BLOCK 1033.28 LOT 8 ADDRESS (SITE) PERMIT NO. 03-1550

CH-83

CONSTRUCTION PERMIT APPLICATION

MAIL

Called Flip

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

I. IDENTIFICATION

1. Proposed Work-site at: 105 Malmy Dr
2. Name of Owner in Fee: Shores Tel [redacted]
   Address 105 Malmy Dr (street) Brick, NJ (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: ~~A.J. Perri/Blue Dot~~ ~~401 Highway 35~~ ~~Red Bank, NJ 07701~~ ~~732 747-3131~~ Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. ~~36-427609-7~~ Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Rich Holman Tel. 732 747-3131

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	53		
2. Electrical		35		
3. Plumbing		81		
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	$	198		

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 _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	2780.10
7. ☒ Plumbing	4170.15
8. ☒ Electrical	2316.75
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	9267

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			4/17/03		11/31/04		
			4/17/03		11/30/04		
			4/17/03		2/13/04		

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR-B 10326863

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 New Jersey 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.

(X Check if contractor.

Agent Name A.J. Perri/Blue Dot

Address 401 Highway 35
Red Bank, NJ 07701

Telephone (732) 747-3131 Lic. 36-427609-7

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST **(office use only)**	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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. _____	_____			

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/25/2003
Control #
Permit # 03-1550

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1033.20 Lot 8 Qual

Work Site Location 105 MALIN DR
FURNACE/A/C

Owner in Fee GNOFES
Address [redacted]
BRICK, NJ 08723-
Telephone [redacted]

Contractor AJ PERRI/BLUE DOT
Address 401 HWY 35
RED BANK, NJ
Telephone (732)747-3131
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 36-4276097

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FURNACE/A/C

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 $ 9,667

D F. Nevitt 04/25/2003
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	0
Electrical	53
Plumbing	35
Fire Protection	81
Elevator Devices	0
Other	
DCA State Permit Fee	9
Cert. of Occupancy	0
Other	
Total	178
Check No.	30566
Cash	
Collected By	ERP

04/25/03 11:46AM 000000#9455
XX07 SERV.007

#031550	
ELECTRIC	$53.00
PLUMBING	$35.00
FIRE	$81.00
DCA	$9.00
CHECK	$178.00

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/25/03
Date Issued
Control #
Permit # 03 1550

A. IDENTIFICATION—APPLICANT:

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

Block 1033.28 Lot 8
Work Site Location 105 Malmy Dr.

Owner in Fee Shores
Address 105 Malmy Dr.
Brick, NJ 08724
Tele. ([redacted]
Contractor AJ Perri Electric
Address 401 Hwy 35
Red Bank, NJ 07701
Tele. (732) 747-3131
Lic. No. 13296B
Federal Emp. No. 364276097 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 2316.75

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/16/03
Approved by: WC

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service	2706 WM		21306 WM	WAAAA
Final	13006			Zo

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 21306
Approved By: WM

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 Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
1	11.9 Kw	A/C Unit 3.5 ton	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
1	Kw	Central heat: Furnace oil, (gas) or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
1		Other humidifier	

Paid [ ] Check # ______
Collected by: ______

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

U.C.C. Form F-120B

1 White - Office Copy
2 Canary - Office Copy
3 Pink - Applicant Copy
4 Manila - Inspector Copy

1-30-06

FD BREAKER FURNACE & A/C

3- SCREWS in 4x4 mailbox cover

STRAP UP MC motor J. Boy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/25/03
Date Issued
Control #
Permit # 03 1550

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

Block 1033.25 Lot 8
Work Site Location 105 Malmy Dr.

Owner in Fee Shores
Address 105 Malmy Dr
Rock Hill 07726
Tele. ([redacted]
Contractor A.J. Perri/Blue Dot
Address 401 Highway 35
Red Bank, NJ 07701
Tele. ( ) 732 747-3131
Lic. No.
Federal Emp. No. 36-427609-7 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2780.10 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 4-21-03
Approved by: DB

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 4/30/03
Approved by: DB

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			4/30	DB
TCO				
Other Final			4-30-03	DB
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Carbon Monoxide det. Smoke Detectors	1	~~35.00~~
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Furnace	1	46.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

U.C.C. Form F-140A

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/25/03
Date Issued
Control #
Permit # 031550

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

Block 1033. 28 Lot 8
Work Site Location 105 Malmy Dr.

