BLOCK 137 LOT 34.01 QUALIFICATION CODE _____ ADDRESS (SITE) 499 Riverside Dr. S. PERMIT NO. 04-4910

CONSTRUCTION PERMIT APPLICATION C21-07

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

I. IDENTIFICATION

1. Proposed Work Site at: 499 Riverside Dr. S. Brick NJ 08723
2. Name of Owner in Fee: Linda Delaney Tel. [redacted]
   Address 499 Riverside Dr. S (street) Brick (municipality) 08723 (zip code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Homeowner Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer Melillo Architecture Tel. 732 974-8593
   Address 1903 Barbee Ave. Wall Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

2nd story Addn.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 348		20
2.	Electrical	45		
3.	Plumbing	55	40	50 46
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 51		71
9.	State Permit Fee Surcharge	27		
10.	Subtotal	$ 47		
11.	Cert. of Occupancy	30	40	
12.	Other			
13.	TOTAL	$ 527		140

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 33.6 EAVE ft.	
3.	Area — Largest Floor 1050 SF sq. ft.	
4.	New Building Area 1345 SF sq. ft.	
5.	Volume of New Structure 12,875 CF cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☑ Addition	$25,000								
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☑ Plumbing					11/15/04 12/14/04 1/11/05		6/3/05 6/10/05 7/15/05		
7.	☑ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Cw	11/10/04		11/10/04				
	TOTAL COSTS	$25,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: R-V IRC
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

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

III. DO YOU WANT: (optional)

1. ☑ Partial Releases Addition
2. ☐ Prototype Processing

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

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

LDS BR 10625634

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. (✓) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Linda Delaney Date 10-18-04

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

PERMIT UPDATE

Date Update Issued 06/02/2005
Control # C-05-132985
Permit # 04-4910+B

IDENTIFICATION Block: 137 Lot: 34.01 Qualifier
Work Site Location: 499 RIVERSIDE DR SOUTH ADDITION , NJ
Contractor
Address
Owner in Fee DELANEY, LINDA
Address SAME BRICK NJ 08723-
Telephone:
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
REPLACEMENT HOT AIR FURNACE NEW DUCTWORK/NEW CHIMNEY

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $3,500

Construction Official

06/02/2005
Date

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$50
Fire Protection	$46
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$140
Check No.	
Cash	$140
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/17/2004
Control #
Permit # 04-4910

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 137 Lot 34.01 Qual

Work Site Location 479 RIVERSIDE DR SOUTH
ADDITION
Owner in Fee DELANEY, LINDA
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2ND FLOOR ADDITION

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 29,100

D. Newman 11/17/2004
Construction Official Date

U.C.C. F170 (rev. 3/94) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	348
Electrical	45
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	34
Cert. of Occupancy	35
Other ZP,EP	30.
Total	$527
Check No.	1062
Cash	
Collected By	AKM

11/17/04 4:22PM 001558#4265
XX01 SERV.001

#4910	
BUILDING	$348.00
ELECTRIC	$45.00
FIRE	$35.00
DCA	$34.00
C/O	$35.00
ZPA	$15.00
EPA	$15.00
CHECK	$527.00

PERMIT UPDATE

Date Update Issued 02/25/2005
Control # C-05-131988
Permit # 04-4910+A

IDENTIFICATION Block: 137 Lot: 34.01 Qualifier

Work Site Location: 499 RIVERSIDE DR SOUTH PLUMBING WORK , NJ

Owner in Fee: DELANEY, LINDA
Address: SAME BRICK NJ 08723-
Telephone: [redacted]

Contractor: DELANEY, LINDA
Address: SAME BRICK NJ 08723-
Telephone: 732/262-9297
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $5,500

Construction Official

02/25/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	1155
Cash	$0
Credit	$0
Collected By	Joan Barker

PERMIT UPDATE

Date Update Issued 07/11/2005
Control # C-05-136607
Permit # 04-4910+c

IDENTIFICATION Block: 137 Lot: 34.01 Qualifier
Work Site Location: 499 RIVERSIDE DR SOUTH ADDITION , NJ
Owner in Fee DELANEY, LINDA
Address SAME BRICK NJ 08723-
Telephone: [redacted]

Contractor A R K ELECTRICAL CONTRACTOR
Address 118 MCKAY DR BRICK NJ 08723-
Telephone: 732/262-4092
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-560772

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:
ELECTRICAL ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,000

Construction Official
07/11/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$110
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$111
Check No.	2772
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for *any required* inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/18/2004
Date Issued 11/17/2004
Control # C21-07
Permit # 04-4910

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

Block 137 Lot 34.01 Qual
Work Site Location 499 RIVERSIDE DR SOUTH
ADDITION
Owner in Fee DELANEY, LINDA
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor Jimmy - JHI
Address [redacted]
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

2ND FLOOR ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-15-04	CM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-19-05
Approved By: KM

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing - 2 PIERS			02/08/05	KELL
Foundation				
Slab				
Frame			03/08/05	KELL
BarrierFree				
Insulation All except Bath			03/11/05	KELL
Finishes INS. DRYW. - 3-15-05 & over				
Energy				
Mechanical				
TCO				
Other DECK (2nd FL)			12/02/04	KELL
Final			07/18/05	KELL
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	348
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group	Present R-5	Proposed R-5
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	34 Ft.	
Area Largest Floor	1,050 Sq. Ft.	
New Bldg. Area/All Floors	1,344 Sq. Ft.	
Volume of New Structure	12,875 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 25,000
2. Alteration $ 0
3. Total (1+2) $ 25,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 348
DCA State Permit Fee	$ 34

U.C.C. F110 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/2/05
Control #
Permit # 0

update 04-49107 B

Change of Contractor Plus

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

Block 132 Lot 34.01
Work Site Location 499 Riverside Dr. South Bricktown

Owner in Fee Linda Delaney
Address 499 Riverside Dr. Bricktown

Tele. [redacted]
Contractor A.A Richards HVAC
Address 1765 Rt. 9 Lakewood N.J. 08753

Tele. (732) 281-0003
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install New Furnace u/4c
New chimney, New Duct work

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6-2-05	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-19-05
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			07/18/05	

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class 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.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1 + 2) $ $1500.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (6' or over)
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] *Asbestos Abatement*
- [ ] Other ____
- [ ] Other ____

[ ] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$ 40
Minimum Fee	$
DCA TRAINING FEE	$ 2
TOTAL FEE	$ 42

Paid [ ] Check # ____
Collected by: ____

U.C.C. Form F-1108

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

C3 EF UCCØRS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2004
Date Issued / /
Control # C21-07
Permit #

11/17/2004
04-4910

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

Block 137 Lot 34.01 Qual
Work Site Location 499 RIVERSIDE DR SOUTH
ADDITION
Owner in Fee DELANEY, LINDA
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor ARK ELECTRICAL CONTRACTORS
Address 397 EARL DRIVE
BRICK, NJ 08723-
Tele.(732)262-4092
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-12566

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[x] Elect Plans Approved as noted
Date: 11/7/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [x] CA
Date: 11/8/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2/28/05	GB
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	7/8/05		7/8/05	GB

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Lighting Fixtures	
32		Receptacles	
14		Switches	
6		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
62		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

GLD

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 45
	DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/[illegible])

DIVISION OF INSPECTIONS
101 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

ELECTRICAL SECTION
Permit #
Control # CSH-03
Date Issued
Date Received 10/21/2003

SUBCODE
ELECTRICAL
BUS NEW JERSEY

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

Block 137 Lot 34.01 Qual _____
Work Site Location 499 RIVERSIDE DR SOUTH
ADDITION _____
Owner in Fee CLARKEY, LINDA
Address SAME
BRICK NJ 08723-
Tele.(732)262-1897
Contractor ADK ELECTRICIAN CONTRACTORS
Address 327 EARL DRIVE
BRICK NJ 08723
Tele.(732)262-3092
Lic. No. or Reg. No. _____
Federal Emp. No. 22-1529[illegible]

B. ELECTRICAL CHARACTERISTICS
Use Group - Present R-5 Proposed R-5
( ) Temporary ( ) Other
Building Occupied as _____
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Circle Use Only)
PLAN REVIEW INSPECTIONS Dates (Month/Day)
( ) No plans Required Type Failure Approval Initial
( ) Plan Review Required Rough _____
( ) Bldg ( ) Elevator Temp Serv _____
( ) Fire ( ) Electrical Const Serv _____
( ) Elect plans Approved TCO _____
Date: _____ Other _____
Approved By: _____ Service _____
SUBCODE APPROVAL Final _____
( ) CO ( ) CO Cut-in-Card Date Issued _____
Date: _____ Final Cut-in-Card Date Issued _____
Approved By: _____

C. CERTIFICATION LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and as authorized to make this application and perform the work listed on this application.

