BRICK

BLOCK 1427 LOT 6 C0203 ADDRESS (SITE) _____ PERMIT NO: 1616-93

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 14 SUTTON DR
2. Name of Owner in Fee: HAMPTON [redacted]
   Address 8 DENNIS PL W. LONG BRANCH (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AIR CONTROL Tel. (906) 657 9114
   Address 103 MOLINA CT
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-6246436 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work Cecil T Moore Tel. (906) 657 9114

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50.		
2. Electrical			
3. Plumbing	40.		
4. Fire Protection	33.		
5. Other			
6. Subtotal	$ 123		
Less 20% for State Plan Review			
Subtotal	$		
9. DCA Training Fee	3.		
10. Subtotal	$		
11. Cert. of Occupancy	20.		
12. Other			
13. TOTAL	$ 146.		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	1250.00
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ ~~New Building~~ N/A	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1250.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			7/19/93	RK			
			7/19/93	RE	11/23/93		
			7/19/93	RM	9/23/93		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

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:

LDS BR 10111203

U.C.C. Form F-100A

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 _____ 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 New Jersey 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 AIR CONTROL CO

Address 103 MOLINA CT

LANE HARST NJ 08733

Telephone (908) 657-9114

Signature _____ Date _____

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	

CONSTRUCTION PERMIT

Date Issued 7-19-93
Control #
Permit # 1616-93

IDENTIFICATION Block 1427 Lot 6 C0203

Work Site Location 14 Sutton Dr

Owner in Fee Hampton

Address 4 O'Connor Pl. W. Long Branch, NJ

Tele. ( )

Contractor Air Control

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date **0002**

Federal Emp. No. 1616*#

or Social Security No. BLOCK 1427 # 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

oil to gas heat
fill in oil tank

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 $ 4250.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) L6C0203		
Building	50.-	50.00
Plumbing	40.-	40.00
Electrical		3.00
Fire Protection	33.-	33.00
Other		20.00
Other		6.00
DCA Training Fee	3.-	6.00
Cert. of Occ.	20.-	0.00
Other		5:31
Total	146.-	
Check No.	689	
Cash		
Collected By:		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-19-93
Control #
Permit # 1616-93

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 C0203
Work Site Location 14 Sutton Dr

Owner in Fee HAMPTON
Address 6 Dennis Pl
Marlboro NJ 07764
Tele. [redacted]
Contractor All Coast Tank Co
Address 103 Mount Ct
Lake Hurst
Tele. (908) 657-9114
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-6246436 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 Clean + Fill
In Ground Oil Tank

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date.
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other tank
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$
50.—

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-19-93
Control #
Permit # 1616-93

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 C0203
Work Site Location 14 Sutton Dr
Sutton Village
Owner in Fee Hampton
Address 8 Dennis Pl
[redacted] NJ 07764
Tele. ([redacted)
Contractor Air Control co
Address 103 Molina ct Lake Hurst NJ 08733
908 657-9114
Tele. (
Lic. No.
Federal Emp. No. 22-6246436 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 650.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 7/19/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 11/23/93
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			11/23/93	
TCO				
Other				
Other				
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 INSTALL OIL TO GAS HOT AIR FURNACE & FILL OIL TANK WITH SAND.

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	33	
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-19-93
Control #
Permit # 1616-93

INSTALL OIL TO GAS HOT AIR FURN

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

Block 1427 Lot C0203
Work Site Location 14 SUTTON DR
SUTTON VILLAGE BRICK
Owner in Fee HAMPTON
Address 6 DENNIS PL
W LONG BRANCH NJ 07764
Tele. [redacted]
Contractor AIR CONTROL CO
Address 103 MOLINA CT LAKEHURST NJ 08733
Tele. (908) 657-9114
Lic. No.
Federal Emp. No. 22-6746436 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 3550.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/19/93
Approved by: D Mitchell

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved by: Jack
Date: 9-23-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas ~~Equipment~~			9-23-93	Jack
Gas Final				
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 Seal

[ ] Licensed Plumbing Contractor [ ] ~~Exempt~~ Applicant

D. TECHNICAL SITE DATA (List 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	
1	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other HOT AIR FURN	~~15~~

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 40
Collected by: TOTAL $

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

SUTTON VILLAGE ASSOCIATION

Telephone
(908) 458-8900

Clubhouse - Sutton Drive
Brick, N.J. 08724

January 11, 1993

Mr. & Mrs. Hampton
14 Sutton Drive
Brick, N.J. 08724

Re: Building 2, Unit 3

Dear Mr. & Mrs. Hampton:

Enclosed please find "Release of Obligation" forms which must be filled out and signed by the homeowner(s) of the above-named unit for your proposed gas modification.

