CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 11/15/2022

Tracking Number: OPRA-Req-22-1725

Important Notice

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

Requestor Information

Name: Breean Stumpf

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

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:

Location: 129 WESTOVER DR

OPRA/OPEN & CLOSE PERMITS - 129 Westover Dr, 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:

RECEIVED
MAY 3 0 1997
BUILDING INSPECTIONS

BLOCK 54.10 LOT 26 QUALIFICATION CODE ____ ADDRESS (SITE) ____ PERMIT NO. ____

CONSTRUCTION PERMIT APPLICATION

Called 6/6/97
20885

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

I. IDENTIFICATION

1. Proposed Work Site at: 129 Westover Drive
2. Name of Owner in Fee: Kelly Allen Tel. [redacted]
   Address 129 Westover Dr (street) CH (municipality) 08034 (zip code)
3. Ownership in Fee: Public ____ Private V
4. Principal Contractor: LONDACARO FENCING Tel. (609) 561-7103
   Address 125 Lincoln St Hammonton, NJ
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. [redacted] FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work ____
   Tel. (____) ____ FAX (____) ____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 33.00		
2.	Electrical		53.00	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	2.00	1.00	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 35.00	54.00	

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	

Fence

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	1500								
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	1500								

OPTIONAL (for office use only)

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:

DS CH-B 10512890

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

D. (X) 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 Kelly A Allen MD Date 5/30/97

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: 5/30/97

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

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 08032
PH: (609) 488-7833

CERTIFICATE

Issue Date: 09/11/97
Control Number: 2-1959
Permit Number: 97-2465
Date Permit Issued: 09/08/97

IDENTIFICATION

Work Site Location: 129 WEBTOVER DRIVE
CHERRY HILL

Block: 342.30 Lot: 26
Unit Number:

Owner in Fee: ALLEN, ROBERT & KELLY
Address: 129 WEBTOVER DRIVE
CHERRY HILL, NJ 08034
Telephone: [redacted]

Agent: ALLEN, ROBERT & KELLY
Address: 129 WEBTOVER DRIVE
CHERRY HILL, NJ 08034
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:

Home Warranty No.:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load: 0 PSF Construction Classification: Maximum Occupancy Load:
DESCRIPTION OF WORK: Alteration
Electric Only - 200 Amp 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.

[ ] 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 (____yrs); see file

[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.

[ ] 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 _____.

[ ] 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:

Construction Official

Fee: N/A
Check Number: N/A
Collected By: N/A

U.C.C. F260 (rev. 3/96) 1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

PAID SEP 09 1997

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

CONSTRUCTION PERMIT

Date Permit Issued: 09/08/97
Permit Number: 97-2486
Update Number: - 0

Application Date: 09/05/97
Control Number: 21959

IDENTIFICATION

Work Site Location: 129 WESTOVER DRIVE
CHERRY HILL

Block: 342.38 Lot: 26
Unit Number:

Owner in Fee: ALLEN, ROBERT & KELLY
Address: 129 WESTOVER DRIVE
CHERRY HILL, NJ 08034
Telephone: [redacted]

Agent: ALLEN, ROBERT & KELLY
Address: 129 WESTOVER DRIVE
CHERRY HILL, NJ 08034
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Exp. No.:

is hereby granted permission to perform the following work:

[ ] BUILDING
[X] ELECTRICAL
[ ] PLUMBING
[ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

ELECTRIC ONLY - 200 AMP SERVICE

CODES	PAYMENTS (Office Use Only)	
[70-43]	Buildings:	$
[70-46]	Electric:	$53.00
[70-36]	Plumbing:	$
[70-37]	Fire Protection:	$
[70-61]	Elevator Devices:	$
[70-91]	DCA Training Fee (Vol):	$
[70-91]	DCA Training Fee (Alt):	$ 1.00
[70-58]	Cert. of Occupancy:	$
[70-59]	Cert. of Approval:	$
[70-39]	Cert. of Compliance:	$
[70-58]	Cert. Cont Occupancy:	$
[70-45]	Engineering	$
[71-76]	Sewer:	$
[70-62]	Shade Trees:	$
[70-53]	Street Opening	$
[73-83]	Street Opening Escrow:	$
	Total of All Permit Fees....	$54.00
	Total Amount Due:	$54.00

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

Estimated cost of alteration: $ 200.00
TOTAL estimated cost of work: $ 200.00

Check No.: 2020 .....$54.00
Cash:.....$ 0.00
Collected By:..... SRW

Use Group(s): R-3

Anthony Saccosanno (S.W.) 9/8/97
Anthony Saccosanno, Construction Official — Date

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

U.C.C. F170 (Rev. 3/96)

1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

JUN 0 1997

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

CONSTRUCTION PERMIT

Date Permit Issued: 06/10/97
Permit Number: 97-1491
Update Number: - 0

Application Date: 06/06/97
Control Number: 20085

IDENTIFICATION

Work Site Location: 129 WESTOVER DRIVE
CHERRY HILL

Block: 342.30 Lot: 26
Unit Number:

Owner in Fee: ALLEN, KELLY
Address: 129 WESTOVER DRIVE
CHERRY HILL, NJ 08034
Telephone: [redacted]

Agent: FONDACARO FENCING, INC.
Address: 113 LINCOLN AVENUE
HAMMONTON, NJ
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

[X] BUILDING
[ ] ELECTRICAL
[ ] PLUMBING
[ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

165 LIN. FT. OF FENCE.

CODES	PAYMENTS (Office Use Only)	
[70-43]	Building:	$33.00
[70-48]	Electric:	$
[70-36]	Plumbing:	$
[70-37]	Fire Protection:	$
[70-61]	Elevator Devices:	$
[70-91]	DCA Training Fee (Vol):	$
[70-91]	DCA Training Fee (Alt):	$ 2.00
[70-50]	Cert. of Occupancy:	$
[70-50]	Cert. of Approval:	$
[70-50]	Cert. of Compliance:	$
[70-50]	Cert. Cont Occupancy:	$
[70-45]	Engineering	$
[71-78]	Sewer:	$
[70-62]	Shade Tree:	$
[70-53]	Street Opening	$
[73-83]	Street Opening Escrow:	$
	Total of All Permit Fees	$35.00
	Total Amount Due:	$35.00

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

Estimated cost of alteration: $ 1,500.00
TOTAL estimated cost of work: $ 1,500.00

Check No.: $ 0.00
Cash: $35.00
Collected By: SRW

Use Group(s): R-3

Anthony Saccomanno, Construction Official — Date 6-6-97

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

U.C.C. F170 (Rev. 3/96)

1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/10/97
Date Issued
Control #
Permit # 97-1491

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

Block 342.30 Lot 26
Work Site Location 129
Owner in Fee
Address
Tele. [redacted]
Contractor
Address
Tele.
Lic. No. or Bldrs. Reg. No
Federal Emp. No. [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fence
Approx. 165 ft.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

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

[ ] Demolition

(Office Use Only)

FEE $ 33.00

Paid [X] Check # Cash
Collected by:
Administrative Surcharge $
Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $ 33.00

B. BUILDING CHARACTERISTICS

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

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

One and Two Family Inspections Only!

Item.	Date	Insp..	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork.

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operations
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

This inspection check off list shall serve as a general guide line and may not include all the necessary inspections required to insure code compliance.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9-5-97
Date Issued 9/8/97
Control #
Permit # 97-2406

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

Block 342.30 Lot 26
Work Site Location 129 Westover Drive

Owner in Fee/Occupant Kelly & Robert Allen
Address 129 Westover Drive
Cherry Hill NJ 08034
Tele. ([redacted]
Contractor Self
Address

Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9-8-97
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] COO [ ] CA
Date: 9-10-97
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			9-10	
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Kelly R Allen MD
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] 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	200.	AMP Service	46
1/2		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	7
Minimum Fee	$	46
DCA Training Fee	$	53
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9-5-97
Date Issued 9/8/97
Control #
Permit # 97-2406

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

Block 342.30 Lot 26
Work Site Location 129 Westover Drive

Owner in Fee/Occupant [redacted] Robert Allen
Address 129 Westover Drive
Cherry Hill NJ 08034
Tele. ([redacted]
Contractor [illegible]
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date: 9-8-97		
Approved by: [signature]		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature] MD
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] 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	200	AMP Service	46
4		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	7
Minimum Fee	$	46
DCA Training Fee	$	50
TOTAL FEE	$	53

U.C.C. F120
(rev. 3/96)

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

For fence Only

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL NO 35083

☑ Building Permit ☐ Certificate of Occupancy

Block 312.30 Lot 26 Zone R-2

Property Owner Kelly L. Allen

Address of Property 129 Westview Drive Cherry Hill NJ

Address of Owner same as above Phone No. [redacted]

Existing Use _____ Proposed Use _____

Type of Structure Proposed fence (replace existing 6' fence)

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.

Kelly L Allen — Signature
129 Westview Drive — Address
[redacted] — Telephone

SETBACKS: ☐ Corner Lot ☑ Inside Lot

Front * see below Rear _____ Smallest side _____ Aggregate _____ Second front _____

Sq. Ground Floor _____ Height * see below Gross Floor Area _____

For swimming pool only:

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

Horizontal Bars Must Face interior of property

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: Fence proposed to SF * ~~For residential uses, fence construction shall not exceed six (6) feet in height. The setback for a six (6) foot high fence shall be the front-most wall of the dwelling or a minimum of twenty-five (25) feet from any street right-of-way line; whichever is greater. Fence construction within these setback requirements may not exceed three (3) feet in height.~~ residential prop. - Must meet all height restrictions as stamped herein → * fence may be no higher than 3 ft.

OTHER PAYMENTS AND FEES: in front

Taxes Paid: Yes ~~HORIZONTAL BARS MUST FACE THE INTERIOR OF THE PROPERTY.~~ 145 lin. ft.

Shade Tree Fee $2.00/LF of street frontage _____

of Property Line 35.75 ft from front property line

Contributions-In-Aid:

Road Improv. $ _____

Sewer Improv. $ _____

Other _____ $ _____

Housing Impact Fee: approx $~~350~~ 145 lineal feet

(a) Estimated equalized value of the improvements $ _____

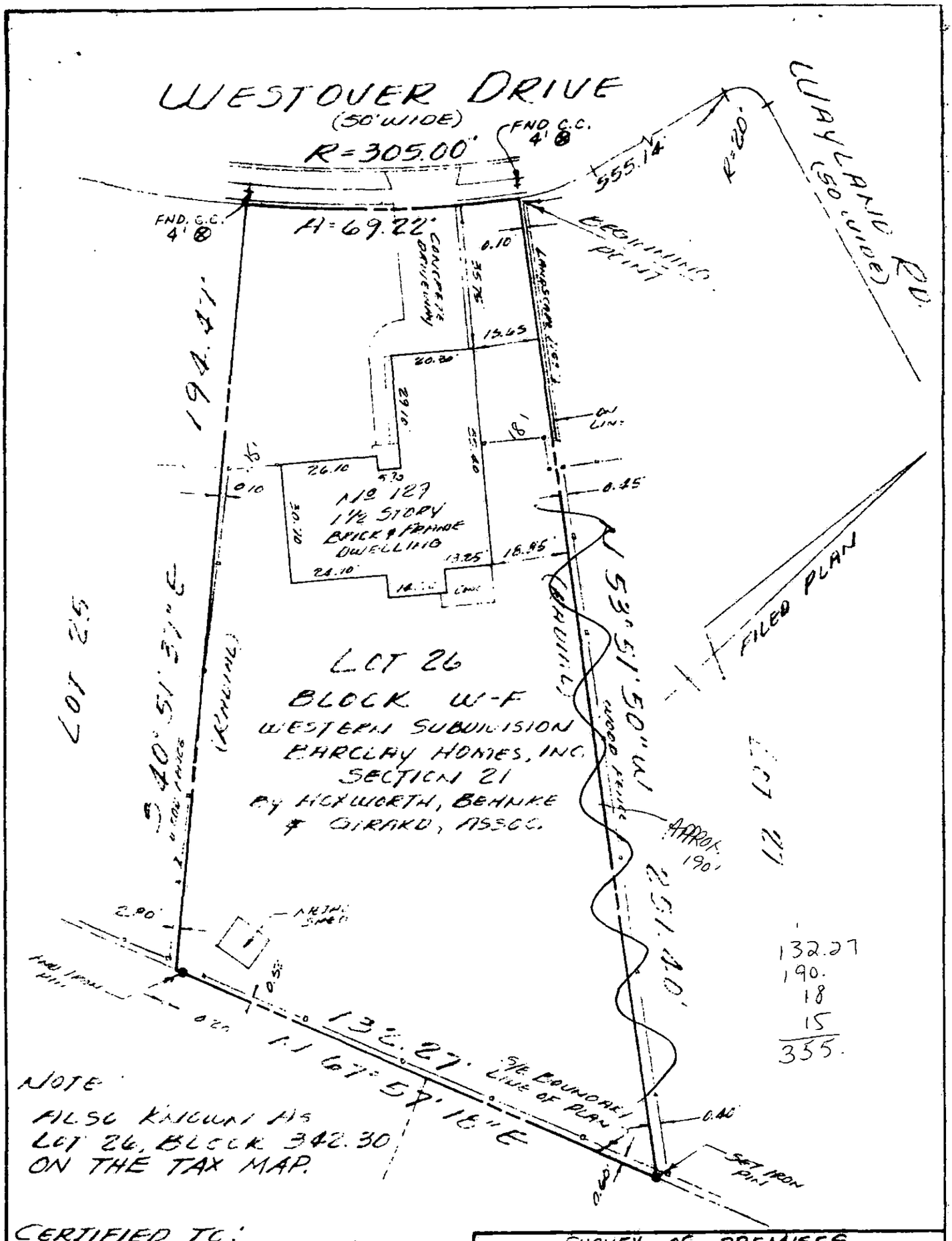
(b) Fee calculation:

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

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

Name — Title — Date 03-26-97

1M PPCo



NOTE

ALSO KNOWN AS
LOT 26, BLOCK 342.30
ON THE TAX MAP.

CERTIFIED TO:

- CONGRESS TITLE COMPANY
- COLLECTIVE BANK, ITS SUCCESSORS AND/OR ASSIGNS

TO THE OWNER ROBERT A & KELLY L. ALLEN

TO THE INSURER OF TITLE relying hereon, in consideration of the fee paid for making this survey in accordance with the description furnished, 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 the insurer of title to insure the title to the lands and premises shown hereon.

This responsibility limited to the current matter as of the date of this survey. NOTE: Property corners set per contractual agreement.

JAMES T. SAPIO, L.S. N.J. LIC. № 17780

SURVEY OF PREMISES

#129 WESTOVER DRIVE

SITUATE:
TOWNSHIP OF CHERRY HILL
COUNTY OF CAMDEN, N. J.

JAMES T. SAPIO
LAND SURVEYOR
NEW JERSEY LIC. No. 17780
№19 STRATFORD AVE.
STRATFORD, N.J.

Date	Scale	Drawn	Checked	No.
12-3-96	1"=30'	P.S.	J.T.S.	96-524

BLOCK 34230 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 20124119

CHERRY HILL

CONSTRUCTION PERMIT APPLICATION

NOV 30 2012

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

I. IDENTIFICATION

1. Proposed Work Site at: 129 Westover, Cherry Hill, NJ 08034-2710
2. Name of Owner in Fee: Ann Macintosh
   Tel. [redacted] e-mail _____
   Address Same (street)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____
   Address _____ (municipality) HUTCHINSON (zip code)
   License No. OR, if new home, Builder Reg. No. _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Mike Hearn
   Tel. (856) 429-5807 FAX: ( ) _____

321 CHAPEL AVENUE CHERRY HILL, NJ 08034
PH: 856-429-5807 FAX: 856-429-4995
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR-SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS #9484 EXP 2012
FEDERAL EMPLOYEE NUMBER [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 103		
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	30		
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$ 249		

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	100				12-3-12				
☑ Plumbing	100								
☑ ~~Fire Protection~~ Mech					12/4/12				
☐ Elevator									
TOTAL COST	17,934								

Replace gas furnace, A.C + HWH

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

C4392

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name _____ HUTCHINSON
621 CHAPEL AVENUE CHERRY HILL, NJ 08034
PH: 856-429-5807 FAX: 856-429-4995

Address _____ NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS #9484 EXP 2012

_____ FEDERAL EMPLOYEE NUMBE[redacted]
NJ HOME IMPROVEMENT LIC.# [redacted]

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: 04/18/2013
Control #: 83260
Permit #: 20124119

Block: 342.30 Lot : 26 Qualification Code:

Work Site Location: 129 WESTOVER DRIVE
CHERRY HILL

Owner in Fee: ANN MCINTOSH

Address: 129 WESTOVER DRIVE
CHERRY HILL NJ 08034

Telephone: [redacted]

Agent/Contractor: HUTCHINSON

Address: 621 CHAPEL AVENUE
CHERRY HILL NJ 08002

Telephone: 856 429-5807

Lic. No./ Bldrs. Reg.No.: 34EB00928500 Federal Emp. No.:

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, HWH

[ ] **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.: 7946
Collected by: sd

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: 20124119

Control Number: 83260
Application Date: 12/07/12

CONSTRUCTION PERMIT

~~Permit Date: 12/13/2012~~

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 342.30 Lot : 26 Qualifier :

Work site Location:	129 WESTOVER DRIVE CHERRY HILL	Contractor:	HUTCHINSON
Owner In Fee:	ANN MCINTOSH	Address:	621 CHAPEL AVENUE
Address:	129 WESTOVER DRIVE		CHERRY HILL NJ 08002
	CHERRY HILL NJ 08034	Telephone:	(856) - 429-5807
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	34EB00928500
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

[ ] BUILDING	[X] PLUMBING	[035]
[X] ELECTRICAL	[ ] FIRE PROTECTION	[039]
[ ] ELEVATOR DEVICES	[X] MECHANICAL	[032]
[ ] LEAD HAZARD ABATEMENT	[ ] DEMOLITION	[033]
[ ] ASBESTOS ABATEMENT	[ ] OTHER	[042]
(Subchapter 8 only)		[034]

DESCRIPTION OF WORK:

REPLACE GAS FURNACE, A/C, HWH

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$17,534.00
Cost of Demolition:	$0.00
Total Cost:	$17,534.00

PAYMENTS (Office Use Only)

[046]	Building	
[046]	Electrical	$103.00
[040]	Plumbing	$58.00
[040]	Fire Protection	
[037]	Elevator Devices	
[043]	Mechanical	$58.00
[044]	VolFee (DCA)	
	AltFee (DCA)	$30.00
	DCA Minimum Fee	$0.00
	CO Fee	
	CCO Fee	
	Engineering	
	Document Imaging	
	Zoning	
	Total :	**$ 249.00**

All Fees Waived No
Amount to be Paid: $ 249.00

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 12.7.12

Gerald E. Seneski — Date

Contruction Official

Check Number: 7946
Check amount: $249.00

:: 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
DEC 14 2012
TAX COLLECTOR

Collected by: sd
Total Cash Amount:
Total Check Amount: $249.00
Total CC Amount:
Grand Total: $249.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12-13-12
Date Issued / Permit # 2012-4119

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

Block 342.30 Lot 26 Qualification Code
Work Site Location 129 Westover, Cherry Hill, NJ 08034

Owner in Fee: Ann Macintosh
Tel. [redacted] e-mail
Address 129 Westover Cherry Hill NJ 08034
(street / municipality / zip code)

Contractor: HUTCHINSON
Address 621 CHAPEL AVENUE CHERRY HILL, NJ 08034
PH: 856-429-5807 FAX: 856-429-4995
e-mail
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS #9484 EXP 2012
FEDERAL EMPLOYEE NUMBER [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 12.3.12
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT *
Date: 12.3.12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 4-17-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	4.16.13		4-17-13	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

* MAX OCP - 25 A

U.C.C. F120 (rev. 11/09)

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: [signature] 12/1993

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace heat pump, gas furnace, Hot Water Heater

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 45
		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	19.8	KW Central A/C Unit Replaced	58
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Gas Furnace	—

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 103

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #

Date Issued 12.13.12
Permit # 2012.4119

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

Block 342.30 Lot 26 Qualification Code

Work Site Location 129 Westover, Cherry Hill, NJ 08034

Owner in Fee: Ann MacIntosh

Tel. ([redacted] ail

Address Same
street municipality zip code

Contractor: HUTCHINSON
621 CHAPEL AVENUE CHERRY HILL, NJ 08034
PH: 856-429-5607 FAX: 856-429-4995
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS #9484 EXP 2012

Address e-mail

FEDERAL EMPLOYEE NUMBER [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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 $ 17,534

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: 12/4/12
Approved by: CRJ
SUBCODE APPPROVAL for CERTIFICATE
[✓] CA [ ] CCO
Date: 4.16.13
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance			4.16.13	
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			12/4/12	BM
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.