_____
( ) Licensed Electrical Contractor ( ) Exempt Applicant
Applicant's Signature/Authorized Contractor's Seal and Signature

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Lighting Fixtures	
35		Receptacles	
14		Switches	
6		Detectors	
0		Light Poles	
0		Motors-Track HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices V.A.C. Panel	
62		TOTAL NUMBERS	
0		Pool Permit/With UW Lights	
0		Storable Pool/Spa/Hot Tub	
0	0	KW Elect Range/Receptacle	
0	0	KW Oven/Surface Unit	
0	0	KW Elect Water Heater	
0	0	KW Elect Dryer/Receptacle	
0	0	KW Dishwasher	
0	0	HP Garbage Disposal	
0	0	KW Central A/C Unit	
0	0	HP/KW Space Heater/Air Handler	
0	0	Baseboard Heat	
0	0	HP Motors 1/4 HP	
0	0	KW Transformer/Generator	
0	0	AMP Service	
0	0	AMP Subpanels - - -	
0	0	AMP Motor Control Center	
0	0	KW Elect Sign/Outline Light	
0	0	Other _____	
0	0	Other _____	

0	Administrative Surcharge
0	Paid ( ) Check # _____ Minimum Fee
0	Collected by: _____ TOTAL FEE
0	DCA State Permit Fee

L.C.C. ESD Item 2000

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 07/11/2005
Date Issued ~~12/31/1899~~ 7/11/05
Control # C-05-136607
Permit # 04-4910+c

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

Block 137 Lot 34.01 Qualification Code

Work Site Location: 499 RIVERSIDE DR SOUTH ADDITION , NJ

Owner in Fee: DELANEY, LINDA

Address SAME BRICK NJ

Tel [redacted]

Contractor: A R K ELECTRICAL CONTRACTOR

Address 118 MCKAY DR BRICK NJ

Tel. 732/262-4092 Fax.

Lic No.

Federal Employee No. 22-560772

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 7-11-05
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 7/11/05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/50	
Barrier-Free				

Dates (Month/Day)

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 the 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 Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
0		TOTAL NUMBERS	$0
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
1	12	KW Central A/C Unit	$50
1	3	HP/KW Space Heater/Air	$10
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
1	60	AMP Subpanels	$50
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$1
TOTAL FEE	$111

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

UPDATE 04-4910
DATE 7/11/05
INITIALED BY
FOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/11/05
Permit # 04-4910+C

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

Block 137 Lot 3401 Qualification Code
Work Site Location 499 Riverside Dr So.
Brick N.J. 08723
Owner in Fee Linda Delaney
Address same
[redacted]
Tel
Contractor A.R.K. Electrical Cont. Inc
Address 397 Earl Dr
Brick N.J. 08723
Tel (732) 262-4091 FAX (732) 262-4092
Contractor License No. 9056
Federal Emp. No. 22-12566

B. ELECTRICAL CHARACTERISTICS

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	KW Central A/C Unit	
1	125,000 Btu	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 7-11-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 7/15/05
Approved by: JW

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/15/05 JW	
Barrier-Free				

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

U.C.C. F120 (rev. 07/03)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/18/2004
Date Issued 11/17/2004
Control # C21-07
Permit # 04-4910

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

Block 137 Lot 34.01 Qual
Work Site Location 499 RIVERSIDE DR SOUTH
ADDITION
Owner in Fee DELANEY, LINDA
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 11-12-04
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/6/05
Approved By: KCB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			7-5	DB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			7-20	DB
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	6	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check # Collected by:

U.C.C. F140 (rev. 3/96)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 6/2/05
Permit # 04-4910+13
C05-132985

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

Block 137 Lot 34.01 Qualification Code
Work Site Location 499 Riverside Dr South Bricktown

Owner in Fee LINDA Delaney
Address 499 Riverside Dr. South Bricktown

Tel [redacted]

Contractor A-1 Richards
Address 1765 RT 9 Lakewood N.J.

Tel (732) 281-0003 FAX (732) 281-0006

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel:
Heating System: [X] New OR [ ] Existing [X] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve:
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1,000.00

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install new furnace new A/C new Ductwork, new chimney

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3-4-05
Approved by: DB

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			7-5	DB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9-8	DB
Other				

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/2/05
Control #
Permit # update 04-4910-413

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

Block 137 Lot 34.01
Work Site Location 499 Riverside Dr. South Brick
Owner in Fee Linda Delaney
Address 499 Riverside Dr. South Bricktown
Tele. [redacted]
Contractor A.A. Richards C. Vanaken @ R.D.S
Address 1765 Rt 9 Lakewood N.J. 08753
Tele. (732) 281-0003 Fax (732) 281-0006
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/2/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-3-05
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other CONDSate DRAIN	
	Other	
	Other	

Administrative Surcharge	$	50
Minimum Fee	$	1
DCA Training Fee	$	1
TOTAL FEE	$	52

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/01/2004
Date Issued ~~01/01/1954~~ 2-25-05
Control #
Permit # 04-4910+A

called NH 12/5 2:15

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

Block 137 Lot 34.01 Qual
Work Site Location 499 RIVERSIDE DR SOUTH
PLUMBING WORK
Owner in Fee DELANEY, LINDA
Address SAME
BRICK NJ 08723-
Tele. [redacted]
Contractor ALLENS PLUMBING & HEATING
Address 9 MAIN ST
MANASQUAN, NJ 08736-
Tele.(732)223-2345
Lic. No. or Bldrs. Reg. No. 11073
Federal Emp. No. 22-3756388

Vanada Dr

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12/14/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ]
Approved By:
Date: 6-3-05

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough		2-23-05		
Water				
Sewer				
Fixtures			6-3-05	
Gas Equip.				
Gas Piping	2-28-05		6-3-05	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

3/4" Natural

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

U.C.C. F130 (rev. 3/96)

FORM NO. A22-16

CONDENSING UNITS

RUUD

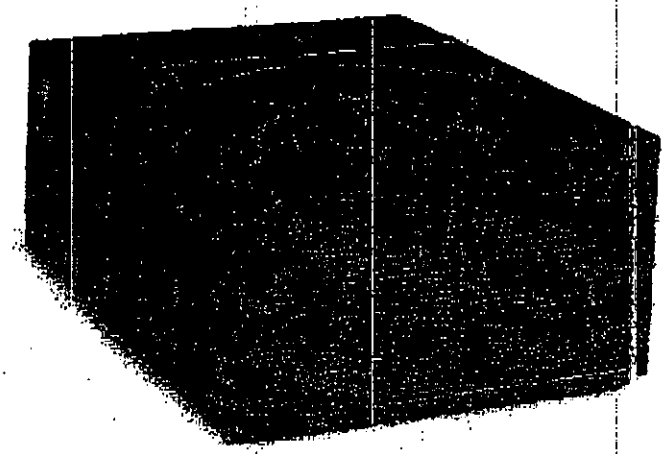
ACHIEVER Series

Seven Models

10 SEER with efficiencies up to 10.70 in certain matched systems.
Cooling Capacities
17,900 to 57,000 BTU/HR
[5.2 kW] to [16.7 kW]

UAKB- SERIES

Nominal Sizes 1½ to 5 Tons
[5.28 kW] to [17.58 kW]



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

- Attractive, louvered wrap-around jacket protects the coil from yard hazards and weather extremes. Top grille is steel reinforced for extra strength. Cabinet is powder painted for all-weather protection.
- Air is discharged upward away from bushes and shrubs. The discharge pattern of the top grille provides minimum air restriction, resulting in quiet fan operation.
- Exclusive Combination Grille/Motor Mount secures the motor to the underside of the discharge grille. The grille protects the motor windings and bearings from rain and snow.
- All controls are accessible by removing one service panel. Removable top grille provides access to the condenser fan motor and condenser coil.
- Single speed motor designed for low speed, quiet, energy-saving operation.
- All models meet or exceed a 1000-hour salt spray test per ASTM B117 Standard Practice for Operating Salt Spray Testing Apparatus.

c UL us LISTED

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

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

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

Model Numbers		80°F [26.8°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air						
Outdoor Unit RAKB-	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER	Sound Rating	Indoor CFM [L/s]
060CA/DA/JA/YA	RCBA-6089 ①	56,000 [16.4]	43,700 [12.8]	12,300 [3.6]	9.5	10.0	8.2	2000 [944]
	RCBA-6089+RXMD-C02	56,000 [16.4]	43,100 [12.6]	12,900 [3.8]	9.5	10.1	8.2	2000 [944]
	RCGA-60A1	55,500 [16.3]	40,900 [12.0]	14,600 [4.3]	9.4	10.0	8.2	2000 [944]
	RCHA-60A1	55,500 [16.3]	40,900 [12.0]	14,600 [4.3]	9.4	10.0	8.2	2000 [944]
	RCQB-C060	57,000 [16.7]	42,500 [12.5]	14,500 [4.2]	9.1	10.1	8.2	2000 [944]
	UBHC-24+RCBA-6089	57,500 [16.8]	41,300 [12.1]	16,200 [4.7]	9.2	10.0	8.2	1925 [908]
	UBHC-24+RCBA-6089+RXMD-C02	57,500 [16.8]	41,300 [12.1]	16,200 [4.7]	9.2	10.1	8.2	1925 [908]
	UBHC-24+RCGA-60A1	57,000 [16.7]	40,900 [12.0]	16,100 [4.7]	9.2	10.0	8.2	1925 [908]
	UBHC-24+RCHA-60A1	57,000 [16.7]	40,900 [12.0]	16,100 [4.7]	9.2	10.0	8.2	1925 [908]
	UBHC-26+RCBA-6089	57,000 [16.7]	40,900 [12.0]	16,100 [4.7]	9.1	10.0	8.2	1825 [861]
	UBHC-26+RCBA-6089+RXMD-C02	57,000 [16.7]	40,900 [12.0]	16,100 [4.7]	9.1	10.0	8.2	1825 [861]
	UBHC-26+RCGA-60A1	56,500 [16.6]	40,500 [11.9]	16,000 [4.7]	9.1	10.0	8.2	1825 [861]
	UBHC-26+RCHA-60A1	56,500 [16.6]	40,500 [11.9]	16,000 [4.7]	9.1	10.0	8.2	1825 [861]

① Highest sales volume tested combination required by D.O.E. test procedures.