Owner in Fee Shores
Address 105 Malmy Dr.
Brick, NJ 08724
Tele. [redacted]
Contractor ~~Bud Ellison~~
Address ~~401 Highway 35~~
~~Red Bank, NJ 07701~~
Tele. ( ) ~~732~~ 747-3131 732 747-9743
Lic. No.
Federal Emp. No. 155-22-2283 or Social Security No.

88 To Hoover
@ Taft
Bolk
& Malmy

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 4170.15

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 4/17/03
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 1-20-06

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
9/			1-20-06	[initials]

Dates (Month/Day)

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.

Bud Ellison
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
1	Active Solar System	
1	Other 3.5 ton A/C unit, Furnace, humidifier	
	Administrative Surcharge	$

Paid [ ] Check # ______ Minimum Fee $
Collected by: ______ TOTAL $

U.C.C. Form F-130A

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

58CVA/CVX

Physical data

UNIT SIZE			070-12	090-16	110-22	135-22	155-22
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	all 58CVA; 58CVX Upflow	High	54,000	71,000	90,000	107,000	125,000
		Low	35,000	47,000	59,000	70,000	82,000
	58CVX Downflow/ Horizontal	High	51,000	68,000	86,000	102,000	119,000
		Low	35,000	47,000	59,000	70,000	82,000
INPUT BTUH*	all 58CVA; 58CVX Upflow	High	66,000	88,000	110,000	132,000	154,000
		Low	43,500	58,000	72,500	87,000	101,500
	58CVX Downflow/ Horizontal	High	63,000	84,000	105,000	126,000	147,000
		Low	43,500	58,000	72,500	87,000	101,500
SHIPPING WEIGHT (lb)			126	151	161	177	183
CERTIFIED TEMP RISE RANGE (°F)		High	30-60	40-70	30-60	40-70	45-75
		Low	30-60	30-60	25-55	25-55	30-60
CERTIFIED EXT STATIC PRESSURE	Heating		0.12	0.15	0.20	0.20	0.20
	Cooling		0.5	0.5	0.5	0.5	0.5
AIRFLOW CFM‡	Heating-High/Low		1160/735	960/1195	1440/2005	1700/1905	1715/1965
	Cooling		1225	1400	2100	2100	2095
AFUE%*	Nonweatherized ICS		80.0	80.0	80.0	80.0	80.0
LIMIT CONTROL			SPST				
HEATING BLOWER CONTROL			Solid-State Time Operation				
BURNERS (Monoport)			3	4	5	6	7
GAS CONNECTION SIZE			1/2-in. NPT				
GAS VALVE (Redundant) Manufacturer			White-Rodgers				
Minimum Inlet Pressure (In. wc)			4.5 (Natural Gas)				
Maximum Inlet Pressure (In. wc)			13.6 (Natural Gas)				
IGNITION DEVICE			Hot Surface				

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas Code Table F4 or furnace Installation Instructions. In Canada, derate the unit 10 percent for elevations 2000 to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply. For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply.

