditioning

Address PO Box 533 62 W Farms Rd
Howell NJ 07731

Telephone 732-938 4314

Signature Dan Kuck

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 2/21/2007
Tracking Number 41857
Permit Number 20070017
Permit Issue Date 1/4/2007
Certificate Number 20070017

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 LYNDON LANE Howell Township, NJ Block: 65.01 Lot: 64.05 Qual:

Owner in Fee: MC CARRON, PETER & CAROLINE

Owner Address: 2 LYNDON LANE HOWELL NJ 07731

Telephone:

Contractor NOVA HEATING AND AIR CONDITIONING

Address PO BOX 533 162 WEST FARMS ROAD HOWELL NJ 07731

Telephone: (732) 938-4314 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

REPLACEMENT FURNACE ELECTRIC TO GAS WATER HEATER, FURNACES AND AC REPLACEMENTS

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

C. Phillips 2/22/07
Construction Official

Fee: $0.00
Check Number: 131
Collected By: K H

Date Printed: 2/21/2007

CONSTRUCTION PERMIT

Date Issued 1/4/2007
Control # 41857
Permit # 20070017

IDENTIFICATION Block: 65.01 Lot: 64.05 Qualifier
Work Site Location: 2 LYNDON LANE HOWELL, NJ 07731

Owner in Fee MC CARRON, PETER & CAROLINE
Address 2 LYNDON LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor NOVA HEATING AND AIR CONDITIONING
Address PO BOX 533 162 WEST FARMS ROAD HOWELL NJ 07731
Telephone: (732) 938-4314
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. [redacted]

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:

HVAC, REPLACEMENT FURNACE ELECTRIC TO GAS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $10,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$64
Plumbing	$46
Fire Protection	$128
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$251
Check No.	131
Cash	$0
Credit	$0
Collected By	K H

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued	2/21/2007
Tracking Number	41858
Permit Number	20070018
Permit Issue Date	1/4/2007
Certificate Number	20070018

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 LYNDON LANE Howell Township, NJ Block: 65.01 Lot: 64.05 Qual:

Owner in Fee: MC CARRON, PETER & CAROLINE

Owner Address: 2 LYNDON LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor BILL HOEGLER PLUMBING

Address 97 ASHFORD DR PLAINSBORO NJ 08536

Telephone: (609) 936-3846 Fax:

License Number or Builders Registration Number: 4835 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
WATER HEATER INSTALLATION

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official 2/22/07

Fee: $0.00
Check Number: 131
Collected By: K H

Date Printed: 2/21/2007

CONSTRUCTION PERMIT

Date Issued 1/4/2007
Control # 41858
Permit # 20070018

IDENTIFICATION Block: 65.01 Lot: 64.05 Qualifier
Work Site Location: 2 LYNDON LANE Howell Township, NJ
Owner in Fee MC CARRON, PETER & CAROLINE
Address 2 LYNDON LANE HOWELL NJ 07731
Telephone: [redacted]

Contractor BILL HOEGLER PLUMBING
Address 97 ASHFORD DR PLAINSBORO NJ 08536
Telephone: (609) 936-3846
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HOT WATER HEATER

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$46
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$46
Check No.	131
Cash	$0
Credit	$0
Collected By	K H

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 1/4/07

Permit # 41857

IDENTIFICATION Block 69.01 Lot 6405 Qualification Code

Work Site Location 2 Lyndon In

Owner in Fee Peter McCarron

Address 2 Lyndon In

Howell NJ 07731

Tel. ( ) [redacted]

Contractor NOAH Heating and Air

Address P.O. Box 553 Plumsteadville, PA 18949

Howell NJ 07731

Tel. (732) 938-4114

Lic. No. or Bldrs. Reg. No. 13VH01417100

[redacted]

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: Electric to Gas water heater

2. Furnace 1 Replacement Central A/C

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 $ 10,000

Construction Official

1/4/07
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	64
Plumbing	46
Fire Protection	128
Elevator Devices	
Other	
DCA State Permit Fee	13
Cert. of Occupancy	
Other	
Total	251
Check No.	131
Cash	
Collected by	KW

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 1/4/07

Permit # 41157

IDENTIFICATION Block 69 D1 Lot C 5 Qualification Code

Work Site Location [illegible] Contractor [illegible]

Address [illegible]

Owner in Fee [illegible]

Address [illegible] Tel. ( ) [illegible]

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

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: [illegible]

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

Estimated Cost of Work $ [illegible]

Construction Official

1/4/07
Date

PAYMENTS (Office Use Only)

Building	
Electrical	[illegible]
Plumbing	14
Fire Protection	125
Elevator Devices	
Other	
DCA State Permit Fee	1 -
Cert. of Occupancy	
Other	
Total	[illegible]
Check No.	131
Cash	
Collected by	[illegible]

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 1/4/07

Permit # 11858

update 2007005

IDENTIFICATION Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lyndon Lane

Owner in Fee McCann

Address

Tel. ( )

Contractor Bill Hughes

Address

Tel. ( )

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 (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: HWH

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 $

CP

Construction Official

1/4/07

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 46

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 46

Check No. 131

Cash

Collected by KW

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 1/4/07

Permit # 11858

2007005

IDENTIFICATION Block 65.01 Lot 69.05 Qualification Code

Work Site Location 2 Linden Lane

Owner in Fee McCann

Address

Tel. ( )

Contractor Bill Hogan

Address

Tel. ( )

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 (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: HWH

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

Estimated Cost of Work $

Construction Official

Date 1/4/07

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 46

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 46

Check No. 131

Cash

Collected by KW

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 41857
Date Issued
Permit # 20070017

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lyndon Lane

Owner in Fee Caroline & Peter McCannon

Address 2 Lyndon Lane

Howell NJ 07731

Tel [redacted]

Contractor Sansone Electric Co.

Address 63 Lakeside Dr.

Farmingdale NJ 07727

Tel (732) 751-1166 FAX (732) 751-1199

Contractor License No. 12808

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
2		Switches Furnace	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		FURNACE	12
1		Central Air	12
		Administrative Surcharge $	6
		Minimum Fee $	
		State Permit Surcharge Fee $	5
		TOTAL FEE $	65

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

~~[ ]~~ No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 12-6-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 2-15-07

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/15/07	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 4/1657
Date Issued
Permit # 2070017

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 7 Lyndon Lane

Owner in Fee Caroline + Peter McCarron

Address 7 Lyndon Lane

Howell NJ 07731

Tel [redacted]

Contractor Sansone Electric Co.

Address 63 Lakeside Dr.

Farmingdale NJ 07727

Tel (732) 751-1166 FAX (732) 751-1199

Contractor License No. 12808

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Esl. Cost of Elec. Work $ 1000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
2		Switches Furnace	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	12
1		Central Air	12

Administrative Surcharge	$ 64
Minimum Fee	$
State Permit Surcharge Fee	$ 1
TOTAL FEE	$ 65

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 12-6-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 4/1457
Date Issued
Permit # 3001017

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

Block 65 01 Lot [illegible] Qualification Code

Work Site Location 2 Lynda Ln

Owner in Fee [illegible]

Address 2 Lynda Ln

[redacted] 07731

Contractor Simone Electric Co

Address 63 Lakeside Dr

Fairfield NJ 07727

Tel (732) 791-1160 FAX (732) 751-1199

Contractor License No. 12808

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1200.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
2		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	
1		[illegible]	
1		Central Air	

Administrative Surcharge $ 6.4

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 75

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

wrndeter.

Date Received 1/4/07
Control # 41857
Date Issued
Permit # 21070017

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lyndon Lane
Howell NJ 07731

Owner in Fee Caroline + Peter McCannon
Address 2 Lyndon Lane
Howell NJ 07731
Tel [redacted]

Contractor NOVA Heating + Air
Address PO Box 533 62 W Farms Rd
Howell, NJ 07731
Tel (732) 938-4314 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. [redacted] Lic# 13VH01475100 exp 12/31/06

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [✓] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

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

Total Cost of Fire Protection Work $ 5000 CO

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Electric to Gas

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)	1	36.00
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	2	92.00
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[✓] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 12/18/06
Approved by:

SUBCODE APPROVAL
[ ] CO [✓] CCO [ ] CA
Date: 2/15/07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			2/15/07	
Final				
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 41857
Date Issued
Permit # 21070017

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

Block 65.01 Lot 64.05 Qualification Code

Work Site Location 2 Lyndon Lane
Howell NJ 07731

Owner in Fee Caroline + Peter McCannon

Address 2 Lyndon Lane
Howell NJ 07731

Tel [redacted]

Contractor Nova Heating + Air

Address PO Box 533 62 Lanes Rd
Howell, NJ 07731

Tel (732) 938-4314 FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No. [redacted] Lic # 13VHC11753100 exp 12/31/08

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 [✓] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[✓] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 12/18/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Electric to Gas

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)	1	36.00
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	3	92.00
Fireplace Venting/Metal Chimney		
Other		

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 4/1857
Date Issued 2/7/07
Permit # 2007017

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

Block 65.01 Lot 64.05 Qualification Code
Work Site Location 2 Lyndon Lane

Owner in Fee Caroline + Peter McCarron
Address 2 Lyndon Lane
Howell NJ 07731
Tel [redacted] 938-7613

Contractor Nova Air Conditioning
Address PO Box 533 62 W Farms Rd
Howell NJ 07731
Tel (732) 938-4314 FAX ( )
Contractor License No 13VH01176400
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 4000 00

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/19/06
Approved by: Allan Haastad

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 2/20/07
Approved by: Allan Haastad

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			2/15/07	
Gas Piping			1/16/07	
LPGas Tank				
Fuel Oil Piping				
Solar				
CO Detector				
CC			OK	
FINAL			2/15/07	

15/30

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 Plumbing Contractor [✓] Exempt Applicant

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

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

Administrative Surcharge	$	
Minimum Fee	$	46
State Permit Surcharge Fee	$	5
TOTAL FEE	$	51

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 41858
Date Issued 2/7/07
Permit # 0018

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

Block 65.01 Lot 64.05 Qualification Code
Work Site Location 2 Lyndon Lane

Owner in Fee Caroline + Peter McCannon
Address 2 Lyndon Lane
Howell NJ 07731
Tel [redacted]
Contractor Bill Hoefler
Address 97 Ashford Dr.
Plainsboro NJ 08536
Tel (609) 936-3846 FAX ( )
Contractor License No. 4835
Federal Emp. No.

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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/19/06
Approved by: Allan Yaretsky

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 2/20/07
Approved by: Allan Yaretsky

Replacement

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			2/16/07	
Gas Piping			2/16/07	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO CC			OK	
FINAL			2/15/07	

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 Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F130 (rev. 1/04)

1 White = Inspector Copy
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4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 41858
Date Issued
Permit # 20070017

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

Block 65.01 Lot 64.06 Qualification Code
Work Site Location 7 Lynden Lane
Owner in Fee Carolin & Peter McLennon
Address 7 Lynden Lane
Howell NJ 07731
Tel [redacted] 938-7613
Contractor Bill Heeley
Address 97 Ashford Dr.
Plainsboro NJ 08536
Tel (609) 936-3846 FAX ( )
Contractor License No. 4835
Federal Emp. No.

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 $

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/19/06
Approved by: Allan Goertel

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

INSPECTIONS

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

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 Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge $
Minimum Fee $ 46
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F130 (rev. 1/04)

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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/4/07
Control # 4/857
Date Issued
Permit # 20070017

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

Block 65 09 Lot 64.02 Qualification Code

Work Site Location 2 Lyndon Ln

Owner in Fee Carol + Peter McLennan

Address 2 Lyndon Lane

Howell NJ 07731

Tel [redacted]

Contractor NOJA Air Conditioning

Address PO Box 533 2 Lyndon Ln

Howell NJ 07731

Tel (732) 938-4311 FAX ( )

Contractor License No. 13VH02147100

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 2/19/06

Approved by: Allan Haertel

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
CO Detector				
CC			ok	AL

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 Plumbing Contractor [X] Exempt Applicant

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

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

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	5
TOTAL FEE $	51

U.C.C. F130 (rev. 1/04)

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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12/1/07
Control # 4/1557
Date Issued
Permit # 2407617

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

Block 65.01 Lot 64.05 Qualification Code _____

Work Site Location 2 [illegible]

Owner in Fee [illegible]

Address [illegible]

Tel ( ) [illegible]

Contractor [illegible]

Address PO Box 533 [illegible]

Tel ( ) [illegible] FAX ( ) _____

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 12/19/06

Approved by: Allan Koestel

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

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

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]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

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

Administrative Surcharge	$
Minimum Fee	$ 45
State Permit Surcharge Fee	$ 5
TOTAL FEE	$ 51

U.C.C. F130 (rev. 1/04)

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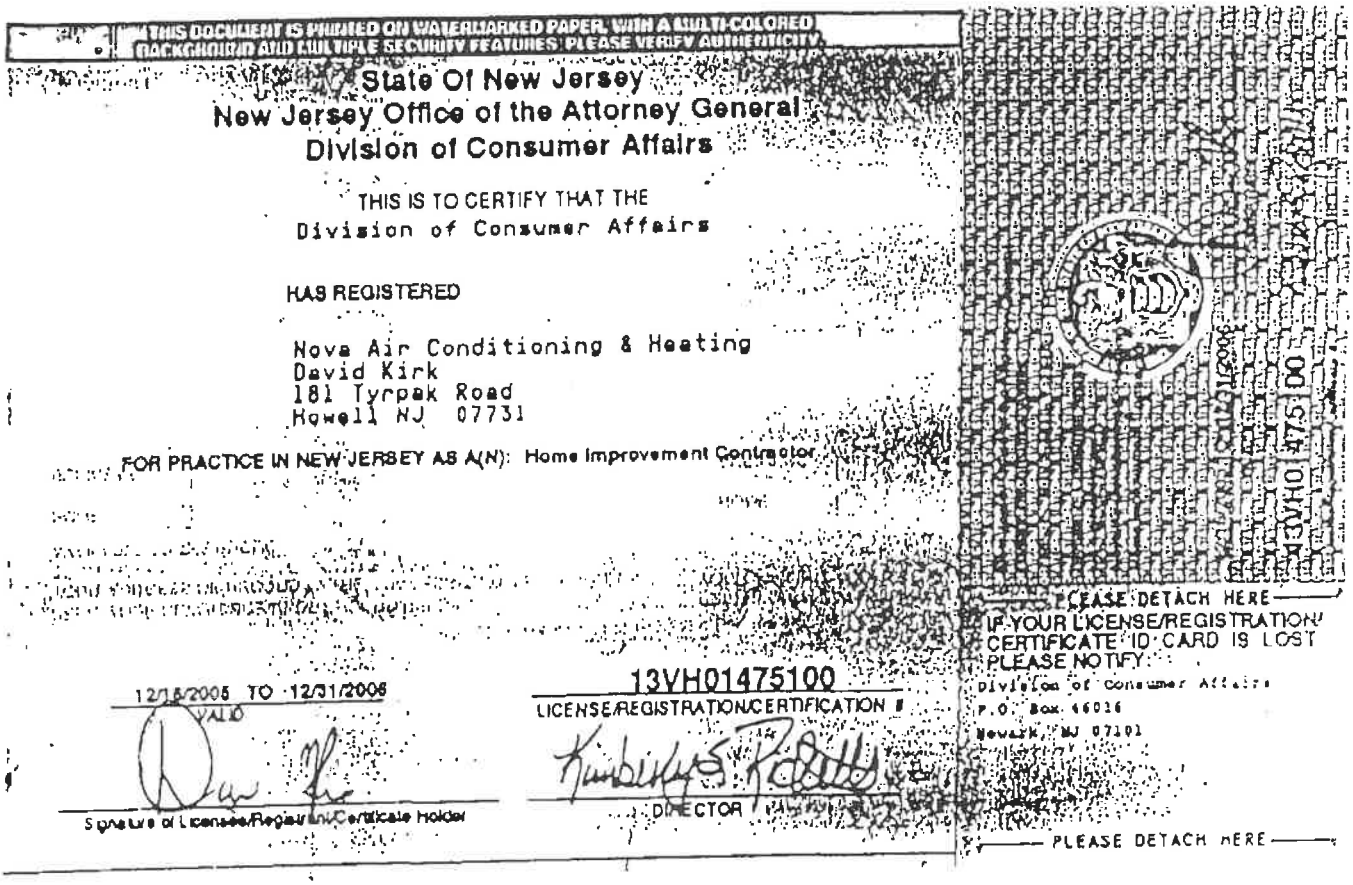
4 Gold = Applicant Copy

Heating & Air Conditioning



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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
Division of Consumer Affairs

HAS REGISTERED

Nova Air Conditioning & Heating
David Kirk
181 Tyrpak Road
Howell NJ 07731

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

12/15/2005 TO 12/31/2006
VALID

13VH01475100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101
PLEASE DETACH HERE

13VH01475100

P.O. Box 533 • Howell, NJ 07731
Howell (732) 938-4314 • Red Bank (732) 842-5581 • Brioktown (732) 840-8814
Fax: (732) 938-2247

7.1 CSST Capacity Tables - Natural Gas

Table 7-7

Maximum Capacity of Gastite Flexible Gas Piping in Cubic Feet Per Hour of Natural Gas with a Gas Pressure of 0.5 psi or less and a **Pressure Drop of 5.0"WC** (based on a 0.60 specific gravity gas)

Tubing		Tubing Length (ft)															
EHD	Size	5	10	15	20	25	30	40	50	60	70	80	90	100	125	150
13	3/8"	157	109	88	76	67	61	52	47	42	39	36	34	32	29	26
18	1/2"	356	254	208	180	162	148	129	115	105	98	91	86	82	74	67
23	3/4"	676	486	400	349	314	288	251	225	207	192	180	170	162	146	133
31	1"	1773	1244	1011	873	779	710	613	547	498	460	430	405	384	342	312
37	1-1/4"	2676	1910	1568	1363	1223	1119	973	873	799	741	695	656	623	559	512
47	1-1/2"	5191	3754	3106	2715	2446	2246	1964	1769	1625	1512	1420	1344	1279	1153	1058
60	2"	11312	8055	6603	5735	5141	4702	4084	3661	3348	3104	2908	2745	2607	2337	2137

Tubing		Tubing Length (ft)														
EHD	Size	200	250	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500
13	3/8"	22	20	18	15	14	13	12	11	10	10	9	9	8	8	8
18	1/2"	58	52	48	42	37	34	32	30	28	27	25	24	23	22	22
23	3/4"	116	105	96	84	75	69	64	60	57	54	52	50	48	46	45
31	1"	269	240	219	189	169	154	142	133	125	118	113	108	103	100	96
37	1-1/4"	445	399	365	317	285	261	242	227	214	203	194	186	179	173	167
47	1-1/2"	925	834	766	669	603	554	515	484	458	436	417	400	386	373	361
60	2"	1856	1664	1522	1322	1185	1084	1005	941	888	844	805	772	742	715	692

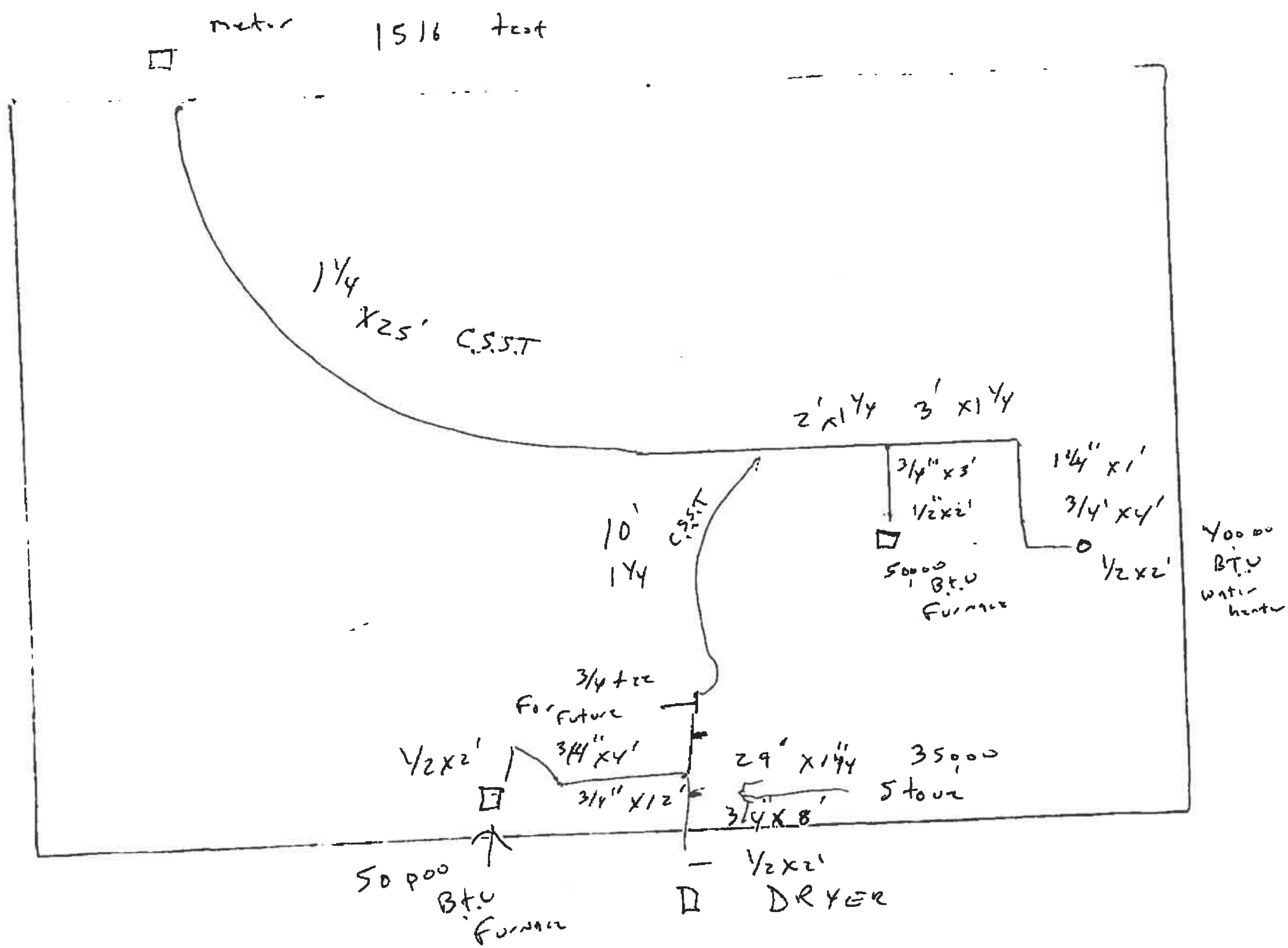
Table 7-8

Maximum Capacity of Gastite Flexible Gas Piping in Cubic Feet Per Hour of Natural Gas with a Gas Pressure of 0.5 psi or less and a **Pressure Drop of 6.0"WC** (based on a 0.60 specific gravity gas)

Tubing		Tubing Length (ft)														
EHD	Size	5	10	15	20	25	30	40	50	60	70	80	90	100	125	150
13	3/8"	190	132	106	88	80	71	57	55	51	46	42	40	37	33	30
18	1/2"	428	304	248	215	196	176	154	138	127	117	110	103	98	92	80
23	3/4"	811	582	480	418	381	344	300	270	248	230	216	204	194	160	158
31	1"	2141	1502	1221	1054	941	856	740	660	601	556	518	489	463	420	376
37	1-1/4"	2923	2086	1713	1489	1336	1222	1063	953	872	809	758	716	680	610	558
47	1-1/2"	5644	4081	3377	2952	2697	2442	2135	1923	1766	1643	1544	1461	1391	1253	1151
60	2"	12874	9167	7516	6528	5852	5352	4648	4167	3811	3534	3310	3124	2967	2660	2433

Tubing		Tubing Length (ft)														
EHD	Size	200	250	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500
13	3/8"	25	23	21	17	15	14	13	12	11	11	10	10	9	9	8
18	1/2"	69	61	54	45	41	37	35	32	31	29	28	27	26	25	24
23	3/4"	130	114	104	91	82	75	70	66	62	59	56	54	52	50	49
31	1"	325	290	264	207	185	169	156	145	137	130	124	118	114	109	105
37	1-1/4"	485	435	398	346	311	285	264	248	234	222	212	203	196	189	182
47	1-1/2"	1006	906	832	728	655	603	561	527	499	475	454	436	420	406	393
60	2"	2113	1894	1732	1505	1349	1185	1099	1029	971	922	880	844	811	782	756

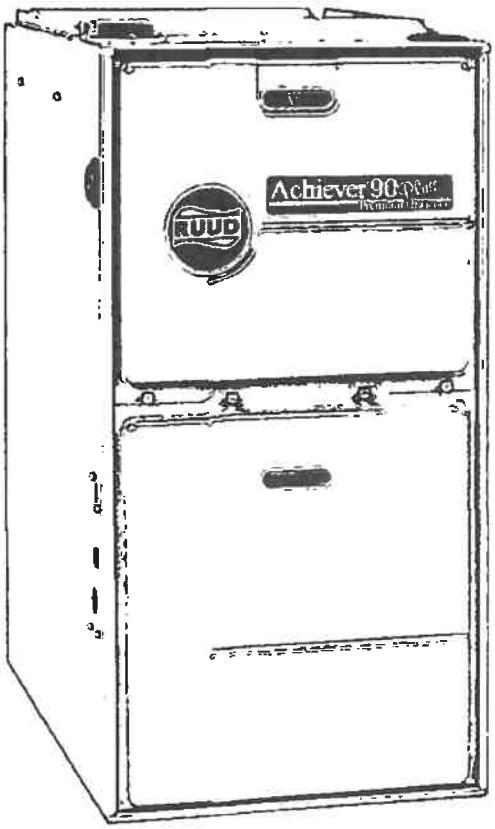
Tables include losses for four 90° bends and two end fittings. Tubing runs with a larger number of bends and/or fittings shall be increased by an equivalent length of tubing to the following equation: L=1.3n where L is additional length of tubing and n is the number of addition fittings and/or bends.



meter
1516 feet
1 1/4 X25' C.S.S.T
2' x1 1/4
3' x1 1/4
3/4" x3'
1/2x2'
50000 BTU Furnace
1 1/4" x1'
3/4' x4'
1/2x2'
40000 BTU water heater
10' 1 1/4
C.S.S.T
3/4 tee For future
1/2x2'
3/4" x4'
3/4" x12'
29' x1 1/4
35000 Stove
3/4 x 8'
50000 BTU Furnace
1/2x2'
DRYER

FORM NO. G22-450 REV. 11
Supersedes Form No. G22-450 Rev. 10

GAS FURNACES



UGRA- SERIES

Models with Input Rates from 45,000 to 120,000 BTU/HR [13.19 to 35.17 kW]

(All Models 90% A.F.U.E.† or Above)

ENERGY STAR PARTNER

ISO 9001:2000
Certificate Number: 3064

member gama

RUUD®

ACHIEVER® 90 PLUS® HIGH EFFICIENCY UPFLOW GAS FURNACES

The Ruud® 90 Plus High Efficiency line of upflow gas furnaces are designed for utility rooms, closets or alcoves. **Because of the low-profile 34 inch height, the UGRA- model installed vertically can satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by CSA.

