THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND AND MUTIPLE SECURITY FEATURES

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
BOARD OF MASTER PLUMBERS

HAS LICENSED

FRANK P HORVATH
218 LAUREL BLVD
LANOKA HARBOR NJ 08734-2424

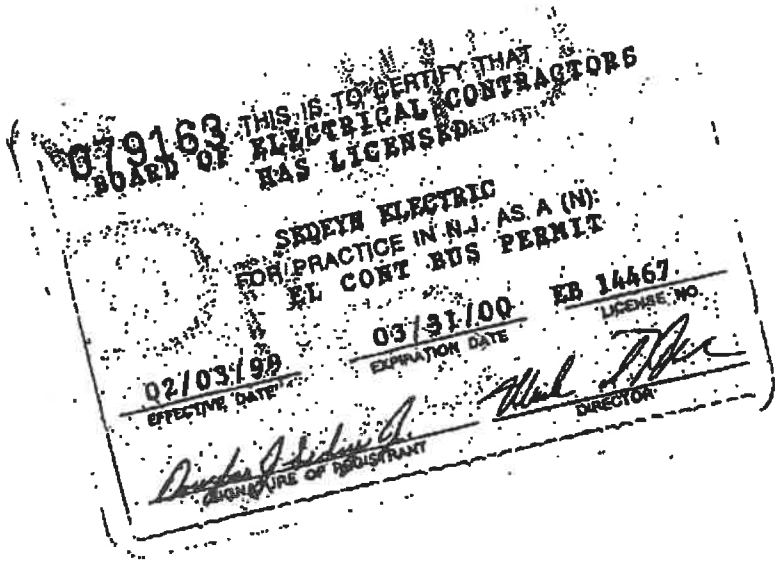
FOR PRACTICE IN NEW JERSEY AS A(N): MASTER PLUMBER

07/01/99 TO 06/30/01
VALID

BI09918
LICENSE/REGISTRATION/CERTIFICATION #

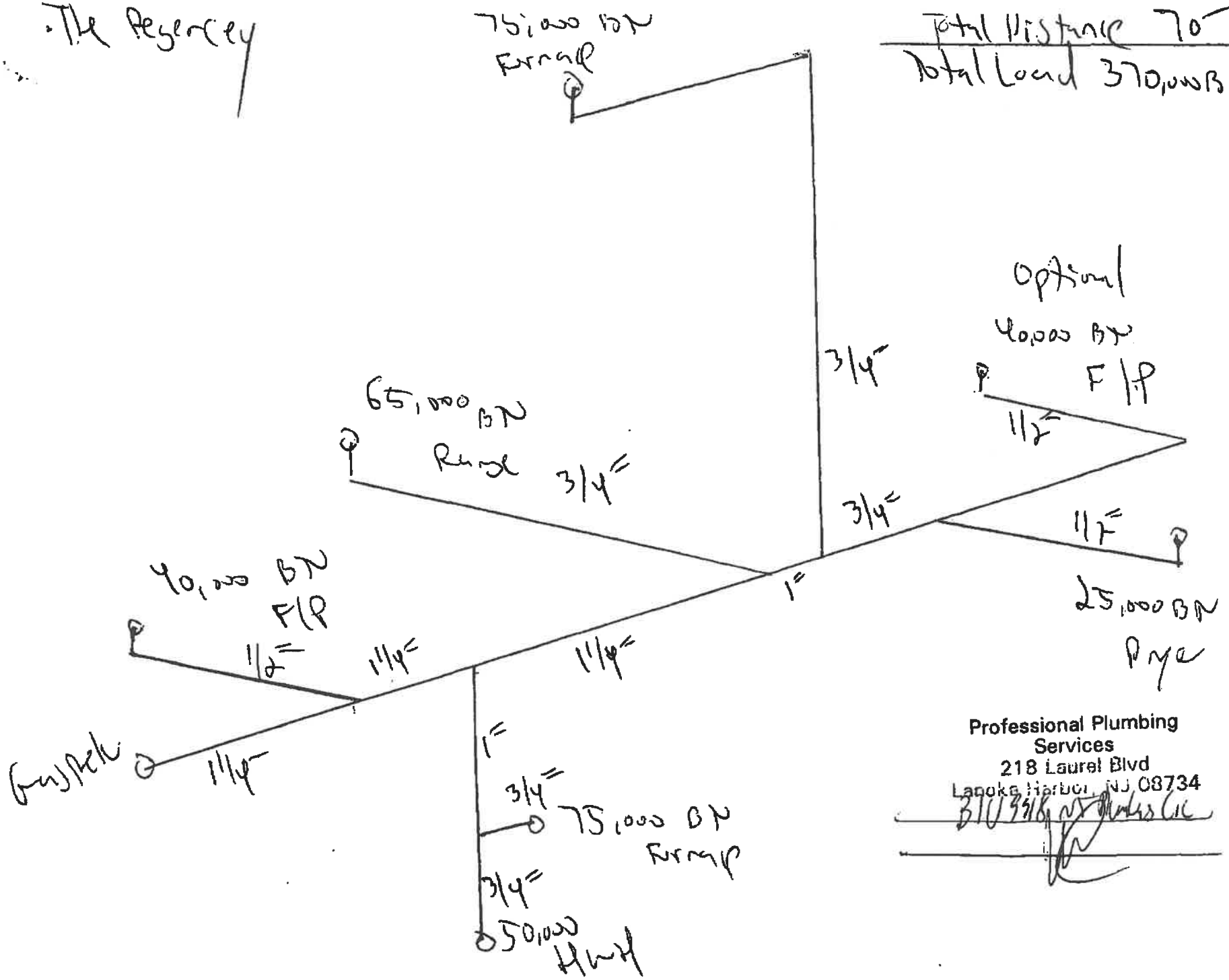
SIGNATURE OF REGISTRANT

DIRECTOR

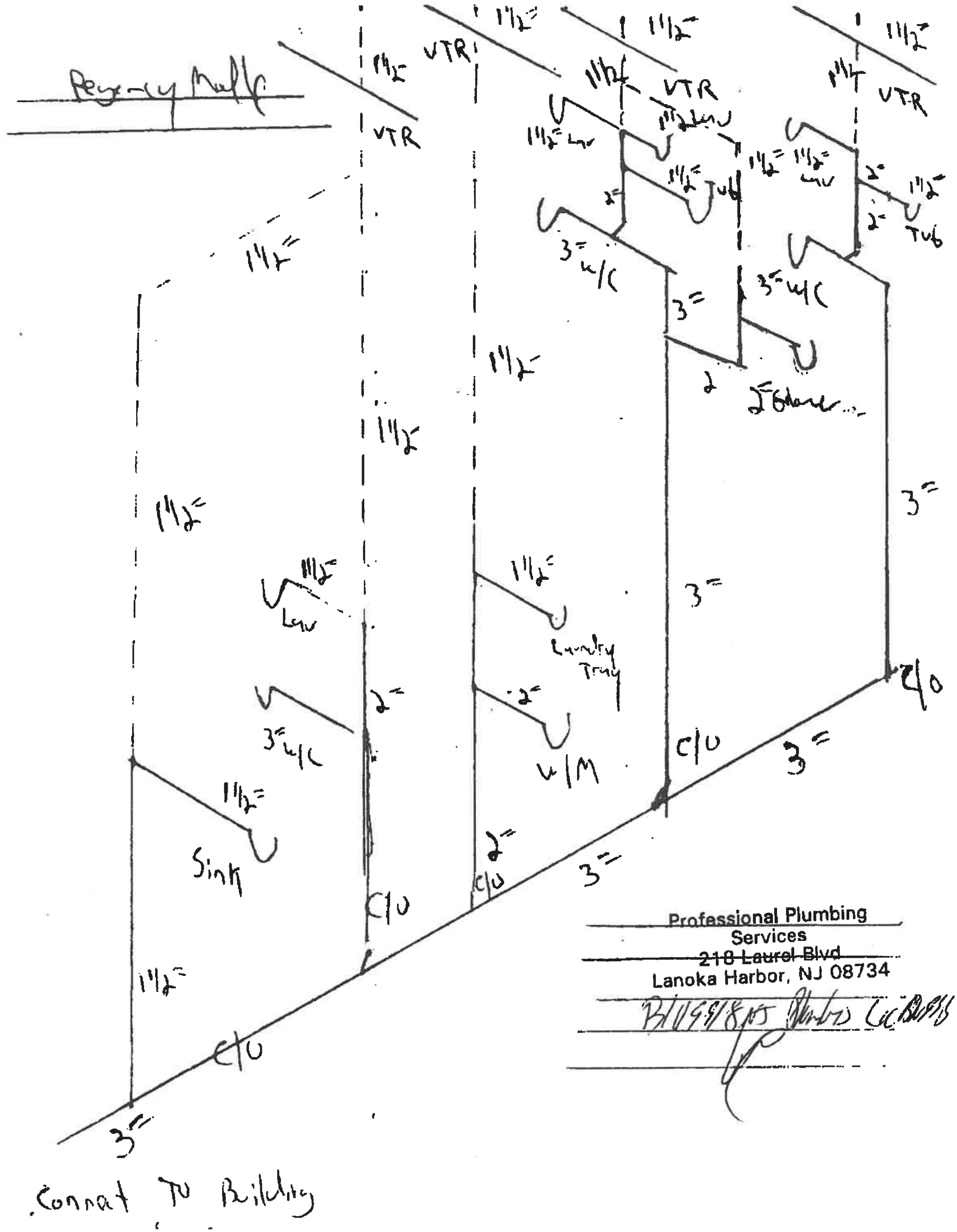

079163
BOARD OF ELECTRICAL CONTRACTORS
THIS IS TO CERTIFY THAT
HAS LICENSED
SEQEYA ELECTRIC
FOR PRACTICE IN N.J. AS A (N):
EL CONT BUS PERMIT
02/03/99
EFFECTIVE DATE
03/31/00
EXPIRATION DATE
EB 14467
LICENSE NO.
SIGNATURE OF ASSISTANT
DIRECTOR

The Regency

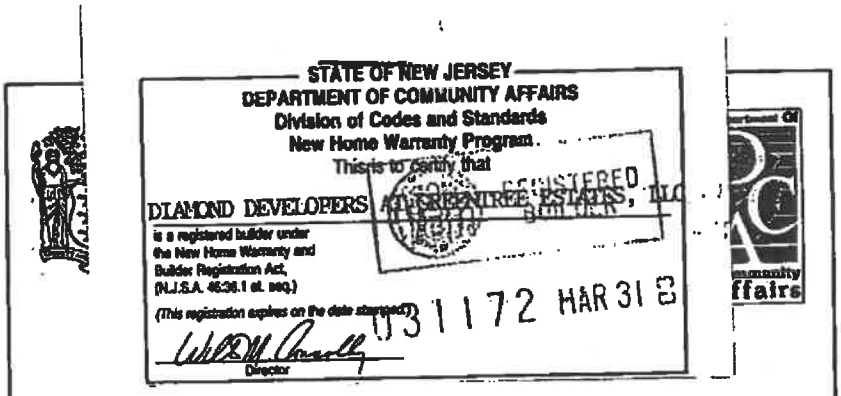
Total Distance 70'
Total Load 370,000 BTU



Professional Plumbing Services
218 Laurel Blvd
Lanoka Harbor, NJ 08734



Professional Plumbing
Services
~~218 Laurel Blvd~~
Lanoka Harbor, NJ 08734


STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that
DIAMOND DEVELOPERS AT CREAMTREE ESTATES, LLC
is a registered builder under the New Home Warranty and Builder Registration Act, (N.J.S.A. 46:3B-1 et. seq.)
(This registration expires on the date stamped)
031172 MAR 31 8
Director
REGISTERED BUILDER

If at any time a material fact changes, in your registration application on file with us, (i.e. Address, phone number, principals/officers, name of business) you are required to file an amended application with this bureau within 30 days of that change.

If you have provided warranties to homes which are in the first two (2) years of coverage, you must maintain a current registration for that period of warranty coverage.

Renewal forms are sent as a courtesy. However it is the builder's responsibility to maintain current registration status. If you have not received your renewal application at least 4 weeks before the expiration date stamped on your card call this office immediately.

Should you have any questions, you may call:

(609) 984-7534

or

(609) 984-7563

or

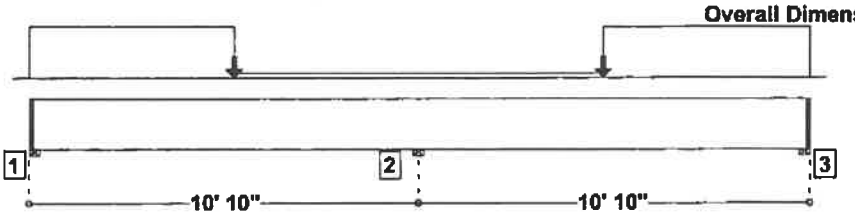
(609) 633-6417

LOT: 135.07
BLK: 144

3.5" x 11.875" 1.5E TimberStrand® LSL

TJ-Sizing™ v5.55 Serial Number: 609240003
MASTsizN E1111 11/20/01 8:26:29 AM
Page 1 of 1 Build Code: 145

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - RES. Application. Tributary Load Width: 1'
Loads(psf): 40 Live at 100% duration; 12 Dead; 0 Partition; and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Point(lbs.)	Snow(1.15)	1800	900	5' 8"	Adds to	
Point(lbs.)	Snow(1.15)	1800	900	16'	Adds to	
Uniform(plf)	Snow(1.15)	360	180	0 to 5' 8"	Adds to	
Uniform(plf)	Snow(1.15)	360	180	16' to 21' 8"	Adds to	

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	REACTIONS(lbs.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	2x4 Plate	3.50"	2.25"	2314 / 1023 / 3336	1	11.9"	Detail A3	1.25" LSL Rim
2	2x4 Plate	3.50"	4.615"	4534 / 2330 / 6864	1	11.9"	Detail B3	
3	2x4 Plate	3.50"	2.25"	2314 / 1023 / 3336	1	11.9"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3, B3.
- Bearing length requirement exceeds input at support(s) 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	3432	3359	12746	Passed(26%)	Lt. end Span 2 under Snow Roof loading
Moment(ft-lb)	9912	9912	17754	Passed(56%)	Lt. end Span 2 under Snow Roof loading
Live Defl.(in)		0.167	0.356	Passed(L/766)	MID Span 1 under Snow Roof ALTERNATE span loading
Total Defl.(in)		0.222	0.533	Passed(L/576)	MID Span 1 under Snow Roof ALTERNATE span loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 29' 6" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
- The load conditions considered in this design include Alternate member loading.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). Allowable product values shown are in accordance with current TJ materials and code accepted design values. TJ Engineering has verified the analysis. The input loads and dimensions have been provided by others (_____) and must be verified and approved for the specific application by the design professional for the project.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

ROBERT A. KUSERK
PROFESSIONAL ENGINEER
NJ: 36011, DE: 7850

PROJECT INFORMATION

DIAMOND DEVELOP
REGENCY MODEL
BEAM M6

OPERATOR INFORMATION:

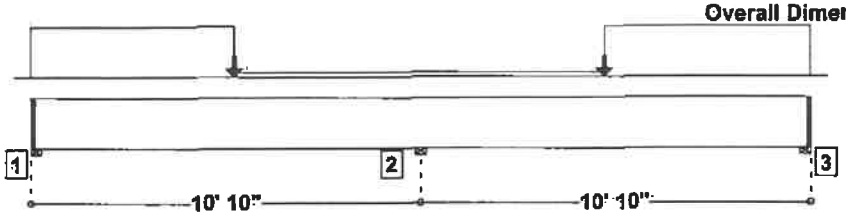
Trus Joist
Terry O'Leary
104 A Centre Blvd.
Marlton, NJ 08053
856-596-5555
856-985-9806

3.5" x 11.875" 1.5E TimberStrand® LSL

TJ-Sizing™ v5.55 Serial Number:609240003
MASTsizN E1111 11/20/01 8:26:29 AM
Page 1 of 1 Build Code: 145

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED

Overall Dimension = 21' 8"



Product Diagram is Conceptual.

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NJ: 36011, DE: 7850

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Terry O'Leary
104 A Centre Blvd,
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856-596-5555
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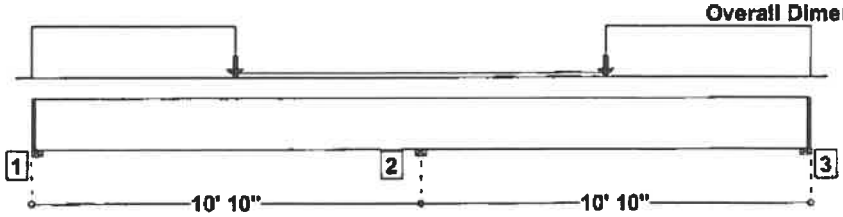

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OPERATOR INFORMATION:

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Marlton, NJ 08053
856-596-5555
856-985-9806

New Jersey Natural Resources Conservation Program

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)

211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (732) 446-2300
Fax: (732) 446-9140

*** REPORT OF PARTIAL COMPLIANCE ***

5/28/02

TO : CONSTRUCTION OFFICIAL

TWP. : HOWELL

PROJ.: COUNTRY WOODS/GREENTREE

APPLICATION NO.: 1999-0144

Block : 144
Lot : 135.07
Comments: 10 Greentree Court

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by the N.J.S.A. 4:24-39 et seq., the Soil Erosion and Sediment Control Act, Chapter 251, P.L. 1975 and the amendments of 1979.

*Pending continued compliance and the establishment of permanent vegetative cover.

Official Seal:

DISTRIBUTION: **WHITE** - Municipal Construction Official
CANARY - Developer **PINK** - District **GOLD** - Other

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

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

MCHD# 12127
May 8, 2002

Horizon 2000 Development Corp.
2444 Highway 34
Manasquan, NJ 08736

CERTIFICATE OF COMPLIANCE

Date of Inspection 5/3/02 **By** Joyce Wegryniak

Name of Owner Horizon 2000 Development Corp.

Location of Property Greentree Court

Block 144 **Lot** 135.07

Municipality Howell

This is to certify that the Individual Subsurface Sewage Disposal System located as indicated above has been installed as shown on the Application for Permit to Locate and Construct an Individual Subsurface Sewage Disposal System, and is in compliance with the provisions of N.J.A.C. 7:9A-1.1 et seq. And the standards thereto.

The issuance of this certificate shall not be construed as a guarantee that the Individual Subsurface Sewage Disposal System will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Lester W. Jargowsky
Public Health Coordinator

LWJ: mc
CC: Judy LaPorta & Marie Strauch
Challoner & Magno Engineering

INDIVIDUAL SEWAGE DISPOSAL PERMIT

HOWELL TOWNSHIP, N.J.

DATE 8/9 1999

WORK CANNOT BE STARTED WITHOUT WRITTEN APPROVAL

Nº S-2199

OWNER Horgan III Development Corp CONTRACTOR unk

ADDRESS Green Tree Court BL 144 LOT 13.5.62

☐ ALTERATION
☐ NEW SYSTEM

TOTAL FEE 60-

M. Zuk
HEALTH OFFICER

1340

FORM NO. A22-147 REV. 7
Supersedes Form No. A22-147 Rev. 6

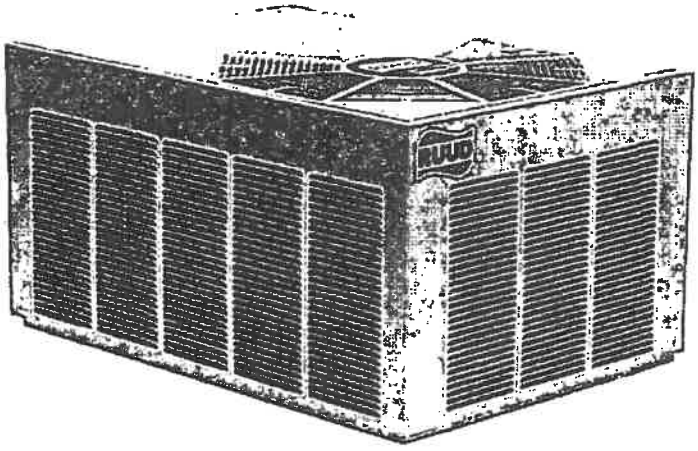
CONDENSING UNITS

RUUD®

ACHIEVER 10® CONDENSING UNITS

Seven Models
Cooling Capacities
17,000 to 56,500 BTU/HR
[4.98 kW] to [16.56 kW]

UAKA- SERIES
Nominal Sizes 1½ to 5 Tons
[5.28 kW] to [17.58 kW]



The Ruud® Achiever 10 UAKA- Condensing Unit was designed with performance in mind. These units offer comfort, energy conservation and dependability for single, multi-family and light commercial applications.

- 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.
- Exclusive 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.

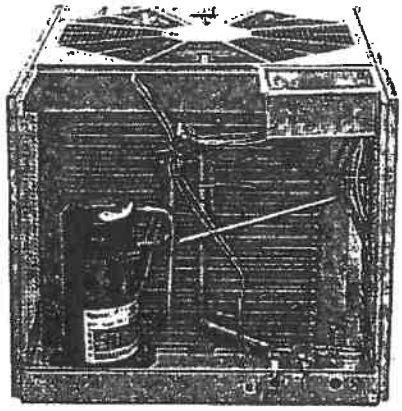
Scroll Inside

ISO 9002
Certificate Number: 30164

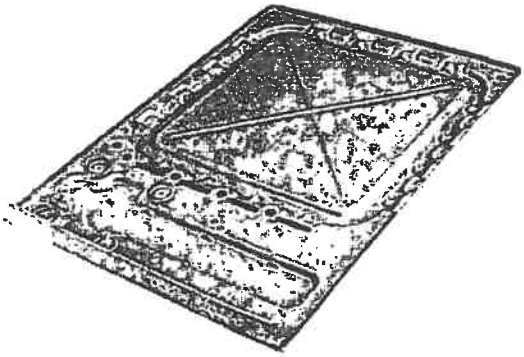
***CERTIFIED UNDER THE A.R.I. CERTIFICATION PROGRAM—A.R.I. STANDARD 210*

**575 VOLT MODELS ARE NOT A.R.I. CERTIFIED

c UL us LISTED



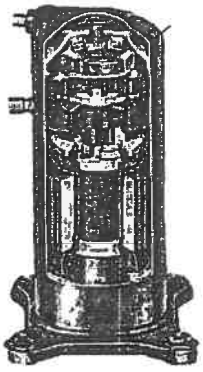
All controls and compressor are accessible for servicing by removal of the service panel. (Unit pictured with field installed high and low pressure controls and filter drier.)



Drawn Painted Base Pan.

COPELAND® COMPLIANT SCROLL®

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



Engineering Features

UAKA- Series Condensing Units

1. 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. All refrigerant connections are on the exterior of the unit, located close to the ground for neat appearing installations.
3. Cabinet is constructed of powder painted galvanized steel. The full wraparound louvered grille protects the coil from damage.
4. Copper Tube—Aluminum Fin coils are used on all models.
5. The control box is located in the top corner of the cabinet providing for easy access through a service panel.
6. Service valves are standard on all models.
7. Power and control wiring are kept separate.
8. Every unit is factory charged and tested.
9. Separate compressor compartment for easy service access.
10. Drawn, painted base pan for extra corrosion resistance and sound reduction.

Field Installed Accessories

- **Compressor Time Delay Control**—Compressor will remain off for five minutes after power or thermostat interruption, allowing system pressures to equalize. (Model No. RXMD-B01) (3-phase models only).
- **Low Ambient Switch**—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].
- **High Pressure Control**—(Model No. RXAB-A03)
- **Low Pressure Control**—Deactivates system if refrigerant loss occurs. (Model No. RXAC-A03)
- **Crankcase Heater**—Available through the Universal Parts® Department.
- **Start Kit**—Available through the Universal Parts® Department.

