BLOCK 382.01 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 280 Huxley Drive PERMIT NO. 13-4187

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-00 S212

I. IDENTIFICATION

1. Proposed Work Site at: 280 Huxley Drive, Brick 08723
2. Name of Owner in Fee: Kipriotis
   Tel. (732) 608-7546 e-mail N/A
   Address same as above
   street municipality zip code
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 N [redacted] 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	$ 40-J		
2. Electrical	50-J		
3. Plumbing	45 J		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	20-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 155-		

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	2825	SEP 11 2013			9-16-13	DD			
☑ Plumbing	5085				9-19-13	2			
☑ Fire Protection	3390				9/18/13	LW			
☐ Elevator									
TOTAL COST	11300								

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/9/2013
Control Number C-13-005212
Permit Number 13-4187
Permit Issue Date 10/4/2013
Certificate Number 13-4187

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 280 HUXLEY DR. Brick Township, NJ Block: 382.01 Lot: 5 Qual:

Owner in Fee: KIPRIOTIS, NICHOLAS

Owner Address: 280 HUXLEY DR BRICK NJ 08723

Telephone: (732) 608-7546

Contractor AJ PERRI INC

Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700 Fax: (732) 709-2889

License Number or Builders Registration Number: 13VH00346300 13296B 12323 Federal Emp. Number: 36-4726097

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: REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/9/2013 U.C.C. F260 (rev. 08/05)

Called 9-23-13 JB

CONSTRUCTION PERMIT

Date Issued 10/4/13
Control # C-13-005212
Permit # 13-4187

IDENTIFICATION Block: 382.01 Lot: 5 Qualifier

Work Site Location: 280 HUXLEY DR. Brick Township, NJ

Contractor AJ PERRI INC
Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Owner in Fee KIPRIOTIS, NICHOLAS
280 HUXLEY DR BRICK NJ 08723

Telephone: (732) 982-8700
Lic. No. or Bldrs. Reg. No 12323

Telephone: (732) 608-7546
Federal Employee. 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:

REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

Note: If constuction 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 $11,300

Daniel J. Newman Jr. — Construction Official
Date 9/20/13

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$20
CO Fee	
Other	$0
Total	$155
Check No.	14478
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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 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.

10/04/13 XX02 SERV.002
ELECTRIC $40.00
PLUMB $50.00
FIRE $45.00
DCA $20.00
CHECK $155.00

☐ 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.

1332582

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10/4/13

Date Issued / Permit # 13-4187

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

Block 382.01 Lot 5 Qualification Code ____

Work Site Location: 280 Huxley Drive 08723

Owner in Fee: Back Kipriotis

Tel. (732) 408-7546 e-mail N/A

Address same as above.
street municipality

Contractor: A.J. Perri, Inc. Tel. (732) 982-8700
zip code

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 C[redacted]. or Exemption Reason (if applicable): ____

Federal Emp. ID No. [redacted] 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 $ 3390.—

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)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[✓] Fire Protection Plans Approved
Date: 9/9/13 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-30-13
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-30-13
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			10/23/13	[signature]
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			[illegible]	[signature]
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. ____
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	1	
Fireplace Venting/Metal Chimney		
Other ____		

Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ ____

1392582

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/4/13
Control #
Date Issued
Permit # 13-4187

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

Block 382.01 Lot 5 Qualification Code

Work Site Location 280 Huxley Dr 08723
Brick

Owner in Fee: Kipriotis

Tel. (732) 608-7546 e-mail N/A

Address same as above.
street municipality zip code

Contractor: MICHAEL J. PERRI T/A AJ PERRI, INC. 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): 709-2889

Federal Emp. ID No. FAX: (732)

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 $ 5085-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] 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: 9-19-13
Approved by: J

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CF
Date: 10-29-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Final Oil Piping				
Solar				
TCO				
Final			10-28-13	PM

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: Replace gas furnace & a/c unit

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	
	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	
1	Other Furnace 95/71	
1	Other AC Unit 3½t	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

1332582 Lake Shore Dr. | Buc Sam of Pine Tree

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 10/4/13

Date Issued Permit # 13-4187

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

Block 382.01 Lot 5 Qualification Code

Work Site Location 280 Huxley Dr 08723

Owner in Fee: Brigg Kipriotis

Tel. (732) 608-7546 e-mail N/A

Address same as above
street municipality zip code

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): 709-2889

Federal Emp. ID No. 2232938-37 FAX: (732) ~~982-8717~~

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2825.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

X No Plans Required

Partial -Underslab Utilities Approved

Date: 9/16/13 Approved by: DT

Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9/17/13

Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 10/29/13

Approved by: JJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-28-13	JJ
Barrier-Free				

Temp. Cut-in Card Date Issued

Final Cut-in Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace gas furnace & a/c unit.