Electrical and Physical Data

Model Number RAKB-	ELECTRICAL							PHYSICAL					
						Fuse or HACR Circuit Breaker		Outdoor Coil			R22 Oz. [g]	Weight	
	Phase Hertz Volts	Condsr. (RLA)	Compr. (LRA)	Fan Motor (FLA)	Min. Circuit Ampacity Amperes	Min. Amperes	Max. Amperes	Face Area Sq. Ft. [m²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
018JA	1-60-208/230	9.6/9.6	47	0.9	13/13	20/20	20/20	5.9 [0.55]	1.00	1850 [874]	49 [1389]	130 [59.0]	140 [63.5]
024JA	1-60-208/230	11.9/11.9	59	0.9	16/16	20/20	25/25	6.9 [0.65]	1.00	1850 [874]	56 [1588]	135 [61.2]	145 [65.8]
030JA	1-60-208/230	14.1/14.1	69	0.9	19/19	25/25	30/30	9.0 [0.84]	1.00	1860 [877]	66 [1871]	145 [65.8]	155 [70.3]
036CA	3-60-208/230	10.2/10.3	77	1.3	15/15	20/20	20/20	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	170 [77.1]	180 [81.6]
036DA	3-60-460	5.1	39	0.6	8/8	15	15	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	170 [77.1]	180 [81.6]
036JA	1-60-208/230	16.5/16.5	95	1.3	22/22	30/30	35/35	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	170 [77.1]	180 [81.6]
042CAS	3-60-208/230	11.6/11.5	79.4	1.3	16/16	20/20	25/25	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
042CA	3-60-208/230	12.4/12.4	88	1.3	17/17	20/20	25/25	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
042DAS	3-60-460	5.6	37	0.6	8	15	15	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
042DA	3-60-460	6.4	44	0.6	9	15	15	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
042JA	1-60-208/230	16.3/16.3	109	1.3	25/25	30/30	40/40	11.0 [1.02]	1.00	2700 [1274]	79 [2240]	180 [81.6]	190 [86.2]
048CAS	3-60-208/230	12.6/12.6	78	1.5	18/18	25/25	30/30	15.8 [1.47]	1.00	3500 [1652]	118 [3204]	200 [90.7]	210 [95.3]
048CA	3-60-208/230	12.6/12.6	91	1.5	18/18	25/25	30/30	15.8 [1.47]	1.00	3500 [1652]	103 [2920]	200 [90.7]	210 [95.3]
048DAS	3-60-460	6.9	41	1.0	10	15	15	15.8 [1.47]	1.00	3500 [1652]	113 [3204]	200 [90.7]	210 [95.3]
048DA	3-60-460	6.4	46	1.0	10	15	15	15.8 [1.47]	1.00	3500 [1652]	103 [2920]	200 [90.7]	210 [95.3]
048JA	1-60-208/230	21.8/21.8	131	1.5	29/29	35/35	50/50	15.8 [1.47]	1.00	3500 [1652]	103 [2920]	200 [90.7]	210 [95.3]
048YAS	3-60-575	5.1/5.1	36	0.7	8/8	15/15	15/15	15.8 [1.47]	1.00	3500 [1652]	113 [3204]	200 [90.7]	210 [95.3]
060CAS	3-60-208/230	16.7/16.7	110	1.5	23/23	30/30	35/35	16.8 [1.47]	1.00	3500 [1652]	112 [3175]	230 [104.3]	240 [108.9]
060CA	3-60-208/230	18.8/18.8	126	1.5	25/25	30/30	40/40	15.8 [1.47]	1.00	3500 [1652]	112 [3175]	230 [104.3]	240 [108.9]
060DAS	3-60-460	8.6	55	1.0	12	15	20	15.8 [1.47]	1.00	3500 [1652]	112 [3175]	230 [104.3]	240 [108.9]
060DA	3-60-460	9.0	63	1.0	13	15	20	15.8 [1.47]	1.00	3500 [1652]	112 [3175]	230 [104.3]	240 [108.9]
060JA	1-60-208/230	28.8/28.8	175	1.5	38/38	45/45	60/60	15.8 [1.47]	1.00	3500 [1652]	112 [3175]	230 [104.3]	240 [108.9]
060YAS	3-60-575	6.0	44	0.7	9	15	15	15.8 [1.47]	1.00	3500 [1652]	112 [3175]	230 [104.3]	240 [108.9]

[ ] Designates Metric Conversions

Condensing Unit Refrigerant Line Size Information

System Capacity Model	Line Size (Inch O.D.) [mm]	Liquid Line Size Outdoor Unit Above Indoor Coil — Total Length—Feet (m) / Vertical Separation—Feet (m)						Liquid Line Size Outdoor Unit Below Indoor Coil — Total Length—Feet (m) / Vertical Separation—Feet (m)					
		25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]	25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
018	1/4" [6.35]	25 [7.62]	50 [15.24]	70 [21.34]				25 [7.62]	23 [7.01]	6 [2.44]			
	5/16 [7.94]			36 [10.97]	42 [12.80]	48 [14.63]	54 [16.46]			36 [10.97]	30 [9.14]	24 [7.32]	18 [5.49]
024	1/4" [6.35]	25 [7.62]	50 [15.24]					25 [7.62]	23 [7.01]				
	5/16 [7.94]		24 [7.32]	34 [10.36]	44 [13.41]	54 [16.46]	64 [19.51]		48 [14.63]	38 [11.58]	28 [8.53]	18 [5.49]	8 [2.44]
030	1/4" [6.35]	25 [7.62]	50 [15.24]					25 [7.62]	23 [7.01]				
	5/16 [7.94]		19 [5.79]	33 [10.06]	47 [14.33]	61 [18.59]			50 [15.24]	39 [11.89]	25 [7.62]	11 [3.35]	
	3/8 [9.53]					11 [3.35]	15 [4.57]						57 [17.37]
036	5/16" [7.94]	25 [7.62]	50 [15.24]	70 [21.34]				25 [7.62]	23 [7.01]	9 [2.74]			
	3/8 [9.53]			34 [10.36]	40 [12.19]	46 [14.02]	52 [15.85]			38 [11.58]	32 [9.75]	26 [7.92]	20 [6.10]
042	5/16" [7.94]	25 [7.62]	50 [15.24]	75 [22.86]				25 [7.62]	23 [7.01]	9 [2.74]			
	3/8 [9.53]			32 [9.75]	39 [11.89]	46 [14.02]	53 [16.15]			40 [12.19]	33 [10.06]	26 [7.92]	19 [5.79]
048	3/8" [9.53]	25 [7.62]	44 [13.41]	53 [16.15]	61 [18.59]	70 [21.34]		25 [7.62]	26 [8.53]	19 [5.79]	11 [3.35]	3 [.91]	
	1/2 [12.7]					37 [11.28]	39 [11.89]					36 [10.67]	33 [10.06]
060	3/8" [9.53]	25 [7.62]	49 [14.63]	61 [18.59]	72 [21.96]			25 [7.62]	23 [7.01]	11 [3.35]	3 [.91]		
	1/2 [12.7]				35 [10.67]	38 [11.58]	41 [12.50]				37 [11.28]	34 [10.36]	31 [9.45]

*Standard line size

NOTES:
① This chart is applicable for condensing units.
② If the separation height exceeds the table values, reduce the indoor coil flow-check piston two sizes plus one size for each additional 10 feet [3.05 m].
Example 1: A 5 ton [17.58 kW] condensing unit with a total line length of 126 feet [38.10 m] with a vertical separation of 101 feet [30.78 m] utilizing a 1/2" [12.7 mm] liquid line: Table = 38 feet [11.58 m] maximum vertical separation for 125 feet [38.10 m] run. Separation exceeds table by (101-38) = 63 feet [19.20 m]. Therefore, reduce the indoor coil flow-check piston 2 + 6 = 8 sizes (For example, a #69 piston would reduce to a #61 piston)
③ Do not exceed 120 feet [36.58 m] maximum vertical separation.
④ No changes are required for expansion valve coils.
⑤ Do not exceed table values for capillary tube coils.
⑥ Always use the smallest liquid line possible to minimize system charge.
⑦ Chart may be used to size horizontal runs.

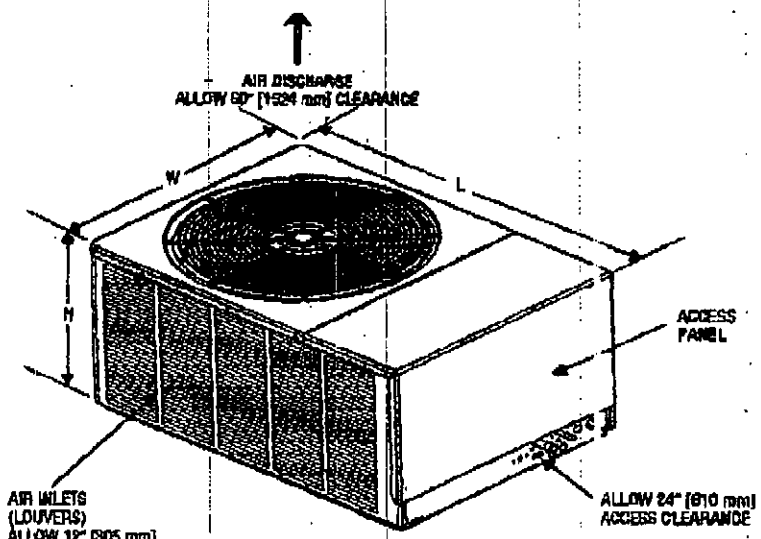
NOTES:
① This chart is applicable for condensing units.
Example 1: A 2.5 ton [8.79 kW] *condensing unit* with a total line length of 75 feet [22.86 m] with a vertical separation of 30 feet [9.14 m] requires a liquid line size of 3/8" [7.94 mm].
② This chart may also be used to size horizontal runs.
Example 2: A 5 ton [17.58 kW] *condensing unit* may have a total horizontal run of 100 feet [30.48 m] if using the 5/8" [15.88 mm] liquid line. The total horizontal run if using 1/2" [12.7 mm] liquid line size will be 150 feet [45.72 m].
③ Do not exceed vertical separation as indicated on the chart.
④ Always use the smallest liquid line possible to minimize system charge.
⑤ No changes required for flow-check pistons or expansion valve coils.

