BLOCK 1054 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 134 Coolidge Drive PERMIT NO. 14-0641

CONSTRUCTION PERMIT APPLICATION

C14-0004 99

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

I. IDENTIFICATION

1. Proposed Work Site at: 134 Coolidge Drive, Brick
2. Name of Owner in Fee: Bruce Jamison
   Tel. [redacted] e-mail _____
   Address Same (street)
3. Ownership in Fee: Public _____ Private X (municipality) (zip code)
4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3727
   Address 11 Cotters Lane e-mail _____
   East Brunswick, NJ 08816
   License No. OR, if new home, Builder Reg. No. 12777 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 830357354 FAX: (732) 390-3793
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Joe Todaro
   Tel. (732) 390-3727 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	50 - J	
2. Electrical		50 - J	
3. Plumbing		45 - J	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		6 -	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	151 -	

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	1,000				2/21/14				
☒ Plumbing	1,500				3-3-14				
☒ Fire Protection	500				2/21/14				
☐ Elevator									
TOTAL COST	$3,000								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/24/2014
Control Number C-14-000499
Permit Number 14-0641
Permit Issue Date 3/17/2014
Certificate Number 14-0641

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 134 COOLIDGE DR. Brick Township, NJ Block: 1054 Lot: 18 Qual:

Owner in Fee: JAMISON, BRUCE E

Owner Address: 134 COOLIDGE DR BRICK NJ 08724

Telephone: [redacted]

Contractor GOLD MEDAL PLUMBING HEATING/COOLING ELECTRIC INC

Address 11 COTTERS LN EAST BRUNSWICK NJ 08816

Telephone: (732) 390-3725 Fax: (732) 390-3791

License Number or Builders Registration Number: 9734 11918 13VH02738600 Federal Emp. Number: 830-357354

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: 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: 11/24/2014

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/17/14

Date Issued / Permit # 14-0691

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

Block 1054 Lot 19 Qualification Code

Work Site Location 134 Coolidge Drive, Brick

Owner In Fee: Bruce Jamison

Tel. [redacted] e-mail

Address Same

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc (street / municipality) Tel. (732) 390-3727 (zip code)

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

Contractor License No. 12777 Exp. Date

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

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 $ 1,500

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: 3-3-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-15-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	4/11/14		8/15/14	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Joe Todaro

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Furnace

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

Administrative Surcharge $

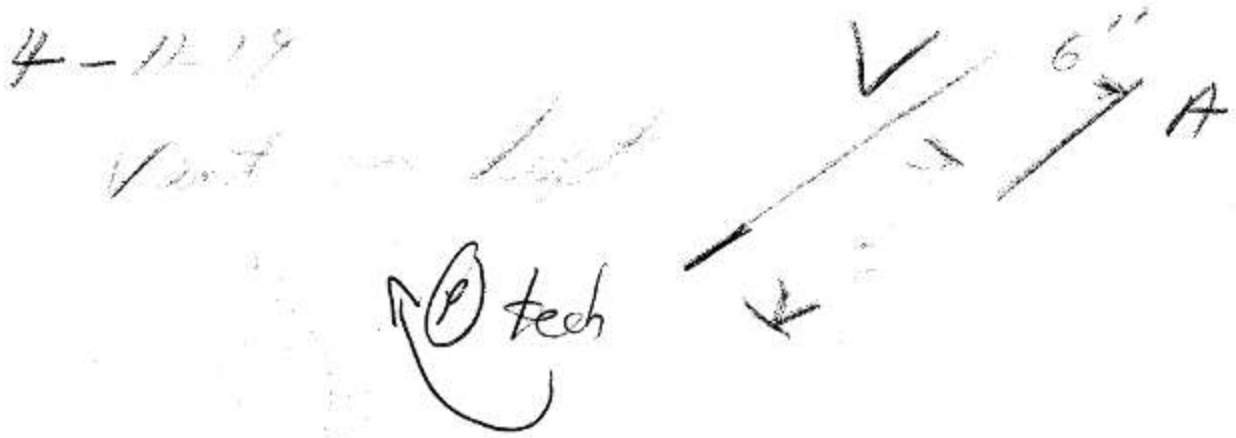
Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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


6"
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tech

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electrc, Inc

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-3725

Signature _____

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/17/14
Control #

Date Issued
Permit # 14-0641

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

Block 1054 Lot 14 Qualification Code

Work Site Location 134 Coolidge Drive, Brick

Owner in Fee: Bruce Jamison

Tel. [redacted] e-mail

Address Same

Contractor: Gold Medal Plumbing Heating Cooling Electric Inc Tel. (732) 390-3727

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 12777

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 500

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date 3/21/14 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-21-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 4/11/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			4/11/14	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/11/14	
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.

Applicant/Contractor sign here:

Print name here: Joe Todaro

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Furnace
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/17/14
Control #
Date Issued
Permit # 14-0641

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

Block 1054 Lot 1 Qualification Code

Work Site Location 134 Coolidge Drive, Brick

Owner In Fee: Bruce Jamison

Tel. [redacted] e-mail

Address Same

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3727
(street / municipality / zip code)

Address 11 Cotters Lane e-mail
East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 2/21/14 Approved by: CO

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 2-21-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 4/11/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/11/14	PSE
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mike Agugliaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	

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

U.C.C. F120 (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 3/7/14
Control # C-14-000499
Permit # 14-0641

IDENTIFICATION Block: 1054 Lot: 18 Qualifier
Work Site Location: 134 COOLIDGE DR. Brick Township, NJ

Owner in Fee: JAMISON, BRUCE E
134 COOLIDGE DR BRICK NJ 08724

Telephone: [redacted]

Contractor: GOLD MEDAL PLUMBING HEATING/COOLING
Address: 11 COTTERS LN EAST BRUNSWICK NJ 08816

Telephone: (732) 390-3725
Lic. No. or Bldrs. Reg. No. 13VH02738600
Federal Employee. No. 830-357354

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:
FURNACE

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

Estimated Cost of Work $3,000

David D. Newman Jr 3/11/14
Construction Official — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$151
Check No.	8194
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

#0641
ELEC $50.00
PLUMBING $50.00
FIRE $45.00
DCA $6.00
CHECK $151.00

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.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1054 LOT 1 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 134 Coolidge Drive, Brick

Owner in Fee Bruce Jamison

Verifying Individual Joe Todaro Company Gold Medal PHCE

Address 11 Cotters Lane (Street) East Brunswick (City) NJ (State) 08816 (Zip Code)

Tel: (732) 390-3727 Fax: (732) 390-3793

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** 2" PVC

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

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / Gas / Other: Gas	66000
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 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1054 Lot 1 Qualification Code

Work Site Location 134 Coolidge Drive, Brick

Owner in Fee: Bruce Jamison

Tel. [redacted] e-mail

Address Same

Contractor: Gold Medal Plumbing Heating Cooling Electric Inc Tel. (732) 390-3727

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 12777

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 500

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 2/11/14 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Joe Todaro

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Furnace
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11)
Internet version

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

New Search

Block:	1054	Prop Loc:	134 COOLIDGE DR.	Owner:	JAMISON, BRUCE E	Square Ft:	0
Lot:	18	District:	1507 BRICK	Street:	134 COOLIDGE DR	Year Built:	
Qual:		Class:	2	City State:	BRICK NJ 08724	Style:	

Additional Information

Prior Block:		Acct Num:	00518967	Addl Lots:		EPL Code:	0 0 0
Prior Lot:		Mtg Acct:		Land Desc:	70X129	Statute:	
Prior Qual:		Bank Code:	660	Bldg Desc:	1SF1G 1066	Initial:	Further:
Updated:	04/17/12	Tax Codes:		Class4Cd:	0	Desc:	
Zone:	R75	Map Page:		Acreage:	0.2	Taxes:	0.00 / 0.00

