BLOCK 383.26 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 344 Evergreen Dr. PERMIT NO. 13-0343

CONSTRUCTION PERMIT APPLICATION

C12-005204

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

I. IDENTIFICATION

1. Proposed Work Site at: 344 Evergreen DRIVE
2. Name of Owner in Fee: James MORRIS
   Tel. [redacted] e-mail _____
   Address 344 Evergreen DRIVE Bricktown 08723
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Fireplaces PLUS INC Tel. (609) 597-3473
   Address 600 East Bay Ave. e-mail _____
   Manahawkin, NJ 08050
   License No. OR, if new home, Builder Reg. No. 13VH01525800 Exp. Date 12/31/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 222-858-446/000 FAX: (609) 597-0667
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Fireplaces PLUS Inc
   Tel. (609) 597-3473 FAX: (609) 597-0667

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	75. ✓		
2. Electrical		50 ✓		
3. Plumbing		45. ✓		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee		7.-		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	177.-		

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			DEC 24 2012		1-17-13	MW			
☐ Electrical									
☐ Plumbing					12/31/12	MW			
☑ Fire Protection					1/3/13	RW			
☐ Elevator									
TOTAL COST									

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/03/2013
Control Number C-12-005204
Permit Number 13-0343
Permit Issue Date 01/22/2013
Certificate Number 13-0343

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 344 EVERGREEN DR. Brick Township, NJ Block: 383.26 Lot: 10 Qual:

Owner in Fee: MORRIS, JAMES M. & PATRICIA J.

Owner Address: 344 EVERGREEN DR. BRICK NJ 08723

Telephone: [redacted]

Contractor FIREPLACES PLUS, INC

Address 440-1 EAST BAY AVENUE MANAHAWKIN NJ 08050-

Telephone: (609) 597-3473 Fax:

License Number or Builders Registration Number: 13VH01525800 Federal Emp. Number: 22-8584460

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: GAS LINE FOR FIREPLACE

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: 10/03/2013 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 1/22/13
Control # C-12-005204
Permit # 13-0343

IDENTIFICATION Block: 383.26 Lot: 10 Qualifier
Work Site Location: 344 EVERGREEN DR. Brick Township, NJ

Owner in Fee: MORRIS, JAMES M. & PATRICIA J.
344 EVERGREEN DR. BRICK NJ 08723

Telephone: [redacted]

Contractor: FIREPLACES PLUS, INC
Address: 440-1 EAST BAY AVENUE MANAHAWKIN NJ 08050-

Telephone: (609) 597-3473
Lic. No. or Bldrs. Reg. No. 13VH01525800
Federal Employee. No. 22-8584460

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS LINE FOR FIREPLACE

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 $4,350

Construction Official

Date 1/15/13

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$177
Check No.	X
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

01/22/13 10:17PM 00155800006
#002 SERV 002
BUILDING $75.00
PLUMBING $50.00
FIRE $45.00
$7.00
SECTION $177.00
CASH $177.00
CHECK $0.00

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.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 1/22/13

Date Issued / Permit # 13-0343

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

Block 383.21 Lot 10 Qualification Code

Work Site Location 344 Evergreen Drive
Bricktown, NJ 08723

Owner in Fee: Amos Morris

Tel. [redacted] e-mail

Address 344 Evergreen Drive Bricktown 08723
(street / municipality / zip code)

Contractor: Fireplaces Plus Inc Tel. (609) 597-3473

Address 1610 East Bay Ave e-mail
Manahawkin, NJ 08050

Contractor License No. 13VH01525800 Exp. Date 12/31/12

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

Federal Emp. ID No. 222-858-446/000 FAX: (609) 597-0667

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 $ 7000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Ronald K. Kessner (Pres)

Print name here: RONALD K. KESSNER (PRES)

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RUN 1/2" GASLINE FROM METER TO A 33 000 BTU DIRECT VENT FIREPLACE. INSTALL SERVICE VALVE

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 12/31/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-2-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-3-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			1/28/13	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	3/8/13		10-6-13	

CSSJ Bonding

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 1/22/13

Date Issued
Permit # 13-0343

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

Block 383.26 Lot 10 Qualification Code

Work Site Location 344 Evergreen DRIVE
Bricktown, NJ 08723

Owner in Fee: James Morris

Tel. [redacted] e-mail

Address 344 Evergreen DRIVE Bricktown 08723
street municipality

Contractor: Fireplaces Plus Inc Tel. (609) 597-3473
zip code

Address 1660 East Bay Ave e-mail
Manahawkin, NJ 08050

Contractor License No. or Builder Registration No. 13VH01525800 Exp. Date 12/31/12

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

Federal Emp. ID No. 222-858-446/000 FAX: (609) 597-0667

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.