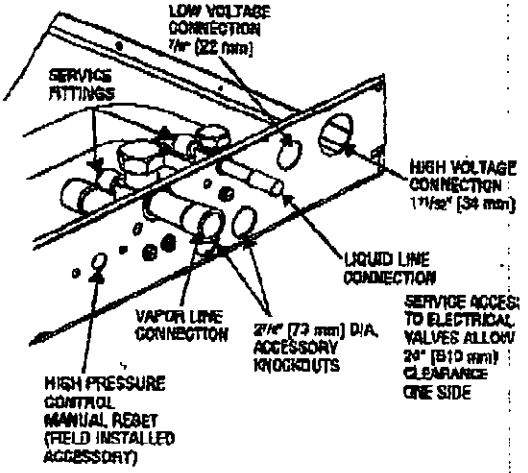
UAK8-		018	024	030	036	042	048	060
Unit Suction Line Connection Size		5/8" [15.88 mm] I.D. Sweat	3/4" [19.05 mm] I.D. Sweat				1 1/8" [28.58 mm] I.D. Sweat*	
Suction Line Run—Feet [m]		5/8" [15.88 mm] O.D. Standard 3/4" [19.05 mm] O.D. Optional		5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard 7/8" [22.23 mm] O.D. Optional			7/8" [22.23 mm] O.D. Optional 1 1/8" [28.58 mm] O.D. Standard 1 3/8" [34.94 mm] O.D. Optional	
25' [7.62]	Optional	—	.98	—	—	—	.99	.99
	Standard	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Optional	1.01	1.01	1.01	1.01	1.01	1.01	1.01
50' [15.24]	Optional	—	.96	—	—	—	.97	.97
	Standard	.98	.99	.99	.98	.97	1.00	.99
	Optional	1.00	1.00	1.00	1.00	1.00	1.01	1.01
100' [30.48]	Optional	—	.93	—	—	—	.96	.95
	Standard	.96	.96	.97	.96	.94	.99	.99
	Optional	.99	.99	.99	.99	.98	1.00	1.00
150' [45.72]	Optional	—	—	—	—	—	.93	.91
	Standard	.97	.97	.95	.93	.90	.98	.98
	Optional	.98	.98	.97	.97	.96	1.00	.99

NOTES: Capacity Multiplier x Rated Capacity = Actual Capacity.
Additional compressor oil is not required for runs up to 150 feet [45.72 m].
Oil traps in vertical runs are not required for any height up to 100 feet [30.48 m]. See Liquid Line chart for Vertical Separation Requirements and Limitations.
*Adapter to 1 1/8" [28.58 mm] factory supplied.

[ ] Designates Metric Conversions

Unit Dimensions





Model Number (UA09-	Height "H" (inches) [mm]	Length "L" (inches) [mm]	Width "W" (inches) [mm]
-018/024	17 [432]	35½ [902]	23¾ [603]
-030	19 [483]	35½ [902]	23¾ [603]
-036/-042	19 [483]	40½ [1029]	27⅝ [702]
-048/-060	23 [584]	44⅛ [1127]	31½ [800]

[ ] Designates Metric Conversions

Piston Sizes

(Part Number 61-23414-)**

Model Size	Coil Piston Size
-018	51
-024	53
-030	65
-036	65
-042	73
-048	82
-060	89

GENERAL TERMS OF LIMITED WARRANTY

Ruud will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

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

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

*This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.

Performance Data @ ARI Standard Conditions—Cooling (Con't.)

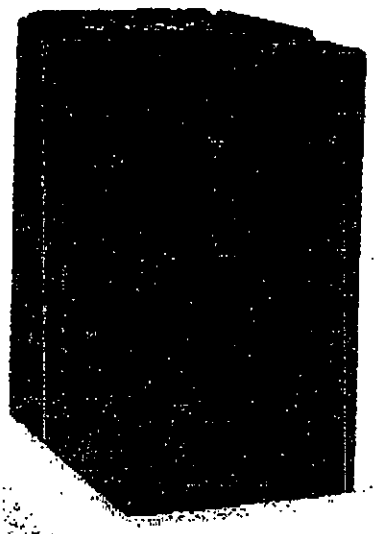
Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air						
Condenser Unit (UARB-)	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER	Sound Rating	Indoor CFM [L/s]
036CA/DA/JA	RCBA-3765	35,400 [10.4]	25,200 [7.4]	10,200 [3.0]	9.5	10.0	7.8	1200 [566]
	RCBA-3765+RXMD-C02	35,400 [10.4]	25,200 [7.4]	10,200 [3.0]	9.5	10.0	7.8	1200 [566]
	RCBA-36A2	35,000 [10.3]	24,800 [7.3]	10,200 [3.0]	9.6	10.5	7.8	1200 [566]
	RCHA-36A2	35,000 [10.3]	24,800 [7.3]	10,200 [3.0]	9.6	10.5	7.8	1200 [566]
	RCLB-A036	35,800 [10.4]	25,700 [7.5]	9,600 [2.9]	9.4	10.0	7.8	1200 [566]
	RCTB-A036	36,400 [10.4]	25,500 [7.5]	9,900 [2.9]	9.3	10.1	7.8	1200 [566]
	RCTB-A037	36,600 [10.7]	25,800 [7.9]	9,800 [2.9]	9.6	10.1	7.8	1200 [566]
	RCTH-A036	35,400 [10.4]	25,600 [7.5]	9,800 [2.9]	9.6	10.0	7.8	1200 [566]
	UBHC-17+RCBA-3765	34,400 [10.1]	25,000 [7.3]	9,400 [2.8]	9.0	10.0	7.8	1200 [566]
	UBHC-17+RCBA-3765+RXMD-C02	34,400 [10.1]	25,000 [7.3]	9,400 [2.8]	9.0	10.1	7.8	1200 [566]
	UBHC-17+RCBA-36A2	34,200 [10.0]	24,900 [7.3]	9,300 [2.7]	9.0	10.3	7.8	1200 [566]
	UBHC-17+RCHA-36A2	34,200 [10.0]	24,900 [7.3]	9,300 [2.7]	9.0	10.3	7.8	1200 [566]
	UBHC-18+RCBA-3765	34,400 [10.1]	25,000 [7.3]	9,400 [2.8]	9.0	10.0	7.8	1200 [566]
	UBHC-18+RCBA-3765+RXMD-C02	34,400 [10.1]	25,000 [7.3]	9,400 [2.8]	9.0	10.1	7.8	1200 [566]
	UBHC-18+RCBA-36A2	34,200 [10.0]	24,900 [7.3]	9,300 [2.7]	9.0	10.3	7.8	1200 [566]
	UBHC-18+RCHA-36A2	34,200 [10.0]	24,900 [7.3]	9,300 [2.7]	9.0	10.3	7.8	1200 [566]
042CA/DA/JA	RCBA-4862 (Requires piston change to 79)	40,000 [11.7]	28,900 [8.5]	11,100 [3.3]	9.2	10.0	7.8	1400 [661]
	RCBA-4862+RXMD-C02 (Requires piston change to 79)	40,000 [11.7]	28,900 [8.5]	11,100 [3.3]	9.2	10.1	7.8	1400 [661]
	RCBA-48A1	39,500 [11.6]	28,200 [8.3]	11,300 [3.3]	9.2	10.3	7.8	1400 [661]
	RCHA-48A1	39,500 [11.6]	28,200 [8.3]	11,300 [3.3]	9.2	10.3	7.8	1400 [661]
	RCTH-A048	39,500 [11.6]	28,200 [8.3]	11,300 [3.3]	9.2	10.3	7.8	1400 [661]
	UBHC-21+RCBA-4862 (Requires piston change to 79)	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.0	7.8	1400 [661]
	UBHC-21+RCBA-4862+RXMD-C02 (Requires piston change to 79)	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.1	7.8	1400 [661]
	UBHC-21+RCBA-48A1	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.3	7.8	1400 [661]
	UBHC-21+RCHA-48A1	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.3	7.8	1400 [661]
	UBHC-22+RCBA-4862 (Requires piston change to 79)	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.0	7.8	1400 [661]
	UBHC-22+RCBA-4862+RXMD-C02 (Requires piston change to 79)	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.1	7.8	1400 [661]
	UBHC-22+RCBA-48A1	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.3	7.8	1400 [661]
	UBHC-22+RCHA-48A1	40,000 [11.7]	28,600 [8.4]	11,400 [3.3]	9.2	10.3	7.8	1400 [661]
048CA/DA/JA/YA	RCBA-4862 ①	46,000 [13.5]	33,200 [9.7]	12,800 [3.8]	9.7	10.0	8.0	1600 [755]
	RCBA-4862+RXMD-C02	46,000 [13.5]	33,200 [9.7]	12,800 [3.8]	9.7	10.1	8.0	1600 [755]
	RCBA-48A1	46,000 [13.5]	33,000 [9.7]	13,000 [3.8]	9.7	10.3	8.0	1600 [755]
	RCHA-48A1	46,000 [13.5]	33,000 [9.7]	13,000 [3.8]	9.7	10.3	8.0	1600 [755]
	RCLB-A048	45,500 [13.3]	33,200 [9.7]	12,300 [3.6]	9.7	10.0	8.0	1600 [755]
	RCLB-B048	46,600 [13.5]	33,000 [9.8]	12,600 [3.7]	9.7	10.0	8.0	1600 [755]
	RCMB-A048	46,000 [13.5]	33,400 [9.8]	12,600 [3.7]	9.7	10.0	8.0	1600 [755]
	RCTB-A048	46,000 [13.5]	33,600 [9.8]	12,400 [3.6]	9.7	10.3	8.0	1600 [755]
	RCTH-A048	46,500 [13.6]	33,700 [9.9]	12,700 [3.7]	9.8	10.3	8.0	1600 [755]
	UBHC-21+RCBA-4862	46,000 [13.2]	32,800 [9.6]	12,300 [3.6]	9.5	10.1	8.0	1600 [755]
	UBHC-21+RCBA-4862+RXMD-C02	46,000 [13.2]	32,800 [9.6]	12,300 [3.6]	9.5	10.2	8.0	1600 [755]
	UBHC-21+RCBA-48A1	44,500 [13.0]	32,300 [9.5]	12,200 [3.6]	9.5	10.3	8.0	1600 [755]
	UBHC-21+RCHA-48A1	44,500 [13.0]	32,300 [9.5]	12,200 [3.6]	9.5	10.3	8.0	1600 [755]
	UBHC-22+RCBA-4862	46,000 [13.2]	32,700 [9.6]	12,300 [3.6]	9.5	10.1	8.0	1600 [755]
	UBHC-22+RCBA-4862+RXMD-C02	46,000 [13.2]	32,700 [9.6]	12,300 [3.6]	9.6	10.2	8.0	1600 [755]
	UBHC-22+RCBA-48A1	44,500 [13.0]	32,300 [9.5]	12,200 [3.6]	9.5	10.3	8.0	1600 [755]
	UBHC-22+RCHA-48A1	44,500 [13.0]	32,300 [9.5]	12,200 [3.6]	9.5	10.3	8.0	1600 [755]

