BLOCK 208 LOT 24 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: [redacted]
2. Name of Owner in Fee: [redacted] Tel. ([redacted]
   Address [redacted] (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: [redacted] Tel. ([redacted]
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Jack Tel. (____) Spencer FAX (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 18.00		
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	1.00		
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	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work woodstove			11/14/99	11/19/99	1/18/00	PSO			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS HW-B 10402143

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) 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 11/12/99

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 _____

Address _____

_____

Telephone (_____) _____

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. _____	_____	_____		

Date Issued 2-9-00
Control #
Permit # 00-184

CERTIFICATE

IDENTIFICATION

Block 2.00 Lot 24
Work Site Location [redacted]
Owner in Fee/Occupant
Address Same as above
Tele. ( )
Contractor Same
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Completion and approval of Woodstove

☐ **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.

XX **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

Est. cost 1000.00

Edward S. Mark
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 2-1-00
Control #
Permit # 00-184

IDENTIFICATION Block 2,08 Lot 24

Work Site Location [redacted]

Owner in Fee [redacted]

Address [redacted]

Tel. ([redacted]

Contractor Self

Address Same

Tel. ( )

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) [ ] OTHER

DESCRIPTION OF WORK:
Woodstove

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 $ 1000 ea

Construction Official

1-21-00
Date

PAYMENTS (Office Use Only)

Building	46 ea
Electrical	
Plumbing	
Fire Protection	25.00
Elevator Devices	
Other	
DCA Training Fee	1. ea
Cert. of Occupancy	
Other	
Total	72.00
Check No.	3094
Cash	
Collected by	SM 2-1-00

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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-1-00
Control #
Permit # 00-184

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

Block 2.08 Lot 24
Work Site Location [redacted]
Owner in Fee
Address
Tele.
Contractor SELF
Address SAME

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

INSTALL WOOD BURNING STOVE
CLEARANCES PER MFG.
ON WOOD BOARD + TILE HEARTH & BLK SPLR
BLACK PIPE TO CEILING
INSUL PIPE THRU NITELITE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		QB
[X] All	1/18/00	PSO
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/9/00
Approved by: QB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame			2/4/00	EC
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/4/00	EC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
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. $ 1000
2. Alteration $
3. Total (1+ 2) $

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

[ ] Demolition

DCA on 1000 $

FEE (Office Use Only)

$	
	46.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.00
TOTAL FEE	$

U.C.C. F110 (rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

2-1-00
00-184

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

Block 2.02 Lot 24
Work Site Location [redacted]
Owner in Fee [redacted]
Address [redacted]
Tele. ([redacted]
Contractor SELF
Address [redacted]
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		GB
[X] All	1/13/00	PBO
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/9/00
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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
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. $ 1000
2. Alteration $ ____
3. Total (1+ 2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature [redacted]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL WOOD BURNING STOVE
CLEARANCES PER MFG.
ON WOOD BOARD + TILE HEARTH PER SPEC
BLACK PIPE TO CEILING
INSUL PIPE THRU ATTIC + ROOF

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

DCA on 1000 "

FEE (Office Use Only)

	$
45.00	
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.00
TOTAL FEE	$

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 00-184

2-1-00

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

Block 2,02 Lot 24
Work Site Location [redacted]
Owner in Fee
Address [redacted]
Tele. ( )
Contractor SELF
Address Same
Tele. ( ) Same Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1/28/00
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				
Final			2-4-00	
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL WOOD BURNING STOVE CLEARANCES PER MFG, ONE LAYER BOARD + TILE
Water Supply Source
Method of Alarm/Suppression System Supervision

		NUMBER	FEE (Office Use Only)
Storage Tanks			
Type: [ ] Flammable Liquid [ ] Combustible Liquid			
[ ] LPG [ ] LNG Capacity ___ Fuel ___			
Alarm Systems	[ ] 110v Interconnected		
	[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)			
Supervisory Devices (i.e., tampers, low/high air)			
Signaling Devices (i.e., horn/strobes, bells)			
Other Devices			
TOTAL			
Suppression Systems			
Fire Pump ___ GPM Type ___			
Dry Pipe/Alarm Valves			
Pre-action Valves			
Sprinkler Heads (Dry and Wet)			
Standpipes			
Pre-engineered Systems			
Wet Chemical			
Dry Chemical			
CO_2 Suppression			
Foam Suppression			
Halon Suppression			
Other			
Kitchen Hood Exhaust System			
Smoke Control System			
Gas [ ] or Oil [ ] Fired Appliances			
Other FIREPLACE		1	25.00

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

U.C.C F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received 2-1-00
Date Issued
Control #
Permit # 00-184