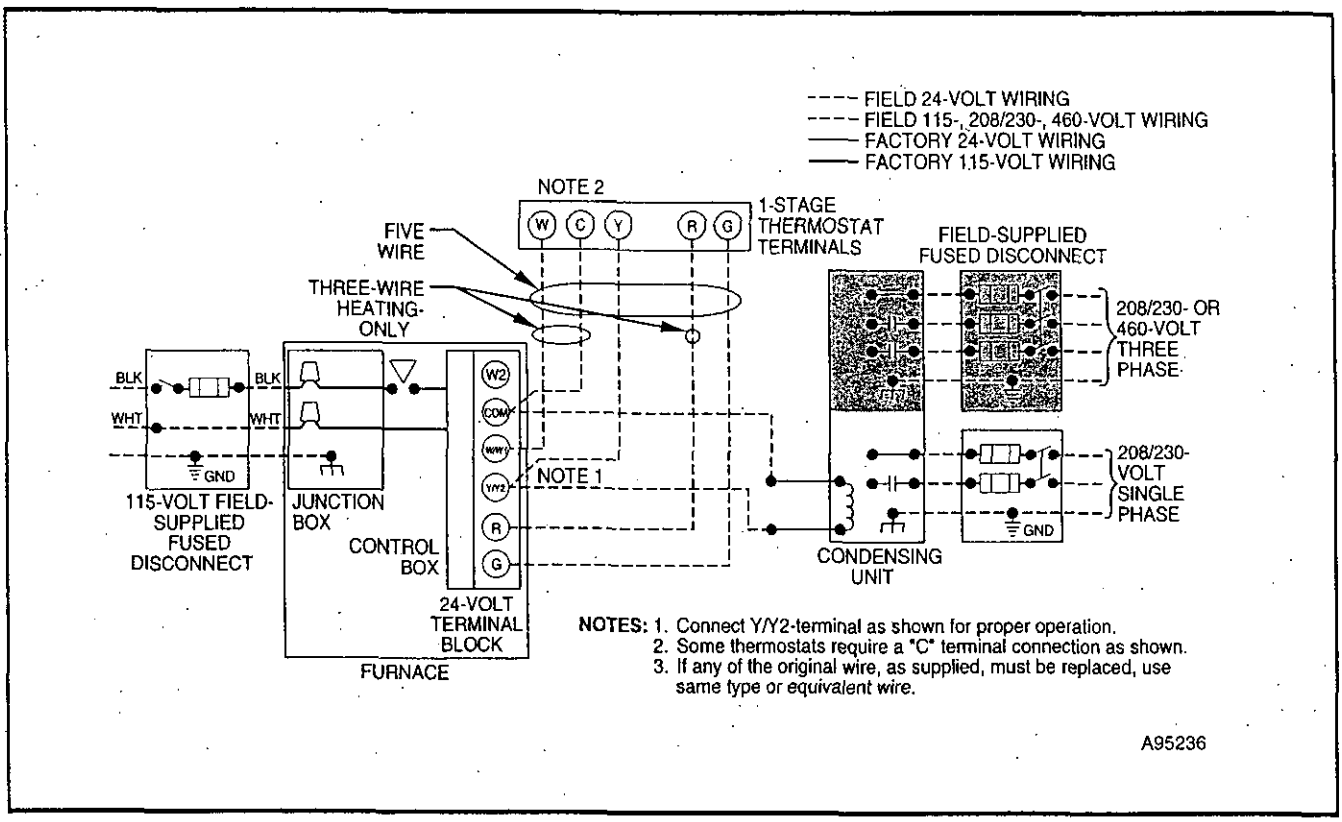
ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	070-12	090-16	110-22	135-22	155-22
DIRECT-DRIVE MOTOR Hp (ECM)	1/2	1/2	1	1	1
MOTOR FULL LOAD AMPS	7.7	7.7	12.8	12.8	12.8
RPM (Nominal)	300-1300	300-1300	300-1300	300-1300	300-1300
BLOWER WHEEL DIAMETER × WIDTHS (In.)	10 x 6	10 x 8	11 x 11	11 x 11	11 x 11

ECM Electronically Commutated Motor, Variable Speed

Typical wiring schematic



Electrical data

UNIT SIZE	VOLTS-HERTZ-PHASES	OPERATING VOLTAGE RANGE*		MAXIMUM UNIT AMPS	MAXIMUM WIRE LENGTH (FT)†	MAXIMUM FUSE OR CKT BKR AMPS*	MINIMUM WIRE GAGE
		Maximum*	Minimum*				
070-12	115-60-1	127	104	9.0	30	15	14
090-14	115-60-1	127	104	9.6	29	15	14
110-22	115-60-1	127	104	15.1	29	20	12
135-22	115-60-1	127	104	14.9	30	20	12
155-20	115-60-1	127	104	15.0	29	20	12

* Permissible limits of the voltage range at which unit operates satisfactorily.
Time-delay type is recommended.

† Length shown is as measured 1 way along wire path between unit and service panel for maximum 2 percent voltage drop.

