BLOCK 1427 LOT 6 QUALIFICATION CODE C0203 ADDRESS (SITE) 14 Sutton Drive PERMIT NO. 15-4453

CONSTRUCTION PERMIT APPLICATION

C-15-006179 (3)

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

I. IDENTIFICATION

1. Proposed Work Site at: 14 Sutton Drive Brick
2. Name of Owner in Fee: Kevin Doyle
   Tel. [redacted] e-mail
   Address same (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: A. Bailey Plumbing and Heating Corp. Tel. (732) 462-4484
   Address 919 Highway 33 Suite 28 e-mail
   Freehold NJ 07728
   License No. OR, if new home, Builder Reg. No. 9339 Exp. Date 6/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ✓
   Federal Emp. ID No. 22-3190891 FAX: (____)
5. Architect or Engineer ____ Contact
   Address ____ e-mail staff@abaileyplumbing.com
   Tel. (____) ____ FAX: (____) ____
6. Responsible Person in Charge once Work has Begun Christopher Bailey
   Tel. (732) 462-4484 FAX: (732) 462-5319

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 100 ✓		
2. Electrical	100 ✓		
3. Plumbing	70 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	10-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 280-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☑ Electrical					12/15/15	RE			
☐ Plumbing					12-10-15	[illegible]			
☐ Fire Protection					12/11/15	MB			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present ____ Proposed ____

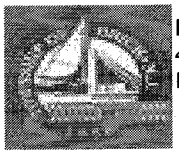
III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

U.C.C. F100-1 (rev. 8/08)



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/21/2016
Control Number C-15-006179
Permit Number 15-4453
Permit Issue Date 12/28/2015
Certificate Number 15-4453

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 14 SUTTON DRIVE Brick Township, NJ Block: 1427 Lot: 6 Qual: C0203

Owner in Fee: DOYLE, KEVIN

Owner Address: 14 SUTTON DR BRICK NJ 08724

Telephone: [redacted]

Contractor A. BAILEY PLUMBING

Address 919 HWY 33 SUITE 28 FREEHOLD NJ 07728-

Telephone: (732) 462-4484 Fax: (732) 462-5319

License Number or Builders Registration Number: 9339 Federal Emp. Number: 22-3190891

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/21/2016

U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

NATIONAL ELECTRICAL CODE 2008

Date Received / Control # 12/28/15

Date Issued / Permit # 15-4453

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

Block 1427 Lot 2 Qualification Code C0203

Work Site Location 14 Sutton Drive Brick

Owner in Fee: Kevin Doyle

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: JOAN OF ARC ELECTRIC Tel. ( )

Address 919 Route 33 Freehold NJ 07728 e-mail
732-414-2610 Fax: 732-414-6377

Contractor License No. NJ ELEC LIC# 15227 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): FED EMP# 20-0845200

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/15/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6/10/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	5/18/16		6/10/16	PJC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace lennox furnace Replace w/ same 3ton
88,000 BTU 80% eff.

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	3	KW Central A/C Unit	
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	88,000 BTU	furnace	
1	3ton	a/c unit	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/28/15

Date Issued / Permit # 15-4453

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

Block 1427 Lot 6 Qualification Code C0203

Work Site Location 14 Sutton Drive Brick

Owner in Fee: Kevin Doute

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: A. Bailey Plumbing and Heating Corp. Tel. (732) 462-4484

Address 919 Highway 33 Suite 28 e-mail
Freehold NJ 07728

Contractor License No. 9339 Exp. Date 6/30/2017

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

Federal Emp. ID No. 22-3190891 FAX: (732) 462-5319

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 $ 4800.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 12-30-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-19-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	2-1-16		5-19-16	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Christopher Bailey

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace lennox furnace 88,000 BTU 80%-eff.
Replace lennox a/c unit 3Ton

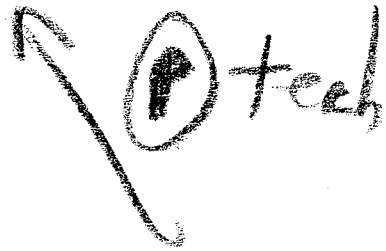
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	~~Stacks~~ A/C unit	
1	Other furnace	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

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

5/18/16 No Access 10:15

©tech

2-1-16 AC
AC CAPS



PRODUCT CATALOG

Upflow/Horizontal
AFUE - 80%
Input - 44,000 to 132,000 Btuh

Page 55
January 2014
Supersedes January 2013

NOTE - Not Available In Canada!