[ ] Designates Metric Conversions

Model Number Identification

U	A	K	A	—	024	J	A	Z
RUUD	CONDENSING UNIT	TYPE–K STANDARD EFFICIENCY	DESIGN SERIES		NOMINAL COOLING CAPACITY	ELECTRICAL DESIGNATION	VARIATIONS	
					018 = 18,000 BTU/HR [5.28 kW] 024 = 24,000 BTU/HR [7.03 kW] 030 = 30,000 BTU/HR [8.79 kW] 036/037 = 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 = 208/230-1-60 C = 208/230-3-60 D = 460-3-60 Y = 575-3-60	A = STANDARD MODEL	Z = COPELAND ZR COMPLIANT SCROLL COMPRESSOR S = SWEAT CONNECTION

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

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					ARI Sound Rating ①	Indoor CFM [L/s]
Outdoor Unit UAKA-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
018JAZ	RCAB-A021 (UHQA-08)	17,600 [5.16]	12,300 [3.60]	5,300 [1.56]	9.80	10.00	7.2	600 [285]
	RCBA-2453 ②	17,000 [4.98]	12,000 [3.51]	5,000 [1.47]	9.50	10.00	7.2	600 [285]
	RCBA-2453 (UBEA-14)	17,200 [5.04]	12,200 [3.57]	5,000 [1.47]	9.65	10.10	7.2	600 [285]
	RCBA-2453 (UBHA-14)	17,200 [5.04]	12,200 [3.57]	5,000 [1.47]	9.65	10.10	7.2	600 [285]
	RCBA-2453 + RXMD-C02	17,000 [4.98]	12,000 [3.51]	5,000 [1.47]	9.50	10.10	7.2	600 [285]
	RCBA-2453 + RXMD-C02 (UBEA-14)	17,200 [5.04]	12,200 [3.57]	5,000 [1.47]	9.65	10.20	7.2	600 [285]
	RCBA-2453 + RXMD-C02 (UBHA-14)	17,200 [5.04]	12,200 [3.57]	5,000 [1.47]	9.65	10.20	7.2	600 [285]
	RCGA-24A1	16,900 [4.95]	11,800 [3.45]	5,100 [1.50]	9.35	10.00	7.2	600 [285]
	RCGA-24A1 (UBEA-14)	17,000 [4.98]	11,900 [3.48]	5,100 [1.50]	9.50	10.20	7.2	600 [285]
	RCGA-24A1 (UBHA-14)	17,000 [4.98]	11,900 [3.48]	5,100 [1.50]	9.50	10.20	7.2	600 [285]
	RCHA-24A1	16,900 [4.95]	11,800 [3.45]	5,100 [1.50]	9.35	10.00	7.2	600 [285]
	RCHA-24A1 (UBEA-14)	17,000 [4.98]	11,900 [3.48]	5,100 [1.50]	9.50	10.20	7.2	600 [285]
	RCHA-24A1 (UBHA-14)	17,000 [4.98]	11,900 [3.48]	5,100 [1.50]	9.50	10.20	7.2	600 [285]
	RCLB-A024	18,100 [5.31]	12,900 [3.78]	5,200 [1.53]	9.60	10.00	7.2	600 [285]
	RCTB-A018	17,100 [5.01]	11,800 [3.45]	5,300 [1.56]	9.00	10.00	7.2	600 [285]
	RCTB-A018 (UHQA-08)	17,400 [5.10]	12,100 [3.54]	5,300 [1.56]	9.60	10.35	7.2	600 [285]
	RCTH-A024	17,500 [5.13]	12,600 [3.69]	4,900 [1.44]	9.50	10.30	7.2	600 [285]
024JAZ	RCBA-2457 ②	22,800 [6.66]	16,500 [4.83]	6,300 [1.83]	9.05	10.00	7.2	800 [380]
	RCBA-2457 (UBEA-14)	23,000 [6.72]	16,700 [4.89]	6,300 [1.83]	9.25	10.15	7.2	800 [380]
	RCBA-2457 (UBHA-14)	23,000 [6.72]	16,700 [4.89]	6,300 [1.83]	9.25	10.15	7.2	800 [380]
	RCBA-2457 + RXMD-C02	22,800 [6.66]	16,500 [4.83]	6,300 [1.83]	9.05	10.10	7.2	800 [380]
	RCBA-2457 + RXMD-C02 (UBEA-14)	23,000 [6.72]	16,700 [4.89]	6,300 [1.83]	9.25	10.25	7.2	800 [380]
	RCBA-2457 + RXMD-C02 (UBHA-14)	23,000 [6.72]	16,700 [4.89]	6,300 [1.83]	9.25	10.25	7.2	800 [380]
	RCGA-24A2	22,600 [6.60]	16,000 [4.68]	6,600 [1.92]	8.75	10.00	7.2	800 [380]
	RCGA-24A2 (UBEA-14)	22,800 [6.66]	16,200 [4.74]	6,600 [1.92]	8.90	10.15	7.2	800 [380]
	RCGA-24A2 (UBHA-14)	22,800 [6.66]	16,200 [4.74]	6,600 [1.92]	8.90	10.15	7.2	800 [380]
	RCHA-24A2	22,600 [6.60]	16,000 [4.68]	6,600 [1.92]	8.75	10.00	7.2	800 [380]
	RCHA-24A2 (UBEA-14)	22,800 [6.66]	16,200 [4.74]	6,600 [1.92]	8.90	10.15	7.2	800 [380]
	RCHA-24A2 (UBHA-14)	22,800 [6.66]	16,200 [4.74]	6,600 [1.92]	8.90	10.15	7.2	800 [380]
	RCLB-A024	23,400 [6.84]	17,100 [5.01]	6,300 [1.83]	9.15	10.00	7.2	800 [380]
	RCLB-A024 (UHQA-08)	23,800 [6.96]	17,500 [5.13]	6,300 [1.83]	9.70	10.15	7.2	800 [380]
	RCTB-A024	23,000 [6.72]	16,500 [4.83]	6,500 [1.89]	8.85	10.00	7.2	800 [380]
	RCTB-A024 (UHQA-08)	23,400 [6.84]	16,900 [4.95]	6,500 [1.89]	9.35	10.15	7.2	800 [380]
	RCTH-A024	23,200 [6.78]	16,800 [4.92]	6,400 [1.86]	8.90	10.00	7.2	800 [380]
030JAZ	RCAH-Z037	27,600 [8.10]	20,200 [5.94]	7,400 [2.16]	9.45	10.00	7.4	1,000 [470]
	RCBA-3765 ②	28,200 [8.28]	21,200 [6.24]	7,000 [2.04]	9.60	10.00	7.4	1,000 [470]
	RCBA-3765 (UBEA-17)	28,400 [8.34]	21,400 [6.30]	7,000 [2.04]	9.85	10.20	7.4	1,000 [470]
	RCBA-3765 (UBHA-17)	28,400 [8.34]	21,400 [6.30]	7,000 [2.04]	9.85	10.20	7.4	1,000 [470]
	RCBA-3765 + RXMD-C02	28,200 [8.28]	21,200 [6.24]	7,000 [2.04]	9.60	10.10	7.4	1,000 [470]
	RCBA-3765 + RXMD-C02 (UBEA-17)	28,400 [8.34]	21,400 [6.30]	7,000 [2.04]	9.85	10.30	7.4	1,000 [470]
	RCBA-3765 + RXMD-C02 (UBHA-17)	28,400 [8.34]	21,400 [6.30]	7,000 [2.04]	9.85	10.30	7.4	1,000 [470]
	RCGA-37A1	28,200 [8.28]	20,600 [6.06]	7,600 [2.22]	9.55	10.00	7.4	1,000 [470]
	RCGA-37A1 (UBEA-17)	28,400 [8.34]	20,800 [6.12]	7,600 [2.22]	9.80	10.20	7.4	1,000 [470]
	RCGA-37A1 (UBHA-17)	28,400 [8.34]	20,800 [6.12]	7,600 [2.22]	9.80	10.20	7.4	1,000 [470]
	RCHA-36A1	28,200 [8.28]	20,600 [6.06]	7,600 [2.22]	9.55	10.00	7.4	1,000 [470]
	RCHA-36A1 (UBEA-17)	28,800 [8.46]	21,200 [6.24]	7,600 [2.22]	9.80	10.20	7.4	1,000 [470]
	RCHA-36A1 (UBHA-17)	28,800 [8.46]	21,200 [6.24]	7,600 [2.22]	9.80	10.20	7.4	1,000 [470]
	RCLB-A030	29,000 [8.52]	22,200 [6.48]	6,800 [2.04]	9.75	10.00	7.4	1,000 [470]
	RCLB-A030 (UHQA-13)	29,200 [8.58]	22,400 [6.54]	6,800 [2.04]	10.00	10.30	7.4	1,000 [470]
	RCTB-A036	29,000 [8.52]	21,800 [6.36]	7,200 [2.16]	9.70	10.20	7.4	1,000 [470]
	RCTB-A036 (UHQA-13)	29,200 [8.58]	22,000 [6.42]	7,200 [2.16]	9.95	10.50	7.4	1,000 [470]
	RCTH-A036	29,000 [8.52]	21,800 [6.36]	7,200 [2.16]	9.70	10.20	7.4	1,000 [470]
036CAS/DAS	RCBA-3673 ②	35,000 [10.26]	27,000 [7.91]	8,000 [2.34]	9.40	10.00	7.6	1,200 [565]
	RCBA-3673 (UBEA-17)	35,400 [10.37]	27,400 [8.03]	8,000 [2.34]	9.75	10.30	7.6	1,200 [565]
	RCBA-3673 (UBHA-17)	35,400 [10.37]	27,400 [8.03]	8,000 [2.34]	9.75	10.30	7.6	1,200 [565]
	RCBA-3673 + RXMD-C02	35,000 [10.26]	27,000 [7.91]	8,000 [2.34]	9.40	10.10	7.6	1,200 [565]
	RCBA-3673 + RXMD-C02 (UBEA-17)	35,400 [10.37]	27,400 [8.03]	8,000 [2.34]	9.75	10.40	7.6	1,200 [565]
	RCBA-3673 + RXMD-C02 (UBHA-17)	35,400 [10.37]	27,400 [8.03]	8,000 [2.34]	9.75	10.40	7.6	1,200 [565]
	RCGA-36A2	34,600 [10.14]	25,495 [7.47]	9,105 [2.67]	9.35	10.00	7.6	1,200 [565]
	RCGA-36A2 (UBEA-17)	35,000 [10.26]	25,895 [7.59]	9,105 [2.67]	9.70	10.30	7.6	1,200 [565]
	RCGA-36A2 (UBHA-17)	35,000 [10.26]	25,895 [7.59]	9,105 [2.67]	9.70	10.30	7.6	1,200 [565]
	RCHA-36A1	34,600 [10.14]	25,495 [7.47]	9,105 [2.67]	9.35	10.00	7.6	1,200 [565]
	RCHA-36A1 (UBEA-17)	35,000 [10.26]	25,895 [7.59]	9,105 [2.67]	9.70	10.30	7.6	1,200 [565]
	RCHA-36A1 (UBHA-17)	35,000 [10.26]	25,895 [7.59]	9,105 [2.67]	9.70	10.30	7.6	1,200 [565]
	RCLB-A036	35,400 [10.37]	26,600 [7.80]	8,800 [2.58]	9.50	10.10	7.6	1,150 [543]
	RCLB-A036 (UHQA-13)	35,400 [10.37]	26,600 [7.80]	8,800 [2.58]	9.45	10.05	7.6	1,150 [543]

① Sound rating in accordance with ARI Standard 270.
② Highest sales volume tested combination required by D.O.E. test procedures.

[ ] 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					ARI Sound Rating ①	Indoor CFM (L/s)
Outdoor Unit UAKA-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
036CAS/DAS	RCTB-A036	34,400 [10.08]	26,000 [7.80]	8,400 [2.46]	9.35	10.50	7.6	1,200 [565]
	RCTB-A036 (UHQA-13)	34,400 [10.08]	26,000 [7.80]	8,400 [2.46]	9.35	10.50	7.6	1,200 [565]
	RCTB-A037	35,200 [10.32]	26,600 [7.80]	8,600 [2.52]	9.45	10.70	7.8	1,200 [565]
	RCTH-A036	34,200 [10.02]	25,800 [7.56]	8,400 [2.46]	9.30	10.50	7.8	1,200 [565]
037CAZ/DAZ	RCBA-3765	35,400 [10.38]	25,200 [7.38]	10,200 [3.00]	9.50	10.00	7.8	1,200 [565]
	RCBA-3765 (UBEA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.15	7.8	1,200 [565]
	RCBA-3765 (UBHA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.15	7.8	1,200 [565]
	RCBA-3765 + RXMD-C02	35,400 [10.38]	25,200 [7.38]	10,200 [3.00]	9.50	10.05	7.8	1,200 [565]
	RCBA-3765 + RXMD-C02 (UBEA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.20	7.8	1,200 [565]
	RCBA-3765 + RXMD-C02 (UBHA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.20	7.8	1,200 [565]
	RCGA-36A2	35,000 [10.26]	24,800 [7.26]	10,200 [3.00]	9.60	10.50	7.8	1,200 [565]
	RCGA-36A2 (UBEA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCGA-36A2 (UBHA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCHA-36A1	35,000 [10.26]	24,800 [7.26]	10,200 [3.00]	9.60	10.50	7.8	1,200 [565]
	RCHA-36A1 (UBEA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCHA-36A1 (UBHA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCTH-A036	35,400 [10.38]	25,200 [7.38]	10,200 [3.00]	9.60	10.50	7.8	1,200 [565]
037JAZ	RCBA-3765 ②	35,400 [10.38]	25,200 [7.38]	10,200 [3.00]	9.50	10.00	7.8	1,200 [565]
	RCBA-3765 (UBEA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.15	7.8	1,200 [565]
	RCBA-3765 (UBHA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.15	7.8	1,200 [565]
	RCBA-3765 + RXMD-C02	35,400 [10.38]	25,200 [7.38]	10,200 [3.00]	9.50	10.05	7.8	1,200 [565]
	RCBA-3765 + RXMD-C02 (UBEA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.20	7.8	1,200 [565]
	RCBA-3765 + RXMD-C02 (UBHA-17)	35,600 [10.44]	25,400 [7.44]	10,200 [3.00]	9.70	10.20	7.8	1,200 [565]
	RCGA-36A2	35,000 [10.26]	24,800 [7.26]	10,200 [3.00]	9.60	10.50	7.8	1,200 [565]
	RCGA-36A2 (UBEA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCGA-36A2 (UBHA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCHA-36A1	35,000 [10.26]	24,800 [7.26]	10,200 [3.00]	9.60	10.50	7.8	1,200 [565]
	RCHA-36A1 (UBEA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCHA-36A1 (UBHA-17)	35,200 [10.32]	25,000 [7.32]	10,200 [3.00]	9.70	10.70	7.8	1,200 [565]
	RCLB-A036	35,600 [10.44]	25,654 [7.50]	9,946 [2.94]	9.40	10.00	7.8	1,200 [565]
	RCLB-A036 (UHQA-13)	35,600 [10.44]	25,654 [7.50]	9,946 [2.94]	9.40	10.05	7.8	1,200 [565]
	RCTB-A036	35,400 [10.38]	25,454 [7.44]	9,946 [2.94]	9.35	10.10	7.8	1,200 [565]
	RCTB-A036 (UHQA-13)	35,400 [10.38]	25,454 [7.44]	9,946 [2.94]	9.40	10.15	7.8	1,200 [565]
	RCTB-A037	36,600 [10.74]	26,780 [7.86]	9,820 [2.88]	9.60	10.15	7.8	1,200 [565]
	RCTH-A036	35,400 [10.38]	25,596 [7.50]	9,804 [2.88]	9.35	10.00	7.8	1,200 [565]
042CAS/DAS/ CAZ/DAZ/JAZ	RCBA-4873	40,000 [11.70]	28,900 [8.46]	11,100 [3.25]	9.20	10.00	7.8	1,400 [660]
	RCBA-4873 (UBEA-21)	40,500 [11.85]	29,400 [8.64]	11,100 [3.25]	9.45	10.25	7.8	1,400 [660]
	RCBA-4873 (UBHA-21)	40,500 [11.85]	29,400 [8.64]	11,100 [3.25]	9.45	10.25	7.8	1,400 [660]
	RCBA-4873 + RXMD-C02	40,000 [11.70]	28,900 [8.46]	11,100 [3.25]	9.20	10.05	7.8	1,400 [660]
	RCBA-4873 + RXMD-C02 (UBEA-21)	40,500 [11.85]	29,400 [8.64]	11,100 [3.25]	9.45	10.30	7.8	1,400 [660]
	RCBA-4873 + RXMD-C02 (UBHA-21)	40,500 [11.85]	29,400 [8.64]	11,100 [3.25]	9.45	10.30	7.8	1,400 [660]
	RCGA-48A1	39,500 [11.55]	28,200 [8.28]	11,300 [3.31]	9.15	10.30	7.8	1,400 [660]
	RCGA-48A1 (UBEA-21)	40,000 [11.70]	28,700 [8.40]	11,300 [3.31]	9.40	10.55	7.8	1,400 [660]
	RCGA-48A1 (UBHA-21)	40,000 [11.70]	28,700 [8.40]	11,300 [3.31]	9.40	10.55	7.8	1,400 [660]
	RCHA-48A1	39,500 [11.55]	28,200 [8.28]	11,300 [3.31]	9.15	10.30	7.8	1,400 [660]
	RCHA-48A1 (UBEA-21)	40,000 [11.70]	28,700 [8.40]	11,300 [3.31]	9.40	10.55	7.8	1,400 [660]
	RCHA-48A1 (UBHA-21)	40,000 [11.70]	28,700 [8.40]	11,300 [3.31]	9.40	10.55	7.8	1,400 [660]
	RCLB-A048 (UHQA-16)	40,000 [11.70]	28,812 [8.46]	11,188 [3.28]	9.30	10.10	7.8	1,400 [660]
	RCMB-A048 (UHQA-16)	40,500 [11.85]	29,312 [8.58]	11,188 [3.28]	9.40	10.15	7.8	1,400 [660]
	RCTB-A048 (UHQA-16)	40,000 [11.70]	29,089 [8.52]	10,911 [3.20]	9.30	10.05	7.8	1,400 [660]
	RCTH-A048	39,500 [11.55]	28,200 [8.28]	11,300 [3.31]	9.20	10.30	7.8	1,400 [660]
048CAS/DAS/ CAZ/DAZ/JAZ	RCBA-4882 ②	46,000 [13.50]	33,200 [9.72]	12,800 [3.78]	9.65	10.00	8.0	1,600 [755]
	RCBA-4882 (UBEA-21)	46,000 [13.50]	33,200 [9.72]	12,800 [3.78]	9.75	10.10	8.0	1,600 [755]
	RCBA-4882 (UBHA-21)	46,000 [13.50]	33,200 [9.72]	12,800 [3.78]	9.75	10.10	8.0	1,600 [755]
	RCBA-4882 + RXMD-C02	46,000 [13.50]	33,200 [9.72]	12,800 [3.78]	9.65	10.10	8.0	1,600 [755]
	RCBA-4882 + RXMD-C02 (UBEA-21)	46,000 [13.50]	33,200 [9.72]	12,800 [3.78]	9.75	10.20	8.0	1,600 [755]
	RCBA-4882 + RXMD-C02 (UBHA-21)	46,000 [13.50]	33,200 [9.72]	12,800 [3.78]	9.75	10.20	8.0	1,600 [755]
	RCGA-48A1	46,000 [13.50]	33,000 [9.66]	13,000 [3.84]	9.70	10.30	8.0	1,600 [755]
	RCGA-48A1 (UBEA-21)	46,000 [13.50]	33,000 [9.66]	13,000 [3.84]	9.80	10.40	8.0	1,600 [755]
	RCGA-48A1 (UBHA-21)	46,000 [13.50]	33,000 [9.66]	13,000 [3.84]	9.80	10.40	8.0	1,600 [755]
	RCHA-48A1	46,000 [13.50]	33,000 [9.66]	13,000 [3.84]	9.70	10.30	8.0	1,600 [755]
	RCHA-48A1 (UBEA-21)	46,000 [13.50]	33,000 [9.66]	13,000 [3.84]	9.80	10.20	8.0	1,600 [755]

① Sound rating in accordance with ARI Standard 270.
② 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					ARI Sound Rating ①	Indoor CFM [L/s]
Outdoor Unit UAKA-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
048CAS/DAS/ CAZ/DAZ/JAZ	RCHA-48A1 (UBHA-21)	46,000 [13.50]	33,000 [9.66]	13,000 [3.84]	9.80	10.20	8.0	1,600 [755]
	RCLB-A048	45,500 [13.35]	33,200 [9.72]	12,300 [3.63]	9.65	10.00	8.0	1,600 [755]
	RCLB-B048	46,000 [13.50]	33,400 [9.78]	12,600 [3.72]	9.70	10.00	8.0	1,600 [755]
	RCMB-A048	46,000 [13.50]	33,400 [9.78]	12,600 [3.72]	9.70	10.00	8.0	1,600 [755]
	RCMB-A048 (UHQA-16)	46,000 [13.50]	33,400 [9.78]	12,600 [3.72]	9.95	10.10	8.0	1,600 [755]
	RCTB-A048	46,000 [13.50]	33,600 [9.84]	12,400 [3.66]	9.65	10.30	8.0	1,600 [755]
	RCTB-A048 (UHQA-16)	46,000 [13.50]	33,600 [9.84]	12,400 [3.66]	9.95	10.40	8.0	1,600 [755]
	RCTH-A048	46,500 [13.65]	33,800 [9.90]	12,700 [3.75]	9.80	10.30	8.0	1,600 [755]
048YAS	RCBA-4876 ②	46,500 [13.65]	35,800 [10.50]	10,700 [3.15]	9.45	10.00	8.0	1,600 [755]
	RCBA-4876 (UBEA-21)	47,000 [13.80]	36,300 [10.62]	10,700 [3.18]	9.75	10.20	8.0	1,600 [755]
	RCBA-4876 (UBHA-21)	47,000 [13.80]	36,300 [10.62]	10,700 [3.18]	9.75	10.20	8.0	1,600 [755]
	RCBA-4876 + RXMD-C02	46,500 [13.65]	35,800 [10.50]	10,700 [3.15]	9.45	10.10	8.0	1,600 [755]
	RCBA-4876 + RXMD-C02 (UBEA-21)	47,000 [13.80]	36,300 [10.62]	10,700 [3.18]	9.75	10.30	8.0	1,600 [755]
	RCBA-4876 + RXMD-C02 (UBHA-21)	47,000 [13.80]	36,300 [10.62]	10,700 [3.18]	9.75	10.30	8.0	1,600 [755]
	RCGA-48A1	46,000 [13.50]	33,920 [9.96]	12,080 [3.54]	9.40	10.00	8.0	1,600 [755]
	RCGA-48A1 (UBEA-21)	46,500 [13.65]	34,420 [10.08]	12,080 [3.57]	9.65	10.20	8.0	1,600 [755]
	RCGA-48A1 (UBHA-21)	46,500 [13.65]	34,420 [10.08]	12,080 [3.57]	9.65	10.20	8.0	1,600 [755]
	RCHA-48A1	46,000 [13.50]	33,920 [9.96]	12,080 [3.54]	9.40	10.00	8.0	1,600 [755]
	RCHA-48A1 (UBEA-21)	46,500 [13.65]	34,420 [10.08]	12,080 [3.57]	9.65	10.20	8.0	1,600 [755]
	RCHA-48A1 (UBHA-21)	46,500 [13.65]	34,420 [10.08]	12,080 [3.57]	9.65	10.20	8.0	1,600 [755]
	RCLB-A048	46,000 [13.50]	34,500 [10.14]	11,500 [3.36]	9.45	10.00	8.0	1,550 [730]
	RCLB-B048	47,000 [13.80]	35,300 [10.32]	11,700 [3.48]	9.55	10.10	8.0	1,550 [730]
	RCMB-A048	47,000 [13.80]	35,300 [10.32]	11,700 [3.48]	9.50	10.15	8.0	1,550 [730]
	RCMB-A048 (UHQA-16)	47,500 [13.95]	35,800 [10.50]	11,700 [3.45]	9.70	10.40	8.0	1,550 [730]
	RCTB-A048	46,500 [13.65]	35,100 [10.26]	11,400 [3.39]	9.35	10.35	8.0	1,600 [755]
	RCTB-A048 (UHQA-16)	46,500 [13.65]	35,200 [10.32]	11,300 [3.33]	9.65	10.65	8.0	1,600 [755]
	RCTH-A048	47,000 [13.80]	35,500 [10.38]	11,500 [3.42]	9.50	10.45	8.0	1,600 [755]
060CAS/DAS	RCBA-6089 ②	56,000 [16.35]	43,100 [12.60]	12,900 [3.75]	9.45	10.00	8.2	2,000 [945]
	RCBA-6089 (UBEA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.20	8.2	2,000 [945]
	RCBA-6089 (UBHA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.20	8.2	2,000 [945]
	RCBA-6089 + RXMD-C02	56,000 [16.35]	43,100 [12.60]	12,900 [3.75]	9.45	10.10	8.2	2,000 [945]
	RCBA-6089 + RXMD-C02 (UBEA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.30	8.2	2,000 [945]
	RCBA-6089 + RXMD-C02 (UBHA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.30	8.2	2,000 [945]
	RCGA-60A1	55,500 [16.20]	40,865 [12.00]	14,635 [4.20]	9.40	10.00	8.2	2,000 [945]
	RCGA-60A1 (UBEA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCGA-60A1 (UBHA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCHA-60A1	55,500 [16.20]	40,865 [12.00]	14,635 [4.20]	9.40	10.00	8.2	2,000 [945]
	RCHA-60A1 (UBEA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCHA-60A1 (UBHA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCQB-C060	57,000 [16.65]	42,500 [12.45]	14,500 [4.20]	9.10	10.10	8.2	2,000 [945]
	RCQB-C060 (UHQA-20)	57,000 [16.65]	42,500 [12.45]	14,500 [4.20]	9.10	10.15	8.2	2,000 [945]
	RCTB-B060 (UHQA-20)	54,500 [15.90]	41,200 [12.07]	13,300 [3.90]	9.40	10.00	8.2	1,950 [920]
060CAZ/DAZ/ JAZ/YAS	RCBA-6089 ②	56,000 [16.35]	43,100 [12.60]	12,900 [3.75]	9.45	10.00	8.2	2,000 [945]
	RCBA-6089 (UBEA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.20	8.2	2,000 [945]
	RCBA-6089 (UBHA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.20	8.2	2,000 [945]
	RCBA-6089 + RXMD-C02	56,000 [16.35]	43,100 [12.60]	12,900 [3.75]	9.45	10.10	8.2	2,000 [945]
	RCBA-6089 + RXMD-C02 (UBEA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.30	8.2	2,000 [945]
	RCBA-6089 + RXMD-C02 (UBHA-24)	56,500 [16.50]	43,600 [12.75]	12,900 [3.75]	9.70	10.30	8.2	2,000 [945]
	RCGA-60A1	55,500 [16.20]	40,865 [12.00]	14,635 [4.20]	9.40	10.00	8.2	2,000 [945]
	RCGA-60A1 (UBEA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCGA-60A1 (UBHA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCHA-60A1	55,500 [16.20]	40,865 [12.00]	14,635 [4.20]	9.40	10.00	8.2	2,000 [945]
	RCHA-60A1 (UBEA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCHA-60A1 (UBHA-24)	56,000 [16.35]	41,365 [12.15]	14,635 [4.20]	9.60	10.15	8.2	2,000 [945]
	RCQB-C060	57,000 [16.65]	42,500 [12.45]	14,500 [4.20]	9.10	10.10	8.2	2,000 [945]
	RCQB-C060 (UHQA-20)	57,000 [16.65]	42,500 [12.45]	14,500 [4.20]	9.10	10.15	8.2	2,000 [945]

① Sound rating in accordance with ARI Standard 270.
② Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