James Morris (Pres)
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL GAS Direct Vent Fireplace. Box Unit into Room with 2x4" Const, 16" Centers. 16"D x 72"W & 8'H, Close in with 1/2" Sheetrock & Finish with non-combustable material. (Granite)
*See High lighted notes on Plans—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	1-17-13	MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 1/18/13
Approved by: MA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3/12/13
Approved by: MA

INSPECTIONS

Type:	Failure	Failure (Dates Month/Day)	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			1-28-13	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/8/13	G.P.
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
(1) Other Fireplace
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 2500

U.C.C. F110
(rev. 12/07)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 1/22/13

Date Issued / Permit # 13-0343

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

Block 383.26 Lot 10 Qualification Code

Work Site Location 344 Evergreen Drive
Bricktown, NJ 08723

Owner in Fee: James Morris

Tel. [redacted]

Address 344 Evergreen Dr. Bricktown 08723
(street / municipality / zip code)

Contractor: Fireplaces Plus Inc. Tel. (609) 597-3473

Address 1660 East Bay Ave e-mail
Manahawkin, NJ 08050

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): 13VH01525800

Federal Emp. ID No. 222-858-446/000 FAX: (609) 597-0667

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 $ 1150.00

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: _____

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. Steve Klein (Plus)
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: INSTALL DIRECT VENT GAS FIREPLACE.

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	1	
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Fire Protection Plans Approved
Date: 1/31/13 Approved by: RDO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-31-13
Approved by: RDO

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3/1/13
Approved by: RDO

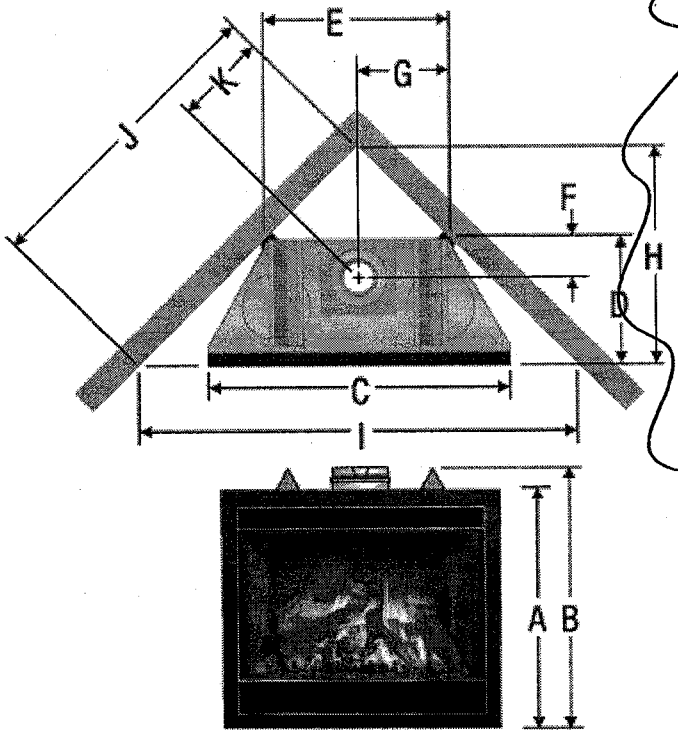
INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	1/22/13		3/1/13	1/22/13
Other Rough Fireplace			4/2/13	100

Spec Sheets Attached

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Mendota DXV Direct Vent Gas Fireplace Specifications



DXV35 DT3/TF	
A	29"
B	31-1/2"
C	36"
D	15-1/2"
E	22-1/4"
F	5"
G	11-1/8"
H	26-7/16"
I	52-7/8"
J	37-1/2"
K	11-3/16"

DXV42	
A	31-1/4"
B	31-3/4"
C	40"
D	15-1/2"
E	33"
F	5-1/2"
G	16-1/2"
H	31-3/4"
I	63-1/2"
J	45-3/4"
K	15-1/2"

DXV45 DT3	
A	34"
B	38-1/8"
C	40"
D	19-1/2"
E	34-5/8"
F	7-7/8"
G	17-5/16"
H	36-3/8"
I	72-3/4"
J	51-1/2"
K	17-1/4"

DXV60	
A	36-1/16"
B	41"
C	46-3/8"
D	21-3/4"
E	39-1/4"
F	7-1/16"
G	19-5/8"
H	40-15/16"
I	81-7/8"
J	57-7/8"
K	18-5/8"

