



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 116 Walnut Dr, Spring Lake

2. Name of Owner in Fee: McGinnis
Tel. (732-292-1786) e-mail N/A
Address same as above

3. Ownership in Fee: Public ☐ Private ☐

4. Principal Contractor: AJ Perri Tel. (732) 982-8700
Address 1138 Pine Brook Road e-mail _____
Tinton Falls, NJ 07724

License No. OR, if new home, Builder Reg. No. 13VH00346300 Exp. Date _____

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

Federal Emp. ID No. 36-427609-7 FAX: (732) 709-2889

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Greg Johnston
Tel. (732) 720-2116 (Kristy) FAX: (_____) _____

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical	\$	<u>40</u>	
3. Plumbing	\$	<u>52</u>	
4. Fire Protection	\$	<u>40</u>	
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$	<u>23</u>	
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$	<u>155</u>	

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. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☒ Plumbing
- ☒ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>3325</u>								
<u>5985</u>								
<u>3990</u>								

TOTAL COST 13300

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s):

- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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
11. ☐ LPGas Tanks



AJ 020B Rev 07 13

Spring Lake Regional Const Dept
423 Warren Ave
Spring Lake NJ 07762
(732)449-0800



CERTIFICATE

1349 - SPRING LAKE HEIGHTS BORO

Date Issued: 11/07/2013
Permit # 13-00253
Certificate: 1300253.1

IDENTIFICATION

Block 42.03 Lot 40 Qualifier
Work Site Location 116 WALNUT DR
Spring Lake Heights, NJ 07762
Owner in Fee MCGINNIS
Address 116 WALNUT DRIVE
SPRING LAKE HEIGHTS, NJ 07762
Telephone (732) 292-1786
Contractor A J PERRI
Address 1138 PINE BROOK ROAD
TINTON FALLS, NJ 07724
Telephone (732) 982-8700 FAX (732) 982-8715
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Warranty No.
Type of Warranty Plan [] State [] Private
Use Group I/R-5
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
REPLACE FURNACE AND AIR CONDITIONING

Home Imprv. Reg No. / Exempt
Reason -

☐ 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 the 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.

☐ 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 (0 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 _____.

CONSTRUCTION OFFICIAL

PermitsNJ

Fee \$0.00

Paid [\$0.00]

Collected by:

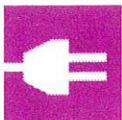
Check No.

PNJF260 rev. (5/2013)

Printed On: 11/07/2013 14:25



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

10/1/13
13-00253

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

Block 42-03 Lot 40 Qualification Code _____

Work Site Location Spring Lake 07762

Owner in Fee MCGUIRE

Tel. (732) 292-1786 e-mail N/A

Address 40110 as above

Contractor: RCLE Inc. Tel. (732) 982-8700

Address 9 Ellis Court e-mail _____

Monmouth Beach, NJ 07750

Contractor License No. _____ Electric License # 7654 Exp. Date _____

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

Federal Emp. ID No. 2232938-37 FAX: (732) 709-2889

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3325.-

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace gas furnace
& a/c unit.

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel

FEE (Office Use Only)

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

1 7.0

1 60K

BIUFurnace

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: 9/19/13

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 11-4-13

Approved by: [Signature]

INSPECTIONS

Type:

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

Dates (Month/Day)

Failure

Failure

Approval

Initial

11-4-13

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 [] Certifd Landscape Irrigation Contr [] Exempt Applicant

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 40
TOTAL FEE \$ _____

14368



1332714

FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 42-03 Lot 40 Qualification Code _____
Work Site Location 116 Walnut Dr. Spring Lake
Owner in Fee McGinnis
Tel. (732) 292-1786 e-mail NIA
Address same as above
Contractor: A.J. Perri, Inc. Tel. (732) 982-8700
Address 1138 Pine Brook Road e-mail _____
Tinton Falls, NJ 07724

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 36-427609-7 FAX: (732) 709-2889

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement
Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Total Cost of Fire Protection Work \$ 3990.-

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: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
[] No Plans Required		Alarm System	_____	_____	_____
[] Partial - Underslab Utilities Approved		Suppression Sys.	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____
[] Fire Protection Plans Approved		Fire Pump	_____	_____	_____
Date: <u>9/19/13</u> Approved by: <u>S</u>		Pre-Eng. System	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____
Date: <u>9/19/13</u>		Flam/Combust Tanks	_____	_____	_____
Approved by: <u>S</u>		Fireplace Venting	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____
[] CO [] CCO [] CA		Other	_____	_____	_____
Date: <u>11/14/13</u>					
Approved by: <u>S</u>					

Date Received
Control #

Date Issued
Permit #

10/1/13
13-00253

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.

Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Replace gas furnace.

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 (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

#14368

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$

40

1332714



CONSTRUCTION PERMIT

Date Issued

Permit #

10/1/13
13-00253

IDENTIFICATION Block

Lot

Qualification Code

Work Site Location

Contractor

A.J. Perri Inc.

Address

1138 Pine Brook Road

Tinton Falls, NJ 07724

Owner in Fee

Address

Tel. (732)

982-8700

Fax (732) 709-2889

Lic. No. or Bldrs. Reg. No.

#13VH00346300

Tel.

Is hereby granted permission to perform the following work:

☐ BUILDING☒ PLUMBING☐ LEAD HAZARD ABATEMENT☒ ELECTRICAL☒ FIRE PROTECTION☐ DEMOLITION☐ ELEVATOR DEVICES☐ ASBESTOS ABATEMENT☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

Replace gas furnace &
a/c unit

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 \$

13300.-

Construction Official

Date

9/19/13

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

40

52

40

23

155

14368

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

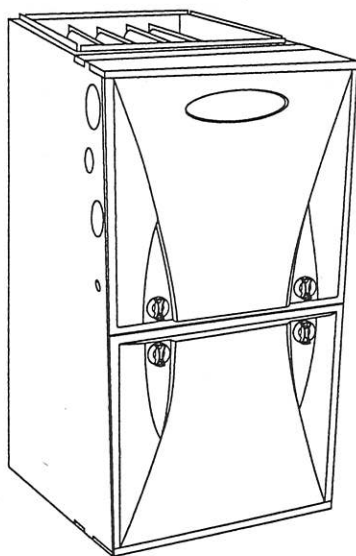
AJ 036 Rev 07 13

59SP5A060

59SP5A
Performance™ Boost, Single-Stage
4-Way Multipoise
Condensing Gas Furnace
Series 100



Product Data



A11263

The 59SP5A Multipoise Performance™ Boost Condensing Gas Furnace features SEER-boosting year-round electrical efficiency when paired with a compatible condensing unit. Energy efficiency is at the heart of this furnace with 96.5% AFUE gas efficiency and the electrically-efficient basic ECM blower motor. This gas furnace also features 4-way multipoise installation flexibility, and is available in five model sizes. The 59SP5A can be vented for direct vent/two-pipe, ventilated combustion air, or single-pipe applications. All units meet California Air Quality Management District emission requirements, are design certified in Canada, and are certified for mobile/manufactured home use.

STANDARD FEATURES

- Quiet operation. Compare for yourself at HVACpartners.com
- High-efficiency basic ECM multiple-speed blower motor for electrically efficient operation all year long in heating, cooling and continuous fan operation
- Humidistat™ Control compatible; dehumidification input for better comfort
- SmartEvap™ technology helps control humidity levels in the

- home when used with a compatible humidity control system
- ComfortFan™ technology allows control of continuous fan speed from a compatible thermostat
- Ideal height 35" (889 mm) cabinet: short enough for taller coils, but still allows enough room for service
- Silicon Nitride Power Heat™ Hot Surface Igniter
- External Media Filter Cabinet included
- 4-way multipoise design for upflow, downflow or horizontal installation, with unique vent elbow and optional venting through-the-cabinet downflow venting capability
- Multi-speed ECM blower motor, single-speed inducer motor, and single-stage gas valve
- Self diagnostics
- Adjustable blower speed for heating, cooling and continuous fan
- Aluminized-steel primary heat exchanger
- Stainless-steel condensing secondary heat exchanger
- Propane convertible (see Accessory list)
- Factory-configured ready for upflow applications
- Fully-insulated casing including blower section
- Convenient Electronic Air Cleaner and Humidifier connections
- Direct-vent/sealed combustion, single-pipe venting or ventilated combustion air
- Installation flexibility: (sidewall or vertical vent)
- Residential installations may be eligible for consumer financing through the Retail Credit Program

LIMITED WARRANTY*

- 10 year parts and lifetime heat exchanger limited warranty to the original purchaser upon timely registration.
- Limited warranty period is five years for parts and twenty years for the heat exchanger if not registered within 90 days of installation.†

* For owner occupied, residential applications.

† Jurisdictions where warranty benefits cannot be conditioned on registration will receive registered limited warranty benefits.

Performance
 SERIES

