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

Date Issued 9/21/2018
Control Number C-43641
Permit Number 20182106
Permit Issue Date 8/13/2018
Certificate Number 20182106

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 350 PETER FORMAN DRIVE FREEHOLD, NJ 07728 Block: 170.02 Lot: 7 Qual:

Owner in Fee: CHIRUMBOLE, JAMES L & SHARON A

Owner Address: 350 PETER FORMAN DR FREEHOLD NJ 07728

Telephone: [redacted]

Contractor ITAK HEATING AND COOLING

Address 175 RAMTOWN GREENVILLE SUITE 205, 2ND FLOOR HOWELL NJ 07731

Telephone: (732) 892-4957 Fax: (732) 202-0338

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, REPLACEMENT OF AIR HANDLER - (2)

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: 9/21/2018

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

170.02 - 7

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 7/26/18
Control # 43641
Date Issued 8-13-18
Permit # 2018-2106

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

Block 170.02 Lot 7 Qualification Code
Work Site Location 350 Peter Forman Rd.
Owner in Fee: Mirumbole
Te[redacted] mail
Address Same
street municipality zip code
Contractor: ITAK Heating & Cooling Tel. (732) 892-4957
Address 175 Ramtown Greenville Rd e-mail
Howell, NJ 07731
Contractor License No. 19HC00010400 Exp. Date 06/30/2020
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX: (732) 202-1332

350

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [✓] Hot Air

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

Estimated Cost of Mechanical Work $ 850

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-3-18
Approved by: Adam Haertel
SUBCODE APPPROVAL for CERTIFICATE
[✓] CA [ ] DCCO
Date: 9-6-18
Approved by: Adam Haertel

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			OK	AC
Other Detector FINAL			9-5-18	

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:
Print name here: PAUL J MITCHELL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of 2 gas furnaces & 2 A/C condensers

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
2	Gas Piping Connections Reconnect to existing	30
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
2	Other condensate line	80
	Administrative Surcharge $	110
	Minimum Fee $	
	State Permit Surcharge Fee $	2
	TOTAL FEE $	112

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 170.02 LOT 7 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 350 Peter Forman Rd.

Owner in Fee Chirumbole

Verifying Individual PAUL J MITCHELL Company ITAK HEATING & COOLING

Address 175 RAMTOWN GREENVILLE ROAD, HOWELL, NJ 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
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[X] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

Size _____

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	2nd Floor Furnace	Oil / (Gas) / Other: _____	90,000
Appliance 2:	1st Floor Furnace	Oil / (Gas) / Other: _____	110,000
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] 7/20/18
Signature Date

Direct Vent Appliance:

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

_____
Signature Date

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.

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY: CARRIER ..... **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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/26/18
Control # 43641
Date Issued
Permit # 2018-2106

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

Block 110.02 Lot 7 Qualification Code

Work Site Location 350 Peters Forman Rd.

Owner in Fee: Churumbote

Tel. [redacted] e-mail

Address same

Contractor: ITAK Heating & Cooling (street / municipality) Tel. (732) 892-4957 (zip code)

Address 175 Ramtown Greenville Rd. e-mail

Howell, NJ 07731

Contractor License No. 19HC00010400 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH00236700

Federal Emp. ID No [redacted] FAX: (732) 202-1332

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 900 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

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

SUBCODE APPROVAL for PERMIT

Date: 7/31/18

Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date: 9-5-18

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-5-18	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Paul J Mitchell

Print name here: PAUL J MITCHELL

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of 2 gas furnaces & 2 A/C condensers

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
2	one 2.5 ton, one 3.5 ton	KW Central A/C Unit	
2	1	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 $	100
Minimum Fee $	2
State Permit Surcharge Fee $	
TOTAL FEE $	102

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

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