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

Block 2,08 Lot 24
Work Site Location [redacted]
Owner in Fee
Address
Tele. ( )
Contractor SAME
Address SAME
Tele. ( ) SAME Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1/18/00
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				
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL WOOD BURNING STOVE CLEARANCES PER MFG, ON HARDBOARD + TILE
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other FIRE PLACE	1	25.00

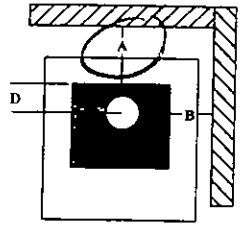
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

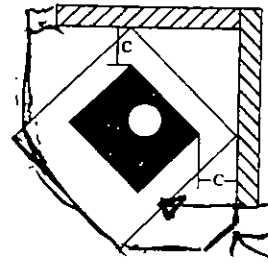
U.C.C F140
(rev. 3/96)

Specifications & Clearances

MODEL	Wall Clearances (inches) A Back Wall To Stove	B Side Wall To Stove	C Back Wall To Stove	D Stove back to center of flue
	Single Wall / L-vent	Single Wall / L-vent	Single Wall / L-vent	
1900HT-M	13-3/4 / 6	15 / 15	7-3/4 / 5	9
1500HT/1500HTLG	13 / 8*	8-1/2 / 9-1/2	5 / 5	5-3/4
1003C	16 / 9**	16 / 16	15 / 8**	9
1400HT	13 / 8	8-1/2 / 9-1/2	5 / 5	–

MODEL	Insert to Combustibles or Trim (inches) Stove Top to Mantle	Stove Top to Trim	Stove Side to Trim	Stove Side to Side Wall	Stove Back to Center of Flue
BV400C	31	9	1	9	6
BV4000C	32	24	9	17	5-1/2
2800HT	27	16	6	6	6





FLOOR PROTECTION REQUIRED

NATURAL

Before installation, we recommend you consult your local building official. If you use an approved protected wall system, some U.S. building codes allow for reduced wall clearances.

FLOOR PROT

Note that Canadian clearances are based on testing to Canadian standards. See instruction manual for Canadian requirements.

WALL - SHEETROCK
FLOOR - WOODBOARD + TILE

*May be reduced to 5.5" with pipe shield

MODEL	FEATURES: Catalytic	Non-Catalytic	Ash Drawer	Blower Fan	Gold Door	Mobile Home Compatible	PERFORMANCE: EPA BTU Range (LOW / HIGH)	Maximum Burn Rate	Emission Rate (Grams/Hr.)	EPA Efficiency %	Approx. Heating Capacity (Square Feet)	Burn Time (hours)	SPECIFICATIONS: Shipping Weight (lbs)	Width (inches)	Depth (inches)	Height (inches)	Height with Flue (inches)	Flue Size (inches)	Fire Box Size (cubic ft)	Max. Log Length (inches)	Fan Capacity (cubic ft/min)
1400HT		■		*			11,700 / 37,000	58,730	6.6	63	1,500	6-8	285	27	21-1/2	26	28	6	1.85	20	160*
1900HT-M		■	■	*	■	■	11,500 / 39,000	61,900	2.5	63	2,000	6-8	380	27-3/4	27-1/2	33-1/2	32-3/4	6	2.0	18	160*
1500HT/1500HTLG		■	■/	*	*/■	■	11,700 / 37,000	58,700	6.6	63	1,500	6-8	345	27-1/2	24	29-3/4 / 27-1/2	30-3/4 / 28-1/2	6	1.85	20	160*
1003C	■		■	*	■	■	11,700 / 36,800	51,100	3.7	72	2,000	8-12	370	25-1/4	27	32-1/2	34-1/2	6	3.0	18	160*
BV400C	■		*	Dual ■	■		11,000 / 48,100	66,800	3.0	72	2,400	8-12	455	29-1/2 F / 21-1/2 R / 48	15-3/4 / 26-3/4	20 ‡	32	8	3.7	24	500
BV4000C	■		■	■	*		6,500 / 40,900	56,800	1.9	72	2,000	8-10	390	22-1/2 / 42	16 / 25	21	32	6	2.4	18	250
2800HT		■		Dual ■	■		11,500 / 46,700	74,100	4.5	63	1,800	8-10	435	24F / 23 R / 42	15-1/2 / 28-1/4	20	32	6	2.9	18	500

Note that heating capacities are only approximations because so many factors influence the heatability of a home. Specifications and clearances are subject to change without notice. ■ *Standard feature* * *Optional* ‡ *Add 3.5" with optional Ash Drawer*