Specifications	
BTUH	DXV35 DT3 - Hi 33,000 Lo 10,000 DXV35 TF - Hi 33,000 Lo 16,500 DXV42 - Hi 40,000 Lo 20,000 DXV45 DT3 - Hi 45,000 Lo 7,500 DXV60 - Hi 60,000 Lo 10,000
Efficiency	Thermal up to 86.4% Steady State 78.5%
Gas Supply	Natural or LP
Vent Size	DXV35 DT3/TF - 4" Exhaust, 6-5/8" Intake (Coaxial) DXV42 - 4" Exhaust, 6-5/8" Intake (Coaxial) DXV45 DT3 - 5" Exhaust, 8" Intake (Coaxial) DXV60 - 5" Exhaust, 8" Intake (Coaxial)
Safety System	AGA Certified Safety System Activated with Switch, Thermostat or Remote Control
Safety Tested	Intertek to CGA/AGA/ANSI Standards
Weight	DXV35 DT3/TF - 185 lbs. DXV42 - 220 lbs. DXV45 DT3 - 250 lbs. DXV60 - 275 lbs.

Products, specifications and prices subject to change without notice. Consult our Owner's Manual for all final dimensions. Mendota products are manufactured in the U.S.A.

Minimum Framing Dimensions:

DXV35 DT3/TF: 37-1/8" Wide x 31-1/2" High x 16" Deep
DXV42: 41" Wide x 33" High x 16" Deep
DXV45 DT3: 41" Wide x 38-1/8" High x 20" Deep
DXV60: 48" Wide x 41" High x 22" Deep

Finished Dimensions:

DXV35 DT3/TF: 36" Wide x 31-1/2" High
DXV42: 40" Wide x 31-1/4" High
DXV45 DT3: 40" Wide x 34-1/16" High
DXV60: 46-3/8" Wide x 36-1/16" High

Standard Equipment:

304 stainless steel tubular burners, premium fiber log set, grate, embers & coals, AGA certified safety system, IPI electronic ignition, two blowers, neo-ceram glass, FireLight accent lighting (DT3 models), Antique Red Firebrick interior lining (DXV35 DT3, DXV35 TF, DXV42 & DXV60 models) or Red Soldier Course Brick interior lining (DT3 models, available for DXV35 DT3 Spring 2013).

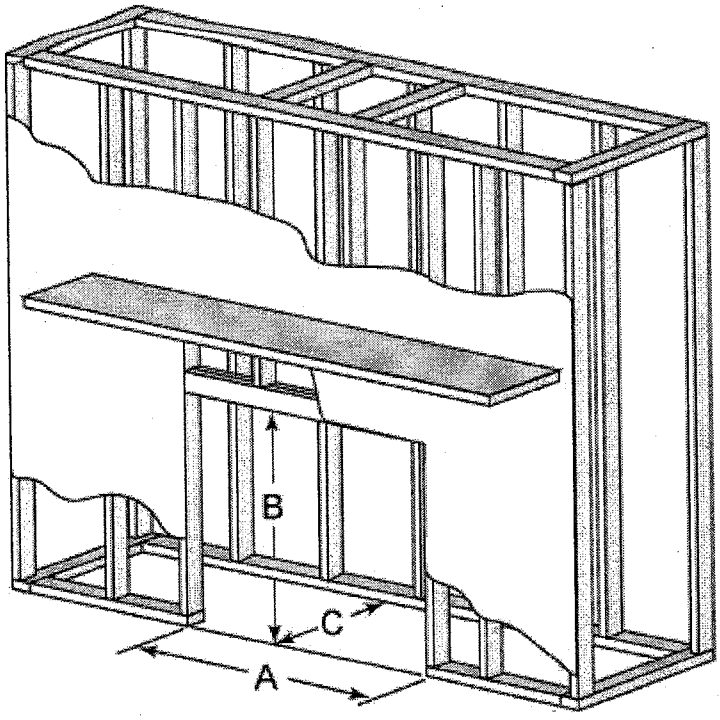
Options:

Mendota fronts & doors; remote control (DT3 remotes have flame & fan modulation & accent lighting control).

Fireplaces Plus Inc. 660 East Bay Ave. Manahawkin, N.J. 08050
Phone: (609) 597-3473 Fax: (609) 597-0667
Email: info@fireplacesonline.com

Work Description:

Box 0" Clearance, Prefab Fireplace into room with 2"x4" Construction. 16" on Center. Firestop and Close in with 1/2" sheetrock/sheathing. Maintain all Clearances as per Manufacturer's Specifications. Finish face & Hearth Extension with Non-Combustible Material.



Specifications:

Framing Width - 72"

Framing Depth - 16"

Framing Height - 8'

A =36 1/2""

B = 32"

C = 16"

RE: Morris Block: 383.06 Lot: 10 Page 1 of 4
344 Evergreen Drive

MENDOTA GAS DIRECT VENT FIREPLACE

with

Premium Texture Fiber Logs Combustion System

Model DXV-35 DEEP TIMBER III

INSTALLATION & OPERATING INSTRUCTIONS

NATIONA NFI www.nficertified.org

We recommend that our gas hearth products be installed and serviced by professionals who are certified in the U.S. by the National Fireplace Institute® (NFI) as NFI Gas Specialists.