Also, enclosed are letters to New Jersey Natural Gas Company and a letter to give to the Township of Brick when applying for the necessary permits. You will need these two letters.

BEFORE YOU START THE MODIFICATION, PLEASE SUBMIT THE "FIRE SUBCODE" PERMIT, THE "PLUMBING SUBCODE" PERMIT, THE "CONSTRUCTION PERMIT" AND THE PERMIT THAT MUST BE DISPLAYED IMMEDIATELY AT START OF CONSTRUCTION TO THE OFFICE. AFTER THE "RELEASE OF OBLIGATION" IS REVIEWED, IT WILL BE SIGNED AND RETURNED TO YOU, IF APPROVED.

If you are going to be putting the gas pipe from the meter into the house and you plan on going through your neighbors garage, we will need a letter of permission from them before this can be done.

If you are not putting any piping into their garage, we will not need a letter.

These permits must be filed with the Office **BEFORE** you start the conversion.

If this conversion is done before you get approval from the Board, fines will be imposed onto your account. Also, the township will be notified.

AFTER the office received a copy of the necessary permits and the "Release of Obligation" forms, it is then reviewed by a member of the Board and if approved, two (2) signed copies of the "Release" will be returned to you.

If there are any questions at all, please call the office. Thank you for your cooperation.

Very truly yours,

THE BOARD OF TRUSTEES
Sutton Village Association

Cust

Hampton

14 Sutton Dr

Sutton Village

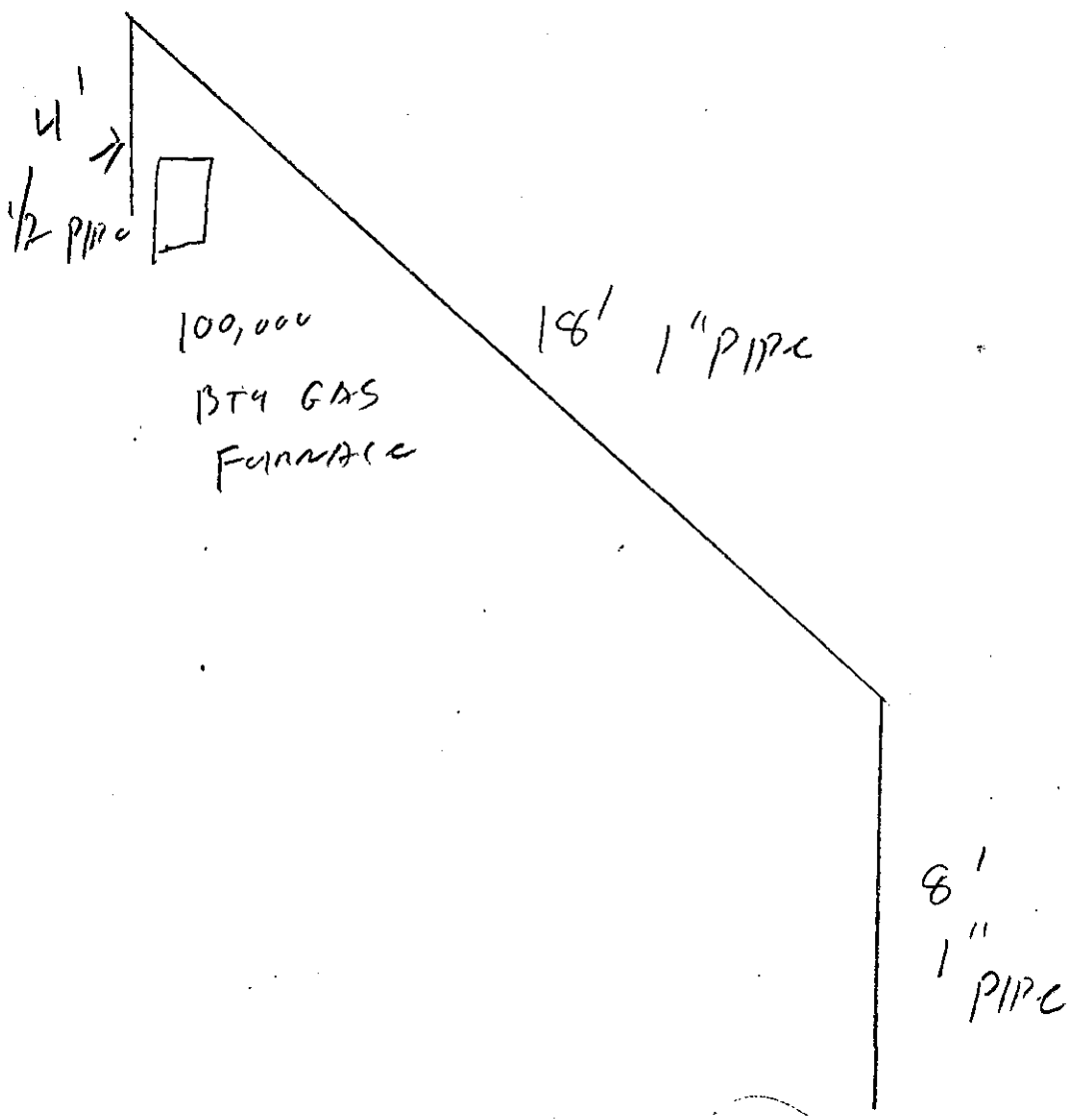
Cont

Air Control Co

103 Molina Ct

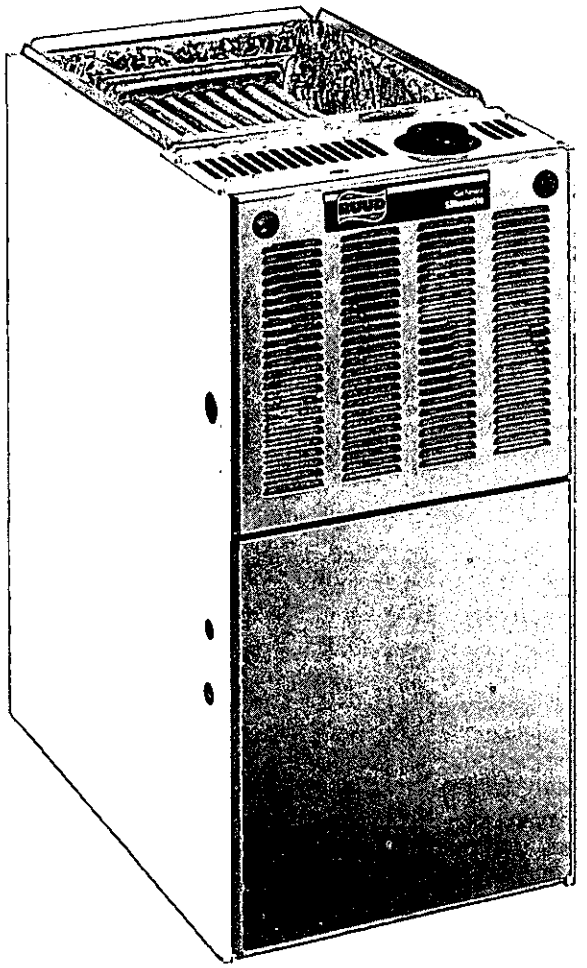
Lakehurst NJ

08733



FORM NO. G22-442 REV. 1
Supersedes Form No. G22-442 Rev. 0

RUUD®



RUUD® SILHOUETTE™ 78%-80% A.F.U.E.† UPFLOW GAS FURNACES

The Ruud Silhouette™ line of upflow gas furnaces are designed for utility rooms, closets, or alcoves. **Because of the Silhouette's low-profile 34 inch height, the upflow model can also be used to satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by the American Gas Association. Canadian models are certified by the Canadian Gas Association.