Sale Information

Sale Date:	03/07/12	Book:	15141 Page: 00209	Price:	179900	NU#:	26

Srl a	Date	Book	Page	Price	NU#	Ratio	Grantee
More Info	03/07/12	15141	209	179900	26	0	JAMISON, BRUCE E

TAX-LIST-HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed	Property Class
2013	JAMISON, BRUCE E 134 COOLIDGE DR BRICK NJ 08724	115400 94200 209600	0	209600	2
2012	SCHEEL, NORBERT E. & EVEMARIE A. 134 COOLIDGE DR BRICK, NJ 08724	115400 94200 209600	0	209600	2
2011	SCHEEL, NORBERT E. & EVEMARIE A. 134 COOLIDGE DR BRICK, NJ 08724	115400 94200 209600	0	209600	2
2010	SCHEEL, NORBERT E. & EVEMARIE A. 134 COOLIDGE DR BRICK, NJ 08724	115400 94200 209600	0	209600	2

361251

Furnace

$3,000

SLP 98UH 070

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 1054 Lot 1 Qualification Code

Work Site Location 134 Coolidge Drive, Brick

Owner in Fee: Bruce Jamison

Tel. [redacted] e-mail

Address [redacted]
street municipality zip code

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3727

Address 11 Cotters Lane e-mail
East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved CUTS
Date: 2/26/14 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mike Agugliaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1054 Lot 1 Qualification Code

Work Site Location 134 Coolidge Drive, Brick

Owner's Exp: Bruce Jamison

Tel. [redacted] e-mail

Address Same

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc (street / municipality) Tel. (732) 390-3727 (zip code)

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

Contractor License No. 12777 Exp. Date

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

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 $ 1,500

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: 3-3-17
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Joe Todaro

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Furnace

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

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

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

134 Coolidge Dr.

FOR REPLACEMENT FURNACE

OLD BTU — INPUT 66,000 **OUTPUT** 64,680

NEW BTU — INPUT 66,000 **OUTPUT** 64,680

A/C REPLACEMENT

OLD UNIT_____**BTU**

NEW UNIT_____**BTU**

AND/OR

HEAT LOSS/HEAT GAIN

*****IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNIT'S, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.**

*****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 (NOT THE INSTALLATION GUIDE) AND /OR AIR CONDITION UNIT.**

********CHIMNEY CERTIFICATION (CANNOT BE CERTIFICATION BY HOMEOWNER)**

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

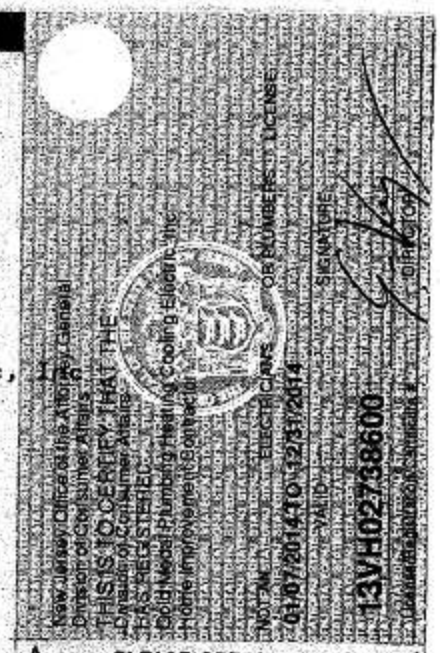
State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Gold Medal Plumbing Heating Cooling Electric, Inc
Rob Zadotti
11 Cotters Lane
East Brunswick NJ 08816

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor



PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

01/07/2014 TO 12/31/2014
VALID

13VH02738600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

Gold Medal Plumbing Heating Cooling Electric, Inc EXPIRATION DATE **2014**
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 02738600** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

GAS FURNACES

SLP98UHV

DAVE LENNOX *SIGNATURE*® COLLECTION

Upflow / Horizontal - Variable Capacity - Variable Speed Blower

ENGINEERING DATA

Bulletin No. 210577
May 2011
Supersedes March 2011

icomfort™
So simple • So smart • So comfortable

ENERGY STAR

AFUE - Up To 98.2%
Input - 66,000 to 132,000 Btuh
Nominal Add-on Cooling - 2 to 5 Tons

MODEL NUMBER IDENTIFICATION

SL P 98 UH 070 X V 36 B

Unit Type
SL = Dave Lennox *Signature*® Collection

Stages
P = Precise Comfort Technology™

AFUE
98 = 98%

Configuration
UH = Upflow/Horizontal

Nominal Gas Heat Input
070 = 66,000 Btuh
090 = 88,000 Btuh
110 = 110,000 Btuh
135 = 132,000 Btuh

Low NO_x = Units meet California Nitrogen Oxides standards

Blower
V = Variable Speed Blower Motor

Nominal Add-On Cooling Capacity
36 = 2-3.5 tons
48 = 4 tons
60 = 4-5 tons

[1] **Cabinet Width**
B = 17-1/2 in.
C = 21 in.
D = 24-1/2 in.

[1] Indoor coils with the same letter designation will physically match the furnace.

CONTENTS

WARRANTY

Duralok Plus™ Aluminized Steel Heat Exchanger - Limited lifetime warranty in residential applications (twenty year transferable), ten years in non-residential applications.

All Other Covered Components - Limited ten year warranty in residential applications, one year in non-residential applications.

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

APPROVALS

Units are certified by AHRI.

Units tested and rated according to US DOE test procedures and FTC labeling regulations.

Blower data from unit tests conducted in Lennox Laboratory air test chamber.

Approved by the California Energy Commission and meets California Nitrogen Oxides (NOx) Standards.

ENERGY STAR® certified units are designed to use less energy, help save money on utility bills, and help protect the environment.

ISO 9001 Registered Manufacturing Quality System

APPLICATIONS

Input capacities of 66,000, 88,000, 110,000 and 132,000 Btuh.

Variable heat capacity in increments as small as 1% or as large as needed within minimum/maximum input range.

Energy efficiency up to (AFUE) 98.2%.

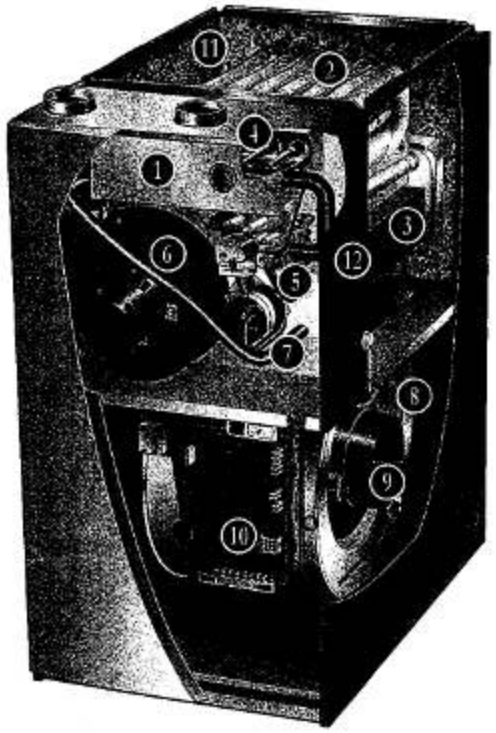
Compact cabinet for upflow, horizontal-right or horizontal-left applications without any internal modifications to the unit.

Variable speed blower ideal for zoning applications.

Lennox add-on indoor coils, high-efficiency air cleaners and humidifiers can easily be added to furnace.

Shipped factory assembled with controls installed and wired.

Each unit factory test operated to ensure proper operation.



Zoning Applications

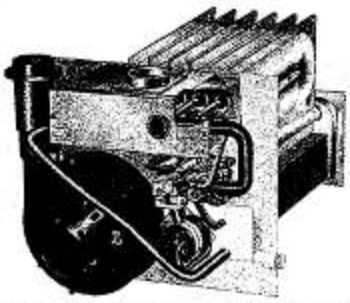
The SLP98UHV furnace is designed to work with the Lennox Harmony III™ zoning system with conventional thermostats. Zoning system provides direct feedback to the SLP98UHV, controlling both airflow and heat output to precisely match the comfort requirements for up to four zones.