INTERTEK C Warnock Hersey US

NO. DT3-0812

WARNING
If you do not follow these instructions exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

AVERTISSEMENT. Quiconque ne respecte pas à la lettre les Instructions dans la présente notice risque de déclencher un incendie ou une explosion entraînant des dommages, des blessures ou la mort.

CAUTION: Keep gasoline and other liquids having flammable vapors away.

WHAT TO DO IF YOU SMELL GAS
- Do not try to light any appliance.
- Do not touch any electrical switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.

ATTENTION. Garder l'essence ou autres liquides produisant des vapeurs inflammables loin del'appareil.

QUE FAIRE SI VOUS SENTEZ UNE ODEUR DE GAZ :
- Ne pas tenter d'allumer d'appareil.
- Ne touchez à aucun interrupteur; ne pas vous servir des téléphones se trouvant dans le bâtiment.
- Appelez immédiatement votre fournisseur de gaz depuis un voisin. Suivez les instructions du fournisseur.
- Si vous ne pouvez rejoindre le fournisseur, appelez le service des incendies.

WARNING
Do NOT use this appliance if any part has been under w ater. Immediately call a qualified servi ce technician to inspect the appliance and to replace any part of the control sy stem and any gas control, which has been under water.

N'utilisez pas cet appareil s'il a été plongé dans l'eau, même partiellement. Faites inspecter l'appareil par un technicien qualifiéet remplacez toute partie du système de contrôle et toute commande qui ont été plongés dans l'eau.

WARNING: Improper installation, adjustment, alteration, service or maintenance can cause injury or property damage. Refer to this manual. For assistance or additional information consult a qualified installer, service agency or the gas supplier.

AVERTISSEMENT : Une installation, un réglage, une modification, une réparation ou un entretien mal effectué peut causer des dommages matériels ou des blessures. Pour la notice de l'utilisateur, consultez cette notice. Pour de l'aide ou des renseignements supplémentaires, consultez un installateur, un technicien agréé ou le fournisseur de gaz.

REVIEWED FOR COMPLIANCE WITH
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

UNSATISFACTORY
Office Set

DXV35 DT3 FEATURES - QUICK REFERENCE INFORMATION

EXTERNAL DIMENSIONS: 35-7/8" Wide X 31-1/2" High X 15-1/2" Deep

MINIMUM FRAMING DIMENSIONS: 37-1/8" WIDE x 31-1/2" HIGH X 16" DEEP

GLASS SIZE: NeoCeram Glass with non-reflective coating. Visible Glass measures 456 in^2. Actual Glass size is 580 in^2.

MANTEL ALLOWANCE: 8" Deep Mantel at 14" Above Top Convection Opening

VENT SYSTEM ALLOWANCE: Top Vent Only. 12" Vertical Minimum with 6" max horizontal. 55 feet Vertical Maximum. 4" exhaust and 6-5/8" combustion air intake coaxial vent pipe required. 12' maximum horizontal run allowed with 4' minimum vertical starter section.

VENT DAMPER ADJUSTMENT AVAILABLE: There is one exhaust vent damper included in this unit and located in the top convection chamber at the center.

CONTROLS: IPI Electronic Ignition System with AC Primary Power and DC Backup Power. Accent light and Blowers operate on AC Power only.

BLOWER SYSTEM: 210 CFM Dual Blower System. 120VAC, 2Amps. Dedicated Hot Power only. No switches, Fan Speed Controls or Light Dimmers are allowed in same circuit.

Accent Light System: Accent Light System Included. Light can be turned on or off or dimmed using dimmer mounted behind lower grill.

BURNER SYSTEM: Dual 304 Stainless Steel Tubular burners.

BURNER AIR SHUTTER SYSTEMS: Externally controllable Rear Burner air shutter and Internal rotary Front Burner air shutter.

LOG SET: 9-piece, Premium Definition Log Set with Extreme glow and realism ember bed.

REFRACTORY PANELS: High Detail Red Clinker Fiber Brick Panels included. Brick Panels required for operation.

NATURAL GAS INFORMATION: Factory equipped for Natural Gas. 4.5"WC Minimum inlet pressure required. For NG applications, Front Burner Orifice Size is #49 and the Rear Burner Orifice Size is #44.

LPG INFORMATION: LP conversion kit #HA-30-00501 is required. 12"WC Minimum inlet pressure required. For the DXV35 DT3 LPG application, both front are rear burner orifices are to be drill size 3/64". For higher altitude, adjustment to orifice size may be necessary.