Features

- Patented Turbulex® 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.
- Both standing pilot and hot surface ignition models available.
- Left or right side gas and electric inlet connections with quick, simple change.
- Hot surface ignition models feature an integrated board with humidifier and electronic air cleaner hookups. An accessory kit is available for standing pilot models.
- Insulated blower compartment, a slow-open gas valve and a specially designed draft inducer motor make it one of the quietest furnaces on the market today.
- Integrated solid state control board.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

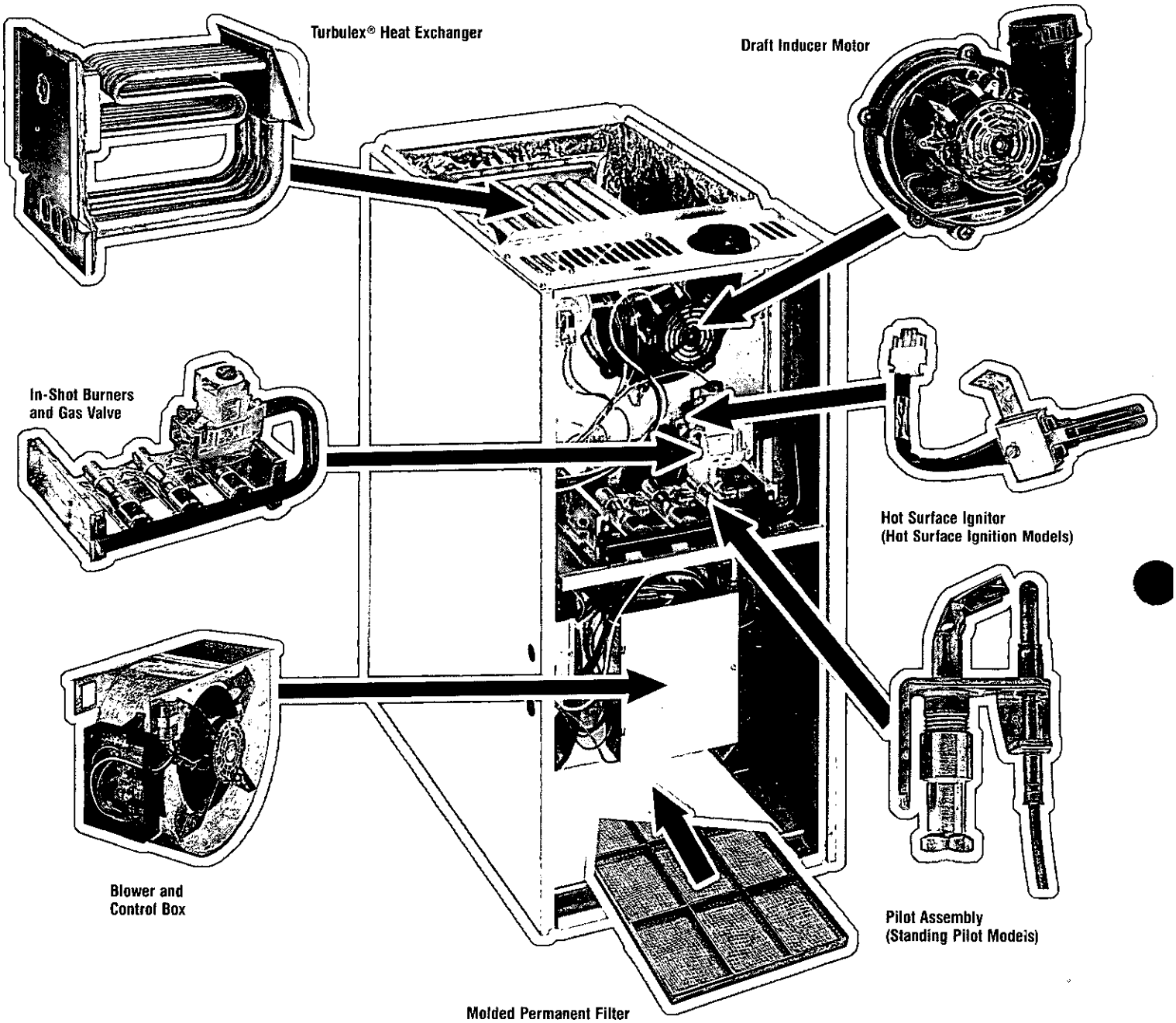
UGDG- SERIES

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

A variety of cooling coils and plenums designed to use with Ruud Silhouette gas furnaces are available as optional accessories for air conditioning models.

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

RUUD SILHOUETTE 78-80% UPFLOW GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.)

OPTIONAL EQUIPMENT

Side filter frame assembly. Return air cabinet for all sizes. (See Page 5)

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Ruud distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Ruud parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form No. 92-21519-30 for U.S. models and Form No. 92-21519-31 for Canadian models.

WARNING

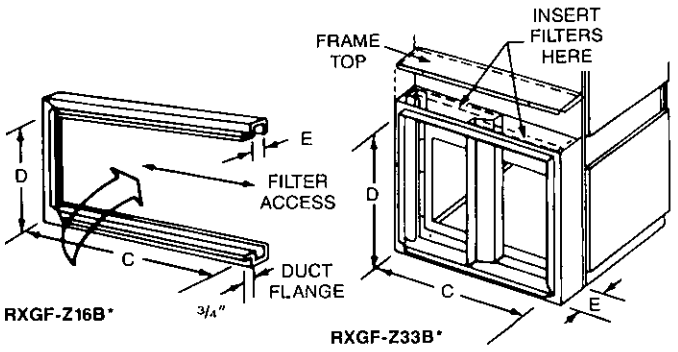
THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR USE IN MOBILE HOMES

ACCESSORIES—UPFLOW

PLENUM DATA

Plenum adapters are required in some instances for use on upflow applications when plenum and furnace size do not match.

FURNACE WIDTH	PLENUM WIDTH	PLENUM ADAPTER UPFLOW	COIL PLENUM
14	16 1/4	RXAA-C171	RXAL-B16BU
14	20 1/4	RXAA-C172	RXAL-B20BU
17 1/2	16 1/4	RXAA-C178	RXAL-B16BU
17 1/2	20 1/4	RXAA-C173	RXAL-B20BU
17 1/2	25 1/4	RXAA-C174	RXAL-B25BU
21	25 1/4	RXAA-C175	RXAL-B25BU
21	22 1/4	RXAA-C176	RXAL-B22BU
24 1/2	25 1/4	RXAA-C177	RXAL-B25BU

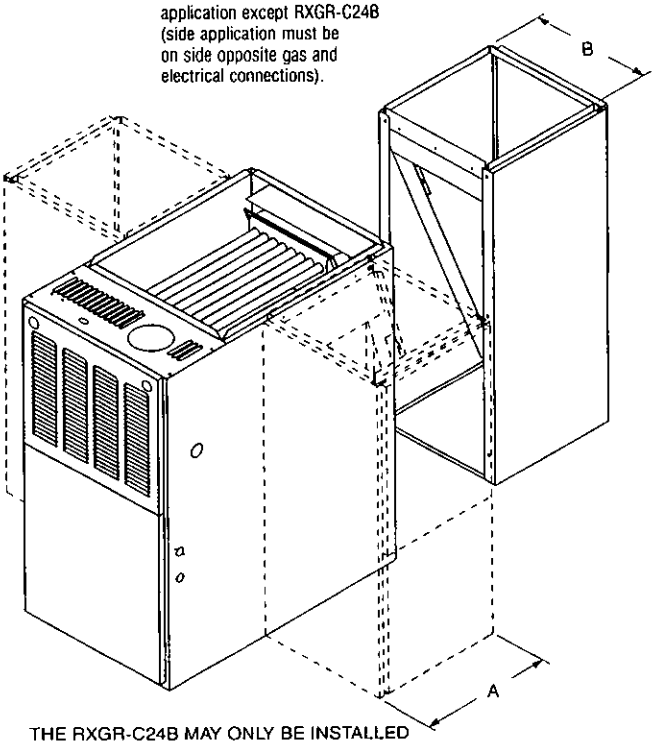


EXTERNAL SIDE FILTER FRAMES	C	D	E
RXGF-Z16B	23	14	1 1/4
RXGF-Z33B	26 1/2	23 1/2	6

NOTE: C and D are plenum dimensions.
*Filters supplied with filter frame.

ACCESSORY RETURN AIR CABINETS

Return Air Cabinets may be installed on rear or either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MAY ONLY BE INSTALLED ON REAR AND LEFT SIDES.

RETURN AIR CABINETS	A	B	FILTER SIZE
RXGR-C14B	14	12 27/32	(2) 12 x 16
RXGR-C17B	17 1/2	16 11/32	(2) 12 x 16
RXGR-C21B	21	19 27/32	(2) 20 x 16
RXGR-C24B	24 1/2	23 11/32	(2) 24 x 16

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE OR REAR AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

FURNACE WIDTH	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE
14	RXGB-B14	AE-61229-02	12 3/4 x 24 11/16
17 1/2	RXGB-B17	AE-61229-03	16 1/4 x 24 11/16
21	RXGB-B21	AE-61229-04	19 3/8 x 24 11/16
24 1/2	RXGB-B24	AE-61229-05	23 1/4 x 24 11/16

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.

Gas Heat Exchanger Warranty . . . . . Twenty (20) Years
Draft Inducer Warranty . . . . . Five (5) Years
Integrated Blower Control Board Warranty . . . Five (5) Years
(Standing Pilot and Hot Surface Ignition Boards)
Any Other Part . . . . . One (1) Year

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

BLOWER PERFORMANCE DATA—UPFLOW MODELS

MODEL NUMBER	BLOWER SIZE	MOTOR H.P.	BLOWER SPEED	CFM AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN						
				.7	.6	.5	.4	.3	.2	.1
UGDG-050AUE* UGDG-05MAUER UGDG-05EAUE* UGDG-05NAUER	11 x 6	1/2	LOW MED-LO MED-HI HIGH	575 895 1060 1250	605 920 1085 1290	635 940 1105 1320	680 955 1125 1350	695 970 1150 1390	715 980 1170 1440	735 990 1190 —
UGDG-075AUE* UGDG-07MAUER UGDG-07EAUE* UGDG-07NAUER	11 x 6	1/2	LOW MED HIGH	800 995 1160	820 1020 1200	840 1045 1235	855 1060 1265	870 1080 1295	885 1095 1320	900 1115 1345
UGDG-075AMG* UGDG-07MAMGR UGDG-07EAMG* UGDG-07NAMGR	11 x 7	3/4	LOW MED-LO MED-HI HIGH	985 1105 1385 1475	1010 1135 1425 1525	1025 1155 1450 1585	1035 1170 1480 1640	1040 1185 1510 1690	1045 1195 1535 1740	1050 1205 1565 —
UGDG-100AUE* UGDG-10MAUER UGDG-10EAUE* UGDG-10NAUER	11 x 6	1/2	LOW MED HIGH	770 920 1120	795 945 1120	810 970 1155	830 990 1190	845 1010 1220	860 1030 1250	875 1050 1280
UGDG-100BRJ* UGDG-10MRJR UGDG-10EBRJ* UGDG-10NBRJR	11 x 10	3/4	LOW MED-LO MED-HI HIGH	1095 1265 1615 1865	1110 1285 1655 1935	1120 1300 1680 2010	1125 1310 1705 2080	1130 1315 1725 2145	1135 1320 1735 2200	1140 1325 1745 —
UGDG-125ARJ* UGDG-12MARJR UGDG-12EARJ* UGDG-12NARJR	11 x 10	3/4	LOW MED-LO MED-HI HIGH	1130 1300 1665 1895	1140 1315 1710 1975	1150 1330 1740 2050	1160 1340 1760 2120	1170 1350 1775 2195	1175 1355 1780 2285	— 1360 — —
UGDG-150ARJ* UGDG-15MARJR UGDG-15EARJ* UGDG-15NARJR	11 x 10	3/4	LOW MED-LO MED-HI HIGH	1150 1300 1655 1775	1170 1330 1695 1847	1175 1345 1735 1915	1180 1360 1775 1980	1185 1365 1800 2045	1190 1375 1830 2110	1195 1385 1845 —

NOTES: *Designates "R" for U.S. models, and "A" for Canadian models.

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, and Local codes, regulations, and practices.

RUUD
AIR CONDITIONING
DIVISION

P.O. Box 17010, Fort Smith, Arkansas 72917-7010

RUUD™

"In keeping with its policy of continuous progress and product improvement, Ruud reserves the right to make changes without notice."

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