HEATING SYSTEM

1 SilentComfort™ Technology

Patented burner sound enclosure and extra cabinet insulation reduces operating sound levels.

2 Lennox Duralok Plus™ Heat Exchanger Assembly



Lennox developed heat exchanger assembly consists of primary heat exchanger and secondary condenser coil assembly.

Main multi-pass crimped seam design clamshell type heat exchanger.

Constructed of heavy-gauge, aluminized steel.

Designed for normal expansion and contraction with maximum efficiency and minimum resistance to air flow.

3 Secondary heat exchanger condenser coil constructed of aluminum fins fitted to stainless steel tubes.

Coil is factory tested for leaks.

Condensate drain header box assembly located on front of coil.

Compact size of complete heat exchanger assembly permits low overall design of furnace cabinet.

HEATING SYSTEM (CONTINUED)

Heat exchanger assembly has been laboratory life cycle tested in excess of industry standards.

Lennox Designed Header Box

Header box on end of condenser coil collects flue condensate for disposal through condensate drains.

The drains are located on each side of the cabinet for easy field installation of condensate drain trap.

Only one drain is used, the other drain is sealed.

Condensate drain trap is included with the unit for field installation.

Lennox Designed Flue Condensate Trap Assembly

Condensate trap assembly is mounted outside the conditioned air stream.

Assembly can be mounted on either side of cabinet in upflow applications. Assembly is mounted below the cabinet in horizontal applications. See Dimension Drawing and Installation Instructions. Can also be mounted remotely (up to 5 ft. away) from unit.

90° street elbow furnished for ease of drain trap installation.

Drain connection can be made with field provided PVC pipe or PVC coupling.

Drain cap on trap allows easy cleaning and winterizing.

4 Inshot Burners

Aluminized steel inshot burners provide efficient, trouble-free operation.

Burner venturi mixes air and gas in correct proportion for proper combustion.

Burner assembly is removable from the unit as a single component for ease of service.

5 Variable Capacity Gas Control Valve

Variable capacity gas control valve adjusts capacity output in increments as small as 1% or as large as needed. 24 volt redundant combination valve combines manual shut off switch (On-Off), automatic electric valve (dual) and gas pressure regulation into a compact combination control.

Flame Rollout Switch

Manual reset switches are factory installed on burner box.

Switch provides protection from abnormal operating conditions.

SureLight® Hot Surface Ignitor

Tough, reliable, long-life, trouble-free performance.

Silicon nitride ignitor.

Cemented to steatite block for protection against current leakage.

Ignition leads are constructed of nickel plated copper and are enclosed in high temperature Teflon® insulation for dependable operation.

6 Variable Speed Combustion Air Inducer

Three-phase variable speed inducer motor is controlled by the SureLight Control.

Overload protected (auto-reset).

Heavy-duty blower prepurges heat exchanger and safely vents flue products.

Operates only during heating cycle.

7 Pressure Switches (Two-Stage)

Prove Combustion Air Inducer operation before allowing gas valve to open.

Limit Control

Automatic reset, primary limit is accurately located on vestibule panel on all units.

OPTIONS

High Altitude Pressure Switch Kit

Required for proper unit operation on installations above 7500 ft.

Natural Gas to LPG/Propane Conversion Kit

Required for field changeover from natural gas to LPG/ Propane. Includes gas valve and orifices.

LPG/Propane to Natural Gas Conversion Kit

Required for field changeover from LPG/Propane to natural gas.

DIRECT VENT

Furnace can only be installed in Direct Vent (two pipe) applications. In Direct Vent applications, combustion air is supplied from outdoors and flue gases are discharged outdoors.

OPTIONS

Termination Kits

Facilitates installation of combustion air intake pipe and flue exhaust pipe.

Refer to venting table in this bulletin to determine pipe size needed and proper termination kit required.

See Optional Accessories table and dimension drawings.

Termination Kit - Concentric

2 or 3 inch kit contains concentric termination assembly, reducer bushing and 45° elbow.

2 inch kit for -070 model contains an outdoor exhaust accelerator.

Kit requires single hole penetration of roof or wall for installation.

Roof Termination Flashing Kit is available for use with 2 inch Kits.

CSA certified.

Termination Kit - Flush-Mount

Kit contains flush-mount termination, accelerator, mounting template and hardware.

Kit may be used with 2, 2-1/2 or 3 in. pipe.

DIRECT VENT (CONTINUED)

Termination Kits - Wall Assembly

Close Couple (US Only)

2 or 3 inch kit consists of close-couple, side-by-side PVC piping with galvanized steel wall cover plate for sealing and isolating piping penetration of the wall.

Piping spacing and length is sized for proper wall installations.

CSA certified.

Close Couple WTK (Canada Only)

2 or 3 inch kit contains one insulated faceplate, one insulated exhaust pipe, elbow and fittings.

Wall Ring

2 inch kit contains 2 stainless steel outside seal caps, 2 galvanized steel inside seal caps, 4 seal rings for the caps and 18 inch insulation sleeve for sealing and isolating intake and exhaust piping penetration of wall.

Maintain a maximum of 6 inches between the inlet and outlet openings in the installation of the pipes.

Roof Termination Flashing Kit

2 or 3 inch kit contains two neoprene rubber roof flashings for vertical venting through a roof.

Vent pipe and insulation not furnished.

Also available for use with 2 inch (use 3 inch flashing) Concentric Vent Termination Kits used in vertical venting rooftop applications.

BLOWER

Variable Speed Direct Drive Blower

Each blower assembly statically and dynamically balanced.

Change in blower speeds is easily accomplished by simple DIP switch changes on the SureLight control or on optional icomfort Touch™ Communicating Thermostat.

See Blower Performance tables.

8 Blower assembly easily removed for servicing.

9 **Variable Speed Blower Motor**

Variable speed motor maintains specified air volume from 0 though 0.8 in. w.g. (heating) and 0 through 1.0 in. w.g. (Cooling) static range.

Variable speed operation is achieved by the use of an ECM (Electronically Commutated Motor) motor.

Motor is controlled by the SureLight® Control.

Motor is equipped with ball bearings and is resiliently mounted.

When furnaces are used with the Harmony III™ Zoning System with conventional thermostats (not the optional icomfort Touch™ Communicating Thermostat), blower motor operates from predetermined minimum - maximum air volumes to satisfy zone requirements.

10 CONTROLS

Surelight® Control (icomfort™ Compatible)

Advanced control communicates information about various operating parameters in the furnace to the optional **icomfort Touch™ Communicating Thermostat** to constantly maintain the highest level of comfort, performance and efficiency available.

Auto Configuration - On start-up the control automatically sends a description of the unit to the optional **icomfort Touch™ Communicating Thermostat** to automatically configure the number of stages and features available.

Connections for connecting a conventional heating/ cooling thermostat are also provided on the control.

Control also features:

Innovative AirFlex™ technology allows custom blower settings based on the application.

Precise Comfort Technology™ automatically adjusts blower speed and heat input in increments as small as 1% or as large as needed for greater temperature control.

Variable-speed combustion air inducer is controlled by the Surelight Control. Prior to ignition, a pre-purge cycle for 15 seconds is initiated. After the main burners are turned off, a post-purge cycle for 20 seconds is run.

Thermostat Control - Designed to operate in a variable capacity mode. The unit will automatically adjust firing rate based on demand and changing conditions. For optimal performance, the use of a high-quality, digital two-stage thermostat with adjustable settings for first stage/second stage, on/off differentials and adjustable stage timers is recommended.

