See attached!
DG 9-10-2020

Brian Flynn

From: Diana McCracken
Sent: Thursday, September 10, 2020 8:49 AM
To: Brian Flynn
Subject: FW: OPRA request - Permits - 20 River Crest Dr

2020-284
RECEIVED
SEP 10 2020
Township Clerks Office

-----Original Message-----
From: Laura Alfieri [mailto:opra+request-16566-65717010@requests.opramachine.com]
Sent: Wednesday, September 09, 2020 4:58 PM
To: Diana McCracken
Subject: OPRA request - Permits - 20 River Crest Dr

Dear Little Egg Harbor Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Please provide any open and closed permits on 20 River Crest Drive, Little Egg Harbor, NJ 08087.
Block: 330.03
Lot: 23
Thank you

Yours faithfully,

Laura Alfieri

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16566-65717010@requests.opramachine.com

Is mccracken@leht.com the wrong address for OPRA requests to Little Egg Harbor Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=little_egg_harbor_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/permits_20_river_crest_dr

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BLOCK 330.03 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 20 RiverCrest Dr. PERMIT NO. 16-0993

CONSTRUCTION PERMIT APPLICATION

RECEIVED AUG 22 2016

✓ 456023

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

I. IDENTIFICATION

1. Proposed Work Site at: 20 Rivercrest dr.
2. Name of Owner in Fee: damian orawez
   Tel. (609) 651-3609 e-mail _____
   Address 20 Rivercrest dr. (street) Tuckerton (municipality) NJ 08087 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: THD At Home Services Tel. (215) 716-3539
   Address 7239 Browning Road e-mail tngmonika@aol.com
   Pennsauken, NJ 08109
   License No. OR, if new home, Builder Reg. No. 13VH01058300 Exp. Date 3/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 75-269 8460 FAX: (215) 716-3543
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Rich Neher
   Tel. (215) 716-3539 FAX: (215) 716-3543

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	9-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 69-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	4099				8/23/16	ewn			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	4099								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: Single Family
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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Chelsea Myers

Address 1239 Revere Drive

Chalfont, PA 18914

Telephone (215) 716-3539

Signature CM

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

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

Little Egg Harbor Township
665 Radio Rd
Little Egg Harbor, NJ 08087

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 1/22/2019
Control Number
Permit Number 16-0993
Permit Issue Date 9/6/2016
Certificate Number 16-0993

Identification

Block: 330.03 Lot: 23 Qual:

Work Site Location: 20 RIVERCREST LITTLE EGG HARBOR, NJ 08087

Owner in Fee: ORAVEZ
Owner Address: 20 RIVERCREST LITTLE EGG HARBOR NJ 08087
Telephone:

Contractor THD AT HOME SERVICES
Address 7239 BROWNING ROAD PENNSAUKEN NJ 08109
Telephone: (215) 716-3539 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-3
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
ROOF

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

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

Fee: $0.00

Check Number:
Collected By:

Date Printed: 1/18/2019

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/1/16
Control #
Date Issued
Permit # 16-6993

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

Block 330.03 Lot 23 Qualification Code ______

Work Site Location 20 rivercrest dr

Owner in Fee: damian oravez

Tel. (609) 651-3609 e-mail

Address 20 rivercrest dr. Tuckerton NJ 08087
(street) (municipality) (zip code)

Contractor: THD At Home Services Tel. (215) 716-3539

Address 7239 Browning Road e-mail tngmonica@aol.com
Pennsauken, NJ 08109

Contractor License No. or Builder Registration No. 13VH01058300 Exp. Date 3/17

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

Federal Emp. ID No. 75 269 8460 FAX: (215) 716-3543

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: CM

Print name here: Chelsea Myers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove all existing layers

Install felt paper and ice water shield

install 8 sq of 30 yr shingles timberline HD

Install flashing, ventilation & drip edge

Roof Shingles only

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[✓] Exterior	8/23/16	ww
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8/23/16
Approved by: ww

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [4] CA
Date: 1/14/19
Approved by: ww

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final	901-997		1-11-19	✓
Barrier-Free				

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[ ] Rehabilitation	
[✓] Roofing	60-
[ ] Siding	
[ ] Fence ______ Height (exceeds 6')	
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall ______ Sq. Ft.	
[ ] Abestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other ______	
[ ] Demolition	

APPROVED

Administrative Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ 9-
TOTAL FEE $ ______

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ 4099
3. Total (1+2) $ 4099

U.C.C. F110 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

1-9-17

Roof completely Snow covered.

Cannot See at all

CONSTRUCTION PERMIT

Date Issued 9/1/16

Permit # 16-0993

IDENTIFICATION Block 330.03 Lot 23 Qualification Code

Work Site Location 20 Rivercrest Dr. Tuckerton, NJ

Contractor THD @ Home Service

Address 7239 Browning Rd. Pennsauken, NJ 08735

Owner in Fee Damian Oravez

Address 20 Rivercrest Dr. Tuckerton, NJ

Tel. (215)716-3539

Tel. (609-651-3609

Lic. No. or Bldrs. Reg. No. 13VH01058300

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Roofing

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 $ 4699

8/23/16

Construction Official

Date

PAYMENTS (Office Use Only)

