



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

Date Issued 2/12/2020
Control Number C-48397
Permit Number 20192881
Permit Issue Date 12/27/2019
Certificate Number 20192881

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 17 GRISTMILL ROAD Howell Township, NJ 07731 Block: 110.08 Lot: 6 Qual: _____
Owner in Fee: REDA, JENNIFER LYNN
Owner Address: 17 GRISTMILL RD HOWELL NJ 07731
Telephone: [REDACTED]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Telephone: (732) 919-8090 Fax: (732) 938-3010
License Number or Builders Registration Number: _____ Federal Emp. Number [REDACTED]
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: 5B
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT, 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

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



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

Block 110.08 Lot 6 Qualification Code

Work Site Location 17 GRISTMILL RD, Howell Township, NJ 07731

Owner in Fee RENDA, JENNIFER

Tel. () e-mail

Address 17 GRISTMILL RD

Contractor NJR HOME SERVICES

Tel. (732) 919-8090

Address 1415 WYCKOFF RD., WALL TOWNSHIP, NJ 07719

e-mail NJRHSPermits@NJResources.com

Contractor License No. or Builder Registration No. 19HC00366400

Exp Date 6/30/2020

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No.

FAX (732) 938-3010

3. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5(circle one)

Proposed: R-3, R-4 or R-5(circle one)

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 \$ 3201.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[] Mechanical Plans Approved

Date: 12-19-19 Approved By: *AK*

[] Fire Protection Plans Approved

Date: Approved By:

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Fire.

[] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-19-19

Approved By: *AK*

SUBCODE APPROVAL for CERTIFICATE

[] CA [] CCO

Date: 2-12-2013

Approved By: *AK*

INSPECTIONS

Type: Failure Failure Approval Initial

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other *Detector*

FLUAT

NO.

FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other CENTRAL AC

FEE (Office Use Only)

\$

Date Received
Control # 48397
Date Issued 12-27-19

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:

Frank Casey

Print name here: FRANK CASEY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE & CENTRAL AC

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

85

6

91



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 110.08 LOT 6 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 17 GRISTMILL RD, Howell Township, NJ 07731

Owner in Fee RENDA, JENNIFER

Verifying Individuals FRANK CASEY

Company NJR HOME SERVICES

Address 1415 WYCKOFF RD.

WALL TOWNSHIP

NJ

07719

Tel: ()

City State Zip Code

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney:

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

Size: 4"

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

Type

Fuel Type

BTU Rating (input/hour)

Appliance 1: <u>HH</u>	Oil / Gas / Other: <u>Gas</u>	<u>50 K</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.

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.

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.

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 _____

Signature Frank Casey Date 12/12/19

Signature _____ Date _____

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.*

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY:.....*RWD*..... EFFICIENCY:.....

LOCATION:

☒ BASEMENT

☐ GARAGE

☐ Source of ignition 18" above floor

☐ Impact protection

☐ CLOSET or UTILITY ROOM

☐ Combustion air – Prohibited sources (sleeping, bath and toilet rooms)

☐ ATTIC

☐ 24" secured walkway

☐ 30" x 30" service area

☐ 20 ft max remote location from opening

☐ 50 ft max remote location with 6 ft high passage way

☐ Light and service outlet

☐ CRAWLSPACE

☐ 30" high by 22" wide opening

TYPE OF FUEL

☒ NATURAL GAS

☐ LP GAS

☒ Gas cock within 6 ft of unit

☒ Drip leg

☒ Flexible connector – 36" max

☐ Hard piped

☐ FUEL OIL

☐ Oil filter

☐ Oil shut off

FLUE PIPE

☒ SINGLE WALL – Condition space

☐ TYPE B METAL VENT – Un-condition space

☐ PVC or ABS PLASTIC – 90+

☒ Properly secured

☒ Properly supported

☒ Properly pitched

☐ Sealed at chimney

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 110.08 Lot 6 Qualification Code

Work Site Location 17 GRISTMILL RD, Howell Township, NJ 07731

Owner in Fee RENDA, JENNIFER

Tel. [REDACTED] e-mail [REDACTED]

Address 17 GRISTMILL RD Street municipally Tel. (732) 938-1105 Zip Code 07731

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF RD. e-mail NJRHSpermits@NJResources.com

WALL TOWNSHIP, NJ 07719

Contractor License No. or Builder Registration No. 34EB01231200 Exp. Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. [REDACTED] FAX (732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group: Present: X Proposed:

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

Building Occupied as Utility Co.