Furnace Input Staging Options

Thermostat Type	Input Staging Available
icomfort Touch™ Communicating Thermostat	Variable Capacity (increments as small as 1%)
	Four Stage (35, 60, 80, 100%)
Two-Stage (Conventional)	Variable Capacity (increments as small as 1%)
	Two-stage (70% and 100%)
Single-Stage (Conventional)	Three-Stage (35%, 70% and 100%)

SureLight® Ignition Control - Ignition control continuously monitors line voltage and maintains the igniter power at a constant level to provide consistent lighting and maximum igniter life.

CONTROLS (CONTINUED)

Safety Controls - Flame sensor utilizes flame rectification for safe and reliable operation.

Should flame fail to ignite, control will initiate 4 re-attempts at ignition before locking out unit operation for 60 minutes.

Watchguard type circuit automatically resets ignition controls after one hour of continuous thermostat demand after unit lockout, eliminating nuisance calls for service.

Display LED - Seven segment LED displays alpha-numeric information related to diagnostics as well as system operation and status. Diagnostic codes are held in non-volatile memory, immune from power interruptions. Holds up to ten diagnostic codes in order of occurrence for recall on demand. Port on blower door allows for easy viewing.

DIP Switch Settings

(Note - DIP switches settings are not used with icomfort Touch™ Thermostat)

Select Thermostat used - Single-Stage or Two-Stage.

Select Operation Mode - Two-Stage, Three-Stage or Variable Capacity.

Two selectable second stage recognition times (7 and 12 minutes) are available on the control when the furnace is used with a single-stage thermostat. When used with a two-stage thermostat, furnace will only initiate second stage operation with a second stage thermostat demand.

Heating Speeds - A combination of DIP swtich settings allow Normal, 7.5% increase, 15% increase, 7.5% decrease or 15% decrease motor speed selection within heating speed selected for fine tuning air volume. See Blower Performance tables.

Cooling Speeds - A combination of DIP switch settings allow Normal, 10% increase or 10% decrease motor speed selection within cooling speed selected for fine tuning air volume. See Blower Performance tables.

Blower Speed Ramping (Cooling Mode) - DIP switch settings allow one of four blower speed profiles during cooling operation.

Profile A (factory setting) - Motor runs at 50% for 30 seconds, then at 82% for 7-1/2 minutes, then at 100% (if needed) until demand is satisfied. Once demand is met, motor runs at 50% for 30 seconds, then ramps down to stop.

Profile B - Motor runs at 82% for 7-1/2 minutes and then at 100% (if needed) until demand is satisfied. Once demand is met,motor ramps down to stop.

Profile C - Motor runs at 100% until demand is satisfied. Once demand is met, motor runs at 100% for 60 seconds, then ramps down to stop.

Profile D - Motor runs at 100% until demand is satisfied. Once demand is met, motor ramps down to stop.

Dehumidification (Active or Humiditrol® Option) - A jumper on the control control must be clipped to enable active dehumidification and/or operation with a Humiditrol® Whole-Home Dehumidification System. A humidity controlling thermostat or device is also required. During a call for cooling, air volume is automatically reduced, forcing humidity removal by the air conditioner or heat pump system. After the humidity has reached the desired set-point the cooling air volume returns to its designed rate. A dehumidification signal from the thermostat reduces the cooling cfm to 70% of the requested cooling cfm.

Dual-Fuel Operation - A jumper on the control must be clipped to enable operation with a single or two-stage heat pump. The indoor blower is started without delay when a call for heat is received.

Two-Stage Compressor Operation - A jumper on the control must be clipped to enable operation with a two-stage compressor. The cooling blower speeds for first and second stage cooling will be dictated by the applicable DIP switch settings.

Lennox System Operations Monitor Connection - Monitors outdoor unit operation (communicating mode).

Blower On Time (Heating) - Blower on time is fixed at 45 seconds, blower off time is adjustable from 60, 90, 120 and 180 seconds (factory setting - 90 seconds).

Blower Off Time (Cooling) - For air-conditioning applications, blower on time is 2 seconds following thermostat demand for cooling.

Blower off delay is 30 seconds at 50% of high cool cfm.

Controls evaporator humidity by controlling blower and compressor speed on two-stage outdoor units when used with Lennox ComfortSense™ 7000 thermostat.

Continuous Blower Speed - Adjustable continuous blower speed is a percentage of the high cooling speed selection. There are four selectable options (via DIP switch settings) of 28%, 38% (default setting), 70% and 100%.

Accessory Terminals - Two accessory terminals furnished for additional power supply requirements for 120 volt (less than 1 amp) power humidifiers and powered air cleaners.

One 24 volt humidifier output furnished for non-powered humidifiers.

Control is factory installed in the unit control box.

24 Volt Transformer

Furnished and factory installed in control box.

40VA transformer has circuit breaker wired in series.

Field Wiring Make-up Box

Furnished for line voltage wiring.

Factory installed internally on left side of furnace.

Box may be installed internally or externally on either side of furnace.

CONTROLS (CONTINUED)

OPTIONS

icomfort Touch™ Communicating Thermostat (part of the icomfort™ Residential Communicating Control System)

The **icomfort Touch™** communicating thermostat recognizes and connects to all icomfort™-enabled products to automatically configure and control the system (based on user-specified settings) for the highest level of comfort, performance and efficiency. Also recognizes model and serial number information for icomfort™-enabled products to simplify installation.

Large full color touchscreen - no hidden buttons or doors.

A simple easy-to-use menu-driven touchscreen allows complete system configuration. Scheduled maintenance alerts, system warnings and troubleshooting are also displayed in simple English on thermostat screen.

Conventional products (not icomfort™-enabled) can easily be added and controlled by the icomfort Touch™ Communicating Thermostat.

(NOTE - An icomfort™-enabled indoor unit (furnace or air handler) is required for proper operation with a conventional outdoor unit.)

A tabbed interface lists all programming options on the screen.

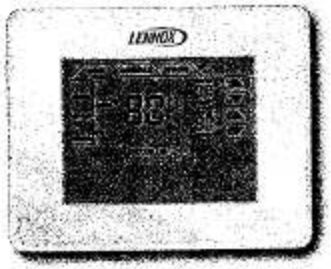
Installer setup screens allow quick and simple system configuration without a manual, Installer can also run tests on complete system or individual components for easy maintenance and troubleshooting.

Serial communications bus (RSBus), with less wiring than a conventional heating/cooling system, allows system communication. Uses 4-wire, 18-gauge standard thermostat wiring.

See the icomfort Touch™ Communicating Thermostat Engineering Handbook bulletin in the Controls section for more information.

ComfortSense® 7000 Touchscreen Thermostat

Electronic 7-day, universal, multi-stage, programmable, touchscreen thermostat.



4 Heat/2 Cool.

Auto-changeover.

Controls humidity during cooling mode.

Offers enhanced capabilities including humidification / dehumidification / dewpoint measurement and control, Humiditrol® control, and equipment maintenance reminders.

Easy-to-use, menu driven thermostat with a back-lit, LCD touchscreen.

Remote outdoor temperature sensor (optional) allows the thermostat to display outdoor temperature. Required in dual-fuel and Humiditrol® applications.

See the ComfortSense® 7000 Engineering Handbook bulletin in the Controls section for more information.

Thermostat

Thermostat (icomfort Touch™ Communicating Thermostat, or programmable/non-programmable) is not furnished with unit.

See Thermostat bulletins in Controls Section and Lennox Price Book for selection.

OPTIONS

Night Service Kit

Contains most commonly used service parts:

- Furnace control
- Ignitor
- Flame sensor
- Gas valve
- Transformer
- Service Manual

FEATURES

CABINET

Low-profile, narrow width cabinet allows easy installation in upflow or horizontal applications.

Heavy-gauge, cold rolled steel construction.

Pre-painted cabinet finish.

Flanges provided on supply air opening for ease of plenum connection or alignment with indoor coil.

⓫ Fully insulated cabinet with foil faced insulation on sides and back of heating compartment and sealed mat faced insulation in blower compartment.