Sign here: Michael Heim

Print name here: Michael Heim

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Heat pump, gas furnace, hot water heater

Carrier cat IV

See List

NO.	FIXTURE/EQUIPMENT
1	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
1	Other A/C

FEE (Office Use Only)

$	
	57
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	57

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12-13-12
Permit # 2012-4119

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

Block 342.30 Lot 26 Qualification Code

Work Site Location 129 Westover, Cherry Hill, NJ 08034

Owner in Fee: Ann MacIntosh

Tel. [redacted]

Address Same
street municipality zip code

Contractor: GEO. HUTCHINSON III
CHAPEL AVENUE CHERRY HILL, NJ 08034
PH. 856-429-5807 FAX: 856-429-4995
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHUBB DAVIS Tel:84 (EXP 2012)
FEDERAL EMPLOYEE NUMBER [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

Address

Contractor License No. Exp. Date

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

Federal Emp. ID No. 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 $ 100

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 12/13/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4-16-13
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			4-16-13	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace heat pump, Gas Furnace, Hot Water Heater

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

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 129 Westover Cherry Hill 08034

Owner in Fee Ann Mackintosh

Verifying Individual Rob C Company - Hutchinson Plumbing Heating Cooling

Address 621 Chaple Ave Cherry Hill, NJ 08033
Street City State Zip Code

Tel: ([redacted] Fax: (856) 429-8911

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

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

- [☐] 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	60,000
Appliance 2:	Water Heater	Oil / Gas / Other: Gas	40,000
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 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.

Michael Klein 11-17-12
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.

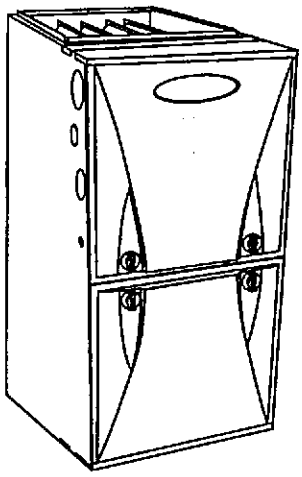
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

59TN6A
Infinity® Two-Stage, Variable Speed 4-Way Multipoise Condensing Gas Furnace Series 100

Carrier
turn to the experts

Product Data



A11263

The 59TN6A Multipoise Variable-Speed Condensing Gas Furnace features the two-stage Infinity® System. The Comfort Heat Technology® two-stage gas system is at the heart of the comfort provided by this furnace, along with the Infinity variable-speed ECM blower motor, and two-speed inducer motor. With an Annual Fuel Utilization Efficiency (AFUE) of up to 96.7%, the Infinity two-stage gas furnace provides exceptional savings when compared to a standard furnace. This Infinity Gas Furnace also features 4-way multipoise installation flexibility, and is available in five model sizes. The 59TN6A can be vented for direct vent/two-pipe, ventilated combustion air, or single-pipe applications. A Carrier Infinity Control and Infinity Air Conditioner or Heat Pump can be used to form a complete Infinity System. All units meet California Air Quality Management District emission requirements. All sizes are design certified in Canada.

STANDARD FEATURES

- Infinity® System; compatible with single- and multiple-zone Infinity systems.
- All sizes meet ENERGY STAR® Version 4.0 criteria for gas furnaces: 95+ AFUE; AMACF electrical rating; 2% or less cabinet airflow leakage.
- Quiet operation. Compare for yourself at HVACpartners.com.
- Ideal height 35-in. (889 mm) cabinet: short enough for taller coils, but still allows enough room for service.
- Infinity Features—match with the Infinity Control for Infinity System benefits.
- Integral part of the Ideal Humidity System® Technology.
- Silicon Nitride Power Heat™ Hot Surface Igniter.
- SmartEvap™ technology helps control humidity levels in the home when used with a compatible humidity control system.
- ComfortFan™ technology allows control of continuous fan speed from a compatible thermostat.
- External Media Filter Cabinet included.
- 4-way multipoise design for upflow, downflow or horizontal installation, with unique vent elbow and optional through-the-cabinet downflow venting capability.
- Variable-Speed blower motor, two-speed inducer motor, and two-stage gas valve.
- Self-diagnostics and extended diagnostic data through the Advanced Product Monitor (APM) accessory or Infinity User Interface.
- Adjustable blower speed for cooling, continuous fan, and dehumidification.
- Aluminized-steel primary heat exchanger.
- Stainless-steel condensing secondary heat exchanger.
- Propane convertible (See Accessory list).
- Factory-configured ready for upflow applications.
- Fully-insulated casing including blower section.
- Convenient Air Purifier and Humidifier connections.
- Direct-vent/sealed combustion, single-pipe venting or ventilated combustion air.
- Installation flexibility: (sidewall or vertical vent).
- Residential installations may be eligible for consumer financing through the Retail Credit Program.
- Certified to leak 2% or less of nominal air conditioning CFM delivered when pressurized to 1-in. water column with all present air inlets, air outlets, and condensate drain port(s) sealed.

INFINITY SERIES IdealHumidity ComfortHeat ENERGY STAR AHRI CERTIFIED Use of the AHRI Certified ru Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org. Certified System ISO 9001 Always Ask For FACTORY AUTHORIZED PARTS

SPECIFICATIONS

Heating Capacity and Efficiency			060-14	080-14	080-20	100-22	120-22
Input	High Heat	(BTUH)	60,000	80,000	80,000	100,000	120,000
	Low Heat	(BTUH)	39,000	52,000	52,000	65,000	78,000
Output	High Heat	(BTUH)	58,000	78,000	78,000	98,000	117,000
	Low Heat	(BTUH)	38,000	50,000	51,000	63,000	76,000
Efficiency		AFUE % (ICS)	96.3	96.2	96.7	96.1	96.7
Certified Temperature Rise Range °F (°C)		High Heat	35 - 65 (19 - 36)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	45 - 75 (25 - 42)	45 - 75 (25 - 42)
		Low Heat	30 - 60 (17 - 33)	30 - 60 (17 - 33)	30 - 60 (17 - 33)	30 - 60 (17 - 33)	30 - 60 (17 - 33)

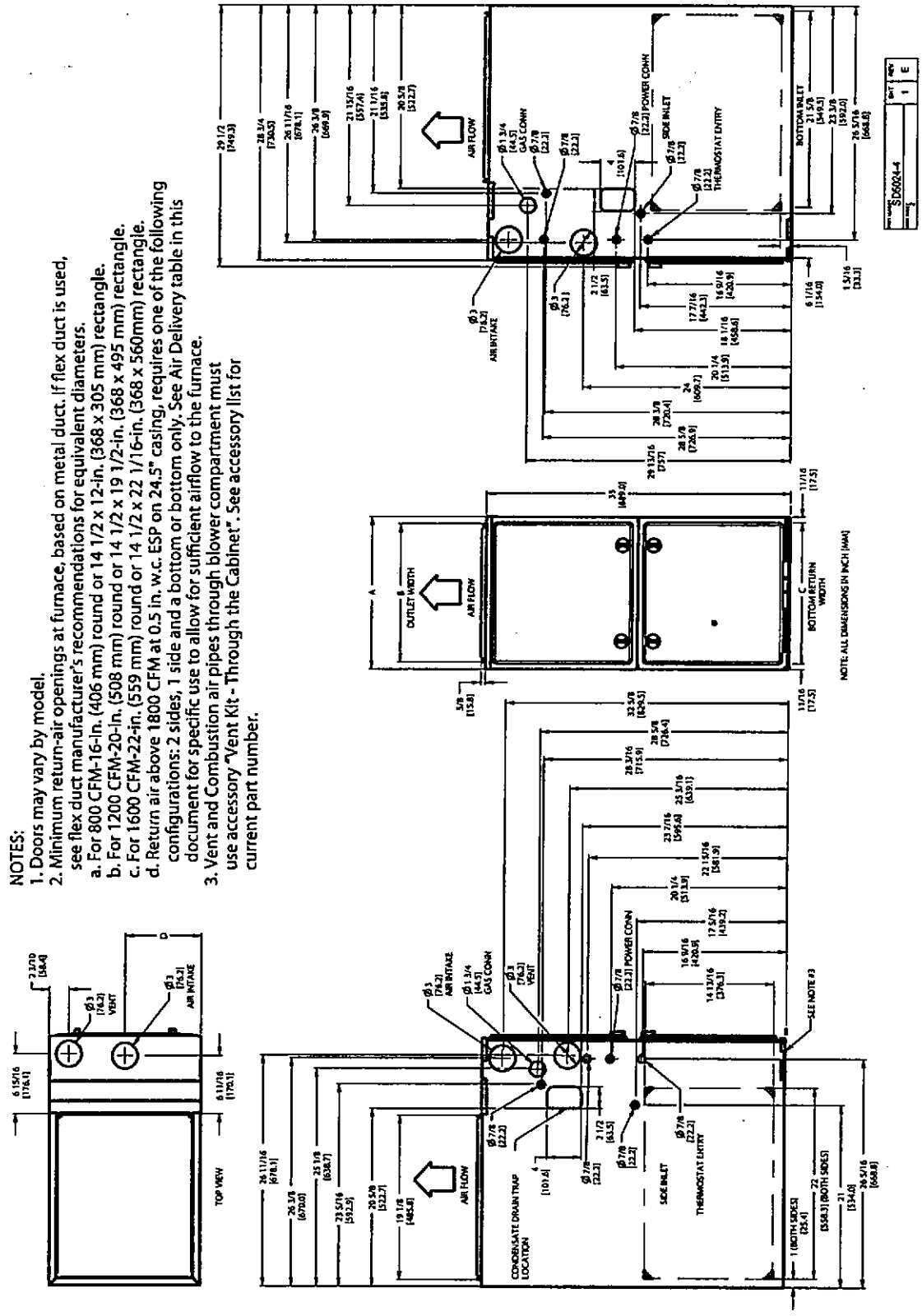
Airflow Capacity and Blower Data		060-14	080-14	080-20	100-22	120-22
Rated External Static Pressure (in. w.c.)	Heating	0.12	0.15	0.15	0.20	0.20
	Cooling	0.5	0.5	0.5	0.5	0.5
Airflow Delivery @ Rated ESP (CFM)	High Heat	1075	1500	1345	1575	1820
	Low Heat	855	1060	1095	1385	1640
	Cooling	1335	1375	1945	2160	2185
Cooling Capacity (tons)	400 CFM/ton	3	3.5	4.5	5	5.5
	350 CFM/ton	3.5	4	5.5	6	6
Direct-Drive Motor Type		Electronically Commutated Motor (ECM)				
Direct-Drive Motor HP		1/2	1/2	1	1	1
Motor Full Load Amps		7.7	7.7	12.8	12.8	12.8
RPM Range		300 - 1300				
Speed Selections		Variable (Communicating)				
Blower Wheel Dia x Width	in.	11 x 8	11 x 8	11x10	11 x 10	11 x 11
Air Filtration System		Factory Supplied Media Cabinet Field Supplied Filter				
Filter Used for Certified Watt Data*		KGAWF**06UFR				

Electrical Data		060-14	080-14	080-20	100-22	120-22
Input Voltage	Volts-Hertz-Phase	115-60-1				
Operating Voltage Range	Min-Max	104-127				
Maximum Input Amps	Amps	8.5	8.5	13.6	13.7	13.7
Unit Ampacity	Amps	11.5	11.5	17.9	18.0	18.0
Minimum Wire Size	AWG	14	14	12	12	12
Maximum Wire Length @ Minimum Wire Size	Feet	32	32	32	31	31
	(M)	(9.8)	(9.8)	(9.8)	(9.4)	(9.4)
Maximum Fuse/Ckt Bkr (Time-Delay Type Recommended)	Amps	15	15	20	20	20
Transformer Capacity (24vac output)		40 VA				
External Control Power Available	Heating	24.3 VA				
	Cooling	34.6 VA				

Controls	060-14	080-14	080-20	100-22	120-22
Gas Connection Size	1/2" - NPT				
Burners (Monoport)	3	4	4	5	6
Gas Valve (Redundant) Manufacturer	White Rogers				
Minimum Inlet Gas pressure (in. wc)	4.5				
Maximum Inlet Gas pressure (in. wc)	13.6				
Gas Conversion Kit - Natural to Propane	KGANP5201VSP				
Gas Conversion Kit - Propane to Natural	KGAPN4401VSP				
Manufactured (Mobile) Home Kit	*not approved for MH use*				
Ignition Device	Silicon Nitride				
Limit Control	180	170	200	180	160
Heating Blower Control (Heating Off-Delay)	Adjustable: 90, 120, 150, 180 seconds				
Cooling Blower Control (Time Delay Relay)	90 seconds				
Communication System	Infinity; Infinity Zoning				
Thermostat Connections	R, W/W1, W2 Y/Y2, Y1, G, Com 24V, DHUM				
Accessory Connections	EAC (115vac); HUM (24vac); 1-stg AC (via Y/Y2)				

* See Accessory List for part numbers available.

DIMENSIONAL DRAWING



NOTES:
1. Doors may vary by model.
2. Minimum return-air openings at furnace, based on metal duct. If flex duct is used, see flex duct manufacturer's recommendations for equivalent diameters.
   a. For 800 CFM-16-in. (406 mm) round or 14 1/2 x 12-in. (368 x 305 mm) rectangle.
   b. For 1200 CFM-20-in. (508 mm) round or 14 1/2 x 19 1/2-in. (368 x 495 mm) rectangle.
   c. For 1600 CFM-22-in. (559 mm) round or 14 1/2 x 22 1/16-in. (368 x 560mm) rectangle.
   d. Return air above 1800 CFM at 0.5 in. w.c. ESP on 24.5" casing, requires one of the following configurations: 2 sides, 1 side and a bottom or bottom only. See Air Delivery table in this document for specific use to allow for sufficient airflow to the furnace.
3. Vent and Combustion air pipes through blower compartment must use accessory "Vent Kit - Through the Cabinet". See accessory list for current part number.

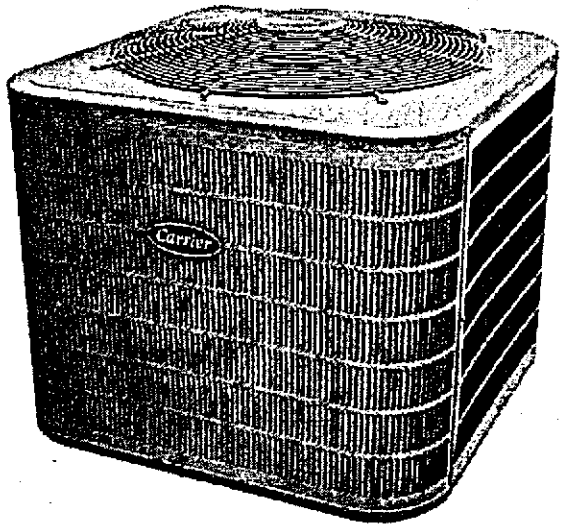
A12267

59TN6 FURNACE SIZE	A CABINET WIDTH	B OUTLET WIDTH	C BOTTOM INLET WIDTH	D AIR INTAKE	SHIP WT. LB (KG)
060-14	17-1/2 (445)	15-7/8 (403)	16 (406)	8-3/4 (222)	140.0 (63.0)
080-14					150.0 (67.5)
080-20	21 (533)	19-3/8 (492)	19-1/2 (495)	10-1/2 (267)	154.5 (70.2)
100-22					164.5 (74.0)
120-22	24-1/2 (622)	22-7/8 (581)	23 (584)	12-1/4 (311)	188.5 (84.8)

25HCB6
Performance™ 16 2–Stage Heat Pump with Puron® Refrigerant 2 to 5 Tons

Carrier
turn to the experts

Product Data



Puron. Performance SERIES

Carrier Air Conditioners with Puron ® refrigerant provide a collection of features unmatched by any other family of equipment. The 25HCB6 has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. 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

Energy Efficiency

- 15.5 - 16.5 SEER/12.5 EER/9.0 - 9.5 HSPF (based on tested combinations)
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 70 dBA
- Sound level as low as 69 dBA with accessory sound shield

Comfort

- System supports Thermidistat™ 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
- Highpressure switch
- Loss of charge switch
- Filter drier
- Balanced refrigeration system for maximum reliability

Durability

WeatherArmor™ 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	13
N	N	A	A	A/N	N	N	N	A/N	A/N	A/N	N	N
2	5	H	C	B	6	3	6	A	0	0	3	0
Product Series		Product Family	Tier	Major Series	SEER	Cooling Capacity		Variations	Open	Open	Voltage	Minor Series
25 = HP		H = RES HP	C = Performance Series	A = Puron	6=16 SEER	1,000 Btuh (nominal)		A = Standard	0=Not Defined	0=Not Defined	3=208/230–1	0, 1, 2...

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.

Certified System™

ISO 9001
OMI-SAI Global

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.**

Comfort HEAT PUMP SYSTEM

IdealHumidity

STANDARD FEATURES

FEATURES	Unit Size – Voltage, Series			
	24–30	36–30	48–30	60–30
Puron Refrigerant	X	X	X	X
Maximum SEER Rating	16.5	16.5	16.5	16.5
2–Stage Scroll Compressor	X	X	X	X
Louvered Coil Guard	X	X	X	X
Field Installed Filter Drier	X	X	X	X
Front Seating Service Valves	X	X	X	X
Internal Pressure Relief Valve	X	X	X	X
Long Line capability	X	X	X	X
Loss of Charge Switch	X	X	X	X
High Pressure Switch	X	X	X	X
Crankcase Heater	X	X	X	X

X = Standard

PHYSICAL DATA

UNIT SIZE SERIES	24–30	36–30	48–30	60–30
Operating Weight lb (kg)	281 (127)	300 (136)	303 (137)	349 (158)
Shipping Weight lb (kg)	318 (144)	337 (153)	341 (155)	389 (177)
Compressor Type	Ultratech® Scroll			
REFRIGERANT	Puron® (R–410A)			
Control	TXV (Puron® Hard Shutoff)			
Charge lb (kg)	13.62 (6.18)	15.50 (7.03)	14.25 (6.46)	15.75 (7.14)
Outdoor Htg Piston #	40	57	61	67
COND FAN	Forward Swept Propeller Type, Direct Drive			
Air Discharge	Vertical			
Air Qty (CFM)	2700	4269	4350	5000
Motor HP	1/12	1/5	1/4	1/4
Motor RPM	800	810	825	810
COND COIL				
Face Area (Sq ft)	22.69	25.21	25.21	30.25
Fins per In.	20	20	20	20
Rows	2	2	2	2
Circuits	8	8	8	10
VALVE CONNECT. (In. ID)				
Vapor	3/4	7/8	7/8	7/8
Liquid	3/8			
REFRIGERANT TUBES (In. OD)				
Rated Vapor*	3/4	7/8	1–1/8	1–1/8
Max Liquid Line	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.

Note: See unit Installation Instruction for proper installation.

25HCB6

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:

Unit Nominal Size (Btuh)	Maximum Liquid Line Diameters (In. OD)	Vapor Line Diameters (In.) OD	Cooling Capacity Loss (%) Total Equivalent Line Length ft. (m)							
			Standard Application		Long Line Application Requires Accessories					
			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)
24,000 2–Stage HP with Puron	3/8	5/8	0	1	1	2	3	3	4	4	5
		3/4	0	1	1	1	1	1	1	1	1
36,000 2–Stage HP with Puron	3/8	5/8	1	2	4	5	6	7	8	10	11
		3/4	0	0	1	2	3	2	3	3	4
		7/8	0	0	1	1	1	1	2	2	2
48,000 2–Stage HP with Puron	3/8	3/4	1	2	2	3	4	5	6	7	7
		7/8	0	1	1	2	2	2	3	3	4
		1–1/8	0	0	—	—	—	—	—	—	—
60,000 2–Stage HP with Puron	3/8	3/4	1	2	4	5	6	8	9	10	11
		7/8	0	1	2	2	3	4	4	5	5
		1–1/8	0	0	—	—	—	—	—	—	—

Standard Length = 80 ft. (24.4 m) or less total equivalent length

Applications in this area are long line. Accessories are required as shown recommended on Long Line Application Guidelines.

Applications in this area may have height restrictions that limit allowable total equivalent length, when outdoor unit is below indoor unit.

— Applications in this area are not recommended due to insuficient oil return.

REFRIGERANT PIPING LENGTH LIMITATIONS

Maximum Line Lengths:

The maximum allowable total equivalent length for heat pumps varies depending on the vertical separation. See the tables below for allowable lengths depending on whether the outdoor unit is on the same level, above or below the outdoor unit.

Maximum Line Lengths for Heat Pump Applications

	MAXIMUM ACTUAL LENGTH ft (m)	MAXIMUM EQUIVALENT LENGTH† ft (m)	MAXIMUM VERTICAL SEPARATION ft (m)
Units on equal level	200 (61)	250 (76.2)	N/A
Outdoor unit ABOVE indoor unit	200 (61)	250 (76.2)	200 (61)
Outdoor unit BELOW indoor unit	See Table *'Maximum Total Equivalent Length: Outdoor Unit BELOW Indoor Unit'*		

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

25HCB6

Maximum Total Equivalent Length† - Outdoor Unit BELOW Indoor Unit

Size	Liquid Line Diameter w/ TXV	HP with Puron® Refrigerant – Maximum Total Equivalent Length† Vertical Separation ft (m) Outdoor unit BELOW indoor unit;						
		0–20 (0 – 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 HP with Puron	3/8	250*	250*	250*	250*	250*	250*	250*
036 HP with Puron	3//8	250*	250*	250*	250*	250*	250*	250*
048 HP with Puron	3/8	250*	250*	250*	250*	230	160	--
060 HP with Puron	3/8	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

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. 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 Heat Pump systems, the chart below shows when an application is considered Long Line. Beyond these lengths, long line accessories are required:

HP 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
3/8	80 (24.4)	20 (6.1) vertical or 80 (24.4) total	80 (24.4)

Note: See Long Line Guideline for details

ELECTRICAL DATA

UNIT SIZE–VOLTAGE, SERIES	V/PH	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	
24–30	208/230–1	253	187	52.0	15.4	0.5	19.8	14	14	56 (17.1)	54 (16.5)	30
36–30				82.0	16.7	1.2	22.1	12	12	57 (17.4)	54 (16.5)	35
48–30				96.0	26.9	1.3	34.8	8	8	89 (27.1)	84 (25.6)	50
60–30				118.0	23.0	1.3	30.1	10	10	67 (20.4)	63 (19.2)	50

* 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 1 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

SOUND POWER LEVEL (dBA)

Unit Size – Voltage, Series	Standard Rating dBA	TYPICAL OCTAVE BAND SPECTRUM (dBA, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
24	73 – High Stage	50.0	59.5	64.5	67.0	63.0	61.5	58.5
	70 – Low Stage	50.0	58.5	62.5	65.5	64.0	61.0	54.0
36	75 – High Stage	57.0	61.0	70.0	69.5	64.5	62.5	58.0
	72 – Low Stage	57.5	60.5	64.5	67.0	64.5	62.0	56.0
48	76 – High Stage	54.0	62.0	66.0	71.0	65.5	63.0	59.5
	72 – Low Stage	54.5	61.0	65.0	67.0	64.0	61.0	57.0
60	75 – High Stage	52.5	60.5	66.5	72.0	66.5	64.0	57.0
	74 – Low Stage	51.5	59.5	66.5	71.0	66.0	62.5	55.5

NOTE: Tested in compliance with AHRI 270–2008 but not listed with AHRI.

SOUND POWER LEVEL (dBA) WITH ACCESSORY SOUNDSHIELD

Unit Size – Voltage, Series	Standard Rating dBA	TYPICAL OCTAVE BAND SPECTRUM (dBA, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
24	71 –High Stage	50.5	59.5	64.0	65.5	61.5	58.5	53.5
	69 –Low Stage	50.0	58.0	62.0	64.5	62.0	59.0	50.5
36	74 –High Stage	58.5	60.5	69.5	68.5	63.5	61.0	55.0
	71 –Low Stage	57.5	60.5	64.5	66.0	63.5	61.0	53.5
48	74 –High Stage	55.5	61.5	65.5	70.0	64.5	60.5	55.0
	71 –Low Stage	55.0	61.0	64.5	66.5	63.0	60.0	54.0
60	73 –High Stage	53.5	60.5	66.0	70.5	65.0	59.5	52.5
	73 –Low Stage	52.0	58.5	65.5	69.5	64.5	59.5	52.0

NOTE: Tested in compliance with AHRI 270–2008 but not listed with AHRI.

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE–VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
24–30	11.0 (6.1) HIGH STAGE
36–30	12.0 (6.7) HIGH STAGE
48–30	12.0 (6.7) HIGH STAGE
60–30	8.0 (4.4) HIGH STAGE

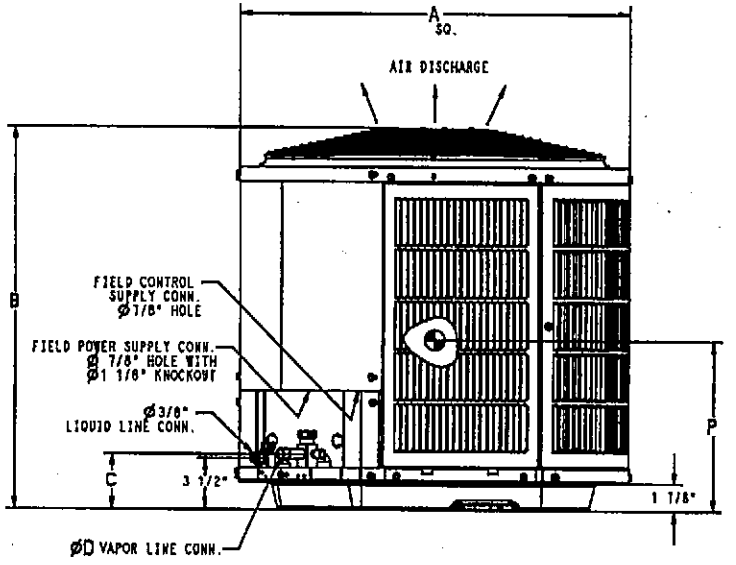
DIMENSIONS - ENGLISH

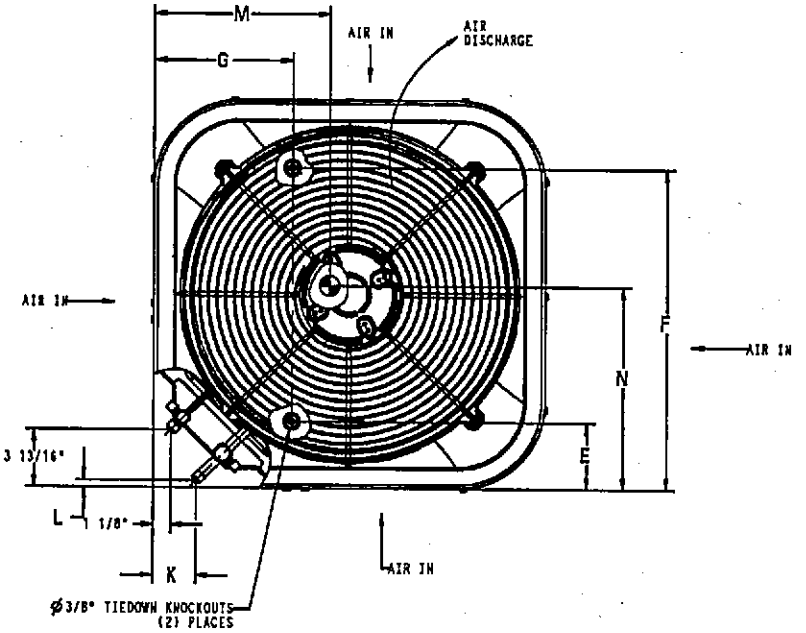
UNIT	SERIES	ELECTRICAL CHARACTERISTICS				A	B	C	D	E	F	G	K	L	M	N	P	OPERATING WEIGHT (lbs)	SHIPPING WEIGHT (lbs)	SHIPPING DIMENSIONS (L x W x H)
25HCB624	0	X	0	0	0	35"	35 3/4"	3 3/4"	3/4"	6 9/16"	28 7/16"	9 1/8"	2 13/16"	1/2"	16"	14 1/2"	15 1/2"	280.5	317.5	38 1/8" X 38 5/16" X 39 3/8"
25HCB636	0	X	0	0	0	35"	38 1/8"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	16 1/4"	15 1/2"	18 1/2"	300.3	336.6	38 1/8" X 38 5/16" X 42 3/4"
25HCB648	0	X	0	0	0	35"	38 1/8"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	16 1/2"	17 1/2"	17 1/2"	302.5	341.4	38 1/8" X 38 5/16" X 42 3/4"
25HCB660	0	X	0	0	0	35"	45 15/16"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	16 1/2"	18"	19 1/2"	348.5	389.0	38 1/8" X 38 5/16" X 49 9/16"
		208-230-1-60	230-1-60	208/230-3-60	460-3-60															

X = YES
0 = NO

NOTES:

1. ALLOW 24" CLEARANCE TO SERVICE SIDE OF UNIT, 48" ABOVE UNIT, 6" ON ONE SIDE, 12" ON REMAINING SIDE, AND 24" BETWEEN UNITS FOR PROPER AIRFLOW.
2. MINIMUM OUTDOOR OPERATING AMBIENT IN COOLING MODE IS 55°F, MAX. 125°F.
3. SERIES DESIGNATION IS THE 13TH POSITION OF THE UNIT MODEL NUMBER.
4. CENTER OF GRAVITY ⊕.
5. ALL DIMENSIONS ARE IN "INCHES" UNLESS NOTED.





UNIT SIZE	MINIMUM MOUNTING PAD DIMENSIONS
-	28" X 28"
-	31 1/2" X 31 1/2"
24 THRU 60	35" X 35"

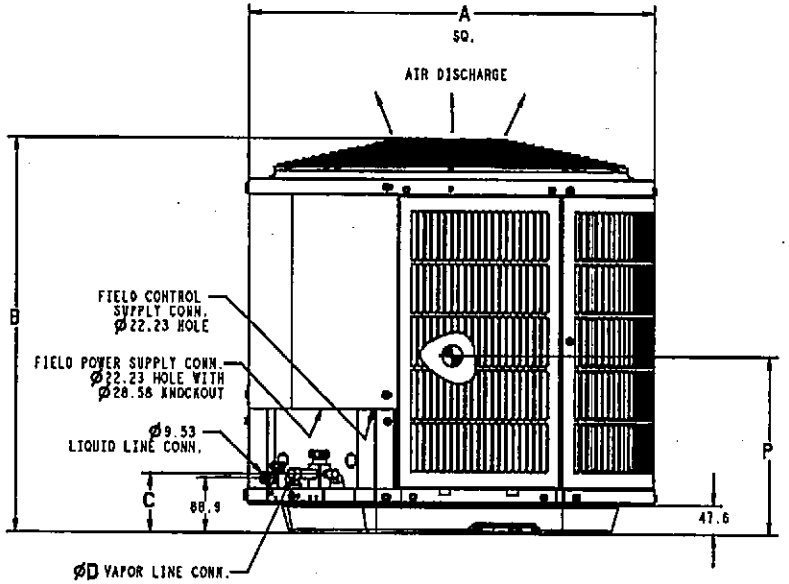
DIMENSIONS - SI

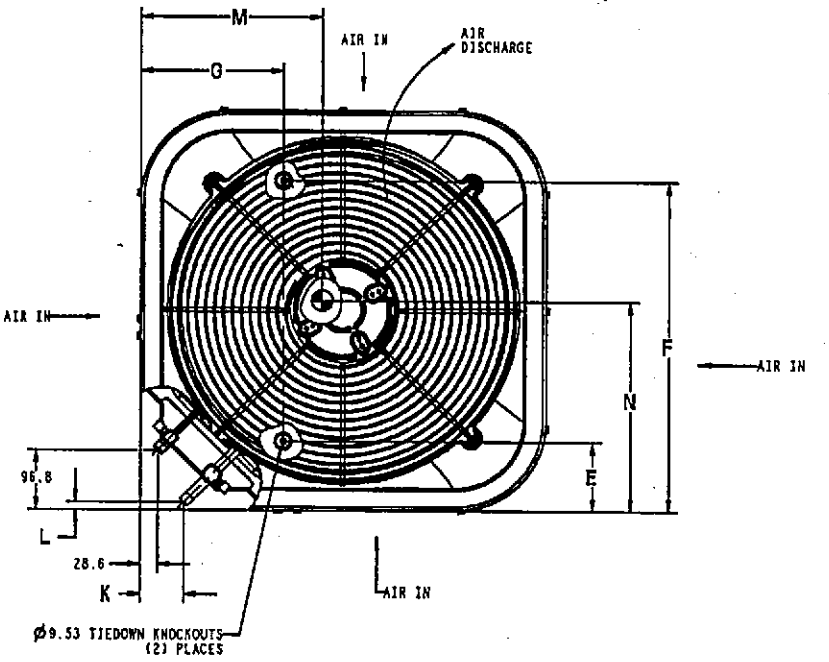
UNIT	SERIES	ELECTRICAL CHARACTERISTICS				A	B	C	D	E	F	G	K	L	M	N	P	OPERATING WEIGHT (Kgs)	SHIPPING WEIGHT (Kgs)	SHIPPING DIMENSIONS (L x W x H)
25HCB624	0	X	0	0	0	889.0	908.0	95.2	19.1	166.7	722.3	231.8	71.4	12.7	406.4	368.3	393.7	127.5	144.3	917.6 X 998.6 X 1000.1
25HCB636	0	X	0	0	0	889.0	993.8	98.4	22.2	166.7	722.3	231.8	74.6	15.9	412.8	393.7	469.9	136.2	153.0	917.6 X 998.6 X 1085.8
25HCB648	0	X	0	0	0	889.0	993.8	98.4	22.2	166.7	722.3	231.8	74.6	15.9	419.1	444.5	444.5	137.5	155.2	917.6 X 998.6 X 1085.8
25HCB660	0	X	0	0	0	889.0	1166.8	98.4	22.2	166.7	722.3	231.8	74.6	15.9	419.1	457.2	495.3	158.4	176.8	917.6 X 998.6 X 1258.8
		208-230-1-60	230-1-60	208/230-3-60	460-3-60															

X = YES
O = NO

NOTES:

1. ALLOW 609.6 CLEARANCE TO SERVICE SIDE OF UNIT, 1219.2 ABOVE UNIT, 152.4 ON ONE SIDE, 304.8 ON REMAINING SIDE, AND 609.6 BETWEEN UNITS FOR PROPER AIRFLOW.
2. MINIMUM OUTDOOR OPERATING AMBIENT IN COOLING MODE IS 13°C, MAX. 52°C.
3. SERIES DESIGNATION IS THE 13TH POSITION OF THE UNIT MODEL NUMBER.
4. CENTER OF GRAVITY ⊕.
5. ALL DIMENSIONS ARE IN "MM" UNLESS NOTED.





UNIT SIZE	MINIMUM MOUNTING PAD DIMENSIONS
-	660.4 X 660.4
-	800.1 X 800.1
24 THRU 60	889.0 X 889.0

BRADFORD WHITE®
WATER HEATERS

DEFENDER SAFETY SYSTEM®

TTW1

Residential Power Vent Energy Saver Gas Water Heater

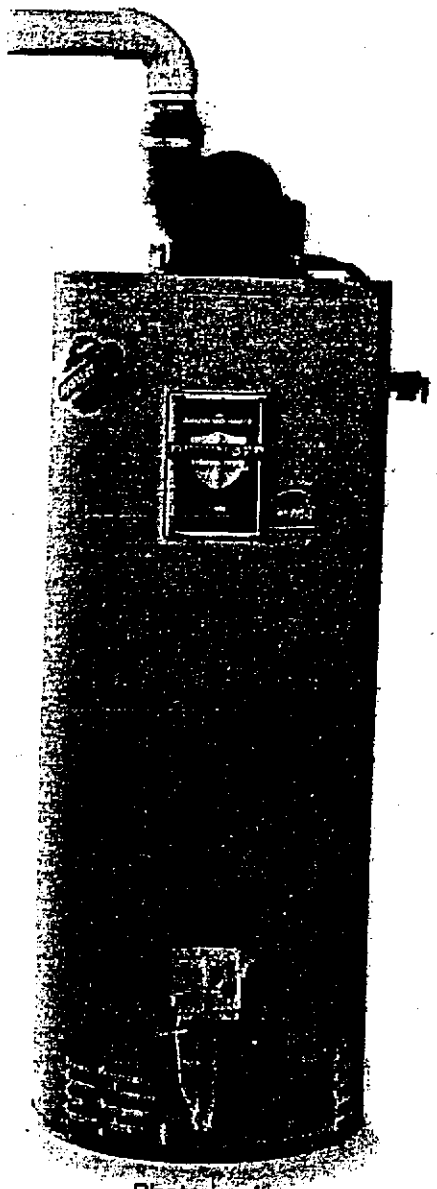


Photo is of
M-1-TW-40S6FBN

The TTW®1 FVIR Defender Safety System® Models Feature:

- **ENERGY STAR® Qualified**—These models qualify for the January 1st, 2009 minimum ENERGY STAR® EF requirement, as well as most utility rebate programs.
- **Advanced ScreenLok® Technology Flame Arrestor Design**—Flame arrestor is designed to prevent ignition of flammable vapor outside of the water heater.
- **Flammable Vapor Sensor**—Electronic sensor prevents burner operation if flammable vapors are detected. The sensor will also prevent operation if there is ongoing flammable vapor burn inside the combustion chamber.
- **Maintenance Free**—No regular cleaning of air inlet openings or flame arrestor is required under normal conditions.
- **Sight Window**—Offers a view into the combustion chamber to observe the operation of the pilot and burner.
- **Factory Installed Hydrojet® Total Performance System**—Cold water inlet sediment reducing device helps prevent sediment build up in tank. This increases first hour delivery, while minimizing temperature build up at top of tank.
- **Vitraglas® Lining**—Bradford White tanks are lined with an exclusively engineered enamel formula that provides superior tank protection from the highly corrosive effects of hot water. This formula (Vitraglas®) is fused to the steel surface by firing at a temperature of over 1600° F.
- **Power Vented Water Heater**—Designed for installations where atmospheric units cannot be used. Exhaust gases are vented under positive pressure directly out of the building through the roof or the wall.
- **Powerful Blower Motor**—Our significantly quiet design has greater resistance to outside winds and the power to vent in many difficult venting situations.
- **Honeywell Self Diagnostic Electronic Gas Control**—Intelligent gas control with spark to pilot ignition system eliminates the constant burning pilot. This results in savings of pilot gas during stand by periods (120 V.A.C.).
  - **Enhanced Performance**—Proprietary algorithms provide enhanced First Hour Delivery ratings and tighter temperature differentials.
  - **Advanced Temperature Control System**—Microprocessor constantly monitors and controls burner operation to maintain accurate and consistent water temperature levels.
  - **Intelligent Diagnostics**—An exclusive green LED light prompts the installer during start-up and provides ten different diagnostic codes to assist in troubleshooting.
  - **Pilot On Indication**—Flashing green LED provides positive indication that pilot is on.
- **Horizontal and Vertical Venting**—With 2" or 3" PVC, ABS or CPVC (Maximum equivalent vent length on reverse side).
- **1" Non-CFC Foam Insulation**—Covers the sides and top, reducing the amount of heat loss. This results in less energy consumption, improved operation efficiencies and jacket rigidity.
- **Water Connections**—3/4" NPT factory installed true dielectric fittings.
- **Factory Installed Heat Traps**—Design incorporates a flexible disk that reduces heat loss in piping and eliminates the potential for noise generation.
- **Protective Magnesium Rod.**
- **Pedestal Base.**
- **T&P Relief Valve**—Included.
- **Brass Drain Valve**—Durable tamper proof design.

6 or 10-Year Limited Tank Warranties / 6-Year Limited Warranty on Component Parts.
For more information on warranty, please visit www.bradfordwhite.com
For products installed in USA, Canada and Puerto Rico. Some states do not allow limitations on warranties. See complete copy of the warranty included with the heater.

Residential Power Vent Water Heater

DEFENDER SAFETY SYSTEM™

TTW® Energy Saver Models

NATURAL GAS AND LIQUID PROPANE GAS

Meet or exceed ASHRAE 90.1® (current standard) C.E.C. Listing
80% Recovery Efficiency

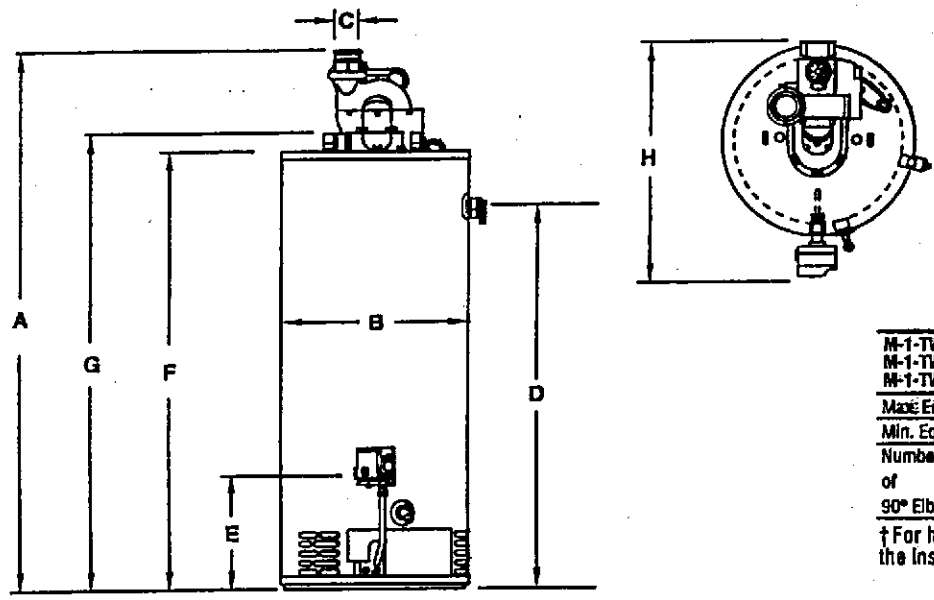
Model Number	Capacity U.S. Gal.	Capacity Imp. Gal.	Nat. BTU/Hr. Input	LP BTU/Hr. Input	Recovery 90°F Rise* Nat. U.S. GPH	Nat. Imp. GPH	LP U.S. GPH	LP Imp. GPH	A Floor to Vent Conn. In.	B Jacket Dia. In.	C Vent Size In.	D Floor to T&P Conn. In.	E Floor to Gas Conn. In.	F Floor to Top of Heater In.	G Floor to Water Conn. In.	H Depth In.	Approx. Shipping Weight lbs.
M-1-TW-40S6FBN*	40	33	40,000	38,000	43	36	41	34	56¼	20	2	40⅛	11¾	48¼	48	24¼	135
M-1-TW-50S6FBN	50	42	40,000	38,000	43	36	41	34	57¼	22	2	40¾	11¾	47¼	49¼	26¾	160
M-1-TW-60T6FBN*	60	51	42,000	40,000	45	38	43	36	65¾	22	2	50¾	11¾	57¾	58¼	27¾	193

Model Number	Capacity Liters	Nat. kW Input	LP kW Input	Recovery 50°C Rise* Nat. Liters/ Hour	LP Liters/ Hour	A Floor to Vent Conn. mm.	B Jacket Dia. mm.	C Vent Size mm.	D Floor to T&P Conn. mm.	E Floor to Gas Conn. mm.	F Floor to Top of Heater mm.	G Floor to Water Conn. mm.	H Depth mm.	Approx. Shipping Weight kg.
M-1-TW-40S6FBN*	151	11.7	11.0	163	155	1435	508	51	1030	298	1175	1220	632	75
M-1-TW-50S6FBN	190	11.7	11.0	163	155	1457	560	51	1038	298	1197	1251	679	84
M-1-TW-60T6FBN*	227	12.3	11.7	170	163	1727	560	51	1292	298	1467	1486	692	88

Propane models feature a Titanium Stainless Steel propane burner. For Propane (LP) models change suffix "BN" to "SX"
For 10 year models, change suffix from "6" to "10".

*Based on manufacturer's rated recovery efficiency.

110 V.A.C. Required for Power Venting / 110 V.A.C., 60HZ, 3.1 Amperes



M-1-TW48 M-1-TW58 M-1-TW68		2" Vent Pipe	3" Vent Pipe
Max. Equivalent Length		150 ft.	120 ft.
Min. Equivalent Length		7 ft.	15 ft.
Number	1	45 ft.	115 ft.
of	2	40 ft.	110 ft.
90° Elbows	3	35 ft.	105 ft.

† For high altitude installations, consult the installation instructions.

General

All gas water heaters are certified at 300 PSI (2068 kPa) test pressure and 150 PSI (1034 kPa) working pressure.
All water connections are ¾" NPT (19mm) on 8" (203mm) centers, all gas connections are ½" (13mm).
All models design certified by CSA International (formerly AGA/CGA), ANSI Z-21.10.1 and peak performance rated.

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

Suitable for Water (Potable) Heating and Space Heating.

Toxic chemicals, such as those used for boiler treatment, shall NEVER be introduced into this system. This unit may NEVER be connected to any existing heating system or component(s) previously used with a non-potable water heating appliance.

BRADFORD WHITE®
WATER HEATERS
Ambler, PA

For U.S. and Canada field service, contact your professional installer or local Bradford White sales representative.
Sales 800-523-2931 • Fax 215-641-1670 / Technical Support 800-334-3393 • Fax 269-795-1069 • Warranty 800-531-2111 • Fax 269-795-1069
International: Telephone 215-641-9400 • Telefax 215-641-9750 / www.bradfordwhite.com

BRADFORD WHITE-CANADA® INC. Sales / Technical Support 866-690-0961 / 905-238-0100 • Fax 905-238-0105 / www.bradfordwhite.com

Built to be the Best™

For fence only

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL No 35083

☑ Building Permit ☐ Certificate of Occupancy

Block 342.30 Lot 24 Zone R-2

Property Owner Kelly L. Allen

Address of Property 129 Westover Drive, Cherry Hill NJ

Address of Owner same as above Phone No. [redacted]

Existing Use _____ Proposed Use _____

Type of Structure Proposed fence (replace existing fence)

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.

Kelly L Allen — Signature
129 Westover Drive — Address
[redacted] — Telephone

SETBACKS: ☐ Corner Lot ☑ Inside Lot

Front * see below Rear _____ Smallest side _____ Aggregate _____ Second front _____

Sq. Ground Floor _____ Height * see below Gross Floor Area _____

For swimming pool only:

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

Horizontal Bars Must face interior of property

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: fence proposed to SF * For residential uses, fence construction shall not exceed six (6) feet in height. The setback for a six (6) foot high fence shall be the front-most wall of the dwelling or a minimum of twenty-five (25) feet from any street right-of-way line, whichever is greater. Fence construction within these setback requirements may not exceed three (3) feet in height.
residential prop. - Must meet all height restrictions as stamped herein →
fence may be no higher than 3 ft.

OTHER PAYMENTS AND FEES: in front.

Taxes Paid: ___ Shade Tree Fee $2.00/LF of street frontage

HORIZONTAL BARS MUST FACE INTERIOR OF THE PROPERTY.

Contributions-In-Aid:

Road Improv. $ _____

Sewer Improv. $ _____

Other _____ $ _____

Housing Impact Fee: approx $65 fined fence

(a) Estimated equalized value of the improvements $_____

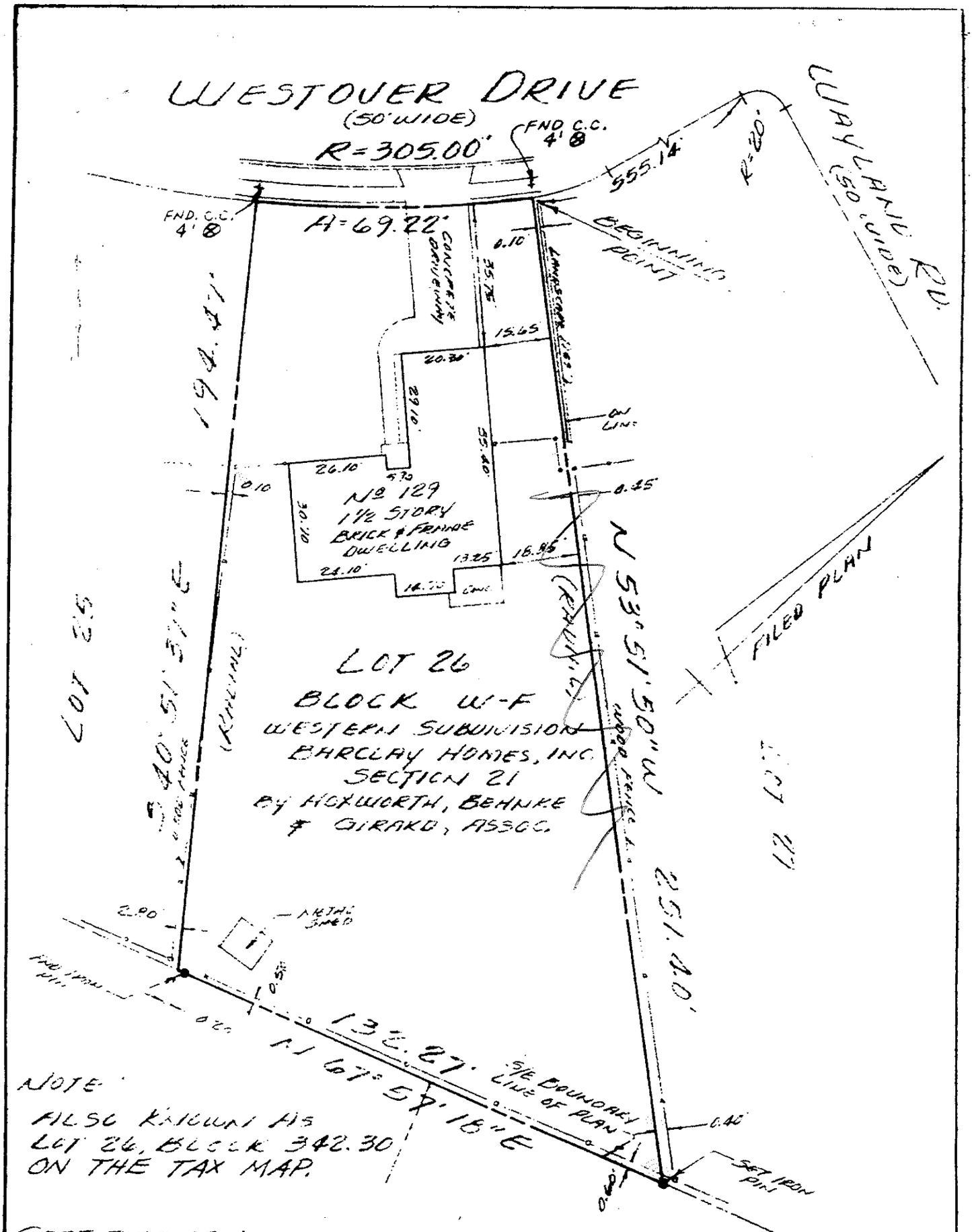
(b) Fee calculation:

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

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

Name _____ Title _____ Date 03-26-97

1M PPCo.



NOTE:
ALSO KNOWN AS
LOT 26, BLOCK 342.30
ON THE TAX MAP.

CERTIFIED TO:

- CONGRESS TITLE COMPANY
- COLLECTIVE BANK, ITS SUCCESSORS AND/OR ASSIGNS

TO THE OWNER ROBERT A & KELLY L. ALLEN

TO THE INSURER OF TITLE relying hereon, in consideration of the fee paid for making this survey in accordance with the description furnished, 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 the insurer of title to insure the title to the lands and premises shown hereon.
This responsibility limited to the current matter as of the date of this survey. NOTE: Property corners set per contractual agreement.

JAMES T. SAPIO, L.S. N.J. LIC. № 17780

SURVEY OF PREMISES
129 WESTOVER DRIVE
SITUATE:
TOWNSHIP OF CHERRY HILL
COUNTY OF CAMDEN, N. J.

JAMES T. SAPIO
LAND SURVEYOR
NEW JERSEY LIC. No. 17780
№ 19 STRATFORD AVE.
STRATFORD, N.J.

Date	Scale	Drawn	Checked	No.
12-3-96	1"=30'	P.S.	J.T.S.	96-524

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL No 35084

☑ Building Permit ☐ Certificate of Occupancy

Block 342.30 Lot 26 Zone R-2

Property Owner Kelly L. Allen

Address of Property 129 Westover Drive

Address of Owner Same as above Phone No [redacted]

Existing Use _____ Proposed Use _____

Type of Structure Proposed replace concrete driveway, sidewalk, extend concrete patio

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.

Kelly L. Allen (Signature) 129 Westover Drive (Address) [redacted] (Telephone)

SETBACKS: ☐ Corner Lot ☑ Inside Lot

For Patio: Front 35ft. min Rear 15ft. min Smallest side 5ft. min Aggregate 20ft. min Second front N/A

Sq. Ground Floor 1 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: Replacement of concrete driveway, sidewalk which are existing and tersion of concrete patio at rear of dwelling. Patio must meet all setbacks as noted above. No construction within 3ft of any property line. All concrete must meet all

OTHER PAYMENTS AND FEES: BOCA/Bldg. Codes

Taxes Paid: ✓ Shade Tree Fee $2.00/LF of street frontage _____

Contributions-In-Aid:

Road Improv. $ _____

Sewer Improv. $ _____

Other _____ $ _____

Housing Impact Fee:

(a) Estimated equalized value of the improvements $_____

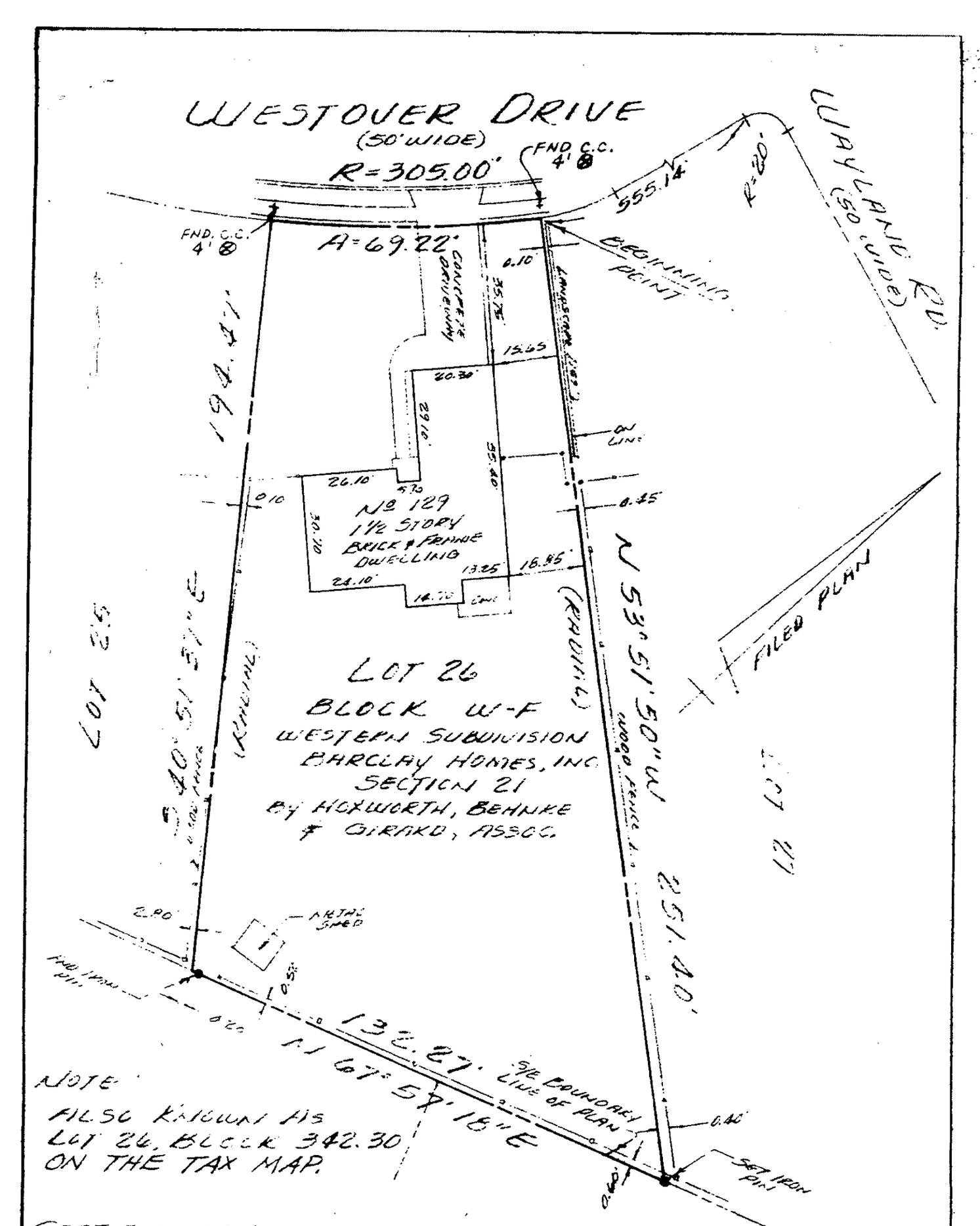
(b) Fee calculation:

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

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

Name _____ Title _____ Date 03-26-97

1M PPCo.



NOTE:
ALSO KNOWN AS
LOT 26, BLOCK 342.30
ON THE TAX MAP.

CERTIFIED TO:

- CONGRESS TITLE COMPANY
- COLLECTIVE BANK, ITS SUCCESSORS AND/OR ASSIGNS

TO THE OWNER ROBERT A & KELLY L. ALLEN

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