



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

Date Issued 9/13/2023
Control Number C-63030
Permit Number 20231756
Permit Issue Date 8/17/2023
Certificate Number 20231756

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 8 ANNIE DRIVE HOWELL, NJ 07731 Block: 79.05 Lot: 5 Qual: _____
Owner in Fee: HARTMAN, ANNE M.
Owner Address: 8 ANNIE DRIVE HOWELL NJ 07731
Telephone: [REDACTED]
Contractor ROYAL AIR HEATING & COOLING
Address 1735 ROUTE 9 NORTH HOWELL NJ 07731
Telephone: (732) 409-3322 Fax: (732) 677-2776 Federal Emp. Number: [REDACTED]
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: 5B
Maximum Live Load: _____ Maximum Occupancy Load: _____

Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT, REPLACEMENT A/C A-COIL, REPLACEMENT FURNACE

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
Date Printed: 9/13/2023

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

Fee: \$0.00
Check Number: _____
Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 79.05 Lot 5 Qualification Code _____

Work Site Location: 8 ANNIE DRIVE HOWELL, NJ 07731

Owner in Fee: HARTMAN, ANNE M.

Address 8 ANNIE DRIVE HOWELL NJ 07731

Tel. _____ Email _____

Contractor: ROYAL AIR HEATING & COOLING

Address 1735 ROUTE 9 NORTH HOWELL NJ 07731

Tel. (732) 409-3322

Email royalairhvac@gmail.com
Fax. (732) 677-2776

Lic No. _____ Exp. Date _____

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

Federal Employee No. 22-3686217

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5 _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS				
☐ No Plan Required			Type:	Failure	Failure	Approval	Initial
☐ Partial/Underslab Approved			Rough				
☐ Partial Underslab Utilities Approved			Barrier-Free				
Date: _____ by: _____			Trench				
☐ Electrical Plans Approved			Temp. Serv.				
Date: _____ by: _____			Constr. Serv.				
☐ Joint Plan Review Required			TCO				
☐ Building ☐ Plumbing			Other				
☐ Fire ☐ Elevator			Service				
SUBCODE APPROVAL for PERMIT			Final				
Date: _____			Barrier-Free				
Approved by: _____			Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card Date Issued				
☐ CO ☐ CCO ☒ CCA			Annual Pool Inspection				
Date: <u>9-13-23</u>			Date of Grounding and Bonding				
Approved by: _____			Certification				

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE EXTERIOR CONDENSING UNIT, REPLACEMENT A/C A-COIL,
REPLACEMENT FURNACE.

QTY. SIZE

ITEMS

FEE (Office Use Only)

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors - Frac. HP
- Emergency & Exit Lights
- Communication Points
- Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range/Receptical		
KW Oven/Surface Unit		
KW Elec. Water Heater		
KW Elec. Dryer/Recepticle		
KW Dishwasher		
HP Garbage Disposal		
KW Central A/C Unit	1	\$25
HP/KW Space Heater/Air Hand	7	\$25
KW Baseboard Heat	1	\$25
HP Motors 1/+ HP		
KW Transformer/Generator		
AMP Service		
AMP Subpanels		
AMP Motor Control Center		
KW Elec. Sign/Outline Light		

Fuses
Wt 25
120V

Administrative Surcharge	\$85
Minimum Fee	\$7
State Permit Surcharge Fee	
TOTAL FEE	\$92

COPY



MECHANICAL INSPECTION



79.05-5

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

Block 79.05

Lot 5

Qualification Code

Work Site Location 8 Annie Dr Howell

Owner in Fee: Anne Hartman

Tel: [redacted] e-mail: [redacted]

Address same as above

Contractor: Royal Air street municipality

Address 1735 Rt 9 e-mail: Royalairhvac@gmail.com

Howell

Contractor License No. 19HC00062700

Home Improvement Contractor Registration No. or Exemption Reason Exp. Date 06/30/2024

Federal Emp. ID No. 01273700 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work \$ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[] Mechanical Plans Approved

Date: 8-10-23 Approved by: [signature]

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

[] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 8-10-23

Approved by: [signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 8-24-23

Approved by: [signature]

INSPECTIONS

Type: Water Heater

Appliance

Chimney/Vent

Piping

Tank

Cooling/AC

Generator

Fireplace

Chimney Cert.