F = Front
R = Rear
Width of Surround

NO WALL PROTECT AT THESE CLEARANCES

The One & Only EARTH STOVE

The Earth Stove, Inc.
Tualatin, Oregon 97062

Printed U.S.A. 4/99

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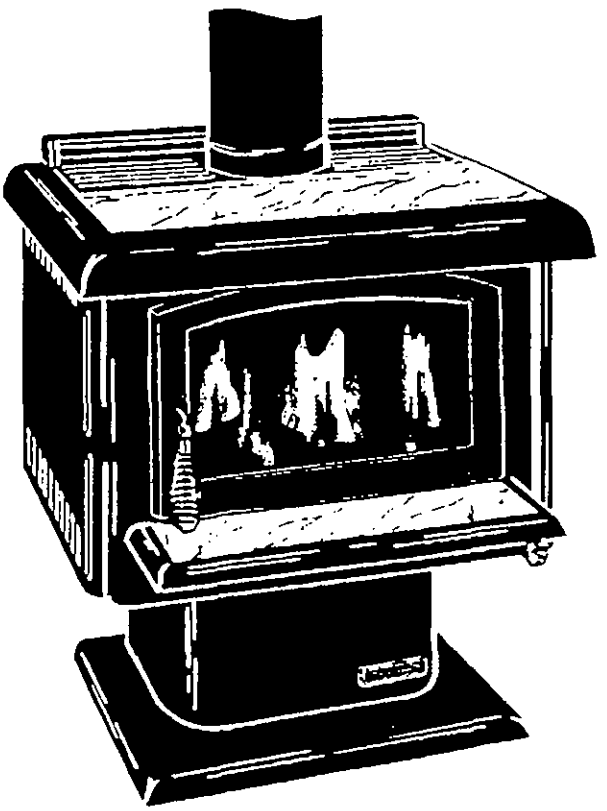
The One & Only ™

EARTH STOVE

Installation And Operation Instructions

EPA CERTIFIED
WOOD FIRED
FREESTANDING
STOVE

1500HT



This appliance must be installed by a qualified technician.
Read thoroughly before installation.
Save this manual for future reference.

TABLE OF CONTENTS

TESTING/LISTING

Models 1500HT and 1500HTL have been tested to UL Standard 1482 for installation in residential and mobile home construction. The listing laboratory is OMNI Environmental Services, Beaverton, OR.

EPA CERTIFICATION

Earth Stove Models 1500HT and 1500HTL stoves have been tested to rigorous emissions standards, and have been certified by the Environmental Protection Agency.

TABLE OF CONTENTS

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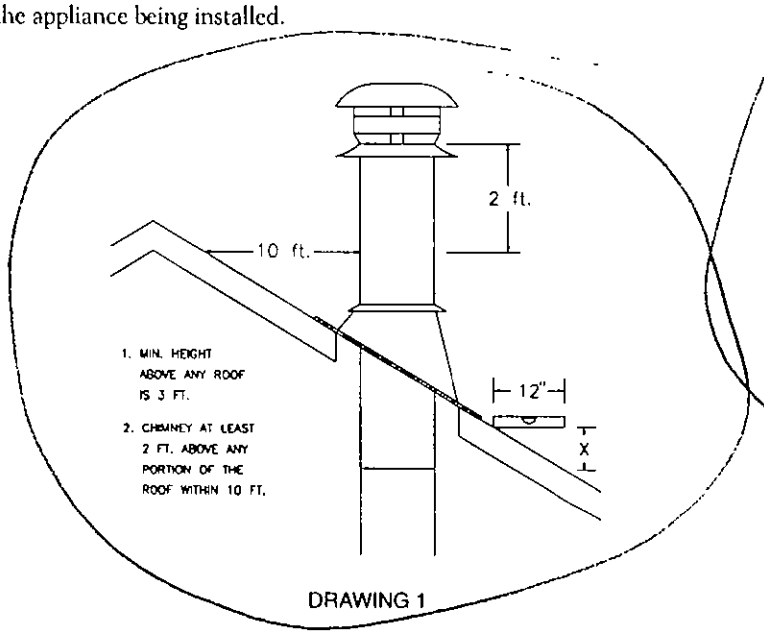
Ordering Excel Chimney Systems

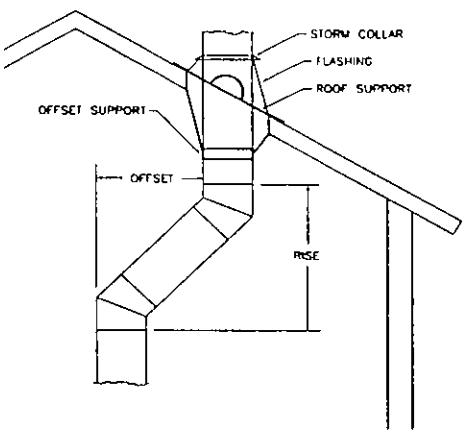
Note: The following information is provided to assist you in selecting the chimney components required for your installation. It is intended to be a guideline only. These are not the installation instructions.