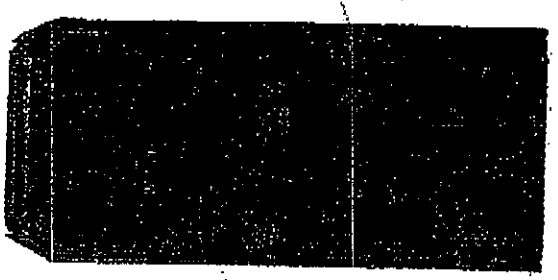
① Highest sales volume tested combination required by D.O.E. test procedures.

[ ] Designates Metric Conversions

FORM NO. G22-485 REV. 4
Supersedes Form No. G22-485 Rev. 3

GAS FURNACES





RUUD®

ACHIEVER SERIES® SUPER QUIET 80 80.0% A.F.U.E.† UPFLOW/ HORIZONTAL GAS FURNACES

The Ruud Achiever Series® Super Quiet 80 line of upflow/horizontal gas furnaces are designed for utility rooms, closets, alcoves, or attics. **Because of the Super Quiet 80's low-profile 34 inch (864 mm) height, the upflow model can also be used to safely most applications that traditionally call for a horizontal furnace.**

The design is certified by CSA International.

Features

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

A variety of cooling coils and plenums designed to use with Ruud Achiever Series® Super Quiet 80 gas furnaces are available as optional accessories.

These furnaces can be installed in an upflow position or laid on either side in a horizontal position. Field conversion not required.

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

UGPN- SERIES

Models with Input Rates from 50,000 to 150,000 BTU/HR [15 to 44 kW] (U.S. & Canadian Models)

member gama

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

PHYSICAL DATA AND SPECIFICATIONS U.S. AND CANADA MODELS (UPFLOW/HORIZONTAL)

MODEL NUMBERS UGPN- SERIES	05EAUER 05NAUER	07EAMER 07NAMER	07 AMER 07 AMER	10EAMER 10NAMER	10EBAJR 10NBAJR	12EAAJR 12NAAJR	15EAAJR 15NAAJR
Input-BTU/Hr [kW] ②	50,000 [15]	75,000 [22]	75, 00 [22]	100,000 [29]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	41,000 [12]	60,000 [18]	60, 00 [18]	80,000 [23.4]	81,000 [23.7]	99,000 [29]	119,000 [35]
High Altitude Input [kW]*	46,000 [13]	67,500 [20]	67, 00 [20]	90,000 [26]	90,000 [26]	112,500 [33]	135,000 [39.6]
High Altitude Output Capacity [kW]*	36,500 [11]	53,800 [16]	54, 00 [16]	72,000 [21]	72,500 [21]	89,000 [26.1]	107,500 [31.5]
Heat Ext. Static Pressure [kPa]	.10 [.026]	.12 [.029]	.1 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 7 [27 x 178]	11 x 7 [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P.–Speeds–PSC Type [W]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4 4-PSC [59]	1/2-4-PSC [372]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	6.8	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1800 [55]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Rated E.S.P. (In. W.C.) [kPa]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]
Temperature Rise Range °F [°C]	25-55 [13.9-30.6]	35-65 [19.4-36.1]	25-55 [13.9-30.6]	45-75 [25.0-41.7]	40-70 [22.2-38.9]	35-65 [19.4-36.1]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155 [68.3]	165 [73.8]	155 [68.3]	190 [87.7]	170 [76.6]	180 [82.2]	190 [87.7]
Standard Filter–in. [mm]	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	19¼ x 25 [489 x 635]	22¾ x 25 [578 x 635]	22¾ x 25 [578 x 635]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	105 [48]	85 [38]	115 [52]	120 [54]	140 [63]	150 [68]
Return Air Cabinets (Opt.) RXGR- Filter Size [mm]	C14B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C21B (2) 20 x 16 [508 x 406]	C24B (2) 24 x 16 [610 x 406]	C24B (2) 24 x 16 [610 x 406]
AFUE–Electric Ignition Models ①	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" [12.7 mm] N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form for high altitude derate in U.S. applications. For Canadian applications, reference the furnace installation instructions.
* Data references Canadian applications only.

MODEL IDENTIFICATION—UPFLOW MODELS

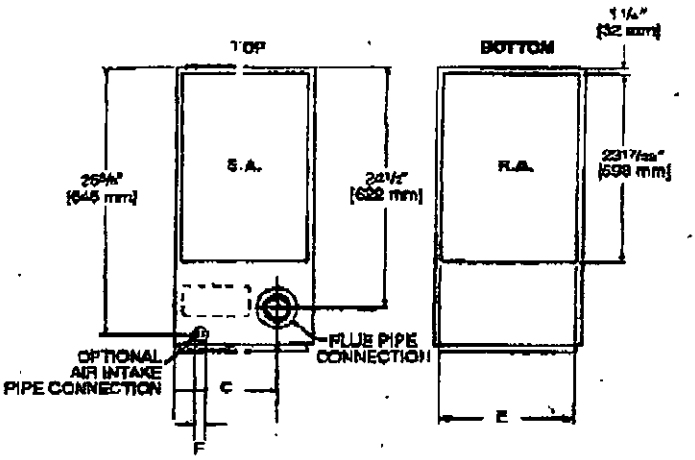
U	G	P	N	—	07E	A	M	E	R
Ruud	Gas furnace	Upflow/ Horizontal	Design Series		Heating Input Designation: Electric Ignition / NO_x Model / Input BTU/HR	Variations: A = Std. Cabinet, B = Wide Cabinet	Blower Designation: D = 11 x 6 [279 x 152 mm], M = 11 x 7 [279 x 178 mm], R = 11 x 10 [279 x 254 mm]	Heating & Cooling Designation: S = 500-1200 CFM [238-566 L/s], E = 1100-1330 CFM [519-628 L/s], G = 1450-1750 CFM [684-826 L/s], J = 1800-2075 CFM [850-979 L/s]	Fuel Type: R = Natural Gas, U.S. and Canadian Standard Furnace