INITIAL STARTUP ADVICE

PAINT CURING CYCLE RECOMMENDATION: It is recommended that you run this Fireplace on maximum flame height, for 3 cycles of 2 hours ON and 2 hours OFF, initially, to cure the paint.

BLOWER BREAK-IN PERIOD: The integrated blowers in this Insert may exhibit some bearing noise and electrical static noise during the first few days of operation. This is normal during the break-in period. It is recommended that following the Paint Curing Cycle, the blowers be run at their maximum speed for two 3-hour periods. The burner flames must be on during these cycles. The blowers in a few fireplaces may take longer to break-in and may require additional operation time before all extraneous noise is eliminated. Please allow adequate operational time for the blowers to break-in before you contact your dealer for service.

RE: Morris Block 383.26 Lot 10 Page 3 of 4
344 Evergreen Dr.

SPECIFICATIONS

MODEL DXV-35 DT3

INPUT RATES (Btu/Hr) High	Fire -	Adjustable to -	Low Fire
NAT. GAS	33,000		10,000
LP GAS	33,000		13,000

NOTE: LP CONVERSION KIT #HA-30-00501 MUST BE PURCHASED SEPARATELY TO BURN LPG.

MAIN ORIFICES...REAR BURNER: #44 NAT. GAS [3/64" L.P. GAS] – **FRONT BURNER:** #49 NAT. [3/64" LP]
OVERALL EFFICIENCY Exceeds D.O.E. Efficiency Requirements (A.F.U.E.) For Direct Vent Wall Heaters. 78.5% Steady State Efficiency

CO-AXIAL DIRECT VENT FLUE ... Top Vent: *4" Inner, 6 5/8" Outer*
APPROVED VENT SYSTEMS: Amerivent, Duravent, Selkirk Metalbestos, Security Chimney and ICC

NET WEIGHT .....185 POUNDS

SAFETY .....AGA CERTIFIED PILOT GENERATOR, MILLIVOLT SYSTEM ACTIVATED WITH SWITCH, THERMOSTAT OR REMOTE CONTROL.

GAS REQUIREMENTS ..... SUPPLY PRESSURE: GAS INLET: 3/8" N.P.T.at Gas Valve Entry Point
NAT. GAS: **7" W.C.** (5" W.C. MIN., 11" W.C. MAX.)
L.P. GAS: **12.0" W.C.** (12" W.C. MIN., 14" W.C. MAX.)

ELECTRICAL REQUIREMENTS .... 115 VOLT, LESS THAN 2 amps, Un-switched direct power.

MINIMUM CLEARANCES FROM COMBUSTIBLE CONSTRUCTION

Unit to floor	0 in.	Unit to enclosure sidewalls	.5 in.
Unit to enclosure sidewall	0.5 in.	Unit top to ceiling	8 in.
Vent to enclosed	1 in.	Wall Pass-Through to framing	1 in.
Vent to adjacent sidewall	10 in.	Mantle above discharge air opening	14 in.

Certified under ANSI Z21.88 (2005) •CSA 2-33 (2005) "Vented Gas Fireplace Heaters" not for use with solid fuel. Approved or bedroom installations and mobile homes. UL307B approved for "mobile homes, after first sale of home, not for recreational vehicles."

Gas appliances must be tested and certif ied by a nationally recognized testi ng and certification agency to American National Standards Institute - ANSI Gas Appliance Safety Standards. The Mendota Gas DXV Fireplace has been tested and certified by Intertek Testing Services 8431 Murphy Drive, Middleton, WI

Fireplace Includes A Sealed Combustion System, 9-Piece Ceramic Fiber Log Set & Coals, Firebrick Lined Firebox, Neo-Ceram Glass, Piezo Igniter, Dual Blowers, Aga Certified Safety System, And Wall Thermostat.

Options: Black, Brass, Classic Brass Or Cl assic Silver Tone Grill Sets, Black Or 24k Gold "Victoria" & "Tuscany" Filigree Fronts, Bentley Arched Doors, Andover Arched Doors & 4 Color Overlay Fronts, Prairie Rectangular Doors & 4 Color Overlay Fronts, Deerfield Front, Wellington Front, Versiheat Remote Forced Ai r Heat Transfer System, Versiheat II Forced Air Heat Transfer System, Thermostats, Remote Control Kits.

Building Permit and Installation Inspection Approval Requirements

NATIONAL FIREPLACE INSTITUTE NFI CERTIFIED www.nficertified.org

We recommend that our gas hearth products be installed and serviced by professionals who are certified in the U.S. by the National Fireplace Institute® (NFI) as NFI Gas Specialists.