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	12.3	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	90K	BTU Furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

AJ 019 02 13

FOR REPLACEMENT FURNACE

OLD BTU — INPUT 82,000 OUTPUT 65,600

NEW BTU — INPUT 88,000 OUTPUT 71,000

A/C REPLACEMENT

OLD UNIT 36,000 BTU

NEW UNIT 42,000 BTU

AND/OR

HEAT LOSS/HEAT GAIN

***IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNIT'S, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.

***IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.

**********WE ALSO WILL NEED **********

******COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE (NOT THE INSTALLATION GUIDE) AND /OR AIR CONDITION UNIT.

******CHIMNEY CERTIFICATION (CANNOT BE CERTIFICATION BY HOMEOWNER)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 382.01 LOT 5 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 280 HUXLEY DRIVE

Owner in Fee KIPRIOTIS

Verifying Individual Greg Johnston Company A.J. Perri, Inc.

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

Tel: (732) 732-2116 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:

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

Size 5"

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURNACE	Oil / (Gas) / Other:	90,000
Appliance 2:	WATER HEATER (EXISTING)	Oil / (Gas) / Other:	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature 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.

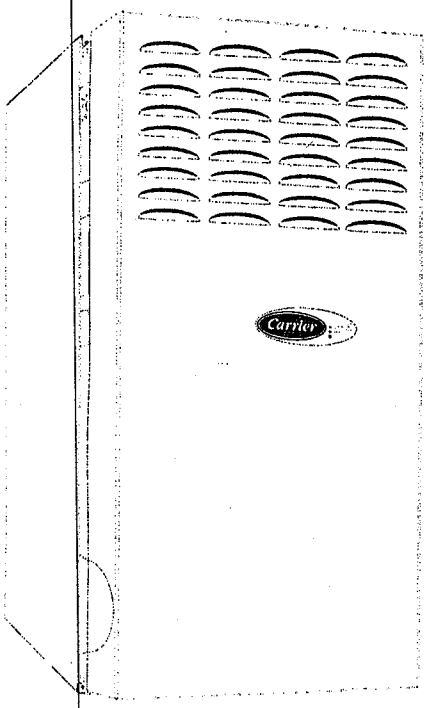
58CVA090

58CVA/CVX
INFINITY™ 80 VARIABLE SPEED 4-WAY MULTIPOISE FURNACE
Input Capacities: 70,000 thru 155,000 Btuh

Carrier®
Turn to the Experts.

Product Data

ComfortHeat INFINITY SERIES IdealHumidity



A04042

DESIGN CERTIFIED® CSA CERTIFIED® ISO 9001:2000 QMI REGISTERED

EFFICIENCY RATING CERTIFIED Gama

MEETS DOE RESIDENTIAL CONSERVATION SERVICES PROGRAM STANDARDS.

Before purchasing this appliance, read important energy cost and efficiency information available from your retailer.

THE INFINITY® 80 GAS FURNACE

The Infinity™ 80 Variable-Speed, 4-way Multipoise Gas Furnaces offer unmatched comfort with ComfortHeat™ technology and IdealHumidity™ in an 80% AFUE gas furnace. You get all the benefits of a ComfortHeat technology furnace: reduced drafts, reduced sound levels, longer cycles, less temperature swings between cycles, and less temperature differences between rooms. With the variable speed blower motor, homeowners can now economically run constant fan to help eliminate temperature differences throughout the house and to get better indoor air quality. This IdealHumidity furnace also increases comfort in the summer by wringing out extra humidity when needed. The Infinity 80 furnaces are approved for use with natural or propane gas, and the 58CVX is also approved for use in Low NOx Air Quality Management Districts.

Carrier Infinity™ System When the Infinity 80 variable-speed gas furnace is matched with the Infinity Control and an air conditioner or heat pump, you will experience the ultimate in ComfortHeat and Ideal Humidity through unparalleled control of temperature, humidity, indoor air quality, and zoning. The Carrier Infinity System also provides unprecedented ease of use through on-screen, text-based service reminders and equipment malfunction alerts.

For even greater comfort and convenience, match the Infinity 80 furnace with an Infinity air conditioner or heat pump. This will create a fully communicating system, requiring only 4 thermostat wires between system components, and troubleshooting can even be done in the future from the outdoor unit without entering the home.

Optional remote access through telephone or Internet is also available when combined with a remote connectivity kit.

STANDARD FEATURES

- Infinity™ System-match with the Infinity™ Control for Infinity™ System benefits
- ComfortHeat™ Technology
  Intelligent microprocessor control
- Two-stage heating with single-stage thermostat with patented Adaptive Control Technology

Physical data

UNIT SIZE			070-12	090-16	110-20	135-22	155-22
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	All 58CVA; 58CVX Upflow	High	54,000	71,000	89,000	107,000	125,000
		Low	35,000	47,000	59,000	70,000	82,000
	58CVX Downflow/Horizontal	High	51,000	68,000	85,000	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)			127	151	162	177	183
CERTIFIED TEMP RISE RANGE (°F)		High	30-60	40-70	40-70	40-70	45-75
		Low	30-60	30-60	25-55	25-55	30-60
CERTIFIED EXT STATIC PRESSURE	Heating	High	0.12	0.15	0.20	0.20	0.20
	Cooling	Low	0.5	0.5	0.5	0.5	0.5
AIRFLOW CFM‡	Heating-High/Low		1180/735	1210/985	1475/1320	1915/1700	1970/1715
	Cooling		1225	1400	2095	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 in comfort mode (as-shipped). For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply.