FEATURES

Heating System

Lennox Designed Aluminized Steel Heat Exchanger Assembly
Aluminized Steel Inshot Burners
Gas Control Valve with 100% Safety Shutoff
Flame Rollout Switches
Hot Surface Silicone Nitride Ignitor
Combustion Air Inducer
Limit Control

Controls

Integrated Furnace Control
Built-in Twinning Capability
24 Volt Transformer
Field Wiring Make-up Box

Blower

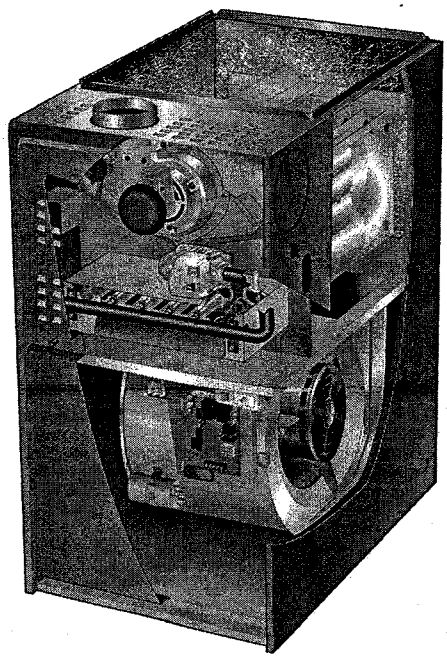
Multi-Speed, Direct Drive Blower

Cabinet

Upflow/Horizontal applications
Pre-painted Cabinet Finish
Foil-faced insulation on sides and back of heating compartment.

Coil Match-up

All furnaces match C33 and CX34 cased upflow indoor coils with same letter designation in model number.



ACCESSORIES

Cabinet

- Horizontal Suspension Kit
- Return Air Base

Controls

- Thermostat

Filter Kits

- Air Filter and Rack Kits

Gas Heating

- Gas Conversion Kits
- High Altitude Orifice Kit (natural gas only)
- High Altitude Pressure Switch Kit

Service Kits

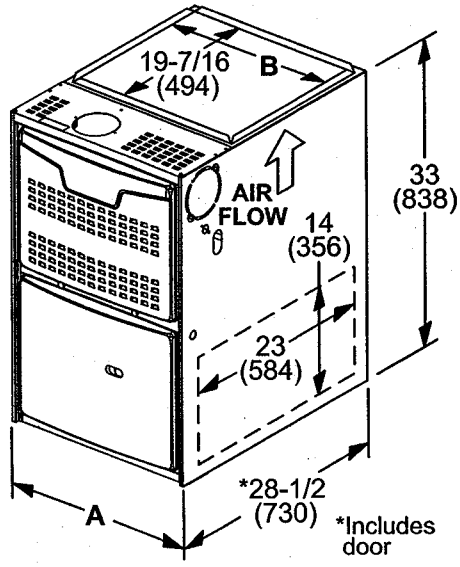
- Night Service Kit
- Universal Service Kit - Switches

LIMITED WARRANTY

Heat Exchanger - twenty years
All other covered components - five years
Refer to Lennox Equipment Limited Warranty certificate included with equipment for details

Furnace Width	"A"	"B"	"C"	"D"
A Dimension	14-1/2 (368)	17-1/2 (446)	21 (533)	24-1/2 (622)
B Dimension	13-3/8 (340)	16-3/8 (416)	19-7/8 (454)	23-3/8 (546)
Bottom return Width	13 (330)	16 (406)	19-1/2 (495)	23 (584)
Depth	23-1/2 (597)	23-1/2 (597)	23-1/2 (597)	23-1/2 (597)

DIMENSIONS



NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

FEATURES

Refrigerant System

Scroll Compressor

Non-chlorine, ozone friendly, R-410A refrigerant.

Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils

Copper tube construction with enhanced ripple-edged aluminum fins.

Fully serviceable brass service valves.

Liquid line drier shipped with unit

High Pressure Switch

Totally enclosed, direct drive outdoor fan motor with sleeve bearings.

Louvered steel top fan guard.

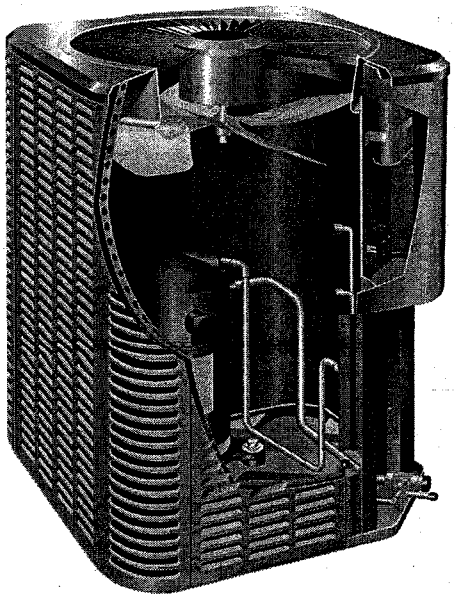
Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.

Steel louvered panels provide complete coil protection

PermaGuard™ zinc-coated base.

Corner patch plate allows access to compressor.



LIMITED WARRANTY

Compressor - five years

All covered components - five years

Refer to Lennox Equipment Limited Warranty certificate included with equipment for details

AHRI RATINGS

See AHRI Ratings Supplement

ACCESSORIES

See page 18

Cabinet

- Mounting Base
- Unit Stand-Off Kit

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

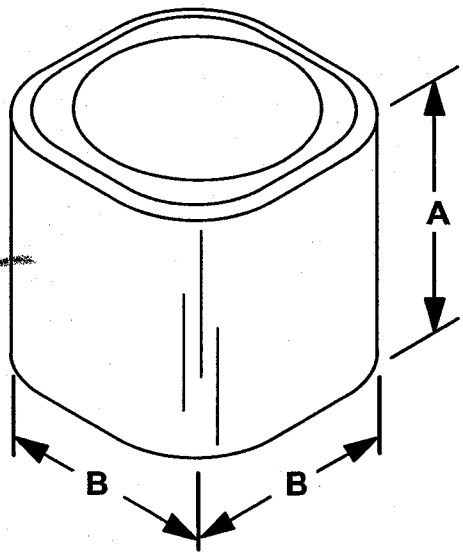
- Freezestat
- Indoor Blower Off Delay Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS

Model No.	A	B
13ACX-018 13ACX-024	25-1/4 (616)	24-1/4 (616)
13ACX-030 13ACX-036	29-1/4 (743)	24-1/4 (616)
13ACX-042	29-1/4 (743)	28-1/4 (718)
13ACX-048	33-1/4 (845)	28-1/4 (718)
13ACX-060	29-1/4 (743)	28-1/4 (718)



NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**ML180UH 045P24A**	**ML180UH 045P36A**	**ML180UH 070P24A**	**ML180UH 070P36A**	**ML180UH 090P36B**
	Model No. - Low Nox	**- - -**	**ML180UH 045XP36A**	**- - -**	**ML180UH 070XP36A**	**- - -**
	[1] AFUE	80%	80%	80%	80%	80%
	Input - Btuh	44,000	44,000	66,000	66,000	88,000
	Output - Btuh	35,000	35,000	54,000	54,000	71,000
	Temperature rise range - °F	20 - 50	15 - 45	30 - 60	30 - 60	25 - 55
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 7	10 x 8	10 x 7	10 x 8	10 x 9
	Motor output - hp	1/5	1/3	1/5	1/3	1/3
	Tons of add-on cooling	2 - 3	2 - 3	1.5 - 2	2 - 3	2 - 3
	Air Volume Range - cfm	345 - 1130	650 - 1670	420 - 1160	785 - 1660	680 - 1795
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase				
	Blower motor full load amps	3.1	6.1	3.1	6.1	6.1
	Maximum overcurrent protection	15	15	15	15	15
Shipping Data	lbs. - 1 package	105	110	114	119	131