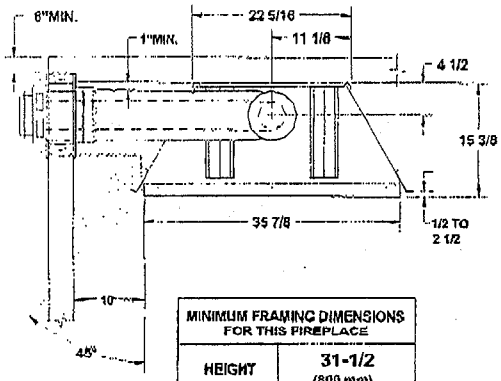
All installations of Mendota Fireplaces and Inserts must comply with all the requirements stated in this Installation and Operating Instructions Manual. The Dealer and/or installer must also obtain all required Building Permits and Inspection Approval from the local building inspection department or the local body having jurisdiction. In order to validate warranty coverage, Mendota may require facsimile copies of the Building Permit and Inspection Approval forms. Failure to provide adequate proof that the installation conforms to all local requirements and the requirements stated in the Installation and Operating Instructions Manual will void all applicable warranty.

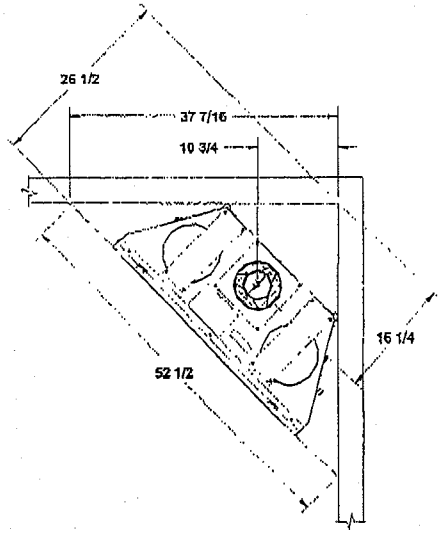
INSTALLER: THESE INSTRUCTIONS ARE TO REMAIN WITH HOMEOWNER.

MENDOTA DXV-35 GAS DIRECT VENT FIREPLACE

SPECIFICATIONS & CLEARANCES

WARNING: Do not cover the 2" faceplate border of the unit with combustible materials.

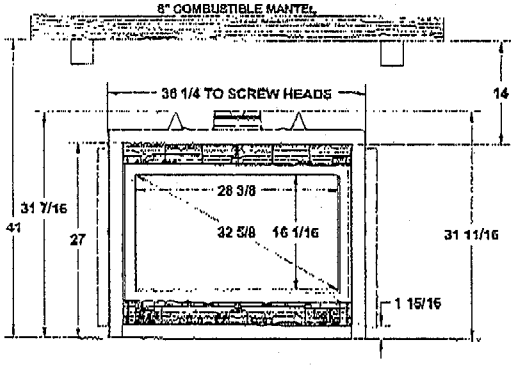




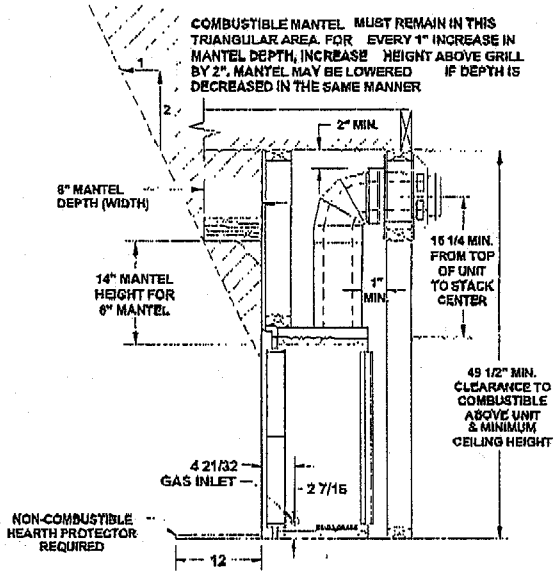
MINIMUM FRAMING DIMENSIONS FOR THIS FIREPLACE	
HEIGHT	31-1/2 (800 mm)
WIDTH	37 1/8 (943 mm)
DEPTH	16 (407 mm)

Adjacent Walls:

A wall, perpendicular to and in front of the appliance front facing must be at least 10" from the firebox opening. A wall at 45° to the front and starting at the appliance's outer edge is permitted. Projections behind this wall (shaded area) are permitted.



IF MANTEL IS MADE OF A NON-COMBUSTIBLE MATERIAL (BRICK, STONE, ETC..), OR HAS A STEEL PROTECTOR PLATE ON THE UNDERSIDE IT MAY BE PLACED ANYWHERE ABOVE GRILL.



NOTE:
FOR EVERY 1" THE FIREPLACE IS RAISED OFF THE FLOOR, HEARTH PROTECTOR MAY BE REDUCED BY 2".
IF FIREPLACE IS RAISED 6" OR MORE, NO HEARTH PROTECTION IS REQUIRED.