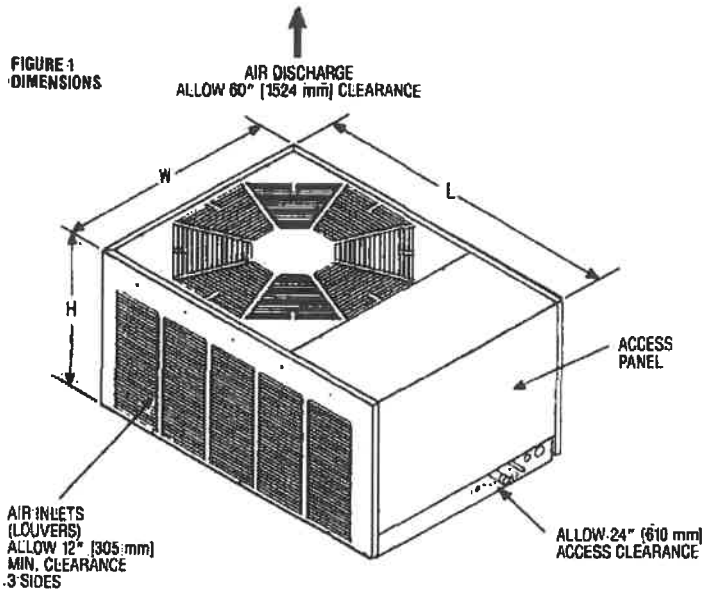
Electrical and Physical Data

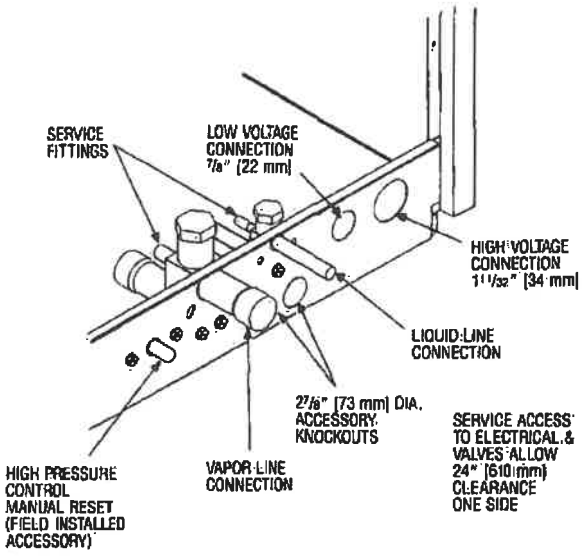
Model Number UAKA-	ELECTRICAL							PHYSICAL					
						Fuse or HACR Circuit Breaker		Outdoor Coil			R22 Oz. [g]	Weight	
	Phase Hertz Volts	Compr. (RLA)	Compr. (LRA)	Fan Motor (FLA)	Min. Circuit Ampacity Amperes	Min. Amperes	Max. Amperes	Face Area Sq. Ft. [m²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
018JAZ	1-60-208/230	9.7/9.7	50	.9	13/13	20/20	20/20	5.0 [.465]	1.00	1850 [873]	46 [1304]	135 [61.2]	145 [65.8]
024JAZ	1-60-208/230	12.2/12.2	61	.9	16/16	20/20	25/25	6.1 [.567]	1.00	1950 [920]	50 [1417]	140 [63.5]	150 [68.0]
030JAZ	1-60-208/230	14.1/14.1	76	.9	19/19	25/25	30/30	9.1 [.845]	1.00	1960 [925]	66 [1871]	155 [70.3]	165 [74.8]
036CAS	3-60-208/230	11.5/11.5	78	1.3	16/16	20/20	25/25	11.0 [1.022]	1.00	2700 [1274]	75 [2126]	180 [81.6]	190 [86.2]
036DAS	3-60-460	5.8	40	.6	8	15	15	11.0 [1.022]	1.00	2700 [1274]	75 [2126]	180 [81.6]	190 [86.2]
037CAZ	3-60-208/230	10.3/10.3	77	1.3	14/14	20/20	20/20	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
037DAZ	3-60-460	5.1	39	.6	7	15	15	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
037JAZ	1-60-208/230	16.5/16.5	95	1.3	22/22	30/30	35/35	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
042CAS	3-60-208/230	14.1/14.1	130	1.3	19/19	25/25	30/30	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	190 [86.2]	200 [90.7]
042CAZ	3-60-208/230	12.4/12.4	88	1.3	17/17	20/20	25/25	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	190 [86.2]	200 [90.7]
042DAS	3-60-460	7.1	64	.6	10	15	15	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	190 [86.2]	200 [90.7]
042DAZ	3-60-460	6.4	44	.6	9	15	15	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	190 [86.2]	200 [90.7]
042JAZ	1-60-208/230	18.3/18.3	109	1.3	24/24	30/30	40/40	11.0 [1.022]	1.00	2700 [1274]	79 [2240]	190 [86.2]	200 [90.7]
048CAS	3-60-208/230	13.7/13.7	82	2.0	20/20	25/25	30/30	15.8 [1.468]	1.00	4100 [1935]	113 [3203]	220 [99.8]	230 [104.3]
048CAZ	3-60-208/230	13.5/13.5	91	2.0	19/19	25/25	30/30	15.8 [1.468]	1.00	4100 [1935]	103 [2920]	220 [99.8]	230 [104.3]
048DAS	3-60-460	6.9	41	1.0	10	15	15	15.8 [1.468]	1.00	4100 [1935]	113 [3203]	220 [99.8]	230 [104.3]
048DAZ	3-60-460	6.8	46	1.0	10	15	15	15.8 [1.468]	1.00	4100 [1935]	103 [2920]	220 [99.8]	230 [104.3]
048JAZ	1-60-208/230	21.9/21.9	131	2.0	29/29	35/35	50/50	15.8 [1.468]	1.00	4100 [1935]	103 [2920]	220 [99.8]	230 [104.3]
048YAS	3-60-575	5.2	36	.7	8	15	15	15.8 [1.468]	1.00	4100 [1935]	113 [3203]	220 [99.8]	230 [104.3]
060CAS	3-60-208/230	17.0/17.0	150	2.0	24/24	30/30	40/40	15.8 [1.468]	1.00	4150 [1959]	112 [3175]	250 [113.4]	260 [117.9]
060CAZ	3-60-208/230	17.2/17.2	128	2.0	24/24	30/30	40/40	15.8 [1.468]	1.00	4150 [1959]	112 [3175]	250 [113.4]	260 [117.9]
060DAS	3-60-460	9.6	73	1.0	13	20	20	15.8 [1.468]	1.00	4150 [1959]	112 [3175]	250 [113.4]	260 [117.9]
060DAZ	3-60-460	9.1	63	1.0	12/12	15	20	15.8 [1.468]	1.00	4150 [1959]	112 [3175]	250 [113.4]	260 [117.9]
060JAZ	1-60-208/230	28.9/28.9	175	2.0	39/39	50/50	60/60	15.8 [1.468]	1.00	4150 [1959]	112 [3175]	250 [113.4]	260 [117.9]
060YAS	3-60-575	8.3	59	.7	12	15	15	15.8 [1.468]	1.00	4150 [1959]	112 [3175]	250 [113.4]	260 [117.9]

[ ] Designates Metric Conversions

Unit Dimensions

FIGURE 1
DIMENSIONS





Model Number UAKA-	Height "H" (inches) [mm]	Length "L" (inches) [mm]	Width "W" (inches) [mm]
-018/024	16 3/4 [425.45]	33 11/16 [855.66]	23 1/4 [590.55]
-030	20 3/4 [527.05]	33 11/16 [855.66]	23 1/4 [590.55]
-036/-037/-042	20 3/4 [527.05]	38 11/16 [982.66]	27 1/8 [688.98]
-048/-060	26 3/4 [679.45]	42 9/16 [1081.09]	31 [787.4]

[ ] Designates Metric Conversions

Piston Sizes

(Part Number 61-23414-)**

Model Size	Evaporator Coil Piston Size
-018	53
-024	57
-030	65
-037	65
-042	73
-048	82
-060	89

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.

Compressor ..... Five (5) Years
Any Other Part ..... One (1) Year
Condenser Coil leaks caused by factory defects ..... Five (5) Years

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

Condensing Unit Refrigerant Line Size Information

System Capacity Tons [kW]	Line Size (Inch O.D.) [mm]	Liquid Line Size — Outdoor Unit Above Indoor Coil					
		Total Length — Feet [m]					
		25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
		Vertical Separation — Feet [m]					
1.5 [5.28]	1/4* [6.35]	25 [7.62]	50 [15.24]	70 [21.34]			
	5/16 [7.94]			36 [10.97]	42 [12.80]	48 [14.63]	54 [16.46]
2 [7.03]	1/4* [6.35]	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]
2.5 [8.79]	1/4* [6.35]	25 [7.62]	50 [15.24]				
	5/16 [7.94]		19 [5.79]	33 [10.06]	47 [14.33]	61 [18.59]	
	3/8 [9.53]					11 [3.35]	15 [4.57]
3 [10.55]	5/16* [7.94]	25 [7.62]	50 [15.24]	70 [21.34]			
	3/8 [9.53]			34 [10.36]	40 [12.19]	46 [14.02]	52 [15.85]
3.5 [12.30]	5/16* [7.94]	25 [7.62]	50 [15.24]	75 [22.86]			
	3/8 [9.53]			32 [9.75]	39 [11.89]	46 [14.02]	53 [16.15]
4 [14.06]	3/8* [9.53]	25 [7.62]	44 [13.41]	53 [16.15]	61 [18.59]	70 [21.34]	
	1/2 [12.7]					37 [11.28]	39 [11.89]
5 [17.58]	3/8* [9.53]	25 [7.62]	48 [14.63]	61 [18.59]	72 [21.95]		
	1/2 [12.7]				35 [10.67]	38 [11.58]	41 [12.50]

System Capacity Tons [kW]	Line Size (Inch O.D.) [mm]	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]
		Vertical Separation — Feet [m]					
1.5 [5.28]	1/4* [6.35]	25 [7.62]	23 [7.01]	8 [2.44]			
	5/16 [7.94]			36 [10.97]	30 [9.14]	24 [7.32]	18 [5.49]
2 [7.03]	1/4* [6.35]	25 [7.62]	23 [7.01]				
	5/16 [7.94]		48 [14.63]	38 [11.58]	28 [8.53]	18 [5.49]	8 [2.44]
2.5 [8.79]	1/4* [6.35]	25 [7.62]	23 [7.01]				
	5/16 [7.94]		50 [15.24]	39 [11.89]	25 [7.62]	11 [3.35]	
	3/8 [9.53]						57 [17.37]
3 [10.55]	5/16* [7.94]	25 [7.62]	23 [7.01]	9 [2.74]			
	3/8 [9.53]			38 [11.58]	32 [9.75]	26 [7.92]	20 [6.10]
3.5 [12.30]	5/16* [7.94]	25 [7.62]	23 [7.01]	9 [2.74]			
	3/8 [9.53]			40 [12.19]	33 [10.06]	26 [7.92]	19 [5.79]
4 [14.06]	3/8* [9.53]	25 [7.62]	28 [8.53]	19 [5.79]	11 [3.35]	3 [.91]	
	1/2 [12.7]					35 [10.67]	33 [10.06]
5 [17.58]	3/8* [9.53]	25 [7.62]	23 [7.01]	11 [3.35]	3 [.91]		
	1/2 [12.7]				37 [11.28]	34 [10.36]	31 [9.45]

*Standard line size

NOTES:

① This chart is applicable for condensing units.

② If the separation height exceeds the table values, reduce the indoor coil flow-check piston two sizes plus one size for each additional 10 feet [3.05 m].
Example 1: A 5 ton [17.58 kW] *condensing unit* with a total line length of 125 feet [38.10 m] with a vertical separation of 101 feet [30.78 m] utilizing a 1/2" [12.7 mm] liquid line: Table = 38 feet [11.58 m] maximum vertical separation for 125 feet [38.10 m] run. Separation exceeds table by (101-38) = 63 feet [19.20 m]. Therefore, reduce the indoor coil flow-check piston 2 + 6 = 8 sizes. (For example, a #89 piston would reduce to a #81 piston)

③ Do not exceed 120 feet [36.58 m] maximum vertical separation.

④ No changes are required for expansion valve coils.

⑤ Do not exceed table values for capillary tube coils.

⑥ Always use the smallest liquid line possible to minimize system charge.

⑦ Chart may be used to size horizontal runs.

NOTES:

① This chart is applicable for condensing units.
Example 1: A 2.5 ton [8.79 kW] *condensing unit* with a total line length of 75 feet [22.86 m] with a vertical separation of 30 feet [9.14 m] requires a liquid line size of 5/16" [7.94 mm].

② This chart may also be used to size horizontal runs.
Example 2: A 5 ton [17.58 kW] *condensing unit* may have a total horizontal run of 100 feet [30.48 m] if using the 3/8" [9.53 mm] liquid line. The total horizontal run if using 1/2" [12.7 mm] liquid line size will be 150 feet [45.72 m]

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

UAKA-		018	024	030	036/037	042	048	060
Unit Suction Line Connection Size		5/8" [15.88 mm] I.D. Sweat	3/4" [19.05 mm] I.D. Sweat				1 1/8" [28.58 mm] I.D. Sweat*	
Suction Line Run — Feet [m]		5/8" [15.88 mm] O.D. Standard 3/4" [19.05 mm] O.D. Optional	5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard 7/8" [22.23 mm] O.D. Optional				7/8" [22.23 mm] O.D. Optional 1 1/8" [28.58 mm] O.D. Standard 1 3/8" [34.94 mm] O.D. Optional	
25' [7.62]	Optional	—	.98	—	—	—	.99	.99
	Standard	1.00	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	1.01
50' [15.24]	Optional	—	.96	—	—	—	.97	.97
	Standard	.98	.99	.99	.98	.97	1.00	.99
	Optional	1.00	1.00	1.00	1.00	1.00	1.01	1.01
100' [30.48]	Optional	—	.93	—	—	—	.96	.95
	Standard	.96	.98	.97	.96	.94	.99	.99
	Optional	.99	.99	.99	.99	.98	1.00	1.00
150' [45.72]	Optional	—	—	—	—	—	.93	.91
	Standard	.97	.97	.95	.93	.90	.99	.98
	Optional	.98	.98	.97	.97	.96	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 100 feet [30.48 m]. See Liquid Line chart for Vertical Separation Requirements and Limitations.
*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. 10-98 DC

FORM NO. A22-147 REV. 7
Supersedes Form No. A22-147 Rev. 6

DIAMOND DEVELOPERS AT GREENTREE, LLC
811 - 16TH ST.
BELMAR, NJ 07719

MONMOUTH COMMUNITY BANK
LONG BRANCH, NJ 07740
55-1318-212

NO. 1358

DATE 06/07/2002

AMOUNT **800.00

PAY Howell Township

Eight Hundred and 00/100**********

TO THE ORDER OF
Howell Township
PO Box 580
Howell, NJ 07731

135.07 FINAL COIA

⑈001358⑈ ⑆021213180⑆ 100128909⑈

Details on back. Security Features Included.

08112/96.89

DIAMOND DEVELOPERS AT GREENTREE, LLC

Howell Township 06/07/2002 1358

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
06/07/2002	Bill		800.00	800.00		800.00
					Check Amount	800.00

Monmouth Community Ba 135.07 800.00

BLK. 7144

LOT 135.07

PRINTED 04/16/02

NJ069615

Home Buyers Warranty
1728 Montreal Circle
Tucker, GA 30084-6984
770.496.4969
800.488.8844
www.2-10hbw.com

CERTIFICATE OF PARTICIPATION IN NEW HOME WARRANTY PLAN OF HOME BUYERS WARRANTY

NOTICE: REPRODUCTIONS OF THIS DOCUMENT ARE NOT ACCEPTABLE FOR WARRANTY COVERAGE. ANY MODIFICATIONS, ALTERATIONS OR REVISIONS MADE TO THIS DOCUMENT WITHOUT EXPRESS WRITTEN CONSENT OF NATIONAL HOME INSURANCE COMPANY (A RISK RETENTION GROUP) ("NHIC") OR THEIR ADMINISTRATOR WILL VOID THE WARRANTY COVERAGE. THIS DOCUMENT IS NOT VALID UNLESS IT HAS BEEN SIGNED BY NHIC OR THEIR ADMINISTRATOR. IF CLOSING HAS NOT OCCURRED WITHIN NINETY (90) DAYS OF THE OFFERING DATE SET FORTH BELOW, THE WARRANTY IS VOID.

PLEASE TYPE OR PRINT

1. Homebuyer(s): JACK & CHRISTINE FEINSTEIN (Name(s) as recorded on deed)

Address of Home: 10 GREENTREE COURT HOWELL, NJ 07731 (Home Phone + Area Code)

Street: L1447B135.07 City: Municode: State: Zip Code:

Lot # _____ Block # _____ Subdivision _____

DIAMOND DEVELOPERS AT GREENTREE ES 4200-2761

2. Builder Name _____ Builder Number _____

04/17/02

3. Effective Date of Warranty (Date of Closing): _____ State Registration # _____

** 500,000 $1,250.00

4. Sales Price of Home $ _____ Total Warranty Amount Paid _____

A. Rate Formula for amount of sales price up to $250,000.00

If price does not include Lot, multiply by 1.25: 250000 (Sales price, Up to $250,000) ÷ 1,000 = 250.00 × 2.50 (Rate) = 625.00 (Total Cost) + $30.00 (If FHA/VA Home) - 50.00 (Initial Fee) = 575.00 (Amount Due)

B. Rate Formula for amount of sales price exceeding $250,000:

If price does not include Lot, multiply by 1.25: 250000 (Sales price, Amount over $250,000) ÷ 1,000 = 250.00 × $2.50 (Rate) = 625.00 (Additional Amount Due)

** INSURED COVERAGE NOT TO EXCEED $5,000,000 *

5. Type Financing (Check One): ☐ FHA ☐ VA ☐ RHS ☐ Conventional XX ☐ Cash

6. ☐ Condominium ☐ Fee Simple ☐ Townhouse ☐ Single Family Detached ☐ Two Family ☐ Cooperative

7. ☐ Low Rise (2 story) ☐ Mid Rise (3-5 story) ☐ High Rise (6 story or greater) ☐ Not applicable
Effective Date of Common Elements Coverage ___/___/___ (date main structure housing individual units is completed)
No common elements coverage will be provided unless all units in a building are enrolled.

ACKNOWLEDGMENT OF RECEIPT OF WARRANTY DOCUMENTS

The undersigned Builder has delivered and the undersigned Homeowners(s) hereby acknowledges receipt of the following warranty documents:

1. Home Buyers Warranty Certificate of Participation
2. Home Buyers Warranty videotape, "Warranty Teamwork"
3. Home Buyers Warranty Booklet (HBW 207 NHJ)
4. Home Buyers Warranty Construction Arbitration Rules

CERTIFICATION OF ENROLLMENT

THIS CERTIFIES THAT THE ABOVE-DESCRIBED DWELLING UNIT IS ENROLLED IN THE HOME BUYERS WARRANTY NEW HOME WARRANTY PLAN AND THAT THE WARRANTY COST, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, HAS BEEN PAID IN FULL TO NATIONAL HOME INSURANCE COMPANY (A RISK RETENTION GROUP).

Homeowner(s) _____ Date _____

Homeowner(s) _____ Date _____

Builder _____ Date _____

WARRANTY GUARANTOR:

National Home Insurance Company (A Risk Retention Group)
2675 S. Abilene Street, Aurora, CO 80014

OFFERED BY: Home Buyers Warranty as Administrator for NHIC

[signature]

Date 7/16/02

HBW 202 GG ER 9/1/00

WHITE - HBW CANARY - HOMEBUYER(S) PINK - BUILDER GOLDENROD - MUNICIPALITY

DIAMOND DEVELOPERS AT GREENTREE, LLC

Howell Township

	basement up date	05/03/2002	1312
			445.00

Monmouth Community Ba	Permit update/basement	
		445.00

Proposed Gas Piping (Revised)
Blk: 144 Lot: 135.07
10 GREEN TREE CT.

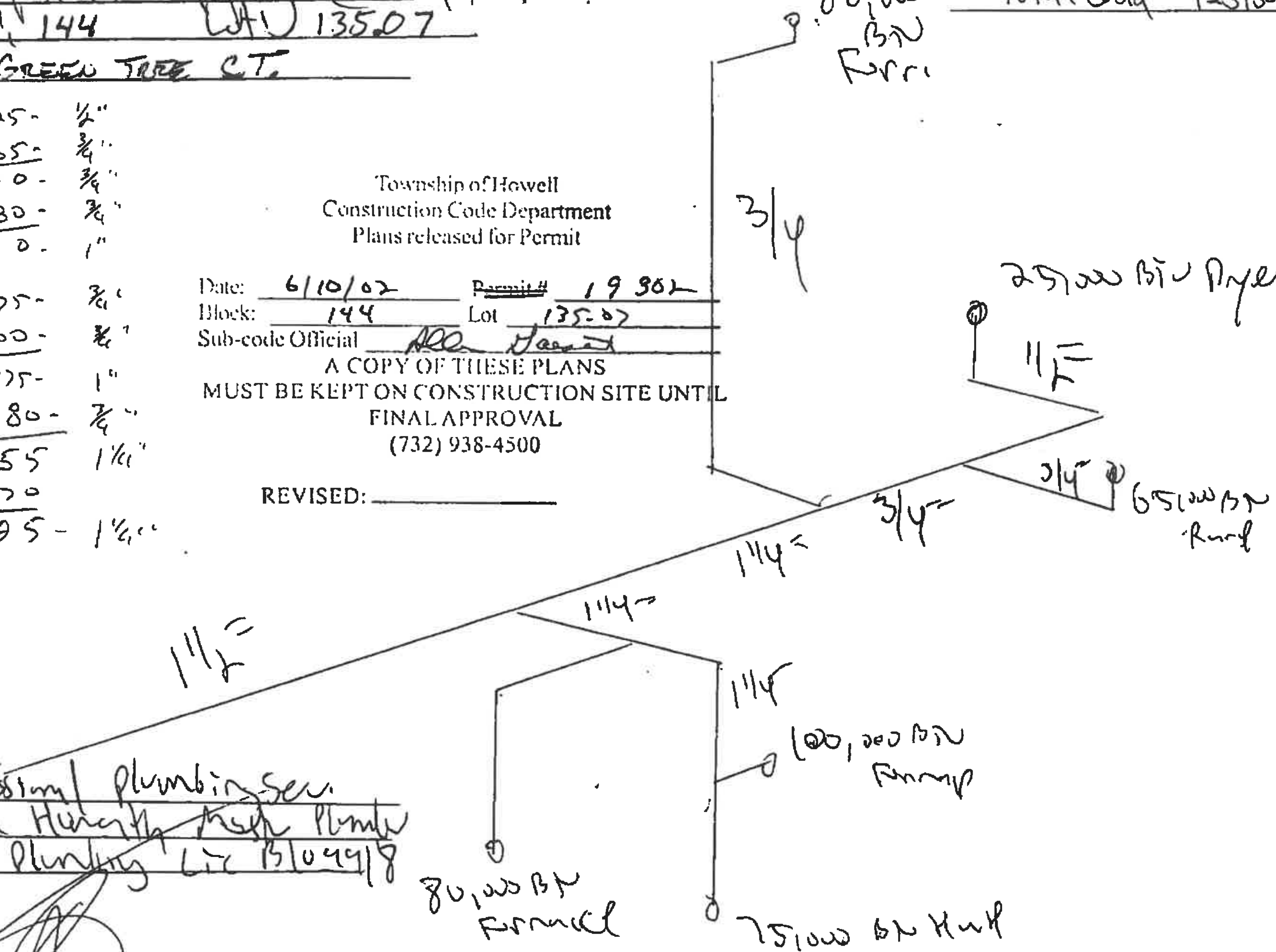
Total Dist. 80'
Total Load 425,000

dryer	25 -	1/2"
Range	65 -	3/4"
	90 -	3/4"
Furn	80 -	3/4"
	170 -	1"
W/H	75 -	3/4"
Furn	100 -	3/4"
	175 -	1"
Furn	80 -	3/4"
	255	1 1/4"
	170	
	425 -	1 1/4"

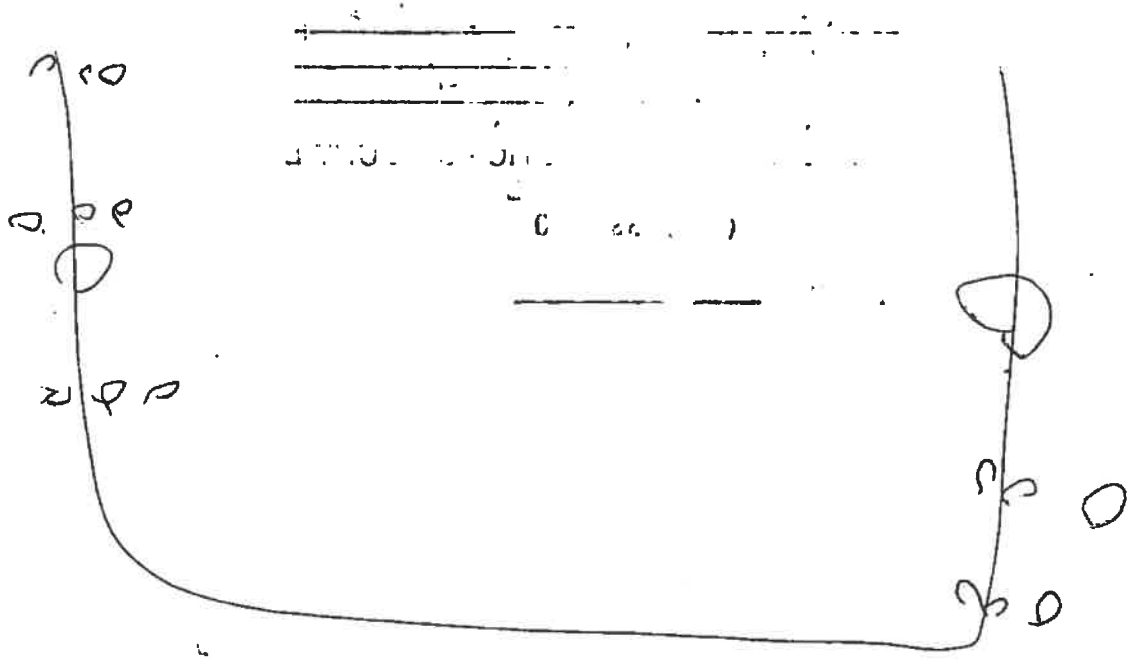
Township of Howell
Construction Code Department
Plans released for Permit