Building 60-

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 9-

Cert. of Occupancy

Other

Total 69-

Check No. 27726

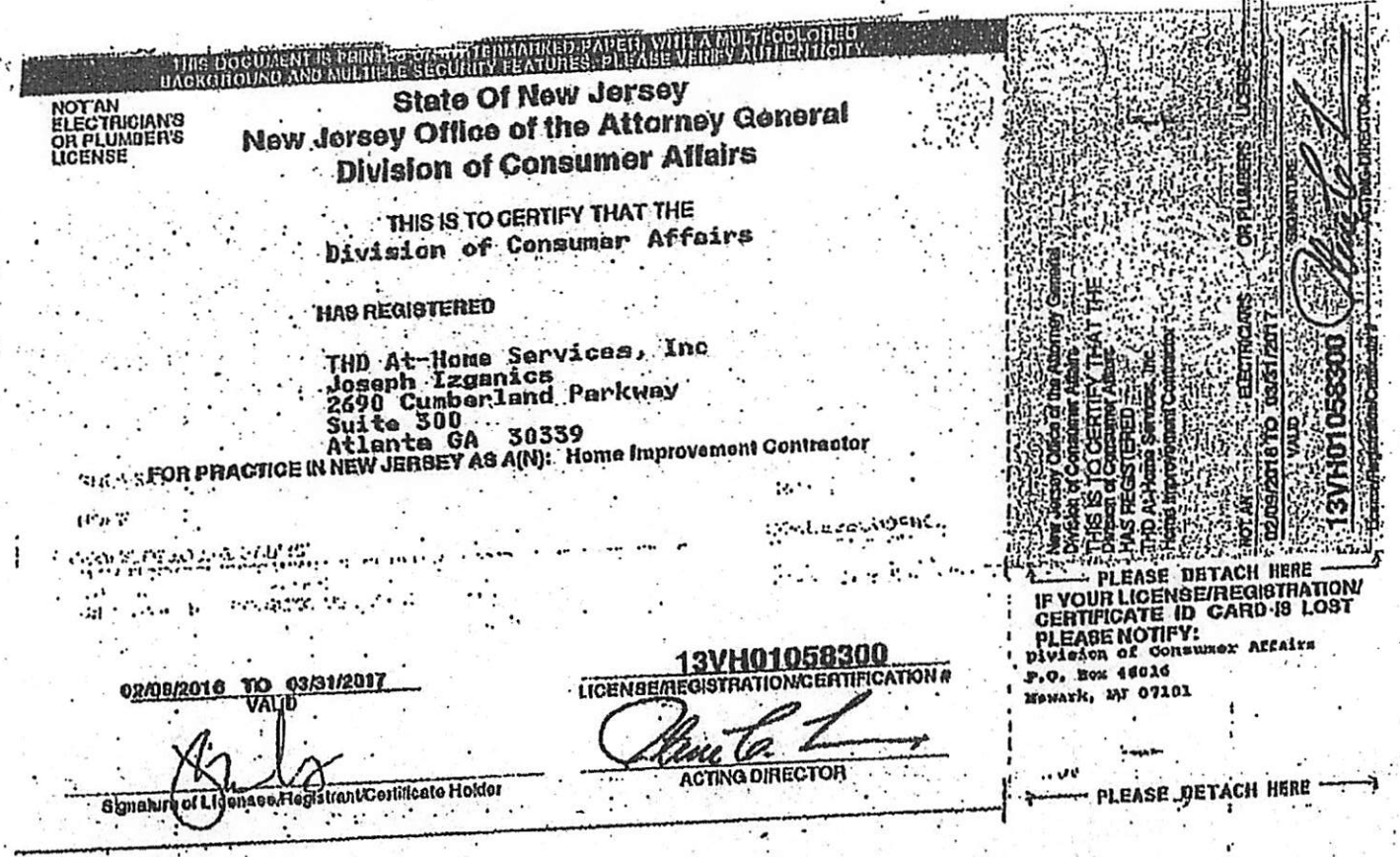
Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - APPLICANT



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

THD At-Home Services, Inc
Joseph Izganics
2690 Cumberland Parkway
Suite 300
Atlanta GA 30339

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

02/09/2016 TO 03/31/2017
VALID

13VH01058300
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
Division of Consumer Affairs
HAS REGISTERED
THD At-Home Services, Inc
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/09/2016 TO 03/31/2017
VALID
13VH01058300
SIGNATURE
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

45623

ZONING PERMIT
TOWNSHIP OF LITTLE EGG HARBOR

DATE _____ $ _____

NAME _____ ADDRESS _____

BLOCK _____ LOT _____

ZONE _____

USE _____

MINIMUM REQUIREMENTS	PROPOSED	AS BUILT
LOT SIZE _____	LS _____	LS _____
F _____	F _____	F _____
R _____	R _____	R _____
S _____	S _____	S _____
SC _____	SC _____	SC _____
HEIGHT _____	H _____	H _____
ELEVATION (MSL) _____	_____	_____
% COVERAGE _____	_____	_____

SPECIAL CONDITIONS _____

_____

☐ PLOT PLAN SUBMITTED ☐ BUILDING PLAN SUBMITTED

APPROVED

_____	_____	_____
ZONING OFFICER	DATE	APPLICANT

NOT APPROVED

_____	_____	_____
ZONING OFFICER	DATE	APPLICANT

REASONS _____

White - Zoning Officer's Copy Canary - Applicant's Copy Pink - Final CO Gold - Applicant's Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/4/18
Control #
Date Issued
Permit # 18-0672

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

Block 330.03 Lot 23 Qualification Code

Work Site Location 20 Rivercrest Dr

Owner in Fee: Oravez

Tel. (609) 651-3609 e-mail damina.oravez@gmail.com

Address 20 Rivercrest Dr (street) Little Egg Harbor (municipality) 08087 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

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
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 8/4/18
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Michael Bondurant

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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 $ 60-
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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/14/18
Date Issued
Permit # 18-0672