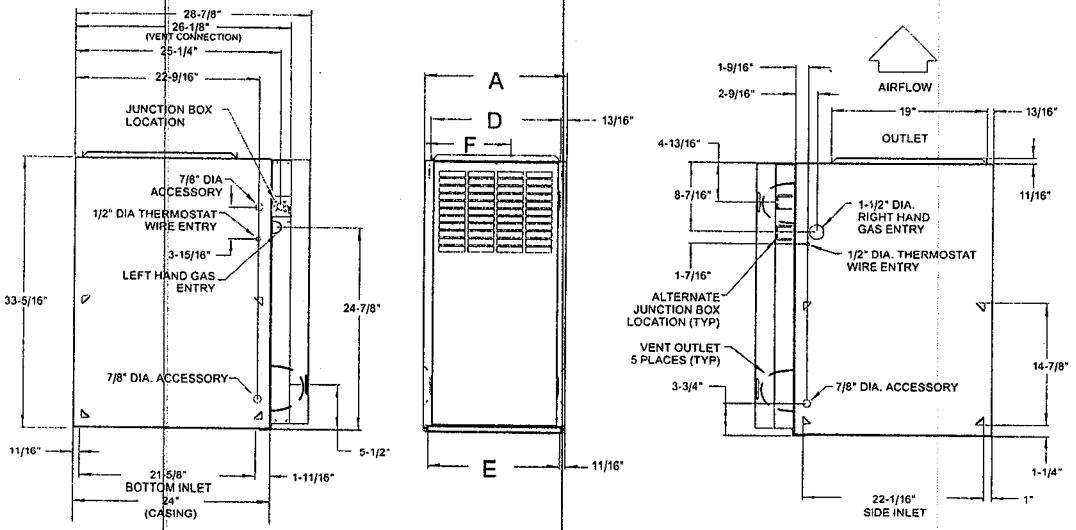
ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	070-12	090-16	110-20	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 10	11 x 11	11 x 11

ECM-Electronically Commutated Motor, Variable Speed

Dimensions

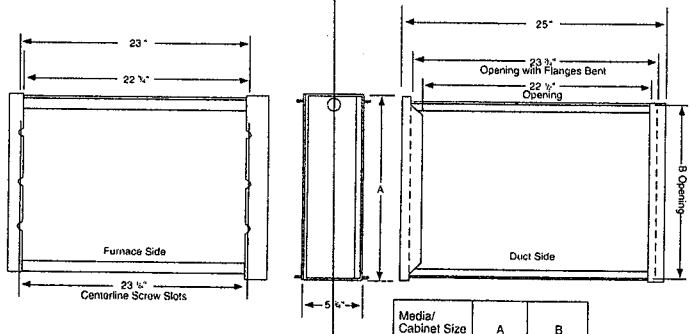


A03060

NOTES:
1. Two additional 7/8-in. dia. knockouts are located in the top plate.
2. Minimum return-air openings at furnace, based on metal duct. If flex duct is used, see flex duct manufacturer's recommendations for equivalent diameters.
3. Minimum return-air opening at furnace.
   a. For 800 CFM-16-in. round or 14-1/2 x 12-in. rectangle.
   b. For 1200 CFM-20-in. round or 14-1/2 x 19-1/3 in. rectangle.
   c. For 1600 CFM-22-in. round or 14-1/2 x 22-1/16-in. rectangle.
   d. For airflow requirements above 1800 CFM, see Air Delivery table in Product Data literature for specific use of single side inlets. The use of both side inlets, a combination of 1 side and the bottom, or the bottom of single side inlets. The use of both side inlets, a combination of 1 side and the bottom, or the bottom only will ensure adequate return air openings for airflow requirements above 1800 CFM.