Date: 6/10/02 Permit # 19 302
Block: 144 Lot 135.07
Sub-code Official [signature]
A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: ________



Professional Plumbing Serv.
Frank Horvath Master Plumber
NJ Plumbing Lic 13|04918
[signature]



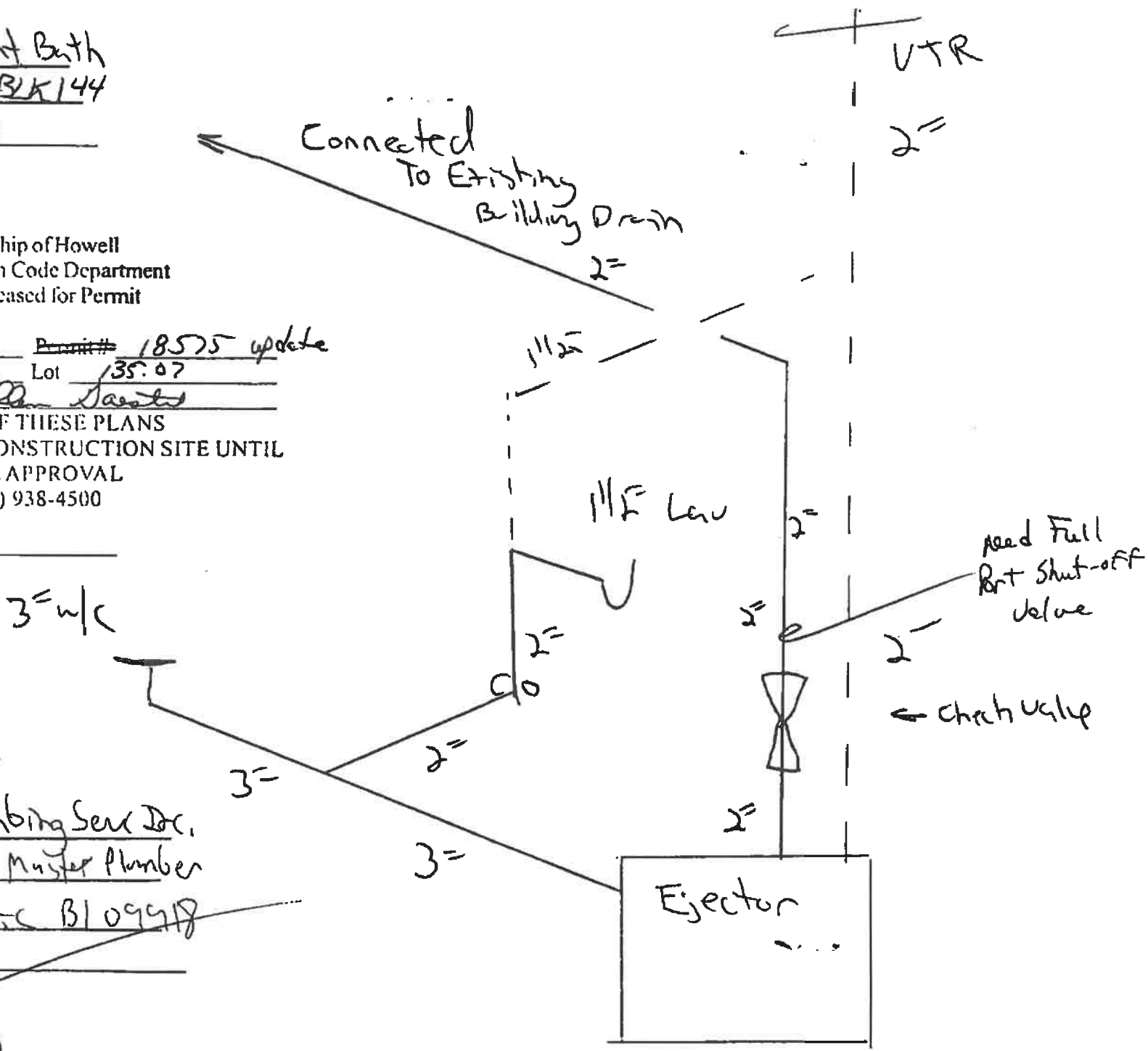
Proposed Basement Bath
Lot 135.07 Blk 144
Greentree Estates

Township of Howell
Construction Code Department
Plans released for Permit

Date: 5/3/02 ~~Permit#~~ 18575 update
Block: 144 Lot 135.07
Sub-code Official [signature]

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

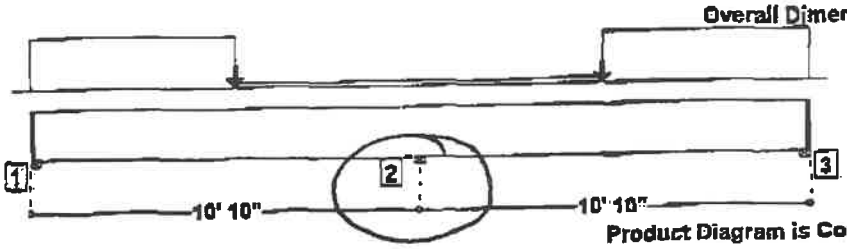
REVISED: _____



Professional Plumbing Serv Inc.
Frank Horvath, Master Plumber
NJ Plumbing Lic #10998

TJ-Sizing™ v5.55 Serial Number: 508240003
MASTER1N B1111 11/20/01 8:25:29 AM
Page 1 of 1 Build Code: 145

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

135.07
REGENCY
BEAM IN
GARAGE

LOADS:

Analysis for Beam Member Supporting FLOOR - RES. Application: Tributary Load Width: 1'
Loads(psf): 40 Live at 100% duration; 12 Dead; 0 Partition; and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Point(lbs.)	Snow(1.15)	1800	900	5' 8"	Adds to	
Point(lbs.)	Snow(1.15)	1800	900	16'	Adds to	
Uniform(plf)	Snow(1.15)	360	180	0 to 5' 8"	Adds to	
Uniform(plf)	Snow(1.15)	360	180	16' to 21' 8"	Adds to	

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	REACTIONS(lbs.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	2x4 Plate	3.50"	2.25"	2314 / 1023 / 3336	1	11.9"	Detail A3	1.25" LSL Rim
2	2x4 Plate	3.50"	4.615"	4534 / 2330 / 6864	1	11.9"	Detail B3	
3	2x4 Plate	3.50"	2.25"	2314 / 1023 / 3336	1	11.9"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3, B3.
- Bearing length requirement exceeds input at support(s) 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	3432	3359	12746	Passed(26%)	Lt. end Span 2 under Snow Roof loading
Moment(ft-lb)	9912	9912	17754	Passed(56%)	Lt. end Span 2 under Snow Roof loading
Live Defl.(in)		0.167	0.356	Passed(L/766)	MID Span 1 under Snow Roof ALTERNATE span loading
Total Defl.(in)		0.222	0.533	Passed(L/576)	MID Span 1 under Snow Roof ALTERNATE span loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 29' 6" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
- The load conditions considered in this design include Alternate member loading.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). Allowable product values shown are in accordance with current TJ materials and code accepted design values. TJ Engineering has verified the analysis. The input loads and dimensions have been provided by others (_____) and must be verified and approved for the specific application by the design professional for the project.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

ROBERT A. KUSERK
PROFESSIONAL ENGINEER
NJ: 38011, DE: 7850

PROJECT INFORMATION

DIAMOND DEVELOP
REGENCY MODEL
BEAM M6

OPERATOR INFORMATION:

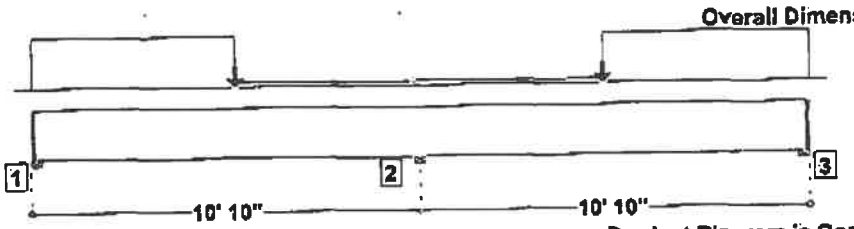
Trus Joist
Terry O'Leary
104 A Centre Blvd.
Marlton, NJ 08053
856-596-5555
856-985-9806

Trus Joist
A Weyerhaeuser business

3.5" X 11.875" 1.9E Timberstrand® LSL

TJ-Beam™ v3.55 ,Serial Number: 700100788
BEAMUSA 1111 11/19/01 12:57:29 PM
Page 1 of 1 Build Code: 146

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - RES. Application. Tributary Load Width: 1'
Loads(psf): 40 Live at 100% duration; 12 Dead; 0 Partition; and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Point(lbs.)	Snow(1.15)	1800	900	5' 8"	Adds to	
Point(lbs.)	Snow(1.15)	1800	900	16'	Adds to	
Uniform(plf)	Snow(1.15)	360	180	0 to 5' 8"	Adds to	
Uniform(plf)	Snow(1.15)	360	180	16' to 21' 8"	Adds to	

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	REACTIONS(lbs.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	2x4 Plate	3.50"	2.25"	2314 / 1023 / 3336	1	11.9"	Detail A3	1.25" LSL Rim
2	2x4 Plate	3.50"	4.615"	4534 / 2330 / 6864	1	11.9"	Detail B3	
3	2x4 Plate	3.50"	2.25"	2314 / 1023 / 3336	1	11.9"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3, B3.
- Bearing length requirement exceeds input at support(s) 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	3432	3359	12746	Passed(26%)	Lt. end Span 2 under Snow Roof loading
Moment(ft-lb)	9912	9912	17754	Passed(56%)	Lt. end Span 2 under Snow Roof loading
Live Defl.(in)		0.167	0.356	Passed(L/766)	MID Span 1 under Snow Roof ALTERNATE span loading
Total Defl.(in)		0.222	0.533	Passed(L/576)	MID Span 1 under Snow Roof ALTERNATE span loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
- The load conditions considered in this design include Alternate member loading.

ADDITIONAL NOTES:

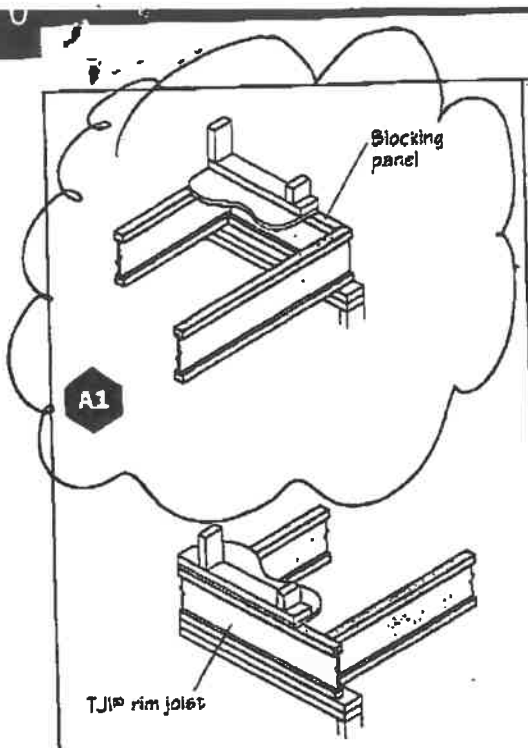
- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
- Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code BOCA analyzing the TJ Residential product listed above.

PROJECT INFORMATION

DIAMOND DEVOP
REGENCY MODEL
Beam MG

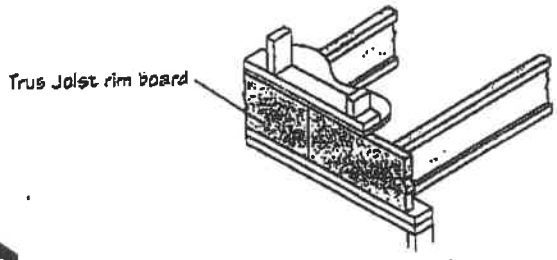
OPERATOR INFORMATION:

Strober Haddonfield Group
John Stewart
81 kresson road
Cherry Hill, NJ 08034
856-429-2130-650
856-429-0520



A1

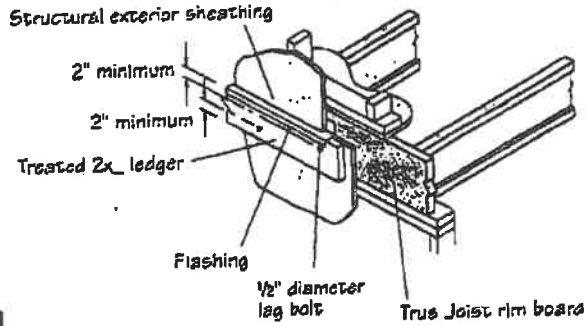
A2 *Must have 1¾" minimum joist bearing at ends*



For information on lateral load capacities, refer to current TimberStrand® LSL or TJ-Strand® rim board literature

A3 *Must have 1¾" minimum joist bearing at ends*

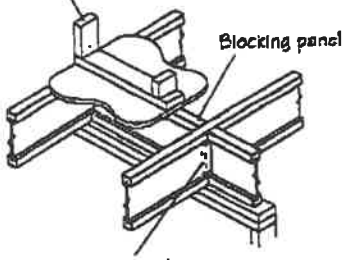
Exterior Deck Attachment



Allowable load is 325 lbs per ½" diameter lag bolt

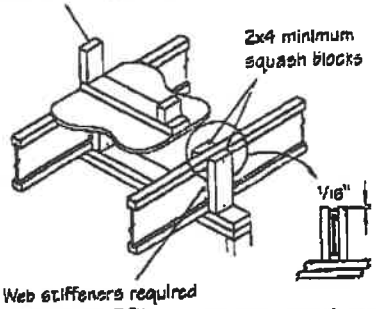
LA

Load bearing or shear wall above (must stack over wall below)



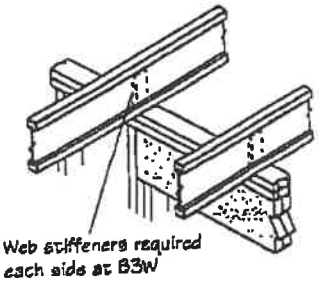
B1 B1W *See FLOOR SPAN TABLES and GENERAL NOTES for exceptions*

Load bearing wall above (must stack over wall below)



B2 B2W *See FLOOR SPAN TABLES and GENERAL NOTES for exceptions*

Intermediate Bearing – No Load Bearing Wall Above



B3 B3W *See FLOOR SPAN TABLES and GENERAL NOTES for exceptions*

Blocking panels may be required with shear walls above or below – see detail B1

General Notes

Minimum Bearing Length

- At joist ends: 1¾".
- At intermediate supports: 3½".

Blocking Panels, Rim Boards or Rim Joists

- Vertical load transfer at bearings must be checked for each application. Capacities of rim details shown are as follows:
  - TJI® blocking .....2000 plf
  - TJI® rim joist .....2000 plf
  - TimberStrand® LSL – 1¼" .....4250 plf
  - TJ-Strand® rim board – 1¼" .....4250 plf

  Loads shown may not be increased for duration of load.
- Bracing complying with the code shall be carried to the foundation.

Nailing Requirements

- TJI® joists at bearings: 2-10d (3") box or 12d (3¼") box nails (1 each side), 1½" minimum from end.
- Blocking panels, rim joist or rim board to bearing plate:
  - TJI® blocking panels or rim joist: 10d (3") box nails at 6" on-center.
  - Trus Joist rim board: Toenail with 10d (3") box nails at 6" on-center or 16d (3½") box nails at 12" on-center.
  - Shear transfer: Connections equivalent to decking nail schedule.
- Rim board, rim joist or closure to TJI® joist:
  - 1¾" width or less: 2-10d (3") box nails, one each at top and bottom flange.
  - TJI®/Pro™ 130TS rim joist: 2-16d (3½") box nails, one each at top and bottom flange.
- 2x4 minimum squash blocks: 2-10d (3") box nails, one each at top and bottom flange.

Web Stiffener Requirements

- Required if the sides of the hanger do not laterally support at least ⅜" of the TJI® joist top flange or per footnotes on pages 20 and 21.
- TJI®/Pro™ 130TS joist: Required per footnote (1) under floor span tables.

The Strober - Haddonfield Group, Inc.

Haddonfield Lumber Company LLC

P.O. Box 1038 • Haddonfield, New Jersey 08033
(856) 429-2130

FAX TRANSMISSION FORM

TO: DIAMOND DEVOE JOB

COMPANY:

FAX # :

FROM: JOHN STEWART

COMPANY: STROBER-HADDONFIELD GROUP

YARD #/LOCATION:

FAX #:

OF PAGES TO FOLLOW: 2

DESCRIPTION OR SPECIAL INSTRUCTIONS: TO: TERRY

PLS GET A

NJ SEAL FOR

DIAMOND DEVOE

CUST: DIAMOND Model

JOB: Rogers

Howell N.J

CONFIDENTIALITY NOTE

Richard P. Grasso Architect

Richard P. Grasso, RA, N.C.A.R.B.
NJ Lic # 11091
PA Lic # 013958
FL Lic # 0014504
NC Lic # 026546-1

1312 Atlantic Avenue
Manasquan, NJ 08736
Phone 732 528 5851
Fax 732 528 9061

August 14, 2001

Mr. Gary Bertolo
Howell Township Building Official
251 Preventorium Road
Howell, New Jersey 07731

Re: Greentree Estates

Dear Gary:

Please be advised that on all models at Greentree Estates we shall be using 8" poured concrete walls with 3500 psi concrete. The walls shall be non-reinforced with 12 x 24 concrete footings and (3) #4 bars in lieu of (2) #5 bars shown on our plans.

We shall revise our drawings and provide new sets for your file.

If you have any questions regarding this matter, please do not hesitate to contact my office.

Sincerely,

Richard P. Grasso, R.A., N.C.A.R.B.

RPG/kcg

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit #01-1686 Location 144-135,07

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

(OL) 1) Rim Board Missing Garage Area

(OL) 2) Worn Column plate (6)

Letter 3) Not Enough Bearing (6)

(OL) 4) All Truss Girders Req. Additional Straps

(OL) 5) T-Brace All Flat Roof Framing

(OL) 6) T. Brace or Structural Strap missing TO/H3

(OL) 7) Patch Hole Garage Concrete wall

check @ Final

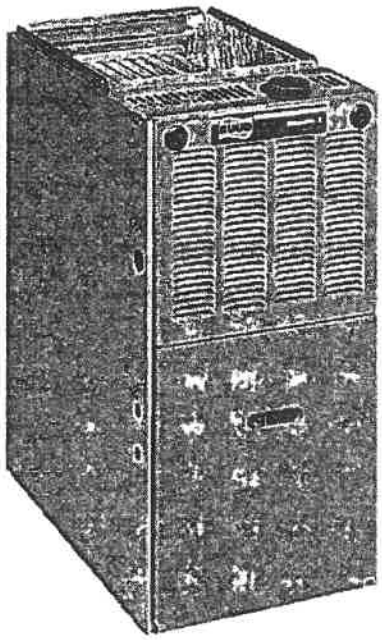
You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

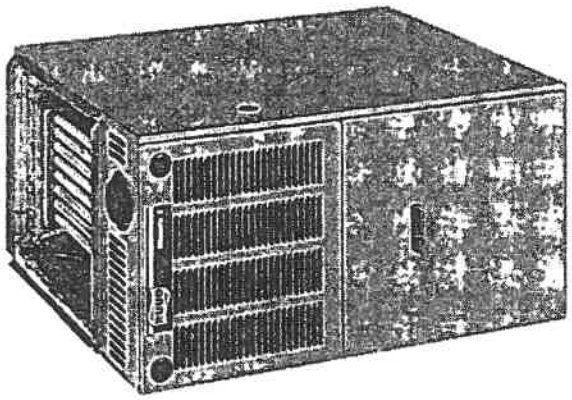
DATE 11/16/01 SCO PJO

DO NOT REMOVE THIS TAG

FORM NO. G22-448 REV. 7
Supersedes Form No. G22-448 Rev. 6

GAS FURNACES





UGPH- SERIES

Models with Input Rates from 45,000 to 150,000 BTU/HR [13 to 44 kW] (U.S. & Canadian Models)

RUUD®

SILHOUETTE® II 80.0%–81.7% A.F.U.E.† UPFLOW/ HORIZONTAL GAS FURNACES

The Ruud® Silhouette II line of upflow/horizontal gas furnaces are designed for utility rooms, closets, alcoves, or attics. **Because of the Silhouette's low-profile 34 inch [864 mm] height, the upflow model can also be used to satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by the American Gas Association. Canadian models are certified by the Canadian Gas Association.

Features

- Patented Heat Exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" design is lighter and easier to handle, and leaves room for optional equipment.
- Convertible from upflow to horizontal left or right without field conversion.
- Left or right side gas and electric inlet connections with quick, simple change.
- Direct spark ignition models utilize remote sense and feature an integrated board with humidifier and electronic air cleaner hookups.
- Insulated blower compartment helps to reduce jacket loss and noise.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

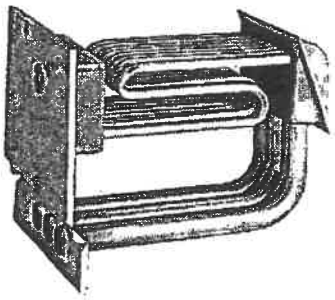
A variety of cooling coils and plenums designed to use with Ruud Silhouette II gas furnaces are available as optional accessories.

These furnaces can be installed in an upflow position or laid on either side in a horizontal position. No field converting required.

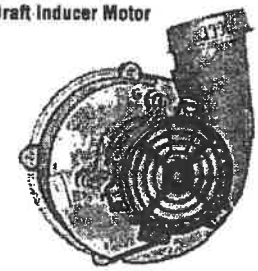
†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

ISO 9002

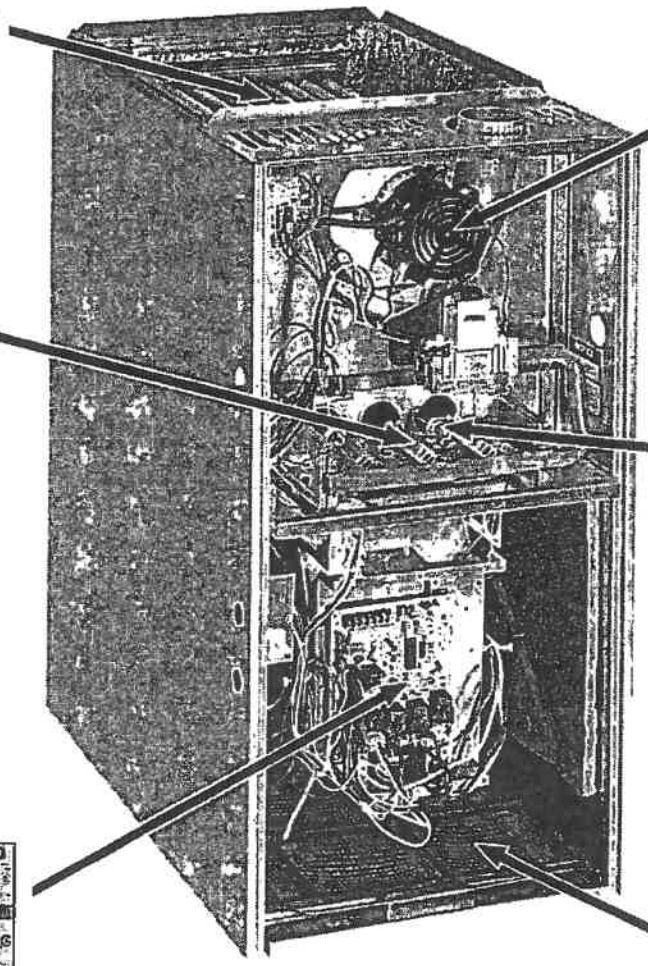
RUUD SILHOUETTE II 80% UPFLOW/HORIZONTAL GAS FURNACE



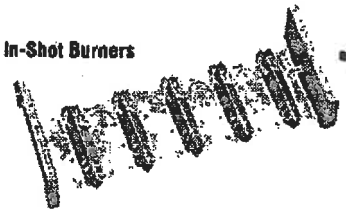
Heat Exchanger

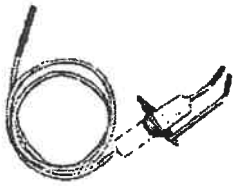


Draft Inducer Motor

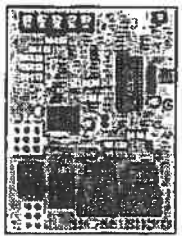


In-Shot Burners

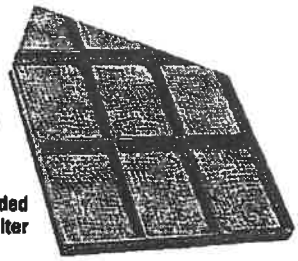




Direct Spark Ignitor with Remote Sense



Integrated Furnace Control



Molded Permanent Filter

STANDARD EQUIPMENT

Completely assembled and wired; induced draft blower; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics; **on-board twinning options; fused transformer (secondary), 3rd speed fan option for continuous fan; common heat/cool terminal.**

OPTIONAL EQUIPMENT

Side filter frame assembly. Return air cabinet for all sizes. (See Page 6)

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

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Ruud 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 Ruud parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form No. 92-21519-52 for U.S. models and Form No. 92-21519-53 for Canadian models.

