CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 10/17/2024

Tracking Number: OPRA-Req-24-1798

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

Name: Breean Stumpf

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Insp ☐ Fax ☑ E-Mail

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ HAVE / ☐ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
2. I, or another person, ☐ WILL / ☐ WILL NOT use the requested government records for a commercial purpose;
3. I ☐ AM / ☐ AM NOT seeking records in connection with a legal proceeding

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

☐ Includes Common Law Request Location: 113 KITTY HAWK RD

OPEN & CLOSE PERMITS - 113 Kitty Hawk Rd, Cherry Hill, NJ 08034

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

2031174

BLOCK 40419 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 113 KITTY HAWK RD
2. Name of Owner in Fee: DARREL PIERCY Tel. ([redacted]
   Address 113 KITTY HAWK RD. (street) CHERRY HILL (municipality) NJ. 08034 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. (_____) _____
   Address HOMEOWNER
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

5/20/03

RECEIVED
SD
MAY - 8 2003
BUILDING INSPECTIONS

- 450sq.ft -
Deck only

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 240.-		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	10.-		
10.	Subtotal			
11.	Cert. of ~~Occupancy~~			
12.	Other			
13.	TOTAL	$ 250.00		

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.	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

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ Alteration	9750.00				5/13/03	AFS			
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	9750.00								

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:

ILDS CH-B 10104827

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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 Daniel Rieder Date 4/29/03

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.									
☐									
☐									

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.				

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

IDENTIFICATION

Date Issued: 07/28/2003
Control #: 43493
Permit #: 20031174

Block: 404.19 Lot: 2 Qual:

Work Site: 113 KITTY HAWK RD.
CHERRY HILL

Owner in Fee: DARREL PIERCY
Address: 113 KITTY HAWK RD.
CHERRY HILL, NJ 08034
Telephone: [redacted]

Agent/Contractor: DARREL PIERCY
Address: 113 KITTY HAWK RD.
CHERRY HILL, NJ 08034
Telephone: [redacted]

Lic. No./ Bldrs. Reg No.:
Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-4
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: DECK, 450 SQ.FT.

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Anthony Bonsemanno, Construction Official

Fees $0.00
Paid [ ] Check No
Collected by

UCC 360 (rev. 3/96) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7655

RECD MAY 20 2003

Permit Number: 20031174
Permit Date: 05/20/2003
Application Number: 45499
Application Date: 05/14/03

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 404.19 Lot : 2 Qualifier :

Work site Location:	113 KITTY HAWK RD. CHERRY HILL	Contractor:	DARREL PIERCY
Owner In Fee:	DARREL PIERCY	Address:	113 KITTY HAWK RD.
Address:	113 KITTY HAWK RD.		CHERRY HILL NJ 08034
	CHERRY HILL NJ 08034	Telephone:	[redacted]
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-4	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

DECK, 450 SQ.FT.

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$9,750.00
Cost of Demolition:	$0.00
Total Cost:	$9,750.00

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

Anthony Saccomanno
Construction Official

05/14/03
Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	$240.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-57]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AllFee (DCA)	$10.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-62]	Street Open. Escrow	
	Total :	**$ 250.00**

All Fees Waived No

Amount to be Paid: $ 250.00

Check Number: 522
Check amount: $250.00

Collected by: SRW
Total Cash Amount
Total Check Amount $250.00
Total CC Amount

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/20/03
Control #
Permit # 2003-1174

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

Block 404.19 (404.19) Lot 2
Work Site Location 113 KITTY HAWK RD
CHERRY HILL N.J 08034
Owner in Fee DARREL PIERCY
Address 113 KITTY HAWK RD
CHERRY HILL N.J. 08034
Tele. ([redacted]
Contractor
Address HOMEOWNER
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/13/03	JCS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/18/03
Approved by: JCS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing (✓)			7/14/03	JPW
Foundation				
Slab				
Frame (✓)	— NO INSP. MADE/REQUESTED			
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final (✓)			7/18/03	BEm
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed U
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) $ 9,750

10k (24p/k) = $240.00

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.
Darrel Piercy
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DECK, REAR OF HOME
APPROX. 12" ELEVATION
NO RAILING
(✓) CALL FOR INSPECTIONS AS NOTED.
HAVE PLANS ON SITE

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other ____

[ ] Demolition

FEE (Office Use Only)
$ ____
$240.00

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

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

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

BKA 7/18/03 Final (pass)

- No frame insp. was possible
- New deck is approx 12" above grade & covered w/ decking
- Final insp was made as to only what was visible

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/20/03
Control #
Permit # 2003-1174

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

Block 404.18 (404.19) Lot 2
Work Site Location 113 KITTY HAWK RD
CHERRY HILL N.J 08034
Owner in Fee DARREL PIERCY
Address 113 KITTY HAWK RD
CHERRY HILL N.J. 08034
Tele. ([redacted]
Contractor
Address - HOMEOWNER
HOMEOWNER
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No. I
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/13/03	JCS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/20/03
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing ✓				
Foundation				
Slab				
Frame ✓				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO			5/20/03	
Other				
Final ✓				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed V
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) $ 9,750

10k (24pkt) = $240.00

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.
Daniel Piercy
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DECK, REMR OF HOME
APPROX. 12" ELEVATION
NO RAILING
✓ CALL FOR INSPECTIONS (AS NOTED)
HAVE PLANS ON SITE

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

FEE (Office Use Only)
$ $240.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

[redacted]

ZONING APPROVAL APPLICATION

TOWNSHIP OF CHERRY HILL

820 Mercer Street
Cherry Hill, NJ 08002
(856) 488-7870

ZONING APPROVAL **№ 1477**

☒ Building Permit ☐ Certificate of Occupancy

Block 404.19 Lot 2 Zone RA-PC

Property Owner DARREL PIERCY

Address of Property 113 KITTY HAWK RD.

Address of Owner 113 KITTY HAWK RD. Phone No. [redacted]

Existing Use deck. Proposed Use DECK (replacing)

Type of Structure Proposed TREX DECK SYSTEM (12') high

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all application laws of this jurisdiction.

Darrel Piercy (Signature) 113 Kitty Hawk Road (Address) [redacted] (Telephone)

**** DO NOT COMPLETE BELOW THIS LINE ****

SETBACKS: ☐ Corner Lot ☐ Inside Lot

Front _____ Rear ± 24' Smallest side ± 14' Aggregate ± 58' Second front _____

Sq. Ground Floor _____ Height _____ Gross Floor Area _____

For swimming pool only:

Distance of pool from the foundation wall _____ Front _____ Rear _____ Side _____

ZONING BOARD ACTION	P.O.A. _____	Date Granted _____
PLANNING BOARD ACTION	P.B.C. _____	Date Granted _____

THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS: Deck removed. Must remain a minimum of 10 ft. from side property line and 25 ft. from rear property line. Must comply w/ all UCC & Bcrt regs.

OTHER PAYMENTS AND FEES:

Taxes Paid: OK

Contributions-In-Aid:

Road Improv. $ _____

Sewer Improv. $ _____

Other _____ $ 10.00

Housing Impact Fee:

(a) Estimated equalized value of the improvements $_____

(b) Fee calculation:

1) Residential use - 0.5% of (a) $_____

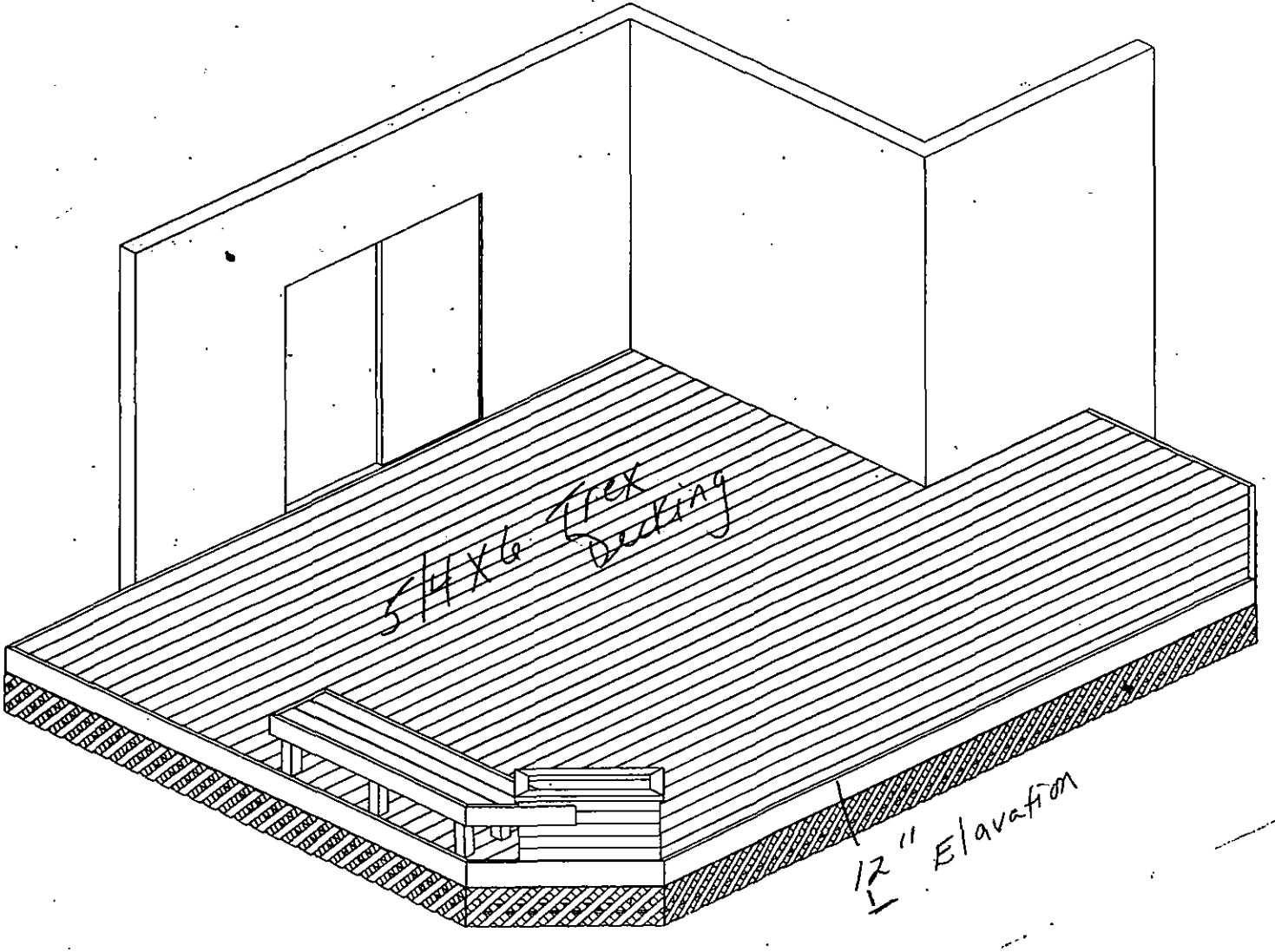
2) Non-Residential use - 1.0% of (a) $_____

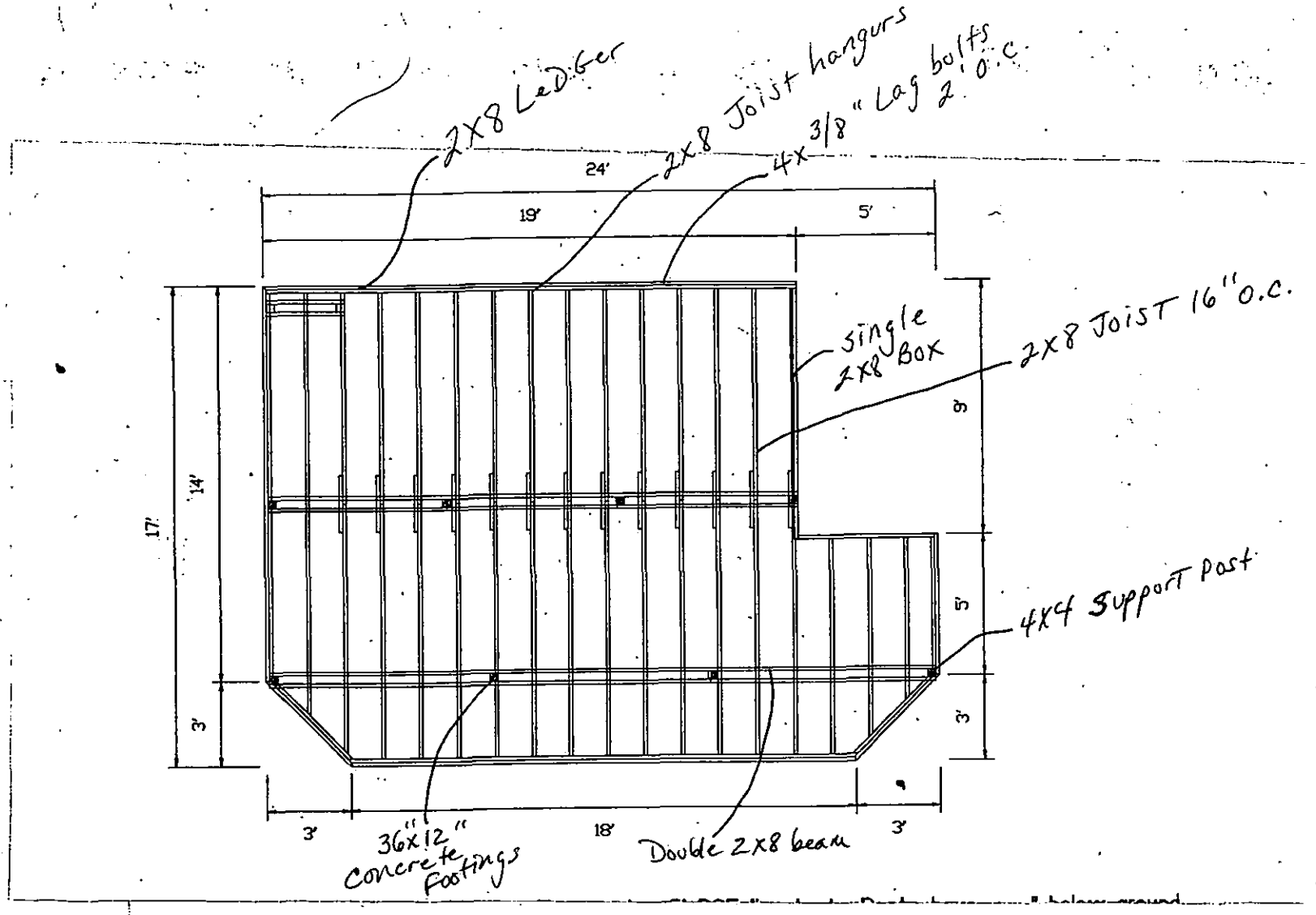
[redacted] (Name) Z.B. Admin. (Title) 3/5/03 (Date)

PPCo.