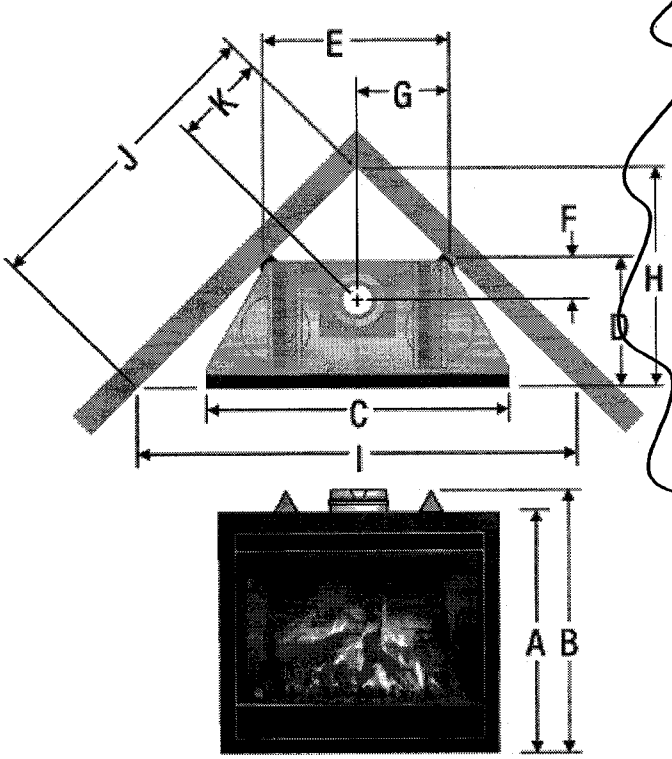
Figure 4: Specifications & Clearances

NOTE: For L.P. & High Altitude (above 4,000 ft. but below 7500 ft.), 45 ° elbows must be used in place of 90 ° elbows. For Installation At Altitudes Above 7,500 Feet, First Call Mendot a Technical Hotline For Further Information On The Strict Requirements For Installations At These Altitudes.

Using 45° elbows in place of a 90° elbow **requires 22" minimum** opening to center.

CAUTION: If 90° elbows must be used with LP or at high altitudes, a 2-foot vertical starter section must be used directly off the top of the fireplace.

Mendota DXV Direct Vent Gas Fireplace Specifications



DXV35 DT3/TF	
A	29"
B	31-1/2"
C	36"
D	15-1/2"
E	22-1/4"
F	5"
G	11-1/8"
H	26-7/16"
I	52-7/8"
J	37-1/2"
K	11-3/16"

DXV42	
A	31-1/4"
B	31-3/4"
C	40"
D	15-1/2"
E	33"
F	5-1/2"
G	16-1/2"
H	31-3/4"
I	63-1/2"
J	45-3/4"
K	15-1/2"

DXV45 DT3	
A	34"
B	38-1/8"
C	40"
D	19-1/2"
E	34-5/8"
F	7-7/8"
G	17-5/16"
H	36-3/8"
I	72-3/4"
J	51-1/2"
K	17-1/4"

DXV60	
A	36-1/16"
B	41"
C	46-3/8"
D	21-3/4"
E	39-1/4"
F	7-1/16"
G	19-5/8"
H	40-15/16"
I	81-7/8"
J	57-7/8"
K	18-5/8"

Specifications	
BTUH	DXV35 DT3 - Hi 33,000 Lo 10,000 DXV35 TF - Hi 33,000 Lo 16,500 DXV42 - Hi 40,000 Lo 20,000 DXV45 DT3 - Hi 45,000 Lo 7,500 DXV60 - Hi 60,000 Lo 10,000
Efficiency	Thermal up to 86.4% Steady State 78.5%
Gas Supply	Natural or LP
Vent Size	DXV35 DT3/TF - 4" Exhaust, 6-5/8" Intake (Coaxial) DXV42 - 4" Exhaust, 6-5/8" Intake (Coaxial) DXV45 DT3 - 5" Exhaust, 8" Intake (Coaxial) DXV60 - 5" Exhaust, 8" Intake (Coaxial)
Safety System	AGA Certified Safety System Activated with Switch, Thermostat or Remote Control
Safety Tested	Intertek to CGA/AGA/ANSI Standards
Weight	DXV35 DT3/TF - 185 lbs. DXV42 - 220 lbs. DXV45 DT3 - 250 lbs. DXV60 - 275 lbs.

Products, specifications and prices subject to change without notice. Consult our Owner's Manual for all final dimensions. Mendota products are manufactured in the U.S.A.