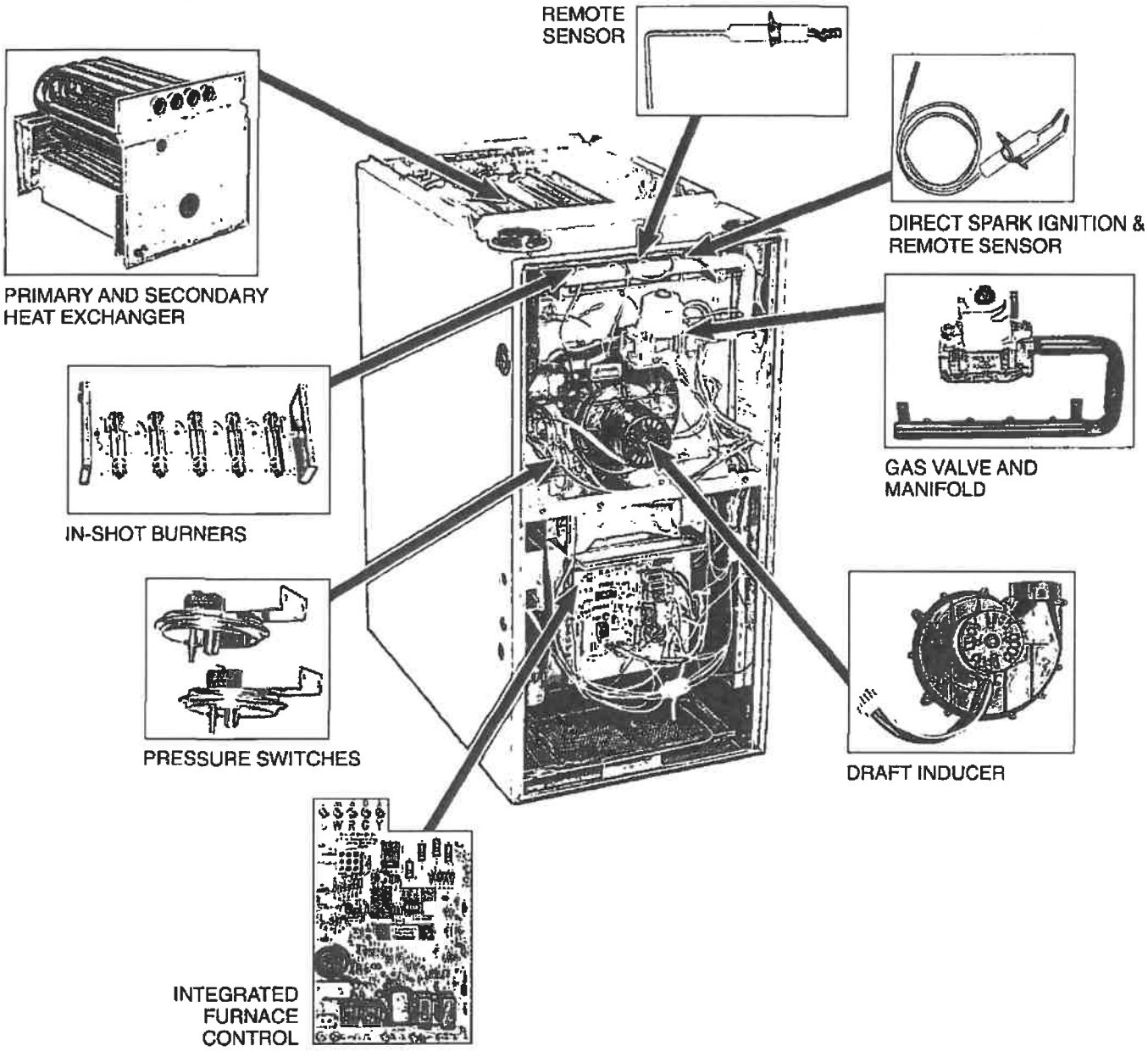
Features

- Heat exchanger is constructed of all stainless steel for maximum corrosion resistance and thermal fatigue reliability.
- Low profile "34 inch" design is lighter and easier to handle and leaves room for optional accessories.
- Left or right side gas, electric, and condensate drainage connections on upflow models.
- Integrated control board manages all operational functions and provides hookups for humidifier and electronic air cleaner.
- An insulated blower compartment, a slow-opening gas valve and a specially designed inducer system make it one of the quietest furnaces on the market today.
- Pre-paint galvanized steel cabinet.
- Molded permanent filters.
- Optional indoor or outdoor combustion air. In addition, combustion air may be piped to either the top or side of the cabinet on all upflow models. A special molded fitting is provided to ease installation.
- Transformer and control fuse protection.
- Solid bottom is standard.
- Control board diagnostics.

A variety of cooling coils and plenums designed to use with the Achiever 90 Plus gas furnaces are available as optional accessories for air conditioning models.

† A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

ACHIEVER 90 PLUS HIGH EFFICIENCY UPFLOW GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; heat exchanger; primary: 409 and aluminized 409 stainless steel, secondary: 29-4C stainless steel; induced draft; pressure switches; redundant main gas control; blower compartment door safety switch; solid state time on/off blower control; limit controls; manual shut-off valve; 100% safety lock out; cool fan off delay; field selectable heat fan off delay; one hour automatic retry; power and self-test diagnostics; flame sense current diagnostics; electronic air cleaner connections; twinning (built-in) features; humidifier connections; humidifier on/off delay; *low speed continuous* fan option; single speed option for heating and cooling applications; pressure regulator for natural and L.P. (propane) gasses; transformer; direct drive, multi-speed blower motor. (Please note: a thermostat is not included as standard equipment.)

OPTIONAL EQUIPMENT

Side and bottom filter racks; return air cabinet for all sizes.

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

All models can be converted by a qualified distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form.

WARNING

THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR USE IN MOBILE HOMES

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS—UPFLOW MODELS

U.S. and Canadian Models

MODEL NUMBERS	UGRA-04EMAES	UGRA-06EMAES	UGRA-07EMAES	UGRA-07EYBGS	UGRA-09EZAJS	UGRA-10EZAJS	UGRA-12ERAJS
INPUT–BTU/HR [kW] ①	45,000 [13.19]	60,000 [17.58]	75,000 [21.98]	75,000 [21.98]	90,000 [26.38]	105,000 [30.77]	120,000 [35.17]
HEATING CAPACITY BTU/HR [kW]	42,000 [12.31]	56,000 [16.41]	70,000 [20.51]	70,000 [20.51]	84,000 [24.62]	97,000 [28.43]	113,000 [33.12]
HIGH ALTITUDE INPUT [kW] ②	40,500 [11.87]	54,000 [15.83]	67,500 [19.78]	67,500 [19.78]	81,000 [23.74]	94,500 [27.70]	108,000 [31.65]
HIGH ALTITUDE OUTPUT CAPACITY [kW] ②	37,800 [11.07]	50,400 [14.77]	63,000 [18.46]	63,000 [18.46]	76,000 [22.27]	87,500 [25.64]	100,000 [29.31]
BLOWER (D x W) [mm]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	12 x 7 [305 x 178]	12 x 11 [305 x 279]	12 x 11 [305 x 279]	11 x 10 [279 x 254]
MOTOR H.P. [W]–SPEEDS–TYPE	1/2 [373]-4-PSC	1/2 [373]-4-PSC	1/2 [373]-4-PSC	3/4 [559]-4-PSC	3/4 [559]-4-PSC	3/4 [559]-4-PSC	3/4 [559]-4-PSC
MOTOR FULL LOAD AMPS	6.8	6.8	6.8	9.5	9.5	9.5	9.5
HEATING SPEED	MED-LO	MED-LO	MED-HI	MED-LO	MED-LO	MED-LO	MED-LO
COOLING SPEED	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
HEAT EXT. STATIC PRESSURE (IN. W.C.) [kPa]	.10 [.025]	.12 [.029]	.12 [.029]	.12 [.029]	.15 [.037]	.20 [.049]	.20 [.049]
RATED EXT. STATIC PRESSURE (IN. W.C.) [kPa]	.50 [.124]	.50 [.124]	.50 [.124]	.50 [.124]	.50 [.124]	.50 [.124]	.50 [.124]
HEATING CFM @ .2" [.049 kPa] W.C. E.S.P. [L/s]	885 [417]	845 [398]	1050 [495]	1275 [600]	1465 [691]	1445 [682]	1580 [745]
COOLING CFM @ .5" [.124 kPa] W.C. E.S.P. [L/s]	1195 [564]	1100 [519]	1110 [524]	1540 [725]	1910 [901]	1810 [854]	1900 [897]
TEMPERATURE RISE RANGE °F [°C]	30-60 [16.7-33.3]	40-70 [22.2-38.9]	45-75 [25-41.7]	40-70 [22.2-38.9]	35-65 [19.4-36.1]	50-80 [27.8-44.4]	50-80 [27.8-44.4]
RETURN AIR CABINETS (OPT.) RXGR- FILTER SIZE [mm]	C17B (2) 12" x 16" [305 x 406]	C17B (2) 12" x 16" [305 x 406]	C17B (2) 12" x 16" [305 x 406]	C21B (2) 12" x 20" [305 x 508]	C21B (2) 20" x 16" [508 x 406]	C21B (2) 20" x 16" [508 x 406]	C24B (2) 24" x 16" [609 x 406]
STANDARD, HIGH VELOCITY PERMANENT FILTER (IN.)	15 3/4 x 25 x 1	15 3/4 x 25 x 1	15 3/4 x 25 x 1	15 3/4 x 25 x 1	19 1/4 x 25 x 1	19 1/4 x 25 x 1	22 3/4 x 25 x 1
APPROX. SHIPPING WEIGHT (LBS.) [kg]	111 [50.3]	117 [53.1]	123 [55.8]	123 [55.8]	148 [67.1]	152 [68.9]	160 [72.6]
AFUE ③	93.5%	92.5%	92.8%	92.0%	93.5%	92.0%	93.5%
CALIFORNIA SEASONAL EFFICIENCY ③	86.7%	87.6%	87.9%	85.8%	87.3%	86.9%	89.6%

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" [13 mm] N.P.T.
① See Conversion Kit Index Form for high altitude derate.
② Canadian installations only.
③ In accordance with D.O.E. test procedures.

MODEL IDENTIFICATION

U	G	R	A	—	07E	M	A	E	S
Ruud	Gas Furnace	Upflow/ Condensing Gas Furnace	Design Series		Heating Input Designation	Blower Size	Variations	Heat/Cool Designation	Fuel Code

Heating Input Designation

Electric Ignition	Input BTU/HR
04E	45,000 [13 kW]
06E	60,000 [17.6 kW]
07E	75,000 [22 kW]
09E	90,000 [26.4 kW]
10E	105,000 [30.7 kW]
12E	120,000 [35.2 kW]

Blower Size
M = 11 x 7 [279 x 178 mm]
R = 11 x 10 [279 x 254 mm]
Z = 12 x 11 [305 x 279 mm]
Y = 12 x 7 [305 x 178 mm]

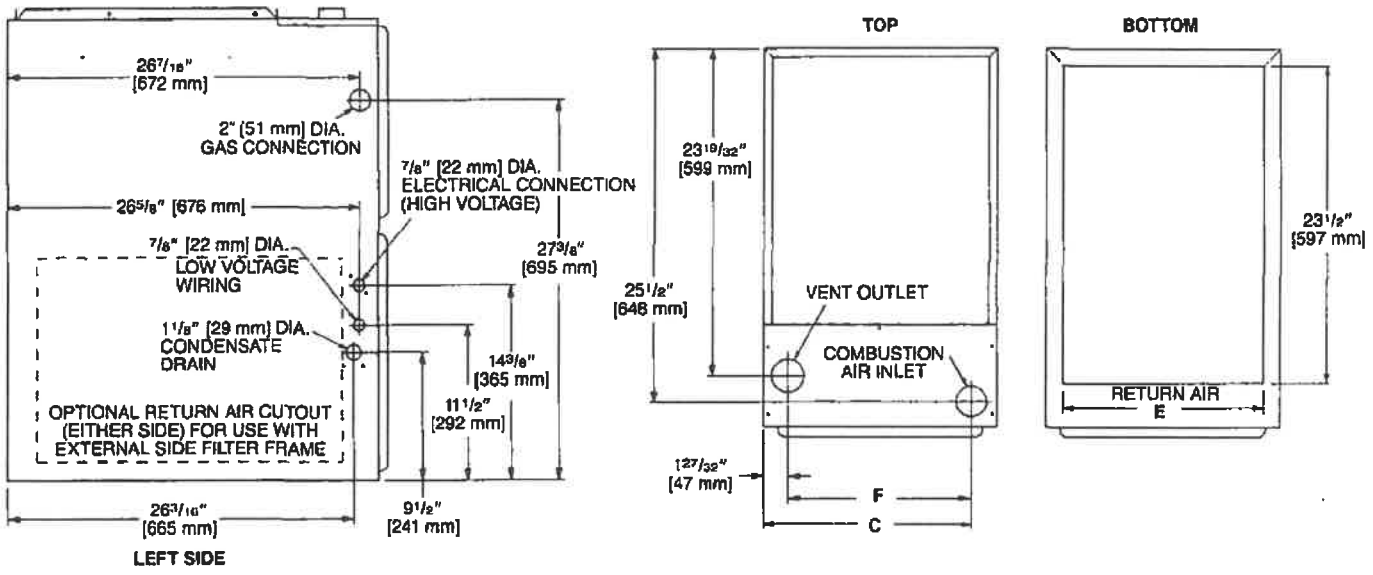
Variations
A = Std.
B = Wide Cabinet

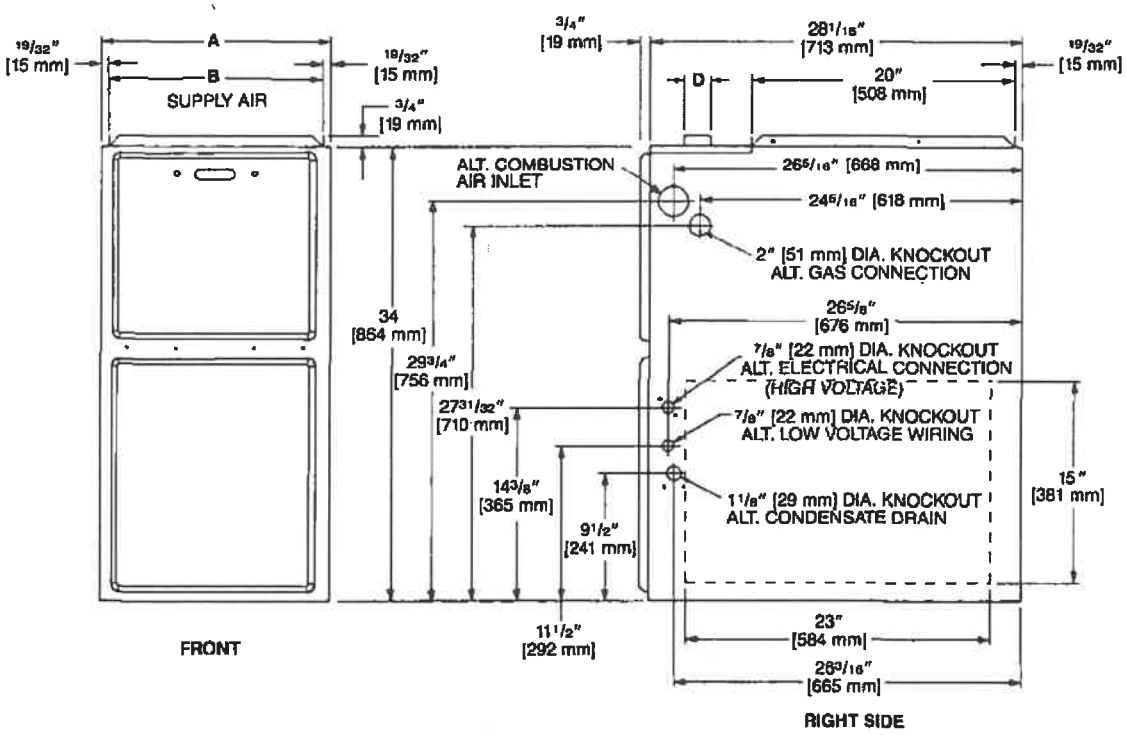
Heat/Cool Designation
E = 1100-1300 CFM [519-613.5 L/s]
G = 1500-1700 CFM [707.9-802.3 L/s]
J = 1900-2100 CFM [896.7-991.1 L/s]

Fuel Code
S = U.S. and Canadian Natural Gas

[ ] Designates Metric Conversions

UPFLOW MODELS





MODEL UGRA-	A	B	C	D	E	F	LEFT SIDE	MINIMUM CLEARANCE (IN.) [mm] RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP WGTS. [kg]
04EM	17 1/2 [445]	16 11/32 [415]	15 5/8 [397]	2 [51]	15 [422]	13 25/32 [352]	0	0	0	1 [25]	2 [51]	0	111 [50]
06EM	17 1/2 [445]	16 11/32 [415]	15 5/8 [397]	2 [51]	15 [422]	13 25/32 [352]	0	0	0	1 [25]	2 [51]	0	117 [53]
07EM	17 1/2 [445]	16 11/32 [415]	15 5/8 [397]	2 [51]	15 [422]	13 25/32 [352]	0	0	0	1 [25]	2 [51]	0	123 [56]
07EY	21 [533]	19 27/32 [504]	19 1/8 [487]	2 [51]	18 1/2 [511]	17 9/32 [441]	0	0	0	1 [25]	2 [51]	0	123 [56]
09EZ	21 [533]	19 27/32 [504]	19 1/8 [487]	2 [51]	18 1/2 [511]	17 9/32 [441]	0	0	0	1 [25]	2 [51]	0	148 [67]
10EZ	21 [533]	19 27/32 [504]	19 1/8 [487]	2 [51]	18 1/2 [511]	17 9/32 [441]	0	0	0	1 [25]	2 [51]	0	152 [69]
12ER	24 1/2 [622]	23 11/32 [593]	22 5/8 [575]	2 [51]	22 [600]	20 25/32 [530]	0	0	0	1 [25]	2 [51]	0	160 [73]

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA*—UGRA MODELS

MODEL UGRA-	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN [kPa]						
				0.1 [.02]	0.2 [.05]	0.3 [.07]	0.4 [.10]	0.5 [.12]	0.6 [.15]	0.7 [.17]
04EM	11 x 7 [279 x 178]	1/2 [373]	LOW	805 [380]	780 [368]	760 [358]	720 [340]	685 [323]	645 [304]	605 [285]
			MED-LO	920 [434]	885 [417]	850 [401]	810 [382]	775 [365]	730 [344]	690 [325]
			MED-HI	1140 [538]	1110 [524]	1085 [512]	1045 [493]	1010 [476]	950 [448]	890 [420]
			HIGH	1360 [642]	1320 [623]	1280 [604]	1235 [583]	1195 [564]	1140 [538]	1080 [500]
06EM	11 x 7 [279 x 178]	1/2 [373]	LOW	770 [363]	740 [349]	710 [335]	675 [318]	645 [304]	605 [285]	570 [269]
			MED-LO	880 [415]	845 [398]	815 [384]	790 [373]	760 [358]	715 [337]	670 [316]
			MED-HI	1060 [500]	1025 [483]	990 [467]	960 [453]	925 [436]	880 [415]	835 [394]
			HIGH	1260 [594]	1215 [573]	1175 [554]	1135 [535]	1100 [519]	1040 [491]	985 [465]
07EM	11 x 7 [279 x 178]	1/2 [373]	LOW	780 [368]	745 [351]	710 [335]	675 [318]	640 [302]	595 [281]	555 [261]
			MED-LO	880 [415]	850 [401]	825 [389]	785 [370]	750 [354]	702 [331]	655 [309]
			MED-HI	1090 [514]	1050 [495]	1010 [477]	970 [458]	925 [436]	875 [413]	825 [389]
			HIGH	1300 [613]	1255 [592]	1210 [571]	1160 [547]	1110 [524]	1055 [498]	1005 [474]
07EY	12 x 7 [305 x 178]	3/4 [559]	LOW	1185 [559]	1160 [547]	1140 [538]	1115 [526]	1095 [517]	1065 [503]	1040 [491]
			MED-LO	1405 [663]	1375 [649]	1350 [637]	1310 [618]	1270 [599]	1235 [583]	1195 [564]
			MED-HI	1595 [753]	1560 [736]	1525 [720]	1480 [698]	1440 [679]	1380 [651]	1325 [625]
			HIGH	1835 [866]	1780 [840]	1730 [816]	1675 [791]	1625 [767]	1555 [734]	1480 [698]
09EZ	12 x 11 [305 x 279]	3/4 [559]	LOW	1235 [582]	1210 [571]	1185 [559]	1150 [543]	1120 [528]	1075 [507]	1035 [488]
			MED-LO	1490 [703]	1465 [691]	1440 [679]	1405 [663]	1375 [649]	1315 [620]	1255 [592]
			MED-HI	1720 [811]	1670 [788]	1620 [764]	1600 [755]	1580 [746]	1520 [717]	1460 [689]
			HIGH	2100 [991]	2050 [967]	2000 [944]	1955 [923]	1910 [901]	1825 [861]	1745 [823]
10EZ	12 x 11 [305 x 279]	3/4 [559]	LOW	1230 [580]	1205 [567]	1180 [557]	1155 [545]	1130 [533]	1090 [514]	1050 [495]
			MED-LO	1490 [703]	1445 [682]	1405 [663]	1375 [649]	1350 [637]	1295 [611]	1240 [585]
			MED-HI	1710 [807]	1665 [786]	1620 [764]	1580 [746]	1540 [727]	1475 [696]	1410 [665]
			HIGH	2010 [949]	1955 [923]	1900 [897]	1855 [875]	1810 [854]	1710 [807]	1610 [759]
12ER	11 x 10 [279 x 254]	3/4 [559]	LOW	1320 [623]	1305 [616]	1290 [608]	1260 [596]	1230 [580]	1185 [559]	1140 [538]
			MED-LO	1610 [760]	1580 [746]	1555 [734]	1515 [715]	1475 [696]	1415 [668]	1355 [639]
			MED-HI	1870 [882]	1820 [860]	1775 [838]	1715 [809]	1660 [783]	1590 [750]	1520 [717]
			HIGH	2115 [998]	2050 [967]	1990 [939]	1945 [917]	1900 [897]	1795 [847]	1690 [795]

*Blower performance measured with filter in place.