Darrel Riney

113 KITTY HAWK



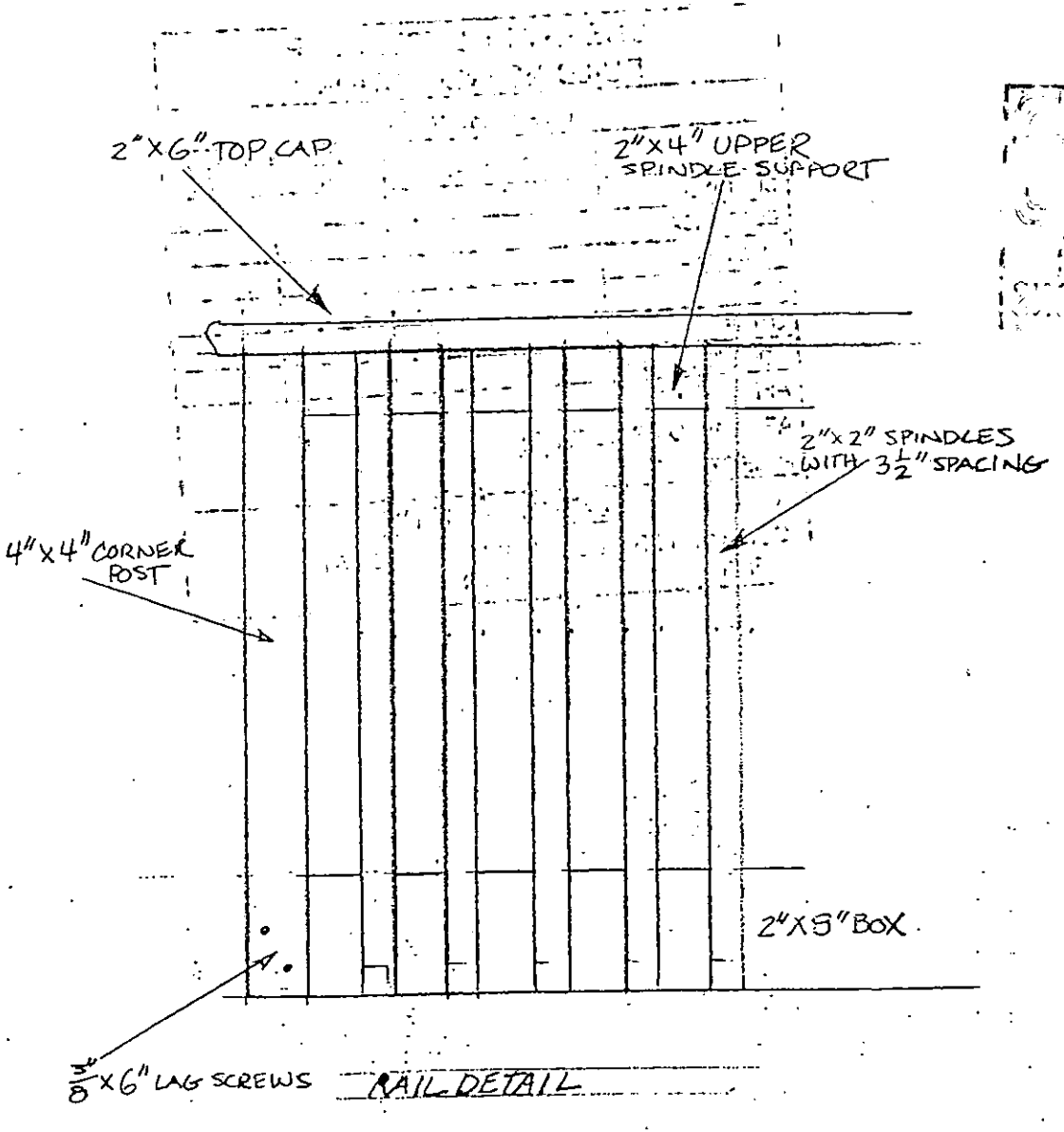


NOTES:

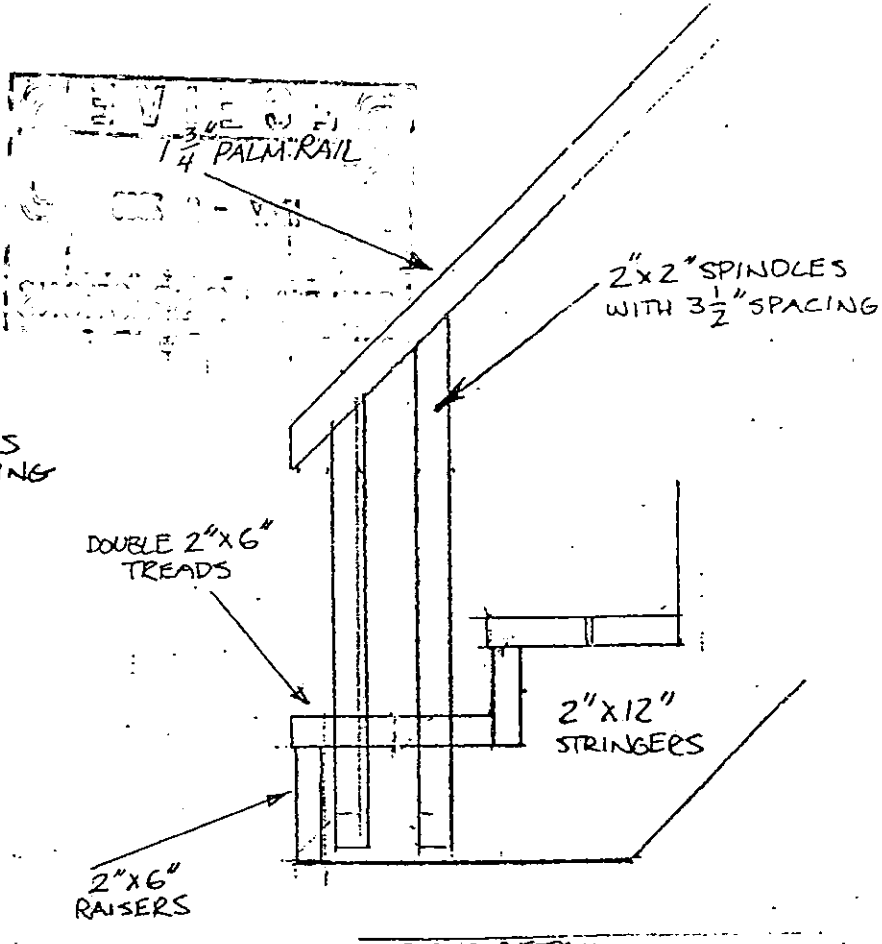
(1) Flash ledger to house

(2) Provide (2) 1/2" ø Galv. Carriage bolts @ all post/girder connections.

(3) Provide 4"x6"/6"x6" post @ area where girder seam occurs.



RAIL DETAIL



STEP DETAIL

OFFICE

RECEIVED
MAY - 8 2003
BUILDING INSPECTIONS

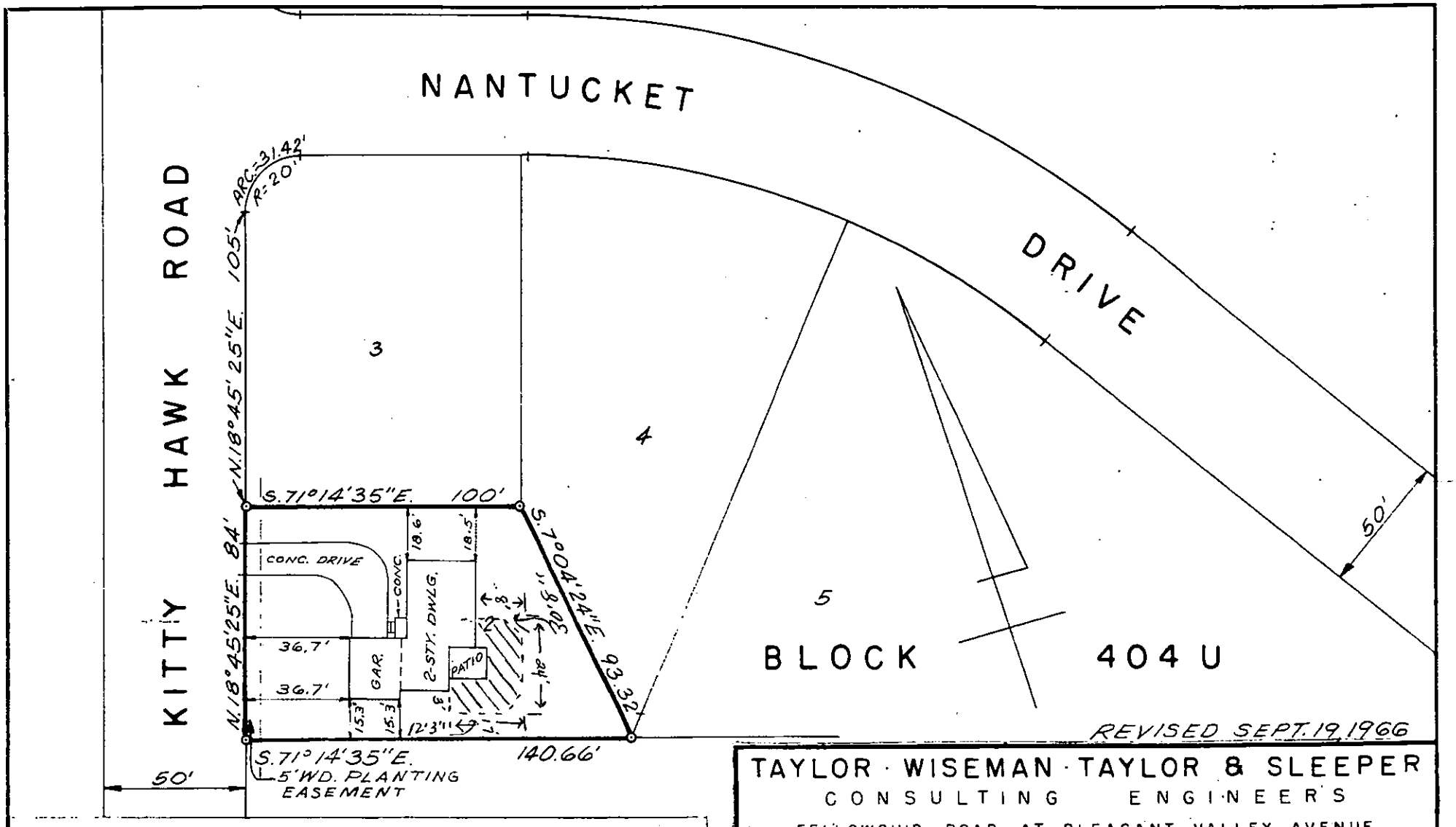
CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS
PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING	YES	5-13-03	
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

BARCLAY HOMES, BLOCK 5H



REVISED SEPT. 19, 1966

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN THEREON.

LAND SURVEYOR LICENSE NO. 8898

BLDG. TIES TO FNDTN.

TAYLOR · WISEMAN · TAYLOR & SLEEPER
CONSULTING ENGINEERS
FELLOWSHIP ROAD AT PLEASANT VALLEY AVENUE
MOORESTOWN, NEW JERSEY

SURVEY OF LOT 2 BLOCK 404U SECTION 3&B
BARCLAY HOMES - SOUTHERN SUBDIVISION
CHERRY HILL TWP., CAMDEN COUNTY, NEW JERSEY

DATE	SCALE	DWG. NO.
JULY 8, 1966	1" = 50'	12141

404U-2

BLOCK 404.14 LOT 25 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO 2010-2216

RECEIVED
JUL 15 2010
SD
BUILDING INSPECTIONS

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

8/13/10

I. IDENTIFICATION

1. Proposed Work Site at: 113 Kitty Hawk Rd 08034
2. Name of Owner in Fee: Daniel Piercy
   Tel. ([redacted] e-mail _____
   Address: 113 Kitty Hawk Rd · 08034
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Al Bea Service Tel. (___) _____
   Address 3518 Norwood ave e-mail Jamsaulon 08109
   License No. OR, if new home, Builder Reg. No. 13VH00394400 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] Fax (856) 317 1752
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX (____) _____
6. Responsible Person in Charge once Work has Begun Al Bea
   Tel (856) 317 1750 FAX (856) 317 1752

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	58	
2.	Electrical		58	
3.	Plumbing		58	
4.	~~Fire Protection~~ Mech			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee		13	
10.	Subtotal	$		
11.	Cert. of ~~Occupancy~~			
12.	Other			
13.	TOTAL	$	187 -	

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 Distrubed sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes _____ no _____	

IIa. PROPOSED WORK:

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

IIb. SUBCODES:

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ ~~Building~~ Mech	7000				7/16/11				
☑ Electrical	~~300~~ 1000				7-16-10				
☑ Plumbing	100				7-16-10				
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	1400								

Replace gas furnace, A/C + water heater

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use) R8

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. 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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS CH-B 10121839

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.ix:

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Albert Service

Address 3514 Norwood Ave

Pennsauken 08109

Telephone (856) 3171750

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.									
☐									
☐									

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. _____	_____	_____	_____	_____

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE
IDENTIFICATION

Date Issued: 08/31/2010
Control #: 72812
Permit #: 20102216

Block: 404.19 Lot: 2 Qualification Code:

Site Location: 113 KITTY HAWK RD.
CHERRY HILL

Owner in Fee: DARREL PIERCY
Address: 113 KITTY HAWK RD.
CHERRY HILL NJ 08034
Telephone: [redacted]

Agent/Contractor: ALBER SERVICE CO
Address: 3518 NORWOOD AVENUE
PENNSAUKEN NJ 08109
Telephone: 856 317-1750