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

Block 330.03 Lot 23 Qualification Code _____

Work Site Location Oravez

Owner in Fee: 20 River Crest Drive

Tel. (609) 651-3609 e-mail _____

Address 20 River Crest Drive (street) Little Egg Harbor NJ (municipality) (zip code)

Contractor: Wireman Electric LLC Tel. (732) 370-4967

Address 44 Lexington Road Howell NJ 07731 e-mail Wiremanelectricllc@hotmail.com

Contractor License No. 14746 B Exp. Date 3/31/21

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

Federal Emp. ID No. 27-4584144 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8/14/18

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Connection for Condensor

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
____		Receptacles	
____		Switches	
____		Detectors	
____		Light Poles	
____		Motors—Fract. HP	
____		Emergency & Exit Lights	
____		Communications Points	
____		Alarm Devices/F.A.C. Panel	
____		_____	
____		TOTAL NUMBERS	$ _____
____		Pool Permit/with UW Lights	
____		Storable Pool/Spa/Hot Tub	
____	____	KW Elec. Range/Receptacle	
____	____	KW Oven/Surface Unit	
____	____	KW Elec. Water Heater	
____	____	KW Elec. Dryer/Receptacle	
____	____	KW Dishwasher	
____	____	HP Garbage Disposal	
1	6	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	
____	____	_____	
____	____	_____	

Administrative Surcharge $ N/F

Minimum Fee $ _____

State Permit Surcharge Fee $ (ON HVAC TECH)

TOTAL FEE $ _____

A.E.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 8/14/18
Permit # 18-0672

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

Block 330.03 Lot 23 Qualification Code

Work Site Location 20 Rivercrest Dr

Owner in Fee: Oravez

Tel. (609) 651-3609 e-mail Damian.oravez@gmail.com

Address 20 Rivercrest Dr (street) Little Egg Harbor (municipality) 08087 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

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 19HC00123400

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 750

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: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/14/18
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: Michael Bondurant

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Furnace

Water Supply Source

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 [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		60-
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.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 330.03 LOT 23 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 20 Rivercrest Dr

Owner in Fee Oravez

Verifying Individual Michael Bondurant Company AIR EXPERTS

Address 727 C 17TH AVE LAKE COMO NJ 07719
Street City State Zip Code

Tel: (732) 681-9090 Fax: (732) 280-2213

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
- ☐ Gas to Oil Conversion
- ☑ Gas Appliance Replacement
- ☐ Oil to Oil Replacement
- ☐ Other _____

Existing Vent/Chimney: **Size** _____

- ☐ "B" Label Vent
- ☐ "L" Label Vent
- ☐ Flexible Liner
- ☐ Power Vent/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	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 Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

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

INSPECTOR COPY

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/18/18
Date Issued
Permit # 18-0672

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

Block 330.03 Lot 23 Qualification Code

Work Site Location 20 Rivercrest Dr

Owner in Fee: Oravez

Tel. (609) 651-3609 e-mail damian.oravez@gmail.com

Address 20 Rivercrest Dr (street) Little Egg Harbor (municipality) 08087 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com
Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 8-1-18 Approved by
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date 8-1-18
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: Michael Bondurant

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Frunace & AC

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 HVAC	
	Water Service Connection	
1	~~Stacks~~	
1	Other Furnace	

Administrative Surcharge $	
Minimum Fee $	60
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.

MP

BLOCK 330.03 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 20 Rivercrest PERMIT NO. 18-0672

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 20 Rivercrest Dr
2. Name of Owner in Fee: Oravez
   Tel. (609) 651-3609 e-mail damian.orzvez@gmail.com
   Address 20 Rivercrest Dr (street) Little Egg Harbor (municipality) 08087 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Air Experts, Inc Tel. (732) 681-9090
   Address 727C 17th Ave e-mail Sales@airexpertsnj.com
   Lake Como, NJ 07719
   License No. OR, if new home, Builder Reg. No. 19HC00123400 Exp. Date 06/30/2019
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223324128 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Michael Bondurant
   Tel. (732) 681-9090 FAX: (732) 280-2213

RECEIVED JUL 10 2018

29-18-00431

BC-18-00976

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60-		
2. Electrical			
3. Plumbing	60		
4. Fire Protection	60-		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 185-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change

IIb. SUBCODES *(Check all that apply)*

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-Appl
☐ Building							
☒ Electrical					8/4/18		
☒ Plumbing					8-1-18		
☒ Fire Protection					8/4/18		
☐ Elevator							
TOTAL COST	1,010						

AIR EXPERTS INC
HEATING • AIR CONDITIONING • DUCT CLEANING
727C 17TH Ave*Lake Como, NJ 07719*(P) 732-681-9090 *(F)732-280-2213
www.airexpertsnj.com Contractor License #13VH01546400

Please send any information regarding these permits to Sales@AirExpertsNJ.com

Thanks so much!!