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**ML180UH 090P48B**	**ML180UH 110P48C**	**ML180UH 110P60C**	**ML180UH 135P60D**
	Model No. - Low Nox	**ML180UH 090XP48B**	**- - -**	**ML180UH 110XP60C**	**- - -**
	[1] AFUE	80%	80%	80%	80%
	Input - Btuh	88,000	110,000	110,000	132,000
	Output - Btuh	71,000	89,000	89,000	107,000
	Temperature rise range - °F	25 - 55	25 - 55	25 - 55	30 - 60
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 10	10 x 10	11-1/2 x 10	11 x 11
	Motor output - hp	1/2	1/2	1	1
	Tons of add-on cooling	3 - 4	3 - 4	4 - 5	4 - 5
	Air Volume Range - cfm	920 - 2160	910 - 2170	1355 - 2715	1380 - 2810
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase			
	Blower motor full load amps	8.2	8.2	10	11.5
	Maximum overcurrent protection	15	15	15	15
Shipping Data	lbs. - 1 package	183	151	161	174

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

AHRI CERTIFIED™ www.ahridirectory.org

DESIGN CERTIFIED ®

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS

General Data	Model No.	13ACX-018	13ACX-024	13ACX-030	13ACX-036	13ACX-042	13ACX-048	13ACX-060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
[1] Sound Rating Number (dB)		76	76	76	76	79	79	79
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	5/8	5/8	3/4	3/4	3/4	7/8	7/8
[2] Refrigerant (R-410A) furnished		3 lbs. 15 oz.	3 lbs. 15 oz.	5 lbs. 2 oz.	5 lbs. 4 oz.	6 lbs. 8 oz.	7 lbs. 12 oz.	9 lbs. 0 oz.
Outdoor Fan	Diameter - in.	18	18	18	18	22	22	22
	Number of blades	3	3	4	4	4	4	4
	Motor hp	1/10	1/10	1/5	1/5	1/4	1/4	1/4
Shipping Data	lbs. - 1 package	138	138	144	151	188	195	218

ELECTRICAL DATA

	13ACX-018	13ACX-024	13ACX-030	13ACX-036	13ACX-042	13ACX-048	13ACX-060
Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)	20	30	30	35	45	50	60
[4] Minimum circuit ampacity	12.0	17.6	18.7	22.0	28.1	31.9	34.6
Compressor - Rated load amps	9.0	13.5	14.1	16.7	21.2	24.2	26.3
Condenser Fan Motor - Full load amps	0.7	0.7	1.1	1.1	1.7	1.7	1.7

NOTE – Extremes of operating range are plus 10% and minus 5% of line voltage.
[1] Sound Rating Number rated in accordance with test conditions included in AHRI Standard 270.
[2] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.
[3] HACR type circuit breaker or fuse.
[4] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements

AHRI CERTIFIED™ www.ahridirectory.org
Unitary Small AC
AHRI Standard 210/240
Certification applies only when the complete system is listed with AHRI.

HRAI MEMBER COMPANY

ETL LISTED c US Intertek

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name A. Bailey Plumbing and Heating Corp.

Address 919 Highway 33 Suite 28 LIC # 9339 FED ID # 22-3190891
Freehold NJ 07728

Telephone (732)462-4484

Signature _____

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

4/r

CONSTRUCTION PERMIT

Date Issued 12/28/15
Control # C-15-006179
Permit # 15-4453

IDENTIFICATION Block: 1427 Lot: 6 Qualifier C0203
Work Site Location: 14 SUTTON DRIVE Brick Township, NJ

Owner in Fee: DOYLE, KEVIN
14 SUTTON DR BRICK NJ 08724
Telephone: [redacted]

Contractor: A. BAILEY PLUMBING
Address: 919 HWY 33 SUITE 28 FREEHOLD NJ 07728-
Telephone: (732) 462-4484
Lic. No. or Bldrs. Reg. No. 9339
Federal Employee. No. 22-3190891