Other

Other

Final

DATES

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here: Ehab Darwish

[] Licensed Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace furnace, coil & condenser

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

Administrative Surcharge \$	85
Minimum Fee \$	7
State Permit Surcharge Fee \$	92
TOTAL FEE \$	



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 79.05 LOT 5 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 8 ANNIE DR HOWELL

Owner in Fee ANNE HARTMAN

Verifying Individual EHAB DARWISH Company ROYAL AIR

Address 1735 RT 9 N HOWELL 07731

Street City State Zip Code
Tel: [REDACTED] Fax: [REDACTED]

Check the Appropriate Box(es):

Type of Replacement:

- | | |
|-------------------------------------|---------------------------|
| ☐ | Oil to Gas Conversion |
| ☐ | Gas to Oil Conversion |
| ☒ | Gas Appliance Replacement |
| ☐ | Oil to Oil Replacement |
| ☐ | Other _____ |

Existing Vent/Chimney: Size 6"

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

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>FURNACE</u>	Oil / Gas / Other: <u>GAS</u>	<u>75K</u>
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____

Date _____

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

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

Signature _____

Date 7/28/23

Direct Vent Appliance:

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

Signature _____

Date _____

Verification Not Submitted:

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

Signature _____

Date _____

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

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

PHYSICAL DATA

Refer to National Building Code manual to determine size, type and placement of reinforcement.

Model Features

- 80% residential Gas Furnace CSA certified
 - PlusOne™ Diagnostics — 7 Segment LED all units
 - PlusOne™ Ignition System — DSI for reliability and longevity
 - Heat exchanger is removable for improved serviceability.
 - Aluminumized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
 - Low profile 34" cabinet ideal for space constrained installations
- Integrated Controls board features dip switches for easy system set up
 - QR code for quick access to product information from your smart phone or tablet
 - Constant Torque electrically commutated motor

Physical Data and Specifications
U.S. and Canadian Models

MODEL NUMBERS		R801C (DF) SERIES		R801CA050314Z*A		R801CB075317Z*A		R801CA075521Z*A		R801CA100521Z*A		R801CA125524Z*A	
Input in BTU's/Hr [kW]		50,000 [15]		75,000 [22]		75,000 [22]		100,000 [29]		100,000 [29]		125,000 [37]	
Heating Capacity in BTU's/Hr [kW]		40,000 [12]		60,000 [18]		60,000 [18]		80,000 [23]		80,000 [23]		100,000 [29]	
Heat Ext. Static Pressure in wc [kPa]		.10 [.025]		0.12 [0.029]		0.12 [0.029]		0.15 [0.037]		0.15 [0.037]		0.2 [0.05]	
Blower (D x W) in inches [mm]		11 x 6 [279 x 152]		11 x 7 [279 x 178]		11 x 7 [279 x 178]		11 x 10 [279 x 254]		11 x 10 [279 x 254]		11 x 10 [279 x 254]	
Motor H.P.-Speeds - Type [W]		1/2 hp [373] 5 Spd Constant Torque		1/2hp, 5spd, X-13 [373]		1hp, 5spd, X-13 [746]		1hp, 5spd, X-13 [746]		1hp, 5spd, X-13 [746]		1hp, 5spd, X-13 [746]	
Min. Circuit Ampacity		9		9		13		12		15		20	
Min. Overload Protection		15		15		15		15		15		25	
Max. Overload Protection		15		15		20		20		25		25	
Heating Speed (factory setting)		MED-LOW		MED-HIGH		MED		MED-HIGH		MED-HIGH		MED-HIGH	
Cooling Speed (factory setting)		HIGH		HIGH		HIGH		HIGH		HIGH		HIGH	
Cooling in CFM [L/s] @ 0.5 wc [0.12 kPa] E.S.P. (nominal)		1301 [614]		1200 [566]		2000 [944]		2000 [944]		2000 [944]		2000 [944]	
Rated E.S.P. in wc [kPa]		0.5 [.12]		0.5 [.12]		0.5 [.12]		0.5 [.12]		0.5 [.12]		0.5 [.12]	
Temperature Rise Range in °F [°C]		25-55 [13.9-30.6]		35-65 [19.4-36.1]		25-55 [13.9-30.6]		30-60 [17-33]		35-65 [19.4-36.1]		35-65 [19.4-36.1]	
Max Outlet Air in °F [°C]		155 [68.3]		190 [87.7]		165 [73.8]		190 [87.7]		185 [85.0]		140 [63]	
Approx. Shipping Weight in Lbs. [kg]		85 [38.6]		105 [48]		120 [54]		120 [54]		140 [63]		140 [63]	
AFUE - Electronic Ignition Modules		80%		80%		80%		80%		80%		80%	

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.

① In accordance with D.O.E. test procedures.

② See Conversion Kit Index Form for high altitude derate in U.S. applications.

This furnace does not meet air district requirements of 14 ng/l NOx emissions limit, and thus is subject to a mitigation fee of up to \$450. This furnace is not eligible for the Clean Air Furnace Rebate Program: www.CleanAirFurnaceRebate.com.

This furnace is to be installed for propane firing only in air districts requiring 14 ng/l NOx emission limits. Operating in natural gas mode is in violation of these Rules.

[] Designates Metric Conversions