III. PLAN REVIEW (optional)

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLO... Proposed

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

Little Egg Harbor Township
665 Radio Road

Little Egg Harbor TWp., NJ 08087
609-296-7241 ext 616

Date Issued:
Application Number: ZA-18-00431
Application Date: 7/18/2018
Project Number:
Permit Number:
Fee: $35.00 CHK 11292

Zoning Permit

Worksite **20 RIVERCREST DRIVE**
Location: **Little Egg Harbor Township, NJ**

Owner: **ORAVEZ, DAMIAN**
Address: **20 RIVERCREST DR**
LITTLE EGG HARBOR, NJ 08087

Applicant: **AIR EXPECTS, INC.**
Address: **727C 17TH AVE**
LAKE COMO, NJ 07719

Block: **330.03** Lot: **23** Qualifier: Zone:

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **(None)**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **(None)**

Work Description:
HVAC

Application Approved Date: 7/26/2018 Building Permit: C-18-00976

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

John Cooley, Assistant Zoning Officer — 7/26/2018 Date

Township of Little Egg Harbor
ZONING APPLICATION

665 Radio Road
Little Egg Harbor, New Jersey 08087
Phone: 609-294-9071 Fax: 609-294-9065

DATE: 7-19-18 PHONE NUMBER: _____

E—MAIL: SalesE AirExpertsNJ.com

1. NAME OF OWNER: ORAVEZ
2. JOB SITE ADDRESS: 20 Rivercrest Dr.
3. NAMES AND ADDRESS OF CONTRACTOR IF DIFFERENT FROM APPLICANT: Air Experts 727 17 Ave Lake Como 07719
4. BLOCK: 330.03, LOT: 23 AND STREET ADDRESS OF PREMISES FOR WHICH ZONING PERMIT IS DESIRED: HVAC
5. A CERTIFIED SEALED PLAT PLAN MUST ACCOMPANY ALL ZONING APPLICATIONS SHOWING ALL SET BACKS, STEPS, ACCESSORY BUILDINGS, MECHANICAL DEVICES SUCH AS AIR CONDITIONING UNITS, TOWERS, DRIVEWAYS, POOLS, ETC.
6. DESCRIBE IN DETAIL THE ACTIVITY OR ACTIVITIES TO BE CONDUCTED IN ANY PRINCIPAL BUILDING AND/OR ACCESSORY BUILDING. INCLUDING FENCE, DECK, ETC.
   Install A/C
7. ELEVATION HEIGHT OF THE LOWEST PART OF THE FLOOR BEING APPLIED FOR. _____.
8. HEIGHT OF DECK FROM GROUND LEVEL, IF AROUND POOL GIVE DESCRIPTION AND MATERIAL: _____ DECK ACTUAL SIZE: _____.
9. MAXIMUM PERCENT OF BUILDING COVERAGE _____.
10. WAS A VARIANCE APPLIED FOR No. RESOLUTION NO.: _____
11. SIZE OF BUILDING BEING APPLIED FOR: _____. HEIGHT OF BUILDING BEING APPLIED FOR: _____.

    11. (a) BUILDING HEIGHT MUST BE MEASURED FROM CURB LINE OR GUTTER AT STREET
    11. (b) ANY STRUCTURE MUST HAVE HEIGHT ELEVATION ON AN AS BUILT SURVEY TO THE HIGHEST POINT OF STRUCTURE, EXCLUDING CHIMNEY.
12. FENCES: HEIGHT _____ TYPE _____
13. **A/C UNITS, PROPANE TANKS, OIL TANKS AND OTHER MECHANICALS MUST BE SHOWN ON SURVEY.**
14. **BUILDER MUST VERIFY THAT THE HEIGHT IS NOT GREATER THAN 35 FEET FROM THE GUTTER LINE OR CURB LINE. IN THE R-50 AND R-70 ZONES FROM THE AVERAGE ELEVATION FROM THE TOP OF THE CURB OR AVERAGE GUTTER ELEVATION. ALL OTHER ZONES AT THE AVERAGE FINISHED GRADE AT THE FRONT OF THE BUILDING, FLOOD ZONE 40 FEET.**
15. **FLOOD HAZARD AREAS AN ELEVATION CERTIFICATE WILL BE REQUIRED:**

Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, New Jersey 08087
Phone: 609-294-9071 Fax: 609-294-9065

NOTICE TO ALL ZONING APPLICANTS

As per ordinance #25-4, section 17-2 any applicants applying for a Zoning permit to do any of the following home improvements: additions, fences, sheds, garages, swimming pools, patio's, sidewalks, planters, retaining walls, landscaping or any other use that could affect the flow of water from the property, are subject to a grading plan designed by a New Jersey Licensed Engineer.

The Little Egg Harbor Township Zoning Officer and the Township Engineer reserve the right to require a Grading Plan if they have determined that any structure, building or use has changed or may cause any adverse impact on any adjoining properties.

All New Home permits are required to have a grading plan approved by the Township Engineer.

FOR ALL APPLICATIONS IN THE FLOOD PLAIN:

All mechanical equipment (meter sockets, air conditioners, hot water heaters, etc.) that service the building, **MUST BE INSTALLED TO AN ELEVATION ABOVE FLOOD LEVEL (BFE) PLUS ONE FOOT.**

It shall be a requirement for all construction in a Flood Hazard Area that the benchmark be carried from a known benchmark to a location on foundation or building structure. The benchmark shall clearly indicate the appropriate base flood elevation for the property. (Ordinance 185-20 entitled "Flood Hazard Areas")

Should the final site plan show the mechanical systems to be below the flood elevation and one foot of freeboard, systems must be elevated to meet flood plain regulations.

Verify that this has been read by initialing _____.

Mark Ellis
LEHT Zoning Officer/Flood Plain Manager

Print Name _____ Homeowner Signature _____ Date 7/18/18

Mike Bondurant _____ Builder Signature _____ Date 7-19-18

Print Name

CALL BEFORE YOU DIG 1-800-272-1000

"OVER"

12-24-15 bar

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 Michael Bondurant

Address 727C 17th Ave

Lake Como, NJ 07719

Telephone (732) 691-9090

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 8/14/18
Control # C-18-00976
Permit # 18-0672

IDENTIFICATION Block: 330.03 Lot: 23 Qualifier

Work Site Location: 20 RIVERCREST DRIVE Little Egg Harbor Township, NJ

Owner in Fee: ORAVEZ, DAMIAN
20 RIVERCREST DR LITTLE EGG HARBOR NJ 08087
Telephone: (609) 651-3609

Contractor: AIR EXPERTS INC
Address: 727C 17TH AVE LAKE COMO NJ 07719
Telephone: (732) 681-9090
Lic. No. or Bldrs. Reg. No. 19HC00123400 1474613
Federal Employee. No.

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:

HVAC

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 $3,100

Construction Official — Date 8/14/18

PAYMENTS (Office Use Only)

Building	$0
Electrical 60-	$60
Plumbing 60	$0
Fire Protection 60-	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee 5-	
CO Fee	
Other	$0
Total 185-	
Check No.	
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.

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.

CONSTRUCTION PERMIT

Date Issued 8/14/2018
Control # C-18-00976
Permit # 18-0672

IDENTIFICATION Block: 330.03 Lot: 23 Qualifier

Work Site Location: 20 RIVERCREST DRIVE Little Egg Harbor Township, NJ

Owner in Fee: ORAVEZ, DAMIAN
20 RIVERCREST DR LITTLE EGG HARBOR NJ 08087
Telephone: (609) 651-3609

Contractor: AIR EXPERTS INC
Address: 727C 17TH AVE LAKE COMO NJ 07719
Telephone: (732) 681-9090
Lic. No. or Bldrs. Reg. No. 19HC00123400 19HC00123400
Federal Employee. No. 19HC00123400

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:

HVAC

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 $3,100

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$60
Plumbing	$60
Fire Protection	$60
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$185
Check No.	11406
Cash	$0
Credit	$0
Collected By	Monica Johnson

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.

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/14/18
Control #
Date Issued
Permit # 18-0672

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

Block 330.03 Lot 23 Qualification Code

Work Site Location 20 Rivercrest Dr

Owner in Fee: Oravez

Tel. (609) 651-3609 e-mail damina.oravez@gmail.com

Address 20 Rivercrest Dr (street) Little Egg Harbor (municipality) 08087 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

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

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8/14/18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Michael Bondurant

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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 $ 60-

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 # 8/8/18
Date Issued
Permit # 18-0672

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

Block 330.03 Lot 23 Qualification Code

Work Site Location 20 Rivercrest Dr

Owner in Fee: Oravez

Tel. (609) 651-3609 e-mail damian.oravez@gmail.com

Address 20 Rivercrest Dr Little Egg Harbor 08087
(street) (municipality) (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com
Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 8-1-16 Approved by
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date 8-1-16
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: Michael Bondurant

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Frunace & AC

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 HVAC	
	Water Service Connection	
1	~~Stacks~~ CONDSR	
1	Other Furnace	
	Administrative Surcharge	$
	Minimum Fee	$ 60
	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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/14/18
Permit # 18-0672

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

Block 330.03 Lot 23 Qualification Code

Work Site Location 20 Rivercrest Dr

Owner in Fee: Oravez

Tel. (609) 651-3609 e-mail Damian.oravez@gmail.com

Address 20 Rivercrest Dr (street) Little Egg Harbor (municipality) 08087 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

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 19HC00123400

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 750

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: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/14/18
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: Michael Bondurant

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Replace 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 [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		60-
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.

FOR REPLACEMENT FURNACE

Submit B.T.U. Input **AND** Output of both New **AND** Old Units.

OLD B.T.U.'s **INPUT** 66K **OUTPUT** 64K

NEW B.T.U.'s **INPUT** 66K **OUTPUT** 64K

And/Or

Heat Loss for New Unit

***If you do not have the Old BTU and New BTU of units, a heat loss is REQUIRED.

***If the New Unit BTU's are less than the Old Unit BTU's, a heat loss is REQUIRED.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 330.03 LOT 23 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 20 Rivercrest Dr

Owner in Fee Oravez

Verifying Individual Michael Bondurant Company AIR EXPERTS

Address 727 C 17TH AVE LAKE COMO NJ 07719
Street City State Zip Code

Tel: (732) 681-9090 Fax: (732) 280-2213

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
- ☐ Gas to Oil Conversion
- ☑ Gas Appliance Replacement
- ☐ Oil to Oil Replacement
- ☐ Other _____

Existing Vent/Chimney: **Size** _____

- ☐ "B" Label Vent
- ☐ "L" Label Vent
- ☐ Flexible Liner
- ☐ Power Vent/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	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 Date 7/12/18

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

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

FILE COPY

Carbon Monoxide Certification

I, the undersigned certify that:

☐ I currently have a carbon monoxide detector installed in the vicinity of all existing Bedrooms.

☑ I will install a carbon monoxide detector in the vicinity of all existing bedrooms.

☐ I have all ELECTRIC heat and do not need a carbon monoxide detector.

Date 6/23/18

Print Name Damian Orozco

Signature (X) [signature]

This document MUST be completed and signed and submitted with EVERY permit!