Minimum Framing Dimensions:

DXV35 DT3/TF: 37-1/8" Wide x 31-1/2" High x 16" Deep
DXV42: 41" Wide x 33" High x 16" Deep
DXV45 DT3: 41" Wide x 38-1/8" High x 20" Deep
DXV60: 48" Wide x 41" High x 22" Deep

Finished Dimensions:

DXV35 DT3/TF: 36" Wide x 31-1/2" High
DXV42: 40" Wide x 31-1/4" High
DXV45 DT3: 40" Wide x 34-1/16" High
DXV60: 46-3/8" Wide x 36-1/16" High

Standard Equipment:

304 stainless steel tubular burners, premium fiber log set, grate, embers & coals, AGA certified safety system, IPI electronic ignition, two blowers, neo-ceram glass, FireLight accent lighting (DT3 models), Antique Red Firebrick interior lining (DXV35 DT3, DXV35 TF, DXV42 & DXV60 models) or Red Soldier Course Brick interior lining (DT3 models, available for DXV35 DT3 Spring 2013).

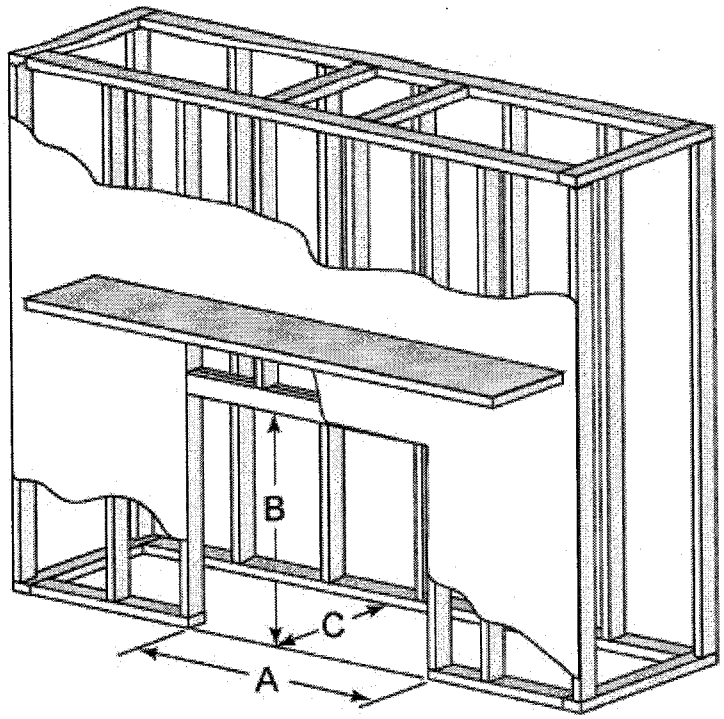
Options:

Mendota fronts & doors; remote control (DT3 remotes have flame & fan modulation & accent lighting control).

Fireplaces Plus Inc. 660 East Bay Ave. Manahawkin, N.J. 08050
Phone: (609) 597-3473 Fax: (609) 597-0667
Email: info@fireplacesonline.com

Work Description:

Box 0" Clearance, Prefab Fireplace into room with 2"x4" Construction. 16" on Center. Firestop and Close in with 1/2" sheetrock/sheathing. Maintain all Clearances as per Manufacturer's Specifications. Finish face & Hearth Extension with Non-Combustible Material.



Specifications:

Framing Width - 72"

Framing Depth - 16"

Framing Height - 8'

A =36 1/2""

B = 32"

C = 16"

GAS LINE SCHEMATIC

Fireplaces Plus

Fireplaces Plus Inc.
660 East Bay Ave.
Manahawkin, N.J. 08050

Phone:(609) 597-3473
Fax: (609) 597-0667
Email:
info@fireplaceonline.com

Mailing Address

Name: James Morris
Address: 344 Evergreen Dr.
City: Bricktown State: NJ
Phone:
732-920-8869

Shipping Address:

Name:
Address: Same
City: State:
Phone:

Date	Sales Rep.	New Service	Existing Service	Install Dante Valve Within 6'	Install Gas Cock within 6'	Length of New Gas Line
Dec 2012	Steve		X		X	1/2" x 45'

Gas Drawing

Gas Meter — 1/2" x 45' — Direct Vent Fireplace 33,000 BTU

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released 12/31/12
Construction Official

Drawing Prepared by Ron

Block: 383.26 Lot: 10

Work Description:

Run 1/2" GASLINE FROM METER INTO CRAWL AND OVER TO FIREPLACE (33000 BTUS) 45' AWAY, INSTALL SERVICE VALVE & PRESSURE TEST

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 FIREPLACES PLUS INC

Address 1460 EAST BAY AVE

MANAHAWKIN, NJ 08050

Telephone (609) 597-3473

Signature [signature]

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