[ ] Designates Metric Conversions

GENERAL TERMS OF LIMITED WARRANTY

Ruud will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

Primary and Secondary Heat Exchanger.....Limited Lifetime
*Any Other Part.....Five (5) Years

***This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.**

ACCESSORIES—UPFLOW

VENT TERMINATION KITS

CONCENTRIC: Horizontal/Vertical = RXGY-E03

HORIZONTAL TWO PIPE: RXGY-D02, RXGY-D03, RXGY-D04

CONDENSATE PUMP KIT: RXGY-B01
NEUTRALIZER KIT: RXGY-A01

FOSSIL FUEL KIT: RXPF-F01
RXPF-F02 (TVA)

RETURN AIR PLENUM: RXGR-C17B
RXGR-C21B
RXGR-C24B

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

EXTERNAL SIDE FILTER RACK: RXGF-CA

FILTER RACK FILTER SIZES* INCHES [mm]		
MODEL UGRA-	RXGF-CB (BOTTOM)	RXGF-CA (SIDE)
04	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]
06	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]
07EM	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]
07EY	19¼ x 25 [489 x 635]	15¾ x 25 [400 x 635]
09	19¼ x 25 [489 x 635]	15¾ x 25 [400 x 635]
10	19¼ x 25 [489 x 635]	15¾ x 25 [400 x 635]
12	22¾ x 25 [578 x 635]	15¾ x 25 [400 x 635]

*Filter racks are shipped without filters.
Filters shipped with furnace may be used or a suitable 1" [25.4 mm] filter.

PLENUM DATA FOR "A" COILS

Plenum adapters are required in some instances for use on upflow applications when plenum and furnace size do not match.

FURNACE WIDTH IN. [mm]	PLENUM WIDTH IN. [mm]	PLENUM ADAPTER UPFLOW	COIL PLENUM
14 [356]	16¼ [413]	RXAA-C171	RXAL-B16BU
14 [356]	20¼ [514]	RXAA-C172	RXAL-B20BU
17½ [445]	16¼ [413]	RXAA-C185	RXAL-B16BU
17½ [445]	20¼ [514]	RXAA-C173	RXAL-B20BU
17½ [445]	21⅝ [549]	RXAA-C187	RXAL-B21BU
17½ [445]	25¼ [641]	RXAA-C174	RXAL-B25BU
21 [533]	25¼ [641]	RXAA-C175	RXAL-B25BU
21 [533]	22¼ [565]	RXAA-C176	RXAL-B22BU
21 [533]	21⅝ [549]	RXAA-C188	RXAL-B21BU
24½ [622]	25¼ [641]	RXAA-C177	RXAL-B25BU
24½ [622]	21⅝ [549]	RXAA-C187	RXAL-B21BU

Note: See Form Number C22-206 for MultiFlex® coil data.

FOR HIGH ALTITUDES:

***HIGH ALTITUDE KIT:** RXGY-F04 (105 KBTU/H)
RXGY-F05 (120 KBTU/H)
RXGY-F06 (45 KBTU/H/60 KBTU/H/90 KBTU/H)
RXGY-F07 (75 KBTU/H)

***For installations over 5000 ft.**

OPTION CODE FOR HIGH ALTITUDE: US & Canada – 278

NOTE: High altitude kits and options do **NOT** include additional burner orifices. If a burner orifice change is necessary, they must be ordered through PROSTOCK®. See Installation Instructions for more information.

CAUTION: Always follow National Fuel Gas Code (NFGC) guidelines when converting furnaces for high altitudes.

For all installations above 2000 ft. (including all option – 278 models), the burner orifice size needs to be recalculated and verified. A burner orifice change may still be required. See Installation Instructions for more information.

NOTE: For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may **NOT** be used for U.S. installations.

(U.S. Models—Kit packaged with furnace.
Requires field installation).

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

EXTERNAL SIDE FILTER RACK: RXGF-CA

[ ] Designates Metric Conversions

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

RUUD
AIR CONDITIONING
DIVISION

5600 Old Greenwood Road, Fort Smith, Arkansas 72908

"In keeping with its policy of continuous progress and product improvement, Ruud reserves the right to make changes without notice."

PRINTED IN U.S.A. 2-06 DC

FORM NO. G22-450 REV. 11
Supersedes Form No. G22-450 Rev. 10

FORM NO. A22-183 REV. 3
Supersedes Form No. A22-183 Rev. 2

CONDENSING UNITS

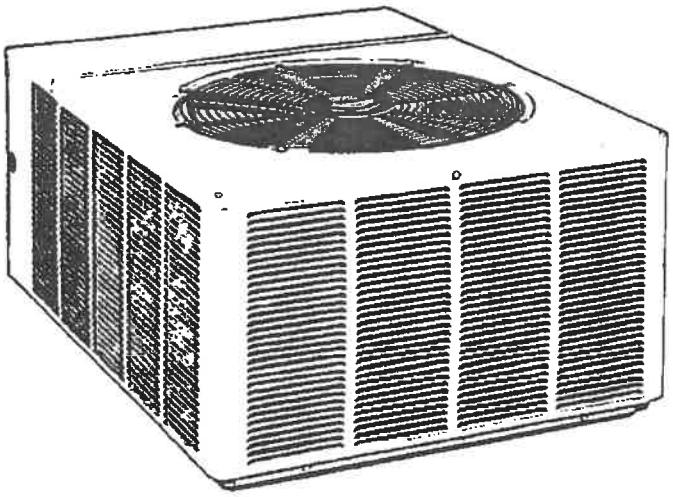
RUUD
ACHIEVER®
Series

Seven Models

Cooling Capacities
16,800 to 59,000 BTU/HR
[4.92 kW] to [17.29 kW]

UAND- SERIES

Efficiencies up to 15.00 SEER
in certain matched systems.
Nominal Sizes 1½ to 5 Tons
[5.28 kW] to [17.6 kW]



The Ruud *Achiever Series*® High Efficiency UAND- Condensing Unit was designed with performance in mind. These units offer comfort, energy conservation and dependability for single, multi-family and light commercial applications.

The Ruud *Achiever Series*® UAND- Condensing Units are the result of an ongoing development program for improved efficiencies. With SEER's up to 15.00, these units continue a tradition of high efficiency.

- Attractive, louvered wrap-around jacket protects the coil from yard hazards and weather extremes. Top grille is steel reinforced for extra strength. Cabinet is powder painted for all-weather protection.
- Air is discharged upward away from bushes and shrubs. The discharge pattern of the top grille provides minimum air restriction, resulting in quiet fan operation.
- Combination Grille/Motor Mount secures the motor to the underside of the discharge grille. The grille protects the motor windings and bearings from rain and snow.
- All controls are accessible by removing one service panel. Removable top grille provides access to the condenser fan motor and condenser coil.
- Single speed motor designed for low speed, quiet, energy-saving operation.
- All models meet or exceed a 1000-hour salt spray test per ASTM B117 Standard Practice for Operating Salt Spray Testing Apparatus.

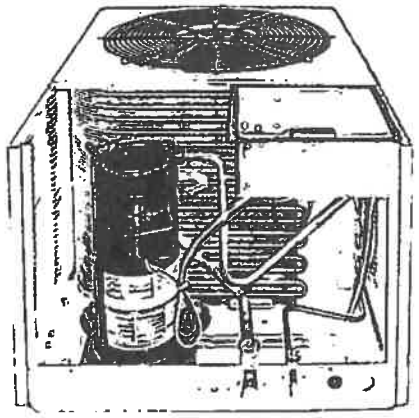
ISO 9001:2000
Certificate Number: [illegible]

ENERGY STAR PARTNER

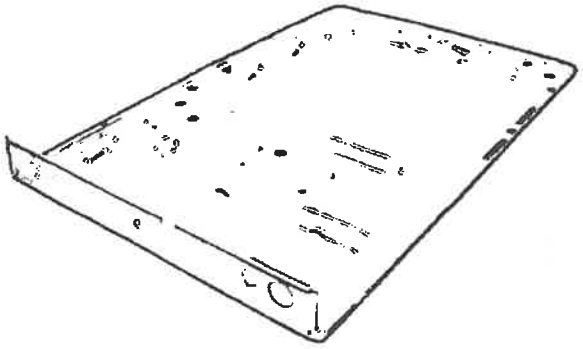
ENERGUIDE

ARI PERFORMANCE CERTIFIED
ARI Standard
210/240 UAC

c UL us
LISTED



All controls and compressor are accessible for servicing by removal of the service panel.



Drawn Painted Base Pan.

Engineering Features

UAND- Series Condensing Units

1. Scroll compressor is hermetically sealed and incorporates internal high temperature motor overload protection, and durable insulation on the motor windings. It is externally mounted on rubber grommets to reduce vibration and noise.
2. Compressors have an internal pressure relief assembly to protect against excessive pressure differential.
3. All refrigerant connections are on the exterior of the unit, located close to the ground for neat appearing installations.
4. Cabinet is constructed of powder painted galvanized steel. The full wraparound louvered grille protects the coil from damage.
5. Copper Tube—Aluminum Fin coils are used on all models.
6. The control box is located in the top corner of the cabinet providing for easy access through a service panel.
7. Service valves are standard on all models.
8. Field connections for power and control wiring are kept separate.
9. Every unit is factory charged and tested.
10. Separate compressor compartment for easy service access.
11. Drawn, painted base pan for extra corrosion resistance and sound reduction.
12. The **UAND A-Series** has a **10 year limited compressor warranty** and a liquid line filter drier. The **UAND A-Series** also has factory installed low pressure control and high pressure control. The **UAND B-Series** has a **7 year limited compressor warranty.**
13. **Hard Start Kits**—Standard on all A-Series models.

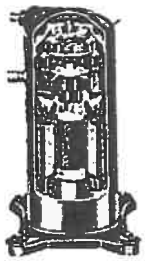
Field Installed Accessories

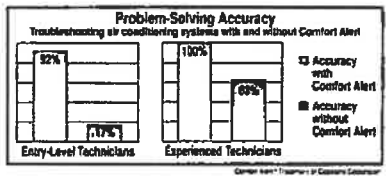
- **Low Ambient Control**—Cycles outdoor fan to maintain adequate condensing pressures assuring liquid refrigerant flow to the coil. Allows indoor cooling with outdoor temperatures down to 0°F [–17.8°C]. (Model No. RXAD-A04)

  It is recommended that this control be installed in units to be operated at outdoor ambient temperatures under 65°F [18°C].
- **Comfort Alert™ Diagnostics**—In operation, Comfort Alert Diagnostics monitors vital data from the Copeland Scroll UltraTech™ compressor and thermostat, quickly pinpointing the root cause(s) of any cooling system malfunction—including common electrical problems, compressor defects and broad system faults. (Model No. 42-101504-01)

COPELAND® SCROLL® COMPRESSOR

The Copeland scroll compressor is the key to efficiency for this Ruud model. It's the latest in high-efficiency compressor technology. The advanced scroll compressor offers low noise and vibration characteristics and features tolerance to liquid refrigerant and system contamination. The Copeland Scroll also has low start torque, eliminating start problems in the field. And its unique design enables the UAND- condensing unit to perform efficiently, quietly and reliably.





Model Number Identification

U	A	N	D	—	024	J	A	Z
RUUD	REMOTE CONDENSING UNIT	HI-EFFICIENCY (STANDARD)	DESIGN SERIES		COOLING CAPACITY	ELECTRICAL DESIGNATION	VARIATIONS	COOLING CONNECTION FITTING
			D = FOURTH DESIGN		018 = 18,000 BTU/HR [5.27 kW] 024 = 24,000 BTU/HR [7.03 kW] 030 = 30,000 BTU/HR [8.79 kW] 036 = 36,000 BTU/HR [10.55 kW] 042 = 42,000 BTU/HR [12.31 kW] 048 = 48,000 BTU/HR [14.07 kW] 060 = 60,000 BTU/HR [17.58 kW]	J = 208/230V-1-60 C = 208/230V-3-60 D = 460V-3-60 Y = 575V-3-60 (4 & 5 TON ONLY)	A-SERIES = FULL FEATURED B-SERIES = COMPETITIVE	Z = SWEAT W/SCROLL

[ ] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating	Indoor CFM [L/s]
Outdoor Unit UAND-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
018J*Z	RCFA-A*2414A*	18,200 [5.3]	13,150 [3.9]	5,050 [1.5]	11.80	13.00	7.4	600 [283]
	RCFA-A*2417A*	18,200 [5.3]	13,150 [3.9]	5,050 [1.5]	11.80	13.00	7.4	600 [283]
	RCFA-H*2414A*	18,200 [5.3]	13,150 [3.9]	5,050 [1.5]	11.80	13.00	7.4	600 [283]
	RCFA-H*2417A* ①	18,200 [5.3]	13,150 [3.9]	5,050 [1.5]	11.80	13.00	7.4	600 [283]
	RCQC-2417A	18,500 [5.4]	13,600 [4.0]	4,900 [1.4]	11.70	13.00	7.4	600 [283]
	RCSA-H*2417A* (17AHLA24HM)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.20	14.50	7.4	600 [283]
	RCSA-H*2417A* (17AHSA18AU)	18,400 [5.4]	13,300 [3.9]	5,100 [1.5]	12.30	13.00	7.4	600 [283]
	RCSA-H*2417A* (17AHSA18HM)	18,400 [5.4]	13,300 [3.9]	5,100 [1.5]	12.30	13.00	7.4	600 [283]
	RCBA-37**+RXCT-BCA (UBHK-17)	17,900 [5.2]	12,800 [3.8]	5,100 [1.5]	12.60	14.00	7.4	600 [283]
	RCGJ-24A1 (UBHK-17)	18,000 [5.3]	12,800 [3.8]	5,200 [1.5]	12.70	14.00	7.4	600 [283]
	RCHJ-24A1 (UBHK-17)	18,000 [5.3]	12,800 [3.8]	5,200 [1.5]	12.70	14.00	7.4	600 [283]
	RCFA-A*2417A* (UGFD-06?MCK?)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.15	14.00	7.4	600 [283]
	RCFA-H*2417A* (UGFD-06?MCK?)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.15	14.00	7.4	600 [283]
	RCGJ-24A1 (UGFD-06?MCK?)	17,900 [5.2]	12,750 [3.7]	5,150 [1.5]	12.44	14.00	7.4	600 [283]
	RCHJ-24A1 (UGFD-06?MCK?)	17,900 [5.2]	12,750 [3.7]	5,150 [1.5]	12.44	14.00	7.4	600 [283]
	RCQC-2417A (UGFD-06?MCK?)	19,000 [5.6]	14,050 [4.1]	4,950 [1.5]	13.05	14.00	7.4	600 [283]
	RCFA-A*2417A* (UGFD-07?MCK?)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.20	14.00	7.4	600 [283]
	RCFA-H*2417A* (UGFD-07?MCK?)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.20	14.00	7.4	600 [283]
	RCGJ-24A1 (UGFD-07?MCK?)	17,900 [5.2]	12,750 [3.7]	5,150 [1.5]	12.47	14.00	7.4	600 [283]
	RCHJ-24A1 (UGFD-07?MCK?)	17,900 [5.2]	12,750 [3.7]	5,150 [1.5]	12.47	14.00	7.4	600 [283]
	RCQC-2417A (UGFD-07?MCK?)	19,000 [5.6]	14,050 [4.1]	4,950 [1.5]	13.10	14.00	7.4	600 [283]
	RCFA-A*2417A* (UGGD-06?MCK?)	18,700 [5.5]	13,550 [4.0]	5,150 [1.5]	13.35	14.50	7.4	600 [283]
	RCFA-H*2417A* (UGGD-06?MCK?)	18,700 [5.5]	13,550 [4.0]	5,150 [1.5]	13.35	14.50	7.4	600 [283]
	RCGJ-24A1 (UGGD-06?MCK?)	17,900 [5.2]	12,800 [3.8]	5,100 [1.5]	12.61	14.20	7.4	600 [283]
	RCHJ-24A1 (UGGD-06?MCK?)	17,900 [5.2]	12,800 [3.8]	5,100 [1.5]	12.61	14.20	7.4	600 [283]
	RCFA-A*2417A* (UGGD-07?MCK?)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.25	14.50	7.4	625 [295]
	RCFA-H*2417A* (UGGD-07?MCK?)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.25	14.50	7.4	625 [295]
	RCGJ-24A1 (UGGD-07?MCK?)	17,900 [5.2]	12,750 [3.7]	5,150 [1.5]	12.54	14.10	7.4	625 [295]
	RCHJ-24A1 (UGGD-07?MCK?)	17,900 [5.2]	12,750 [3.7]	5,150 [1.5]	12.54	14.10	7.4	625 [295]
	RCFA-A*2417A* (UGPL-05?BMK?)	18,600 [5.4]	13,450 [3.9]	5,150 [1.5]	13.05	14.00	7.4	600 [283]
	RCFA-H*2417A* (UGPL-05?BMK?)	18,600 [5.4]	13,450 [3.9]	5,150 [1.5]	13.05	14.00	7.4	600 [283]
	RCGJ-24A1 (UGPL-05?BMK?)	17,900 [5.2]	12,700 [3.7]	5,200 [1.5]	12.36	13.90	7.4	600 [283]
	RCHJ-24A1 (UGPL-05?BMK?)	17,900 [5.2]	12,700 [3.7]	5,200 [1.5]	12.36	13.90	7.4	600 [283]
	RCQC-2417A (UGPL-05?BMK?)	18,900 [5.5]	14,000 [4.1]	4,900 [1.4]	13.00	14.00	7.4	600 [283]
	RCGJ-24A1 (UGPL-07?BRK?)	17,900 [5.2]	12,800 [3.8]	5,100 [1.5]	12.59	14.15	7.4	600 [283]
	RCHJ-24A1 (UGPL-07?BRK?)	17,900 [5.2]	12,800 [3.8]	5,100 [1.5]	12.59	14.15	7.4	600 [283]
	RCSA-H*2417A* (UHKA-HM2417)	19,000 [5.6]	13,700 [4.0]	5,300 [1.6]	13.45	14.50	7.4	650 [307]
	RCSA-H*2417A* (UHLA-HM2417)	18,700 [5.5]	13,500 [4.0]	5,200 [1.5]	13.20	14.50	7.4	600 [283]
	RCSA-H*2417A* (UHSA-HM1817)	18,400 [5.4]	13,300 [3.9]	5,100 [1.5]	12.30	13.00	7.4	600 [283]
024J*Z	RCFA-A*2414A*	24,000 [7.0]	16,600 [4.9]	7,400 [2.2]	11.85	13.00	7.2	775 [366]
	RCFA-A*2417A*	24,000 [7.0]	16,600 [4.9]	7,400 [2.2]	11.85	13.00	7.2	775 [366]
	RCFA-H*2414A*	24,000 [7.0]	16,600 [4.9]	7,400 [2.2]	11.85	13.00	7.2	775 [366]
	RCFA-H*2417A* ①	24,000 [7.0]	16,600 [4.9]	7,400 [2.2]	11.85	13.00	7.2	775 [366]
	RCQC-2417A	24,400 [7.1]	17,300 [5.1]	7,100 [2.1]	11.85	13.00	7.2	800 [378]
	RCSA-H*2417A* (17AHLA24HM)	24,600 [7.2]	17,050 [5.0]	7,550 [2.2]	13.40	15.00	7.2	775 [366]
	RCSA-A*2417A* (17AHSA24AU)	24,200 [7.1]	16,700 [4.9]	7,500 [2.2]	12.15	13.00	7.2	800 [378]
	RCSA-H*2417A* (17AHSA24HM)	24,200 [7.1]	16,700 [4.9]	7,500 [2.2]	12.15	13.00	7.2	800 [378]
	RCBA-37**+RXCT-BCB (UBHK-17)	23,800 [7.0]	16,150 [4.7]	7,650 [2.2]	12.70	14.00	7.2	800 [378]
	RCGJ-24A2 (UBHK-17)	23,800 [7.0]	16,150 [4.7]	7,650 [2.2]	12.70	14.00	7.2	800 [378]
	RCHJ-24A2 (UBHK-17)	23,800 [7.0]	16,150 [4.7]	7,650 [2.2]	12.70	14.00	7.2	800 [378]
	RCFA-A*2417A* (UGFD-06?MCK?)	24,400 [7.1]	16,850 [4.9]	7,550 [2.2]	12.55	14.00	7.2	800 [378]
	RCFA-H*2417A* (UGFD-06?MCK?)	24,400 [7.1]	16,850 [4.9]	7,550 [2.2]	12.55	14.00	7.2	800 [378]

① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating	Indoor CFM [L/s]
Outdoor Unit UAND-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
024J*Z	RCGA-24A2 (UGFD-06?MCK?)	22,600 [6.6]	15,150 [4.4]	7,450 [2.2]	11.93	13.45	7.2	800 [378]
	RCGJ-24A2 (UGFD-06?MCK?)	23,600 [6.9]	16,000 [4.7]	7,600 [2.2]	12.32	13.75	7.2	800 [378]
	RCHJ-24A2 (UGFD-06?MCK?)	23,600 [6.9]	16,000 [4.7]	7,600 [2.2]	12.32	13.75	7.2	800 [378]
	RCQC-2417A (UGFD-06?MCK?)	24,800 [7.3]	17,650 [5.2]	7,150 [2.1]	12.70	14.00	7.2	800 [378]
	RCFA-A*2417A* (UGFD-07?MCK?)	24,400 [7.1]	16,850 [4.9]	7,550 [2.2]	12.65	14.00	7.2	800 [378]
	RCFA-H*2417A* (UGFD-07?MCK?)	24,400 [7.1]	16,850 [4.9]	7,550 [2.2]	12.65	14.00	7.2	800 [378]
	RCGA-24A2 (UGFD-07?MCK?)	22,600 [6.6]	15,200 [4.5]	7,400 [2.2]	12.04	13.55	7.2	800 [378]
	RCGJ-24A2 (UGFD-07?MCK?)	23,600 [6.9]	16,050 [4.7]	7,550 [2.2]	12.42	13.85	7.2	800 [378]
	RCHJ-24A2 (UGFD-07?MCK?)	23,600 [6.9]	16,050 [4.7]	7,550 [2.2]	12.42	13.85	7.2	800 [378]
	RCQC-2417A (UGFD-07?MCK?)	24,800 [7.3]	17,700 [5.2]	7,100 [2.1]	12.80	14.00	7.2	800 [378]
	RCFA-A*2417A* (UGGD-06?MCK?)	24,400 [7.1]	16,900 [5.0]	7,500 [2.2]	12.90	14.00	7.2	800 [378]
	RCFA-H*2417A* (UGGD-06?MCK?)	24,400 [7.1]	16,900 [5.0]	7,500 [2.2]	12.90	14.00	7.2	800 [378]
	RCGA-24A2 (UGGD-06?MCK?)	22,800 [6.7]	15,250 [4.5]	7,550 [2.2]	12.20	13.80	7.2	800 [378]
	RCGJ-24A2 (UGGD-06?MCK?)	23,800 [7.0]	16,100 [4.7]	7,700 [2.3]	12.59	14.05	7.2	800 [378]
	RCHJ-24A2 (UGGD-06?MCK?)	23,800 [7.0]	16,100 [4.7]	7,700 [2.3]	12.59	14.05	7.2	800 [378]
	RCFA-A*2417A* (UGGD-07?MCK?)	24,400 [7.1]	16,900 [5.0]	7,500 [2.2]	12.75	14.00	7.2	800 [378]
	RCFA-H*2417A* (UGGD-07?MCK?)	24,400 [7.1]	16,900 [5.0]	7,500 [2.2]	12.75	14.00	7.2	800 [378]
	RCGA-24A2 (UGGD-07?MCK?)	22,800 [6.7]	15,250 [4.5]	7,550 [2.2]	12.11	13.65	7.2	800 [378]
	RCGJ-24A2 (UGGD-07?MCK?)	23,800 [7.0]	16,100 [4.7]	7,700 [2.3]	12.49	13.95	7.2	800 [378]
	RCHJ-24A2 (UGGD-07?MCK?)	23,800 [7.0]	16,100 [4.7]	7,700 [2.3]	12.49	13.95	7.2	800 [378]
	RCFA-A*2417A* (UGPL-05?BMK?)	24,400 [7.1]	16,850 [4.9]	7,550 [2.2]	12.70	14.00	7.2	775 [366]
	RCFA-H*2417A* (UGPL-05?BMK?)	24,400 [7.1]	16,850 [4.9]	7,550 [2.2]	12.70	14.00	7.2	775 [366]
	RCGA-24A2 (UGPL-05?BMK?)	22,600 [6.6]	15,200 [4.5]	7,400 [2.2]	12.03	13.55	7.2	775 [366]
	RCGJ-24A2 (UGPL-05?BMK?)	23,600 [6.9]	16,050 [4.7]	7,550 [2.2]	12.41	13.85	7.2	775 [366]
	RCHJ-24A2 (UGPL-05?BMK?)	23,600 [6.9]	16,050 [4.7]	7,550 [2.2]	12.41	13.85	7.2	775 [366]
	RCQC-2417A (UGPL-05?BMK?)	24,800 [7.3]	17,700 [5.2]	7,100 [2.1]	12.80	14.00	7.2	775 [366]
	RCGA-24A2 (UGPL-07?BRK?)	22,800 [6.7]	15,300 [4.5]	7,500 [2.2]	12.28	13.90	7.2	800 [378]
	RCGJ-24A2 (UGPL-07?BRK?)	23,800 [7.0]	16,200 [4.7]	7,600 [2.2]	12.76	13.70	7.2	800 [378]
	RCHJ-24A2 (UGPL-07?BRK?)	23,800 [7.0]	16,200 [4.7]	7,600 [2.2]	12.76	13.70	7.2	800 [378]
	RCSA-H*2417A* (UHKA-HM2417)	24,800 [7.3]	17,200 [5.0]	7,600 [2.2]	13.10	14.00	7.2	850 [401]
	RCSA-H*2417A* (UHLA-HM2417)	24,600 [7.2]	17,050 [5.0]	7,550 [2.2]	13.40	15.00	7.2	775 [366]
	RCSA-H*2417A* (UHSA-HM2417)	24,200 [7.1]	16,700 [4.9]	7,500 [2.2]	12.15	13.00	7.2	800 [378]
030J*Z	RCFA-A*3617A*	30,200 [8.8]	21,750 [6.4]	8,450 [2.5]	11.20	13.00	7.3	1,000 [472]
	RCFA-A*3621A*	30,200 [8.8]	21,750 [6.4]	8,450 [2.5]	11.20	13.00	7.3	1,000 [472]
	RCFA-H*3617A* ①	30,200 [8.8]	21,750 [6.4]	8,450 [2.5]	11.20	13.00	7.3	1,000 [472]
	RCFA-H*3621A*	30,200 [8.8]	21,750 [6.4]	8,450 [2.5]	11.20	13.00	7.3	1,000 [472]
	RCQC-3617A	30,400 [8.9]	22,250 [6.5]	8,150 [2.4]	11.25	13.00	7.3	1,000 [472]
	RCQC-3621A	30,400 [8.9]	22,250 [6.5]	8,150 [2.4]	11.25	13.00	7.3	1,000 [472]
	RCSA-H*3617A* (17AHLA36HM)	31,000 [9.1]	22,250 [6.5]	8,750 [2.6]	12.30	14.00	7.3	1,000 [472]
	RCSA-A*3617A* (17AHSA30AU)	30,200 [8.8]	21,800 [6.4]	8,400 [2.5]	11.55	13.00	7.3	950 [448]
	RCSA-H*3617A* (17AHSA30HM)	30,200 [8.8]	21,800 [6.4]	8,400 [2.5]	11.55	13.00	7.3	950 [448]
	RCBA-48**+RXCT-BCG (UBHK-21)	30,200 [8.8]	21,400 [6.3]	8,800 [2.6]	12.23	14.20	7.3	1,000 [472]
	RCGJ-36A1 (UBHK-21)	30,200 [8.8]	21,400 [6.3]	8,800 [2.6]	12.25	14.00	7.3	1,000 [472]
	RCHJ-36A1 (UBHK-21)	30,200 [8.8]	21,400 [6.3]	8,800 [2.6]	12.25	14.00	7.3	1,000 [472]
	RCGA-37A1 (UGFD-06?MCK?)	29,000 [8.5]	20,250 [5.9]	8,750 [2.6]	11.18	13.00	7.3	1,000 [472]
	RCGJ-36A1 (UGFD-06?MCK?)	29,600 [8.7]	20,900 [6.1]	8,700 [2.5]	11.39	13.15	7.3	1,000 [472]
	RCHA-36A1 (UGFD-06?MCK?)	29,000 [8.5]	20,250 [5.9]	8,750 [2.6]	11.18	13.00	7.3	1,000 [472]
	RCHJ-36A1 (UGFD-06?MCK?)	29,600 [8.7]	20,900 [6.1]	8,700 [2.5]	11.39	13.15	7.3	1,000 [472]
	RCQC-3621A (UGFD-06?MCK?)	30,600 [9.0]	22,500 [6.6]	8,100 [2.4]	11.65	13.00	7.3	1,000 [472]
	RCGA-37A1 (UGFD-07?MCK?)	29,200 [8.6]	20,350 [6.0]	8,850 [2.6]	11.38	13.25	7.3	1,000 [472]
	RCGJ-36A1 (UGFD-07?MCK?)	29,800 [8.7]	21,000 [6.2]	8,800 [2.6]	11.60	13.40	7.3	1,000 [472]
	RCHA-36A1 (UGFD-07?MCK?)	29,200 [8.6]	20,350 [6.0]	8,850 [2.6]	11.38	13.25	7.3	1,000 [472]
	RCHJ-36A1 (UGFD-07?MCK?)	29,800 [8.7]	21,000 [6.2]	8,800 [2.6]	11.60	13.40	7.3	1,000 [472]
	RCQC-3621A (UGFD-07?MCK?)	30,800 [9.0]	22,600 [6.6]	8,200 [2.4]	11.85	13.50	7.3	1,000 [472]

① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating	Indoor CFM [L/s]
Outdoor Unit UAND-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
030J*Z	RCFA-A*3617A* (UGGD-06?MCK?)	30,600 [9.0]	22,000 [6.4]	8,600 [2.5]	11.70	13.50	7.3	1,000 [472]
	RCFA-A*3621A* (UGGD-06?MCK?)	30,600 [9.0]	22,000 [6.4]	8,600 [2.5]	11.70	13.50	7.3	1,000 [472]
	RCFA-H*3617A* (UGGD-06?MCK?)	30,600 [9.0]	22,000 [6.4]	8,600 [2.5]	11.70	13.50	7.3	1,000 [472]
	RCFA-H*3621A* (UGGD-06?MCK?)	30,600 [9.0]	22,000 [6.4]	8,600 [2.5]	11.70	13.50	7.3	1,000 [472]
	RCGA-37A1 (UGGD-06?MCK?)	29,200 [8.6]	20,400 [6.0]	8,800 [2.6]	11.46	13.35	7.3	1,000 [472]
	RCGJ-36A1 (UGGD-06?MCK?)	29,800 [8.7]	21,050 [6.2]	8,750 [2.6]	11.69	13.50	7.3	1,000 [472]
	RCHA-36A1 (UGGD-06?MCK?)	29,200 [8.6]	20,400 [6.0]	8,800 [2.6]	11.46	13.35	7.3	1,000 [472]
	RCHJ-36A1 (UGGD-06?MCK?)	29,800 [8.7]	21,050 [6.2]	8,750 [2.6]	11.69	13.50	7.3	1,000 [472]
	RCGA-37A1 (UGGD-07?MCK?)	29,200 [8.6]	20,350 [6.0]	8,850 [2.6]	11.39	13.30	7.3	1,025 [484]
	RCGJ-36A1 (UGGD-07?MCK?)	29,800 [8.7]	21,050 [6.2]	8,750 [2.6]	11.62	13.45	7.3	1,025 [484]
	RCHA-36A1 (UGGD-07?MCK?)	29,200 [8.6]	20,350 [6.0]	8,850 [2.6]	11.39	13.30	7.3	1,025 [484]
	RCHJ-36A1 (UGGD-07?MCK?)	29,800 [8.7]	21,050 [6.2]	8,750 [2.6]	11.62	13.45	7.3	1,025 [484]
	RCFA-A*3621A* (UGLL-07?BRK?)	30,600 [9.0]	22,100 [6.5]	8,500 [2.5]	11.90	13.50	7.3	1,025 [484]
	RCFA-H*3621A* (UGLL-07?BRK?)	30,600 [9.0]	22,100 [6.5]	8,500 [2.5]	11.90	13.50	7.3	1,025 [484]
	RCGA-37A1 (UGPL-05?BMK?)	29,200 [8.6]	20,350 [6.0]	8,850 [2.6]	11.36	13.25	7.3	1,000 [472]
	RCGJ-36A1 (UGPL-05?BMK?)	29,800 [8.7]	21,000 [6.2]	8,800 [2.6]	11.58	13.40	7.3	1,000 [472]
	RCHA-36A1 (UGPL-05?BMK?)	29,200 [8.6]	20,350 [6.0]	8,850 [2.6]	11.36	13.25	7.3	1,000 [472]
	RCHJ-36A1 (UGPL-05?BMK?)	29,800 [8.7]	21,000 [6.2]	8,800 [2.6]	11.58	13.40	7.3	1,000 [472]
	RCQC-3621A (UGPL-05?BMK?)	30,800 [9.0]	22,600 [6.6]	8,200 [2.4]	11.80	13.50	7.3	1,000 [472]
	RCFA-A*3621A* (UGPL-07?BRK?)	30,600 [9.0]	22,100 [6.5]	8,500 [2.5]	11.85	13.50	7.3	1,000 [472]
	RCGA-37A1 (UGPL-07?BRK?)	29,400 [8.6]	20,500 [6.0]	8,900 [2.6]	11.64	13.60	7.3	1,000 [472]
	RCGJ-36A1 (UGPL-07?BRK?)	30,000 [8.8]	21,200 [6.2]	8,800 [2.6]	11.87	13.75	7.3	1,000 [472]
	RCHA-36A1 (UGPL-07?BRK?)	29,400 [8.6]	20,500 [6.0]	8,900 [2.6]	11.64	13.60	7.3	1,000 [472]
	RCHJ-36A1 (UGPL-07?BRK?)	30,000 [8.8]	21,200 [6.2]	8,800 [2.6]	11.87	13.75	7.3	1,000 [472]
	RCQC-3621A (UGPL-07?BRK?)	31,000 [9.1]	22,800 [6.7]	8,200 [2.4]	12.10	13.50	7.3	1,000 [472]
	RCFA-A*3621A* (UGPL-07?BRQ?)	30,800 [9.0]	22,250 [6.5]	8,550 [2.5]	12.25	14.00	7.3	1,000 [472]
	RCFA-H*3621A* (UGPL-07?BRQ?)	30,800 [9.0]	22,250 [6.5]	8,550 [2.5]	12.25	14.00	7.3	1,000 [472]
	RCGA-37A1 (UGPL-07?BRQ?)	29,600 [8.7]	20,700 [6.1]	8,900 [2.6]	11.99	14.05	7.3	1,000 [472]
	RCGJ-36A1 (UGPL-07?BRQ?)	30,200 [8.8]	21,350 [6.3]	8,850 [2.6]	12.22	14.20	7.3	1,000 [472]
	RCHA-36A1 (UGPL-07?BRQ?)	29,600 [8.7]	20,700 [6.1]	8,900 [2.6]	11.99	14.05	7.3	1,000 [472]
	RCHJ-36A1 (UGPL-07?BRQ?)	30,200 [8.8]	21,350 [6.3]	8,850 [2.6]	12.22	14.20	7.3	1,000 [472]
	RCQC-3621A (UGPL-07?BRQ?)	31,200 [9.1]	22,950 [6.7]	8,250 [2.4]	12.45	14.00	7.3	1,000 [472]
	RCSA-H*3617A* (UHKA-HM3617)	30,800 [9.0]	22,200 [6.5]	8,600 [2.5]	12.15	14.00	7.3	1,025 [484]
	RCSA-H*3617A* (UHLA-HM3617)	31,000 [9.1]	22,250 [6.5]	8,750 [2.6]	12.30	14.00	7.3	1,000 [472]
	RCSA-H*3617A* (UHSA-HM3017)	30,200 [8.8]	21,800 [6.4]	8,400 [2.5]	11.55	13.00	7.3	950 [448]
036**Z	RCBA-48**+RXCT-BCH	34,400 [10.1]	24,050 [7.0]	10,350 [3.0]	11.25	13.05	7.6	1,200 [566]
	RCFA-A*3617A*	34,800 [10.2]	24,550 [7.2]	10,250 [3.0]	11.45	13.00	7.6	1,100 [519]
	RCFA-A*3621A*	34,800 [10.2]	24,550 [7.2]	10,250 [3.0]	11.45	13.00	7.6	1,100 [519]
	RCFA-H*3617A* ①	34,800 [10.2]	24,550 [7.2]	10,250 [3.0]	11.45	13.00	7.6	1,100 [519]
	RCFA-H*3621A*	34,800 [10.2]	24,550 [7.2]	10,250 [3.0]	11.45	13.00	7.6	1,100 [519]
	RCGJ-36A2	34,400 [10.1]	24,050 [7.0]	10,350 [3.0]	11.25	13.05	7.6	1,200 [566]
	RCHJ-36A2	34,400 [10.1]	24,050 [7.0]	10,350 [3.0]	11.25	13.05	7.6	1,200 [566]
	RCQC-3617A	35,600 [10.4]	25,900 [7.6]	9,700 [2.8]	11.55	13.00	7.6	1,200 [566]
	RCQC-3621A	35,600 [10.4]	25,900 [7.6]	9,700 [2.8]	11.55	13.00	7.6	1,200 [566]
	RCTB-A036	34,600 [10.1]	25,950 [7.6]	8,650 [2.5]	11.25	13.15	7.6	1,200 [566]
	RCTH-A036	34,800 [10.2]	26,300 [7.7]	8,500 [2.5]	11.35	13.15	7.6	1,200 [566]
	RCSA-H*3617A* (17AHLA36HM)	35,800 [10.5]	25,300 [7.4]	10,500 [3.1]	12.40	14.00	7.6	1,200 [566]
	RCSA-A*3617A* (17AHSA36AU)	35,000 [10.3]	24,650 [7.2]	10,350 [3.0]	11.75	13.00	7.6	1,100 [519]
	RCSA-H*3617A* (17AHSA36HM)	35,000 [10.3]	24,650 [7.2]	10,350 [3.0]	11.75	13.00	7.6	1,100 [519]
	RCBA-48**+RXCT-BCH (UBHK-21)	35,200 [10.3]	24,800 [7.3]	10,400 [3.0]	12.35	14.00	7.6	1,200 [566]
	RCGJ-36A2 (UBHK-21)	35,200 [10.3]	24,800 [7.3]	10,400 [3.0]	12.35	14.00	7.6	1,200 [566]
	RCHJ-36A2 (UBHK-21)	35,200 [10.3]	24,800 [7.3]	10,400 [3.0]	12.35	14.00	7.6	1,200 [566]
	RCGJ-36A2 (UGFD-06?MCK?)	34,600 [10.1]	24,150 [7.1]	10,450 [3.1]	11.35	13.10	7.6	1,175 [554]
	RCHJ-36A2 (UGFD-06?MCK?)	34,600 [10.1]	24,150 [7.1]	10,450 [3.1]	11.35	13.10	7.6	1,175 [554]

① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating	Indoor CFM [L/s]
Outdoor Unit UAND-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
036**Z	RCGJ-36A2 (UGFD-07?MCK?)	34,400 [10.1]	24,150 [7.1]	10,250 [3.0]	11.35	13.05	7.6	1,200 [566]
	RCHJ-36A2 (UGFD-07?MCK?)	34,400 [10.1]	24,150 [7.1]	10,250 [3.0]	11.35	13.05	7.6	1,200 [566]
	RCFA-A*3621A* (UGFD-09?ZCM?)	35,400 [10.4]	25,000 [7.3]	10,400 [3.0]	12.10	13.50	7.6	1,150 [543]
	RCFA-H*3621A* (UGFD-09?ZCM?)	35,400 [10.4]	25,000 [7.3]	10,400 [3.0]	12.10	13.50	7.6	1,150 [543]
	RCGA-36A2 (UGFD-09?ZCM?)	34,000 [10.0]	23,850 [7.0]	10,150 [3.0]	11.90	13.70	7.6	1,150 [543]
	RCGJ-36A2 (UGFD-09?ZCM?)	34,800 [10.2]	24,750 [7.3]	10,050 [2.9]	12.15	14.10	7.6	1,150 [543]
	RCHA-36A2 (UGFD-09?ZCM?)	34,000 [10.0]	23,850 [7.0]	10,150 [3.0]	11.90	13.70	7.6	1,150 [543]
	RCHJ-36A2 (UGFD-09?ZCM?)	34,800 [10.2]	24,750 [7.3]	10,050 [2.9]	12.15	14.10	7.6	1,150 [543]
	RCQC-3621A (UGFD-09?ZCM?)	36,000 [10.5]	26,500 [7.8]	9,500 [2.8]	12.40	14.00	7.6	1,150 [543]
	RCGA-36A2 (UGFD-10?ZCM?)	34,200 [10.0]	23,750 [7.0]	10,450 [3.1]	11.80	13.60	7.6	1,175 [554]
	RCGJ-36A2 (UGFD-10?ZCM?)	35,000 [10.3]	24,650 [7.2]	10,350 [3.0]	12.10	14.00	7.6	1,175 [554]
	RCHA-36A2 (UGFD-10?ZCM?)	34,200 [10.0]	23,750 [7.0]	10,450 [3.1]	11.80	13.60	7.6	1,175 [554]
	RCHJ-36A2 (UGFD-10?ZCM?)	35,000 [10.3]	24,650 [7.2]	10,350 [3.0]	12.10	14.00	7.6	1,175 [554]
	RCQC-3621A (UGFD-10?ZCM?)	36,000 [10.5]	26,400 [7.7]	9,600 [2.8]	12.30	14.00	7.6	1,175 [554]
	RCGA-36A2 (UGFD-12?ZCM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.90	13.70	7.6	1,225 [578]
	RCGJ-36A2 (UGFD-12?ZCM?)	35,000 [10.3]	24,700 [7.2]	10,300 [3.0]	12.20	14.10	7.6	1,225 [578]
	RCHA-36A2 (UGFD-12?ZCM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.90	13.70	7.6	1,225 [578]
	RCHJ-36A2 (UGFD-12?ZCM?)	35,000 [10.3]	24,700 [7.2]	10,300 [3.0]	12.20	14.10	7.6	1,225 [578]
	RCGA-36A2 (UGGD-06?MCK?)	33,800 [9.9]	23,300 [6.8]	10,500 [3.1]	11.20	12.85	7.6	1,225 [578]
	RCGJ-36A2 (UGGD-06?MCK?)	34,600 [10.1]	24,250 [7.1]	10,350 [3.0]	11.50	13.25	7.6	1,225 [578]
	RCHJ-36A2 (UGGD-06?MCK?)	34,600 [10.1]	24,250 [7.1]	10,350 [3.0]	11.50	13.25	7.6	1,225 [578]
	RCGJ-36A2 (UGGD-07?MCK?)	34,600 [10.1]	24,150 [7.1]	10,450 [3.1]	11.40	13.10	7.6	1,225 [578]
	RCHJ-36A2 (UGGD-07?MCK?)	34,600 [10.1]	24,150 [7.1]	10,450 [3.1]	11.40	13.10	7.6	1,225 [578]
	RCFA-A*3621A* (UGGD-09?ZCM?)	35,600 [10.4]	25,100 [7.4]	10,500 [3.1]	12.10	13.50	7.6	1,175 [554]
	RCFA-H*3621A* (UGGD-09?ZCM?)	35,600 [10.4]	25,100 [7.4]	10,500 [3.1]	12.10	13.50	7.6	1,175 [554]
	RCGA-36A2 (UGGD-09?ZCM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.90	13.75	7.6	1,175 [554]
	RCGJ-36A2 (UGGD-09?ZCM?)	35,000 [10.3]	24,700 [7.2]	10,300 [3.0]	12.20	14.15	7.6	1,175 [554]
	RCHA-36A2 (UGGD-09?ZCM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.90	13.75	7.6	1,175 [554]
	RCHJ-36A2 (UGGD-09?ZCM?)	35,000 [10.3]	24,700 [7.2]	10,300 [3.0]	12.20	14.15	7.6	1,175 [554]
	RCFA-A*3621A* (UGGD-10?ZCM?)	35,600 [10.4]	25,100 [7.4]	10,500 [3.1]	12.15	13.50	7.6	1,175 [554]
	RCFA-H*3621A* (UGGD-10?ZCM?)	35,600 [10.4]	25,100 [7.4]	10,500 [3.1]	12.15	13.50	7.6	1,175 [554]
	RCGA-36A2 (UGGD-10?ZCM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.90	13.75	7.6	1,175 [554]
	RCGJ-36A2 (UGGD-10?ZCM?)	35,000 [10.3]	24,700 [7.2]	10,300 [3.0]	12.20	14.15	7.6	1,175 [554]
	RCHA-36A2 (UGGD-10?ZCM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.90	13.75	7.6	1,175 [554]
	RCHJ-36A2 (UGGD-10?ZCM?)	35,000 [10.3]	24,700 [7.2]	10,300 [3.0]	12.20	14.15	7.6	1,175 [554]
	RCGA-36A2 (UGGD-12?RCM?)	34,200 [10.0]	23,850 [7.0]	10,350 [3.0]	12.00	13.85	7.6	1,225 [578]
	RCGJ-36A2 (UGGD-12?RCM?)	35,200 [10.3]	24,800 [7.3]	10,400 [3.0]	12.30	14.25	7.6	1,225 [578]
	RCHA-36A2 (UGGD-12?RCM?)	34,200 [10.0]	23,850 [7.0]	10,350 [3.0]	12.00	13.85	7.6	1,225 [578]
	RCHJ-36A2 (UGGD-12?RCM?)	35,200 [10.3]	24,800 [7.3]	10,400 [3.0]	12.30	14.25	7.6	1,225 [578]
	RCFA-A*3621A* (UGLL-07?BRK?)	34,800 [10.2]	24,600 [7.2]	10,200 [3.0]	12.15	14.00	7.6	1,025 [484]
	RCFA-H*3621A* (UGLL-07?BRK?)	34,800 [10.2]	24,600 [7.2]	10,200 [3.0]	12.15	14.00	7.6	1,025 [484]
	RCGJ-36A2 (UGPL-05?BMK?)	34,600 [10.1]	24,200 [7.1]	10,400 [3.0]	11.45	13.20	7.6	1,200 [566]
	RCHJ-36A2 (UGPL-05?BMK?)	34,600 [10.1]	24,200 [7.1]	10,400 [3.0]	11.45	13.20	7.6	1,200 [566]
	RCGA-36A2 (UGPL-07?BRK?)	34,000 [10.0]	23,600 [6.9]	10,400 [3.0]	11.65	13.40	7.6	1,200 [566]
	RCGJ-36A2 (UGPL-07?BRK?)	34,800 [10.2]	24,550 [7.2]	10,250 [3.0]	11.90	13.80	7.6	1,200 [566]
	RCHA-36A2 (UGPL-07?BRK?)	34,000 [10.0]	23,600 [6.9]	10,400 [3.0]	11.65	13.40	7.6	1,200 [566]
	RCHJ-36A2 (UGPL-07?BRK?)	34,800 [10.2]	24,550 [7.2]	10,250 [3.0]	11.90	13.80	7.6	1,200 [566]
	RCQC-3621A (UGPL-07?BRK?)	36,000 [10.5]	26,300 [7.7]	9,700 [2.8]	12.15	13.50	7.6	1,200 [566]
	RCFA-A*3621A* (UGPL-07?BRQ?)	35,800 [10.5]	25,250 [7.4]	10,550 [3.1]	12.35	14.00	7.6	1,200 [566]
	RCFA-H*3621A* (UGPL-07?BRQ?)	35,800 [10.5]	25,250 [7.4]	10,550 [3.1]	12.35	14.00	7.6	1,200 [566]
	RCGA-36A2 (UGPL-07?BRQ?)	34,400 [10.1]	23,950 [7.0]	10,450 [3.1]	12.10	14.00	7.6	1,200 [566]
	RCGJ-36A2 (UGPL-07?BRQ?)	35,200 [10.3]	24,850 [7.3]	10,350 [3.0]	12.40	14.40	7.6	1,200 [566]
	RCHA-36A2 (UGPL-07?BRQ?)	34,400 [10.1]	23,950 [7.0]	10,450 [3.1]	12.10	14.00	7.6	1,200 [566]
	RCHJ-36A2 (UGPL-07?BRQ?)	35,200 [10.3]	24,850 [7.3]	10,350 [3.0]	12.40	14.40	7.6	1,200 [566]

① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating	Indoor CFM [L/s]
Outdoor Unit UAND-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
036**Z	RCQC-3621A (UGPL-07?BRQ?)	36,200 [10.6]	26,600 [7.8]	9,600 [2.8]	12.65	14.00	7.6	1,200 [566]
	RCFA-A*3621A* (UGPL-10?BRM?)	35,800 [10.5]	25,250 [7.4]	10,550 [3.1]	12.15	13.50	7.6	1,225 [578]
	RCFA-H*3621A* (UGPL-10?BRM?)	35,800 [10.5]	25,250 [7.4]	10,550 [3.1]	12.15	13.50	7.6	1,225 [578]
	RCGA-36A2 (UGPL-10?BRM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.95	13.75	7.6	1,225 [578]
	RCGJ-36A2 (UGPL-10?BRM?)	35,000 [10.3]	24,750 [7.3]	10,250 [3.0]	12.25	14.15	7.6	1,225 [578]
	RCHA-36A2 (UGPL-10?BRM?)	34,200 [10.0]	23,800 [7.0]	10,400 [3.0]	11.95	13.75	7.6	1,225 [578]
	RCHJ-36A2 (UGPL-10?BRM?)	35,000 [10.3]	24,750 [7.3]	10,250 [3.0]	12.25	14.15	7.6	1,225 [578]
	RCQC-3621A (UGPL-10?BRM?)	36,200 [10.6]	26,500 [7.8]	9,700 [2.8]	12.45	14.00	7.6	1,225 [578]
	RCGA-36A2 (UGPL-12?ARM?)	34,600 [10.1]	23,900 [7.0]	10,700 [3.1]	12.10	14.00	7.6	1,250 [590]
	RCGJ-36A2 (UGPL-12?ARM?)	35,400 [10.4]	24,800 [7.3]	10,600 [3.1]	12.40	14.40	7.6	1,250 [590]
	RCHA-36A2 (UGPL-12?ARM?)	34,600 [10.1]	23,900 [7.0]	10,700 [3.1]	12.10	14.00	7.6	1,250 [590]
	RCHJ-36A2 (UGPL-12?ARM?)	35,400 [10.4]	24,800 [7.3]	10,600 [3.1]	12.40	14.40	7.6	1,250 [590]
	RCSA-H*3617A* (UHKA-HM3617)	35,800 [10.5]	25,300 [7.4]	10,500 [3.1]	12.25	14.00	7.6	1,225 [578]
	RCSA-H*3617A* (UHLA-HM3617)	35,800 [10.5]	25,300 [7.4]	10,500 [3.1]	12.40	14.00	7.6	1,200 [566]
	RCSA-H*3617A* (UHSA-HM3617)	35,000 [10.3]	24,650 [7.2]	10,350 [3.0]	11.75	13.00	7.6	1,100 [519]
	RCSA-H*3621A* (UHSA-HM3621)	35,000 [10.3]	24,650 [7.2]	10,350 [3.0]	11.75	13.00	7.6	1,100 [519]
042**Z	RCFA-A*4821A*	42,500 [12.5]	30,950 [9.1]	11,550 [3.4]	11.70	13.00	7.6	1,400 [661]
	RCFA-A*4824A*	42,500 [12.5]	30,950 [9.1]	11,550 [3.4]	11.70	13.00	7.6	1,400 [661]
	RCFA-H*4821A* ①	42,500 [12.5]	30,950 [9.1]	11,550 [3.4]	11.70	13.00	7.6	1,400 [661]
	RCFA-H*4824A*	42,500 [12.5]	30,950 [9.1]	11,550 [3.4]	11.70	13.00	7.6	1,400 [661]
	RCQC-4821A	42,000 [12.3]	30,900 [9.1]	11,100 [3.3]	11.55	13.00	7.6	1,400 [661]
	RCQC-4824A	42,000 [12.3]	30,900 [9.1]	11,100 [3.3]	11.55	13.00	7.6	1,400 [661]
	RCQC-4921A	43,000 [12.6]	32,400 [9.5]	10,600 [3.1]	11.85	13.00	7.6	1,400 [661]
	RCQC-4924A	43,000 [12.6]	32,400 [9.5]	10,600 [3.1]	11.85	13.00	7.6	1,400 [661]
	RCSA-H*4821A* (21AHLA48HM)	43,000 [12.6]	31,350 [9.2]	11,650 [3.4]	12.60	14.00	7.6	1,400 [661]
	RCSA-H*4821A* (21AHSA42AU)	42,000 [12.3]	30,600 [9.0]	11,400 [3.3]	11.85	13.00	7.6	1,300 [613]
	RCSA-H*4821A* (21AHSA42HM)	42,000 [12.3]	30,600 [9.0]	11,400 [3.3]	11.85	13.00	7.6	1,300 [613]
	RCBA-60**+RXCT-BCJ (UBHK-24)	41,500 [12.2]	29,350 [8.6]	12,150 [3.6]	12.40	14.00	7.6	1,400 [661]
	RCGJ-48A1 (UBHK-24)	41,500 [12.2]	29,350 [8.6]	12,150 [3.6]	12.40	14.00	7.6	1,400 [661]
	RCHJ-48A1 (UBHK-24)	41,500 [12.2]	29,350 [8.6]	12,150 [3.6]	12.40	14.00	7.6	1,400 [661]
	RCGA-48A1 (UGFD-09?ZCM?)	40,000 [11.7]	28,200 [8.3]	11,800 [3.5]	11.65	13.35	7.6	1,325 [625]
	RCGJ-48A1 (UGFD-09?ZCM?)	40,500 [11.9]	28,950 [8.5]	11,550 [3.4]	11.75	13.35	7.6	1,325 [625]
	RCHA-48A1 (UGFD-09?ZCM?)	40,000 [11.7]	28,200 [8.3]	11,800 [3.5]	11.65	13.35	7.6	1,325 [625]
	RCHJ-48A1 (UGFD-09?ZCM?)	40,500 [11.9]	28,950 [8.5]	11,550 [3.4]	11.75	13.35	7.6	1,325 [625]
	RCGA-48A1 (UGFD-10?ZCM?)	40,000 [11.7]	28,050 [8.2]	11,950 [3.5]	11.50	13.15	7.6	1,325 [625]
	RCGJ-48A1 (UGFD-10?ZCM?)	40,500 [11.9]	28,850 [8.5]	11,650 [3.4]	11.60	13.15	7.6	1,325 [625]
	RCHA-48A1 (UGFD-10?ZCM?)	40,000 [11.7]	28,050 [8.2]	11,950 [3.5]	11.50	13.15	7.6	1,325 [625]
	RCHJ-48A1 (UGFD-10?ZCM?)	40,500 [11.9]	28,850 [8.5]	11,650 [3.4]	11.60	13.15	7.6	1,325 [625]
	RCGA-48A1 (UGFD-12?ZCM?)	41,000 [12.0]	28,000 [8.2]	13,000 [3.8]	11.65	13.35	7.6	1,475 [696]
	RCGJ-48A1 (UGFD-12?ZCM?)	41,500 [12.2]	28,800 [8.4]	12,700 [3.7]	11.75	13.35	7.6	1,475 [696]
	RCHA-48A1 (UGFD-12?ZCM?)	41,000 [12.0]	28,000 [8.2]	13,000 [3.8]	11.65	13.35	7.6	1,475 [696]
	RCHJ-48A1 (UGFD-12?ZCM?)	41,500 [12.2]	28,800 [8.4]	12,700 [3.7]	11.75	13.35	7.6	1,475 [696]
	RCGA-48A1 (UGGD-09?ZCM?)	40,500 [11.9]	28,050 [8.2]	12,450 [3.6]	11.60	13.25	7.6	1,425 [672]
	RCGJ-48A1 (UGGD-09?ZCM?)	41,000 [12.0]	28,850 [8.5]	12,150 [3.6]	11.75	13.35	7.6	1,425 [672]
	RCHA-48A1 (UGGD-09?ZCM?)	40,500 [11.9]	28,050 [8.2]	12,450 [3.6]	11.60	13.25	7.6	1,425 [672]
	RCHJ-48A1 (UGGD-09?ZCM?)	41,000 [12.0]	28,850 [8.5]	12,150 [3.6]	11.75	13.35	7.6	1,425 [672]
	RCGA-48A1 (UGGD-10?ZCM?)	40,500 [11.9]	28,050 [8.2]	12,450 [3.6]	11.60	13.25	7.6	1,425 [672]
	RCGJ-48A1 (UGGD-10?ZCM?)	41,000 [12.0]	28,900 [8.5]	12,100 [3.5]	11.75	13.35	7.6	1,425 [672]
	RCHA-48A1 (UGGD-10?ZCM?)	40,500 [11.9]	28,050 [8.2]	12,450 [3.6]	11.60	13.25	7.6	1,425 [672]
	RCHJ-48A1 (UGGD-10?ZCM?)	41,000 [12.0]	28,900 [8.5]	12,100 [3.5]	11.75	13.35	7.6	1,425 [672]
	RCGA-48A1 (UGGD-12?RCM?)	41,000 [12.0]	28,200 [8.3]	12,800 [3.8]	11.85	13.55	7.6	1,450 [684]
	RCGJ-48A1 (UGGD-12?RCM?)	41,500 [12.2]	29,000 [8.5]	12,500 [3.7]	12.00	13.65	7.6	1,450 [684]
	RCHA-48A1 (UGGD-12?RCM?)	41,000 [12.0]	28,200 [8.3]	12,800 [3.8]	11.85	13.55	7.6	1,450 [684]
	RCHJ-48A1 (UGGD-12?RCM?)	41,500 [12.2]	29,000 [8.5]	12,500 [3.7]	12.00	13.65	7.6	1,450 [684]

① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating	Indoor CFM (L/s)
Outdoor Unit UAND-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
042**Z	RCFA-A*4821A* (UGLL-10?BRM?)	43,000 [12.6]	31,250 [9.2]	11,750 [3.4]	12.35	14.00	7.6	1,375 [649]
	RCFA-A*4824A* (UGLL-10?BRM?)	43,000 [12.6]	31,250 [9.2]	11,750 [3.4]	12.35	14.00	7.6	1,375 [649]
	RCFA-H*4821A* (UGLL-10?BRM?)	43,000 [12.6]	31,250 [9.2]	11,750 [3.4]	12.35	14.00	7.6	1,375 [649]
	RCFA-H*4824A* (UGLL-10?BRM?)	43,000 [12.6]	31,250 [9.2]	11,750 [3.4]	12.35	14.00	7.6	1,375 [649]
	RCFA-A*4824A* (UGLL-12?ARM?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,425 [672]
	RCFA-H*4824A* (UGLL-12?ARM?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,425 [672]
	RCFA-A*4821A* (UGPL-07?BRQ?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,400 [661]
	RCFA-A*4824A* (UGPL-07?BRQ?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,400 [661]
	RCFA-H*4821A* (UGPL-07?BRQ?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,400 [661]
	RCFA-H*4824A* (UGPL-07?BRQ?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,400 [661]
	RCGA-48A1 (UGPL-07?BRQ?)	40,500 [11.9]	28,350 [8.3]	12,150 [3.6]	12.00	13.75	7.6	1,400 [661]
	RCGJ-48A1 (UGPL-07?BRQ?)	41,000 [12.0]	29,150 [8.5]	11,850 [3.5]	12.10	13.75	7.6	1,400 [661]
	RCHA-48A1 (UGPL-07?BRQ?)	40,500 [11.9]	28,350 [8.3]	12,150 [3.6]	12.00	13.75	7.6	1,400 [661]
	RCHJ-48A1 (UGPL-07?BRQ?)	41,000 [12.0]	29,150 [8.5]	11,850 [3.5]	12.10	13.75	7.6	1,400 [661]
	RCQC-4821A (UGPL-07?BRQ?)	42,500 [12.5]	31,450 [9.2]	11,050 [3.2]	12.25	13.50	7.6	1,400 [661]
	RCQC-4824A (UGPL-07?BRQ?)	42,500 [12.5]	31,500 [9.2]	11,000 [3.2]	12.35	13.50	7.6	1,400 [661]
	RCQC-4921A (UGPL-07?BRQ?)	43,500 [12.7]	32,950 [9.7]	10,550 [3.1]	12.40	14.00	7.6	1,400 [661]
	RCQC-4924A (UGPL-07?BRQ?)	43,500 [12.7]	33,000 [9.7]	10,500 [3.1]	12.50	14.00	7.6	1,400 [661]
	RCGA-48A1 (UGPL-10?BRM?)	40,500 [11.9]	28,200 [8.3]	12,300 [3.6]	11.80	13.50	7.6	1,425 [672]
	RCGJ-48A1 (UGPL-10?BRM?)	41,000 [12.0]	28,950 [8.5]	12,050 [3.5]	11.85	13.50	7.6	1,425 [672]
	RCHA-48A1 (UGPL-10?BRM?)	40,500 [11.9]	28,200 [8.3]	12,300 [3.6]	11.80	13.50	7.6	1,425 [672]
	RCHJ-48A1 (UGPL-10?BRM?)	41,000 [12.0]	28,950 [8.5]	12,050 [3.5]	11.85	13.50	7.6	1,425 [672]
	RCFA-A*4824A* (UGPL-12?ARM?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,400 [661]
	RCFA-H*4824A* (UGPL-12?ARM?)	43,000 [12.6]	31,200 [9.1]	11,800 [3.5]	12.30	13.50	7.6	1,400 [661]
	RCGA-48A1 (UGPL-12?ARM?)	40,500 [11.9]	28,350 [8.3]	12,150 [3.6]	12.00	13.75	7.6	1,400 [661]
	RCGJ-48A1 (UGPL-12?ARM?)	41,000 [12.0]	29,150 [8.5]	11,850 [3.5]	12.10	13.75	7.6	1,400 [661]
	RCHA-48A1 (UGPL-12?ARM?)	40,500 [11.9]	28,350 [8.3]	12,150 [3.6]	12.00	13.75	7.6	1,400 [661]
	RCHJ-48A1 (UGPL-12?ARM?)	41,000 [12.0]	29,150 [8.5]	11,850 [3.5]	12.10	13.75	7.6	1,400 [661]
	RCQC-4824A (UGPL-12?ARM?)	42,500 [12.5]	31,500 [9.2]	11,000 [3.2]	12.35	13.50	7.6	1,400 [661]
	RCQC-4924A (UGPL-12?ARM?)	43,500 [12.7]	33,000 [9.7]	10,500 [3.1]	12.50	14.00	7.6	1,400 [661]
	RCSA-H*4821A* (UHKA-HM4821)	43,000 [12.6]	31,300 [9.2]	11,700 [3.4]	12.50	14.00	7.6	1,400 [661]
	RCSA-H*4821A* (UHLA-HM4821)	43,000 [12.6]	31,350 [9.2]	11,650 [3.4]	12.60	14.00	7.6	1,400 [661]
	RCSA-H*4821A* (UHSA-HM4221)	42,000 [12.3]	30,600 [9.0]	11,400 [3.3]	11.85	13.00	7.6	1,300 [613]
048**Z	RCFA-A*4821A*	47,500 [13.9]	34,300 [10.0]	13,200 [3.9]	11.70	13.00	7.6	1,550 [731]
	RCFA-A*4824A*	47,500 [13.9]	34,300 [10.0]	13,200 [3.9]	11.70	13.00	7.6	1,550 [731]
	RCFA-H*4821A* ①	47,500 [13.9]	34,300 [10.0]	13,200 [3.9]	11.70	13.00	7.6	1,550 [731]
	RCFA-H*4824A*	47,500 [13.9]	34,300 [10.0]	13,200 [3.9]	11.70	13.00	7.6	1,550 [731]
	RCQC-4821A	48,000 [14.1]	35,150 [10.3]	12,850 [3.8]	11.60	13.00	7.6	1,600 [755]
	RCQC-4824A	48,000 [14.1]	35,150 [10.3]	12,850 [3.8]	11.60	13.00	7.6	1,600 [755]
	RCQC-4924A	49,000 [14.4]	36,500 [10.7]	12,500 [3.7]	11.95	13.00	7.6	1,540 [727]
	RCTB-A060	46,500 [13.6]	35,350 [10.4]	11,150 [3.3]	11.40	13.05	7.6	1,600 [755]
	RCTH-A060	46,500 [13.6]	35,200 [10.3]	11,300 [3.3]	11.35	13.00	7.6	1,600 [755]
	RCSA-H*4821A* (21AHLA48HM)	48,000 [14.1]	34,800 [10.2]	13,200 [3.9]	12.35	13.50	7.6	1,600 [755]
	RCSA-A*4821A* (21AHSA48AU)	47,500 [13.9]	34,200 [10.0]	13,300 [3.9]	11.75	13.00	7.6	1,525 [720]
	RCSA-H*4821A* (21AHSA48HM)	47,500 [13.9]	34,200 [10.0]	13,300 [3.9]	11.75	13.00	7.6	1,525 [720]
	RCSA-H*4824A* (24AHLA48HM)	48,500 [14.2]	35,050 [10.3]	13,450 [3.9]	12.70	14.00	7.6	1,625 [767]
	RCBA-60**+RXCT-BCK (UBHK-24)	47,000 [13.8]	33,200 [9.7]	13,800 [4.0]	12.15	13.50	7.6	1,600 [755]
	RCGJ-48A1 (UBHK-24)	47,000 [13.8]	33,200 [9.7]	13,800 [4.0]	12.15	13.50	7.6	1,600 [755]
	RCHJ-48A2 (UBHK-24)	47,000 [13.8]	33,200 [9.7]	13,800 [4.0]	12.15	13.50	7.6	1,600 [755]
	RCGJ-48A1 (UGFD-12?ZCM?)	46,500 [13.6]	32,650 [9.6]	13,850 [4.1]	11.60	13.10	7.6	1,650 [779]
	RCHJ-48A2 (UGFD-12?ZCM?)	46,500 [13.6]	32,650 [9.6]	13,850 [4.1]	11.60	13.10	7.6	1,650 [779]
	RCQC-4924A (UGFD-12?ZCM?)	49,000 [14.4]	36,900 [10.8]	12,100 [3.5]	12.30	13.50	7.6	1,475 [696]
	RCGJ-48A1 (UGGD-12?RCM?)	46,500 [13.6]	32,600 [9.6]	13,900 [4.1]	11.55	13.05	7.6	1,650 [779]
	RCHJ-48A2 (UGGD-12?RCM?)	46,500 [13.6]	32,600 [9.6]	13,900 [4.1]	11.55	13.05	7.6	1,650 [779]

① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating	Indoor CFM [L/s]
Outdoor Unit UAND-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
048**Z	RCGA-48A1 (UGPL-07?BRQ?)	45,500 [13.3]	32,000 [9.4]	13,500 [4.0]	11.55	13.10	7.6	1,625 [767]
	RCGJ-48A1 (UGPL-07?BRQ?)	46,500 [13.6]	32,900 [9.6]	13,600 [4.0]	11.75	13.35	7.6	1,625 [767]
	RCHA-48A1 (UGPL-07?BRQ?)	45,500 [13.3]	32,000 [9.4]	13,500 [4.0]	11.55	13.10	7.6	1,625 [767]
	RCHJ-48A2 (UGPL-07?BRQ?)	46,500 [13.6]	32,900 [9.6]	13,600 [4.0]	11.75	13.35	7.6	1,625 [767]
	RCQC-4924A (UGPL-07?BRQ?)	49,500 [14.5]	36,750 [10.8]	12,750 [3.7]	12.35	13.50	7.6	1,625 [767]
	RCGJ-48A1 (UGPL-10?BRM?)	46,500 [13.6]	32,650 [9.6]	13,850 [4.1]	11.55	13.05	7.6	1,625 [767]
	RCHJ-48A2 (UGPL-10?BRM?)	46,500 [13.6]	32,650 [9.6]	13,850 [4.1]	11.55	13.05	7.6	1,625 [767]
	RCGA-48A1 (UGPL-12?ARM?)	45,500 [13.3]	32,050 [9.4]	13,450 [3.9]	11.65	13.20	7.6	1,575 [743]
	RCGJ-48A1 (UGPL-12?ARM?)	46,500 [13.6]	32,950 [9.7]	13,550 [4.0]	11.85	13.45	7.6	1,575 [743]
	RCHA-48A1 (UGPL-12?ARM?)	45,500 [13.3]	32,050 [9.4]	13,450 [3.9]	11.65	13.20	7.6	1,575 [743]
	RCHJ-48A2 (UGPL-12?ARM?)	46,500 [13.6]	32,950 [9.7]	13,550 [4.0]	11.85	13.45	7.6	1,575 [743]
	RCQC-4924A (UGPL-12?ARM?)	49,500 [14.5]	36,850 [10.8]	12,650 [3.7]	12.35	13.50	7.6	1,575 [743]
	RCSA-H*4821A* (UHKA-HM4821)	48,000 [14.1]	34,550 [10.1]	13,450 [3.9]	12.20	13.50	7.6	1,575 [743]
	RCSA-H*4824A* (UHKA-HM4824)	48,500 [14.2]	35,050 [10.3]	13,450 [3.9]	12.65	14.00	7.6	1,625 [767]
	RCSA-H*4821A* (UHLA-HM4821)	48,000 [14.1]	34,800 [10.2]	13,200 [3.9]	12.35	13.50	7.6	1,600 [755]
	RCSA-H*4824A* (UHLA-HM4824)	48,500 [14.2]	35,050 [10.3]	13,450 [3.9]	12.70	14.00	7.6	1,625 [767]
	RCSA-H*4821A* (UHSA-HM4821)	47,500 [13.9]	34,200 [10.0]	13,300 [3.9]	11.75	13.00	7.6	1,525 [720]
	RCSA-H*4824A* (UHSA-HM4824)	47,500 [13.9]	34,200 [10.0]	13,300 [3.9]	11.75	13.00	7.6	1,525 [720]
060**Z	RCFA-A*6024A*	57,500 [16.8]	39,700 [11.6]	17,800 [5.2]	11.35	13.00	7.6	1,675 [790]
	RCFA-H*6024A* ①	57,500 [16.8]	39,700 [11.6]	17,800 [5.2]	11.35	13.00	7.6	1,675 [790]
	RCSA-H*6024A* (24AHLA60HM)	59,000 [17.3]	40,700 [11.9]	18,300 [5.4]	12.10	13.50	7.6	1,800 [849]
	RCGJ-60A1 (UBHK-24)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCHA-60A1 (UBHK-24)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCHJ-60A1 (UBHK-24)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCBA-60**+RXCT-BCK (UBHK-25)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCGA-60A1 (UBHK-25)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCGJ-60A1 (UBHK-25)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCHA-60A1 (UBHK-25)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCHJ-60A1 (UBHK-25)	55,500 [16.3]	37,600 [11.0]	17,900 [5.2]	11.30	13.00	7.6	2,000 [944]
	RCQC-6124A (UGFD-12?ZCM?)	58,000 [17.0]	40,250 [11.8]	17,750 [5.2]	11.50	13.00	7.6	1,650 [779]
	RCQC-6124A (UGPL-07?BRQ?)	57,500 [16.8]	40,400 [11.8]	17,100 [5.0]	11.55	13.00	7.6	1,625 [767]
	RCQC-6124A (UGPL-12?ARM?)	57,500 [16.8]	40,500 [11.9]	17,000 [5.0]	11.60	13.00	7.6	1,575 [743]
	RCSA-H*6024A* (UHKA-HM6024)	59,000 [17.3]	40,700 [11.9]	18,300 [5.4]	12.05	13.50	7.6	1,800 [849]
	RCSA-H*6024A* (UHLA-HM6024)	59,000 [17.3]	40,700 [11.9]	18,300 [5.4]	12.10	13.50	7.6	1,800 [849]

① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

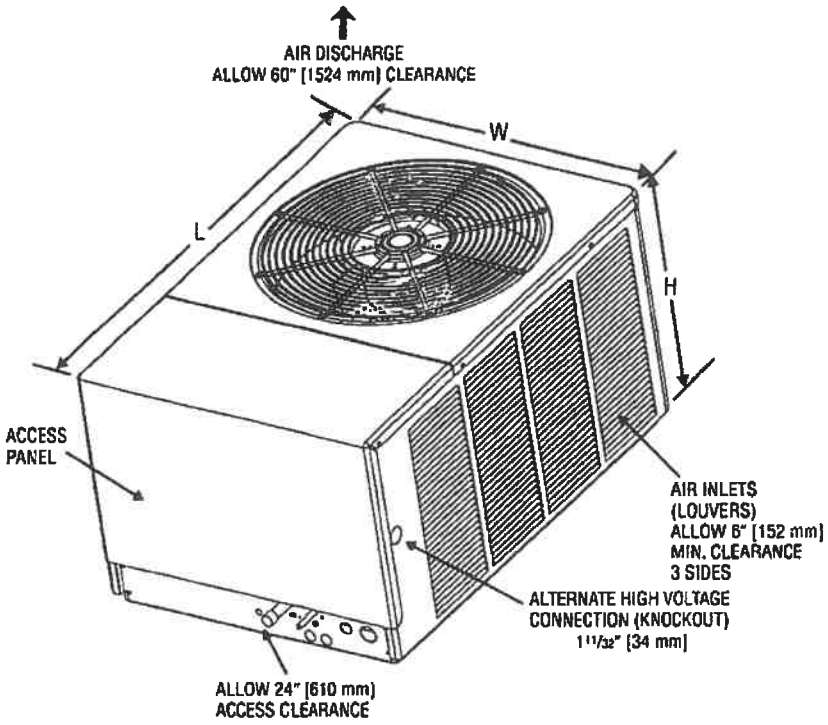
Electrical and Physical Data

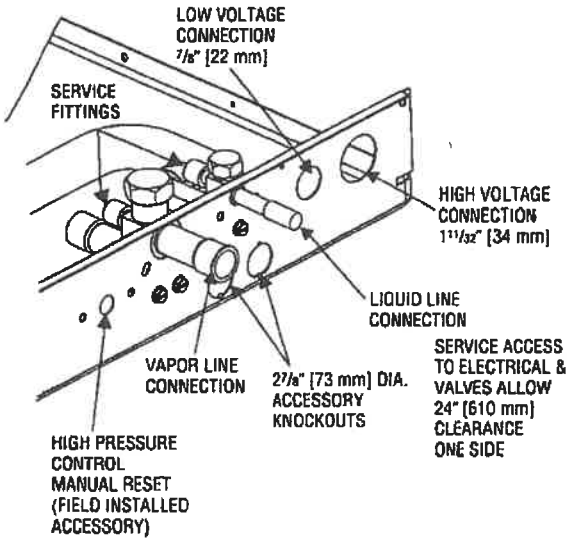
Model Number UAND-	ELECTRICAL							PHYSICAL					
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			R-22 Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
018J*Z	1-60-208/230	7.7/7.7	40.3	0.6	11/11	15/15	15/15	9.07 [0.84]	1	1640 [774]	68 [1928]	135 [61.2]	145 [65.8]
024J*Z	1-60-208/230	10.4/10.4	54.0	0.6	14/14	20/20	20/20	11 [1.02]	1	1900 [897]	76 [2155]	145 [65.8]	155 [70.3]
030J*Z	1-60-208/230	14.1/14.1	68.0	0.8	19/19	25/25	30/30	12.94 [1.2]	1	2520 [1189]	88 [2495]	160 [72.6]	170 [77.1]
036C*Z	3-60-208/230	9.6/9.6	88.0	1.2	14/14	20/20	20/20	17.26 [1.6]	1	3290 [1553]	116 [3289]	180 [81.6]	190 [86.2]
036D*Z	3-60-460	5.8	38.0	0.6	8	15	15	17.26 [1.6]	1	3290 [1553]	116 [3289]	180 [81.6]	190 [86.2]
036J*Z	1-60-208/230	14.4/14.4	77.0	1.2	20/20	25/25	30/30	17.26 [1.6]	1	3290 [1553]	116 [3289]	180 [81.6]	190 [86.2]
042C*Z	3-60-208/230	12.2/12.2	88.0	1.2	17/17	20/20	25/25	17.26 [1.6]	1	3290 [1553]	136 [3856]	195 [88.5]	205 [93]
042D*Z	3-60-460	5.8	44.0	0.6	8	15	15	17.26 [1.6]	1	3290 [1553]	136 [3856]	195 [88.5]	205 [93]
042J*Z	1-60-208/230	19.2/19.2	104.0	1.2	26/26	30/30	40/40	17.26 [1.6]	1	3290 [1553]	136 [3856]	195 [88.5]	205 [93]
048C*Z	3-60-208/230	12.2/12.2	80.8	1.2	17/17	20/20	25/25	23.01 [2.14]	1	3500 [1652]	146 [4139]	225 [102.1]	235 [106.6]
048D*Z	3-60-460	6.1	41.0	0.6	9	15	15	23.01 [2.14]	1	3500 [1652]	146 [4139]	225 [102.1]	235 [106.6]
048J*Z	1-60-208/230	20.2/20.2	137.0	1.2	27/27	35/35	45/45	23.01 [2.14]	1	3500 [1652]	146 [4139]	225 [102.1]	235 [106.6]
060C*Z	3-60-208/230	15.4/15.4	110.0	1.2	21/21	25/25	35/35	23.01 [2.14]	1	3500 [1652]	176 [4990]	230 [104.3]	240 [108.9]
060D*Z	3-60-460	7.1	52.0	0.6	10	15	15	23.01 [2.14]	1	3500 [1652]	176 [4990]	230 [104.3]	240 [108.9]
060J*Z	1-60-208/230	25.3/25.3	141.0	1.2	33/33	40/40	50/50	23.01 [2.14]	1	3500 [1652]	176 [4990]	230 [104.3]	240 [108.9]

Note: Electrical & Physical Data for 048Y*Z & 060Y*Z to be made available at a later date.

[ ] Designates Metric Conversions

Unit Dimensions





Model Number UAND-	Height "H" (Inches) [mm]	Length "L" (Inches) [mm]	Width "W" (Inches) [mm]
018	19 [482]	33 1/2 [851]	23 3/4 [603]
024	19 [482]	39 [990]	27 5/8 [702]
030	19 [482]	43 [1092]	31 1/2 [800]
036/042	25 [635]	43 [1092]	31 1/2 [800]
048/060	33 [838]	43 [1092]	31 1/2 [800]

[ ] Designates Metric Conversions

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

GENERAL TERMS OF LIMITED WARRANTY

Ruud will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

Condenser Coil leaks caused by factory defects ..... Five (5) Years
Compressor
A-Series ..... Ten (10) Years
B-Series ..... Seven (7) Years
*Any Other Part ..... Five (5) Years

***This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.**

Condensing Unit Refrigerant Line Size Information

System Capacity Model	Liquid Line Connection Size (Inch I.D.) [mm]	Line Size (Inch O.D.) [mm]	Liquid Line Size Outdoor Unit Above Indoor Coil — Total Length—Feet [m]						Liquid Line Size Outdoor Unit Below Indoor Coil — Total Length—Feet [m]					
			25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]	25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
			Vertical Separation—Feet [m]						Vertical Separation—Feet [m]					
018	5/16 [7.93]	1/4* [6.35]	25 [7.62]	50 [15.24]	70 [21.34]				25 [7.62]	23 [7.01]	8 [2.44]			
		5/16 [7.94]			36 [10.97]	42 [12.80]	48 [14.63]	54 [16.46]			36 [10.97]	30 [9.14]	24 [7.32]	18 [5.49]
024	5/16 [7.93]	1/4* [6.35]	25 [7.62]	50 [15.24]					25 [7.62]	50 [15.24]				
		5/16 [7.94]		24 [7.32]	34 [10.36]	44 [13.41]	54 [16.46]	64 [19.51]		48 [14.63]	38 [11.58]	28 [8.53]	18 [5.49]	8 [2.44]
030	5/16 [7.93]	1/4* [6.35]	25 [7.62]	50 [15.24]					25 [7.62]	50 [15.24]				
		5/16 [7.94]		19 [5.79]	33 [10.08]	47 [14.33]	61 [18.59]			50 [15.24]	39 [11.89]	25 [7.62]	11 [3.35]	
		3/8 [9.53]					11 [3.35]	16 [4.57]						57 [17.37]
036	5/16 [7.93]	5/16* [7.94]	25 [7.62]	50 [15.24]	70 [21.34]				25 [7.62]	23 [7.01]	9 [2.74]			
		3/8 [9.53]			34 [10.36]	40 [12.19]	46 [14.02]	52 [15.85]			38 [11.58]	32 [9.75]	26 [7.92]	20 [6.10]
042	5/16 [7.93]	5/16* [7.94]	25 [7.62]	50 [15.24]	75 [22.86]				25 [7.62]	23 [7.01]	9 [2.74]			
		3/8 [9.53]			32 [9.75]	39 [11.89]	46 [14.02]	53 [16.15]			40 [12.19]	33 [10.06]	26 [7.92]	19 [5.79]
048	3/8 [9.53]	3/8* [9.53]	25 [7.62]	44 [13.41]	53 [16.15]	61 [18.59]	70 [21.34]		25 [7.62]	28 [8.53]	19 [5.79]	11 [3.35]	3 [.91]	
		1/2 [12.7]					37 [11.28]	39 [11.89]					35 [10.67]	33 [10.06]
060	3/8 [9.53]	3/8* [9.53]	25 [7.62]	46 [14.63]	61 [18.59]	72 [21.95]			25 [7.62]	23 [7.01]	11 [3.35]	3 [.91]		
		1/2 [12.7]				35 [10.87]	38 [11.58]	41 [12.50]				37 [11.28]	34 [10.36]	31 [9.45]

*Standard line size

NOTES:
① This chart is applicable for condensing units.
② Do not exceed 120 feet [36.58 m] maximum vertical separation.
③ Always use the smallest liquid line possible to minimize system charge.
④ Chart may be used to size horizontal runs.

NOTES:
① This chart is applicable for condensing units.
② This chart may also be used to size horizontal runs.
③ Do not exceed vertical separation as indicated on the chart.
④ Always use the smallest liquid line possible to minimize system charge.
⑤ No changes required for flow-check pistons or expansion valve coils.

Suction Line Length/Size versus Capacity Multiplier							
UAND-		018	024	030	036/042	048	060
Unit Suction Line Connection Size		3/4" [19.05 mm] I.D. Sweat			7/8" [22.23 mm] I.D. Sweat	7/8" [22.23 mm] I.D. Sweat*	
Suction Line Run—Feet [m]		5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard 7/8" [22.23 mm] O.D. Optional			3/4" [19.05 mm] O.D. Optional 7/8" [22.23 mm] O.D. Standard 1 1/8" [28.58 mm] O.D. Optional	7/8" [22.23 mm] O.D. Optional 1 1/8" [28.58 mm] O.D. Standard 1 3/8" [34.93 mm] O.D. Optional	
25' [7.62]	Optional	.98	.98	—	.99	.99	.99
	Standard	1.00	1.00	1.00	1.00	1.00	1.00
	Optional	1.01	1.01	1.01	1.01	1.01	1.01
50' [15.24]	Optional	.96	.96	—	.97	.97	.97
	Standard	.99	.99	.99	.99	1.00	.99
	Optional	1.00	1.00	1.00	1.01	1.01	1.01
100' [30.48]	Optional	.93	.93	—	.93	.96	.95
	Standard	.99	.98	.97	.98	.99	.99
	Optional	1.00	.94	.99	1.00	1.00	1.00
150' [45.72]	Optional	—	—	—	—	.93	.93
	Standard	.98	.97	.95	.97	.99	.98
	Optional	1.00	.98	.97	.99	1.00	.99

NOTES: Capacity Multiplier x Rated Capacity = Actual Capacity.
Additional compressor oil is not required for runs up to 150 feet [45.72 m].
Oil traps in vertical runs are not required for any height up to 125 feet [38.10 m]. See Liquid Line chart for Vertical Separation Requirements and Limitations.
*Actual suction line connection is 7/8". Adapter to 1 1/8" [28.58 mm] factory supplied.

[ ] Designates Metric Conversions

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

RUUD
AIR CONDITIONING
DIVISION

5600 Old Greenwood Road, Fort Smith, Arkansas 72908

"In keeping with its policy of continuous progress and product improvement, Ruud reserves the right to make changes without notice."

PRINTED IN U.S.A. 3-06 DC

FORM NO. A22-183 REV. 3
Supersedes Form No. A22-183 Rev. 2

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 65.01 LOT: 64.05 PERMIT #:

WORKSITE ADDRESS: 2 Lyndon Lane

CERTIFYING INDIVIDUAL (PRINT NAME)
Name: DAVID KIRK
Address PO BOX 533
Street: 62 W Farms Rd
State: N. Jersey

COMPANY
Name: Nova Air Conditioning & Heating
City: Howell
Zip: 07731
Phone# (732-938 4314

CHECK THE APPROPRIATE BOX
TYPE OF REPLACEMENT
(X) Oil to Gas Conversion
( ) Gas appliance Replacement
( ) Oil to Oil Replacement
( ) Other (describe): Electric to Gas

EXISTING VENT/CHIMNEY:
(X) B label vent
( ) L label vent
( ) Masonry chimney-tile lined
( ) Flexible liner
( ) Other (describe): None

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

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

Signature Date

OIL TO OIL OR GAS TO GAS REPLACEMENTS
I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lied and sized for the appliance being installed.

Signature Date

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

Signature Date

DIRECT VENT APPLIANCE:
NO CERTIFICATION REQUIRED:

Signature 10-30-06
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

REPLACEMENT WATER HEATER
CHECK LIST

ADDRESS 2-Lydon **BLK** 6001 **LOT** 6.04.05

- ☑ Manufacture By ...Rheem.....
- ☑ Serial Number RHLN-0606109956
- ☑ Gallons .....40 gal.....

TYPE OF ENERGY

- ☑ Natural Gas
- ☐ L.P. Gas
- ☐ Electric
- ☐ Power Vent

- ☑ Shut off valve
- ☑ Jumper Wire
- ☑ Adapters not leaking
- ☑ Gas Cock
- ☐ Flexible Gas Connector
- ☑ Drip Leg on Gas
- ☑ Relief Valve Discharge to a Safe Location (6" A.F.F.)
- ☐ Emergency Pan (if supplied)
- ☐ Vacuum Breaker (if applicable)
- ☑ Flue Pipe Secured
- ☑ Clearance – 6" on single wall and 1" on double wall
- ☑ CO Detector
- ☐ Gas Detector Used

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME McCARRON BLOCK 65.01 LOT 64.05

ADDRESS 2 Lyndon Lane ZONING RELEASE 41857 + 41858

DATE SUBMITTED 12/18/06

TYPE OF WORK Water Heater & Furnace

	REVIEWED BY	APPROVED	COMMENTS
FIRE ✓	12/18/06	OK	
BUILDING			
ELECTRICAL ✓	12-18-06	OK	
PLUMBING ✓	12/19/06 AE	OK	
MECHANICAL			
OTHER			
SEPTIC			

DEC 18 2006

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) 2 LYNDON LN PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 LYNDON LN
2. Name of Owner in Fee: MCCARRON Tel. (____) [redacted]
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BK CONTRACTORS Tel. (____) 934-3583
   Address 457 NEWTONS CORNER RD
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer [redacted] Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work ALEX KAY
   Tel. (____) 934-3583 FAX (____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	38,000								

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:

U.C.C. F100-1 (rev 3/96)

LDS HW-B 10409797

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name BK CONTRACTORS

Address 457 NEWTONS CORNER RD

Telephone (938-3583

Signature

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued	8/8/2007
Tracking Number	5833
Permit Number	19980480
Permit Issue Date	4/15/1998
Certificate Number	19980480

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 LYNDON LANE HOWELL, NJ Block: 65.01 Lot: 64.05 Qual:

Owner in Fee: MCCARRON

Owner Address: 2 LYNDON LN HOWELL NJ 07731

Telephone:

Contractor BK CONTRACTING

Address PO BOX 601 HOWELL NJ 07731

Telephone: 7329383583 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

REROOF WITH TIMBERLINE SHINGLE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☑ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

C. Phillips 8/10/07

Construction Official

Fee: $0.00

Check Number:

Collected By:

Date Printed: 8/8/2007

CONSTRUCTION PERMIT

Date Issued 4/15/98
Control #
Permit # 98-480

IDENTIFICATION Block 65.01 Lot 64.05

Work Site Location 2 LYNDON LN

Owner in Fee MCCARLTON

Address SAME

Tel. ( )

Contractor BK CONTRACTORS

Address 457 NEWTONS CORNER RD

Tel. ( ) 938-3583

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: RE ROOF - TIMBERLINE SHINGLES (OVER W/1ST)

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 $ 3800.00

(W K (EB)
Construction Official

Date

PAYMENTS (Office Use Only)

Building	25.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other CC	3.00
Total	28.00
Check No.	4014
Cash	
Collected by EB	4/15/98

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

U.C.C. Form F-1700

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/15/98
Date Issued
Control #
Permit # 98-480

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

Block 15.01 Lot 4.05

Work Site Location 2 LYNDON LN

Owner in Fee MCCARRON

Address SAME

Tele. ( )

Contractor BK CONTRACTORS

Address 457 NEWTONS CORNER RD

Tele. ( ) [redacted] Fax ( )

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

Federal Emp. No.

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

RE-ROOF ENTIRE ROOF W/ TIMBERLINE SHINGLES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4.9.98	MK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/19/07
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/19/07	MK
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] 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)

$	
	25.00
	3.00 CC
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R3
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) $ 3800.00

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/15/98
Date Issued
Control #
Permit # 98-480

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

Block 105.01 Lot 6405

Work Site Location 2 LYNDON LN

Owner in Fee MCCARRON

Address SAME

Tele. ( )

Contractor PK CONTRACTORS

Address 457 NEWTONS CORNER RD

Tele. ( ) Fax ( )

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

Federal Emp. No.

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

RE-ROOF ENTIRE ROOF W/ TIMBERLINE SHINGLES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4/15/98	WK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5/2	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] 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)

$	no
	25
	300
	CC
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R3
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) $ 3800.00

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

RECEIVED
APR 09 1998

PLAN REVIEW CHECK LIST

NAME McCarron BLOCK 65.01 LOT 64.05

ADDRESS 2 Lyndon ZONING RELEASE

DATE SUBMITTED

DEVELOPMENT Reroof Emergency

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING	4-13-98		OK	
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

CODE1.FRM

NOTICE

The State recently passed a new subchapter of the Uniform Construction Code.
The New Jersey Administrative Code Title 5, Chapter 23, Subchapter 6 was passed into law in January of 1998.

Subchapter 6 is identified as the REHABILITATION SUBCODE.

Section 5:23-6.3 defines Repairs as:

The restoration to a good or sound condition of materials, systems and/or components that are worn, deteriorated or broken using materials or components identical to or closely similar to the existing.

Section 5:23-6.4 Repairs:

4. (f) In accordance with N.J.S.A. 52:27D-198.1 et seq., in buildings of Use Groups R-3 and R-4 and in dwelling units of Use Group R-2, smoke detectors shall be installed and maintained in each story within the dwelling unit, including basements. Battery-operated units shall be permitted.

The permit that you have applied for requires the installation of smoke detectors in the dwelling as per the section listed above.

This requirement **will not** require a specific inspection to determine compliance, however, it will be your obligation to ensure that 5:23-6.4 , 4 (f) is complied with.

I have read the information above and having certified in the permit application that I am the Owner of record making application , will conform to this regulation.

_____ _____
SIGNATURE DATE

I have read the information above and having certified in the permit application that I am the Agent of record making application, will advise the homeowner as to the need for compliance with this regulation.

Deborah L. Stoker for 4-15-98
SIGNATURE DATE

BLOCK 65.01 LOT 6405

ADDRESS 2 Lyndon

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HW-B 10606403

Township of Howell
Certificate of Continued Occupancy A 4608

Date July 11, 1986

Property Address: 2 Lyndon Lane Block 65 Lot 64-5

Property Owners Name: Donald & Linda Irvin

Address: 2 Lyndon Lane Howell, N.J.