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
U.S. AND CANADA MODELS (UPFLOW/HORIZONTAL)

MODEL NUMBERS UGPH- SERIES	04EAUSR 04NAUSR 04EAUSA	05EAUER 05NAUER 05EAUEA	06EAUER 06NAUER 06EAUEA	07EAUER 07NAUER 07EAUEA	07EAMGR 07NAMGR 07EAMGA	10EAMER 10NAMER 10EAMEA	10EBRJR 10NBRJR 10EBRJA	12EARJR 12NARJR 12EARJA	15EARJR 15NARJR 15EARJA
Input-BTU/Hr [kW] ②	45,000 [13]	50,000 [15]	67,500 [20]	75,000 [22]	75,000 [22]	100,000 [29]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	36,000 [11]	41,000 [12]	54,000 [16]	60,000 [18]	60,000 [18]	80,000 [23.4]	81,000 [23.7]	99,000 [29]	119,000 [35]
High Altitude Input [kW]*	40,500 [12]	45,000 [13]	60,800 [18]	67,500 [20]	67,500 [20]	90,000 [26]	90,000 [26]	112,500 [33]	135,000 [39.6]
High Altitude Output Capacity [kW]*	32,900 [10]	36,500 [11]	49,000 [14]	53,500 [16]	54,000 [16]	72,000 [21]	72,500 [21]	89,000 [26.1]	107,500 [31.5]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.10 [.025]	.12 [.029]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	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–PSC Type [W]	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	7.1	6.8	7.1	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-LOW	MED-HIGH	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Rated E.S.P. (In. W.C.) [kPa]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]
Temperature Rise Range °F [°C]	35-65 [19.4-36.1]	25-55 [13.9-30.6]	30-60 [16.7-33.3]	40-70 [22.2-38.9]	25-55 [13.9-30.6]	50-80 [27.8-44.4]	40-70 [22.2-38.9]	35-65 [19.4-36.1]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	165 [73.8]	155 [68.3]	165 [73.8]	165 [73.8]	155 [68.3]	190 [87.7]	170 [76.6]	180 [82.2]	190 [87.7]
Standard Filter–In. [mm]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	19 1/4 x 25 [489 x 635]	22 3/4 x 25 [578 x 635]	22 3/4 x 25 [578 x 635]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	85 [39]	105 [48]	105 [48]	105 [48]	115 [52]	120 [54]	140 [63]	150 [68]
Return Air Cabinets (Opt.) RXGR- Filter Size [mm]	C14B (2) 12 x 16 [305 x 406]	C14B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	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) 20 x 16 [508 x 406]	C24B (2) 24 x 16 [610 x 406]	C24B (2) 24 x 16 [610 x 406]
AFUE–Electric Ignition Models ①	81.7%	81.4%	80.6%	80.6%	80.5%	80.0%	80.0%	80.0%	80.0%
California Seasonal Efficiency–Electric Ignition/NO_x Models	75.4/75.6	74.9/75.4	73.2/73.4	74.9/75.4	74.7/75.3	75.4/75.4	73.9/74.5	74.2/74.2	74.7/74.7

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" [12.7 mm] N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-52 for U.S. models and Form No. 92-21519-53 for Canadian models for high altitude derate.
* Data references Canadian Models only.

MODEL IDENTIFICATION—UPFLOW MODELS

U	G	P	H	—	07E	A	U	E	R
Ruud	Gas Furnace	Upflow/ Horizontal	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type

Heating Input Designation

Electric Ignition	NO_x Model	Input BTU/HR
04E	04N	45,000 [13 kW]
05E	05N	50,000 [15 kW]
06E	06N	67,500 [20 kW]
07E	07N	75,000 [22 kW]
10E	10N	100,000 [29 kW]
12E	12N	125,000 [37 kW]
15E	15N	150,000 [44 kW]

A = Std. Cabinet
B = Wide Cabinet

U = 11 x 6 [279 x 152 mm]
M = 11 x 7 [279 x 178 mm]
R = 11 x 10 [279 x 254 mm]

S = 500-1200 CFM [236-566 L/s]
E = 1100-1330 CFM [519-628 L/s]
G = 1450-1750 CFM [684-826 L/s]
J = 1800-2075 CFM [850-979 L/s]

R = Natural Gas, U.S. Standard Furnace
A = Natural Gas, Canadian Standard Furnace

[ ] Designates Metric Conversions

UPFLOW DIMENSIONS

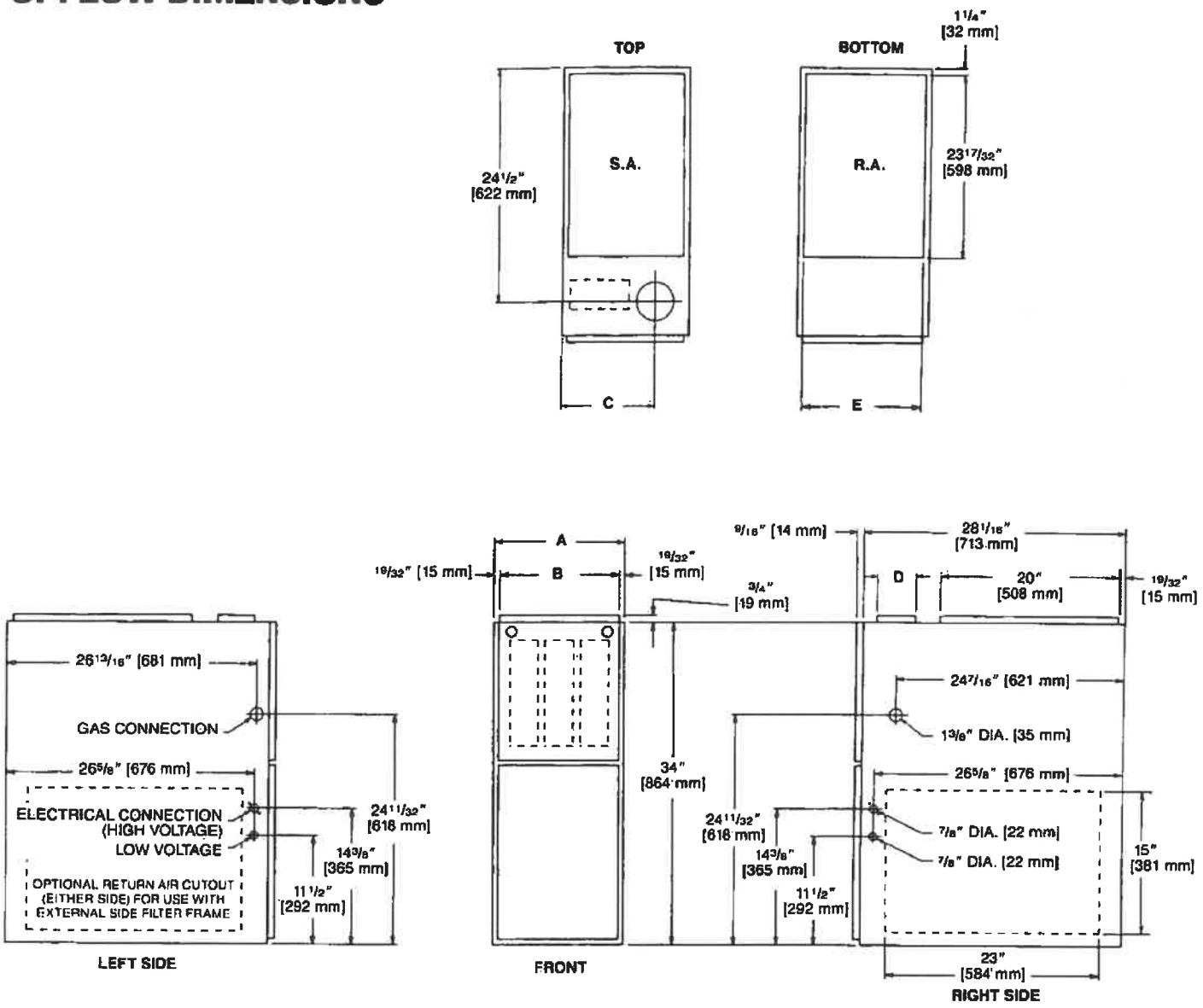


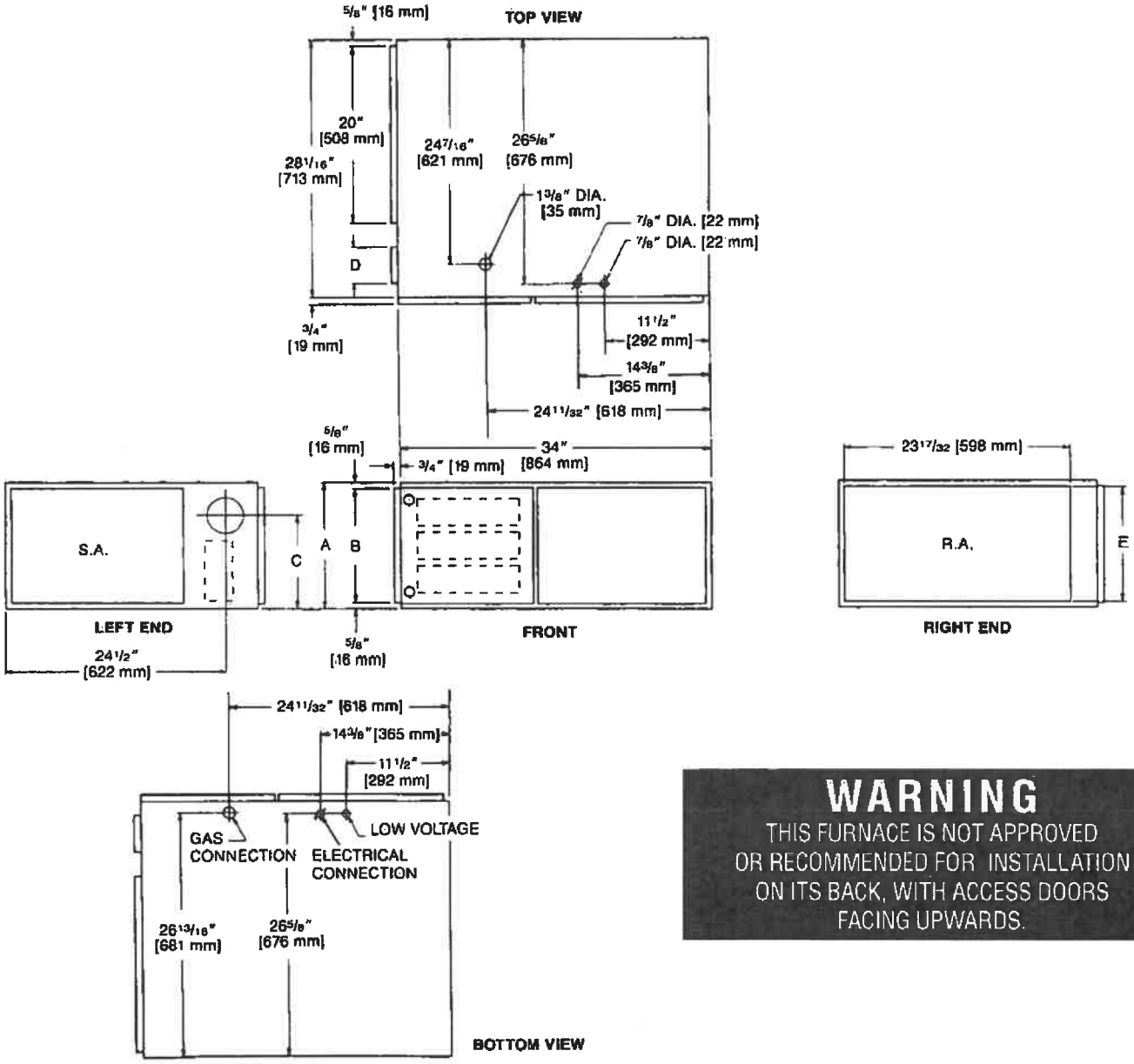
TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPH-	A	B	C	D	E	REDUCED CLEARANCES (IN.) [mm]						
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
04, 05	14 [356]	12 27/32 [326]	10 3/8 [263]	①	11 1/2 [292]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
06, 07	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	13 7/8 [352]	①	18 1/2 [470]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	22 [559]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	22 [559]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with ANSI Z21.47-1993 • CAN/CGA-2.3-M93 venting table guidelines and in accordance with local codes.

[ ] Designates Metric Conversions

HORIZONTAL DIMENSIONS



WARNING

THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR INSTALLATION ON ITS BACK, WITH ACCESS DOORS FACING UPWARDS.

TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPH-	A	B	C	D	E	REDUCED CLEARANCES (IN.) [mm]						SHIP. WGTS. (LBS.) [kg]
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
04, 05	14 [356]	12 27/32 [326]	10 3/8 [263]	①	11 1/2 [292]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
06, 07	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	13 7/8 [352]	①	18 1/2 [470]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	22 [559]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	22 [559]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm], or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with ANSI Z21.47-1993 • CAN/CGA-2.3-M93 venting table guidelines and in accordance with local codes.

[ ] Designates Metric Conversions

ACCESSORIES—UPFLOW

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]	16 1/4 [413]	RXAA-C171	RXAL-B16BU
14 [356]	20 1/4 [514]	RXAA-C172	RXAL-B20BU
17 1/2 [445]	16 1/4 [413]	RXAA-C185	RXAL-B16BU
17 1/2 [445]	20 1/4 [514]	RXAA-C173	RXAL-B20BU
17 1/2 [445]	21 5/8 [549]	RXAA-C187	RXAL-B21BU
17 1/2 [445]	25 1/4 [641]	RXAA-C174	RXAL-B25BU
21 [533]	25 1/4 [641]	RXAA-C175	RXAL-B25BU
21 [533]	22 1/4 [565]	RXAA-C176	RXAL-B22BU
21 [533]	21 5/8 [549]	RXAA-C188	RXAL-B21BU
24 1/2 [622]	25 1/4 [641]	RXAA-C177	RXAL-B25BU
24 1/2 [622]	21 5/8 [549]	RXAA-C187	RXAL-B21BU

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

OPTION CODE FOR HIGH ALTITUDE: US-277
Canada-298
(U.S. Models—Kit packaged with furnace.
Requires field installation.)

OPTION CODE FOR SOLID BOTTOM: US-263
(U.S. Models—Kit packaged with furnace.
Requires field installation.)

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

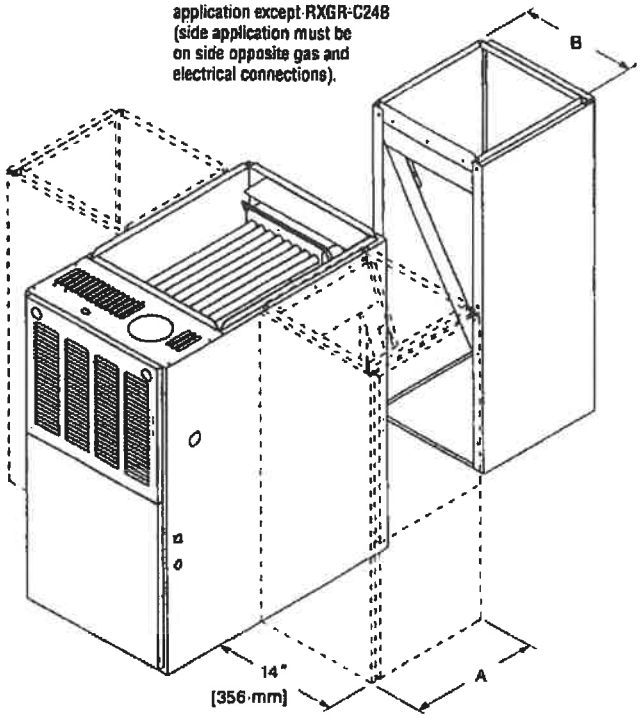
FILTER RACK FILTER SIZES† INCHES [mm]	
MODEL UGPH-	RXGF-CA (SIDE)
04, 05, 06, 07, 10*A	15 3/4 x 25 [400 x 635]
10*BRJ	15 3/4 x 25 [400 x 635]
12, 15	15 3/4 x 25 [400 x 635]

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

RXPF-F01 and F02

FOSSIL FUEL KITS are for use with Ruud Heat Pumps and Silhouette II warm air furnaces. The RXPF-F02 meets TVA requirements.

ACCESSORY RETURN AIR CABINETS
Return Air Cabinets may be installed on rear or either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MAY ONLY BE INSTALLED ON REAR AND LEFT SIDES.

RETURN AIR CABINETS	A IN. [mm]	B IN. [mm]	FILTER SIZE IN. [mm]
RXGR-C14B	14 [356]	12 27/32 [326]	(2) 12 x 16 [305 x 406]
RXGR-C17B	17 1/2 [445]	16 11/32 [415]	(2) 12 x 16 [305 x 406]
RXGR-C21B	21 [533]	19 27/32 [504]	(2) 20 x 16 [508 x 406]
RXGR-C24B	24 1/2 [622]	23 11/32 [593]	(2) 24 x 16 [610 x 406]

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE OR REAR AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS. SOLID BOTTOM IS AVAILABLE FACTORY INSTALLED WITH OPTION CODE 263.

FURNACE WIDTH IN. [mm]	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN. [mm]
14 [356]	RXGB-D14	AE-61874-01	11 5/8 x 23 9/16 [295 x 598]
17 1/2 [445]	RXGB-D17	AE-61874-02	15 1/8 x 23 9/16 [384 x 598]
21 [533]	RXGB-D21	AE-61874-03	18 5/8 x 23 9/16 [473 x 598]
24 1/2 [622]	RXGB-D24	AE-61874-04	25 5/8 x 23 9/16 [651 x 598]

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA—UPFLOW/HORIZONTAL MODELS

MODEL NUMBER UGPH-SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]
04EAUS* 04NAUSR	11 x 6 [279 x 152]	1/2 [373]	LOW	650 [307]	620 [293]	585 [276]	550 [260]	510 [241]	475 [224]	435 [205]
			MED-LO	935 [441]	905 [427]	870 [411]	835 [394]	795 [375]	755 [356]	715 [337]
			MED-HI	1140 [538]	1105 [522]	1065 [503]	1025 [484]	980 [463]	935 [441]	885 [418]
			HIGH	1315 [621]	1275 [602]	1230 [580]	1195 [564]	1155 [545]	1120 [529]	1085 [512]
05EAUE* 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW	675 [319]	655 [309]	635 [300]	610 [288]	585 [276]	555 [262]	520 [245]
			MED-LO	950 [448]	930 [439]	905 [427]	880 [415]	860 [406]	830 [392]	800 [378]
			MED-HI	1115 [526]	1090 [514]	1070 [505]	1040 [491]	1015 [479]	985 [465]	945 [446]
			HIGH	1270 [599]	1250 [590]	1225 [578]	1200 [566]	1165 [550]	1130 [533]	1085 [512]
06EAUE* 06NAUER 07EAUE* 07NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW	820 [387]	800 [378]	780 [368]	755 [356]	730 [345]	705 [333]	675 [319]
			MED-LO	970 [458]	955 [451]	940 [444]	910 [429]	880 [415]	845 [399]	805 [380]
			MED-HI	1110 [524]	1090 [514]	1070 [505]	1040 [491]	1010 [477]	975 [460]	935 [441]
			HIGH	1265 [597]	1240 [585]	1210 [571]	1175 [555]	1140 [538]	1100 [519]	1055 [498]
07EAMG* 07NAMGR	11 x 7 [279 x 178]	3/4 [559]	LOW	1245 [588]	1220 [576]	1195 [564]	1165 [550]	1135 [536]	1105 [522]	1065 [503]
			MED-LO	1555 [734]	1515 [715]	1475 [696]	1435 [677]	1395 [658]	1350 [637]	1300 [614]
			MED-HI	1810 [854]	1755 [828]	1705 [805]	1645 [776]	1585 [748]	1530 [722]	1470 [694]
			HIGH	2050 [967]	1985 [937]	1915 [904]	1845 [871]	1785 [842]	1715 [809]	1655 [781]
** 10EAME* 10NAMR	** 11 x 7 [279 x 178]	** 1/2 [373]	LOW	925 [437]**	890 [420]**	865 [408]**	835 [394]**	810 [382]**	775 [366]**	745 [352]**
			MED-LO	1050 [496]	1040 [491]	1030 [486]	990 [467]	960 [453]	920 [434]	890 [420]
			MED-HI	1220 [576]	1195 [564]	1160 [547]	1140 [538]	1105 [522]	1065 [503]	1020 [481]
			HIGH	1410 [665]	1380 [651]	1345 [635]	1300 [614]	1255 [592]	1205 [569]	1150 [543]
10EBRJ* 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	LOW	1295 [611]	1275 [602]	1250 [590]	1225 [578]	1195 [564]	1165 [550]	1135 [536]
			MED-LO	1645 [776]	1615 [762]	1580 [746]	1550 [732]	1510 [713]	1465 [691]	1425 [673]
			MED-HI	2045 [965]	2000 [944]	1955 [923]	1905 [899]	1845 [871]	1785 [842]	1720 [812]
			HIGH	2320 [1095]	2260 [1067]	2200 [1038]	2130 [1005]	2060 [972]	1985 [937]	1910 [901]
12EARJ* 12NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW	1280 [604]	1275 [602]	1265 [597]	1245 [588]	1215 [573]	1185 [559]	1145 [540]
			MED-LO	1645 [776]	1635 [772]	1615 [762]	1590 [750]	1560 [736]	1520 [717]	1470 [694]
			MED-HI	2050 [967]	2015 [951]	1960 [925]	1935 [913]	1885 [890]	1835 [866]	1775 [838]
			HIGH	2365 [1116]	2310 [1090]	2250 [1062]	2185 [1031]	2115 [998]	2035 [960]	1950 [920]
15EARJ* 15NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW	1270 [599]	1250 [590]	1220 [576]	1195 [564]	1165 [550]	1135 [536]	1105 [522]
			MED-LO	1620 [765]	1595 [753]	1570 [741]	1545 [729]	1515 [715]	1480 [698]	1440 [680]
			MED-HI	2010 [949]	1985 [937]	1960 [925]	1915 [904]	1850 [873]	1800 [850]	1730 [816]
			HIGH	2340 [1104]	2275 [1074]	2215 [1045]	2145 [1012]	2080 [982]	2010 [949]	1940 [916]

NOTES: *Designates "R" for U.S. models, and "A" for Canadian models.
**Not to be used as a heating speed.
Data compiled with factory filters installed.

[ ] 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.

Gas Heat Exchanger Limited Warranty .....Twenty (20) Years
Draft Inducer Limited Warranty .....Five (5) Years
Integrated Control Board
Limited Warranty.....Five (5) Years
Any Other Part.....One (1) Year

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

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. 8-00 DC

FORM NO. G22-448 REV. 7
Supersedes Form No. G22-448 Rev. 6

DIAMOND DEVELOPERS AT
GREENTREE ESTATES, LLC W/CONSERVATORY

BLK: 144 LOT: 135.07

MODEL; REGENCY			
	Square Feet	Cubic Feet	Fee
BASE HOUSE *	3,308	38,164	
BASEMENT	1,689	14,047	
GARAGE 2-CAR	511	5,364	
CONSERVATORY *	315	2,835	
SOLARIUM			
SUN ROOM			
HIGH ATTIC CU. VOL.		8,752	
LOW ATTIC CU. VOL.		5,507	
TOTALS *	3,623	74,671	

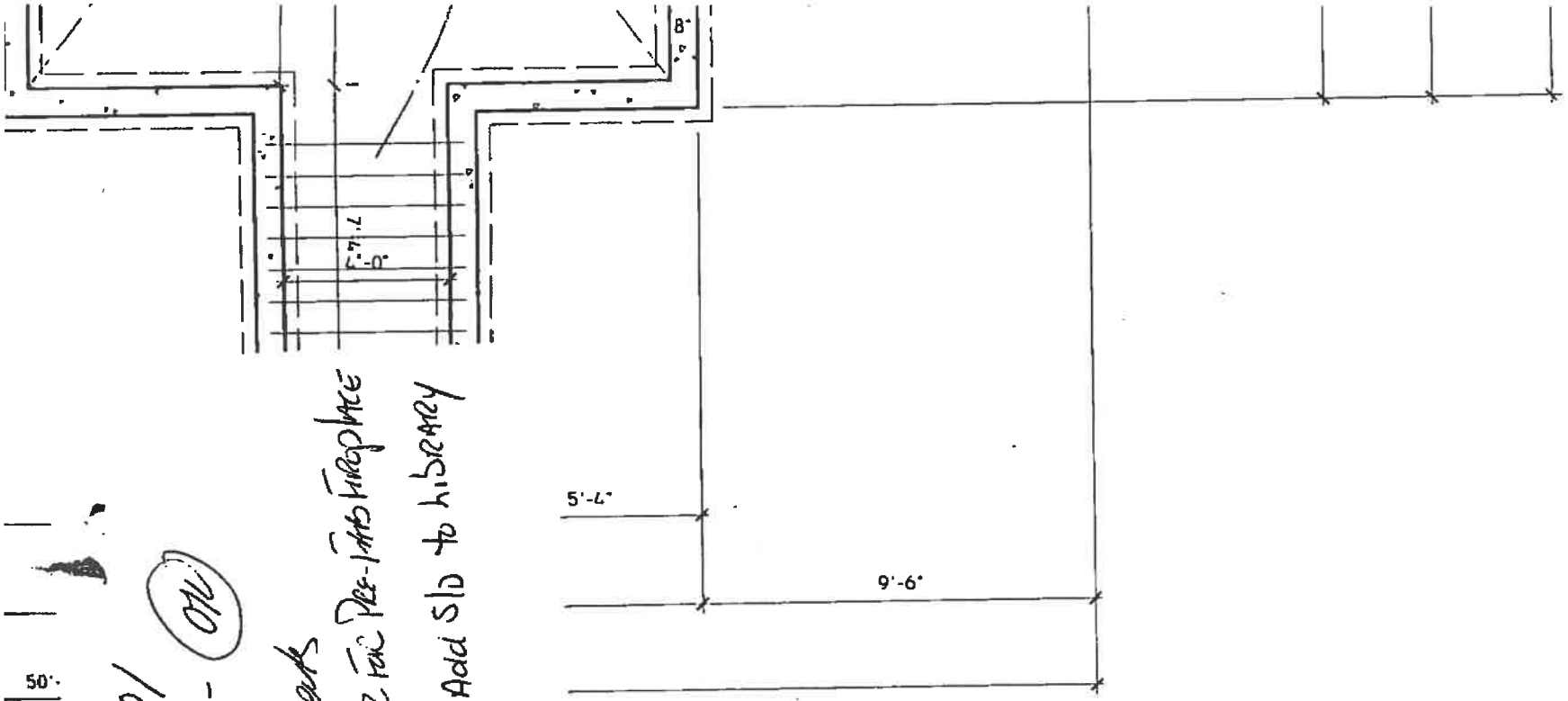
FINAL BUILDING INSPECTION	6-6-02
FINAL PLUMBING INSPECTION	6-10-02
FINAL ELECTIC INSPECTION	6-7-02
FINAL FIRE INSPECTION	4-3-02 + 6-4-02
FOUNDATION LOCATION SURVEY	8-28-01
SOIL CONSERVATION APPROVAL	5-28-02
MUNICIPAL/WELL/SEPTIC	5-8-02
HOW CERTIFICATE	4-16-02
FINAL SURVEY	4-15-02
ENGINEERING RELEASE	5-28-02
FINAL COAH PAYMENT	6-7-02 ✓
APPLICATION FOR CO	

COMMERCIAL

SITE PLAN FIRE LANE/ZONES	
SITE PLAN COMPLIANCE	
FOOD HANDLERS LICENSE	

BLOCK 144 LOT 135.07

NAME Greentree



6-1-01
FIRE - OK

Comments
A) Spec for Pre-Fab Fireplace
B) P. - Add SID to History

FILE COPY

DRAWN	BY:
04/26/01	ZM
REVISED	BY:
BLK.	144
LOT 135.	09

BLK: 144
LOT. 135.07

PROPOSAL FOR

THE REGENCY

GREENTREE ESTATES

FOR PERMIT

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

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

Horizon 2000 Development Corporation
2444 Highway 34
Manasquan, New Jersey 08736

MCHD LOG # 12127

20 September 1999

Re: Application for Permit for an Individual Subsurface Sewage Disposal System in Howell Township **Municipality**

Dear Sirs:

Your Application for Permit to Locate and Construct an Individual Subsurface Sewage System at: Greentree Court, Howell Township, **Block:** 144 **Lot:** 135.07

has been approved with the following condition(s):

- The disposal bed area is to be excavated to elevation 83.0 and replaced with K-4 fill to elevation 87.0. The fill and method of compaction is to be certified by the engineer.