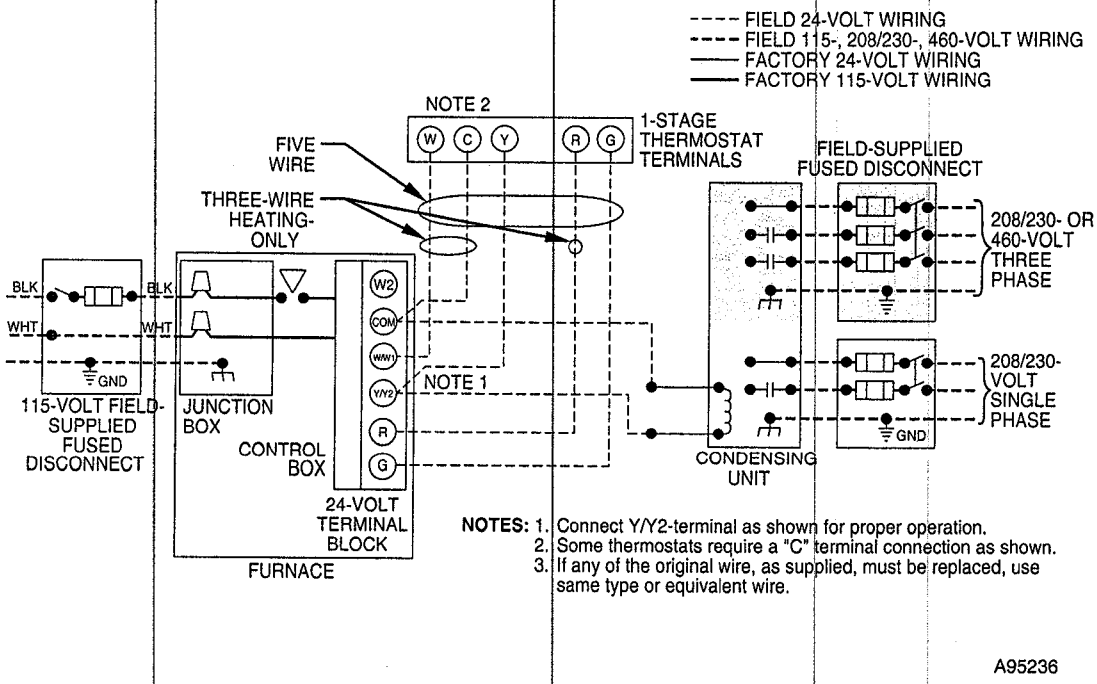
58CVA/CVX UNIT SIZE	A CABINET WIDTH (IN.)	D SUPPLY WIDTH (IN.)	E BOTTOM RETURN WIDTH (IN.)	F C.L. TOP & BOTTOM VENT OUTLET (IN.)	VENT CONNECTION SIZE (IN.) (see notes 1 & 2)	MEDIA CABINET SIZE (IN.)
070-12	14-3/16	12-9/16	12-11/16	9-5/16	4	16
090-16	17-1/2	15-7/8	16-1/8	11-9/16	4	16
110-20	21	19-3/8	19-1/2	13-5/16	4	20
135-22	24-1/2	22-7/8	23	15-1/16	4 (note 1)	24
155-22	24-1/2	22-7/8	23	15-1/16	4 (note 1)	24

1) 135 and 155 size furnaces require five-inch vents. Use a 4-5 in. vent adapter between furnace and vent stack.
2) See Installation Instructions for complete installation requirements.



Media/ Cabinet Size	A	B
16	17"	16"
20	21"	20"
24	25"	24"

Typical wiring schematic



Electrical data

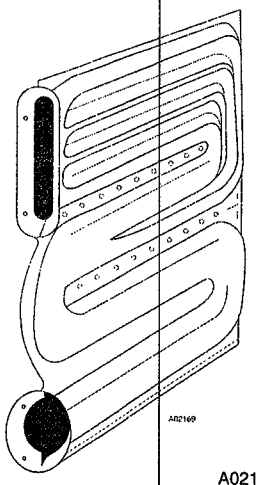
UNIT SIZE	VOLTS-HERTZ-PHASE	OPERATING VOLTAGE RANGE		MAXIMUM UNIT AMPS	MAXIMUM WIRE LENGTH (FT)‡	MAXIMUM FUSE OR CKT BKR AMPS†	MINIMUM WIRE GAGE
		Maximum*	Minimum*				
070-12	115-60-1	127	104	9.0	30	15	14
090-14	115-60-1	127	104	9.6	29	15	14
110-20	115-60-1	127	104	15.1	29	20	12
135-22	115-60-1	127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

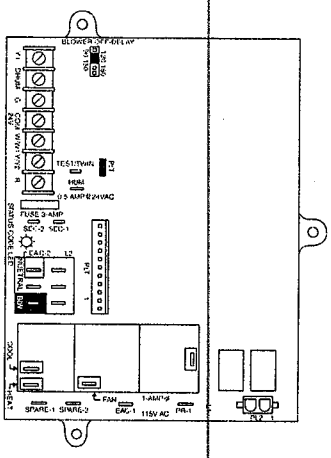
* Permissible limits of the voltage range at which unit operates satisfactorily.
† Time-delay type is recommended.
‡ Length shown is as measured one way along wire path between unit and service panel for maximum 2 percent voltage drop.