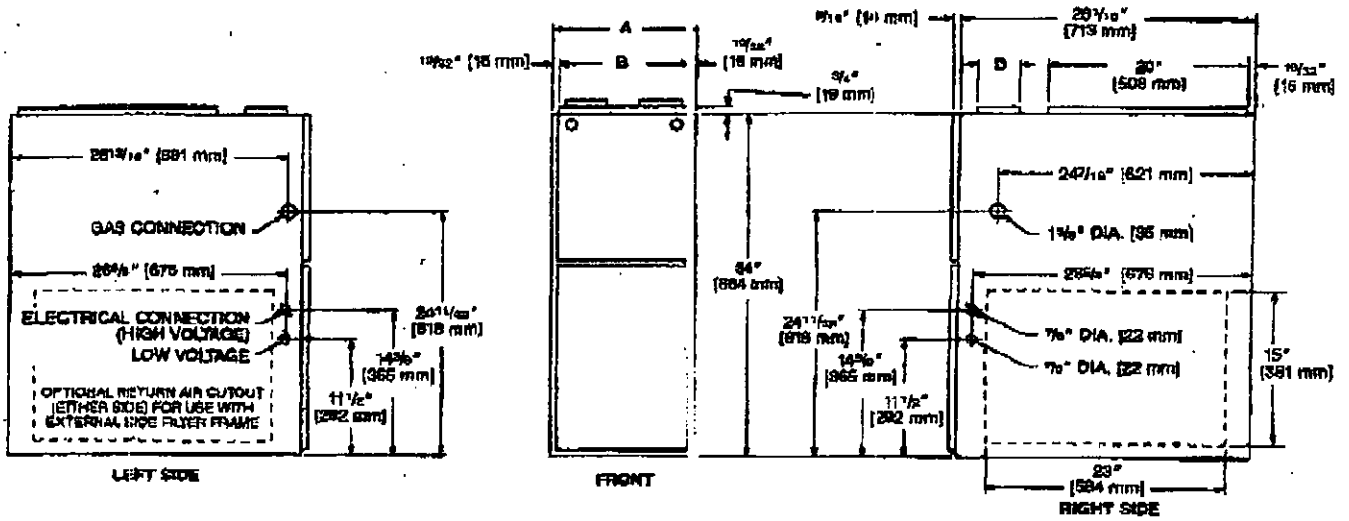
Heating Input Designation:

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

[ ] Designates Metric Conversions

UPFLOW DIMENSIONS





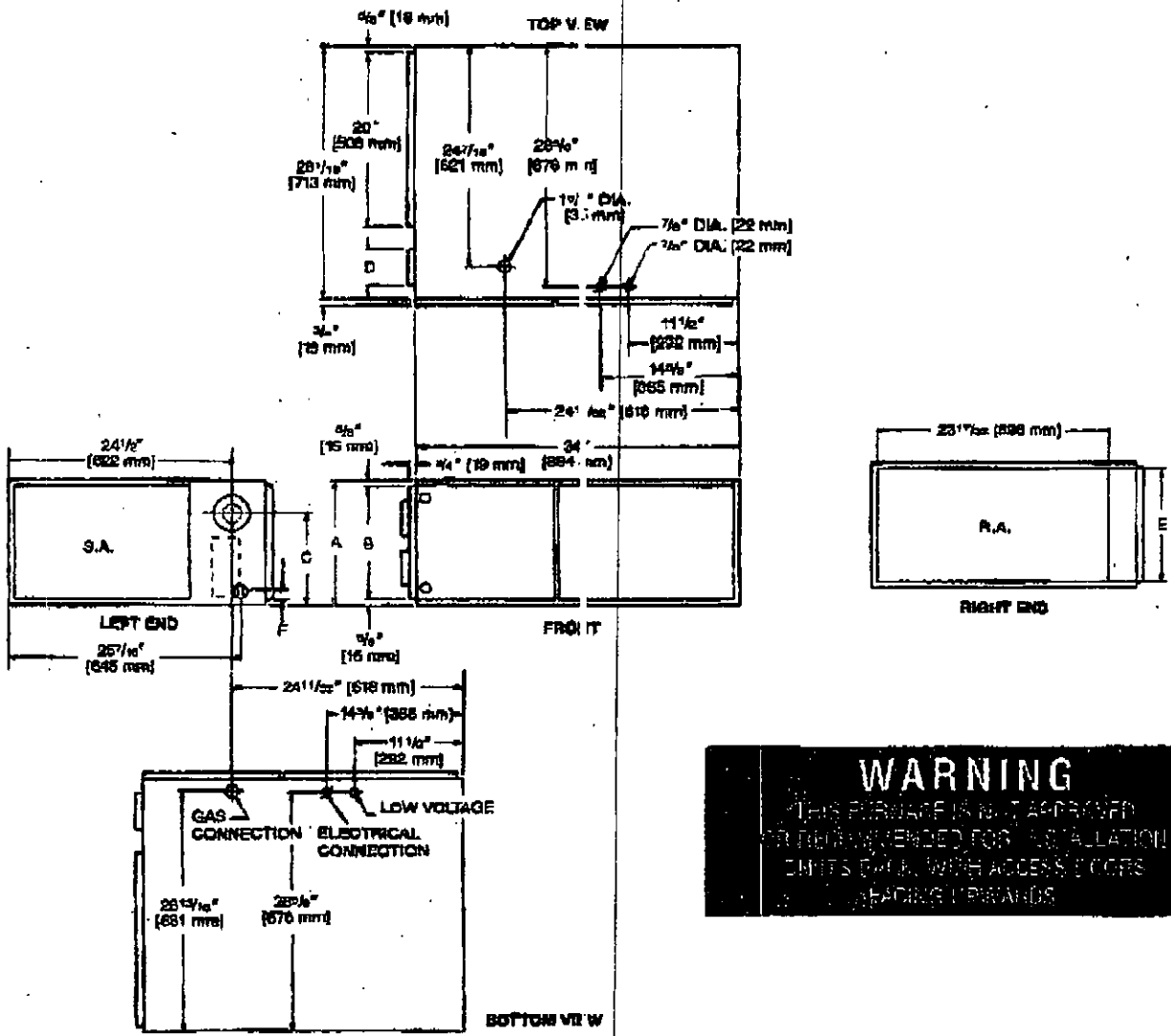
UPFLOW DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UCPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) [mm] LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
05	14 [356]	12²⁷/₃₂ [326]	10⅝ [270]	①	11½ [292]	17/8 [48]	0	4 [102] ④	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17½ [445]	16¹¹/₃₂ [415]	12⅜ [314]	①	15 [381]	21½ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	106 [47.6]
10 (A)	17½ [445]	16¹¹/₃₂ [415]	12⅜ [314]	①	15 [381]	21½ [64]	0	3 [76] ④	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19²⁷/₃₂ [504]	14⅛ [359]	①	18½ [470]	21½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24½ [622]	23¹½ [593]	15⅞ [403]	①	22 [559]	21½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24½ [622]	23¹½ [593]	15⅞ [403]	①	22 [559]	21½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[ ] Designates Metric Conversions

HORIZONTAL DIMENSIONS



WARNING

THIS FURNACE IS NOT APPROVED FOR INSTALLATION IN MOBILE HOMES EXCEPT WHEN INSTALLED IN MOBILE HOMES WITH ACCESS DOORS FACING EITHER END.

HORIZONTAL DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UBPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) (mm) LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
05	14 [356]	12 27/32 [326]	10 5/8 [270]	①	11 1/2 [292]	1 7/8 [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	14 1/8 [359]	①	18 1/2 [470]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Gas/CGA-B149 Installation Codes and in accordance with local codes.

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA—UPFLOW/HORIZONTAL MODELS

MODEL NUMBER UGPB-SERIES	BLOWER SIZE (dia)	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.16]	.7 [.17]
05BAUER 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	675 [319] 958 [448] 1115 [526] 1270 [599]	655 [309] 939 [439] 1090 [514] 1250 [590]	635 [300] 905 [427] 1070 [505] 1225 [578]	610 [288] 880 [415] 1040 [491] 1200 [566]	585 [276] 850 [401] 1015 [479] 1165 [550]	555 [262] 830 [392] 985 [465] 1130 [533]	520 [245] 800 [378] 945 [446] 1085 [512]
07EAMER 07NAMER	11 x 7 [279 x 178]	1/2 [373]	LOW MED-LO MED-HI HIGH	921 [435] 1093 [583] 1341 [986] 1353 [657]	897 [423] 1066 [503] 1212 [572] 1359 [642]	872 [411] 1039 [490] 1163 [559] 1326 [626]	845 [399] 1008 [476] 1159 [543] 1293 [610]	816 [385] 977 [461] 1119 [528] 1259 [594]	785 [375] 941 [444] 1076 [508] 1214 [573]	746 [352] 906 [427] 1023 [487] 1169 [552]
07EAMGR 07NAMGR	11 x 7 [279 x 178]	3/4 [559]	LOW MED-LO MED-HI HIGH	1245 [588] 1555 [734] 1810 [854] 2050 [967]	1220 [576] 1515 [715] 1755 [828] 1985 [937]	1195 [564] 1478 [698] 1705 [805] 1915 [904]	1165 [550] 1435 [677] 1645 [776] 1845 [871]	1135 [536] 1395 [658] 1585 [748] 1785 [843]	1105 [522] 1350 [637] 1530 [722] 1715 [809]	1065 [503] 1300 [614] 1470 [694] 1655 [781]
10EAMER 10NAMR	11 x 7 [279 x 178]	1/2 [373]	LOW MED-LO MED-HI HIGH	925 [437]* 1050 [496] 1220 [576] 1410 [665]	890 [420]* 1040 [491] 1195 [564] 1380 [651]	865 [408]* 1030 [486] 1169 [547] 1345 [635]	835 [394]* 980 [467] 1140 [538] 1300 [614]	810 [382]* 960 [453] 1105 [522] 1255 [592]	775 [366]* 920 [434] 1065 [503] 1205 [569]	745 [352]* 890 [420] 1020 [481] 1150 [543]
10EBRJR 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1295 [611] 1645 [776] 2045 [965] 2320 [1095]	1275 [602] 1615 [762] 2000 [944] 2260 [1067]	1250 [590] 1580 [746] 1955 [923] 2200 [1038]	1225 [578] 1550 [732] 1905 [899] 2130 [1005]	1195 [564] 1510 [713] 1845 [871] 2060 [972]	1165 [550] 1465 [691] 1785 [842] 1985 [937]	1135 [536] 1425 [673] 1720 [812] 1910 [901]
12EARJR 12NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1280 [604] 1645 [776] 2050 [967] 2365 [1116]	1275 [602] 1635 [772] 2015 [951] 2310 [1090]	1265 [597] 1615 [762] 1980 [925] 2250 [1062]	1245 [588] 1590 [750] 1935 [913] 2185 [1031]	1215 [573] 1560 [736] 1885 [890] 2115 [998]	1185 [559] 1525 [717] 1835 [866] 2035 [960]	1145 [540] 1470 [694] 1775 [838] 1950 [920]
15EARJR 15NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1270 [599] 1620 [765] 2010 [949] 2340 [1104]	1250 [590] 1595 [753] 1985 [937] 2275 [1074]	1220 [576] 1570 [741] 1960 [925] 2215 [1045]	1195 [564] 1545 [729] 1915 [904] 2145 [1012]	1165 [550] 1515 [715] 1850 [873] 2080 [982]	1135 [536] 1480 [698] 1800 [850] 2010 [949]	1105 [522] 1440 [680] 1730 [816] 1940 [916]

NOTES: *Not to be used as a heating speed.
Data compiled with factory filters installed.
Recommended blower speeds are in bold.
See Form Number C11-208 for MultiFlex® coil data.