It is important that the septic system be installed according to the provisions of N.J.A.C. 7:9A-1.1 et. seq. and standards thereto. Failure to do this will result in the withholding of final approval, and could lead to the need for costly alterations and/or legal action.

The installer of the above referenced system must contact this office for inspection, at the following construction stages:

1. **After excavation work is completed.**
2. **After septic tank and disposal field have been installed (no cover).**
3. **After septic system is covered and landscaping is completed.**

This office must be contacted for an inspection (24) hours prior to the installation of the system. If, upon final inspection, the individual subsurface sewage disposal system has been installed according to the specifications given in your application, a Certificate of Compliance will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our Certificate of Compliance.

Sincerely,

Margaret A. Mushinski

Margaret A. Mushinski
Registered Environmental Health Specialist

RECEIVED
SEP 28 1999

MAM:tas
cc: Judy LaPorta
Marie Strauch
Challoner Engineering

BLOCK 144 LOT 35.07 QUALIFICATION CODE 23350 ADDRESS (SITE) _____ PERMIT NO. _____

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Greentree Ct
2. Name of Owner in Fee: Mr + Mrs Feinstein Tel. (732) 294-3566
   Address 10 Greentree Ct (street) Howell (municipality), NJ 07731 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Central System S Tel. (732) 928-9159
   Address 15 Grand Blvd Jackson, NJ
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date _____
   Federal Employee No. _____ FAX (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

Gas Line

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	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.	☐ Alteration									
5.	☐ Fire Protection									
6.	☒ Plumbing	$200				5/19/03	AL			
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:

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

LDS HW-B 10307273

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 5/16/03

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 compiy 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.				
☐ Lead Abatement Clearance Certificate	No.				

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

Date Issued 3/12/2007
Tracking Number 23350
Permit Number 20031144
Permit Issue Date 5/21/2003
Certificate Number 20031144

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 GREENTREE COURT HOWELL NJ 07731, NJ Block: 144 Lot: 135.07 Qual:

Owner in Fee: FEINSTEIN

Owner Address: 10 GREENTREE CT HOWELL NJ 07731

Telephone: [redacted]

Contractor CENTRAL SYSTEMS

Address 15 GRAND BLVD JACKSON NJ 08527

Telephone: 732928-9259 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:
GAS LINE TO BBQ

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 3/13/07
Construction Official

Fee: $0.00
Check Number: 1543
Collected By: KH

Date Printed: 3/12/2007

ownship of Howell
reventorium Road
P.O. Box 580
Howell, NJ 07731

CONSTRUCTION PERMIT

Date Issued 5/21/03
Control # 023350
Permit # 20031144

IDENTIFICATION Block 1411 Lot 13507

Work Site Location 10 Creamtree Ct
Howell

Owner in Fee I. Khan
Address 10 Creamtree Ct
Howell
Tel. [redacted]

Contractor Central Sprinkler
Address 15 Fern Hill Rd
Jackson
Tel. (732) 928-9759
Lic. No. or Bldrs. Reg. No.
Fed. Emp. 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: gas line to barbecue

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 $ 200

Sm(h.)
Construction Official

5/21/03
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	46
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	46
Check No.	1543
Cash	
Collected by	[illegible]

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-170D

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20031144
Permit Date: 05/21/2003
Update Number:
Control Number: 23350
Application Date: 05/16/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 144 Lot : 135.07 Qualifier :

Work site Location:	10 GREENTREE COURT HOWELL NJ 07731	Contractor:	CENTRAL SYSTEMS
Owner In Fee:	FEINSTEIN	Address:	15 GRAND BLVD
Address:	10 GREENTREE CT		JACKSON NJ 08527
	HOWELL NJ 07731	Telephone:	(732) - 928-9259
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3	Federal Emp. No.:	[redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

GAS LINE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	200.00
Cost of Demolition:	0.00
Total Cost:	$200.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$46.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$46.00
All Fees Waived :	No

Amount to be Paid: **$46.00**
Check Number: 1543
Check amount: $46.00

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

EM (KH) 5/21/03

Edward Mack — Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: KH
Receipt No:
Total Cash Amount
Total Check Amount $46.00
Total CC Amount
Grand Total $46.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

Township of Howell
Pleventorium Road - P.O. Box 580
Howell, New Jersey 07731

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4/21/03
Date Issued
Control # 23350
Permit # 20031144

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

Block 194 Lot 195.01
Work Site Location 10 Green Tree Ct
Howell
Owner in Fee Finsten
Address 10 Green Tree Ct
Howell NJ
Tele. [redacted]
Contractor Central Sprinkler
Address 15 Grand Blvd
Jackson NJ 08527
Tele. (732) 928-9759 Fax (732) 928-7739
Lic. No.
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 $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 5/19/03
Approved by: Helen Harstad

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 2/28/07
Approved by: Helen Harstad

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			2/27/07	
Gas Piping	6/5/03		4/10/03	4/30
Solar				
TCO				
FINAL	2/20/07		2/27/07	

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.

Signature — Contractor's Seal

[ ] 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	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 46
DCA Training Fee	$
TOTAL FEE	$

2/20/07 - No Home - Left Letter - 1st O.K
2/27/07 - 1st 2nd Letter. O.K

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

6/5/03 ① C cannot have water in Gauge class

② C need Proper Pers in gas Line 15 # on 30 # gauge !

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/21/03
Date Issued 23350
Control # 20031144
Permit #

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

Block _____ Lot _____
Work Site Location 10 Green Tree Ct
Howell
Owner in Fee Finelli
Address 10 Green Tree Ct
Howell NJ
Tele. [redacted]
Contractor Central Sprinkler
Address 15 Grand Blvd
Hicksville NY 11801
Tele. (732) 928-9559 Fax (732) 928-7739
Lic. No. _____
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 $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 5/19/03
Approved by: Noreen 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				
Solar				
TCO _____				

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 — Contractor's Seal

[ ] 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	
1	Gas Piping	5/21/03
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Chk 4/4

Administrative Surcharge	$
Minimum Fee	$ 46
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

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

MCHD LOG 17529
September 13, 2006

Jack Feinstein
10 Greentree Ct.
Howell, NJ 07731

CERTIFICATE OF COMPLIANCE

Date of Inspection 08/16/06 By Sherrill B. Thatch

Owner Jack Feinstein

Location of Property 10 Greentree Ct. Block 144 Lot 135.07

Municipality Howell

This is to certify that the Irrigation/Non-Potable Water Supply and System located as indicated above has been installed as shown on the application for Permit to Locate and Construct an Individual Water Supply and System, and is in compliance with the N.J. Safe Drinking Water Act N.J.A.C. 7:10-12.1 et. seq.

This water supply has been certified for Irrigation/Non-Potable purposes only and has not been approved as a potable water supply. No laboratory analysis has been conducted for either bacterial or chemical parameters.

The issuance of the certificate shall not be construed as a guarantee that the water supply and system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the health department in the enforcement of any law or ordinance relating to public health.

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

LWJ:mc
cc: Judy LaPorta & Lynn Gebhardt
John Robertson

RISER DIAGRAM

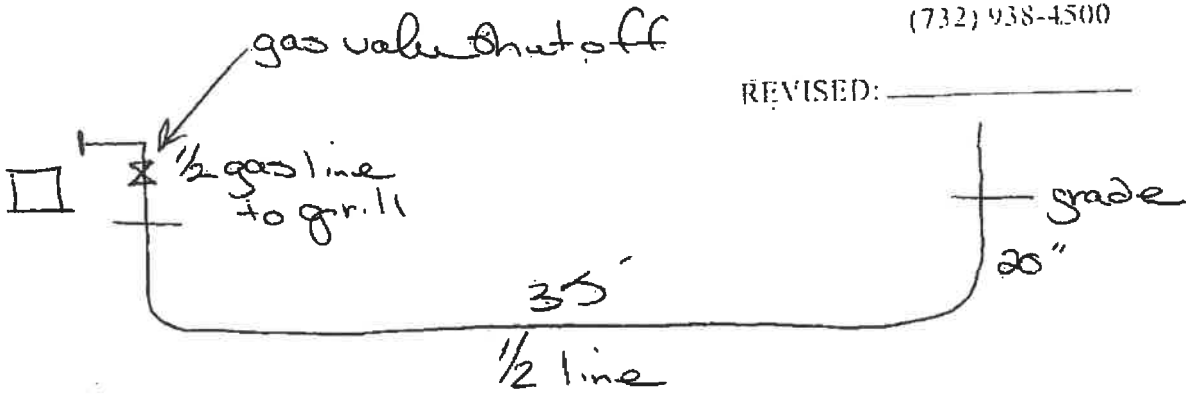
10 Greentree Ct
Howell

44

Township of Howell
Construction Code Department
Plans released for Permit

Date: 5/19/03 ~~Permit#~~ 23350
Block: 144 Lot 135.07
Sub-code Official Allen Hastad
A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: _____



Pipe type Poly Coated copper ½
Pipe size ½
Pipe length 35'

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Feinstein BLOCK 144 LOT 135.07

ADDRESS 10 Greentree ZONING RELEASE

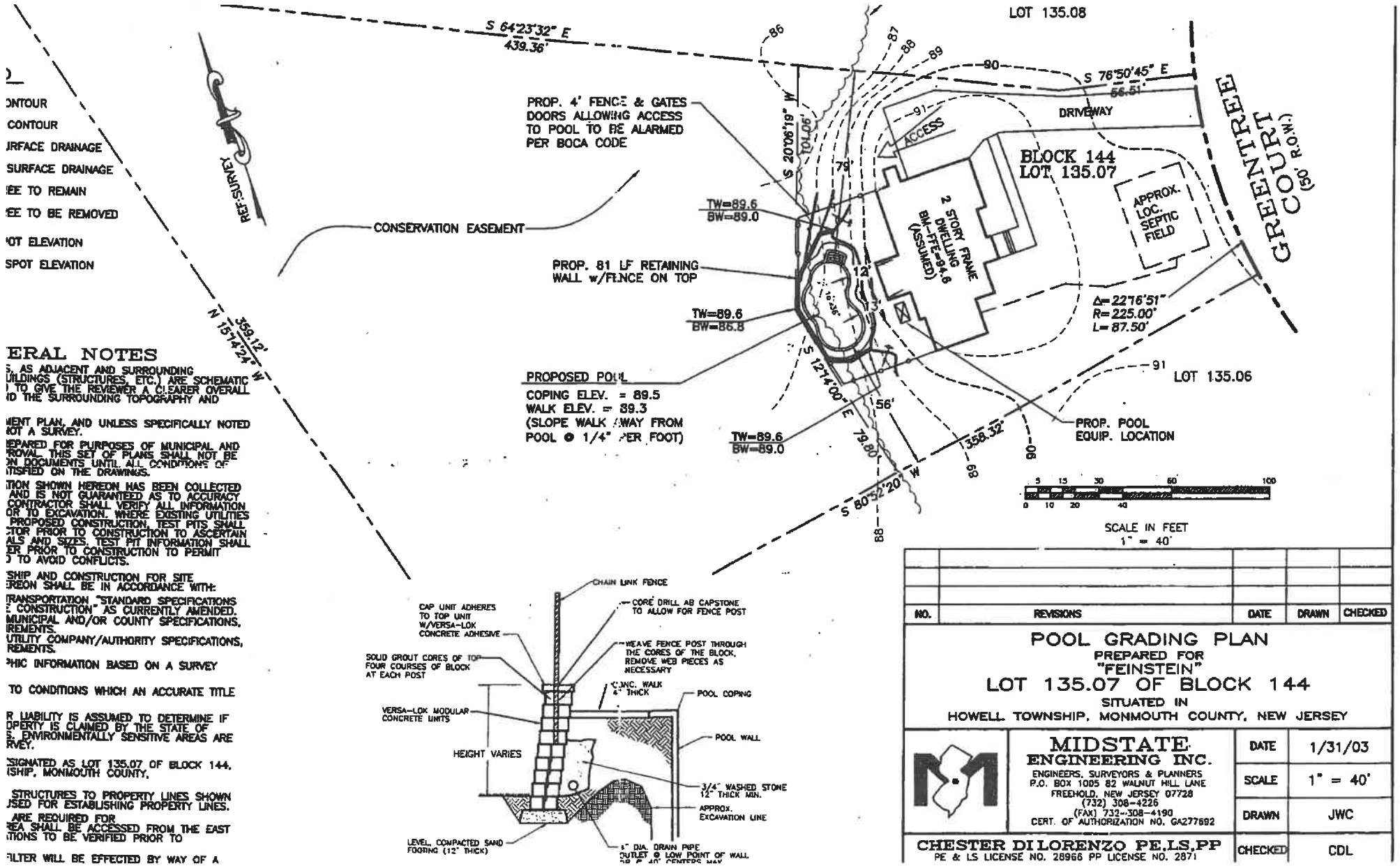
DATE SUBMITTED 5/16/03

DEVELOPMENT (If any) Gas Line

03350

	Reviewed By:	Approved	Comments
FIRE			
BUILDING			
ELECTRICAL			
PLUMBING	✓ 5/19/03 AL	OK	
MECHANICAL			
OTHER			
SEPTIC			

MAY 16 2003



ONTOUR
CONTOUR
URFACE DRAINAGE
SURFACE DRAINAGE
EE TO REMAIN
EE TO BE REMOVED
OT ELEVATION
SPOT ELEVATION

ERAL NOTES

S, AS ADJACENT AND SURROUNDING UILDINGS (STRUCTURES, ETC.) ARE SCHEMATIC TO GIVE THE REVIEWER A CLEARER OVERALL ND THE SURROUNDING TOPOGRAPHY AND

MENT PLAN, AND UNLESS SPECIFICALLY NOTED OT A SURVEY.

EPARED FOR PURPOSES OF MUNICIPAL AND ROVAL. THIS SET OF PLANS SHALL NOT BE N DOCUMENTS UNTIL ALL CONDITIONS OF TISFIED ON THE DRAWINGS.

TION SHOWN HEREON HAS BEEN COLLECTED AND IS NOT GUARANTEED AS TO ACCURACY CONTRACTOR SHALL VERIFY ALL INFORMATION OR TO EXCAVATION. WHERE EXISTING UTILITIES PROPOSED CONSTRUCTION, TEST PITS SHALL CTOR PRIOR TO CONSTRUCTION TO ASCERTAIN ALS AND SIZES. TEST PIT INFORMATION SHALL ER PRIOR TO CONSTRUCTION TO PERMIT TO AVOID CONFLICTS.

SHIP AND CONSTRUCTION FOR SITE REON SHALL BE IN ACCORDANCE WITH:

TRANSPORTATION "STANDARD SPECIFICATIONS CONSTRUCTION" AS CURRENTLY AMENDED. MUNICIPAL AND/OR COUNTY SPECIFICATIONS, REMENTS.
UTILITY COMPANY/AUTHORITY SPECIFICATIONS, REMENTS.

PHIC INFORMATION BASED ON A SURVEY

TO CONDITIONS WHICH AN ACCURATE TITLE

R LIABILITY IS ASSUMED TO DETERMINE IF OPERTY IS CLAIMED BY THE STATE OF S; ENVIRONMENTALLY SENSITIVE AREAS ARE RVEY.

SIGNATED AS LOT 135.07 OF BLOCK 144, SHIP, MONMOUTH COUNTY,

STRUCTURES TO PROPERTY LINES SHOWN USED FOR ESTABLISHING PROPERTY LINES.

ARE REQUIRED FOR
EA SHALL BE ACCESSED FROM THE EAST
ITIONS TO BE VERIFIED PRIOR TO

FILTER WILL BE EFFECTED BY WAY OF A

NO.	REVISIONS	DATE	DRAWN	CHECKED

POOL GRADING PLAN

PREPARED FOR
"FEINSTEIN"

LOT 135.07 OF BLOCK 144

SITUATED IN
HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

MIDSTATE
ENGINEERING INC.
ENGINEERS, SURVEYORS & PLANNERS
P.O. BOX 1005 82 WALNUT HILL LANE
FREEHOLD, NEW JERSEY 07728
(732) 308-4226
(FAX) 732-308-4190
CERT. OF AUTHORIZATION NO. GA277692

DATE	1/31/03
SCALE	1" = 40'
DRAWN	JWC
CHECKED	CDL

CHESTER DILORENZO PE,LS,PP
PE & LS LICENSE NO. 28966 PP LICENSE NO. 2871

BLOCK 144 LOT 135.07 QUALIFICATION CODE 39099 ADDRESS (SITE) 10 Greentree Ct. PERMIT NO. _____

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 Greentree Ct.
2. Name of Owner in Fee: Jack Feldstein Tel: [redacted]
   Address 10 Greentree Ct. Howell 07731
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Pure Pressure Water Sys. Tel. (609) 597-1266
   Address 65 Mermaid Dr. Manahawkin NJ 08050
   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 John Robertson
   Tel. (609) 597-1266 FAX (609) 693-1669

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	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.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical					5/30/06	PD			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

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 10307274

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 5-30-06

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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
HOWELL NJ 07731
732-938-4500

CERTIFICATE

Date Issued: 07/27/2006
Control #: 39099
Permit #: 20061516

IDENTIFICATION

Block: 144 Lot : 135.07 Qualification Code:
Work Site Location: 10 GREENTREE COURT
HOWELL NJ 07731
Owner in Fee: FEINSTEIN
Address: 10 GREENTREE CT
HOWELL NJ 07731
Telephone: [redacted]
Agent/Contractor: PURE PRESSURE WATER SYSTEMS
Address: 65 MERMAID DRIVE
MANAHAWKIN NJ 08050
Telephone: 609 597-1266
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: WELL PUMP

[ ] **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.

[X] **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 _or will be subject to fine or order to vacate:

C. Phillips 7/27/06
Chet Phillips Construction Official

[ ] **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

Fees $0.00
Paid[X]Check No. 4757
Collected by: MH

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Howell
Preventorium Road
P.O. Box 580
Howell, NJ 07731

CONSTRUCTION PERMIT

Date Issued 6-9-06
Control #
Permit # 34099
20061516

IDENTIFICATION Block 144 Lot 135.07
Work Site Location 10 Greentree Ct.

Owner in Fee JACK FEINSTEIN
Address 10 Greentree Ct. Howell NJ 07731
Tel. (732) 370-2115

Contractor PURE Pressure Water Systems
Address 65 Mermaid Dr. MANAHAWKIN NJ 08050
Tel. (609) 597-1266
Lic. No. or Bldrs. Reg. No. [redacted]
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Well Pump

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 $ 70.00

Construction Official

6-9-06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	46
Check No.	4757
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 3/98)

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

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-170D

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20061516
Permit Date: 06/09/2006
Update Number:
Control Number: 39099
Application Date: 05/30/2006

CONSTRUCTION PERMIT

IDENTIFICATION

Block : 144	Lot : 135.07 Qualification Code:		
Work Site Location:	10 GREENTREE COURT HOWELL NJ 07731	Contractor:	PURE PRESSURE WATER SYSTEM
Owner In Fee:	FEINSTEIN	Address:	65 MERMAID DRIVE
Address:	10 GREENTREE CT		MANAHAWKIN NJ 08050
	HOWELL NJ 07731	Telephone:	(609) - 597-1266
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	U	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
WELL PUMP

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	70.00
Cost of Demolition:	0.00
Total Cost:	$70.00

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.

Chet Phillips
Construction Official

6-9-06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	$46.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$46.00**
All Fees Waived:	No

Amount to be Paid:	**$46.00**
Check Number:	4757
Check amount:	$46.00

Collected by:	MH
Receipt No:	
Total Cash Amount	
Total Check Amount	$46.00
Total CC Amount	
Grand Total	$46.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

6-9-06
39099
20006516

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 144 Lot 135.07
Work Site Location 10 GREENTREE CT.

Owner in Fee/Occupant JACK FEINSTEIN
Address 10 GREENTREE CT
HOWELL NJ 07731
Tele. [redacted]
Contractor PURE PRESSURE WATER SYSTEMS
Address 65 MERMAID DR.
MAHAHAWKIN NJ 08050
Tele. (609) 597-1266 Fax (609) 693-1669
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 70.00

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: 5/30/06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-24-06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-24-06	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] 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	
		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	46
1		well line	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	46
TOTAL FEE	$	46

U.C.C. F120 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

6-9.05
39099
20061516

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 144 Lot 135.07
Work Site Location 10 Greentree Ct.

Owner in Fee/Occupant Jack Feinstein
Address 10 Greentree Ct
Howell NJ 07731
Tele. ([redacted] 775

Contractor Pure Pressure Water Systems
Address 65 Mermaid Dr.
Manahawkin NJ 08050
Tele. (609) 597-1266 Fax (609) 693-1669
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 70.00

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: 5/30/06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fracl. 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	46
1		well line	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 46
TOTAL FEE	$

U.C.C. F120 (rev. 3/98)

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

~~ROWLEY TOWNSHIP~~

PLAN REVIEW CHECK LIST

NAME Feinstein BLOCK 144 LOT 13507

ADDRESS 10 Greentree Ct ZONING RELEASE

DATE SUBMITTED 5-30-06 Well Pump

TYPE OF WORK

39099

	REVIEWED BY	APPROVED	COMMENTS
FIRE			
BUILDING			
ELECTRICAL	5/30/06 TO	Ok	
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			MAY 30 . 06

BLOCK 144 LOT 135.07 QUALIFICATION CODE _____ ADDRESS (SITE) 10 Greentree Ct. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 Greentree Ct
2. Name of Owner in Fee: Feinstein, Jack Tel. ([redacted]
   Address 10 Greentree Ct (street) Aldwch (municipality) NJ (zip code) 07731
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~ENVIRONMENTAL DESIGNERS IRR INC~~
   Address ~~116 CHURCH RD. HOWELL NJ 07731~~
   License No. OR, if new home, Builder Reg. No. ~~732 363 2775 F. 732 730 9963~~ Exp. Date
   Federal Employee No. ~~LIC#0016487~~ FAX: (TEL: ([redacted]
5. Architect or Engineer _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Roy D. Nau
   Tel. (732) 363-2775 FAX: (732) 730-9963

LAWN SPRINKLER SYSTEM

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*	

II. PROPOSED WORK

OPTIONAL (for office use only)

	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									
6. ☒ Plumbing	150.00				6/26/06				
7. ☒ Electrical	150.00				6-16-06				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	300.00								

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 10307275

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 _____

Address _____

ENVIRONMENTAL DESIGNERS IRR INC
145 CHURCH RD. HOWELL NJ 07731

Telephone ( ) 732-383-2775 Fax 732 730 9963

Signature _____ LIC#0018487 FEIN [redacted]

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	2/28/2007
Tracking Number	39448
Permit Number	20061916
Permit Issue Date	7/13/2006
Certificate Number	20061916

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 GREENTREE COURT HOWELL NJ 07731, NJ Block: 144 Lot: 135.07 Qual:

Owner In Fee: FEINSTEIN

Owner Address: 10 GREENTREE CT HOWELL NJ 07731

Telephone: [redacted]

Contractor: ENVIRONMENTAL DESIGNERS

Address: 145 CHURCH RD HOWELL NJ 07731

Telephone: 732363-2775 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
LAWN SPRINKLER 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:

C. Phillips 3/1/07
Construction Official

Fee: $0.00
Check Number: 7669
Collected By: MH

Date Printed: 2/28/2007

CONSTRUCTION PERMIT

Date Issued 7-13-06

Permit # 39448

20061916

IDENTIFICATION Block 144 Lot 13507 Qualification Code

Work Site Location 10 GREENTREE Ct

Owner in Fee FEINSTEIN, JACK

Address 10 GREENTREE Ct Howell NJ 07731

Tel. [redacted]

Contractor

Address ENVIRONMENTAL DESIGNERS IRR INC
145 CHURCH RD. HOWELL NJ 07731

Tel. (732) 333 2775 Fax 732 730 9963

Lic. No. or Blders. Reg. No. 13VH00[illegible] FEIN [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

LAWN SPRINKLER SYSTEM

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: $ 3000.00

Construction Official

7-13-06
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	46
Plumbing	46
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	92
Check No.	7967
Cash	
Collected by	

(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.