- Very low operating sound through low-stage operation and QuieTech™ system
  QuieTech™ system noise reduction system
- Integral part of the IdealHumidity™ System
  Maximum dehumidification selection for summer time cooling
  Full IdealHumidity benefits including "Super Dehumidify"
  SmartEvap™–Humidity control when using a Thermidistat/Infinity control
  Variable-speed blower motor
  Super-low electrical use, up to 80 percent less than standard models
  Increased SEER ratings for AC and HP systems
  Perfectly matches CFM to cooling system at all static points
- Comfort Fan™–Up to 12 cooling airflow selections from thermostat with a wide range of capability
- High-Efficiency Media Filtration Cabinet included
- Microprocessor based control center
  LED diagnostics and self test feature
  Stores fault codes during power outages
  Adjustable heating air temperature rise
  Adjustable cooling airflow
  Dehumidification selection for summer-time cooling
- 4-way Multipoise furnace, 13 vent applications
- Compact design - only 33-1/3 in. tall
- Power Heat™ Igniter
- Draft Safeguard switch to ensure proper furnace venting
- Insulated blower compartment
- Inner door for tighter sealing
- Hybrid Heat™ compatible
- All models are chimney friendly when used with accessory vent kit
- Residential installations eligible for consumer financing through the Retail Credit Program

LIMITED WARRANTY

- 20-year warranty on "Super S™" heat exchanger
- 5-year parts warranty on all other components


A02169
HEAT EXCHANGER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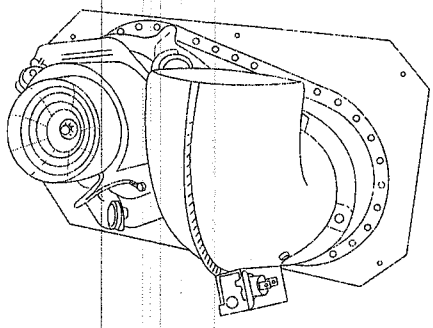
CONTROL BOARD


A02170
INDUCER BLOWER

Model number nomenclature

58CVA 070 100 12

58CVA Variable Speed 4-Way Multipoise
58CVX Low NOx version

Input Capacity
070 — 66,000 Btuh
090 — 88,000 Btuh
110 — 110,000 Btuh
135 — 132,000 Btuh
155 — 154,000 Btuh

Series Number

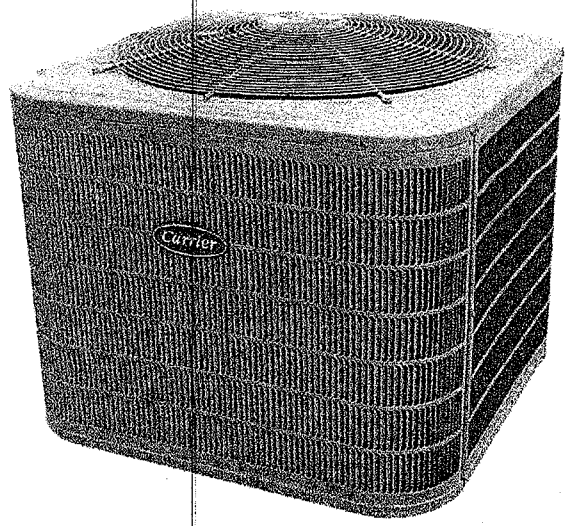
Nominal Cooling Size
(Airflow at .5 ESP.)
(400 CFM per 12,000 Btuh)
12 — 1200 CFM
20 — 2000 CFM
22 — 2200 CFM

24ACC642

24ACC6
Performance™ 16 Air Conditioner with Puron® Refrigerant
1–1/2 to 5 Tons

Carrier
turn to the experts

Product Data



Puron
the environmentally sound refrigerant

Performance SERIES

Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ACC has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 16.5 SEER / 11.5- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 72 dBA
- Compressor sound blanket standard

Comfort

- System supports Edge® Thermidistat™ or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime servce cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- High and low pressure switches
- Balanced refrigeration system for maximum reliability

Durability

WeatherArmor™ protection package:

- Solid, durable sheet metal construction
- Louvered coil guard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C)) with accessory kit

MODEL NUMBER NOMENCLATURE

1	2	3	4	5	6	7	8	9	10	11	12	13
N	N	A	A	A/N	N	N	N	A/N	A/N	A/N	N	N
2	**4**	**A**	**C**	**C**	**6**	**3**	**6**	**A**	**0**	**0**	**3**	**0**
Product Series		Product Family	Tier	Major Series	SEER	Cooling Capacity		Grille Variations	Open	Open	Voltage	Series
24=AC		A=RES AC	C=Performance	C=Puron	6=16 SEER			A = Standard	0=Not Defined	0=Not Defined	3=208/230–1	0 = Original Series

Puron™ the environmentally sound refrigerant

AHRI CERTIFIED™ www.ahridirectory.org

Use of the AHRI Certified TM Mark indicates a manufacturer's participation in the program For verification of certification for individual products, go to www.ahridirectory.org.