physical data

38TXA

UNIT SIZE SERIES	024-30-32	030-30-32	036-30-32	042-30-32	048-30-32	060-31-32
Operating Weight (Lb)	220	213	243	253	301	337
COMPRESSOR Manufacturer	Copeland Scroll					
Type	Scroll					
REFRIGERANT Control	Puron® (R-410A) AccuRater® (Bypass Type)					
Charge (Lb)	6.00	6.00	6.88	8.75	10.13	12.00
COND FAN	Propeller Type, Direct Drive					
Air Discharge	Vertical					
Air Qty (CFM)	2400	2400	2800	2800	3300	3300
Motor HP	1/8	1/8	1/5	1/5	1/4	1/4
Motor RPM	825	825	825	825	1100	1100
COND COIL	Copper Tube, Aluminum Plate Fin					
Face Area (Sq ft)	15.2	12.2	15.2	18.2	18.2	18.2
Fins per In.	25	25	25	25	20	20
Rows	1	1	1	1	2	2
Circuits	2	2	2	3	5	5
VALVE CONNECT. (In. ID)	Sweat					
Vapor	5/8	3/4	3/4	7/8	7/8	7/8
Liquid	3/8					
REFRIGERANT TUBES* (In. OD)						
Vapor (0–50 Ft Tube Length)	5/8	3/4	3/4	7/8	7/8	1-1/8
Vapor (Max Diameter for Long-Line Applications)	7/8	7/8	7/8	1-1/8	1-1/8	1-1/8
Liquid (0–50 Ft Tube Length)	3/8					
Liquid (For Long-Line Applications)	3/8					

* For tubing sets greater than 50 ft, consult Residential Split System Long-Line Application Guideline and Service Manual.

NOTE: See unit Installation Instructions for proper installation.

ACCURATER® PISTON CHART

UNIT SIZE SERIES	PISTON* IDENTIFICATION NO.
024-30-32	61
030-30-32	63
036-30-32	70
042-30-32	73
048-30-32	78
060-31-32	96

* Piston listed is for any approved non-capillary tube coil combination. Piston is shipped with outdoor unit and must be installed in approved indoor coil.

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE*)

UNIT SIZE SERIES	REQUIRED SUBCOOLING (°F)
024-30-32	13
030-30-32	12
036-30-32	11
042-30-32	12
048-30-32	11
060-31-32	12

* Must be a Puron® (R-410A) approved hard shutoff TXV.

Electrical data

UNIT SIZE SERIES	V/PH	OPER VOLTS*		COMPR		FAN FLA	MCA	60°C MIN WIRE SIZE†	75°C MIN WIRE SIZE†	60°C MAX LENGTH (Ft)‡	75°C MAX LENGTH (Ft)‡	MAX FUSE** OR CKT BKR AMPS
		Max	Min	LRA	RLA							
024-30-32	208/230/1	253	187	61.0	13.5	0.8	17.6	14	14	44	42	25
030-30-32				72.5	14.7	0.8	19.2	14	14	41	39	30
036-30-32				83.0	15.4	1.1	20.2	12	12	62	59	30
042-30-32				105.0	18.6	1.1	24.4	10	10	80	76	40
048-30-32				109.0	20.5	1.4	27.0	10	10	73	70	40
060-31-32				158.0	27.6	1.4	35.9	8	8	85	80	60

* Permissible limits of the voltage range at which unit will operate satisfactorily.

† If wire is applied at ambient greater than 30°C (86°F), consult Table 310-16 of the NEC (ANSI/NFPA 70). The ampacity of nonmetallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C (140°F) conductors, per the NEC (ANSI/NFPA 70) Article 336-26. If other than uncoated (non-plated), 60 or 75°C (140 or 167°F) insulation, copper wire (solid wire for 10 AWG and smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (ANSI/NFPA 70).

‡ Length shown is as measured 1 way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time-delay fuse.

FLA — Full Load Amps
LRA — Locked Rotor Arms
MCA — Minimum Circuit Amps
RLA — Rated Load Amps

NOTE: Control circuit is 24-v on all units and requires external power source. Copper wire must be used from service disconnect to unit. All motors/compressors contain internal overload protection.

Sound power (dBA)

UNIT SIZE	SOUND Level (dBA)	OCTAVE BAND CENTER FREQUENCY (Hz)						
		125	250	500	1000	2000	4000	8000
024-30	70	55.5	60.0	63.0	64.0	62.0	61.0	55.0
030-30	71	54.0	61.5	65.5	64.0	62.0	60.0	52.0
036-30	71	58.0	62.5	64.5	64.5	61.5	57.5	49.0
042-30	74	55.5	62.5	65.5	67.0	64.5	63.5	57.0
048-30	76	61.5	67.0	68.5	67.0	65.0	64.0	54.5

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1033.28 LOT 8 PERMIT # _____

WORK SITE ADDRESS 105 Malmy Dr. Brick 08724

Applicant Shaw

Certifying Individual Chris Faraone Company Al Perri Inc.

Address 401 Hwy 35 (Street) Red Bank (City) NJ (State) 07701 (Zip Code)

Tel. (732) 747-3131

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [X] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____ 3/14
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)