Person Making Application: Angelika Bolt

Attorney or Real Estate Broker: Barrymor Realty Howell, N.J.

[X] DWELLING RE-SALE [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $25.00 Inspected By Robert Lord

July 11, 1986 Robert Lord

DATE ISSUED CODE ENFORCEMENT OFFICER

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

6/24/86

HOWELL TOWNSHIP INSPECTIONS DEPARTMENT

Today

APPLICATION FOR

CERTIFICATE OF CONTINUED OCCUPANCY

1.) Owner's name & address:
Donald G. & Linda S. Irvin
2 Lyndon Lane
Howell, NJ
Telephone # [redacted]

2.) Property location:
same
Block 65 Lot 64-5
Residential Commercial APT.

3.) Does property have a well? yes Septic System? yes

4.) Occupancy change due to sale ✓ rent ____ other ____

5.) Is this a V.A. sale? NO F.H.A. sale? NO

6.) Name, address and telephone number of person to be contacted regarding the inspection:
Linda Irvin, 2 Lyndon Lane Howell 938-6368
or Angelika Bolt 364-4440

7.) Name, address and telephone number of Attorney or Realtor:
Angelika Bolt, Barrymor Realty, 2356 Route 9
Howell NJ 364-4440

The purpose of the municipal inspection for a Continued Certificate of Occupancy to determine if the housing unit complies with the minimal requirements of the "New Jersey State Housing Code" Which code has been adopted by the Township of Howell. Although the property owner might incidentally benefit from the inspection, the property owner or purchaser should indepently protect himself with regard to the premises being occupied as, inspections such as these require judgement in difficult area and as the whole and not for the benefit of the particular owner. The municipality assumes no liability by reason of the issuance of a Certiciate of Continued Occupancy.
The second re-inspection will require an additional fee

FEE SCHEDULE IS AS FOLLOWS:

RESIDENTIAL & COMMERCIAL UNITS: $15.00
SEPTIC SYSTEMS: $10.00

25.00 #911

Payment of $25.- is enclosed with this application.

DATE: 6/10/86 X Angelika Bolt
signature

Department C. Enforcement

6/16/86

I hereby give permission to authorized personnel from the Township of Howell to inspect the above premises at any reasonable time.

TOWNSHIP OF HOWELL

HOUSING INSPECTION REPORT

ADDRESS 2 LYDON LANE

LOT SIZE _____ : BLOCK 65 LOT 64-5 ZONE _____

OWNERS NAME IRVIN

AGENT/TENANT _____

TYPE OF PREMISES: FAMILY _____ MULTIFAMILY _____ LODGING HOUSE _____

NUMBER OF UNITS IN DWELLING: DWELLING UNITS _____ LODGING HOUSE _____

DATE 6-16-86 INSPECTORS NAME R LORD

ADDITIONAL NOTES: OFF WINDOW

BASEMENT STAIRWAYS FR REAR YARD NEEDS HANDRAILS

SECTION 3-WATER SUPPLY	YES	NO
3.1 Safe and portable		
3.2 Approved		
Min. rate or flow not less than 1 gal.		
3.3 per minute		
SECTION 4-FACILITIES		
4.1 Every dwelling unit has:		
kitchen sink		
flush type water closet		
lavatory		
bath tub or shower		
4.2 Lodging house has min. of 1 for every		
3 persons		
flush water closets		
lavatory		
bathtub or shower		
4.3 Water closet, lavatory, bathtub or		
shower accessible		
Afford privacy		
4.4 All plumbing fixtures properly connected		
In good working order		
4.5 All kitchen sinks, lavatories, bathtubs,		
showers connected to hot and cold water		
4.6 Water heating facilities installed and		
properly maintained		
Minimum water temp. 120 F.		
SECTION 5-GARBAGE & RUBBISH		
5.1 Garbage properly stored		
approved receptacles		
1 for each dwelling unit		
5.2 Rubbish properly stored		
approved receptacles		
1 for each dwelling unit		
SECTION 6-LIGHTING		
6.1 Direct to outdoors		
minimum window area 10%		
6.2 Electric service		
6.3 Each room has 2 electrical outlets or 1		
ceiling fixture and 1 wall outlet, in		
[illegible]		
Electrical wiring hazards		
6.4 Nonhabitable areas have min. 2 lumens		
6.5 Common stairways have min. 2 lumens		
6.6 Bathroom and water closet have min. 3 lum.		
art. lighting controlled by wall switch		
SECTION 7-VENTILATION		
7.1 Every habitable room has min. 2 air		
changes per hour (6.1)		
7.2 Bathroom and water closet has min. 6		
air changes		

SECTION 8-HEATING EQUIPMENT	YES	NO
8.1 Properly installed good		
safe working order Can		
maintain 70 F.		
8.2 Space heaters properly vented		
8.2-9 Smoke detectors		
SECTION 9-EGRESS		
9.1 Adequate safe and unobstructed		
9.2 Below ground level sleeping room		
has proper egress		
SECTIONS 10-MAINTENANCE		
10.1 In good repair		
foundation		
floors		
walls		
ceilings		
doors		
windows		
roof		
other parts of building		
10.2 Stairways and porches are safe		
and in good repair		
stairway bannistered		
10.3 Porch/balcony/roof used for		
egress has safe railings		
10.4 Roof, windows, walls and ext.		
doors free from holes & leaks		
10.5 Foundation, floors, walls free		
of chronic dampness		
10.6 Free from rodents, vermin, insects		
Outer openings properly screened		
from May 1 to October 1.		
10.7 Dwelling unit and premises free of		
garbage, rubbish and litter.		
Lawns, hedges, bushes trimmed		
fences in good repair		
10.8 Interior paint/wall paper in		
good condition		
10.9 Watercloset and bathroom floors		
properly constructed		
kept clean		
SECTION 11-USE AND OCCUPANCY		
11.1 Dwelling unit has 150 sq. ft.		
first occupant & 100 sq. ft. for		
each additional occupant		
11.2 Sleeping rooms each dwelling		
unit has 70 sq. ft. for one occ.		
50 sq. ft. for each occ. over 1		
LODGING UNITS:		
30 sq. ft. for 1 occ.		
60 sq. ft. for each occ. over 1		
11.3 Min. ceiling height 7 ft. 50%		
floor area		
11.4 Sleeping room below 3'6 or		
ground level		
11.5 Sleeping room below ground level		
but not in excess of 3'6		

TOWNSHIP OF HOWELL

HOUSING INSPECTION REPORT

ADDRESS 2 Lyndon Lane

LOT SIZE _____ : BLOCK 65.01 LOT 64.5 ZONE _____

OWNERS NAME _____

AGENT/TENANT _____

TYPE OF PREMISES: FAMILY ✓ MULTIFAMILY _____ LODGING HOUSE _____

NUMBER OF UNITS IN DWELLING: DWELLING UNITS _____ LODGING HOUSE _____

DATE 6/30/16 INSPECTORS NAME P. Hoover

ADDITIONAL NOTES: ~~re-inspection~~

basement stairway needs handrail

AL

SECTION 3-WATER SUPPLY	YES	NO
3.1 Safe and portable		
3.2 Approved		
Min. rate of flow not less than 1 gal.		
3.3 per minute		
SECTION 4-FACILITIES		
4.1 Every dwelling unit has:		
kitchen sink		
flush type water closet		
lavatory		
bath tub or shower		
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3 persons		
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bathtub or shower		
4.3 Water closet, lavatory, bathtub or		
shower accessible		
Afford privacy		
4.4 All plumbing fixtures properly connected		
In good working order		
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properly maintained		
Minimum water temp. 120 F.		
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10.1 In good repair		
foundation		
floors		
walls		
ceilings		
doors		
windows		
roof		
other parts of building		
10.2 Stairways and porches are safe		
and in good repair		
stairway bannistered		
10.3 Porch/balcony/roof used for		
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doors free from holes & leaks		
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of chronic dampness		
10.6 Free from rodents, vermin, insects		
Outer openings properly screened		
from May 1 to October 1.		
10.7 Dwelling unit and premises free of		
garbage, rubbish and litter.		
Lawns, hedges, bushes trimmed		
fences in good repair		
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good condition		
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first occupant & 100 sq. ft. for		
each additional occupant		
11.2 Sleeping rooms each dwelling		
unit has 70 sq. ft. for one occ.		
50 sq. ft. for each occ. over 1		
LODGING UNITS:		
30 sq. ft. for 1 occ.		
60 sq. ft. for each occ. over 1		
11.3 Min. ceiling height 7 ft. 50%		
floor area		
11.4 Sleeping room below 3'6 or		
ground level		
11.5 Sleeping room below ground level		
but not in excess of 3'6		

The Monmouth County Board of Health

RT. 9 & CAMBELL CT.
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (201) 431-7456

MCHD LOG 17986

July 11, 1986

ADDRESS OF INSPECTION:

OWNER Donald G. & Linda S. Irvin

2 Lyndon Lane

Howell, New Jersey 07731

BLOCK 65 LOT 64-5

Gentlemen:

Water Supply Private Well

This is to certify that a review of a water analysis report on 7/10/86 indicated that the well supply met Monmouth County Health Department water standards. An inspection of the visible part of the supply system on 6/20/86 indicates that the water supply is satisfactory for domestic use, and with reasonable maintenance will be unlikely to create a problem.

Sewerage:

This is to certify that a review of our records and inspection of the above property on 6/20/86 indicates that no immediate or recent problems exist and with reasonable maintenance the sewage disposal system should function in a satisfactory manner.

Sincerely,

Lester W. Jargowsky

Lester W. Jargowsky, M.P.H.
Public Health Coordinator

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500

June 23, 1986

Re: Block 65 Lot 64-5

Donald & Linda Irvin
2 Lyndon Lane
Howell, New Jersey 07731

Dear Sir:

An investigation was conducted on June 16, 1986 at the above location, for the purpose of obtaining a Continued Certificate of Occupancy.

Upon investigation, it was determined that the item(s) listed below must be repaired, replaced, etc., before a C.C.O. can be issued. When this work has been completed, please call this department to arrange for a reinspection.

There will be no occupancy whatsoever in any residential or commercial building until the Certificate is obtained. Failure to abide by this measure will result in a summons being issued.

Thank you for your cooperation. Please feel free to call or write this office if further information is required.

Violations to be Abated:

1. Basement stairways from rear yard needs handrail

Very truly yours,

Robert Lord

Robert Lord
Code Administrator

/mbw

VERBAL APPROVAL

GIVEN BY: Bob

DEPARTMENT: Bd of Hlth

DATE: 7-10-86

TIME: 4:50 pm

REC. BY: M. Wolff

TYPE: Well / Septic

OWNER: Irwin

ADDRESS: 2 Lyndon Lane

BLOCK: 65 LOT: 64-5

LOT NO.	BLOCK NO.	STREET ADDRESS
64-5	65	2 Lyndon Lane Howell

NAME OF INSPECTOR	SOURCE OF COMPLAINT	INITIAL INSPECTION / /

NAME AND ADDRESS OF OWNER	NAME AND ADDRESS OF AGENT

ROUTINE INSP.	
YES	NO

TYPE OF USE		
VACANT		
DWELLING		
MULTI. DWELL.		
COMMERCIAL		
INDUSTRIAL		

NOTICE DATES		

REINSPECTION DATES		

HISTORY

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2 Lyndon Lane, Howell
2. Owner Name: Donald Irvin Tel. (___) [redacted]
   Address _____
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS HW-B 10409769

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 65-1 LOT NO. 64-5 SUBDIVISION _____ PERMIT NO. 5538-1

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ _____					_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____ .
PLUMBING	_____ .
ELECTRICAL	_____ .
FIRE PROTECTION	_____ .
OTHER _____	_____ .
SUBTOTAL	$ _____ .
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ .)
D.C.A. TRAINING FEE .0006 x _____	= _____ .
CERTIFICATE OF OCCUPANCY	_____ .
OTHER _____	_____ .
OTHER _____	_____ .
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____ .

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

HOWELL TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3538-1
DATE ISSUED 8-28-85
REVISION DATE
Block 65-1 Lot 64-5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Donald Irwin
Address 2 Lyndon Lane
Howell, N.J. 07731
Tel. (201) 938-6368
Work Site Address 2 Lyndon Lane

Contractor Self
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Donald Irwin
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Storage shed
No Mechanicals

☐ See Plans

TYPE OF WORK:

- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
B.P.		29.70
Electrical		1.98
Other		20
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 51.68

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

8-28-85

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5538-1
DATE ISSUED 8 28 87
REVISION DATE
Block 65-1 Lot 6.02-5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Donald Irvin
Address 2 Lyndon Lane
Howell N.J. 07731
Tel. (201) 938-6366
Work Site Address 2 Lyndon Lane

Contractor GeH
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Donald Irvin
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Storage shed
No Mechanicals

☐ See Plans

TYPE OF WORK:

- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
	10 6	29.76
	10 11	1.98
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 51.98

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

8.28.87

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

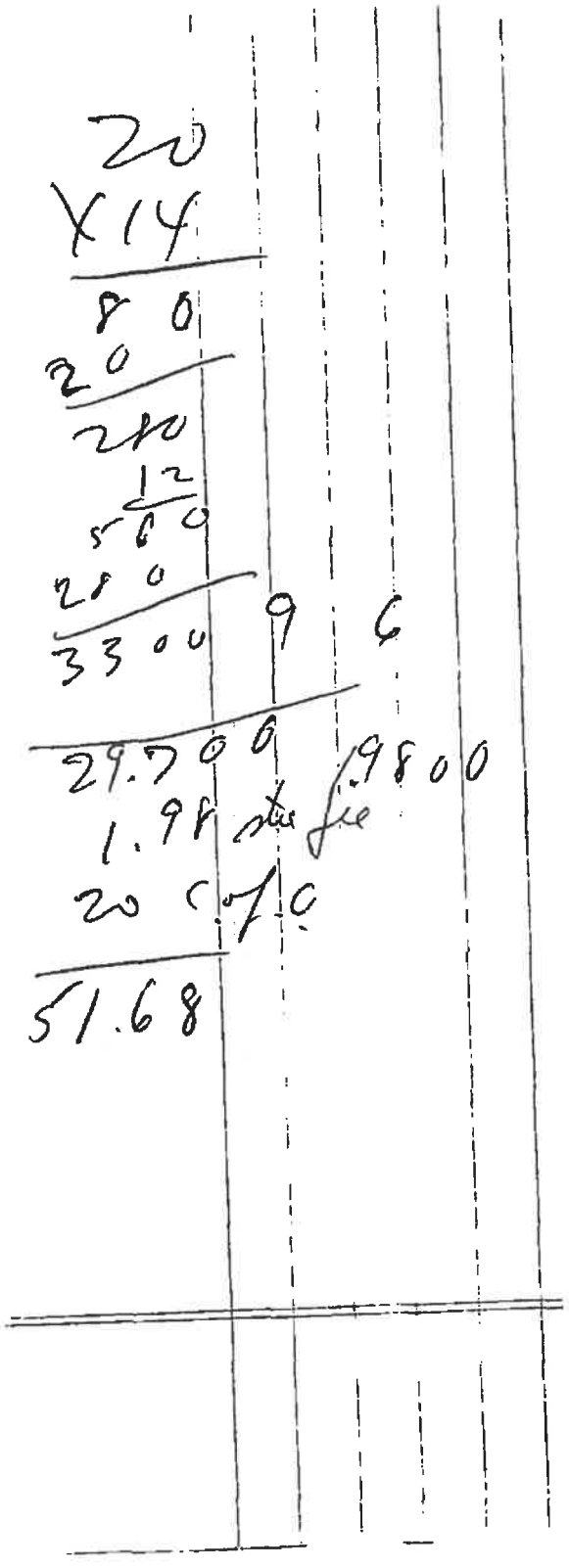
☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				


20
X14
280
20
240
12
560
200
3300
9 C
29.700
1.9800
1.98 sales tax
20 C.T.C
51.68

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 65-1 LOT(S) 64-5 STREET Lyndon Lane

APPLICANT: NAME Donald G. Irvin

ADDRESS 2 Lyndon Lane, Howell

PHONE [redacted]

PROPOSED USE:
- ____ Tennis court
- ____ Detached garage
- X Shed
- ZONE: ARE-2
- ____ Pool
- ____ Deck
- ____ Patio
- ____ Tennis Court
- ____
- ____ Antenna/Antenna Tower
- ____ Farm structure: Specify ____
- ____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way ____ fee (and ____ feet if a corner lot)
Side yard clearances 10' feet and ____ feet
Rear yard clearances 10' fee

DESCRIPTION OF STRUCTURE: Height 12' feet to highest point
Length 20 fee Width 14 feet

Type of fence: — (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ____ $10.00 residential
FEE: ____ $20.00 non-residential

Donald G. Irvin 8/28/05
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/~~is not~~ found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

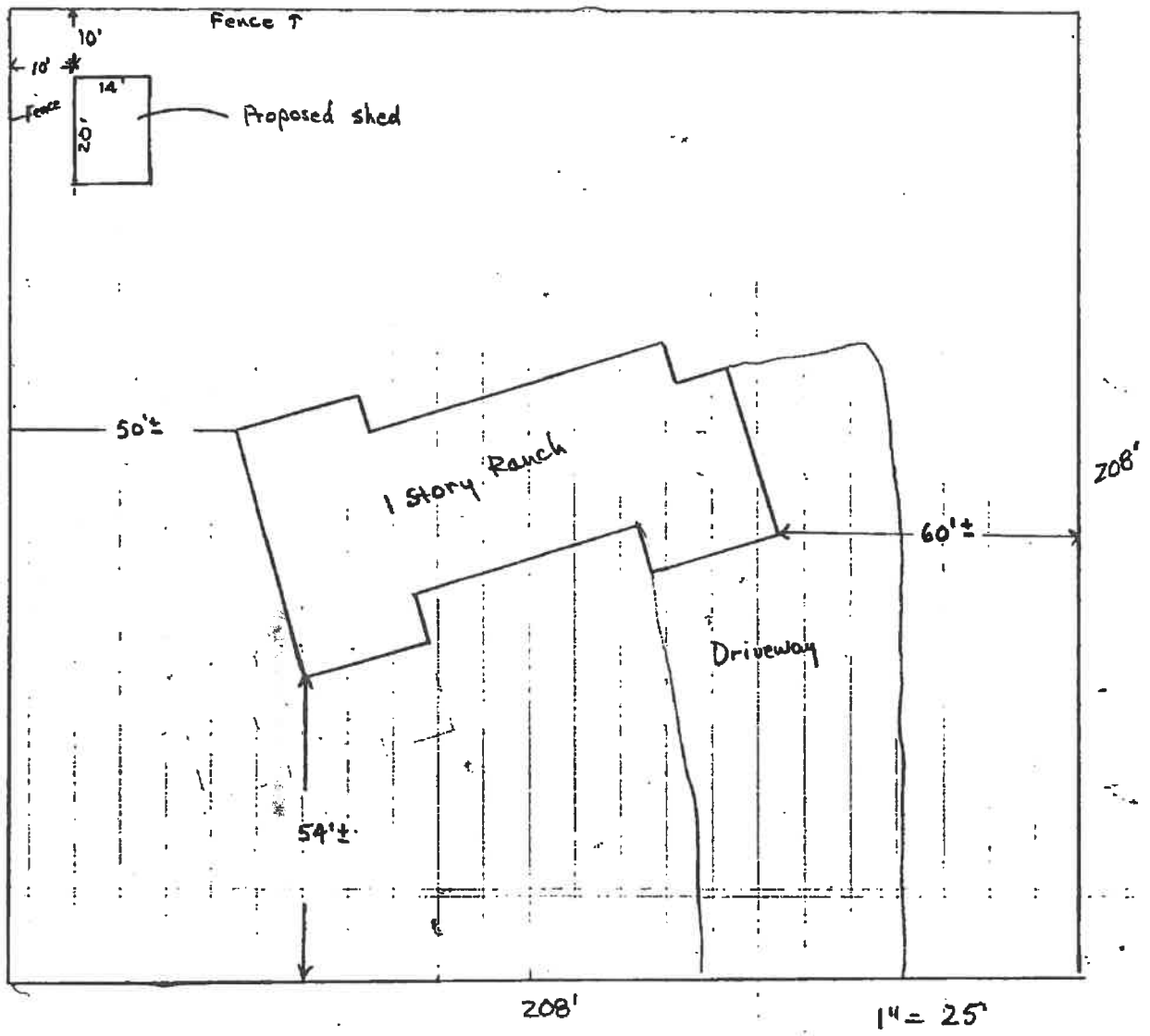
8/28/05
Date

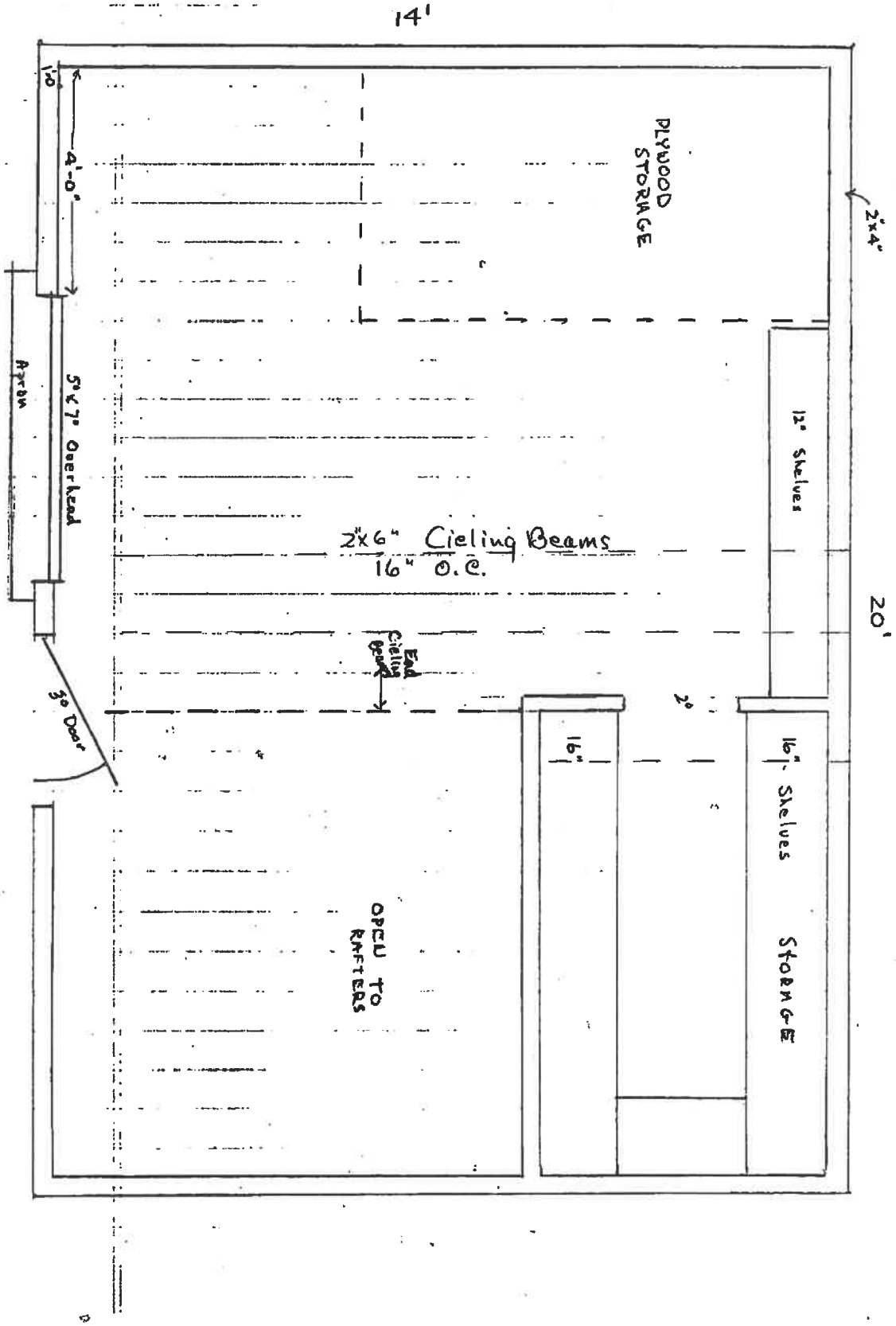
T. M. Hand
HOWELL TOWNSHIP LAND USE OFFICER