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 2006196
Permit Date: 07/13/2006
Update Number:
Control Number: 39448
Application Date: 06/16/2006

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 144 Lot : 135.07 Qualification Code:

Work Site Location: 10 GREENTREE COURT HOWELL NJ 07731

Owner In Fee: FEINSTEIN

Address: 10 GREENTREE CT
HOWELL NJ 07731

Telephone: [redacted]

Use Group(s): U

Contractor: ENVIRONMENTAL DESIGNERS

Address: 145 CHURCH RD
HOWELL NJ 07731

Telephone: (732) - 363-2775

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
LAWN SPRINKLER INSTALLATION

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	300.00
Cost of Demolition:	0.00
Total Cost:	$300.00

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.

Chet Phillips
Construction Official

7-13-06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	$46.00
Plumbing	$46.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$92.00
All Fees Waived:	No

Amount to be Paid:	**$92.00**
Check Number:	7669
Check amount:	$92.00

Collected by:	MH
Receipt No:	
Total Cash Amount	
Total Check Amount	$92.00
Total CC Amount	
Grand Total	$92.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

LAWN SPRINKLER SYSTEM

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7-13-06
Control # 39448
Date Issued
Permit # L0006196

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

Block 144 Lot 13.07 Qualification Code

Work Site Location 10 Greentree Ct

Owner in Fee Feinstein, Jack

Address 10 Greentree Ct Howell NJ 07731

732-294-3514

Tel ( ) ENVIRONMENTAL DESIGNERS IRR INC

Contractor 145 CHURCH RD. HOWELL NJ 07731

Address ☎ 732 363 2775 F. 732 730 9963

LIC#0018487 FEIN [redacted]

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

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	
1		RAIN SENSOR	
		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	

Administrative Surcharge $ 44
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6-16-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 2-20-07

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-20-07	
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 1-13-06
Control # 39448
Date Issued
Permit # E0061916

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

Block 144 Lot 13507 Qualification Code

Work Site Location 10 GREENTREE Ct

Owner in Fee FEINSTEIN, JACK

Address 10 Greentree Ct. Howell NJ 07731

Tel (732 294-[redacted]

Contractor ENVIRONMENTAL DESIGNERS IRR INC

Address 145 CHURCH RD. HOWELL NJ 07731

Tel (732 363 2775) FAX (732 730-9963

Contractor License No. LIC#0018[redacted]

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

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 Con'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	
1		R2IN SE2150R	$
		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	46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 46

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 2-16-06

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

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

SPRINKLER SYSTEM

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7-13-06
Date Issued
Control # 39448
Permit # 20006.1916

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

Block 144 Lot 135.07 Qualification Code
Work Site Location 10 Greentree Ct

Owner in Fee Feinstein, Jack
Address 10 Greentree Ct Howell NJ 07731
Tel ([redacted] 494-5566

Contractor SK Plumbing, LLC
Address PO Box 2116, Brick, NJ 08723-1078
Tel (732) 522-4231 Fax (732) 785-1723
Tel ( ) License #11618 FAX ( )
Contractor License No. FEIN [redacted]
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 $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[1] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/26/06
Approved by:

SUBCODE APPROVAL
[1] CO [ ] CCO [ ] CA
Date: 2/28/07
Approved by:

PUB

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	2/27/07		2/27/07	

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	
	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 $	46

2/27/07 - no access

LAWN SPRINKLER SYSTEM

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7-13-06
Date Issued
Control # 39448
Permit # L0006 1916

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

Block 149 Lot 135.07 Qualification Code
Work Site Location 10 Greentree Ct

Owner in Fee Feinstein, Jack
Address 10 Greentree Ct Howell NJ 07731
Tel [redacted]

Contractor SK Plumbing, LLC
Address PO Box 2116
Brick, NJ 08723-1078
Tel (732) 522-4231
Fax (732) 785-1723
Tel ( ) License #11618 FAX ( )
Contractor License No.
FEIN [redacted]
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 $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/26/06
Approved by:

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

PUB

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				

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	
	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 $	46

UCC/F-130 (REV. 1/04)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

Environmental Designers

IRRIGATION Inc.

License # 0018487

145 Church Road
Howell, NJ 07731-2403
(732) 363-2775

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

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

Environmental Designers Irragation, Inc.
Gaetano Virone
145 Church Rd
Howell NJ 07731

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

07/21/2005 TO 12/31/2006
VALID

13VH01022600
LICENSE/REGISTRATION/CERTIFICATION #

Kimberly S. Robotti
ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Environmental Designers Irragation, Inc.
Home Improvement Contractor
07/21/2005 TO 12/31/2006
VALID
13VH01022600
License/Registration/Certificate #
SIGNATURE
Kimberly S. Robotti
ACTING 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

DEPARTMENT OF ENVIRONMENTAL PROTECTION — STATE OF NEW JERSEY

Hereby Certifies the Goodstanding of:

GAETANO VIRONE SSN:

License No. 0018487 Reg No. 0018487

AS A LICENSED:
LANDSCAPE IRRIGATION

Expires: 01/31/07 Document#: 042437210

Recognizes: *Gaetano G. Virone*
As a Certified Backflow Prevention Device Inspector

Certification No: 8568

Expiration Date: 3/31/2008

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Feinstein BLOCK 144 LOT 135.07

ADDRESS 10 Green Tree ZONING RELEASE

DATE SUBMITTED 6-16-06

TYPE OF WORK Sprinkler

	REVIEWED BY	APPROVED	COMMENTS
FIRE			
BUILDING			
ELECTRICAL	6-16-06	(OK)	
PLUMBING	6/26/06 AR	(OK)	
MECHANICAL			
OTHER			RECEIVED JUN 16 2006
SEPTIC			

39448

BLOCK P 144 LOT 135.07 QUALIFICATION CODE _____ ADDRESS (SITE) 10 Greenbriar Ct Howell PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 Greenbriar Ct Howell
2. Name of Owner in Fee: Jack Epstein Tel. [redacted]
   Address 10 Greenbriar Ct (street) Howell (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Atlas Electric Tel. (609) 978-6386
   Address 66 Parker St Manahawkin NJ
   License No. OR, if new home, Builder Reg. No. 15667 Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		75.00	
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									
6. ☐ Plumbing									
7. ☒ Electrical	$300				5-7-07				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	$500								
TOTAL COSTS									

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

U.C.C. F100-1 (rev. 12/03)

LDS HW-B 10307272

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 5-3-07

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			X	X	X	X	X	X	
☐ Planning Board									
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X	X	X	X	X	X	
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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 8/1/2007
Tracking Number 01541
Permit Number 20071045
Permit Issue Date 5/14/2007
Certificate Number

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 GREENTREE COURT Howell Township, NJ Block: 144 Lot: 135.07 Qual:

Owner in Fee: FEINSTEIN, JACK & CHRISTINA

Owner Address: 10 GREENTREE COURT HOWELL NJ 07731

Telephone:

Contractor FEINSTEIN, JACK & CHRISTINA

Address 10 GREENTREE COURT HOWELL NJ 07731

Telephone: 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:
ELECTRIC WORK

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. Hilliar 8/3/07
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/1/2007

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1-14-07

Permit # 01541

20071045

IDENTIFICATION Block 44 Lot 135.07 Qualification Code

Work Site Location 10 Greentree Ct
Howell NJ 07731

Owner in Fee Jack Feinstein

Address 10 Greentree Ct
Howell NJ 07731

Tel. [redacted]

Contractor Alan's Electric LLC

Address 66 Parker St
Manahawkin NJ 08050

Tel. (609) 978-6386

Lic. No. or Bldrs. Reg. No. 15667

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Two driveway pillar lights

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 $ 500.-

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	41.-
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	41.-
Check No.	1662
Cash	
Collected by	

(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 5/14/2007
Control # 01541
Permit # 20071045

IDENTIFICATION Block: 144 Lot: 135.07 Qualifier
Work Site Location: 10 GREENTREE COURT Howell Township, NJ
Owner in Fee FEINSTEIN, JACK & CHRISTINA
Address 10 GREENTREE COURT HOWELL NJ 07731
Telephone:

Contractor FEINSTEIN, JACK & CHRISTINA
Address 10 GREENTREE COURT HOWELL NJ 07731
Telephone:
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:
MIS. ELECTRIC

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 $500

Construction Official Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$46
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$47
Check No.	1662
Cash	$0
Credit	$0
Collected By	B.F

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5-14-07
Control # 01541
Date Issued
Permit # Q20071045

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

Block 144 Lot 135.07 Qualification Code

Work Site Location 10 GREENTREE CT
HOWELL NJ 07731

Owner in Fee:

Tel. ([redacted] 294-5566 e-mail

Address 10 Greentree Ct (street) Howell (municipality) NJ 07731 (zip code)

Contractor: Akins Electric LLC Tel. (609) 978-6386

Address 66 Parker st Manalapan 07726 e-mail

Contractor License No. 15667 Exp. Date

Federal Employee No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5800

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)
2		Lighting Fixtures	
		Receptacles	
1		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	
			✓

Administrative Surcharge $ 46
Minimum Fee $ —
State Permit Surcharge Fee $ 1
TOTAL FEE $ 47

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: 5-7-07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 5-21-07
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/21/07	TD
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. 05/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder from OCS Printing (609) 398-4375

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/4/07
Control # 0154
Date Issued
Permit # 20071045

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

Block 144 Lot 135.07 Qualification Code

Work Site Location 10 GREENTREE CT HOWELL NJ 07731

Owner in Fee: [redacted]

Tel. (732) 294-5566 e-mail

Address 10 Greentree Ct (street) Howell (municipality) NJ 07731 (zip code)

Contractor: Akins Electric LLC Tel. (609) 978-6386

Address 66 Parker st. Manahawkin 08050 e-mail

Contractor License No. 15167 Exp. Date

Federal Employee No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5800

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 Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
1		Receptacles	
1		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	

Administrative Surcharge $ 46
Minimum Fee $
State Permit Surcharge Fee $ 1
TOTAL FEE $ 47

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[7] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5-7-07

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

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Feinstein BLOCK 144 LOT 135.02

ADDRESS 10 Greentree ZONING RELEASE

DATE SUBMITTED 5-4-07 01541

TYPE OF WORK M.S Electrical

	REVIEWED BY	APPROVED	COMMENTS
FIRE			
BUILDING			
ELECTRICAL	5-7-07	OK	
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

MAY - 4 2007

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

Date Issued 4/8/2014
Control Number 38491
Permit Number 20061641
Permit Issue Date 6/20/2006
Certificate Number 20061641

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 GREENTREE COURT HOWELL NJ 07731, NJ Block: 144 Lot: 135.07 Qual:

Owner in Fee: FEINSTEIN

Owner Address: 10 GREENTREE CT HOWELL NJ 07731

Telephone: [redacted]

Contractor FEINSTEIN

Address 10 GREENTREE CT HOWELL NJ 07731

Telephone: [redacted] Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: CONSTRUCT DECK AND INSTALL HOT TUB

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: 4/8/2014

U.C.C. F260 (rev. 08/06)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/20/06
Control # 38491
Date Issued
Permit # 2006641

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

Block 144 Lot 1350 7 Qualification Code

Work Site Location 10 Greentree Ct
Howell NJ 07731

Owner in Fee Self Jack Leinstein

Address 10 Greentree Ct
Howell NJ 07731

Tel ([redacted] 244-5566

Contractor Self

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed H-TUB

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500

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 Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
1		Switches	
		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	
1		Storable Pool/Spa/Hot Tub	12
		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	
1	30	AMP Subpanels	50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 10
Minimum Fee $
State Permit Surcharge Fee $ 2
TOTAL FEE $ 104

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5-1-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-20-07
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-20-07	
Barrier-Free				

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

BUILDING SUBCODE
TECHNICAL SECTION

needs bldg

Date Received / Control # 6/20/06 38491

Date Issued / Permit # 3006H41

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

Block 144 Lot 135.07 Qualification Code

Work Site Location 10 Greenbriar Ct Howell NJ 07731

Owner in Fee Self - Jack Denisenki

Address 10 Greenbriar Ct Howell NJ 07731

Tel. ([redacted] 294-5366

Contractor

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration 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

Violation

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Deck + Hot Tub

Cover is Locking & UL Approved

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6-22-06	GBL
[ ] Footing		
[ ] Foundation		GB
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/5/07
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final 2/22/07	2/20/07	9/5/07	10/31/07	CG
~~Barrier-Free~~ Final	9/21/07			

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R5
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 400 Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed 400 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ $20,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[X] Pool Hot Tub
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[✓] Other Deck + Hot Tub
[ ] Demolition

FEE (Office Use Only)

$	
	50 00
	88 00
Administrative Surcharge $	
Minimum Fee $	5 00
State Permit Surcharge Fee $	
TOTAL FEE $	143 00

U.C.C. F110 (rev. 07/03)

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

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

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued	12/3/2020
Control Number	C-29652
Permit Number	20150510
Permit Issue Date	3/20/2015
Certificate Number	20150510

Identification

Work Site Location: 10 GREENTREE COURT Howell Township, NJ Block: 144 Lot: 135.07 Qual:

Owner in Fee: FEINSTEIN, JACK & CHRISTINA

Owner Address: 10 GREENTREE COURT HOWELL NJ 07731

Telephone: [redacted]

Contractor A.J. PERRI

Address 1162 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700 Fax: (732) 709-2889 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: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT GAS WATER HEATER - 75 GALLONS

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: 12/3/2020

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 2/26/2015
Control # C-29652
Date Issued 3/20/2015
Permit # 20150510

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

Block 144 Lot 135.07 Qualification Code

Work Site Location: 10 GREENTREE COURT Howell Township, NJ

Owner in Fee: FEINSTEIN, JACK & CHRISTINA

Address 10 GREENTREE COURT HOWELL NJ 07731 Email

Tel. [redacted]

Contractor: A.J. PERRI Inc Tel. (732) 720-6375

Address 1162 PINE BROOK ROAD TINTON FALLS NJ 07724 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No [redacted] Fax. (732) 709-2889

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present 5B Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

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:

Total Cost of Fire Protection Work $570

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT GAS WATER HEATER,

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)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil ☐ Solid	1	$50
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		$65
State Permit Surcharge Fee		$1
TOTAL FEE		$66

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 12/3/20
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/Cumbust Tank				
Fireplace Venting				
Final			11/24/20	RC
Other				

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

144 - 135.07

3-20375
C-29652

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 2015-0510
Permit #

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

Block 144 Lot 135.07 Qualification Code

Work Site Location 10 Greentree Court, Howell, NJ 07727

Owner in Fee: Feinstein

Tel. [redacted] e-mail

Address same as above
street municipality zip code

Contractor: MICHAEL J. PERRI T/A AJ PERRI Tel. (732) 689-6363

Address 9 JOHNSON STREET e-mail
MONMOUTH BEACH, NJ 07750

Contractor License No. 12566 Exp. Date

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

Federal Emp. ID No. FAX: (732) 709-2889

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 $ 1,530.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required minor wk
[ ] 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: 3-3-15
Approved by: Allen Goertel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-24-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	H.O. stated that he will			
Rough Water	Install C.O. Detector			
Sewer	within 10 ft of bedrooms			
Fixtures				
Gas Equipment	11-24-2020			
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ CC			OK	AG
TCO Final	10-23-20		11-24-20	AG

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

DESCRIPTION OF WORK
Direct replacement of 75gal HWH

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	
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	$	65
State Permit Surcharge Fee	$	3
TOTAL FEE	$	68

AJ 020B Rev 10 14

BRADFORD WHITE®
WATER HEATERS

Model # M-I-75S6BN

Residential Atmospheric Vent High Input Energy Saver Gas Water Heater

Photo is of
M-I-100T6BN

FEATURING:

The Atmospheric Vent Models Feature:

- **Bradford White ICON System™**—Intelligent gas control with proven millivolt powered technology and built-in piezo igniter. A standard, off the shelf thermopile converts heat energy from the pilot flame into electrical energy to operate the gas valve and microprocessor. No need for external electricity.
  - **Enhanced Performance**—Proprietary algorithms provide enhanced First Hour Delivery ratings and tighter temperature differentials.
  - **Advanced Temperature Control System**—Microprocessor constantly monitors and controls burner operation to maintain consistent and accurate water temperature levels.
  - **Intelligent Diagnostics**—An exclusive green LED light prompts the installer during start-up and provides ten different diagnostic codes to assist in troubleshooting.
  - **Pilot On Indication**—Flashing green LED provides positive indication that pilot is on.
  - **Separate Immersed Thermowell**—High strength advanced polymer composite thermowell provides isolation between electric temperature sensor and surrounding water. No need to drain the tank when removing gas valve.
- **Factory Installed Hydrojet 2™ Total Performance System**—Cold water inlet sediment reducing device helps prevent sediment build up in tank and increases first hour delivery of hot water.
- **Vitraglas® Lining**—Bradford White tanks are lined with an exclusively engineered enamel formula that provides superior tank protection from the highly corrosive effects of hot water. This formula (Vitraglas®) is fused to the steel surface by firing at a temperature of over 1600°F (871°C).
- **Side Connections**—3/4" (19mm) NPT tappings that allow easy connections for space heating applications (potable water only).
- **Non-CFC Foam Insulation**—Covers the sides and top of tank, reducing the amount of heat loss. This results in less energy consumption, improved operation efficiencies and jacket rigidity [M-I-75 has 1¼" (32mm) and M-I-100T has 2" (51mm)].
- **Pedestal Base** (75 gallon).
- **Water Connections**—Factory installed true dielectric fittings extend water heater life and eases installation (M-I-75S has 1" (25mm) NPT and M-I-100T has 1¼" (32mm) NPT).
- **Hand Hole Cleanout**—Allows inspection of tank interior and facilitates the removal of sediment deposits (M-I-100T models only).
- **Protective Magnesium Anode Rod.**
- **4" (107mm) "Snap Lock" Draft Diverter.**
- **T&P Relief Valve**—Included.
- **Low Restriction Brass Drain Valve**—Durable tamper proof design.

6 or 10-Year Limited Tank Warranties / 6-Year Limited Warranty on Component Parts.

For more information on warranty, please visit www.bradfordwhite.com

For products installed in USA, Canada and Puerto Rico. Some states do not allow limitations on warranties. See complete copy of the warranty included with the heater.

REPLACEMENT WATER HEATER
CHECK LIST

ADDRESS..... **BLK**..... **LOT**.....

- ☐ Manufacture By Bradford White
- ☐ Serial Number .....
- ☐ Gallons 75 Gallon

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.) Floor
- ☐ Emergency Pan (if supplied)
- ☐ Vacuum Breaker (if applicable)
- ☑ Flue Pipe Secured
- ☑ Flue Clearance – 6" on single wall and 1" on double wall
- ☑ 4" Flue Connector → metal vent
- ☑ CO Detector
- ☑ Combustion Air Full Louver door
- ☑ Gas Detector Used

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 144 LOT 135.07 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 10 Greentree Court, Howell, NJ 07727

Owner in Fee Feinstein

Verifying Individual Sal Tagliarino Company A.J. Perri, Inc.

Address 1138 Pine Brook Road (Street) Tinton Falls (City) NJ (State) 07724 (Zip Code)

Tel: (732) 720-6375 Fax: (732) 709-2889

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
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	75 gallon	Oil / (Gas) / Other:	40,000
Appliance 2:	Furnace	Oil / (Gas) / Other:	115,000
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.

Sal Tagliarino 2/23/15
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.

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

Date Issued 1/6/2017
Control Number 22440
Permit Number 20030542
Permit Issue Date 3/31/2003
Certificate Number 20030542

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 GREENTREE COURT HOWELL , NJ 07731 Block: 144 Lot: 135.07 Qual:

Owner in Fee: FEINSTEIN

Owner Address: 10 GREENTREE CT HOWELL NJ 07731

Telephone:

Contractor SEASONAL WORLD

Address 532 RT 537 CREAM RIDGE NJ 08514

Telephone: (609) 259-8330 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: IN-GROUND SWIMMING POOL, POOL HEATER TYPE II

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: 1/6/2017

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

Township of Howell
Municipal Building - P.O. Box 580
Howell, New Jersey 07731

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-31-03
Date Issued
Control # 22440
Permit # 20030342

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

Block 144. Lot 135 ~~or~~ 07

Work Site Location 10 Green tree Ct

Owner In Fee Jack Feinstein

Address 10 Green tree Ct

Tele. [redacted]

Contractor Seaqual Pools

Address 532 Monmouth Rd Cream Ridge

Tele. (609) 259-8330 Fax (609) 259-8333

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. [redacted]

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

Violation

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Inground Pool
18x36

TYPE II

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other SPECS	3/25	GB

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/5/07
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes FINAL 2	2/20	9/13/07		
Energy				
Mechanical				
~~Foo~~ COLLAR			4/24/03	GK
Other				
Final 2/22/07	7-8-04	5-12-06	10/31/07	CG
~~Barrier Free~~ 4/21/07	10/19/07			

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed U
Constr. Class Present ____ Proposed 5-B
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) $ 27,843.00

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

FEE (Office Use Only)

$	-
	200
	-
	25
Administrative Surcharge	$ -
Minimum Fee	$ -
DCA Training Fee	$ 27
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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-31-03
Date Issued
Control # 22440
Permit # 20030512

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

Block 144. Lot 135 ~~87~~

Work Site Location 10 Greentree Ct

Owner in Fee/Occupant Jack Feinstein

Address 10 Greentree Ct

Tel [redacted]

Contractor BAYVIEW ELECTRIC INC.

Address 336 MARYLAND AVENUE
BAYVILLE, NJ 08721

Tele. (732) 269-9583 Fax ( )

Lic. No. 8631

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 $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[/] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 3/28/03

Approved by: C. Phillips

SUBCODE APPROVAL

[ ] CO [ ] ~~CCO~~ [X] CA

Date: 6-1-05

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
~~Rough~~ Bonding, Ground & PVC				
Temp. Serv. UW Light (OK)			5/12/03	
Constr. Serv.				
TCO				
Other				
Service				
Final	5-13-05		6-1-05	

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

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.

William K Kitchman

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
4		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 40-
1		Pool Permit/with UW Lights	10-
		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	
1	1½	HP Motors 1/+ HP	
		KW Transformer/Generator	12-
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	50Amp	HEAT PUMP & SWIMP	50-
			112-
		Administrative Surcharge	$ 1-
		Minimum Fee	$
		DCA Training Fee	$
		TOTAL FEE	$ 113-

UCC F120 (rev 3/96)

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

SOIL REMOVAL/FILLING FINAL INSPECTION
ENGINEERING DEPARTMENT
TOWNSHIP OF HOWELL

Date: November 23, 2016 **Permit: 2003-010**

Address: 10 Green Tree Court

Applicant: Feinstein

Contractor: Seasonal World

BLOCK: 144 **LOT: 135.07**

	ACCEPTABLE	UNACCEPTABLE
GRADING	X	
STABILIZATION	X	
DRAINAGE	X	
CURB	X	
SIDEWALK	X	
POOL LOCATION	X	
ADDITIONAL CONCRETE/PAVERS	X	
RETAINING WALL	X	

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

___X___ MEETS ENGINEERING REQUIREMENTS - RECOMMEND CONSIDERATION FOR ISSUANCE OF CERTIFICATE OF APPROVAL.

_____ DOES NOT MEET ENGINEERING REQUIREMENTS - RECOMMEND CERTIFICATE OF APPROVAL NOT BE CONSIDERED UNTIL SITE CONFORMS.

_____ AS-BUILT PLAN REQUIRED

_____ *** LAND USE OFFICER TO INVESTIGATE THE CONDITIONS LISTED BELOW. THE ENGINEERING DEPARTMENT RESERVES THE RIGHT TO REOPEN THIS PERMIT FOR ANY CORRECTIVE MEASURE TO RESOLVE THIS CONDITION(S).

_____ SENT TO LAND USE FOR FUTURE HANDLING ON _____ .

COMMENTS: This in-ground pool previously failed inspection on September 20, 2007. An as-built plan was requested due to the fact that the homeowner extended the concrete area around the pool and also extended the retaining wall, both of which were not on the approved plans. Due to the amount of time that has lapsed since previous inspections, a file review has been performed and as-per Jim Herrman this violation has been excused. The additional concrete does not appear to lie within any setbacks and the wall appears to be properly constructed and neither of which appear to have any effect on anyone or anything in the last 13years. An as-built plan is no longer required. Based on the aforementioned, the Howell Township Engineering Department recommends the issuance of The Certificate of Approval for this in-ground pool.


INSPECTOR

11/23/16
DATE


APPROVED

11/23/2016
DATE

Timothy M. Trettel

_____ DISAPPROVED

_____ DATE

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

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued	12/7/2020
Control Number	C-50758
Permit Number	20201937
Permit Issue Date	9/21/2020
Certificate Number	20201937

Identification

Work Site Location: 10 GREENTREE COURT Howell Township, NJ 07731 Block: 144 Lot: 135.07 Qual:

Owner in Fee: FEINSTEIN, JACK & CHRISTINA

Owner Address: 10 GREENTREE COURT HOWELL NJ 07731

Telephone: [redacted]

Contractor AIR EXPERTS INC.

Address 727-C 17TH AVENUE LAKE COMO NJ 07719

Telephone: (732) 681-9090 Fax: (732) 280-2213 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: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT

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: 12/7/2020

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

9/21/20 Date Received
Control # 50758
Date Issued
Permit # 2020-1937

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

Block 144 Lot 135.07 Qualification Code

Work Site Location 10 Greentree Court
Howell NJ 07731

Owner in Fee: Jack Feinstein

Tel. [redacted] e-mail

Address 10 Greentree Court Howell NJ 07731
street municipality

Contractor: Wireman Electric LLC Tel. (732) 370-4967
zip code

Address 44 Lexington Rd e-mail wiremanelectricllc@hotmail.com
Howell NJ 07731

Contractor License No. 14746B Exp. Date 3/31/21

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

Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1850.00

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 sign/Contractor sign and seal here:

Print name here: Damian Lech

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Wiring for Replacement HVAC Equipment

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	7.2	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		Disconnect	

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 for PERMIT
Date: 8-20-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-4-20
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	10-23-20		12-4-20	
Barrier-Free	HA			

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $	66
Minimum Fee $	4
State Permit Surcharge Fee $	
TOTAL FEE $	69

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

144- 135.07

MECHANICAL INSPECTION
TECHNICAL SECTION

10

9/21/20 Date Received
Control # 50758

Date Issued
Permit # 2020-1937

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

Block 144 Lot 135.07 Qualification Code

Work Site Location 10 GREENTREE COURT
HOWELL, NJ 07731

Owner in Fee: FEINSTEIN

Tel. [redacted] e-mail

Address 10 GREENTREE COURT (street) HOWELL TWP (municipality) 07731 (zip code)

Contractor: Air Experts Inc. Tel. (732) 681-9090

Address 727C 17th Avenue e-mail sales@airexpertsnj.com
Lake Como NJ 07719

Contractor License No. 19HC00123400 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (732) 280-2213

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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 $ 1150

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: 9-10-2020
Approved by: Allen Gaskill

SUBCODE APPPROVAL for CERTIFICATE
[✓] CA [ ] CCO
Date: 11-24-2020
Approved by: Allen Gaskill

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL	10-27-20		11-24-20	MB

N. H

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: Michael J. Bondurant

Print name here: Michael Bondurant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE AC Condenser only AC

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	
1	Other	
	Administrative Surcharge $	85
	Minimum Fee $	
	State Permit Surcharge Fee $	2
	TOTAL FEE $	87

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

FOR REPLACEMENT FURNACE

Submit B.T.U. Input **AND** Output of both New **AND** Old Units.