Lic. No./ Bldrs. Reg.No.: 36BI00231300 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

Replace gas furnace, A/C, water heater

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Gerald E. Seneski

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 21657
Collected by: SRW

U.C.C.260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20102216

Control Number: 72812
Application Date: 07/26/10

CONSTRUCTION PERMIT

Permit Date: 08/17/2010

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 404.19 Lot : 2 Qualifier :

Work site Location: 113 KITTY HAWK RD. CHERRY HILL

Owner In Fee: DARREL PIERCY

Address: 113 KITTY HAWK RD.
CHERRY HILL NJ 08034

Telephone: [redacted]

Use Group(s): R-5

Contractor: ALBER SERVICE CO

Address: 3518 NORWOOD AVENUE
PENNSAUKEN NJ 08109

Telephone: (856) - 317-1750

Lic. No. / Bldrs. Reg. No.: 36BI00231300

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Replace gas furnace, A/C, water heater

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$7,400.00
Cost of Demolition:	$0.00
Total Cost:	$7,400.00

PAYMENTS (Office Use Only)

[70-43]	Building	
[70-48]	Electrical	$58.00
[70-36]	Plumbing	$58.00
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	$58.00
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$13.00
[70-91]	DCA Minimum Fee	$0.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Document Imaging	
[70-67]	Zoning	
[73-83]	Street Open. Escrow	
	Total :	$ 187.00

All Fees Waived No

Amount to be Paid: $ 187.00

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

Gerald E. Seneski 7.26.10

Gerald E. Seneski — Date

Contruction Official

Check Number: 21657
Check amount: $187.00

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

RECEIVED
AUG 17 2010
TAX COLLECTOR

Collected by: SRW
Total Cash Amount:
Total Check Amount: $187.00
Total CC Amount:
Grand Total: $187.00

J 6

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/17/10
Control #
Permit # 2010-2217

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

Block 4004.19 Lot ~2 Qualification Code

Work Site Location 113 KILLY HAWK ROAD
CHERRY HILL NJ 08034

Owner in Fee: PAT PIERCY

Tel. ( ) [redacted] e-mail

Address 113 KILLY HAWK ROAD (street) CHERRY HILL (municipality) NJ (zip code) 08034

Contractor: MATT KONDRLA ELECTRIC Tel. (856) 858-1692

Address 300 CRESTWOOD AVE
HADDONTWP NJ 08033

Contractor License No. 10605 Exp. Date 4/12

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

Federal Emp. ID No. [redacted] FAX: ( ) SAME

B.ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 7-16-10 MK
Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8-26-10

Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
~~Service~~ AC Furnace			8-26-10 MK	
Final				
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 I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		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. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3ton	KW Central A/C Unit Replace	50
1	15kp	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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

UCC/F-120
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

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

06/08

MECHANICAL INSPECTOR
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 8/17/10
Control #
Permit # 2010-2217

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

Block 404.19 Lot 2 Qualification Code

Work Site Location 113 KITTY HAWK RD

Owner in Fee: Darrel O'Leary

Tel.([redacted]

Address 113 Kitty Hawk Rd Cherry Hill 08034

Contractor: Aber Service Tel. (856) 3171750

Address 354 B Norwood Ave

Pennsauken 08109

Contractor License No. 13VH00392400 Exp. Date

Federal Emp. ID No. [redacted] FAX: (856) 3171752

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5

Heating System [ ] Conversion [ ] Replacement

Fuel: [✓] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Type: [ ] Hydronic [✓] Hot Air

Est. Cost of Mechanical Work $ 7000

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace gas Furnace

~~HP~~ BRYANT

.90+

.Sec Lisi

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	5+
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	5+
TOTAL FEE	$	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Join Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.

PLANS APPROVED
Date: 7/16/10
Approved by:

SUBCODE APPROVAL
[✓] CA [ ] CCO
Date: 8/26/10
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent			8/26/10	
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			7/16/10	
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

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

UCC/PRO F-145
Professional Printing
(856) 468-7932

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/17/10
Control #
Permit # 2010-2216

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

Block 404.19 Lot 7 Qualification Code

Work Site Location 113 Kittie Howland
Cherry Hill 08034

Owner in Fee: Frank Riney

Tel. ([redacted] e-mail

Address 113 Kitty Howland 08034
street municipality zip code

Contractor: Auburn Plumbing Tel. (856) 3171758

Address 3518 Norwood Ave
Pennsauken 08109

Contractor License No. 7313 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: ( )

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 $ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7.16.10
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8.31.10
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	8.26.10	8.27.10	8.31.10	

C. CERTIFICATION IN LIEU OF OATH WIRE / N/E

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

Applicant Signature/ Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] 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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
1	Other Condensate	

Administrative Surcharge $
Minimum Fee $ 58.00
State Permit Surcharge Fee $
TOTAL FEE $

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

UCC/F-130
Professional Printing
(856) 468-7933

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 404.19 LOT 2 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 113 KITTY HAWK RD

Applicant DANIEL PIERCY

Certifying Individual R G AUBEN Company AUBEN SERVICE

Address 351 N NORWOOD RD (Street) JOHNSTOWN (City) 08109 (State) (Zip Code)

Tel. (856) 317 1750

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

- [ ] 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 hereby 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 _____ 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] 12/14/10

_____ Signature _____ Date

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

U.C.C. F370 (rev. 3/04)

OWNER-113 KITTY HAWK ROAD
PLEASE READ THIS FIRST

TOWNSHIP OF CHERRY HILL
DEPARTMENT OF CODE ENFORCEMENT
RESIDENTIAL MECHANICAL SUBCODE REQUIREMENTS

CALL FOR ALL INSPECTIONS 856-488-7855

Carbon Monoxide Alarm Requirements:

- Provide a carbon monoxide alarm in the immediate vicinity of each sleeping area. N.J.A.C. 5:23-3.20(c).

Fuel Fired Appliance(s):

- Provide the manufacturer's specification for the appliance for all inspections. M1401.1.
- Verify adequate combustion air for all fuel fires appliances. CHAPTER 17, IRC-2006, NJ EDITION.
- High efficiency units: All plastic piping (ABS, PVC, other) shall be installed, including vent and combustion air piping termination points, per the manufacturer's specs. Use approved hangers and primer. Space hangers per ASTM Standards and IFGC-2006, Table 503.4.
- "Orphaned Appliance". If existing gas fired appliance(s) are "Orphaned" by the installation of a high efficiency unit, the contractor shall verify that the existing vent system is sized properly for the reduction in total system BTU input. IRC-NJ, 2006 edition, Section G2428.

Smoke Detector Requirements: Repairs, Renovations, or Alterations.

- Battery powered smoke detectors shall be installed and maintained on each level of the dwelling and outside of each separate sleeping area in the immediate vicinity of the bedrooms. The smoke detectors shall be located on or near the ceiling as per the manufacturer's specifications. N.J.A.C. 5:23-6.4(f).
- Smoke detectors shall be located at least three (3) feet away from any HVAC supply register. NFPA 72-2002, Section 11.8.3.5.
- Flat Vaulted or Tray Ceilings: Smoke detectors shall be mounted on the upper most section of the ceiling. NFPA 72, Section 11.8.3.1.
- Peaked or Cathedral ceilings: Smoke detectors shall be mounted within three (3) feet of the peak, measured horizontally from the peak. NFPA 72, Section 11.8.3.2.
- Smoke detectors shall be located at least three (3) feet away from any bathroom doors and at least three (3) feet from any kitchen doorways or openings. NFPA 72, Section 11.8.3.5.
- Smoke detectors shall be located at least three (3) feet horizontally away from the tip of the blades of a ceiling fan. NFPA 72, Section 11.8.3.5.

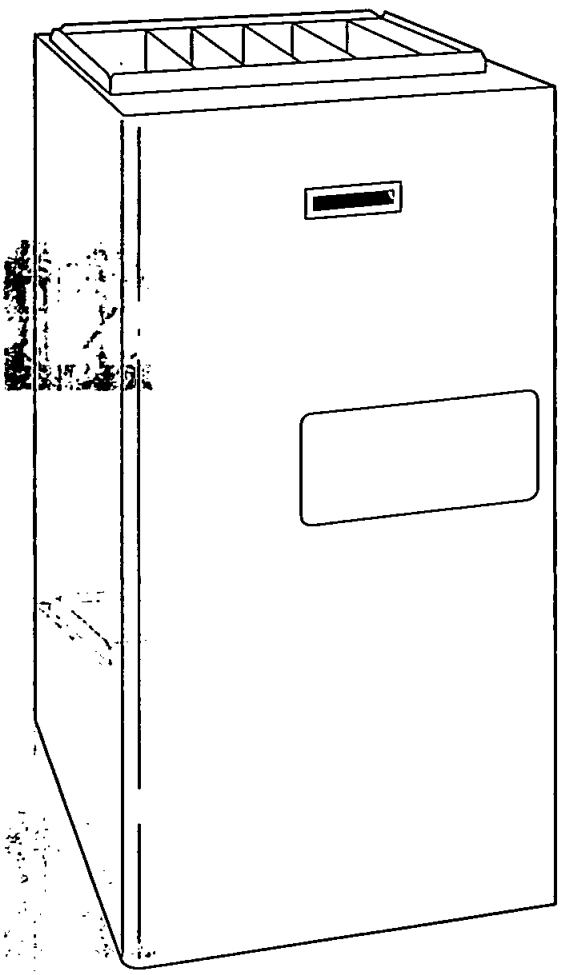
If you have any questions, please feel free to contact Bill Cattell, Fire Protection Subcode Official, Cherry Hill Township, at 856-488-7855.

OFFICE

355AAV EVOLUTION™ HIGH EFFICIENCY GAS FURNACE
DELUXE 4-WAY MULTIPOISE VARIABLE-SPEED
TWO-STAGE CONDENSING GAS FURNACE
Series 120 Input Rates: 40,000 thru 120,000 Btuh

bryant

Product Data



A05085

Perfect Sense Perfect Humidity EVOLUTION

PERFECT HEAT® TECHNOLOGY, THE ULTIMATE IN HEATING COMFORT . . .

The Bryant Evolution™ with Perfect Heat™ technology achieves the optimum combination of comfort and efficency.

The Evolution™ achieves industry-leading ultra-high efficiency at up to 96.6 percent Annual Fuel Utilization Efficiency (AFUE). Efficient performance is enhanced through the variable-speed design. To maintain ideal comfort, Perfect Heat™ technology automatically adjusts the heating level, maximizing the use of low heating levels that produce near silent furnace operation while meeting the exact heating needs. This unit is designed to keep the indoor temperature within less than 1 degree of the thermostat setpoint. Because it operates in low heat most of the time, the Evolution™ uses up to 80% less power than single-capacity furnaces.

In addition to providing ultimate comfort, the Evolution™ has a sealed combustion system. This system brings combustion air to the furnace and vents flue gases outside the furnace in a safe manner. Because it is sealed, operational noise is minimal. A sealed combustion system also means fewer cold drafts and less air infiltration.

The Evolution™ is available in 6 heat/airflow combinations. The unit has a 4-way multipoise design and can be installed in upflow, downflow, or horizontal positions covering up to 24 different applications. The Evolution™ can be vented as a Direct vent/2-pipe furnace or as a non-direct vent/1-pipe application.

The versatile 4-way multipoise design in conjunction with variable speed makes the Evolution™ ideal for use with split system cooling, including 2-speed units. A Bryant Evolution™ air purifier, humidifier, comfort ventilator, and Comfort Zone II control will provide year round comfort and efficiency.

Designed for durability, comfort, and reliability, the Evolution™ is the ultimate in versatile, efficient comfort.

Bryant Evolution® System — When the Evolution™ variable-speed gas furnace is matched with the Evolution™ Control and an air conditioner or heat pump, the homeowner will experience the ultimate in Perfect Heat™ and Perfect Humidity™ through unparalleled control of temperature, humidity, indoor air quality, and zoning. The Bryant Evolution™ System also provides unprecedented ease of use through onscreen, text-based service reminders and equipment malfunction alerts.

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

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

EVOLUTION® FEATURES / BENEFITS

Perfect Humidity™—The Perfect Humidity system actively controls both temperature and humidity in the home to provide the best comfort all year long. Other systems depend on heating or cooling demand to manage the moisture in the air. But, Perfect Humidity™ gives the homeowner the right amount of humidity day and night, even in mild weather. No other manufacturer can do this! Perfect Humidity saves energy, too. By keeping humidity under control, the homeowner can set their thermostat to stay comfortable and save energy—up to 20% off their cooling costs!

Perfect Heat™—On the coldest days of the year, the Evolution™ Furnace has the capacity to heat the home. On moderate days when less heat is required, this furnace will regulate itself to a lower capacity—providing a comfortable home and minimizing operating costs.

The patented algorithm adjusts the low heat operating time to match the indoor conditions.

Reliable Heat Exchanger Design—The primary heat exchanger is made of aluminized steel for corrosion resistance. The patented Everlastic™ condensing heat exchanger cells are laminated with polypropylene for greater resistance to corrosion and epoxy coated externally to prevent oxidation. This break-through in heating technology helps extend the life of the furnace for years of dependable performance. The heat exchanger is positioned in the furnace to extract additional heat. Stainless steel coupling box components between heat exchangers has exceptional corrosion resistance in natural gas and propane applications.

Perfect Light™ Igniter—Bryant's unique SiN igniter is not only physically robust but it is also electrically robust. It is capable of running at line voltage and does not require complex voltage regulators as do other brands. This unique feature further enhances the reliability of Evolution™ gas furnace and continues Bryant's tradition of technology leadership and innovation in providing a reliable and durable product.

FanOn™—Improves comfort all year long by allowing selection of the continuous fan speed right at the thermostat.

SmartEvap™—Allows the system to reduce summertime humidity levels by nearly 10% over standard systems.

Media Filter Cabinet—Enhanced indoor air quality in the home is made easier with our media filter cabinet—a standard accessory on all deluxe furnaces. When installed as a part of the system, this cabinet allows for easy and convenient addition of a Bryant high efficiency air filter.

Perfect Heat™ Control Center—The microprocessor control center features state-of-the-art combustion, temperature, and airflow control to maximize comfort while operating at peak efficiency.