Step 1 **Determine the diameter of the chimney.** Usually, this is the size of the outlet on the appliance being installed.



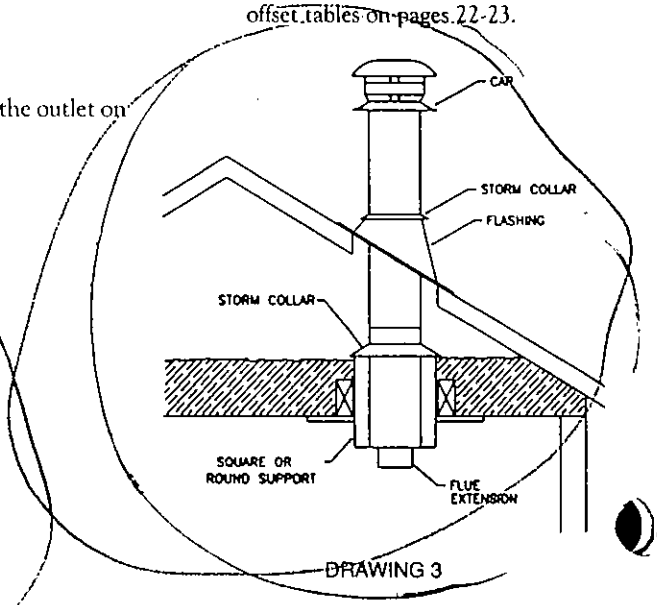
DRAWING 1

Step 2 **Determine the roof pitch.** The pitch of a roof is the amount of vertical rise for a given horizontal run. Pitch is normally expressed as X/12 (the amount the roof rises for a 12" horizontal run). See Drawing 1. Select the appropriate flashing.



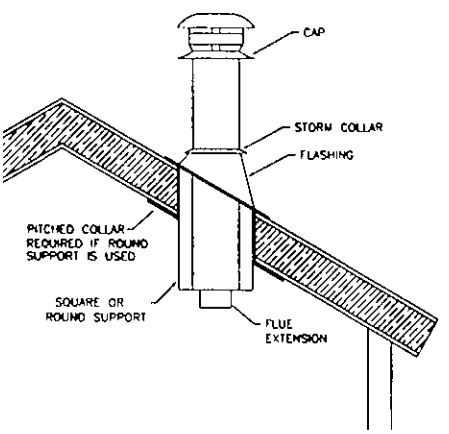
DRAWING 2

Step 3 **Determine the offset (elbow) requirements, if any.** See Drawing 2. Measure the amount of horizontal offset required. Measure the amount of vertical height available to offset. Find your required offset in one of the offset tables on pages 22-23.



DRAWING 3

Step 4 If the offset you require is not in Table 1, then you may require an adjustable length between the elbows. Use Table 2, if an adjustable length is required. Whenever a chimney is offset, you must install a secondary support above the top elbow. There are two supports which are generally used: the offset support, or the roof support, both shown in Drawing 2. The use of either support is adequate for most installations.



DRAWING 4

PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: 1/18/00 TYPE: Residential DIST#: 4

BLOCK: 2.08 LOT: 24 PERMIT#:

ADDRESS: [redacted]

NAME:

COMMENTS Fireplace

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: REMARKS

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: INSPECTORS CODE:

FINAL INSPECTION REPORT

SCHEDULE DATE: COMMENTS

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: INSPECTORS CODE:

OTHER INSPECTION REPORT

TOPIC: Fireplace

SCHEDULE DATE: 2/4/00 COMMENTS: Final- Approved

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: 2/4/00 INSPECTORS CODE: 2

HISTORY

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME [redacted] BLOCK 9.08 LOT 24

ADDRESS [redacted] ZONING RELEASE

DATE SUBMITTED 11-018-99

DEVELOPMENT Woodstove

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING	✓	1/18/00	PSO ~~NOT~~ OK	~~Need to Know Rear & Side wall protection & Floor Protection~~
PLUMBING				
FIRE	✓ 11/18/99	11/18/99	OK ~~NOT~~	~~Need TOP/SIDE VIEW showing INSTALLATION – DISTANCE to WALL, WALL FINISH, FLOOR PROTECTION~~
ELECTRICAL				
MECHANICAL				Ro Sub JAN 14 2000
SEPTIC			JAN 14 2000	
OTHER				

CCCL-FRM