Certified System™

ISO 9001 QMI-SAI Global

c UL® us

ENERGY STAR

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. However, proper refrigerant charge and proper air flow are critical to achieve rated capacity and efficiency. Installation of this product should follow all manufacturing refrigerant charging and air flow instructions. **Failure to confirm proper charge and air flow may reduce energy efficiency and shorten equipment life.**

24ACC6

STANDARD FEATURES

Feature	18	24	30	36	42	48	60
Puron Refrigerant	X	X	X	X	X	X	X
Maximum SEER *	16.0	16.0	16.5	16.5	16.0	16.0	16.0
Scroll Compressor	X	X	X	X	X	X	X
Field Installed Filter Drier	X	X	X	X	X	X	X
Front Seating Service Valves	X	X	X	X	X	X	X
Internal Pressure Relief Valve	X	X	X	X	X	X	X
Internal Thermal Overload	X	X	X	X	X	X	X
Long Line capability	X	X	X	X	X	X	X
Low Ambient capability with Kit	X	X	X	X	X	X	X
High Pressure Switch	X	X	X	X	X	X	X
Low Pressure Switch	X	X	X	X	X	X	X
Compressor Sound Blanket	X	X	X	X	X	X	X
Louvered Coil Guard	X	X	X	X	X	X	X

* With approved combinations

X = Standard

PHYSICAL DATA

UNIT SIZE – VOLTAGE, SERIES	18–30	24–30	30–30	36–30	42–30	48–30	60–30
Operating Weight lb (kg)	136 (61.7)	163 (73.9)	167 (75.7)	180 (81.6)	234 (106.1)	248 (112.5)	337 (152.9)
Shipping Weight lb (kg)	163 (73.9)	198 (89.8)	204 (92.5)	219 (99.3)	281 (127.5)	291 (132.0)	372 (188.7)
Compressor Type	Scroll						
REFRIGERANT	Puron® (R–410A)						
Control	TXV (Puron® Hard Shutoff)						
Charge lb (kg)	4.60 (2.09)	6.00 (2.72)	6.81 (3.09)	7.00 (3.18)	8.62 (3.91)	10.50 (4.76)	14.50 (6.58)
COND FAN	Propeller Type, Direct Drive						
Air Discharge	Vertical						
Air Qty (CFM)	1881	2614	2614	3223	3810	4046	4046
Motor HP	1/12	1/10	1/10	1/12	1/5	1/4	1/4
Motor RPM	1100	800	800	800	800	800	800
COND COIL							
Face Area (Sq ft)	11.50	15.10	17.20	17.60	25.15	20.10	30.15
Fins per In.	25	25	25	25	25	20	20
Rows	1	1	1	1	1	2	2
Circuits	3	4	4	4	6	7	8
VALVE CONNECT. (in. ID)							
Vapor	3/4	3/4	3/4	7/8	7/8	7/8	7/8
Liquid	3/8	3/8	3/8	3/8	3/8	3/8	3/8
REFRIGERANT TUBES (in. OD)							
Rated Vapor*	3/4				7/8		1 1/8
Max Liquid Line	3/8						

* Units are rated with 25 ft (7.6 m) of lineset length. See Vapor Line Sizing and Cooling Capacity Loss table when using other sizes and lengths of lineset.

Note: See unit Installation Instruction for proper installation.

† See *Liquid Line Sizing For Cooling Only Systems with Puron Refrigerant* tables.

REFRIGERANT PIPING LENGTH LIMITATIONS

Liquid Line Sizing and Maximum Total Equivalent Lengths† for Cooling Only Systems with Puron® Refrigerant:

The maximum allowable length of a residential split system depends on the liquid line diameter and vertical separation between indoor and outdoor units.

See Table below for liquid line sizing and maximum lengths :

Maximum Total Equivalent Length
Outdoor Unit BELOW Indoor Unit

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with Puron Refrigerant Maximum Total Equivalent Length†: Outdoor unit BELOW Indoor Vertical Separation ft (m)								
			0–5 (0–1.5)	6–10 (1.8–3.0)	11–20 (3.4–6.1)	21–30 (6.4–9.1)	31–40 (9.4–12.2)	41–50 (12.5–15.2)	51–60 (15.5–18.3)	61–70 (18.6–21.3)	71–80 (21.6–24.4)
18000 AC with Puron	3/8	1/4	150	150	125	100	100	75	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	225*	150
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
24000 AC with Puron	3/8	1/4	75	75	75	50	50	--	--	--	--
		5/16	250*	250*	250*	250*	250*	225*	175	125	100
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
30000 AC with Puron	3/8	1/4	30	--	--	--	--	--	--	--	--
		5/16	175	225*	200	175	125	100	75	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
36000 AC with Puron	3/8	5/16	175	150	150	100	100	100	75	--	--
		3//8	250*	250*	250*	250*	250*	250*	250*	250*	250*
42000 AC with Puron	3/8	5/16	125	100	100	75	75	50	--	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	150
48000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	230	160	--
60000 AC with Puron	3/8	3/8	250*	250*	250*	225*	190	150	110	--	--

* Maximum actual length not to exceed 200 ft (61 m)

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

Maximum Total Equivalent Length
Outdoor Unit ABOVE Indoor Unit

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with Puron Refrigerant Maximum Total Equivalent Length†: Outdoor unit ABOVE Indoor Vertical Separation ft (m)							
			25 (7.6)	26–50 (7.9–15.2)	51–75 (15.5–22.9)	76–100 (23.2–30.5)	101–125 (30.8–38.1)	126–150 (38.4–45.7)	151–175 (46.0–53.3)	176–200 (53.6–61.0)
18000 AC with Puron	3/8	1/4	175	250*	250*	250*	250*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
24000 AC with Puron	3/8	1/4	100	125	175	200	225*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
30000 AC with Puron	3/8	1/4	30	--	--	--	--	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
36000 AC with Puron	3/8	5/16	225*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
42000 AC with Puron	3/8	5/16	175	200	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
48000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*
60000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*

* Maximum actual length not to exceed 200 ft (61 m)

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

ELECTRICAL DATA

UNIT SIZE	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE† 60° C	MIN WIRE SIZE† 75° C	MAX LENGTH ft. (m)‡ 60° C	MAX LENGTH ft. (m)‡ 75° C	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA						
18–30	208/230/1–60	253	197	48.0	9.0	0.50	11.8	14	14	67 (20.4)	64 (19.5)	20
24–30				58.3	13.5	0.70	17.6	14	14	46 (14.0)	43 (13..1)	25
30–30				64.0	12.8	0.70	16.7	14	14	44 (13.4)	41 (12.5)	25
36–30				77.0	14.1	0.50	18.1	12	12	57 (17.4)	54 (16.5)	30
42–30				112.0	17.9	1.20	23.6	10	10	85 (25.9)	81 (24.7)	40
48–30				109.0	19.9	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
60–30				135.0	21.4	1.20	28.0	8	10	91 (27.7)	56 (17.1)	40

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

† If wire is applied at ambient greater than 30°C, consult table 310–16 of the NEC (NFPA 70). The ampacity of non–metallic–sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 336–26. If other than uncoated (no–plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one 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 Amps

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.

Complies with 2010 requirements of ASHRAE Standards 90.1

A-WEIGHTED SOUND POWER LEVEL (dBA)

Unit Size – Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
18–30	73	49.5	58.5	64.5	69.0	63.0	59.5	52.4
24–30	74	54.5	62.0	67.0	71.5	66.0	62.0	53.0
30–30	74	56.0	62.5	66.0	68.5	64.5	61.0	53.5
36–30	72	52.0	61.0	64.0	66.0	61.0	58.5	51.5
42–30	74	56.5	61.5	65.0	66.5	63.5	61.0	56.5
48–30	73	58.0	61.0	65.0	66.0	62.0	58.0	51.0
60–30	74	56.5	62.5	66.5	68.0	63.0	59.5	51.5

NOTE: Tested in accordance with AHRI Standard 270–08 (not listed in AHRI).

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE–VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
18–30	10 (5.6)
24–30	10 (5.6)
30–30	10 (5.6)
36–30	10 (5.6)
42–30	9 (5.0)
48–30	10 (5.6)
60–30	9 (5.0)

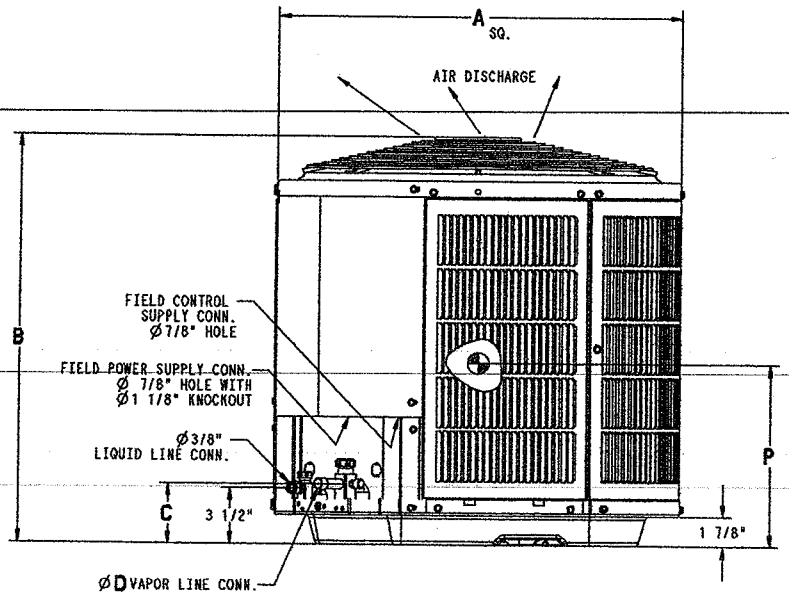
DIMENSIONS - ENGLISH

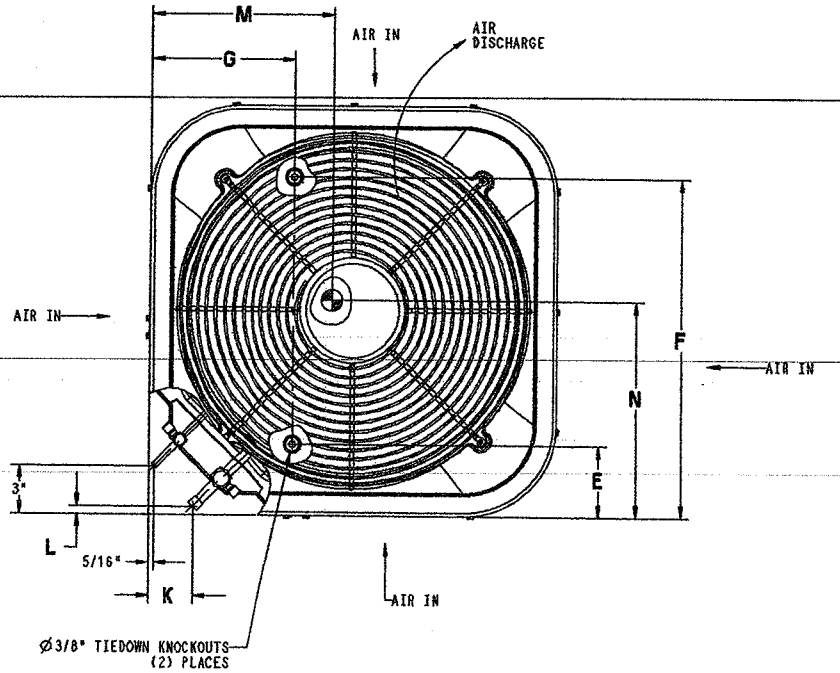
UNIT	SERIES	ELECTRICAL CHARACTERISTICS				A	B	C	D	E	F	G	K	L	M	N	P	OPERATING WEIGHT (lbs)	SHIPPING WEIGHT (lbs)	SHIPPING DIMENSIONS (L x W x H)
		208-230-1-60	230-1-60	208/230-3-60	460-3-60															
24ACC618	0	X	0	0	0	25 3/4"	28 11/16"	3 3/4"	3/4"	4 7/16"	21 1/4"	7 13/16"	2 13/16"	1/2"	13 1/4"	13 3/4"	12 3/4"	136	163	26 7/8" X 30 1/16" X 32 9/16"
24ACC624	0	X	0	0	0	31 3/16"	28 5/16"	3 3/4"	3/4"	6 9/16"	24 11/16"	9 1/8"	2 13/16"	1/2"	15 5/8"	15 1/2"	14"	163	198	32 3/8" X 35 1/2" X 32 9/16"
24ACC630	0	X	0	0	0	31 3/16"	32 5/16"	3 3/4"	3/4"	6 9/16"	24 11/16"	9 1/8"	2 13/16"	1/2"	16 1/2"	15"	14 3/4"	167	204	32 3/8" X 35 1/2" X 35 15/16"
24ACC636	0	X	0	0	0	35"	28 5/16"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	18 1/4"	16 7/8"	14"	180	219	36 1/8" X 39 5/16" X 32 9/16"
24ACC642	0	X	0	0	0	35"	39 1/8"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	18"	16"	17 1/2"	234	281	36 1/8" X 39 5/16" X 42 3/4"
24ACC648	0	X	0	0	0	35"	32 5/16"	3 7/8"	1/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	17"	17 1/2"	14"	248	291	36 1/8" X 39 5/16" X 35 15/16"
24ACC660	0	X	0	0	0	35"	45 15/16"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	17 1/8"	18 5/8"	20 1/4"	337	372	36 1/8" X 39 5/16" X 49 9/16"

X = YES
O = NO

NOTES:

1. ALLOW 30" CLEARANCE TO SERVICE SIDE OF UNIT, 48" ABOVE UNIT, 6" ON ONE SIDE, 12" ON REMAINING SIDE, AND 24" BETWEEN UNITS FOR PROPER AIRFLOW.
2. MINIMUM OUTDOOR OPERATING AMBIENT IN COOLING MODE IS 55°F, MAX. 125°F.
3. SERIES DESIGNATION IS THE 13TH POSITION OF THE UNIT MODEL NUMBER.
4. CENTER OF GRAVITY ⊕.
5. ALL DIMENSIONS ARE IN "INCHES" UNLESS NOTED.





UNIT SIZE	MINIMUM MOUNTING PAD DIMENSIONS
18	26" X 26"
24, 30	31 1/2" X 31 1/2"
36 THRU 60	35" X 35"

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(f)1.ix:

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 A.J. Pc
Address 1135 Pine Brook Rd.
Tinton Falls, NJ 07724
1-800-287-2164
Telephone ( ) 36-4276
Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.