[ ] Designates Metric Conversions

GENERAL TERMS OF LIMITED WARRANTY

Ruud will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

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

Gas Heat Exchanger Limited Warranty .....Twenty (20) Years
*Any Other Part.....Five (5) Years

*This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 499 Riverside DR. South

Applicant LINDA Delaney

Certifying Individual Chris MADDEN Company A-A. Richards HVAC

Address 1765 Rt 9 (Street) Lakewood (City) N.J. (State) (Zip Code)

Tel. (732) 281-0003

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [X] Other Installion GAS Furnace

Existing Vent/Chimney:

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

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

_____ _____

Signature Date

Oil to Oil or Gas to Gas Replacements:

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

[signature] 2/22/05

Signature Date

Certification Not Submitted:

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

_____ _____

Signature Date

Direct Vent Appliance:

No certification required:

_____ _____

Signature Date

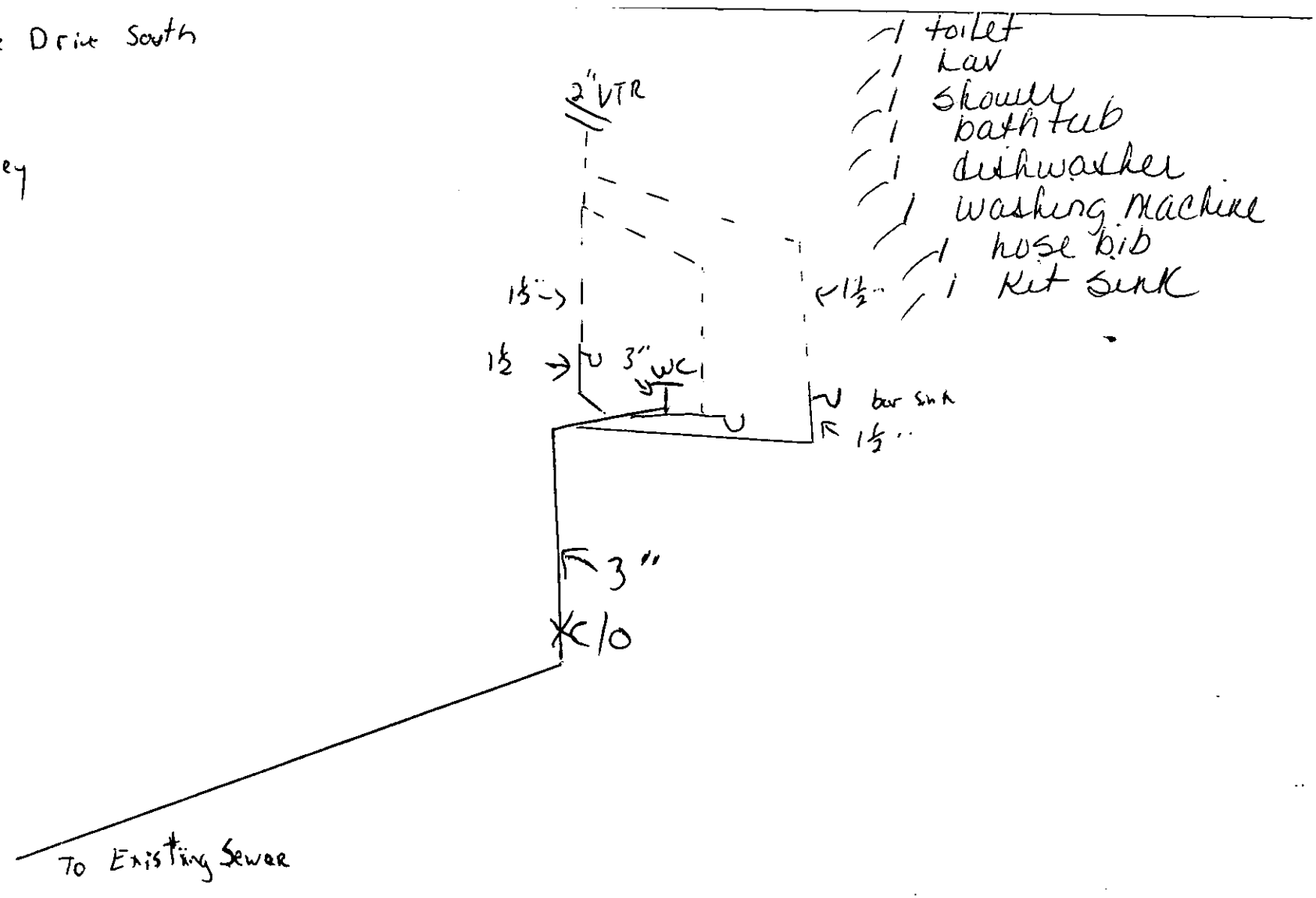
THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

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

499 Riverside Drive South

Brick township

Linda + Mike Delaney



Allen Hawkins Plumbing & Heating
S.L. # 11073
9 Main Street
Manasquan, New Jersey 08736
(732) 223-2345

Allen Hawkins Plumbing & Heating
S.L. # 11073
9 Main Street
Manasquan, New Jersey 08736
(732) 223-2345

Permit Number

Checked By/Date

RES*check* Compliance Certificate

1995 MEC

RES*check* Software Version 3.5 Release 1a
Data filename: Untitled.rck

TITLE: Addition and Alteration to the Delaney Residence

CITY: Toms River
STATE: New Jersey
HDD: 5294
CONSTRUCTION TYPE: Single Family

DATE: 10/07/04
DATE OF PLANS: October 10, 2004

PROJECT INFORMATION:
Lot 34.01, Block 137
499 Riverside Drive South

COMPANY INFORMATION:
Melillo Architecture

COMPLIANCE: Passes

Maximum UA = 310
Your Home UA = 289
6.8% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 2: Flat Ceiling or Scissor Truss	745	30.0	0.0		26
Ceiling 1: Cathedral Ceiling (no attic)	200	30.0	0.0		7
Wall 1: Wood Frame, 16" o.c.	2070	13.0	0.0		155
Window 1: Vinyl Frame:Double Pane	180			0.560	101
Furnace 1: Forced Hot Air, 78 AFUE					
Air Conditioner 1: Electric Central Air, 10 SEER					

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 1995 MEC requirements in RES*check* Version 3.5 Release 1a (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Date 10/10/04

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER DELANEY LINDA DATE 12/14/04

PROPERTY ADDRESS 499 RIVER S.DE DR. SOUTH BLOCK 137 LOT 34.01

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2	7.0	
2:KITCHEN GROUP	1	2.0	
3:~~WATER~~ CLOSETS			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL			
7:~~KITCHEN~~ BAR SINK	1	1.0	
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4.0	
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS	1	2.5	

TOTAL 16.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: 12/14/04 APPROVED: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: _____

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 137 Lot(s): 34.01

Property Address: 499 Riverside dr South.

I, _____ of _____
(Name) (Address)

request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
(Applicant's Signature)

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

For Office Use Only:

_____

_____

Approved: 11/10/04 Signature: _____
(Date)

Rejected: _____ Signature: _____
(Date)

Township of Brick
Zoning Permit

Approved: Monday, November 08, 2004 **Number:** 1677

Block 137 **Lot** 34.01 **Zone:** R-7.5

Property Address: 499 Riverside Drive South

Applicant: Linda Delaney

Property Owner *Michael Patrick & Linda Delaney*

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Second and third floor additions, 35.1' x 30.02, 33.6' high.

Conditions: The additions cannot encroach over the first floor footprint.
An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved: Monday, November 08, 2004 **Number:** 1677

Block 137 **Lot** 34.01 **Zone:** R-7.5

Property Address: 499 Riverside Drive South

Applicant: Linda Delaney

Property Owner Michael Patrick & Linda Delaney

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Second and third floor additions, 35.1' x 30.02, 33.6' high.