Sealed blower compartment. Inner blower compartment access panel seals blower compartment from air leakage.

Complete service access.

Safety interlock switch automatically shuts off power to unit when inner blower compartment access panel is removed.

⓬ Gas piping and electrical inlets are provided in both sides of cabinet.

Return Air Entry:

For bottom/end return-air entry, remove furnished bottom seal panel from cabinet.

For side return-air entry (upflow applications only), corners are marked on either side of cabinet for return air cut-outs.

On furnaces with side return air and condensate trap on the same side of the cabinet, a field fabricated transition or optional Return Air Base is required when using an IAQ product higher than 14-3/16 in. installed next to the unit and serviced from the front. IAQ products higher than 20 in. require a field fabricated transition. See dimension drawings.

NOTE - 60C and 60D size units that require air volumes over 1800 cfm must have one of the following:

1. Single side return air with transition, to accommodate 20 x 25 x 1 in. cleanable air filter, required to maintain proper air velocity.
2. Single side return air with optional Return Air Base.
3. Bottom return air.
4. Return air from both sides.
5. Bottom and one side return air.

See Blower Performance Tables for additional information.

Coil Match-up

All furnaces exactly match C33 and CX34 cased upflow indoor coils and CH33 horizontal indoor coils with same letter designation in model number. No adaptor required.

Engaging holes furnished on cabinet for alignment.

C33 uncased coils match furnaces without any overhang but require an optional adaptor base or field fabricated transition to match furnace opening. See C33 coil bulletin for additional information.

OPTIONS

Condensate Drain Heat Cable Kits

Self-limiting wattage heat cable prevents condensate drain from freezing in unconditioned areas.

Available in 6, 24 or 50 ft. lengths.

Heat Cable Tape:

66 ft. length, 1/2 in. wide fiberglass.

60 ft. length, 2 in. wide aluminum foil.

Crawl Space Vent Drain Kit

Allows venting through a crawl space for upflow and horizontal applications.

Includes 2 or 3 in. sanitary tee, 2 in. PVC assembly, PVC boot and clamp.

Horizontal Suspension Kit

Provides suspension of unit and coil in horizontal applications.

Allows complete service access.

Consists of corner mounted hanging brackets with vibration isolators, return air end support rail and hardware for assembly.

Metal hanging straps must be field provided.

Return Air Base

On furnaces with side return air and condensate trap on the same side of the cabinet, a field fabricated transition or Return Air Base is required when using an IAQ product higher than 14-3/16 in. installed next to the unit and serviced from the front.

IAQ products higher than 20 in. require a field fabricated transition.

Must be used for 60C and 60D models with air volumes over 1800 cfm in upflow applications when only one side return is required.

Cabinet is shipped flat for easy field assembly and is pre-painted steel to match the furnace.

Gasketed for tight seal.

See Dimension Drawing.

FEATURES

FILTER (NOT FURNISHED)

Filter and provisions for external mounting must be field provided.

OPTIONS

Air Filter and Rack Kit for Horizontal Return Air (End) Applications

Washable or vacuum cleanable polyurethane frame type filter and external end return air rack available for field installation.

Rack has filter door for easy filter servicing.

Flanges on rack allow easy duct connection.

See dimension drawing.

Air Filter and Rack Kit for Upflow Side Return Air

Applications - Not for use with Return Air Base

Washable or vacuum cleanable polyurethane frame type filter and external side return air rack available for field installation.

Available in single and ten pack kits.

Rack has filter door for easy filter servicing.

Flanges on rack allow easy duct connection.

Field installs on either side of unit cabinet. See dimension drawing.

INDOOR AIR QUALITY

See Indoor Air Quality section and Lennox Price Book for a complete list of indoor air quality products (air purification systems, high efficiency air filters and filter cabinets, UV lights, humidifiers, fresh air ventilation system and heat/energy recovery systems).

INSTALLATION CLEARANCES

Sides	[1] 0 inches (0 mm)
Rear	0 inches (0 mm)
Top/Plenum	1 inch (25 mm)
Front	0 inches (0 mm)
Front (service/alcove)	24 inches (610 mm)
Floor	[2] Combustible

NOTE - Air for combustion must conform to the methods outlined in the National Fuel Gas Code (NFPA 54/ANSI-Z223.1) or the National Standard of Canada CAN/CSA-B149.1 "Natural Gas and Propane Installation Code".

NOTE - In the U.S. flue sizing must conform to the methods outlined in the current National Fuel Gas Code (NFPA 54/ANSI-Z223.1) or applicable provisions of local building codes. In Canada flue sizing must conform to the methods outlined in National Standard of Canada CAN/CSA-B149.1.

[1] Allow proper clearances to accommodate condensate trap and vent pipe installation.
[2] Do not install the furnace directly on carpeting, tile, or other combustible materials other than wood flooring.

SPECIFICATIONS

		Model No.	SLP98UH070XV36B	SLP98UH090XV36C	SLP98UH090XV48C
Gas Heating Performance		[1] AFUE	97.0%	98.0%	97.5%
	Maximum	Input - Btuh	66,000	88,000	88,000
		Output - Btuh	64,000	85,000	85,000
		Temperature rise range - °F	50 - 80	60 - 90	50 - 80
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	Minimum	Input - Btuh	23,000	31,000	31,000
		Output - Btuh	22,000	30,000	30,000
		Temperature rise range - °F	35 - 65	35 - 65	35 - 65
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	0.5 / 1.5	0.5 / 1.5	0.5 / 1.5
		High static - in. w.g.	0.8	0.8	0.8
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.	1/2	1/2	1/2
		with furnished 90° street elbow	1/2 slip x 1/2 Mipt	1/2 slip x 1/2 Mipt	1/2 slip x 1/2 Mipt
		with field supplied (PVC coupling) - o.d.	1/2 slip x 1/2 NPT	1/2 slip x 1/2 NPT	1/2 slip x 1/2 NPT
Indoor Blower		Wheel nominal diameter x width - in.	10 x 9	10 x 9	11 x 11
		Motor output - hp	1/2	1/2	3/4
		Tons of add-on cooling	2 - 3	2 - 3.5	2.5 - 4
		Air Volume Range - cfm	339 - 1365	520 - 1360	528 - 1770
Electrical Data		Voltage (Maximum Amps)	120 volts - 60 hertz - 1 phase		
		Blower motor full load amps	7.7	7.7	10.1
		Maximum overcurrent protection	15	15	15
Shipping Data		lbs. - 1 package	138	155	165

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

		Model No.	SLP98UH090XV60C	SLP98UH110XV60C	SLP98UH135XV60D
Gas Heating Performance		[1] AFUE	98.2%	97.5%	97.5%
	Maximum	Input - Btuh	88,000	110,000	132,000
		Output - Btuh	85,000	106,000	128,000
		Temperature rise range - °F	50 - 80	50 - 80	55 - 85
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	Minimum	Input - Btuh	31,000	39,000	46,000
		Output - Btuh	30,000	38,000	45,000
		Temperature rise range - °F	35 - 65	35 - 65	35 - 65
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	0.5 / 1.5	0.5 / 1.5	0.5 / 1.5
		High static - in. w.g.	0.8	0.8	0.8
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.	1/2	1/2	1/2
		with furnished 90° street elbow	1/2 slip x 1/2 Mipt	1/2 slip x 1/2 Mipt	1/2 slip x 1/2 Mipt
		with field supplied (PVC coupling) - o.d.	1/2 slip x 1/2 NPT	1/2 slip x 1/2 NPT	1/2 slip x 1/2 NPT
Indoor Blower		Wheel nominal diameter x width - in.	11 x 11	11 x 11	11 x 11
		Motor output - hp	1	1	1
		Tons of add-on cooling	3 - 5	3 - 5	3.5 - 5
		Air Volume Range - cfm	375 - 2195	554 - 2125	634 - 2190
Electrical Data		Voltage (Maximum Amps)	120 volts - 60 hertz - 1 phase		
		Blower motor full load amps	12.8	12.8	12.8
		Maximum overcurrent protection	20	20	20
Shipping Data		lbs. - 1 package	165	175	190

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.

OPTIONAL ACCESSORIES - MUST BE ORDERED EXTRA

			"B" Width Models	"C" Width Models	"D" Width Models
CABINET ACCESSORIES					
Horizontal Suspension Kit - Horizontal only			51W10	51W10	51W10
Return Air Base - Upflow only			50W98	50W99	51W00
CONDENSATE DRAIN KITS					
Condensate Drain Heat Cable		6 ft.	26K68	26K68	26K68
		24 ft.	26K69	26K69	26K69
		50 ft.	26K70	26K70	26K70
Heat Cable Tape	Fiberglass - 1/2 in. x 66 ft.		36G53	36G53	36G53
	Aluminum foil - 2 in. x 60 ft.		16P89	16P89	16P89
Crawl Space Vent Drain Kit			51W18	51W18	51W18
CONTROLS					
icomfort Touch™ Communicating Thermostat			49W95	49W95	49W95
[1] Remote Outdoor Temperature Sensor (for dual fuel and Humiditrol®)			X2658	X2658	X2658
[2] Discharge Temperature Sensor			88K38	88K38	88K38
ComfortSense® 7000 Thermostat			Y2081	Y2081	Y2081
[3] Remote Outdoor Temperature Sensor (for dual fuel and Humiditrol)			X2658	X2658	X2658
FILTER KITS					
[4] Air Filter and Rack Kit	Horizontal (end)	Size of filter - in.	87L96 - 18 x 25 x 1	87L97 - 20 x 25 x 1	87L98 - 25 x 25 x 1
	Side Return	Single	44J22	44J22	44J22
		Ten Pack	66K63	66K63	66K63
		Size of filter - in.	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1
NIGHT SERVICE KITS					
Night Service Kit			65W78	65W78	65W78
TERMINATION KITS					
Direct Vent Applications Only. See Installation Instructions for specific venting information.					
Termination Kits	Concentric	US - 2 in.	71M80	69M29	- - -
		3 in.	- - -	60L46	60L46
		Canada - 2 in.	44W92	44W92	- - -
		3 in.	- - -	44W93	44W93
	Flush-Mount	2, 2-1/2 or 3 in.	51W11	51W11	51W11
	Wall - Close Couple	US - 2 in.	22G44	- - -	- - -
		3 in.	44J40	44J40	44J40
	Wall - Close Couple WTK	Canada - 2 in.	30G28	- - -	- - -
		3 in.	81J20	81J20	81J20
	Roof	2 in.	15F75	15F75	- - -
	Wall Ring Kit	2 in.	15F74	15F74	- - -
Roof Termination Flashing Kit (2 flashings)		2 in.	44J41	44J41	44J41

[1] Remote Outdoor Sensor may be used with an icomfort™-enabled outdoor unit for a secondary (alternate) sensor reading. Sensor may also be used with a conventional outdoor unit.

[2] Optional for service diagnostics.

[3] Remote Outdoor Temperature Sensor for ComfortSense 7000 Thermostat must be connected directly to the thermostat, Do not connect it to the icomfort™ control.

[4] Cleanable polyurethane frame type filter.

NOTE - Termination Kits **44W92, 44W93, 30G28, 81J20** are certified to ULC S636 standard for use in Canada only.

GAS HEAT ACCESSORIES

Input	High Altitude Pressure Switch Kit	Natural Gas to LPG/Propane Kit	LPG/Propane to Natural Gas Kit
	7501 - 10,000 ft.	0 - 10,000 ft.	0 - 10,000 ft.
All models	80W69	65W77	70W87

TERMINATION KITS USAGE

Input Size	Vent Pipe Diameter in.	Concentric Terminations			Standard Terminations					
		Concentric Kits			Close Couple Kits		Wall Ring Kit	Flush Mount kit	Outdoor Exhaust Accelerator (Diameter X Length) For use with Close Couple and Wall Ring Kits	
		2 in.		3 in.	2 in.	3 in.	2 in.	2, 2-1/2 or 3 in.	1-1/2 x 12 in.	2 x 12 in.
		[3] 71M80 [3,4] 44W92	69M29	60L46 [4] 44W93	22G44 [4] 30G28	44J40 [4] 81J20	15F74	51W11	Field Provided	
070	2	Yes	---	---	Yes	[1] Yes	Yes	Yes	Yes	---
	2-1/2	Yes	---	---	Yes	[1] Yes	Yes	Yes	Yes	---
	3	Yes	---	---	Yes	[1] Yes	Yes	Yes	Yes	---
090	2	---	Yes	Yes	---	Yes	[2] Yes	Yes	---	Yes
	2-1/2	---	Yes	Yes	---	Yes	[2] Yes	Yes	---	Yes
	3	---	Yes	Yes	---	Yes	[2] Yes	Yes	---	Yes
110	2-1/2	---	Yes	Yes	---	Yes	---	Yes	---	Yes
	3	---	Yes	Yes	---	Yes	---	Yes	---	Yes
135	3	---	---	Yes	---	Yes	---	Yes	---	Yes

[1] Requires field provided 1-1/2 in. outdoor exhaust accelerator.
[2] Requires field provided 2 in. outdoor exhaust accelerator.
[3] Concentric Kits **71M80** and **44W92** include 1-1/2 in. outdoor exhaust accelerator, required when used with 070 input models. Accelerator is not used with 090, 110, 135 input models.
[4] Termination Kits **44W92, 44W93, 30G28, 81J20** are certified to ULC S636 standard for use in Canada only.

VENT LENGTHS - FEET

STANDARD TERMINATION AT ELEVATION 0 - 7500 ft.

	Pipe Size	2 in.				2-1/2 in.				3 in.			
	Input	070	090	110	135	070	090	110	135	070	090	110	135
No. of 90 ELL	1	91	69	N/A	N/A	140	93	43	N/A	162	143	118	114
	2	86	64	N/A	N/A	135	88	38	N/A	157	138	113	109
	3	81	59	N/A	N/A	130	83	33	N/A	152	133	108	104
	4	76	54	N/A	N/A	125	78	28	N/A	147	128	103	99
	5	71	49	N/A	N/A	120	73	23	N/A	142	123	98	94
	6	66	44	N/A	N/A	115	68	18	N/A	137	118	93	89
	7	61	39	N/A	N/A	110	63	13	N/A	132	113	88	84
	8	56	34	N/A	N/A	105	58	N/A	N/A	127	108	83	79
	9	51	29	N/A	N/A	100	53	N/A	N/A	122	103	78	74
	10	46	24	N/A	N/A	95	48	N/A	N/A	117	98	73	69

STANDARD TERMINATION AT ELEVATION 7501 - 10,000 ft.

	Pipe Size	2 in.				2-1/2 in.				3 in.			
	Input	070	090	110	135	070	090	110	135	070	090	110	135
No. of 90 ELL	1	66	44	N/A	N/A	115	68	N/A	N/A	137	118	93	89
	2	61	39	N/A	N/A	110	63	N/A	N/A	132	113	88	84
	3	56	34	N/A	N/A	105	58	N/A	N/A	127	108	83	79
	4	51	29	N/A	N/A	100	53	N/A	N/A	122	103	78	74
	5	46	24	N/A	N/A	95	48	N/A	N/A	117	98	73	69
	6	41	19	N/A	N/A	90	43	N/A	N/A	112	93	68	64
	7	36	14	N/A	N/A	85	38	N/A	N/A	107	88	63	59
	8	31	N/A	N/A	N/A	80	33	N/A	N/A	102	83	58	54
	9	26	N/A	N/A	N/A	75	28	N/A	N/A	97	78	53	49
	10	21	N/A	N/A	N/A	70	23	N/A	N/A	92	73	48	44

CONCENTRIC TERMINATION ELEVATION 0 - 7500 ft.

	Pipe Size	2 in.				2-1/2 in.				3 in.			
	Input	070	090	110	135	070	090	110	135	070	090	110	135
No. of 90 ELL	1	83	67	N/A	N/A	130	89	39	N/A	146	139	114	105
	2	78	62	N/A	N/A	125	84	34	N/A	141	134	109	100
	3	73	57	N/A	N/A	120	79	29	N/A	136	129	104	95
	4	68	52	N/A	N/A	115	74	24	N/A	131	124	99	90
	5	63	47	N/A	N/A	110	69	19	N/A	126	119	94	85
	6	58	42	N/A	N/A	105	64	14	N/A	121	114	89	80
	7	53	37	N/A	N/A	100	59	N/A	N/A	116	109	84	75
	8	48	32	N/A	N/A	95	54	N/A	N/A	111	104	79	70
	9	43	27	N/A	N/A	90	49	N/A	N/A	106	99	74	65
	10	38	22	N/A	N/A	85	44	N/A	N/A	101	94	69	60

CONCENTRIC TERMINATION ELEVATION 7501 - 10,000 ft.

	Pipe Size	2 in.				2-1/2 in.				3 in.			
	Input	070	090	110	135	070	090	110	135	070	090	110	135
No. of 90 ELL	1	58	42	N/A	N/A	105	64	N/A	N/A	121	114	89	80
	2	53	37	N/A	N/A	100	59	N/A	N/A	116	109	84	75
	3	48	32	N/A	N/A	95	54	N/A	N/A	111	104	79	70
	4	43	27	N/A	N/A	90	49	N/A	N/A	106	99	74	65
	5	38	22	N/A	N/A	85	44	N/A	N/A	101	94	69	60
	6	33	17	N/A	N/A	80	39	N/A	N/A	96	89	64	55
	7	28	12	N/A	N/A	75	34	N/A	N/A	91	84	59	50
	8	23	N/A	N/A	N/A	70	29	N/A	N/A	86	79	54	45
	9	18	N/A	N/A	N/A	65	24	N/A	N/A	81	74	49	40
	10	13	N/A	N/A	N/A	60	19	N/A	N/A	76	69	44	35

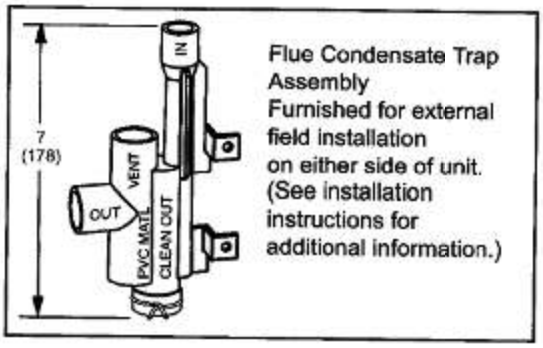
DIMENSIONS - INCHES (MM) - UPFLOW POSITION

[1] NOTE - 60C and 60D size units that require second stage air volumes over 1800 cfm must have one of the following:

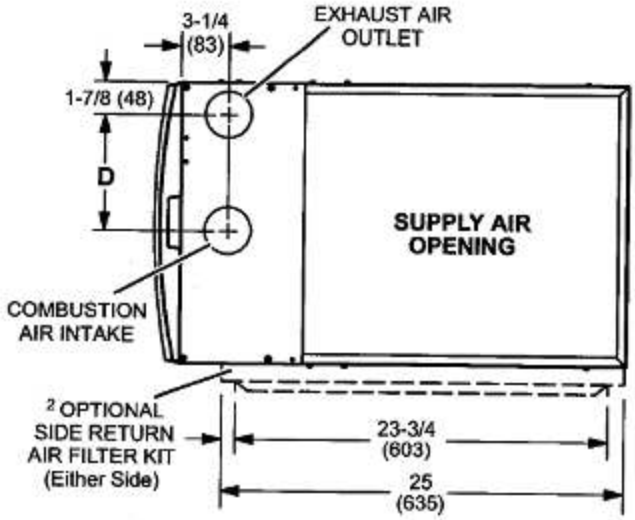
1. Single side return air with transition, to accommodate 20 x 25 x 1 in. cleanable air filter. Required to maintain proper air velocity.
2. Single side return air with Optional Return Air Base
3. Bottom return air.
4. Return air from both sides.
5. Bottom and one side return air.

See Blower Performance Tables for additional information.

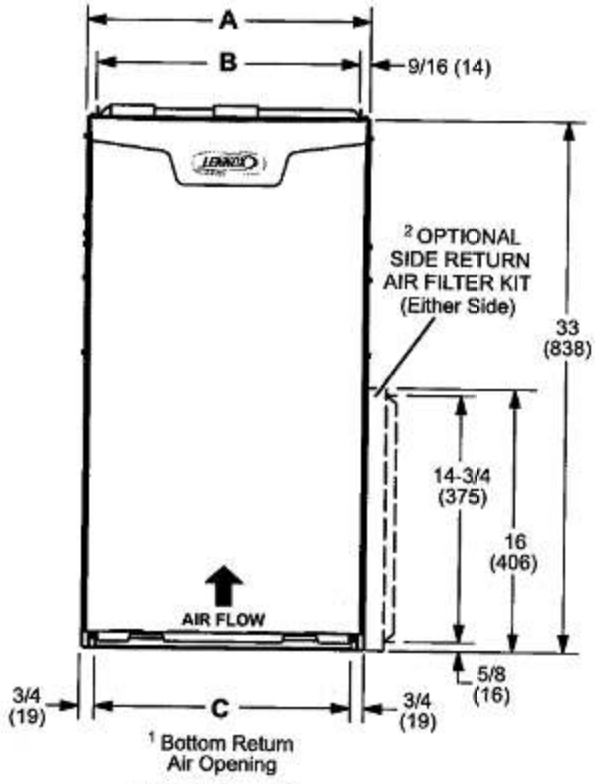
[2] Optional Side Return Air Filter Kit is not for use with the Optional Return Air Base.



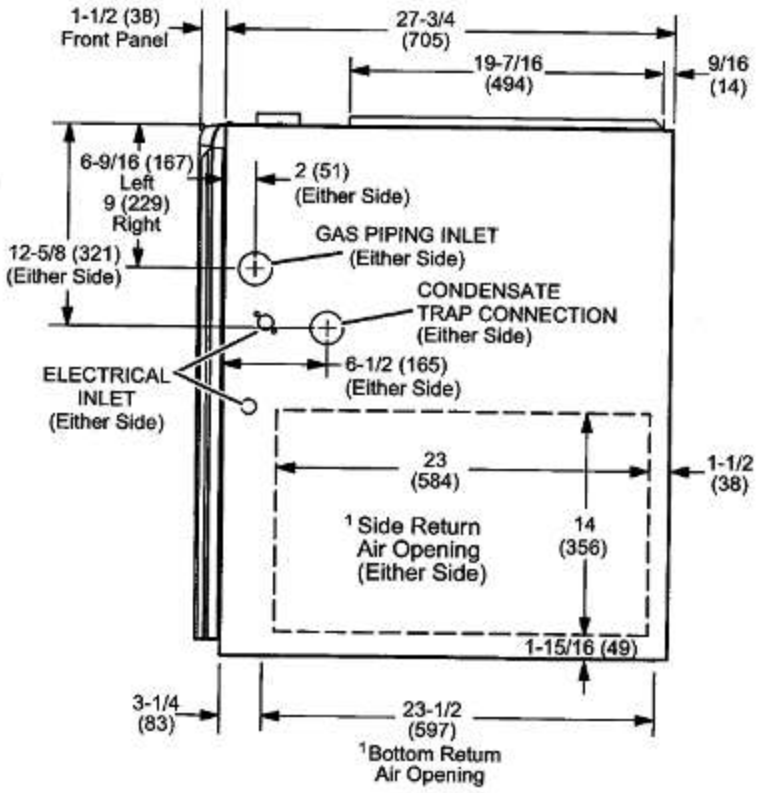
Flue Condensate Trap Assembly Furnished for external field installation on either side of unit. (See installation instructions for additional information.)



TOP VIEW



FRONT VIEW

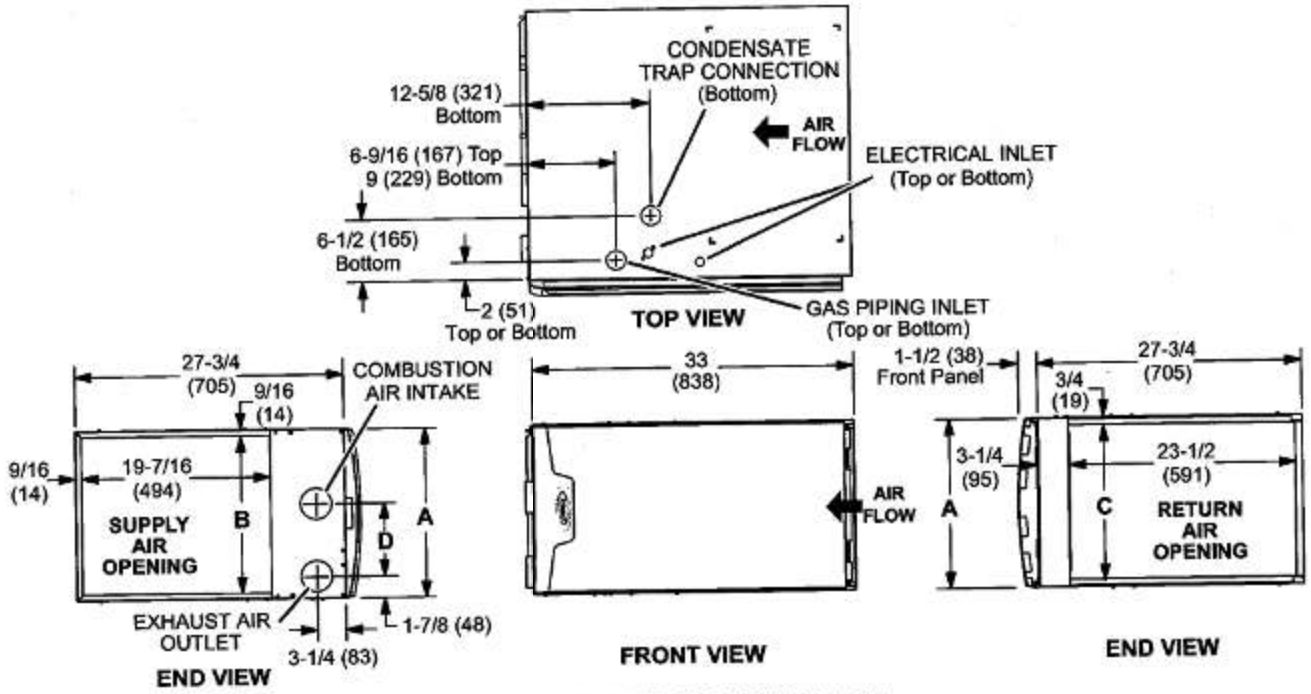


SIDE VIEW

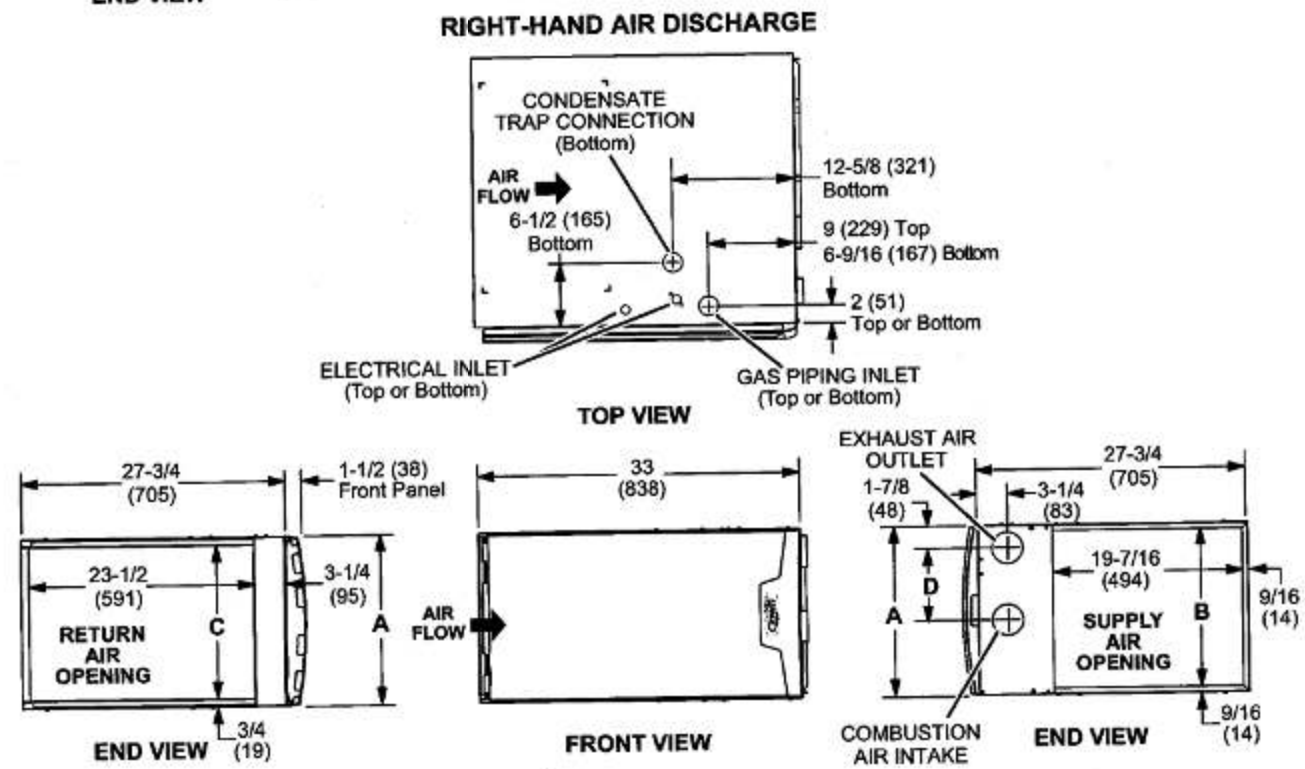
Model No.	A		B		C		D	
	in.	mm	in.	mm	in.	mm	in.	mm
SLP98UH070XV36B	17-1/2	446	16-3/8	416	16	406	7-5/8	194
SLP98UH090XV36C SLP98UH090XV48C SLP98UH090XV60C SLP98UH110XV60C	21	533	19-7/8	505	19-1/2	495	9-3/8	238
SLP98UH135XV60D	24-1/2	622	23-3/8	594	23	584	11-1/8	283

DIMENSIONS - INCHES (MM) - HORIZONTAL POSITION

LEFT-HAND AIR DISCHARGE



RIGHT-HAND AIR DISCHARGE



Model No.	A		B		C		D	
	in.	mm	in.	mm	In.	mm	in.	mm
SLP98UH070XV36B	17-1/2	446	16-3/8	416	16	406	7-5/8	194
SLP98UH090XV36C SLP98UH090XV48C SLP98UH090XV60C SLP98UH110XV60C	21	533	19-7/8	505	19-1/2	495	9-3/8	238
SLP98UH135XV60D	24-1/2	622	23-3/8	594	23	584	11-1/8	283

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
1/29/14	BFU form + HIC Req. Called Contr.	
3/4/14	Called contractor (LM) address is incorrect in system. Called to confirm proper worksite location	JB

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			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									
☐ 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. _____	_____	_____	_____	_____