Combustion control is obtained by taking the inducer motor RPM reading when the medium-heat pressure switch makes. Using this information, the microprocessor maintains a consistent air-to-fuel ratio independent of vent sizing and conditions during all phases of heat.

The first cycle after power reset provides 16 minutes of low heat before switching to high heat unless the room thermostat has been satisfied. Subsequent thermostat cycles provide anywhere from 0 to 16 minutes of low or medium heat depending on the length of the previous thermostat cycle.

Airflow control is accomplished by the microprocessor and blower motor. The ECM blower motor is configured by the microprocessor to react to changes in the static load on the air delivery system. The ECM blower uses this information to deliver correct airflow independent of variations in system restrictions. (For example, dirty filter or zone damper changes during a cycle.)

A special dehumidification function allows direct input from a thermidistat or humidistat. This input adjusts system airflow for greater humidity removal and increased cooling comfort during summer months.

Direct Venting or Optional Ventilated Combustion Air—The Evolution™ can be installed as a 2-pipe (Direct Vent) furnace or as a non-direct vent/1-pipe application. This provides added flexibility to meet diverse installation needs.

Electronic Variable-Speed Motors—ECM Motors (Electronically Commutated Motor) provide variable-speed operation to optimize comfort levels in the home year round. They are also more economical to operate than standard motors.

Sealed Combustion System—Evolution™ brings in combustion air from outside the furnace, which results in especially quiet operation.

Insulation—Foil-faced insulation in heat exchanger section of the casing minimizes heat loss.

Insulated Blower Compartment—The acoustical insulation reduces air and motor noise for quiet operation.

Monoport Burners—The burners are finely tuned for smooth, quiet combustion and economical operation.

Bottom Closure—Factory-installed for side return; easily removable for bottom return.

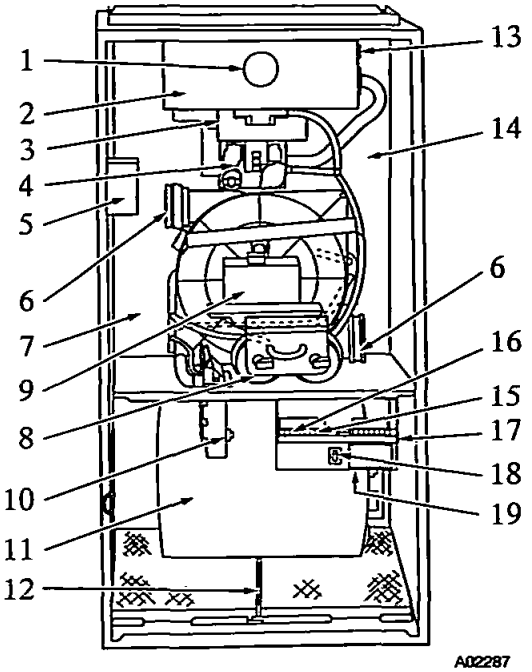
Blower Access Panel Switch—Automatically shuts off 115-v power to furnace whenever blower access panel is opened.

Quality Registration—The Evolution™ is engineered and manufactured under an ISO 9001 registered quality system.

Certifications—The Evolution™, Model 355AAV units are CSA (A.G.A. and C.G.A.) design certified for use with natural and propane gases. The furnace is factory-shipped for use with natural gas. A CSA listed gas conversion kit is required to convert furnace for use with propane gas. The efficiency is GAMA efficiency rating certified. The Evolution™ meets California Air Quality Management District emission requirements.

These furnaces are not approved for installation in mobile homes.

FURNACE COMPONENTS



NOTE:

- The 355AAV Furnace is built for use with natural gas. The furnace can be converted for propane gas with a factory-authorized and listed accessory conversion kit.
- Control location and actual controls may be different than shown above.

1. Burner sight glass for viewing burner flame.
2. Burner assembly (inside). Operates with energy-saving, inshot burners and hot surface igniter for safe, dependable heating.
3. Combustion-air intake connection to ensure contaminant-free air (right or left side).
4. Redundant 2-stage gas valve. Safe, efficient. Features one gas control with two internal shutoff valves.
5. Junction box for 115-v electrical power supply.
6. Vent outlet. Uses PVC pipe to carry vent gases from the furnace's combustion system (right or left side).
7. Secondary condensing heat exchanger (inside). Wrings out more heat through condensation. Constructed with patented Polypropylene-laminated steel to ensure durability.
8. Pressure switches ensure adequate flow of flue products through furnace and out vent system.
9. Inducer motor. Pulls hot flue gases through the heat exchangers, maintaining negative pressure for added safety.
10. Condensate drain connection. Collects moisture condensed during combustion process.
11. Heavy-duty blower. Circulates air across the heat exchangers to transfer heat into the home.
12. Air filter and retainer. May be used for side return application.
13. Rollout switch (manual reset) to prevent overtemperature.
14. Primary serpentine heat exchanger (inside). Stretches fuel dollars with the S-shaped heat-flow design. Solid construction of corrosion-resistant aluminized steel means reliability.
15. 3-amp fuse provides electrical and component protection.
16. Light emitting diodes (LEDs) on control center. Code lights are for diagnosing furnace operation and service requirements.
17. Perfect Heat™ Control Center.
18. Blower access panel safety interlock switch.
19. Transformer (24v) behind control center provides low-voltage power to furnace control and thermostat.

BRYANT ACCESSORIES

DESCRIPTION	PART NO.	UNIT SIZE					
		042040	042060	042080	060080	060100	060120
Vent Termination Kit (Bracket Only for 2 Pipes)	2-in. — KGAVT0101BRA 3-in. — KGAVT0201BRA	X	X	X	X	X	X
Concentric Termination Kit (Single Exit)	2-in. — KGAVT0701CVT 3-in. — KGAVT0801CVT	X	X	X	X	X	X
Condensate Freeze Protection Kit	KGAHT0101CFP	X	X	X	X	X	X
Condensate Neutralizer Kit (obtained thru RCD)	P908-0001	X	X	X	X	X	X
Evolution Air Purifier	Model GAPA	X	X	X	X	X	X
Condensate Neutralizer Kit (obtained thru RCD)	P908-0001	X	X	X	X	X	X
Electronic Air Cleaner	Model EACB	X	X	X	X	X	X
Mechanical Air Cleaner	Model FILCAB or EZXCAB	X	X	X	X	X	X
Humidifier	Model HUM	X	X	X	X	X	X
Heat Recovery Ventilator	Model HRV	X	X	X	X	X	X
Energy Recovery Ventilator	Model ERV	X	X	X	X	X	X
UV Lights	Model UVL	X	X	X	X	X	X
EZ Flex Media Filter with end caps – 16-in. (406 mm) (9 pack)	EXPXXLMC0016		X				
EZ Flex Media Filter with end caps – 20-in. (508 mm) (9 pack)	EXPXXLMC0020			X	X	X	
EZ Flex Media Filter with end caps – 24-in. (610 mm) (6 pack)	EXPXXLMC0024	X					X
Replacement EZ Flex Filter – 16-in. (406 mm) (10 pack)	EXPXXFIL0016		X				
Replacement EZ Flex Filter – 20-in. (508 mm) (10 pack)	EXPXXFIL0020			X	X	X	
Replacement EZ Flex Filter – 24-in. (610 mm) (10 pack)	EXPXXFIL0024						X
Exterior Filter Rack – Universal, 1" (19 mm) (adjustable from 14" to 24") with filter	KGAFR0301ALL KGAFR0306ALL (6-pack)	X	X	X	X	X	
Unframed Filter 3/4-in. (19 mm) — 16 x 25 (406 x 635)	KGAWF1301UF KGAWF1306UFR (6 pack)	X	X	X	X	X	
Unframed Filter 3/4-in. (19 mm) — 20 x 25 (508 x 635)	KGAWF1401UFR KGAWF1406UFR (6 pack)			X	X	X	
Combustible Floor Base (Not required when evaporator coil case is used.)	KGASB0301ALL	X	X	X	X	X	

*Factory-authorized and field-installed. Gas conversion kits are CSA (AGA/CGA) recognized.
S 18 x 25 (406.4 x 635.0 mm) filters suitable for side return on all furnace sizes.
X = Accessory

BRYANT ACCESSORIES (CONTINUED)

DESCRIPTION	PART NO.	UNIT SIZE					
		042040	042060	042080	060080	060100	060120
Natural–To–Propane Gas Conversion Kit (Single Kit)*	KGANP4601ALL	X	X	X	X	X	X
Propane–To–Natural Gas Conversion Kit (Single Kit)	KGAPN3901ALL	X	X	X	X	X	X
ECM Motor Simulator (replaces the ECM motor to aid troubleshooting	KGASD0301FMS	X	X	X	X	X	X
Door Gasket Kit	KGBAC0110DGK	X	X	X	X	X	X
Advanced Product Monitor (software and hardware to link PC laptop to control board)	KGAFD0301APM	X	X	X	X	X	X
ECM Control Replacement Module – 1/2 HP	HK44EA122	X	X	X			
ECM Control Replacement Module – 1 HP	HK52EA122				X	X	X
Gas Orifice Kit Size 42 (Qty 50)	KGAHA0150N42	See Installation Instructions for model, altitude, and heat value usages.					
Gas Orifice Kit Size 43 (Qty 50)	KGAHA0250N43						
Gas Orifice Kit Size 44 (Qty 50)	KGAHA0350N44						
Gas Orifice Kit Size 45 (Qty 50)	KGAHA0450N45						
Gas Orifice Kit Size 46 (Qty 50)	KGAHA0550N46						
Gas Orifice Kit Size 47 (Qty 50)	KGAHA1550N47						
Gas Orifice Kit Size 48 (Qty 50)	KGAHA850N48						
Gas Orifice Kit Size 54 (Qty 50)	KGAHA0850P54						
Gas Orifice Kit Size 55 (Qty 50)	KGAHA0750P55						
Gas Orifice Kit Size 56 (Qty 50)	KGAHA0850P56						
Gas Orifice Kit Size 1.25mm (Qty 50)	KGAHA05750125						
Gas Orifice Kit Size 1.30mm (Qty 50)	KGAHA5750130						

*Factory–authorized and field–installed. Gas conversion kits are CSA (AGA/CGA) recognized.
16 x 25 (406.4 x 635.0 mm) filters suitable for side return on all furnace sizes.
X – Accessory

THERMOSTAT AND ZONING CONTROL OPTIONS

NON-PROGRAMMABLE THERMOSTAT SELECTION

TC-NAC or TP-NAC	For use with 1 speed Air Conditioner – °F/°C, Auto Changeover
TC-NHC or TP-NHC	For use with 1 speed Air Conditioner – °F/°C, Auto Changeover
TP-NRH*	For use with 2 speed Air Conditioner – °F/°C, Auto Changeover

* Model HP & 2 Stage thermostat must be field converted to air conditioner operation.

PROGRAMMABLE THERMOSTAT SELECTION

TP-PAC	For use with 1 speed Air Conditioner – °F/°C, Auto Changeover, 7-Day Programmable
TP-PHP*	For use with 1 speed Air Conditioner – °F/°C, Auto Changeover, 7-Day Programmable
TP-PRH*	For use with 2 speed Air Conditioner – °F/°C, Auto Changeover, 7-Day Programmable
TB-PAC	For use with 1 speed Air Conditioner – °F/°C, Auto Changeover, 5-2 Programmable
TP-PRH†	For use with two-stage applications – °F/°C, Auto Changeover, 7-Day Programmable
TP-PRH‡	For multi-use/stage configurations – °F/°C, Auto Changeover 7-Day Programmable
SYSTXBBUID01-B	Evolution™ user interface

* Model HP & 2 Stage thermostat must be field converted to air conditioner operation.
† Hybrid Heat™ thermostat is used with furnace and heat pump application.
‡ Thermidistat can be configured for heating, cooling, and Hybrid Heat applications. It must be configured for each specific application.

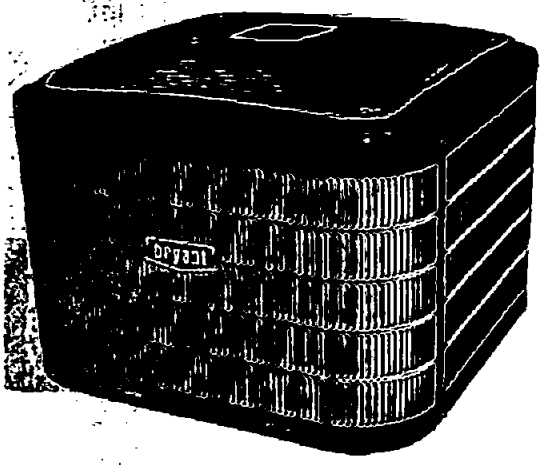
ZONING CONTROL SELECTION

ZONEBB3Z(AC/HP)01	Zone Perfect Three-Zone Kit
ZONEBB2KIT01-B	Zone Perfect *Plus*-B 2-Zone Kit
ZONEBB4KIT01-B	Zone Perfect *Plus*-B 4-Zone Kit
ZONEBB8KIT01-B	Zone Perfect *Plus*-B 8-Zone Kit
SYSTXBBUIZ01-B	Evolution Zone User Interface
SYSTXBBRRS01	Evolution Remote Room Sensor
SYSTXBBSMS01	Evolution Smart Sensor
SYSTXBB4ZC01	Evolution 4-Zone Damper Control

187B (2 - 5 Ton)
180B (3 Ton Trophy)
EVOLUTION™ 17 AIR CONDITIONER
WITH PURON® REFRIGERANT

bryant®

Product Data



Puron® EVOLUTION™ SYSTEM

Bryant's air conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 187B and 180B have been designed utilizing Bryant's Puron® refrigerant. The environmentally sound refrigerant allows consumers to make a responsible decision in the protection of the earth's ozone layer.

As an Energy Star® Partner, Bryant Heating & Cooling Systems has determined that this product meets the Energy Star® guidelines for energy efficiency. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

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

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 20 SEER / 11.6 - 14.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 71 dBA

Comfort

- System supports Evolution™ Control or standard 2-stage thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Front-seating service valves
- 2-stage scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Low pressure switch
- High pressure switch
- Filter drier
- Balanced refrigeration system for maximum reliability

Durability

DuraGuard™ protection package:

- Solid, Durable sheet metal construction
- Steel louver coil guard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.2 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)

MODEL NUMBER NOMENCLATURE

1	2	3	4	5	6	7	8	9	10	11	12	14
N	N	N	A	A/N	N	N	N	N	A/N	A/N	N	A
1	8	7	B	N	A	0	3	6	0	0	0	A
Product Family	Tier	SEER	Major Series	Voltage	Variations	Cooling Capacity			Open	Open	Open	Minor Series
1=AC	8= Evolution Series	7, 0 =17 SEER Nominal	B=Puron	N= 208–230–1	A = Standard				0=Not Defined	0= Not Defined	0= Not Defined	A = Original Series

Puron. the environmentally sound refrigerant

AHRI CERTIFIED. www.ahridirectory.org

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

ISO 9001:2000 QMI REGISTERED

c UL US

ENERGY STAR

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

STANDARD FEATURES

FEATURES	MODEL UNIT SIZE–SERIES				
	187BNA				180BNA
	024–A	036–A	048–A	060–A	036–A
Puron Refrigerant	X	X	X	X	X
Maximum SEER Rating	17.0	18.0	17.5	17.0	20.0
2–Stage Scroll Compressor	X	X	X	X	X
Crankcase Heater w/Temperature Switch	X	X	X	X	X
Long line Capability	X	X	X	X	X
Low Ambient Capability to 0°F (–17.8°C) w/Evolution Control	X	X	X	X	X
Advanced Diagnostics with Evolution Control	X	X	X	X	X
Utility Interface Connection	X	X	X	X	X
Louvered Coil Guard	X	X	X	X	X
Field Installed Filter Drier	X	X	X	X	X
Front Seating Service Valves	X	X	X	X	X
Internal Pressure Relief Valve	X	X	X	X	X
Internal Thermal Overload	X	X	X	X	X
Long Line capability	X	X	X	X	X
Low Pressure Switch	X	X	X	X	X
High Pressure Switch	X	X	X	X	X
Sound Blanket	X	X	X	X	X

‡ With approved combinations

X = Standard

REFRIGERANT PIPING LENGTH LIMITATIONS

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

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

See Table below for liquid line sizing and maximum lengths :

Maximum Total Equivalent Length
Outdoor Unit BELOW Indoor Unit

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

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

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

-- = outside acceptable range

Maximum Total Equivalent Length
Outdoor Unit ABOVE Indoor Unit

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

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

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

REFRIGERANT CHARGE ADJUSTMENTS

Liquid Line Size	Puron Charge oz/ft (g/m)
3/8	0.60 (17.74) (Factory charge for lineset = 9 oz / 266.16 g)
5/16	0.40 (11.83)
1/4	0.27 (7.98)

Units are factory charged for 15 ft (4.6 m) of 3/8" liquid line. The factory charge for 3/8" lineset 9 oz.(266.16 g). When using other length or diameter liquid lines, charge adjustments are required per the chart above.

Charging Formula:

[(Lineset oz/ft x total length) – (factory charge for lineset)] = charge adjustment

Example 1: System has 15 ft of line set using existing 1/4" liquid line. What charge adjustment is required?

Formula: (.27 oz/ft x 15ft) – (9 oz) = (-4.95) oz.

Net result is to remove 4.95 oz of refrigerant from the system

Example 2: System has 45 ft of existing 5/16" liquid line. What is the charge adjustment?

Formula: (.40 oz/ft. x 45ft) – (9 oz.) = 9 oz.

Net result is to add 9 oz of refrigerant to the system

187B / 180B

LONG LINE APPLICATIONS

An application is considered Long Line, when the refrigerant level in the system requires the use of accessories to maintain acceptable refrigerant management for systems reliability. See Accessory Usage Guideline table for required accessories. Defining a system as long line depends on the liquid line diameter, actual length of the tubing, and vertical separation between the indoor and outdoor units.

For Air Conditioner systems, the chart below shows when an application is considered Long Line.

AC WITH PURON® REFRIGERANT LONG LINE DESCRIPTION ft (m)
Beyond these lengths, long line accessories are required

Liquid Line Size	Units On Same Level	Outdoor Below Indoor	Outdoor Above Indoor
1/4	No accessories needed within allowed lengths	No accessories needed within allowed lengths	175 (53.3)
5/16	120 (36.6)	50 (15.2) vertical or 120 (36.6) total	120 (36.6)
3/8	80 (24.4)	35 (10.7) vertical or 80 24.4) total	80 (24.4)

Note: See Long Line Guideline for details

VAPOR LINE SIZING AND COOLING CAPACITY LOSS

Acceptable vapor line diameters provide adequate oil return to the compressor while avoiding excessive capacity loss. The suction line diameters shown in the chart below are acceptable for AC systems with Puron refrigerant:

Vapor Line Sizing and Cooling Capacity Losses — Puron® Refrigerant 2-Stage Air Conditioner Applications

Unit Nominal Size (Btuh)	Maximum Liquid Line Diameters (In. OD)	Vapor Line Diameters (In.) OD	Cooling Capacity Loss (%) Total Equivalent Line Length ft. (m)								
			26–50 (7.9–15.2)	51–80 (15.5–24.4)	81–100 (24.7–30.5)	101–125 (30.8–38.1)	126–150 (38.4–45.7)	151–175 (46.0–50.3)	176–200 (53.6–60.0)	201–225 (61.3–68.6)	226–250 (68.9–76.2)
024 2-Stage Puron AC	3/8	5/8	0	1	1	2	3	3	4	4	5
		3/4	0	0	0	0	1	1	1	1	1
036 2-Stage Puron AC	3/8	5/8	1	2	4	5	6	7	9	10	11
		3/4	0	0	1	1	2	2	3	3	4
		7/8	0	0	0	0	1	1	1	1	2
048 2-Stage Puron AC	3/8	3/4	1	2	2	3	4	5	6	7	7
		7/8	0	1	1	2	2	2	3	3	3
		1–1/8	0	0	—	—	—	—	—	—	—
060 2-Stage Puron AC	3/8	3/4	1	2	4	5	6	7	9	10	11
		7/8	0	1	2	2	3	4	4	5	5
		1–1/8	0	0	0	1	1	1	1	1	1

Applications in this area may be long line and may have height restrictions. See the *Residential Piping and Long Line Guideline.*
— Applications in this area are not recommended due to insufficient oil return

PHYSICAL DATA

Model	187BNA				180BNA
Unit Size – Series	024–A	036–A	048–A	060–A	036–A
Operating Weight lb (kg)	222 (101)	224 (102)	324 (147)	334 (152)	306 (139)
Shipping Weight lb (kg)	261 (118)	263 (119)	381 (173)	391 (177)	372 (169)
Compressor Type	2–Stage Scroll				
REFRIGERANT	Puron® (R–410A)				
Control	TXV (Puron® Hard Shutoff)				
Charge lb (kg)	6.63 (3.01)	6.88 (3.12)	11.63 (5.27)	15.13 (6.86)	13.37 (6.06)
COND FAN	Propeller Type, Direct Drive				
Air Discharge	Vertical				
Air Qty (CFM)	3100	3400	4300	4450	3100 / 3600
Motor HP	1/10	1/5	1/4	1/4	1/5
Motor RPM	800	800	800	800	582 / 690
COND COIL					
Face Area (Sq ft)	21.56	21.56	25.15	30.18	25.15
Fins per In.	25	25	20	20	20
Rows	1	1	2	2	2
Circuits	4	4	7	8	7
VALVE CONNECT. (In. ID)					
Vapor	3/4	7/8	7/8	7/8	7/8
Liquid	3/8				3/8
REFRIGERANT TUBES (In. OD)					
Rated Vapor*	3/4	7/8	1–1/8	1–1/8	7/8
Liquid	3/8				3/8

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

ELECTRICAL DATA

MODEL	UNIT SIZE–SERIES	V–PH–Hz	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE†	MIN WIRE SIZE†	MAX LENGTH ft (m)‡	MAX LENGTH ft (m)‡	MAX FUSE* * or CKT BRK AMPS
			MAX	MIN	LRA	RLA	FLA		60°C	75°C	60°C	75°C	
187BNA	024–A	208/230–1–60	253	197	52.0	10.30	0.7	13.6	14.00	14.00	60 (18.3)	57 (17.4)	20
	036–A	208/230–1–60			82.0	16.70	1.2	22.1	14.00	14.00	45 (13.7)	44 (13.4)	35
	048–A	208/230–1–60			96.0	21.20	1.3	27.8	12.00	12.00	51 (15.5)	49 (14.9)	40
	060–A	208/230–1–60			118.0	23.00	1.3	30.1	8.00	10.00	93 (28.3)	57 (17.4)	50
180BNA	036–A	208/230–1–60	253	197	82.0	16.70	2.4	23.3	14.00	14.00	45 (13.7)	44 (13.4)	35

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

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

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time–Delay fuse.

FLA – Full Load Amps

LRA – Locked Rotor Amps

MCA – Minimum Circuit Amps

RLA – Rated Load Amps

NOTE: Control circuit is 24–V on all units and requires external power source. Copper wire must be used from service disconnect to unit. All motors/compressors contain internal overload protection.

Complies with 2007 requirements of ASHRAE Standards 90.1

A-WEIGHTED SOUND POWER (dBA)

UNIT SIZE	STANDARD RATING (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
187BNA024	*71–low stage	53.0	62.0	64.5	66.5	63.0	60.5	52.5
	72–high stage	54.0	61.5	66.5	66.5	63.5	60.5	55.5
187BNA036	*72–low stage	54.0	61.5	66.5	68.0	63.5	60.5	53.5
	72–high stage	54.5	61.5	67.5	68.0	62.0	59.5	54.5
187BNA048	*72–low stage	54.5	63.0	67.0	67.0	64.5	61.0	56.5
	73–high stage	55.0	63.0	68.0	67.5	63.5	62.0	57.5
187BNA060	*73–low stage	56.5	62.0	67.5	69.5	64.5	60.0	53.5
	73–high stage	55.0	62.0	67.0	68.5	64.5	60.0	53.5
180BNA036	*72–low stage	55.5	58.5	64.0	67.0	64.5	59.5	53.5
	72–high stage	56.5	60.0	66.0	66.0	60.0	56.5	53.0

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

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE – SERIES	REQUIRED SUBCOOLING °F (°C)
187BNA024–A	10 (5.6)
187BNA036–A	10 (5.6)
187BNA048–A	10 (5.6)
187BNA060–A	10 (5.6)
180BNA036–A	10 (5.6)

ACCESSORIES

KIT NUMBER	KIT NAME	024–A	036–A	048–A	060–A
KSAHS2301AAA	HARD START KIT	X			
KSAHS2401AAA	HARD START KIT		X		
KSAHS2501AAA	HARD START KIT			X	
KSAHS2601AAA	HARD START KIT				X
KSASF0101AAA	SUPPORT FEET	X	X	X	X
KSATX0201PUR	TXV	X			
KSATX0301PUR	TXV		X		
KSATX0401PUR	TXV			X	
KSATX0501PUR	TXV				X

x = Accessory

CONTROLS

CONTRIL	DESCRIPTION
SYSTXBBUID01–B*	Evolution Control Deluxe 7–Day Programmable (Wall–mounted system control.)
SYSTXBBUIZ01–B*	Evolution Control Deluxe Zoning 7–Day Programmable (Wall–mounted control for a multi–zone system.)
SYSTXBB4ZC01	Evolution 4–Zone Damper Control Module (Wall–mounted control for a four–zone system.)
SYSTXBBSMS01	Evolution Smart Sensor (Optional wall control used to monitor temperature and/or fan control in an individual zone.)
SYSTXBBRRS01	Evolution Remote Room Sensor (Monitors temperature in an individual zone.)
SYSTXBBSAM01	Evolution System Access Module (Hardware for wireless access and control via phone or internet.)
SYSTXBBNIM01	Evolution Network Interface Module (Connects Heat Recovery and Energy Recovery Ventilators on non–zoning applications.)
SYSTXXXBPU01	Decorative Back Plate for Evolution Control (Decorative wall plate.)

*These Evolution series units must use "–A" revision or later to operate properly.

THERMOSTATS

THERMOSTAT / SUBBASE PKG.	DESCRIPTION
T6–PRH01–A	Programmable Thermidistat
T6–NRH01–A	Non–programmable Thermidistat
T6–PAC01	Preferred Series Programmable AC Stat
T6–NAC01	Preferred Series Non–programmable AC Stat
TSTATBBSEN01–B	Outdoor Air Temperature Sensor
TSTATXXBBP01	Backplate for Builder's Thermostat
TSTATXXNBP01	Backplate for Non–Programmable Thermostat
TSTATXXPBP01	Backplate for Programmable Thermostat
TSTATXXCNV10–P	Thermostat Conversion Kit (4 to 5 wires) – 10 Pack

BRADFORD WHITE CORPORATION Water Heating, Combination Heating, Storage Tanks...

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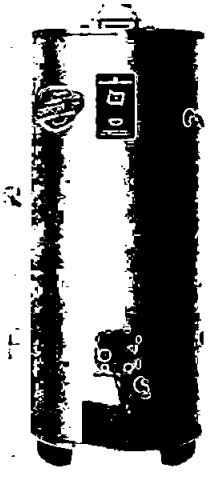
HIGH INPUT
ATMOSPHERIC VENT ENERGY SAVER MODELS



These models also utilize a draft diverter and are atmospherically vented, however they offer larger gallon capacities and higher recovery rates. This translates to an increased amount of hot water available at a usable temperature in less time then normal.

- **2 Models (75 and 100 gallon capacities)**
- **76,000-85,000 BTU/Hr.**

(Sample model numbers include: M-I-75S6BN, M-I-100T6BN)

Bradford White ICON System™ Features

- Enhanced Performance
- Advanced Temperature Control System
- Intelligent Diagnostics
- Pilot On Indication
- Green LED
- Separate Immersed Thermowell

Standard Energy Saver Features

- Pedestal base (M-I-75 only)
- Factory Installed Hydrojet 2™ Total Performance System
- Vitraglas® lining
- ¾" NPT side connections
- Non-CFC foam insulation
- M-I-75 has 1" NPT & M-I-100 has 1¼" NPT factory installed dielectric waterway fittings
- Protective magnesium anode rod
- 4" "Snap Lock" draft diverter
- T&P relief valve installed
- Brass drain valve

Featuring:

ICON

BLOCK 40419 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO 2013 1156

REC'D APR 15 2013

BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 113 Kitty Hawk Rd
2. Name of Owner in Fee: Darrel Piercy
   Tel. [redacted] e-mail _____
   Address 113 Kitty Hawk Rd (street) Cherry Hill (municipality) 08034 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Urbano Electric, Inc. Tel. (856) 854-0900
   Address 223 Highland Ave. e-mail _____
   Westmont NJ 08108
   License No. OR, if new home, Builder Reg. No. 6664 Exp. Date 3/14
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (856) 854-0739
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Pete Urbano, Jr.
   Tel. (856) 854-0800 FAX: (856) 854-0739

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	$ 58		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 4		
9. State Permit Surcharge Fee			
10. Subtotal	$		
~~11. Cert. of Occupancy~~			
12. Other			
13. TOTAL	$ 62		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	1800				4.17.13	8			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

150 AMP SVC

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
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)

C4247

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 Urbano Electric

Address 223 Highland Ave

Westmont NJ 08108

Telephone (856) 854-0900

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.									
☐									
☐									

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.				

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE
IDENTIFICATION

Date Issued: 05/10/2013
Control #: 84721
Permit #: 20131156

Block: 404.19 Lot : 2 Qualification Code:

Work Site Location: 113 KITTY HAWK RD.
CHERRY HILL

Owner in Fee: DARREL PIERCY

Address: 113 KITTY HAWK RD.
CHERRY HILL NJ 08034

Telephone: [redacted]

Agent/Contractor: URBANO ELECTRIC

Address: 223 HIGHLAND AVENUE
WESTMONT NJ 08108

Telephone: 856 854-0800

Lic. No./ Bldrs. Reg.No.: 6664 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

150 AMP ELECTRIC SERVICE

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 3015
Collected by: lt

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20131156
Control Number: 84721
Application Date: 04/25/13

CONSTRUCTION PERMIT

~~Permit Date: 05/02/2013~~

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 404.19 Lot : 2 Qualifier :

Work site Location: 113 KITTY HAWK RD. CHERRY HILL

Owner In Fee: DARREL PIERCY

Address: 113 KITTY HAWK RD.
CHERRY HILL NJ 08034

Telephone: [redacted]

Use Group(s): R-5

Contractor: URBANO ELECTRIC

Address: 223 HIGHLAND AVENUE
WESTMONT NJ 08108

Telephone: (856) - 854-0800

Lic. No. / Bldrs. Reg. No.: 6664

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

150 AMP ELECTRIC SERVICE

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$1,800.00
Cost of Demolition:	$0.00
Total Cost:	$1,800.00

PAYMENTS (Office Use Only)

[035]	Building	
[039]	Electrical	$58.00
[032]	Plumbing	
[033]	Fire Protection	
[042]	Elevator Devices	
[034]	Mechanical	
[046]	VolFee (DCA)	
[046]	AltFee (DCA)	$4.00
[046]	DCA Minimum Fee	$0.00
[040]	CO Fee	
[040]	CCO Fee	
[037]	Engineering	
[043]	Document Imaging	
[044]	Zoning	
	Total :	**$ 62.00**

All Fees Waived No

Amount to be Paid: $ 62.00

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

Gerald E. Seneski — Date 4-25-13

Gerald E. Seneski
Contruction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

RECEIVED
MAY 2 - 2013
TAX COLLECTOR

Check Number: 3015
Check amount: $62.00

Collected by: lt
Total Cash Amount:
Total Check Amount: $62.00
Total CC Amount:
Grand Total: $62.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/2/13
Control # 2013-1156

Date Issued
Permit #

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

Block 404.19 Lot 2 Qualification Code

Work Site Location 113 Kitty Hawk Rd

Owner in Fee Darral Piercy

Address 113 Kitty Hawk Rd
Cherry Hill NJ 08034

Tel ([redacted]

Contractor Urbano Electric, Inc.

Address 223 Highland Ave.
Westmont NJ 08108

Tel (856) 854-0800 FAX (856) 854-0739

Contractor License No. 6664

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1800

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

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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service	58
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 58

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	4.17.13	

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 5-8-13

Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			5-8-13	
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 5-8-13

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark, NJ 07102

JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

March 8, 2013

Mr. Peter A. Urbano, Jr.
Urbano Electric Electrical Contractor
223 Highland Avenue
Westmont, NJ 08108

Dear Mr. Urbano:

The Board of Examiners of Electrical Contractors advises you that under N.J.S.A. 45:5A-14 the firm of Urbano Electric Electrical Contractor has been granted a six-month continuance of business under permit #6664. The Board approves Peter A. Urbano, Jr., License #16303, to qualify the business for the six-month period. The extension will expire on September 6, 2013.

Upon the expiration of the extension on September 6, 2013, the firm of Urbano Electric Electrical Contractor is to immediately cease and desist from engaging in the business of electrical contracting in the State of New Jersey under Business Permit #6664 and is directed to forward to this office the seal press assigned to Peter A. Urbano, Sr., License #6664.

If you have any questions, please do not hesitate to contact my assistant Kathleen Moran at (973) 504-6401.

Sincerely,

David Freed
Acting Executive Director

DF:km

CUT-IN-CARD

MUNICIPALITY Cherry Hill

LOCATION 113 Kitty Hawk Rd UTILITY CO PSE:G

Cherry Hill NJ BLK 404.19 LOT 2

OWNER Piercy OCCUPANT Same

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 150 Amp 1Ø 120/240V

INSTALLED BY URBANO LICENSE NO 6664

DATE 5-8-13 PERMIT # 13-1156 INSPECTOR Joe Wilk

LIC. NO: 008272

U.C.C. Form F-350A 1 WHITE - UTILITY 2 CANARY - OFFICE/FILE 3 PINK - OFFICE/CONTRACTOR PRO 141

BLOCK 404.19 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 113 Kitty Hawk Rd PERMIT NO. 2022-11660

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 113 Kitty Hawk Rd, Cherry Hill
2. Name of Owner in Fee: Darrel Piercy
   Tel. 856-429-0459 e-mail _____
   Address 113 Kitty Hawk Rd. Cherry Hill 08034
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Alber Service Co. Tel. (856) 317-1750
   Address 7300 N. Crescent Blvd. Unit 15 e-mail pat@alberservice.com
   Pennsauken, NJ 08110
   License No. OR, if new home, Builder Reg. No. 4189 Exp. Date 06/23
   Home Improvement Contractor Registration No. or Exemption Reason 13VH00392400
   Federal Emp. ID No. 22-3071772 FAX: (856) 317-1752
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Bill Alber
   Tel. (856) 317-1750 FAX: (856) 317-1752

pick up 5/13/22

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		65	
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mech		80	
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		27	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	172	

3909 00029_04584 5 SF 20221660 0001TGOA

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 _____

CONTROL # MAY 11 2022

13000B

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	125				5/11/22	MV			
☐ Plumbing									
☐ Fire Protection									
☒ ~~Elevator~~ Mech	13,000				5/11/22				
TOTAL COST	13,725								

Repl - A/C + Gas Furnace

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: R-5
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 VB

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

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Alber Service Co.

Address 7300 N. Crescent Blvd. Unit 15

Pennsauken, NJ 08110

Telephone (856) 317-1750

Signature William B. Alber

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 6/23/2022
Control Number 130008
Permit Number 20221660
Permit Issue Date 5/19/2022
Certificate Number 20221660

Identification

Block: 404.19 Lot: 2 Qual:

Work Site Location: 113 KITTY HAWK RD CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: PIERCY DARREL F & PAT
Owner Address: 113 KITTY HAWK RD CHERRY HILL NJ 08034
Telephone: [redacted]

Contractor: ALBER SERVICE COMPANY
Address: 7300 N CRESCENT BLVD # 15 PENNSAUKEN NJ 08110
Telephone: (856) 317-1750 Fax: (856) 317-1752
License Number or Builders Registration Number: 36BI00231300 13VH00392400
Federal Emp. Number: [redacted]

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
REPLACEMENT A/C UNIT, REPLACEMENT GAS 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:

Fredrick Kuhn - Construction Official

Fee: $0.00

Check Number:

Collected By:

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

Date Printed: 6/30/2022

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 130008
Control #
Date Issued 5.19.2022
Permit # 2022-1660

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

Block 404.19 Lot 2 Qualification Code

Work Site Location 113 Kitty Hawk Rd.

Owner in Fee: Darrel Piercy

Tel. [redacted] e-mail

Address 113 Kitty Hawk Rd (street) Cherry Hill (municipality) 08034 (zip code)

Contractor: Alber Service Company Tel. (853) 317-1750

Address 7300 N. Crescent Blvd. Unit 15 e-mail pat@alberservice.com

Pennsauken, NJ 08110

Contractor License No. 4189 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason 13VH00392400

Federal Emp. ID No [redacted] FAX: (856) 317-1752

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 125

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 5/11/22 TBV

[ ] 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: 5/11/22

Approved by: TBV

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 6/22/22

Approved by: TBV

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/22/22	NA
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 sign/Contractor sign and seal here: William Alber

Print name here: William Alber

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Connect existing electrical supply after switches

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	$ 50.00
		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	15.00
1	1/2	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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 01/21)
Internet version

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 130008
Date Issued 5.19.2022
Permit # 2022-1660

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

Block 404.19 Lot 2 Qualification Code

Work Site Location 113 Kitty Hawk Rd., Cherry Hill

Owner in Fee: Darrel Piercy

Tel. [redacted] e-mail

Address 113 Kitty Hawk Rd. (street) Cherry Hill (municipality) 08034 (zip code)

Contractor: Alber Service Company Tel. (856) 317-1750

Address 7300 N. Crescent Blvd, Bldg 15 e-mail bill@alberservice.com

Pennsauken, NJ 08110

Contractor License No. 4189 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason 13VH00392400

Federal Emp. ID No [redacted] FAX: (856) 317-1752

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 13,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/26/22
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[X] OA [ ] CCO
Date: 6/22/22
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.			5/11/22	
Other				
Other				
Final			6/22/22	

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: William Alber
Print name here: William Alber
[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace gas furnace and air conditoning system

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	60
	Oil Tank	
	LPG Tank	20
	Fireplace	
	Generator	
1	Other Condensate	

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

U.C.C. F145 (rev. 12/18) Internet version

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

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	5/11/2022
Date Issued	5/19/2022
Control #	130008
Permit #	20221660

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 404.19 Lot: 2 Qualifier _____ Use Group R-5

Work Site Location: 113 KITTY HAWK RD CHERRY HILL TOWNSHIP, NJ 08034
Owner in Fee: PIERCY DARREL F & PAT
Address: 113 KITTY HAWK RD CHERRY HILL NJ 08034
Telephone: [redacted]

Contractor: ALBER SERVICE COMPANY
Address: 7300 N CRESCENT BLVD # 15 PENNSAUKEN NJ 08110
Telephone: (856) 317-1750
Lic. No. or Bldrs. Reg. No. 13VH00392400 36BI00231300
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT A/C UNIT, REPLACEMENT GAS 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 $13,725

Construction Official _____ Date 5/19/22

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	$65
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	$80
046	DCA Training Fee	$27
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$172

Check No.	35301
Check	$172
Cash	$0
Credit	$0
Collected By	Aishe Metkov-Spor

RECEIVED
MAY 19 2022
TAX COLLECTOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 130008
Control #
Date Issued 5.19.2022
Permit # 2022-1660

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

Block 404.19 Lot 2 Qualification Code

Work Site Location 113 Kitty Hawk Rd.

Owner in Fee: Darrel Piercy

Tel. [redacted] e-mail

Address 113 Kitty Hawk Rd (street) Cherry Hill (municipality) 08034 (zip code)

Contractor: Alber Service Company Tel. (853) 317-1750

Address 7300 N. Crescent Blvd. Unit 15 e-mail pat@alberservice.com

Pennsauken, NJ 08110

Contractor License No. 4189 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason 13VH00392400

Federal Emp. ID No. [redacted] FAX: (856) 317-1752

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 125

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 5/11/22 RBJ

[ ] 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: 5/11/22

Approved by: RBJ

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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 sign/Contractor sign and seal here: William Alber

Print name here: William Alber

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Connect existing electrical supply after switches

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	$ 50.00
		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	15.00
1	1/2	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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 01/21)
Internet version

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 130008

Date Issued 5.19.2022

Permit # 2022-1660

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

Block 404.19 Lot 2 Qualification Code

Work Site Location 113 Kitty Hawk Rd., Cherry Hill

Owner in Fee: Darrel Piercy

Tel. [redacted] e-mail

Address 113 Kitty Hawk Rd. (street) Cherry Hill (municipality) 08034 (zip code)

Contractor: Alber Service Company Tel. (856) 317-1750

Address 7300 N. Crescent Blvd, Bldg 15 e-mail bill@alberservice.com

Pennsauken, NJ 08110

Contractor License No. 4189 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason 13VH00392400

Federal Emp. ID No. [redacted] FAX: (856) 317-1752

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 13,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Mechanical Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5/22/22

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date:

Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.		5/11/22		
Other				
Other				
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.

Applicant sign/Contractor sign and seal here: William Alber

Print name here: William Alber

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace gas furnace and air conditoning system

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	60
1	Hot Air Furnace	20
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other Condensate	
	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.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 404.19 LOT 2 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 113 Kitty Hawk Rd., Cherry Hill

Owner in Fee Darrel Piercy

Verifying Individual William Alber Company Alber Service Company

Address 7300 N. Crescent Blvd, Bldg 15, Pennsauken, NJ 08110
Street City State Zip Code

Tel: ([redacted] Fax: (856) 317-1752

Check the Appropriate Box(es):

Type of Replacement:

	Oil to Gas Conversion
	Gas to Oil Conversion
	Gas Appliance Replacement
	Oil to Oil Replacement
	Other _____

Existing Vent/Chimney: **Size** 2" PVC

	"B" Label Vent
	"L" Label Vent
	Flexible Liner
X	Power Vent/Exhauster

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURNACE	Oil / Gas / Other: GAS	80,000 D.V.
Appliance 2:	WATER HTR	Oil / Gas / Other: GAS	38,000 D.V.
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

_____
Signature Date

Direct Vent Appliance:

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

William Alber 5/5/22
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.

Heating & Air Conditioning
Amana

ACVC96 (B)

TWO-STAGE, VARIABLE-SPEED ECM GAS FURNACE UP TO 96% AFUE HEATING INPUT: 40,000–120,000 BTU/H

ENERGY STAR

ComfortBridge™ technology

CoolCloud

Contents

Standard Features

- Integrated communicating ComfortBridge™ Technology
- Commissioning and diagnostics via on board Bluetooth with the CoolCloud phone and tablet application
- Heavy-duty stainless-steel tubular heat exchanger
- Stainless-steel secondary heat exchanger
- Two-stage gas valve provides quiet, economical heating
- Durable Silicon Nitride igniter
- Quiet two-speed induced draft blower
- Compatible with any single-stage thermostat
- Self-diagnostic control board with constant memory fault code history output to a triple 7-segment display
- Color-coded low-voltage terminals with provisions for electronic air cleaner
- Efficient and quiet variable-speed airflow system gently ramps up or down according to heating or cooling demand
- Multiple continuous fan speed options offer quiet air circulation
- Auto-Comfort and enhanced dehumidification modes available
- All models comply with California 40 ng/J Low NOx emissions standards
- Can no longer be installed in California's South Coast Air Quality Management District (SCAQMD) on or after October 1, 2019.
- AHRI Certified; ETL Listed

Cabinet Features

- Designed for multi-position installation — downflow, horizontal left or right
- Certified for direct vent (2-pipe) or non-direct vent (1-pipe)
- Convenient left or right connection for gas and electrical service
- Cabinet air leakage ≤ 2%
- Heavy-gauge steel cabinet with durable finish
- Fully insulated heat exchanger and blower section
- Airtight solid bottom or side return with easy-cut tabs for effortless removal in bottom air-inlet applications

LIFE TIME HEAT EXCHANGER LIMITED WARRANTY*

LIFE TIME UNIT REPLACEMENT LIMITED WARRANTY*

10 YEAR PARTS LIMITED WARRANTY*

ETL Intertek

AHRI CERTIFIED

COMPANY WITH QUALITY SYSTEM CERTIFIED BY DNV GL = ISO 9001 =

COMPANY WITH ENVIRONMENTAL SYSTEM CERTIFIED BY DNV GL = ISO 14001 =

* Complete warranty details available from your local dealer or at www.amana-hac.com. To receive the Lifetime Heat Exchanger Limited Warranty, the Lifetime Unit Replacement Limited Warranty (in both cases good for as long as you own your home), and the 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Québec.

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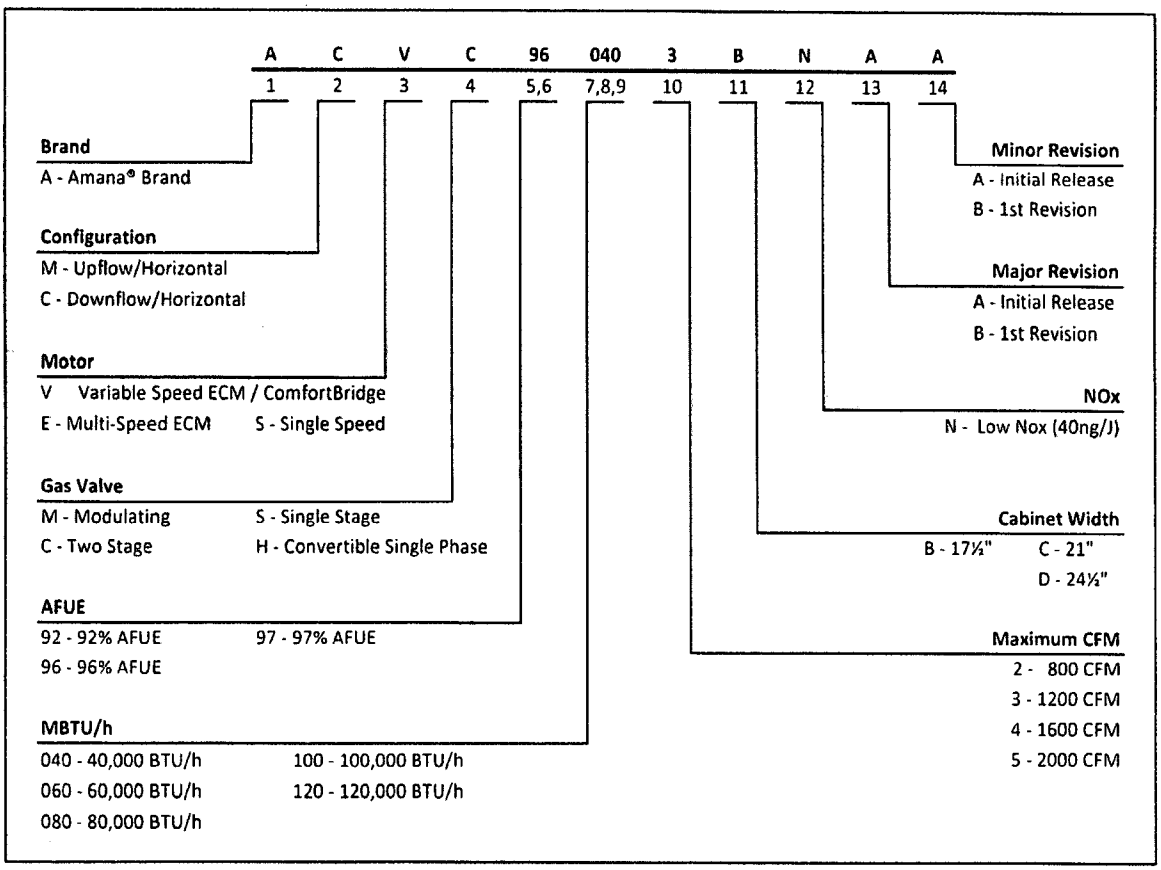


ACCESSORIES

MODEL	DESCRIPTION	ACVC96 0403BNB	ACVC96 0603BNB	ACVC96 0804CNB	ACVC96 1005CNB	ACVC96 1205DNB
CVENT-2	Concentric Vent Kit (2")	√	√	√	√	---
CVENT-3	Concentric Vent Kit (3")	√	√	√	√	√
CFSB17	Downflow Sub-Base 17.5"	√	√	---	---	---
CFSB21	Downflow Sub-Base 21"	---	---	√	√	---
CFSB24	Downflow Sub-Base 24"	---	---	---	---	√
RF000142	Drain Kit-Horizontal Left Vertical Flue	√	√	√	√	√
0170K00000S	Flush Mount Vent Kit - 3" or 2"	√	√	√	√	√
0170K00001S	Flush Mount Vent Kit- 2"	√	√	√	√	---
HASFK	High-Altitude Natural Gas Kit	HASFK-1	HASFK-1	HASFK-2	HASFK-3	HASFK-3
HASFK	High-Altitude LP Gas Kit	HASFK-1	HASFK-1	HASFK-2	HASFK-2	HASFK-3
LPLP03	Low LP Gas Pressure Switch	√	√	√	√	√
LPM-08	LP Conversion Kits	√	√	√	√	√

	ACVC96 0403BNB	ACVC96 0603BNB	ACVC96 0804CNB	ACVC96 1005CNB	ACVC96 1205DNB
HEATING DATA					
High Fire Input[1]	40,000	60,000	80,000	100,000	120,000
High Fire Output[1]	38,400	57,600	76,800	96,000	115,200
Low-Fire Steady-State Input[1]	28,000	42,000	56,000	70,000	84,000
Low-Fire Steady-State Output[1]	26,880	40,320	53,760	67,200	80,640
AFUE[2]	96	96	96	96	96
Temperature Rise Range (°F)	35- 65	20- 50	25- 55	35- 65	35- 65
Vent Diameter[3]	2"- 3"	2"- 3"	2"- 3"	2"- 3"	2"- 3"
No. of Burners	2	3	4	5	6
CIRCULATOR BLOWER					
Available AC @ 0.5" ESP	1.5- 3	1.5- 3	1.5- 4	2- 5	2- 5
Size (D x W)	10" x 8"	11" x 8"	11" x 10"	11" x 10"	11" x 11"
Horsepower @ 1075 RPM	½	½	¾	1	1
Speed	VS ECM	VS ECM	VS ECM	VS ECM	VS ECM
ELECTRICAL DATA					
Min. Circuit Ampacity[4]	7.8	7.8	10.6	14.4	14.4
Max. Overcurrent Device (amps)[5]	15	15	15	20	20
SHIPPING WEIGHT (LBS)	116	119	143	145	158

1 Natural Gas BTU/h

2 DOE AFUE based upon Isolated Combustion System (ICS)

3 Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required).
Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.

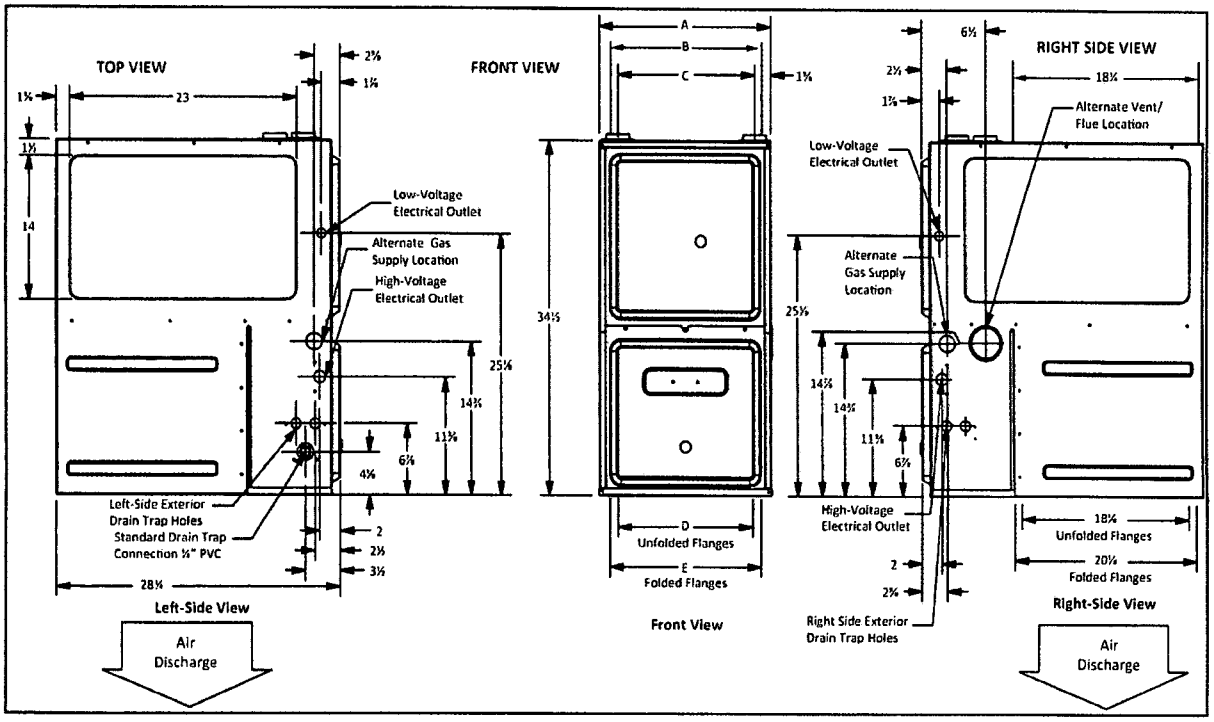
4 Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.

5 Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

NOTES

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.
- For bottom return: Failure to unfold flanges may reduce airflow by up to 18%. This could result in performance and noise issues.
- For servicing or cleaning, a 24" front clearance is required. Unit connections (electrical, flue and drain) may necessitate greater clearances than the minimum clearances listed above. In all cases, accessibility clearance must take precedence over clearances from the enclosure where accessibility clearances are greater.

Dimensions



		Air Return			Air Discharge
Model	**A**	**B**	**C**	**D**	**E**
ACVC960403BNB	17½"	14⅜"	14"	14½"	16"
ACVC960603BNB	17½"	14⅜"	14"	14½"	16"
ACVC960804CNB	21"	18⅛"	17½"	18"	19½"
ACVC961005CNB	21"	18⅛"	17½"	18"	19½"
ACVC961205DNB	24½"	21⅛"	21"	21½"	23"

Minimum Clearances to Combustible Materials

Position	Sides	Rear	Front	Bottom	Flue	Top
Downflow	0"	0"	3"	NC	0"	1"
Horizontal	6"	0"	3"	C	0"	6"

C = If placed on combustible floor, the floor MUST be wood ONLY.
NC = For installation on non-combustible floors only. A combustible floor sub-base must be used for installations on combustible flooring.

Minimum Filter Sizes

	ACVC96 0403BNB	ACVC96 0603BNB	ACVC96 0804CNB	ACVC96 1005CNB	ACVC96 1205DNB
Filter Size (in²) (Qty)	(2) 10 x 20 or (1) 16 x 25 (top return)			(1) 14 x 20 (bottom) or (1) 20 x 25 (top return)	

Note: Other size filters of equal or greater dimensions may be used. Filters may also be centrally located.

MODEL/TEMP RISE RANGE (MID RISE)	ACVC960403BNB* 35-65 (50)		ACVC960603BNB* 20-50 (35)		ACVC960804CNB* 25-55 (40)		ACVC961005CNB* 35-65 (50)		ACVC961205DNB* 35-65 (50)	
	CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE
Recommended cfm for high heat / expected temperature rise	710	50	1400	38	1760	40	1770	50	2150	50
Lowest recommended cfm for hi heat / expected temperature rise	548	65	1072	50	1290	55	1360	65	1650	65
Maximum cfm for hi heat / expected temperature rise	1010	35	1400	38	1760	40	2200	40	2200	48

NOTE: Low Heat CFM = High Heat CFM X .7. Low Heat Temperature Rise Is Expected to Equal High Heat Temparatue Rise ± 5%
0140F02402-A

ACVC960403BNB*
COOLING SPEED
(@ .1" - .8" w.c. ESP)

TONS	HIGH-STAGE	LOW-STAGE CFM
1.5	600	420
2	800	560
2.5	1,000	700
3	1,200	840
MAX	1,400	

ACVC960603BNB*
COOLING SPEED
(@ .1" - .8" w.c. ESP)

TONS	HIGH-STAGE	LOW-STAGE CFM
1.5	600	420
2	800	560
2.5	1,000	700
3	1,200	840
MAX	1,400	

ACVC960804CNB*
COOLING SPEED
(@ .1" - .8" w.c. ESP)

TONS	HIGH-STAGE	LOW-STAGE CFM
2	800	560
2.5	1,000	700
3	1,200	840
4	1,600	1120
MAX	1,760	

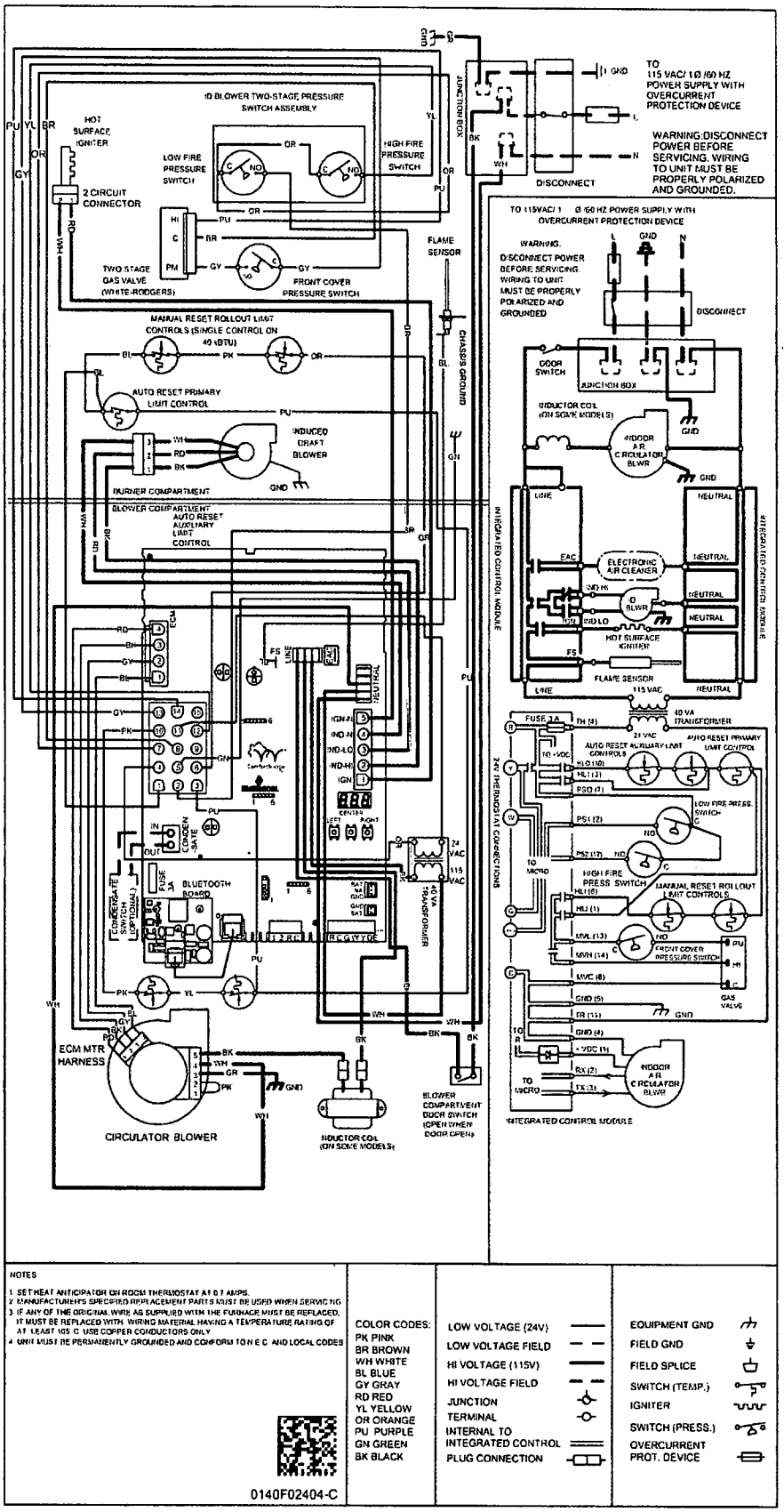
ACVC961005CNB*
COOLING SPEED
(@ .1" - .8" w.c. ESP)

TONS	HIGH-STAGE	LOW-STAGE CFM
2	800	560
3	1,200	840
4	1,600	1,120
5	2,000	1,400
MAX	2,200	

ACVC961205DNB*
COOLING SPEED
(@ .1" - .8" w.c. ESP)

TONS	HIGH-STAGE	LOW-STAGE CFM
2	800	560
3	1,200	840
4	1,600	1,120
5	2,000	1,400
MAX	2,200	

All furnaces ship as high speed for cooling. Installer must adjust blower speed as needed.
For most jobs, about 400 CFM per ton when cooling is desirable.
Do not operate above .5" w.c. ESP in heating mode. Operating CFM between .5" and .8" w.c. is tabulated for cooling purposes only.



WARNING

High Voltage: Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.

Wiring is subject to change. Always refer to the wiring diagram on the unit for the most up-to-date wiring.

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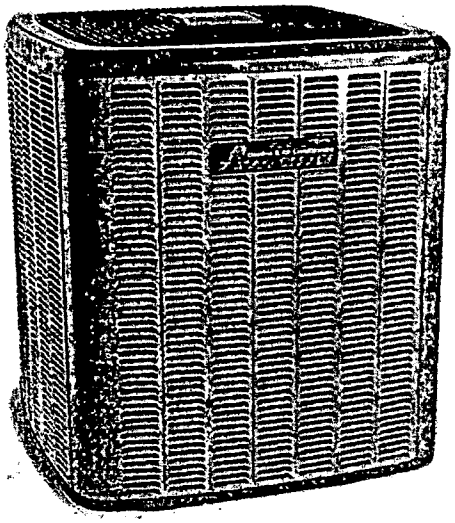
Heating & Air Conditioning
Amana
AMERICA'S BRAND FOR COMFORT"

ASXC16

COOLING CAPACITY: 24,000 - 60,000 BTU/H

HIGH-EFFICIENCY SPLIT-SYSTEM AIR CONDITIONER UP TO 17 SEER

Contents



ComfortBridge™ technology

CoolCloud™

Standard Features

- High-efficiency two-stage scroll compressor
- Two-speed PSC condenser fan motor
- Integrated communicating ComfortBridge™ Technology
- Commissioning and diagnostics via indoor board Bluetooth with the CoolCloud™ phone and tablet application
- Factory-installed filter drier
- Factory-installed transformer
- Factory-installed high and low-pressure switches
- High-density foam compressor sound blanket
- Copeland® ComfortAlert™ built in diagnostics
- Fully charged for 15' of tubing length
- Factory-installed sensors monitoring coil and ambient temperature
- Contactor with lug connection
- In communicating mode, only two low voltage wires to the outdoor unit are required
- AHRI Certified- ETL Listed
- Ground lug connection
- Color-coded terminal strip for non-communicating set-up
- Copper tube & enhanced aluminum fin coil
- Customized control algorithms

Cabinet Features

- Heavy-gauge galvanized steel cabinet and louvered coil guards
- Service valves with sweat connections and easy-access gauge ports
- Engineered sound control top design
- Wire fan discharge grille
- Baked-on powder-paint finish with 500-hour salt-spray approval
- Single-panel access to controls with space for field-installed accessories
- Service port and controls are accessible while unit is operating
- Compact footprint
- Rust-resistant screws
- When properly anchored, meets the 2017 Florida Building Code unit integrity requirements for hurricane-type winds (Anchor bracket kits available.)

ENERGY STAR ASK ABOUT ENERGY STAR

Proper sizing and installation of equipment is critical to achieving optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR® criteria. Ask your contractor for details or visit www.energystar.gov.

LIFE TIME UNIT REPLACEMENT LIMITED WARRANTY* · 10 YEAR PARTS LIMITED WARRANTY* · c ETL us Intertek · AHRI CERTIFIED · COMPANY WITH QUALITY SYSTEM CERTIFIED BY DNV GL = ISO 9001 = · COMPANY WITH ENVIRONMENTAL SYSTEM CERTIFIED BY DNV GL = ISO 14001 =

* Complete warranty details available from your local dealer or at www.amana-hac.com. To receive the Lifetime Unit Replacement Limited Warranty (good for as long as you own your home) and 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Québec.

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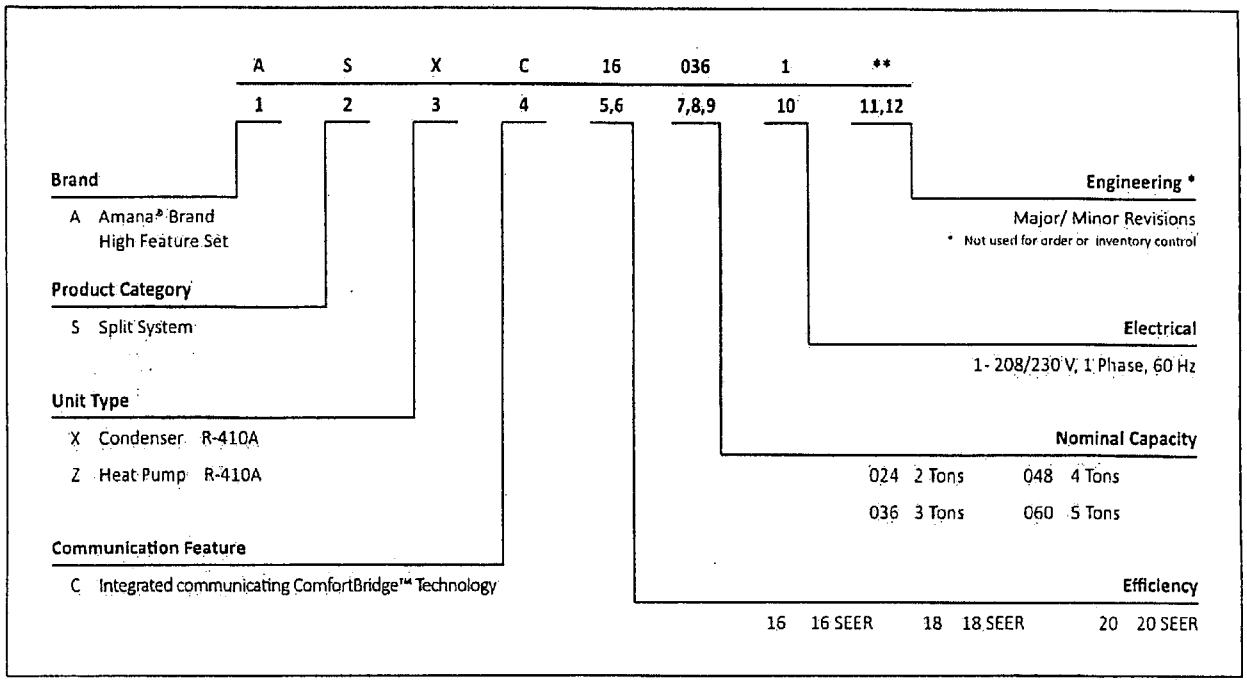
A S X C 16 036 1 **
1 2 3 4 5,6 7,8,9 10 11,12
Brand
A Amana® Brand High Feature Set
Product Category
S Split System
Unit Type
X Condenser R-410A
Z Heat Pump R-410A
Communication Feature
C Integrated communicating ComfortBridge™ Technology
Engineering *
Major/ Minor Revisions
* Not used for order or inventory control
Electrical
1- 208/230 V, 1 Phase, 60 Hz
Nominal Capacity
024 2 Tons
036 3 Tons
048 4 Tons
060 5 Tons
Efficiency
16 16 SEER
18 18 SEER
20 20 SEER

	ASXC16 0241CA	ASXC16 0361CA	ASXC16 0481CA	ASXC16 0601CA
COOLING CAPACITY				
Nominal Cooling (BTU/h)	24,000	36,000	48,000	60,000
Decibels (High/Low) [4]	71/70	71/70	72/71	74/70
COMPRESSOR				
RLA	10.0	14.8	20.4	22.9
LRA	62.9	84.2	122.1	147.2
CONDENSER FAN MOTOR				
Horsepower (RPM)	1/6	1/6	1/6	1/3
FLA	1.1	1.2	1.2	2.8
REFRIGERATION SYSTEM				
Refrigerant Line Size[1]				
Liquid Line Size ("O.D.)	⅜"	⅜"	⅜"	⅜"
Suction Line Size ("O.D.)	¾"	⅞"	1⅛"	1⅛"
Refrigerant Connection Size				
Liquid Valve Size ("O.D.)	⅜"	⅜"	⅜"	⅜"
Suction Valve Size ("O.D.)	¾"	¾"	⅞"	⅞"
Valve Connection Type	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge	92	114	177	191
ELECTRICAL DATA				
Voltage-Hz	208/230-1	208/230-1	208/230-1	208/230-1
Minimum Circuit Ampacity [2]	13.6	19.7	26.7	31.4
Max. Overcurrent Protection [3]	20	30	45	50
Min / Max Volts	197/253	197/253	197/253	197/253
Power Supply	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"
EQUIPMENT WEIGHT (LBS)	180	201	263	304
SHIP WEIGHT (LBS)	197	223	285	326
ENERGY STAR® CERTIFIED				

ENERGY STAR NOTES

- Proper sizing and installation of equipment is critical to achieving optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR® criteria. Ask your contractor for details or visit www.energystar.gov.
- The www.energystar.gov website provides up-to-date system combinations certified to meet ENERGY STAR® requirements.

[1] Tested and rated in accordance with AHRI Standard 210/240

[2] Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes

[3] Must use time-delay fuses or HACR-type circuit breakers of the same size as noted.

[4] Sound dBa ratings are based upon ANSI/AHRI Standard 220. Accordingly, all sound power levels are A-weighted.

NOTES

- Always check the S&R plate for electrical data on the unit being installed.
- Installer will need to supply ⅞" to 1⅛" adapters for suction line connections.
- Unit is charged with refrigerant for 15' of ⅜" liquid line. System charge must be adjusted per Installation Instructions Final Charge Procedure.
- Installation of these units requires the specified TXV Kit to be installed on the indoor coil. THE SPECIFIED TXV IS DETERMINED BY THE OUTDOOR UNIT, NOT THE INDOOR COIL.

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.									
☐									
☐									

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.				