Conditions: The additions cannot encroach over the first floor footprint.
An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
OCT 21 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 137 LOT 34.01 QUALIFIER ____

PROPERTY ADDRESS 499 Riverside Dr. S., Brick 08723

PERSONAL NAME OF APPLICANT Linda Delaney

BUSINESS NAME OF APPLICANT ____

MAILING ADDRESS OF APPLICANT 499 Riverside Dr. S., Brick

PROPERTY OWNER'S FULL NAME Michael Patrick Delaney & Linda Delaney

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) ____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) ____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) ____ Height ____
☑ Addition - Height 33.6 ft
☐ Alteration
☐ Porch or deck - Height ____
☐ Shed - Height ____
☐ Fence - Type ____ Height ____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) ____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Linda Delaney Date 10-18-04

Reviewed by Zoning Office NC Date 11/04/4 (x) Approved ( ) Denied

KD 10/18/04

Roy M. Benjamin, P.E.
27 OCEAN DR. WEST BRIGANTINE, NEW JERSEY 08203
(800) 882-8797 (609) 266-5528
FAX (609) 264-1073

May 7, 2004

Ms. Linda Delaney
499 Riverside Drive
S. Brick, NJ 08723

RE: 499 Riverside Drive
S. Brick, NJ 08723

SUBJECT: Soils Investigation
and
Foundation Inspection

On Thursday, May 6, 2004, soil samples were taken from the ultimate bearing strata at the above referenced location. The following are the results of the soil tests.

In accordance with B.O.C.A. 2000, Chapter 18, Soils & Foundation, Section 1801.1 to Section 1804, Presumptive Bearing Values:

Soil Description: class 3 and 4

Character: well compacted

Nature: pass sieve number 65 retained 200

Size: .074 to .208

Load Bearing Capacity: 2000#/sq. ft.

This is to certiy that measurements and calculations were made and the present soils, center beams and existing foundation are capable of supporting the proposed second floor addition. The proposed dimensions of the second floor addition shall not exceed the dimensions of the first floor.

Respectfully submitted,

(Seal)

ROY M. BENJAMIN, P. E.

RMB/rgb

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 10-18-04

Block: 137 Lot: 34.01

Property Address: 499 Riverside Dr. S. Brick NJ 08723

I, Linda Delaney (name) of 499 Riverside Dr. S., Brick (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Linda Delaney
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments:

7-8-05

UP DATE PERMIT

RECEPTACLES 3RD FLOOR FLOOR

RECEPTACLE, WALL SPACE OVER 2'

OPEN GROUND READING GREEN ROOM

RECEPTACLE

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 499 Riverside Dr. South, Brick

Block: 137 Lot: 34.01

Contractor: home owner

Contractor's Address: Same

Type of Construction (minor, new home): _____

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: _____

Dumpster size: _____

Destination of debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

X Linda Delaney
Signature

10-18-04
Date

_____
Print Name

Bldg Elect Fire (Plumbing) (Please mark subcode)

CONTROL NUMBER 04-4910 + B

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 499 Riverside

DATE REVIEWED: 3/3/05

REVIEWED BY: Mark Haggard

CONTACT CALLED/FAXED: D. A Richards 732-281-0006

1- Heat Brochures - Furnace

Frank/plan review template

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 04-4910 7B

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 499 Riverside

DATE REVIEWED: 2-25-05

REVIEWED BY: FM

CONTACT CALLED/FAXED: Spoke To Ann Marie - HO was told upon Contact

NO Brochures

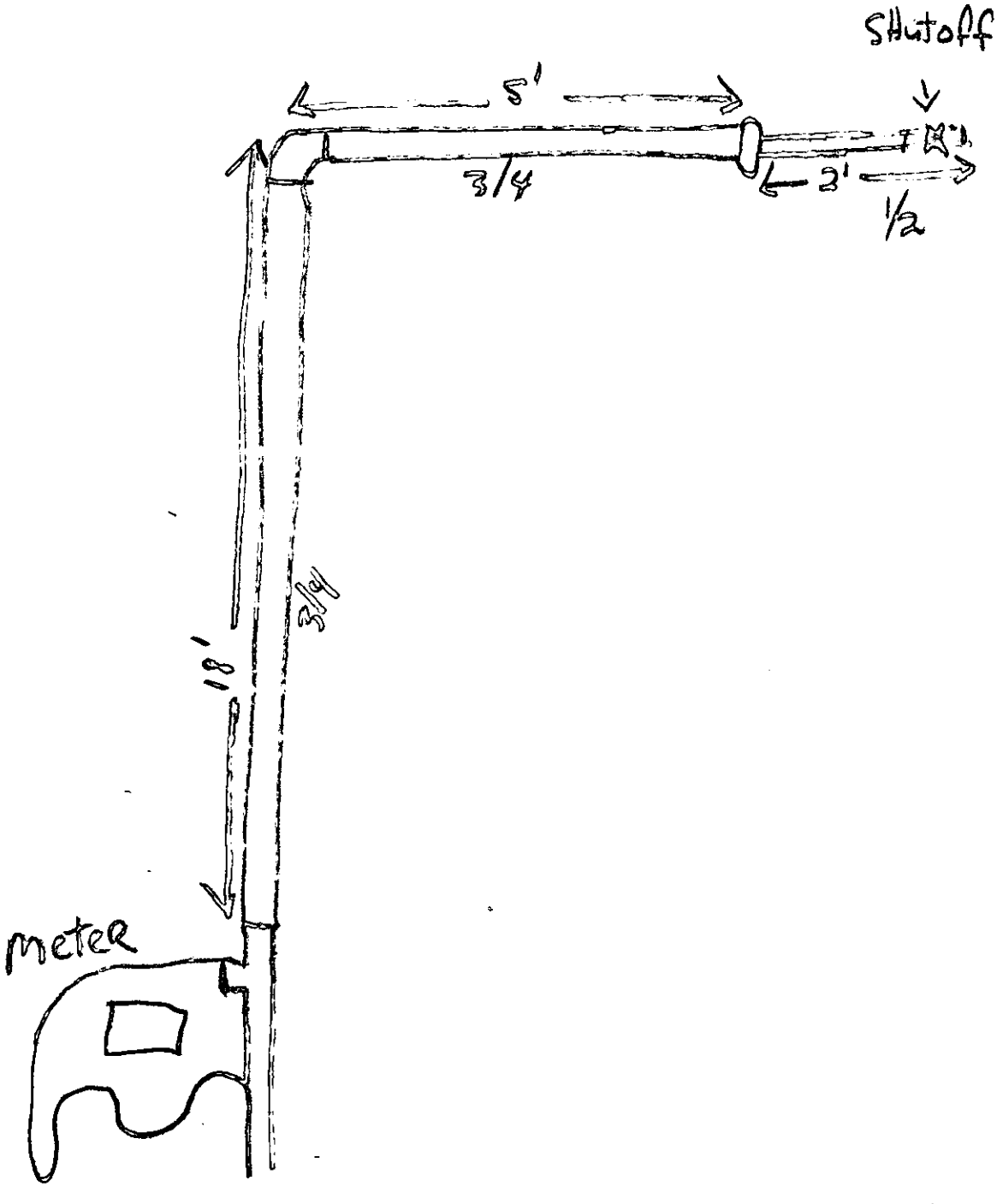
Frank/plan review template

Gas Diagram

499 Riverside South

100,000 BTU

Brick



Township of Brick

update

Counter Form

(PLEASE PRINT)

Site Location: 499 Riverside Dr. S. Brick 08723
Block: 137 Lot: 34.01
Owner's Name: Michael & Linda Delaney
Owner's Mailing Address: 499 Riverside Dr. S.
Brick NJ 08723
Phone: [redacted]

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN:

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $

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

Signature:
Please Print Name

ELECTRICAL

Contractor: A R K Electrical Cont. inc
Address: 397 Earl dr
Brick N.J. 08723
Phone#: 732-262-4092
Lis #: 9056
Federal Emp # or SSN 22-12566

Technical Data

Item	Quantity
Lighting Fixtures	10
Receptacles	32
Switches	14
Detectors	~~12~~ 10
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	66

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Sprinkler System
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: $ 3,000

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

Signature: Roy J Delaney
Please Print Name Roy J Delaney

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____ No. of outlets_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____Tons_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Tank Removal _____
Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
CO Detectors _____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System Commercial _____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Update
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping ____ No. of outlets	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain) ____ Tons	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work

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

Signature:

Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Tank Removal
Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	6
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work $ 100.00

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

Signature: Linda Delaney
Print Name: Linda Delaney

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 499 Riverside Dr. South, Brick 08723
Block: 137 Lot: 34.01
Owner's Name: Michael & Linda Delaney
Owner's Mailing Address: 499 Riverside Dr. South
Brick, NJ 08723
Pho: [redacted]

BUILDING

Contractor: Home Owner
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:
2nd Floor addition

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $ 25,000

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

Signature: Linda Delaney
Please Print Name Linda Delaney

ELECTRICAL

Contractor: Rath
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Allens Plumbing + Heating
Address: 9 Main St
Manasquan N.J.
Phone #: 732 223-2345
Lis #: 11073
Federal Emp # or SSN 223756388

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	1
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	1
Lavatory (BR Sink)	2
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping ____ No. of outlets	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain) ____ Tons	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 5,500

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

Signature: Allen D Hawkins

Please Print Name: Allen D Hawkins

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Tank Removal _____
Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks _____capacity_____fuel
LPG Storage Tanks _____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other:

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

C21-07

04-4910 FA Update

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 499 Riverside Dr. South

Block: 137 Lot: 34.01

Owner's Name: Delaney, Linda & Jane

Owner's Mailing Address: _____

Phone [redacted]

BUILDING

Contractor: _____

Address: _____

_____

Phone#: _____

Lis # _____

Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____

No of Stories: _____

Height of Structure: _____

Area of the largest floor: _____

Area of New Structure: _____

Volume of New Structure: _____

Total Land Disturbed: _____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____

Address: _____

_____

Phone#: _____

Lis #: _____

Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL