BLOCK 378.07 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 34 BLUE CEDAR DR. PERMIT NO. 18-2241

CONSTRUCTION PERMIT APPLICATION C-18-003086

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 BLUE CEDAR DR
2. Name of Owner in Fee: MOONEY
   Tel. [redacted] e-mail _____
   Address 34 BLUE CEDAR DR (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: TOMS RIVER HEATING + A.C. Tel. 732-244-2580
   Address 400 COMMANDERS CIRCLE e-mail _____
   TOMS RIVER NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 22-2651591 FAX: 732-244-2585
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun MIKE BORRELLI
   Tel. 732-244-2580 FAX: 732-244-2585

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150 ✓	
3. Plumbing			
4. Fire Protection ~~M~~		200 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		8	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	358	

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	700 —								
☒ ~~Plumbing~~ MECH	3500 —								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name TOMS River Heating + A.C.

Address 400 Corporate Circle

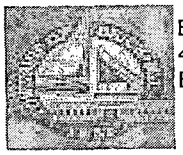
Toms River N.J. 08755

Telephone 732-244-2880

Signature _____ (Sent)

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/2/2018
Control Number C-18-003086
Permit Number 18-2241
Permit Issue Date 8/15/2018
Certificate Number 18-2241

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 34 BLUE CEDAR DR Brick Township, NJ Block: 378.07 Lot: 6 Qual:

Owner in Fee: MOONEY, THERESE M

Owner Address: 34 BLUE CEDAR DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor Toms River Heating & Air Conditioning

Address 400 CORPORATE CR. TOMS RIVER NJ 08755 - 4993

Telephone: (732) 244-2880 Fax: (732) 929-8909

License Number or Builders Registration Number: Federal Emp. Number: 22-2651591

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

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

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/2/2018

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 8/15/18 18-2241

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

Block 378.07 Lot 6 Qualification Code

Work Site Location 34 BLUE CEDAR DR.

Owner in Fee MOONEY

Address 34 BLUE CEDAR DR

Tel [redacted]

Co

Address 400 COMMONAGE CIRCLE TOMS RIVER NJ, 08755

Tel (732) 244.2880 FAX (732) 244.2884

Contractor License No. 5188 EXP. 3-31-21

Federal Emp. No. 22-3240431

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 700.-

C. CERTIFICATION IN LIEU OF OATH

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

CHARLES HENNINGER

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
1	2½	KW Central A/C Unit
		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	66M BTU	GAS FURNACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 10/26/18

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free			10-26-18	

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/15/18
Control # 18-2241
Date Issued

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

Block 378.07 Lot 6 Qualification Code

Work Site Location 34 Blue Cedar Dr.

Owner in Fee: Mowery

Tel. [redacted] e-mail

Address 34 Blue Cedar Dr. (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Toms River Heating + AC Tel. 732 244-2880

Address 400 Corporate Circle e-mail

Toms River NJ. 08755

Contractor License No. Exp. Date

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

Federal Emp. ID No. 22-2651591 FAX: 732 244-2889

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 $ 3500.-

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Eric J Schramm

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace A/C and Gas Furnace

Direct Replacement

Condensa Cocato - Same Basement House

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 10-30-18
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL			10.26.18	

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

FEE (Office Use Only)

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

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

U.C.C. F145 (rev. 11/09) Internet version

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

CONSTRUCTION PERMIT

Date Issued 08/15/2018
Control # C-18-003086
Permit # 18-2241

IDENTIFICATION Block: 378.07 Lot: 6 Qualifier

Work Site Location: 34 BLUE CEDAR DR Brick Township, NJ

Owner in Fee: MOONEY, THERESE M
34 BLUE CEDAR DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor: Toms River Heating & Air Conditioning
Address: 400 CORPORATE CR. TOMS RIVER NJ 08755 - 4993

Telephone: (732) 244-2880
Lic. No. or Bldrs. Reg. No. 13VH00881700 19HC00125700
Federal Employee. No. 22-2651591

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

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

Estimated Cost of Work $4,200

D Newman Jr
Construction Official

8/15/18
Date

CW

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

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$200.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$358
Check No.	2100
Cash	$0
Credit	$0
Collected By	Christopher Winters

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

Cris J. Schremmer
400 Corporate Circle
Toms River NJ 08755

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/21/2018 TO 06/30/2020
VALID

19HC00125800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Cris J. Schremmer
Master HVACR Contractor
05/21/2018 TO 06/30/2020
VALID
SIGNATURE
ACTING DIRECTOR
19HC00125800
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

Ronald M. Petty
400 Corporate Circle
Toms River NJ 08755

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/21/2018 TO 06/30/2020
VALID

19HC00125700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Ronald M. Petty
Master HVACR Contractor
05/21/2018 TO 06/30/2020
VALID
SIGNATURE
ACTING DIRECTOR
19HC00125700
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 378.07 LOT 6 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 34 BLUE COAST DR BRICK

Owner in Fee MOONEY

Verifying Individual JOHN HOOK Company TOMS River Heating + A.C.

Address 400 Corporate Circle (Street) Toms River (City) NJ. (State) 08755 (Zip Code)

Tel: (732) 244.2880 Fax: (732) 244.2885

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [X] Other New PVC

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURNACE	Oil / (Gas) / Other:	66,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

_____ Signature _____ Date

Direct Vent Appliance:

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

[signature] Signature 8/13/18 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.

RESIDENTIAL REPLACEMENT OF FURNACE/BOILER
(IN LIEU OF MANUAL S)

BOILER REPLACEMENT

OLD BTU INPUT_____OUTPUT_____ I=B=R OUTPUT_____

NEW BTU INPUT_____OUTPUT_____ OUTPUT_____

FURNACE REPLACEMENT

OLD BTU INPUT 70,000 OUTPUT 56,000

NEW BTU INPUT 66,000 OUTPUT 63,000

A/C REPLACEMENT

OLD UNIT 30,000 BTU

NEW UNIT 30,000 BTU

AND/OR

HEAT LOSS/HEAT GAIN

IF YOU DON'T HAVE OLD UNIT SPECIFICATIONS, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN (MANUAL J & MANUAL S)

IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN

WE ALSO WILL NEED
COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE/BOILER/AC UNIT
(NOT THE INSTALLATION GUIDE)

CHIMNEY CERTIFICATION (CANNOT BE CERTIFIED BY HOMEOWNER)

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**EL196UH030XE24B**	**EL196UH045XE24B**	**EL196UH045XE36B**
	AHRI Ref. No.	201849567	201849568	201849569
	[1] AFUE	96%	96%	96%
	Input - Btuh	30,000	44,000	44,000
	Output - Btuh	28,000	42,000	42,000
	Temperature rise range - °F	30 - 60	40 - 70	35 - 65
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10	3.5 / 10	3.5 / 10
	High static - in. w.g.	0.5	0.5	0.5
Energy Star® Certified		Yes	Yes	Yes
Connections in.	Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2
	Gas pipe size IPS	1/2	1/2	1/2
	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
Indoor Blower	Wheel nom. dia. x width - in.	10 x 8	10 x 8	10 x 8
	Motor Type	DC Brushless	DC Brushless	DC Brushless
	Motor output - hp	1/2	1/2	1/2
	Tons of add-on cooling	1 - 2	1 - 2	1.5 - 3
	Air Volume Range - cfm	260 - 990	260 - 990	520 - 1345
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase		
	Blower motor full load amps	6.8	6.8	6.8
	Maximum overcurrent protection	15	15	15
Shipping Data	lbs. - 1 package	129	129	129

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**EL196UH070XE36B**	**EL196UH090XE48C**	**EL196UH110XE60C**
	AHRI Ref. No.	201849570	201849571	201849572
	[1] AFUE	96%	96%	96%
	Input - Btuh	66,000	88,000	110,000
	Output - Btuh	63,000	85,000	106,000
	Temperature rise range - °F	35 - 65	50 - 80	45 - 75
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10	3.5 / 10	3.5 / 10
	High static - in. w.g.	0.5	0.5	0.5
Energy Star® Certified		Yes	Yes	Yes
Connections in.	Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2
	Gas pipe size IPS	1/2	1/2	1/2
	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
Indoor Blower	Wheel nom. dia. x width - in.	10 x 8	10 x 10	11-1/2 x 10
	Motor Type	DC Brushless	DC Brushless	DC Brushless
	Motor output - hp	1/2	3/4	1
	Tons of add-on cooling	1.5 - 3	2.5 - 4	3 - 5
	Air Volume Range - cfm	550 - 1380	760 - 1740	1055 - 2220
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase		
	Blower motor full load amps	6.8	8.4	10.9
	Maximum overcurrent protection	15	15	15
Shipping Data	lbs. - 1 package	134	158	170

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

General Data	Model No. / All Regions	EL16XC1-018	EL16XC1-024	EL16XC1-030	EL16XC1-036
	Southeast and North Regions	---	---		EL16XC1S036
	Nominal Tonnage	1.5	2	2.5	3
Connections (sweat)	Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8
	Suction line (o.d.) - in.	3/4	3/4	3/4	7/8
Refrigerant	[1] R-410A charge furnished	4 lbs. 9 oz.	4 lbs. 9 oz.	5 lbs. 8 oz.	7 lbs. 1 oz.
Outdoor Coil	Net face area - sq. ft. Outer coil	13.22	16.33	21.00	16.33
	Inner coil	---	---		15.75
	Tube diameter - in.	5/16	5/16	5/16	5/16
	No. of rows	1	1	1	2
	Fins per inch	26	26	26	22
Outdoor Fan	Diameter - in.	18	22	22	22
	No. of blades	3	3	3	3
	Motor hp	1/10	1/6	1/6	1/6
	Cfm	2290	3160	3160	3160
	Rpm	1075	825	825	825
	Watts	160	215	215	190
Shipping Data - lbs. 1 pkg.		155	171	187	205

ELECTRICAL DATA

Line voltage data - 60hz		208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)		20	25	25	30
[3] Minimum circuit ampacity		11.9	14.6	17	18.0
Compressor	Rated load amps	9.0	10.9	12.8	13.6
	Locked rotor amps	48	59.3	67.8	79
	Power factor	0.97	0.97	0.97	0.96
Outdoor Fan Motor	Full load amps	0.7	1	1	1
	Locked rotor amps	1.3	1.9	1.9	1.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	•	•	•	•
Compressor Hard Start Kit	Copeland	10J42	•	•	•	
	LG	88M91	•	•	•	•
Compressor Low Ambient Cut-Off Switch		45F08	•	•	•	•
Compressor Timed-Off Control		47J35	•	•	•	•
Freezestat	3/8 in. tubing	93G35	•	•	•	•
	5/8 in. tubing	50A93	•	•	•	•
Indoor Blower Off Delay Relay		58M81	•	•	•	•
Loss of Charge Switch Kit		84M23	•	•	•	•
[4] Low Ambient Kit (Fan Cycling)		34M72	•	•	•	•
Refrigerant Line Sets	L15-41-20 L15-41-30	L15-41-40 L15-41-50	•	•	•	
	L15-65-30	L15-65-40 L15-65-50				•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the Installation Instructions for information about line set length and additional refrigerant charge required.

[2] HACR type breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.