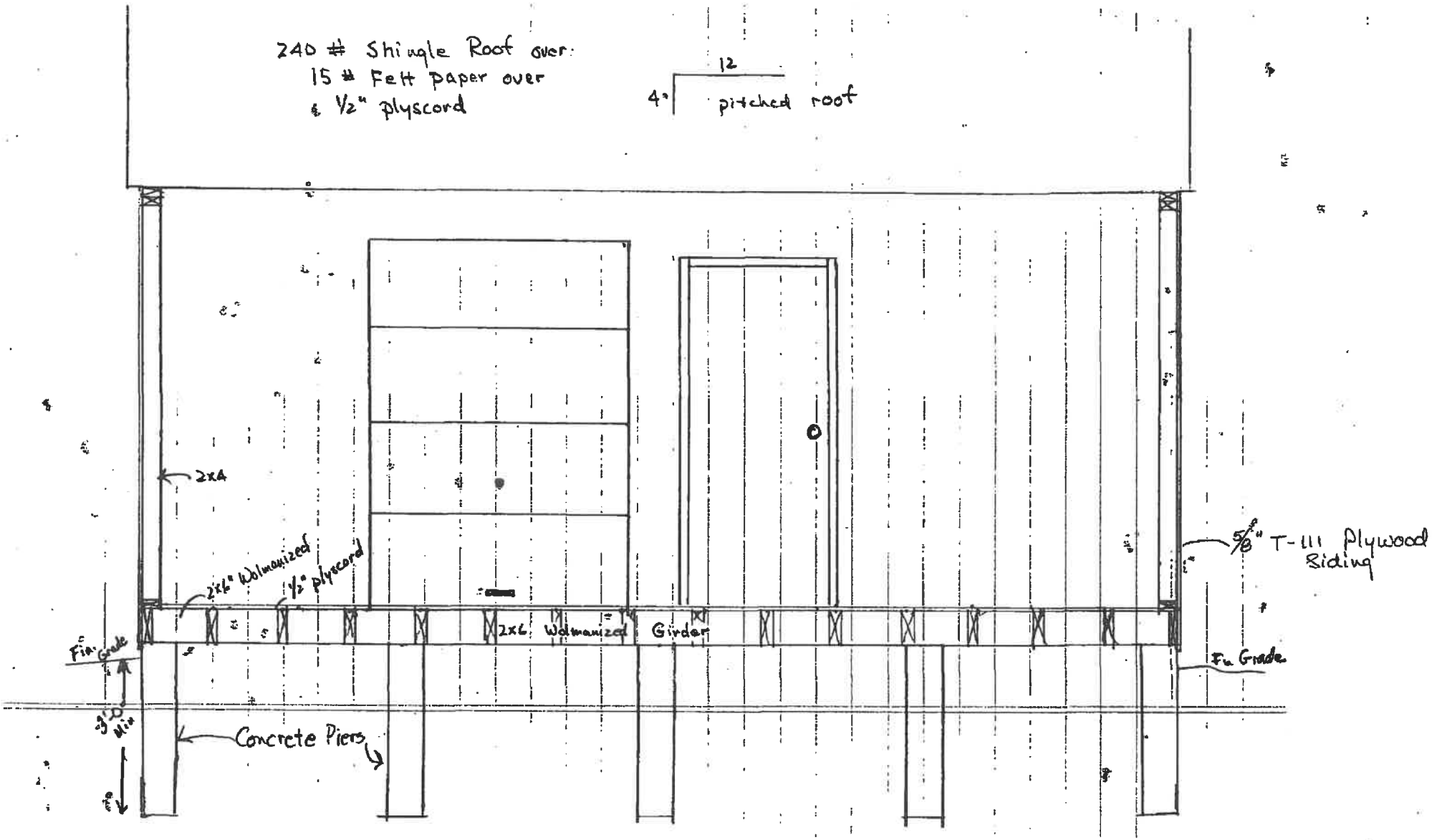
COMMENTS/EXPLANATIONS: ____

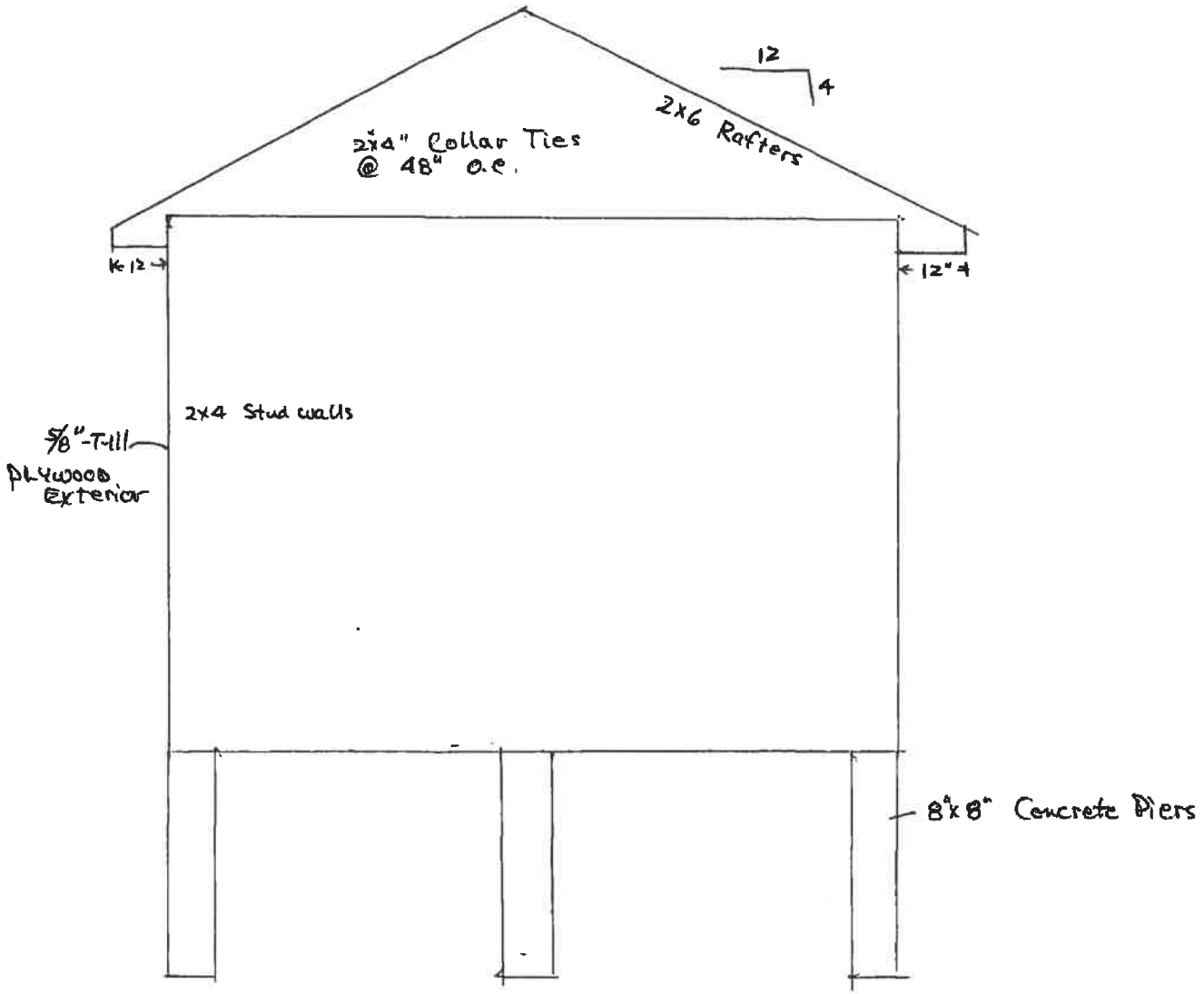
REFERRALS:
- ✓ To Building Dept.
- ____ To Planning Bd.
- ____ To Fire Prevention
- ____ To Zoning Bd.
- ____ To Bd. of Health
- ____ To M.U.A.
- ____ To Engineering
- ____ To ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE


Fence
10'
10'
Fence
14'
20'
Proposed shed
50'±
1 Story Ranch
208'
60'±
Driveway
54'±
208'
1" = 25'


14'
20'
1'-0"
4'-0"
Apron
5'x7' Overhead
PLYWOOD STORAGE
2"x4"
12" Shelves
2"x6" Cieling Beams
16" O.C.
End Cieling Beam
3'0" Door
2'
16"
16" Shelves
STORAGE
OPEN TO RAFTERS


240 # Shingle Roof over
15 # Felt paper over
& 1/2" plyscord
12
4"
pitched roof
2x4
2x6" Wolmanized
1/2" plyscord
2x6 Wolmanized Girder
5/8" T-111 Plywood Siding
Fin. Grade
Fin. Grade
3'-0" Min
Concrete Piers


12
4
2x6 Rafters
2x4" Collar Ties
@ 48" o.c.
12"
12"
2x4 Stud walls
5/8"-T-111
PLYWOOD
Exterior
8"x8" Concrete Piers

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 8/16/2013
Control Number C-21907
Permit Number 20130241
Permit Issue Date 1/30/2013
Certificate Number 20130241

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 LYNDON LANE Howell Township, NJ Block: 65.01 Lot: 64.05 Qual:

Owner in Fee: MC CARRON, PETER & CAROLINE

Owner Address: 2 LYNDON LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor ALL COUNTY EXTERIORS

Address 560 CROSS STREET LAKEWOOD NJ 08701

Telephone: (732) 370-2780 Fax:

License Number or Builders Registration Number: 13VH01860400 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INSTALL CERT DF CEDAR IMPRESSIONS OVER EXISTING SD

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/16/2013

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/30/13
Control # C-21907
Date Issued
Permit # 2013 0241

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

Block 65.01 Lot 64.05 Qualification Code
Work Site Location 2 Lyndon Ln. Howell, NJ 07731

Owner in Fee: Peter McCarron
Tel. ([redacted]) e-mail
Address 38 Grove (street) (municipality) (zip code)

Contractor: All County Exteriors Tel. (732) 370-2780
Address 560 Cross Street., Lakewood, NJ 08701 e-mail

Contractor License No. or Builder Registration No. 13VH01860400 Exp. Date 12/31/2012
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (732) 370-9542

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.
Sign here: Alexandra Marzavella
Print name here: Alexandra Marzavella

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Cert. DT Cedar Impressions ~~Shake~~ Siding over existing

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1/17/13	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 1-17-13
Approved by: CG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-26-13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/23/13	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 498.00
Administrative Surcharge $
Minimum Fee $ 50.00
State Permit Surcharge Fee $ 27.00
TOTAL FEE $ 475.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present V-B Proposed V-B
No. of Stories
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.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 15,996
2. Rehabilitation $
3. Total (1+ 2) $ 15,996

U.C.C. F110 (rev. 11/09)

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

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 12/12/2013
Control Number C-10418
Permit Number 20091746
Permit Issue Date 8/27/2009
Certificate Number 20091746

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 LYNDON LANE Howell Township, NJ Block: 65.01 Lot: 64.05 Qual:

Owner in Fee: MC CARRON, PETER & CAROLINE

Owner Address: 2 LYNDON LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor NOVA AIR CONDITIONING & HEATING

Address 181 TRYPAK RD HOWELL NJ 07731

Telephone: (732) 938-4314 Fax:

License Number or Builders Registration Number: 13VH01475100 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT AC SYSTEM

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/12/2013 U.C.C. F260 (rev. 08/05)

65.01 - 64.05

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-27-09
Control # C10418
Date Issued
Permit # 20091746

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

Block 65.01 Lot 64.05 Qualification Code
Work Site Location 2 Lyndon ln

Owner in Fee Caroline McCarron
Address 2 Lyndon ln
Howell NJ 07731
Tel [redacted] 938 - 7613
Contractor Nova Heating & Air Conditioning
Address 181 Tyrpak Rd
Howell NJ 07731
Tel (732) 938-4314 FAX (732) 938-6512
Contractor License No 13VH01475100 Exp 12-31-09
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/18/09
Approved by: Allen Hoosted

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/16/09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9/16/09	AL

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 Plumbing Contractor [X] Exempt Applicant

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

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

Administrative Surcharge $	
Minimum Fee $	65
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F130 (rev. 1/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Uniform Construction Code

Date Received 8-27-09
Control # C10418
Date Issued
Permit # 20091746

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

Block 65.01 Lot 64.05 Qualification Code
Work Site Location 2 Lyndon Ln
Owner In Fee Caroline + Peter McCarron
Address 2 Lyndon Ln
Howell NJ 07731
Tel ( )
Contractor NTG Electric Co
Address 2 Darien Circle
Howell NJ 07731
Tel (732) 367-9611 FAX ( )
Contractor License No. 13477
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ [redacted] 300.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	6.3	KW Central A/C Unit	65
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 1-
State Permit Surcharge Fee $
TOTAL FEE $ 66

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date 8-18-09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-16-09
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-16-09	TD
Barrier-Free				

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

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
DIVISION OF ENGINEERING
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580
Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

ROAD OPENING / R.O.W. EXCAVATION PERMIT

(To be completed by the Applicant)

Permit # RO-14-027
(Assigned by Township)

The issuance of this permit requires the Permittee to comply with the terms and conditions of the Code of the Township of Howell, Chapter 277 entitled "Streets, Sidewalks & R.O.W. Excavations." The permittee is responsible to make all necessary supplemental investigations to locate all underground utilities in the vicinity of work.

Date of Application: 2/24/14 Scheduled Date of Excavation: When Approved

Application is hereby made by: Cablevision of Monmouth hereafter known as the Permittee.

Address: 40 pine street - Tinton Falls,NJ

Telephone #: 732-681-8222 E-mail Address: JHopkins@cablevision.com

Proposed construction consists of: (check all that apply)
☐ Sanitary Sewer Connection ☐ Storm Sewer Connection
☐ Curb Repair or Replacement ☐ Sidewalk Repair or Replacement
☐ Utility (Gas, Water, etc.) ☐ Driveway Repair or Replacement ☒ Other CATV replacement

Exact description of work (attach sketch of all work proposed): Replace cable under street - will use existing conduit if one exists or bore under roadway - See Attached

If work requires excavation within a Township street, trench will be: _____ ft. (Wide) X _____ ft. (Long) = _____ Square Feet (S.F.)

Any additional area of work or improvements within the Township right-of-way is _____ S.F.

Total area of excavation and work within right-of-way is _____ S.F. (trench) + _____ S.F. (other) = _____ S.F. Total.

To service the property located at: 2 Lyndon Lane Block: 65.01 Lot: 64.06

Contractor completing work: Telecable Inc. Telephone #: 908-482-5196 (Gary Cell)

Contractor's address: 1511 New Market Ave. - South Plainfield,NJ 07080

FEE SCHEDULE:

A.	Application Fee (non-refundable)		$ 75.00
B.	Inspection Fee (non-refundable)	(Openings 100 SF or less, $100.00)	$ No fees
	(Openings greater than 100 SF, _____SF x $1.50/SF)		$ _____
	(Minimum inspection fee for a Utility company, $250.00)		
		Total for 1st Payment*:	$ per Franchise agreement
C.	Restoration Guarantee_____SF x $25.00/SF (Min. $500.00)		$
	(**refundable**, see Chapter 277 for conditions)		
	(* separate payments required)	**Total for 2nd Payment*:**	$

APPLICANT: Applicant/Permittee, his/her agents and any representatives agree to hold the Township and its officers harmless against any and all claims, judgments or other costs arising from the excavation and other work covered by the excavation permit or for which the Township, the Township Council or any Township officer or designee may be made liable by reason of any accident or injury to person or property through the fault of the permittee either in not properly guarding the excavation or for any other injury resulting from the negligence of the permittee.

Signature (Permittee): _____ Date: 2/24/14

APPLICANT: When all signatures have been obtained, this form will become your permit. Please produce a copy of this form during construction upon request.

(For Official Use Only, to be completed by Township Officials)

Approved: ✓ Denied: _____

Special Conditions for Approval or Reason for Denial: If it becomes necessary to disturb the pavement, restoration will be as per Twp Ordinance §277-34. Depending on the amount of disturbed pavement, a curb to curb mill+overlay may be required.

☒ Traffic Control devices will be required ☒ Police Traffic Directors will be required ☐ Detour required

Division Officer's Name: Lisa Birzin Title: Engineering Aide II

Division Officer's Signature: Lisa Birzin Date: 2/27/2014

cc: Applicant, File, Public Works, Police Department

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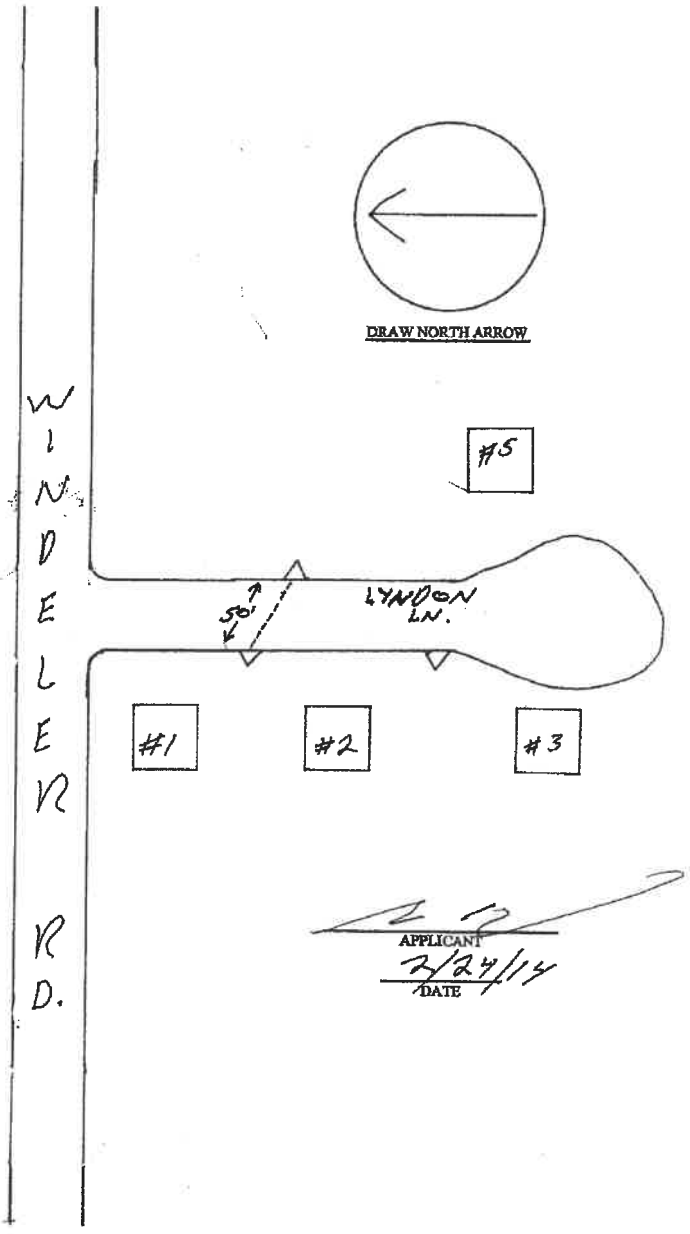
SKETCH FOR PROPOSED EXCAVATION



General Notes:

1. Draw excavation location and label size and orientation on plan.
2. Provide house locations (if any) and house numbers for reference points.
3. Add sidewalk to plan if it's part of excavation or if excavation is between curb and sidewalk.

Ticket: 140550786

From : nj@occinc.com Mon, Feb 24, 2014 11:35 AM

Subject : Ticket: 140550786

To : telecablenj@comcast.net

New Jersey One Call System

Transmit: Date: 02/24/14 At: 11:35

*** R O U T I N E *** Request No.: 140550786

Underground Facility Operators Notified:
BAN = VERIZON CAM = CABLEVISION OF MONMOUTH
GPE = JERSEY CENTRAL POWER & LI HOW = HOWELL TOWNSHIP SEWER UTI
NJN = NEW JERSEY NATURAL GAS CO NWS = NEW JERSEY WATER SUPPLY A

Start Date/Time: 02/28/14 At 00:15
Start By Date : 03/10/14 Expiration Date: 04/29/14

Location Information:
County: MONMOUTH Municipality: HOWELL
Subdivision/Community:
Street: 1 - 2 LYNDON LN
Nearest Intersection: WINDELER RD
Other Intersection:
Lat/Lon:
Type of Work: REPLACE CATV MAIN
Block: Lot: Depth: 4FT
Extent of Work: CURB TO CURB. CURB TO 15FT BEHIND CURB. CURB TO 15FT BEHIND OPPOSITE CURB.
Remarks:
SIDE BY SIDE
Working For Contact: JEFF HOPKINS

Working For: CABLEVISION OF MONMOUTH
Address: 40 PINE STREET
City: TINTON FALLS, NJ 07753
Phone: 732-681-8222 Ext:

Excavator Information:
Caller: GARY COUGHLIN
Phone: 908-754-8808 Ext:

Excavator: TELECABLE
Address: 1511 NEW MARKET AVE
City: SOUTH PLAINFIELD, NJ 07080
Phone: 908-754-8808 Ext: Fax: 908-754-3451
Cellular: 908-482-5196
Email: telecablenj@comcast.net
End Request

Donna Belton

From: Eileen Cusa
Sent: Monday, June 22, 2020 3:03 PM
To: Donna Belton
Subject: RE: OPRA 20-767
Attachments: BLK65.01 - L64.05 LU Cert-2013-02-08.pdf

Good afternoon,

Attached are Land Use files for OPRA 20-767.

Eileen Cusa
Administrative Assistant

Township of Howell
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
Phone: (732) 938-4500 x 2335
Fax: (732) 414-3243

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, June 15, 2020 8:36 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 20-767

Good Morning,

Attached please find OPRA 20-767 for your review. Please forward your findings to me no later than 6/24/2020.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

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LAND USE CERTIFICATE

BLOCK: 65.01 LOT: 64.05 SITE ADDRESS: 2 Lyndon Lane

OWNER NAME: McCarron APPLICANT NAME: _____

THE CONSTRUCTION OR INSTALLATION OF A/(AN):

☐ NEW BUILDING	☐ ADDITION	☐ ALTERATION	☐ DECK
☐ PORCH	☐ FENCE	☐ TREE REMOVAL	☐ CLOTHING BIN
☐ SIGN	☐ BANNER	☐ WIND FLAG	☐ IN-GROUND POOL
☐ ABOVE GROUND POOL	☐ OUTDOOR DISPLAY OF GOODS	☒ OTHER: Generator	

IS HEREBY APPROVED BY THE DIVISION OF LAND USE AND PLANNING.

COMMENTS / SPECIAL CONDITIONS: _____

IMPORTANT NOTE: Based upon the application presented to the Township of Howell, all of which the applicant swears to be true, the proposed usage is found to be in accordance with the Land Use Ordinance of the Administrative Code of the Township of Howell.

TOWNSHIP OF HOWELL – DIVISION OF LAND USE AND PLANNING

Land Use Officer's Name: _____ (please print)

Land Use Officer's Signature: _____ Date: 2-8-2013