SPECIFICATIONS

General Data	**Model No.**	**All Regions**	---	---	---	---	**14ACX-041**
		North / South Regions	**14ACXS018**	**14ACXS024**	**14ACXS030**	**14ACXS036**	---
		Southwest Region	**14ACX-018**	**14ACX-024**	**14ACX-030**	**14ACX-036**	---
		Nominal Tonnage	1.5	2	2.5	3	3.5
	Indoor Unit Expansion Valve (TXV) (If needed)		**12J18**	**12J18**	**12J18**	**12J19**	**12J20**
	RFCIV Metering Orifice Usage		See AHRI Air Conditioner System Matches (Bulletin No. 210561AC)				
[1] Sound Rating Number (dB)			76	76	76	76	78
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8
[2] Refrigerant (R-410A) furnished			4 lbs. 13 oz.	5 lbs. 6 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.	10 lbs. 1 oz.
Outdoor Fan		Diameter - in.	18	22	22	22	22
		Number of blades	3	3	3	3	4
		Motor hp	1/10	1/6	1/6	1/6	1/4
Shipping Data - lbs. 1 package			138	158	171	177	209

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph		208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)		20	25	25	30	35
[4] Minimum circuit ampacity		12.4	15.0	17.1	18.6	22.6
Compressor	Rated load amps	9.4	11.2	12.9	14.1	16.7
Condenser Fan Motor	Full load amps	0.7	1.0	1.0	1.0	1.7

SPECIFICATIONS

General Data	**Model No.**	**All Regions**	---	**14ACX-047**	**14ACX-048**	**14ACX-059**	**14ACX-060**
		North / South Regions	**14ACXS042**	---	---	---	---
		Southwest Region	**14ACX-042**	---	---	---	---
		Nominal Tonnage	3.5	4	4	5	5
	Indoor Unit Expansion Valve (TXV) (If needed)		**12J20**	**12J20**	**12J20**	**12J20**	**12J20**
	RFCIV Metering Orifice Usage		See AHRI Air Conditioner System Matches (Bulletin No. 210561AC)				
[1] Sound Rating Number (dB)			78	80	78	78	80
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	7/8	7/8	7/8	1-1/8	1-1/8
[1] Refrigerant (R-410A) furnished			8 lbs. 10 oz.	11 lbs. 3 oz.	10 lbs. 8 oz.	11 lbs. 2 oz.	12 lbs. 0 oz.
Outdoor Fan		Diameter - in.	22	26	22	26	26
		Number of blades	4	4	4	4	4
		Motor hp	1/4	1/3	1/4	1/3	1/3
Shipping Data - lbs. 1 package			208	250	228	266	253

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph		208/230V	208/230V	208/230V	208/230V	208/230V
[2] Maximum overcurrent protection (amps)		40	45	45	50	60
[3] Minimum circuit ampacity		24.1	26.7	26.7	34.1	34.8
Compressor	Rated load amps	17.9	19.9	20	25	26.4
Condenser Fan Motor	Full load amps	1.7	1.8	1.7	2.8	1.8

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

[1] Sound Rating Number rated in accordance with test conditions included in AHRI Standard 270.

[2] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

[3] HACR type circuit breaker or fuse.

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

AHRI CERTIFIED www.ahridirectory.org
Unitary Small AC
AHRI Standard 210/240
Certification applies only when the complete system is listed with AHRI.

HRAI MEMBER COMPANY

ETL LISTED c US Intertek

ENERGY STAR

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

LENNOX

PRODUCT CATALOG

AIR CONDITIONERS
14ACX
MERIT® SERIES

R-410A
SEER - Up to 16.00
1.5 to 5 Tons

January 2016
Supersedes June 2015

FEATURES

Refrigerant System

Scroll Compressor

Non-chlorine, ozone friendly, R-410A refrigerant.

Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils

Copper tube construction with enhanced ripple-edged aluminum fins.

Fully serviceable brass service valves.

High pressure switch

Liquid line drier shipped with unit

Totally enclosed, direct drive outdoor fan motor with sleeve bearings.

Louvered steel top fan guard.

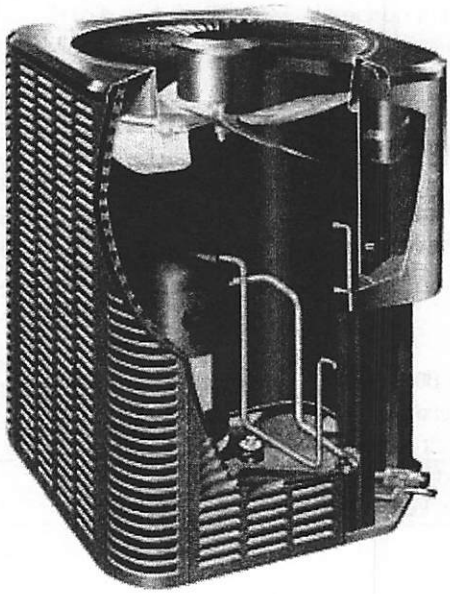
Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.

Steel louvered panels provide complete coil protection

PermaGuard™ zinc-coated base.

Corner patch plate allows access to compressor.



LIMITED WARRANTY

Compressor - five years

All covered components - five years

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

AHRI RATINGS

See AHRI Ratings Supplement

ACCESSORIES

See page 22

Cabinet

- Mounting Base
- Unit Stand-Off Kit Compressor
- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

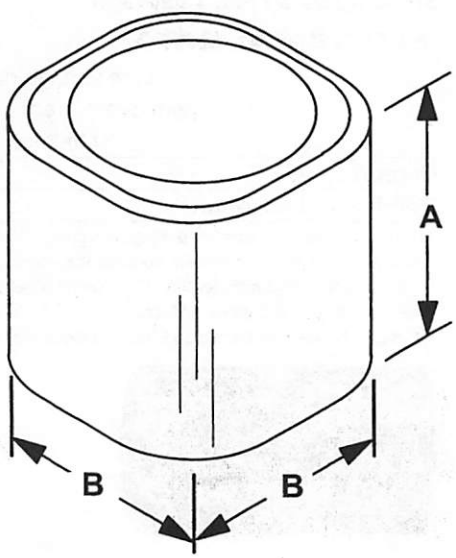
- Freezestat
- Indoor Blower Off Delay Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS

Model No.	A	B
14ACX-018	29-1/4 (743)	24-1/4 (616)
14ACX-024	29-1/4 (743)	28-1/4 (718)
14ACX-030 14ACX-036 14ACX-041	37-1/4 (946)	28-1/4 (718)
14ACX-042	33-1/4 (845)	28-1/4 (718)
14ACX-048	37-1/4 (946)	28-1/4 (718)
14ACX-059	37-1/4 (946)	32-1/4 (819)
14ACX-047 14ACX-060	33-1/4 (845)	32-1/4 (819)



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Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS

	Model No.	ML195DF045XP36B	ML195DF070XP36B	ML195DF090XP60C	ML195DF110XP60C
Gas Heating Performance	[1] AFUE	95%	95%	95%	95%
	Input - Btuh	44,000	66,000	88,000	110,000
	Output - Btuh	43,000	64,000	86,000	106,000
	Temperature rise range - °F	25 - 55	35 - 65	30 - 60	40 - 70
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	High static - in. w.g.	0.50	0.50	0.50	0.50
Connections in.	Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2	2 / 2
	Gas pipe size IPS	1/2	1/2	1/2	1/2
	Condensate Drain Trap (PVC pipe) - i.d.	3/4	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	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	3/4 slip x 3/4 MPT
Indoor Blower	Wheel nom. dia. x width - in.	10 x 8	10 x 8	11 ½ x 10	11 ½ x 10
	Motor output - hp	1/3	1/3	1	1
	Tons of add-on cooling	2.5 - 3	2.5 - 3	4 - 5	4 - 5
	Air Volume Range - cfm	605 - 1615	560 - 1505	1270 - 2305	1210 - 2410
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase			
	Blower motor full load amps	6.1	6.1	11.5	11.5
	Maximum overcurrent protection	15	15	15	15
Shipping Data	lbs. - 1 package	121	127	152	164

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.

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LENNOX

PRODUCT CATALOG

GAS FURNACES
ML195DF
MERIT® SERIES
Downflow - Direct/Non-Direct Vent
AFUE - 95%
Input - 44,000 to 110,000 Btuh

Page 45
January 2016
Supersedes June 2015

FEATURES

Heating System

Lennox Designed Aluminized Steel Heat Exchanger Assembly

Aluminized Steel Inshot Burners

Gas Control Valve with 100% Safety Shutoff

Flame Rollout Switch

Hot Surface Silicone Nitride Ignitor

Combustion Air Inducer

Limit Control

Direct Vent/Non-Direct Vent Sealed Combustion

Direct Vent - combustion air supplied from outdoors

Non-Direct Vent - combustion air supplied from indoors

Controls

Integrated Furnace Control

Built-in Twinning Capability

24 Volt Transformer

Field Wiring Make-up Box

Blower

Multi-Speed, Direct Drive Blower

Cabinet

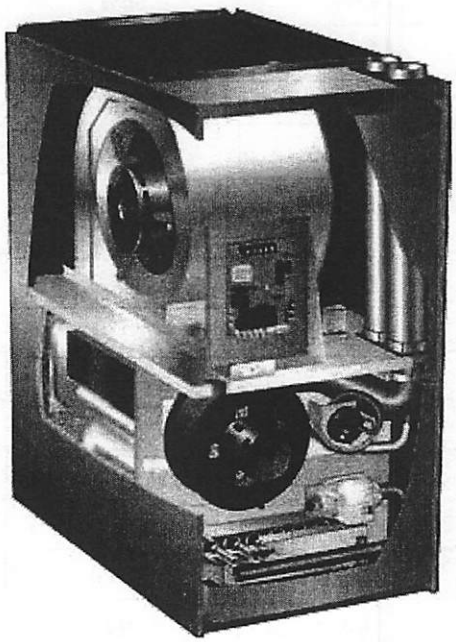
Downflow applications

Pre-painted cabinet finish

Foil-faced insulation on sides and back of heating compartment.

Coil Match-up

CR33 downflow indoor coils will physically match the furnace supply air opening with the same letter designation in the model number.



LIMITED WARRANTY

Heat Exchanger - twenty years

All other covered components - five years

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

Furnace Width		"B"	"C"
A Dimension		17-1/2 (446)	21 (533)
B Dimension		16-3/8 (416)	19-7/8 (454)
Bottom supply	Width	16 (406)	19-1/2 (495)
	Depth	19-1/4 (489)	19-1/4 (489)

ACCESSORIES

See page 47

Cabinet

- Condensate Kits
- Condensate Drain Heat Cable
- Crawl Space Vent Drain Kit
- DownflowCombustible Flooring Base

Controls

- Thermostat

Filter Kits

- Downflow Filter Kits

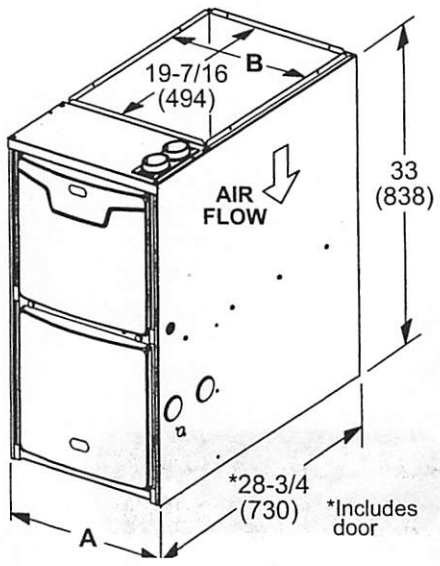
Gas Heating

- Gas Conversion Kits
- High Altitude Pressure Switch Kits
- High Altitude Orifice Kits
- Termination Kits

Service Kits

- Night Service Kit
- Universal Service Kit - Switches

DIMENSIONS



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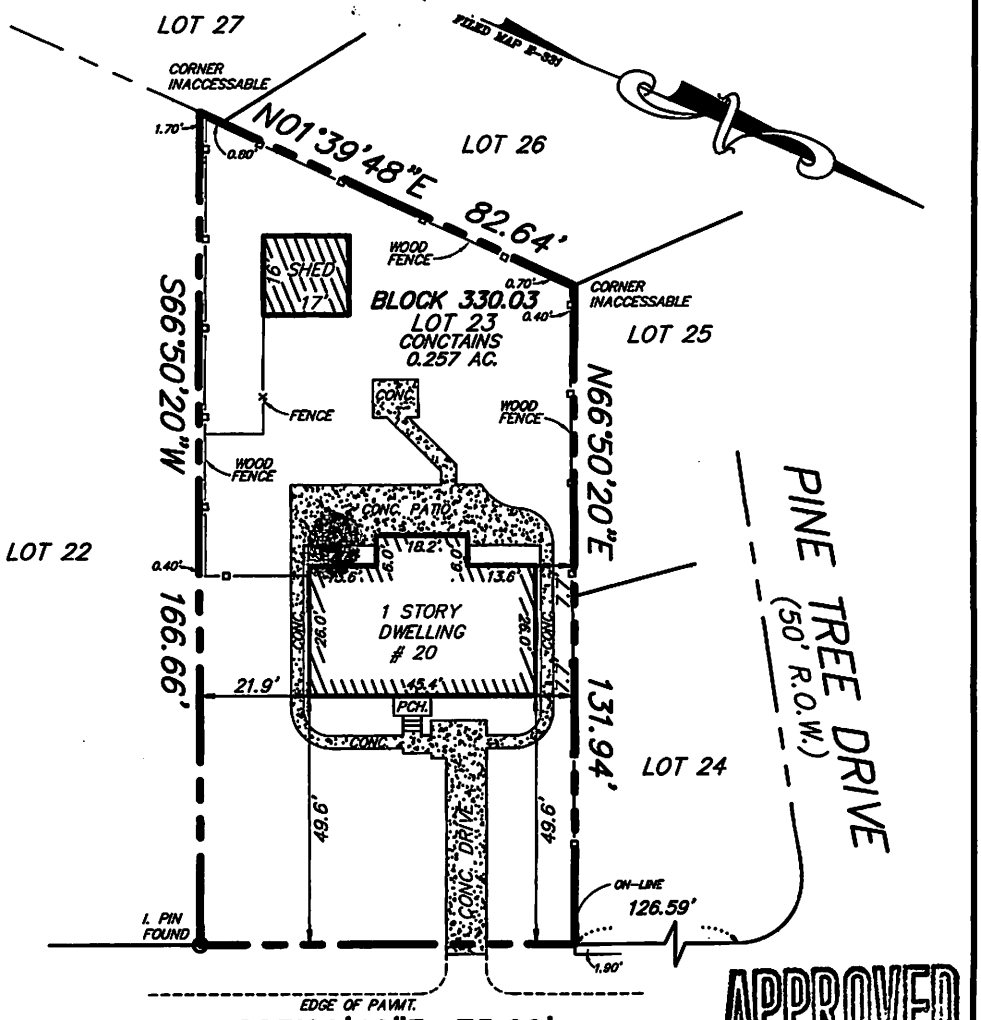

APPROVED
4/27/12
HVAC
Ont

CERTIFIED TO:
DAMIAN ORAVEZ
21 ASSOCIATES TITLE
OAK MORTGAGE COMPANY, LLC
and/or its warehouse lender, its successors and/or assigns as their interest may appear.

BEING KNOW AND DESIGNATED AS LOT 23 BLOCK 3 AS SHOWN ON A MAP OR PLAN ENTITLED "MAP OF ATLANTIS SECTION 1-A, SITUATED IN THE TOWNSHIP OF LITTLE EGG HARBOR, OCEAN COUNTY, NEW JERSEY" BEING FILED IN THE OCEAN COUNTY CLERKS OFFICE ON JULY 26, 1965, AS FILED MAP E-331.

ALSO BEING KNOWN AS LOT 23 BLOCK 330.03 AS SHOWN ON THE CURRENT TAX ASSESSMENT MAPS FOR THE TOWNSHIP OF LITTLE EGG HARBOR, OCEAN COUNTY, NEW JERSEY.

BEING COMMONLY KNOWN AS #20 RIVERCREST DRIVE.

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENT, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF THE TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR THE CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES

SURVEY OF PREMISES

SITUATED IN

LITTLE EGG HARBOR TOWNSHIP

OCEAN COUNTY, NEW JERSEY

BLOCK 330.03 LOT 23

4/20/12
DATE:

MICHAEL D. FASY

PROFESSIONAL LAND SURVEYOR, N.J. LIC. No. 34850
PROFESSIONAL PLANNER, N.J. LIC. No. 4693

MICHAEL D. FASY
& ASSOCIATES
SURVEYORS AND PLANNERS
231 FALCON DRIVE
LITTLE EGG HARBOR, NEW JERSEY 08087
(609) 296-8080

DATE: 4/20/12	DRAWN BY: RAO
SCALE: 1"=30'	JOB # 2507