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

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

Estimated Cost of Work $5,200

Construction Official [signature] Date 12/15/15

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$100
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$280
Check No.	20061
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

☐ 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/28/15
Control #

Date Issued
Permit # 15-4453

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

Block 1427 Lot 6 Qualification Code C0203

Work Site Location 14 Sutton Drive Brick

Owner in Fee: Kevin Doyle

Tel. [redacted] e-mail

Address Same

Contractor: A. Bailey Plumbing and Heating Corp. Tel. (732) 462-4484

Address 919 Highway 33 Suite 28 e-mail

Freehold NJ 07728 Lic #9339 Fed ID 22-3190891

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 50.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Christopher Bailey

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace lennox furnace 88,000 BTU 80% Eff.
Water Supply Source Replace lennox ac unit
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [/] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[/] Fire Protection Plans Approved
Date 12/28/15 Approved by: AR
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-28-15
Approved by: KLR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-2-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2/1/16	KD
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/1/16	KD
Other				

U.C.C. F140 (rev. 11/09)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 12/28/15

Date Issued Permit # 15-4453

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

Block 1427 Lot 6 Qualification Code QB203

Work Site Location 14 Sutton Drive Brick

Owner in Fee: Kevin Doyle

Tel. [redacted] e-mail

Address Same

Contractor: A. Bailey Plumbing and Heating Corp. Tel. (732) 462-4484

Address 919 Highway 33 Suite 28 e-mail

Freehold NJ 07728 Lic #9339 Fed ID 22-3190891

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 50.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Christopher Bailey

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Replace lennox furnace 88,000btu 80% eff.

Water Supply Source Replace lennox ac unit

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date: 12/28/15 Approved by: MD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Dates (Month/Day)

U.C.C. F140 (rev. 11/09) internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/28/15
Control #

Date Issued
Permit # 15-4453

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

Block 1427 Lot 6 Qualification Code C0203

Work Site Location 14 Sutton Drive Brick

Owner in Fee: Kevin Dunne

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: A. Bailey Plumbing and Heating Corp. Tel. (732) 462-4484

Address 919 Highway 33 Suite 28 e-mail
Freehold NJ 07728

Contractor License No. 9339 Exp. Date 6/30/2017

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

Federal Emp. ID No. 22-3190891 FAX: (732) 462-5319

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 $ 4800.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Christopher Bailey

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace lennox furnace 88,000 BTU 80% eff
Replace lennox ac unit 3Ton

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	~~Stacks~~ A/C unit	
1	Other furnace	

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

U.C.C. F130 (rev. 11/09)
Internet version

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

CARBON MONOXIDE ALARMS

BLOCK 1427 LOT 6 QUAL CODE C0203

WORK SITE ADDRESS 14 Sutton Drive

CITY Brick

CERTIFYING INDIVIDUAL

NAME: Christopher Bailey

ADDRESS: 919 HIGHWAY 33 SUITE 28

CITY: FREEHOLD

ZIP: 07728

COMPANY

NAME: A BAILEY PLUMBING AND HEATING

CITY: FREEHOLD

ZIP: 07728

PHONE: 732-462-4484

LEVELS IN DWELLING: 1 (2) 3

DWELLING IS A: (1) OR 2 FAMILY (CIRCLE ONE)

TYPES OF ALARMS: HARD WIRED PLUG IN (BATTERY) OPERATED

COUNT: 1

LOCATION OF ALARMS: Hallway

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1427 LOT 6 QUALIFICATION CODE C0203 PERMIT # _____

WORK SITE ADDRESS 14 Sutton Drive Brick

Owner in Fee Kevin Doyle

Verifying Individual Christopher Bailey Company A BAILEY PLUMBING AND HEATING

Address 919 HIGHWAY 33 SUITE 28 (Street) FREEHOLD (City) NJ (State) 07728 (Zip Code)

Tel: (732) 462-4484 Fax: (732) 462-5319

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size 6"

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

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	88,000 BTU
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

[signature] Signature 11/20/15 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.