OLD B.T.U.'s **INPUT** **OUTPUT**

NEW B.T.U.'s **INPUT** **OUTPUT**

A/C REPLACEMENT

OLD UNIT 36k **BTU**

NEW UNIT 36k **BTU**

And/Or

Heat Loss for New Unit

***If you do not have the Old BTU and New BTU of units, a heat loss is REQUIRED.

***If the New Unit BTU's are less than the Old Unit BTU's, a heat loss is REQUIRED.

SPECIFICATIONS

General Data	Model No. All Regions	ML14XC1-018	ML14XC1-024	ML14XC1-030	ML14XC1-036	ML14XC1-041
	Southeast and North Regions	ML14XC1S018	ML14XC1S024	ML14XC1S030	ML14XC1S036	- - -
	Nominal Tonnage	1.5	2	2.5	3	3.5
Indoor Unit Expansion Valve (TXV) (If needed)		**12J18**	**12J18**	**12J18**	**12J19**	**12J20**
RFCIV Metering Orifice Usage		0.052	0.060	0.060	0.071	N/A
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8
[1] **Refrigerant (R-410A) furnished**		4 lbs. 9 oz.	4 lbs. 9 oz.	5 lbs. 8 oz.	8 lbs. 0 oz.	9 lbs. 0 oz.
Outdoor Coil	Net face area sq. ft. Outer coil	13.22	16.33	21.00	18.67	21.00
	Net face area sq. ft. Inner coil	- - -	- - -	- - -	17.96	20.25
	Tube diameter - in.	5/16	5/16	5/16	5/16	5/16
	Number of rows	1	1	1	2	2
	Fins per inch	26	26	26	22	22
Outdoor Fan	Diameter - in.	18	22	22	22	22
	Number of blades	3	3	3	3	3
	Motor hp	1/10	1/6	1/6	1/6	1/6
	Cfm	2290	3160	3160	3160	3050
	Rpm	1075	825	825	825	825
	Watts	160	215	215	190	190
Shipping Data - lbs. 1 package		134	152	169	190	192

ELECTRICAL DATA

	Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
	[2] Maximum overcurrent protection (amps)	20	25	25	30	30
	[3] Minimum circuit ampacity	11.9	14.6	17	18.6	19.3
Compressor	Rated load amps	9.0	10.9	12.8	14.1	14.7
	Locked rotor amps	48	59.3	67.8	83	75
	Power factor	0.97	0.97	0.97	0.96	0.96
Condenser Fan Motor	Full load amps	0.7	1	1	1	1
	Locked rotor amps	1.3	1.9	1.9	1.9	1.9

CONTROLS

iComfort® M30 Smart Wi-Fi Thermostat	**15Z69**	•	•	•	•	•
Remote Outdoor Temperature Sensor	**X2658**	•	•	•	•	•

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater	**93M04**	•	•	•	•	
	Factory					•
Compressor Hard Start Kit Copeland	**10J42**	•	•	•	•	
LG	**88M91**	•	•	•	•	•
Compressor Low Ambient Cut-Off Switch	**45F08**	•	•	•	•	•
Compressor Sound Cover	**18J42**	•	•	•	•	•
Compressor Time-Off Control	**47J27**	•	•	•	•	•
Freezestat 3/8 in. tubing	**93G35**	•	•	•	•	•
5/8 in. tubing	**50A93**	•	•	•	•	•
Indoor Blower Off Delay Relay	**58M81**	•	•	•	•	•
Loss of Charge Switch Kit	**84M23**	•	•	•	•	•
[4] **Low Ambient Kit (Fan Cycling)**	**34M72**	•	•	•	•	•
Refrigerant Line Sets L15-41-20, L15-41-30, L15-41-40, L15-41-50		•	•	•		
L15-65-30, L15-65-40, L15-65-50					•	•
Unit Stand-Off Kit	**94J45**	•	•	•	•	•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the Installation Instructions for information about line set length and additional refrigerant charge required.

[2] HACR type circuit breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

HOWELL, TOWNSHIP OF

(LAND USE DEPT.)

Green Tree Estates
ARE-2 Zone

Block 144, Lot 135.07

Casino Drive
Block 144, Lot 135.07

TOWNSHIP OF HOWELL

19992895

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 144 LOT(S) 135.07 STREET 10 Greentree Ct

APPLICANT: NAME Jack Jenstin

ADDRESS 10 Greentree Ct

PHONE [redacted]

PROPOSED USE: ZONE:

- X Fence
- ____ Detached garage
- ____ Shed
- X Pool
- ____ Deck
- ____ Patio
- ____ Tennis Court
- ____
- ____ Antenna/Antenna Tower
- ____ Farm structure: Specify ____
- ____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot)
Side yard clearances 79 feet and 56 feet
Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height ____ feet to highest point
Length ____ feet Width ____ feet

Type of fence: 4' Chain link (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

[signature] 2.5.03
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.

2/5/03
Date

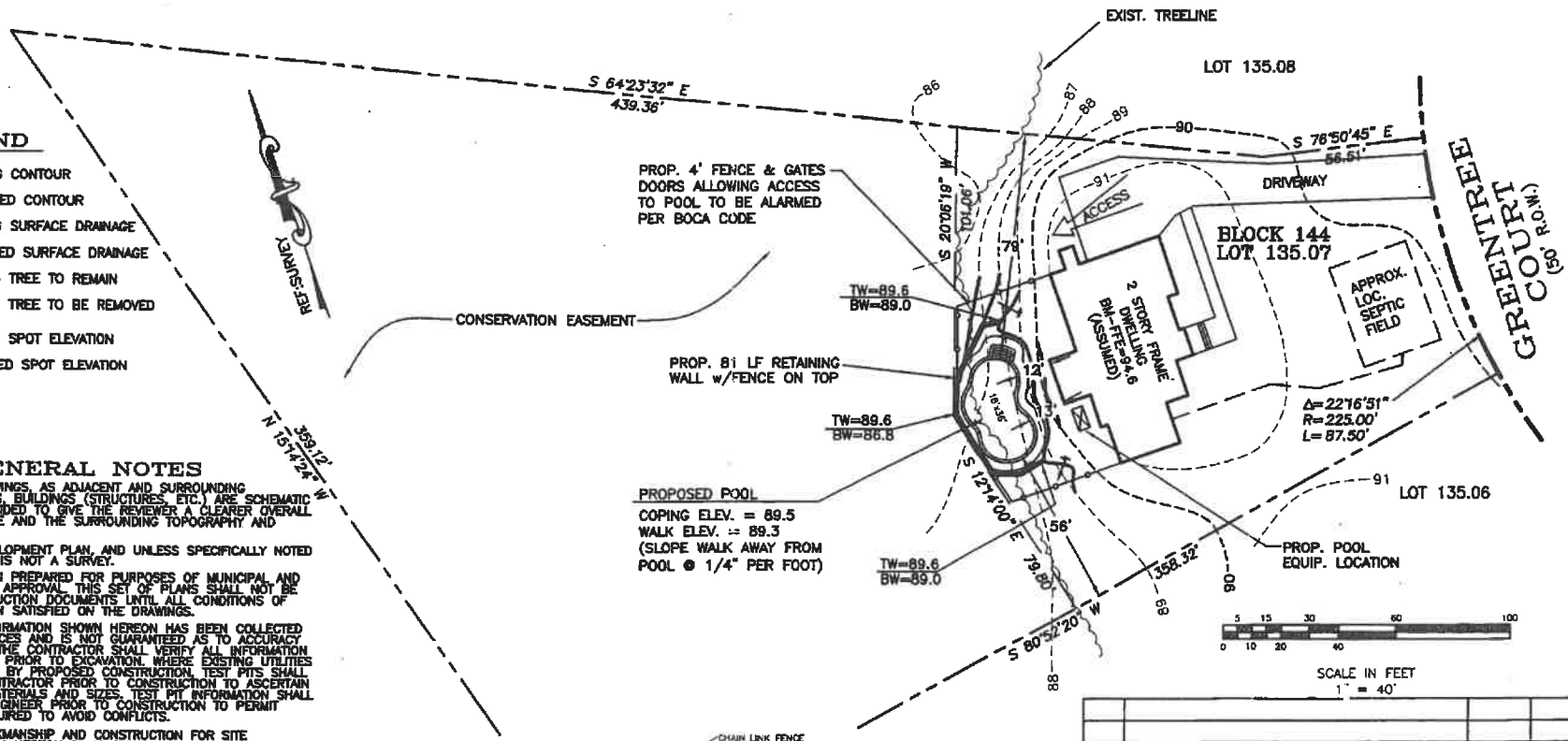
Betty Lou Tolton
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: To add in ground Pool and 4' high Fence to secure Pool as per Plan. No disturbance within the Conservation Easement. Compliance with Swimming Pool Ordinance.

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

Receipt # 09327 ck # 3530

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



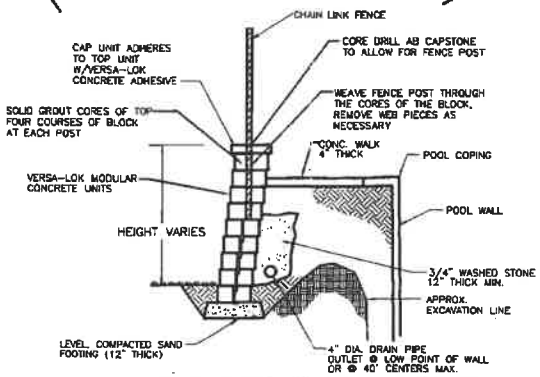
LEGEND

- EXISTING CONTOUR
- PROPOSED CONTOUR
- EXISTING SURFACE DRAINAGE
- PROPOSED SURFACE DRAINAGE
- EXISTING TREE TO REMAIN
- EXISTING TREE TO BE REMOVED
- x 99.0 EXISTING SPOT ELEVATION
- x 99.5 PROPOSED SPOT ELEVATION

GENERAL NOTES

1. DO NOT SCALE DRAWINGS, AS ADJACENT AND SURROUNDING PHYSICAL CONDITIONS, BUILDINGS (STRUCTURES, ETC.) ARE SCHEMATIC ONLY AND ARE PROVIDED TO GIVE THE REVIEWER A CLEARER OVERALL PICTURE OF THE SITE AND THE SURROUNDING TOPOGRAPHY AND PHYSICAL FEATURES.
2. THIS IS A SITE DEVELOPMENT PLAN, AND UNLESS SPECIFICALLY NOTED ELSEWHERE HEREON IS NOT A SURVEY.
3. THIS PLAN HAS BEEN PREPARED FOR PURPOSES OF MUNICIPAL AND AGENCY REVIEW AND APPROVAL. THIS SET OF PLANS SHALL NOT BE UTILIZED AS CONSTRUCTION DOCUMENTS UNTIL ALL CONDITIONS OF APPROVAL HAVE BEEN SATISFIED ON THE DRAWINGS.
4. EXISTING UTILITY INFORMATION SHOWN HEREON HAS BEEN COLLECTED FROM VARIOUS SOURCES AND IS NOT GUARANTEED AS TO ACCURACY OR COMPLETENESS. THE CONTRACTOR SHALL VERIFY ALL INFORMATION TO HIS SATISFACTION PRIOR TO EXCAVATION. WHERE EXISTING UTILITIES ARE TO BE CROSSED BY PROPOSED CONSTRUCTION, TEST PITS SHALL BE DUG BY THE CONTRACTOR PRIOR TO CONSTRUCTION TO ASCERTAIN EXISTING INVERT, MATERIALS AND SIZES. TEST PIT INFORMATION SHALL BE GIVEN TO THE ENGINEER PRIOR TO CONSTRUCTION TO PERMIT ADJUSTMENT AS REQUIRED TO AVOID CONFLICTS.
5. ALL MATERIALS, WORKMANSHIP AND CONSTRUCTION FOR SITE IMPROVEMENTS SHOWN HEREON SHALL BE IN ACCORDANCE WITH:
   A. N.J. DEPARTMENT OF TRANSPORTATION "STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION" AS CURRENTLY AMENDED.
   B. CURRENT, PREVAILING MUNICIPAL AND/OR COUNTY SPECIFICATIONS, STANDARDS AND REQUIREMENTS.
   C. CURRENT, PREVAILING UTILITY COMPANY/AUTHORITY SPECIFICATIONS, STANDARDS AND REQUIREMENTS.
6. OUTBOUND AND TOPOGRAPHIC INFORMATION BASED ON A SURVEY PREPARED BY OTHERS.
7. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.
8. NO ATTEMPT WAS MADE OR LIABILITY IS ASSUMED TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY.
9. PROPERTY KNOWN AND DESIGNATED AS LOT 135.07 OF BLOCK 144, SITUATED IN HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY.
10. OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED FOR ESTABLISHING PROPERTY LINES.
11. NO DRAINAGE STRUCTURES ARE REQUIRED FOR THIS APPLICATION. POOL AREA SHALL BE ACCESSED FROM THE EAST SIDE OF LOT. UTILITY LOCATIONS TO BE VERIFIED PRIOR TO CONSTRUCTION.
12. BACKWASH FLOW OF THE FILTER WILL BE EFFECTED BY WAY OF A HOSE WHICH DIRECTS THE FLOW TO THE ROADWAY.

REF.: 4051



TYPICAL SECTION-UNREINFORCED RETAINING WALL
MODULAR CONCRETE UNIT
SCALE: NONE

NO.	REVISIONS	DATE	DRAWN	CHECKED

POOL GRADING PLAN

PREPARED FOR
"FEINSTEIN"
LOT 135.07 OF BLOCK 144
SITUATED IN
HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

MIDSTATE ENGINEERING INC.
ENGINEERS, SURVEYORS & PLANNERS
P.O. BOX 1005 82 WALNUT HILL LANE
FREEHOLD, NEW JERSEY 07728
(732) 308-4226
(FAX) 732-308-4180
CERT. OF AUTHORIZATION NO. GA277692

CHESTER DILORENZO PE,LS,PP
PE & LS LICENSE NO. 28966 PP LICENSE NO. 2871

Chester Di Lorenzo

DATE	1/31/03
SCALE	1" = 40'
DRAWN	JWC
CHECKED	CDL
FILE NO.	4051
SHEET	1 OF 1

19996544

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 144 LOT(S) 135.09 STREET 10 Greentree Ct

APPLICANT: NAME Jack Fountain

ADDRESS 10 Greentree Ct

PHONE Howell NJ [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify Hot tub 7'X7'

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

DESCRIPTION OF STRUCTURE: Height 4' feet to highest point
Length 34'7" feet Width 17'9" feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

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

[signature] 4-19-06
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.

4/19/06 [signature]
Date HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: In ground hot tub to be located. Plan drawn submitted. Complies with all conditions Township Regulations.
Receipt #15549

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

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

LEGEND

- EXISTING CONTOUR
- PROPOSED CONTOUR
- EXISTING SURFACE DRAINAGE
- PROPOSED SURFACE DRAINAGE
- EXISTING TREE TO REMAIN
- EXISTING TREE TO BE REMOVED
- x 99.0 EXISTING SPOT ELEVATION
- x 99.5 PROPOSED SPOT ELEVATION

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10. OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED FOR ESTABLISHING PROPERTY LINES.
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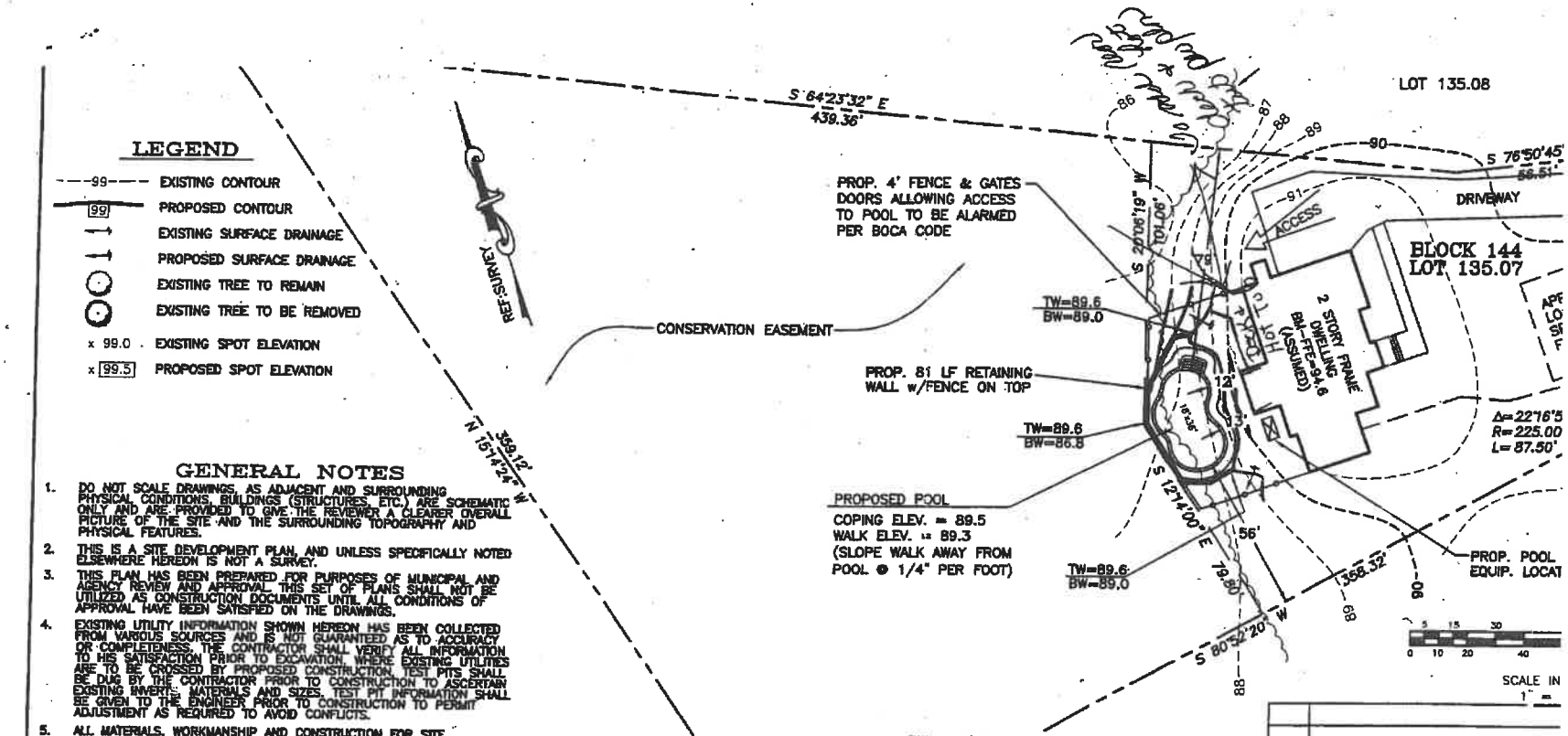
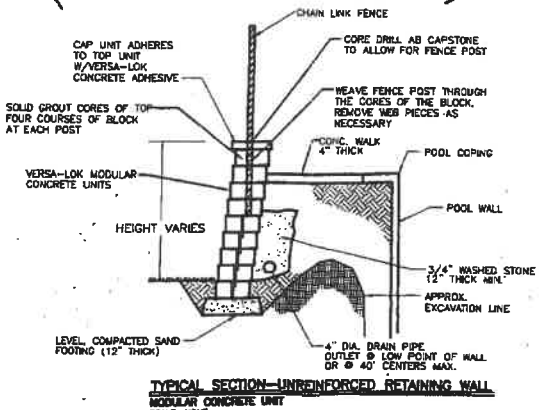
12. BACKWASH FLOW OF THE FILTER WILL BE EFFECTED BY WAY OF A HOSE WHICH DIRECTS THE FLOW TO THE ROADWAY.

REF.: 4051





TYPICAL SECTION—UNREINFORCED RETAINING WALL
MODULAR CONCRETE UNIT
SCALE: NONE

NO.	REVISIONS

POOL GRAD
PREPARE
"FEINS"
LOT 135.07 OF
SITUATE
HOWELL TOWNSHIP, MONMOU

MIDSTA
ENGINEERING
ENGINEERS, SURVEYORS &
P.O. BOX 1005 82 WALNUT
FREEHOLD, NEW JERSEY
(732) 308-4226
(FAX) 732-308-41
CERT. OF AUTHORIZATION NO

CHESTER DILORENZO PE
PE & LS LICENSE NO. 28966 PP LICENSE NO

TOWNSHIP OF HOWELL

RECEIPT NO. 6363 DATE 7/31/01

RECEIVED FROM Green Tree Est. APPLICANT _____

CASH ✓ CHECK ___ FEE $10- ESCROW ___

CASE NO. _____ BLOCK 144 LOT 135.07

DESCRIPTION DP # 7899

RECEIVED BY _____

White - Customer Yellow - Finance Pink - Case file Goldenrod - Duplicate

LAND USE #10.00 ~~CRes~~
REG. "B" 135.07

DP# 7899

TOWNSHIP OF HOWELL

THE UNDERSIGNED HEREBY APPLIES FOR A DEVELOPERS PERMIT FOR THE FOLLOWING TO BE ISSUED ON THE BASIS OF THE REPRESENTATIONS CONTAINED HEREIN, ALL OF WHICH THE APPLICANT SWEARS TO BE TRUE.

1. NAME OF DEVELOPER OR PROPERTY OWNER_(Print) GREEN TREE ESTATES L.L.C.

2. DEVELOPMENT NAME:_(Print) GREEN TREE ESTATES

3. TELEPHONE NUMBER: 961-1141
CELL PHONE NUMBER: 814-5811 FAX NUMBER: 961-1143

3. CASE NUMBER: _____

4. PROPERTY LOCATION: OFF CASINO DRIVE

5. BLOCK: 144 LOT: 135.07 ZONE: AR-2

6. PROPOSED USE:

New Construction:	✓	Residence	✓
Remodeling		Business	
Accessory Building		Mfg	

(COAH)

7. SURVEY OF LOT, SHOWING PUBLIC ROADS, EXISTING BUILDINGS AND PROPOSED CONSTRUCTION OR USE FOR WHICH THIS APPLICATION IS MADE.
   a. Name of road/street GREEN TREE CT.
   b. Main road frontage 87.50
   c. Set back from right-of-way 100' FEET
   d. Sideyard clearances 30' FEET MIN.
   e. Rear yard clearances 30 FEET
   f. Depth of lot from right-of-way 358 FEET
   g. Dimensions of bldg: width 56' feet 50'-2" depth (feet)
   h. Highest point of bldg. Above reestablished grade 28' feet
   i. Area of lot 80,965.2 Sq. FT.

RECEIVED
JUL 26 2001
By _____

j. Survey showing existing buildings and proposed construction

Buildings: Use SINGLE FAMILY DWELLING

Number of stories 2 Basement YES ✓
Useable floor space: First Floor 1,689 sq. ft. Second Floor 1,619
Off street parking space 2,085 sq. ft.

PLEASE PRINT NAME OF APPLICANT: JEFF CARTER

PLEASE SIGN NAME OF APPLICANT: Jeff Carter

FOR ADMINISTRATIVE USE ONLY

PERMIT APPROVAL GRANTED: 7/31/01 Vito Maruscello

PERMIT APPROVAL DENIED: _____

Upon the basis of the application, the statements are made part hereof, the proposed usage is found to be in accordance with the Township Land Use Ordinance and is hereby approved for the following zone: _____

DATED: 7/31/01 Vito Maruscello
ADMINISTRATIVE OFFICER

FEE: 10.00
DATE WHEN APPLICATION WAS RECEIVED: 7/26/01
DATE RULED ON: 7/31/01

If Certification is refused, reason for refusal: _____

HOWELL TOWNSHIP
ENGINEERING DEPARTMENT

DATE: 7-27-01

ENGR:

ASST ENGR:

INSPECTOR: Mike

DP# 7899

COA#

OTHER:

FILE: SD#2760

MEMORANDUM

TO: Mike Pluta, Engineering Inspector

FROM: Vito Marinaccio, Director Land Use

DATE: July 26, 2001

RE: **Developers Permit - Green Tree Estates**
Block 144 Lot(s) 135.07

The above mentioned developer has submitted the following Developers Permit:

Block	Lot	Address
144	**135.07**	**Casino Drive**

Please review and let me know your findings.

RECEIVED B. L. Lester - 7/31/01

RETURNED 7-30-01 OK TO ISSUE

SIGNATURE M. C Pluta

TOWNSHIP OF HOWELL ENGINEERING DEPARTMENT

MEMORANDUM

TO: ED MACK – CONSTRUCTION CODE OFFICIAL

FROM: WILLIAM H. NUNZIATO, JR., PE – TOWNSHIP ENGINEER

DATE: JULY 26, 2001

RE: SD#2760 GREENTREE ESTATES
ROADWAY BASE COURSE

Please be advised that the roadway base course has been installed at the above sub-division location.

Building Permits can now be issued pending issuance of Land Use Permit.

WHN/ea

Cc: Vito Marinaccio – Zoning Officer