Estimated Cost of Elec. Work \$ 3201.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: Approved By:

[] Electric Plans Approved

Date: Approved By:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL PERMIT

Date: 2-11-20

Approved By:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CA [] CCO

Date: 2-11-20

Approved By:

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

Date Received 12-27-11
Control # 48341
Date Issued 2/15-2881
Permit #

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

Applicant sign/Contractor sign and seal here:

Print name here: Daniel J. Neary

Daniel J. Neary

[X] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Application
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DIRECT REPLACEMENT OF GAS FURNACE & CENTRAL AC

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Frct. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV 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

To Reorder Call:

Allegria Marketing, Print & Mail

(609)-390-1400

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



Air Conditioners
RA13 Series

Ruud Achiever® Series Air Conditioners



RA13 Series

Efficiencies 13-15.5 SEER/11.5-13 EER

Nominal Sizes 1 1/2 to 5 Ton [5.28 to 17.6 kW]

Cooling Capacities 17.3 to 60.5 kBTU
[5.7 to 17.7 kW]



"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet Energy Star. Ask your Contractor for details or visit www.energystar.gov."

- New composite base pan – dampens sound, captures louver panels, eliminates corrosion and reduces number of fasteners needed
- Powder coat paint system – for a long lasting professional finish
- Scroll compressor – uses 70% fewer moving parts for higher efficiency and increased reliability
- Modern cabinet aesthetics – increased curb appeal with visually appealing design
- Curved louver panels – provide ultimate coil protection, enhance cabinet strength, and increased cabinet rigidity
- Optimized fan orifice – optimizes airflow and reduces unit sound
- Rust resistant screws – confirmed through 1500-hour salt spray testing
- PlusOne™ **Expanded Valve Space** – 3"-4"-5" service valve space – provides a minimum working area of 27-square inches for easier access
- PlusOne™ **Triple Service Access** – 15" wide, industry leading corner service access – makes repairs easier and faster. The two fastener removable corner allows optimal access to internal unit components. Individual louver panels come out once fastener is removed, for faster coil cleaning and easier cabinet reassembly
- Diagnostic service window with two-fastener opening – provides access to the high and low pressure.
- External gauge port access – allows easy connection of "low-loss" gauge ports
- Single-row condenser coil – makes unit lighter and allows thorough coil cleaning to maintain "out of the box" performance
- 35% fewer cabinet fasteners and fastener-free base – allow for faster access to internal components and hassle-free panel removal
- Service trays – hold fasteners or caps during service calls
- QR code – provides technical information on demand for faster service calls
- Fan motor harness with extra long wires allows unit top to be removed without disconnecting fan wire.

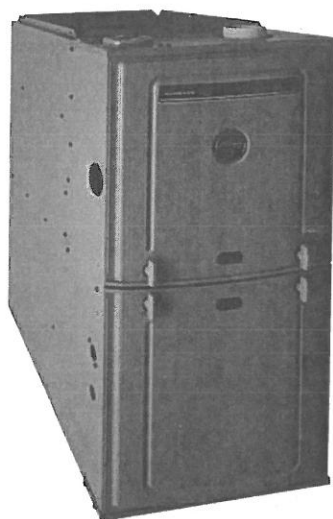
RELY ON RUUD.™

FORM NO. A22-221 REV. 4



Gas Furnaces
R802T (UF/HZ) Series

Ruud Achiever Plus® Series Upflow/Horizontal Gas Furnace



R802T- Upflow/Horizontal Series

80% A.F.U.E.†

Input Rates 50-150 kBTU



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

- 80% residential Gas Furnace CSA certified
- Two stages of operation to save energy and maintain optimal comfort level.
- Constant Torque Electrically Commutated Motor
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics — 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Solid bottom

- Insulated blower compartment
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design – serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Control board features dip switches for easy system set up
- QR code for quick access to product information from your smart phone or tablet
- Cabinet air leakage less than 2% at 1 inch H₂O when tested in accordance with ASHRAE standard 193

RELY ON RUUD.™

FORM NO. G22-545 REV. 7