BLOCK 383.28 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 288 Wisteria Drive PERMIT NO. 08-2554

CONSTRUCTION PERMIT APPLICATION 08-003894

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

I. IDENTIFICATION

1. Proposed Work Site at: 288 Wisteria Dr.
2. Name of Owner in Fee: Phyllis Matia
   Tel [redacted] e-mail _____
   Address _____ (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Bode Mech Tel. ( ) _____
   Address 312 Hages Ave e-mail _____
   Bayville, N.J. 08721
   License No. OR, if new home, Builder Reg. No. 8937 Exp. Date 6/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): St. Lic
   Federal Emp. ID No. 22-3640638 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____ ✓
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Mark Bode
   Tel. (732) 237-3300 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 55		
2. Electrical	130		
3. Plumbing	135		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 10		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	320.		
13. TOTAL	$		

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 ____

Called 8/21/08

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		LB	8/7/08						
☐ Electrical					8.26.08	TC	9-27-08		
☐ Plumbing					8.13.08	[illegible]	9-4-08		
☑ Fire Protection					8/11/08	RJU	8-29-08		
☐ Elevator									
TOTAL COST									

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/05/2008
Control Number C-08-003894
Permit Number 08-2554
Permit Issue Date 08/21/2008
Certificate Number 08-2554

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 298 WISTERIA DR. , NJ Block: 383.28 Lot: 22 Qual:
Owner in Fee: PHYLISS MATIA
Owner Address: 298 WISTERIA DR. BRICK NJ
Telephone: [redacted]
Contractor BODE MECHANICAL
Address 312 HAYES AVE BAYVILLE NJ 08721-
Telephone: (732) 237-3300 Fax:
License Number or Builders Registration Number: BIO 8957 Federal Emp. Number: 22-3640638

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE, REPLACEMENT WATER HEATER

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: 09/05/2008 U.C.C. F260 (rev. 08/05)

Between Manhunt Monday

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 08-2108
Control #

Date Issued
Permit # 08-2554

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

Block 383.28 Lot 22 Qualification Code _____

Work Site Location 298 Western Dr. Bricktown

Owner in Fee Phlyss Mattai

Address 298 Western Dr Bricktown N.J.

Tel (732) 657-3068

Contractor BODE Mech

Address 312 Hayes Ave [redacted]

Tel [redacted] FAX ( ) _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. 22-3640638

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr Class: Present _____ Proposed _____

Heating System: [X] New OR [ ] Existing [ ] HVAC

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

Location: Utility Room

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: _____

Total Cost of Fire Protection Work $ 4,500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS FURNACE INSTALL

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		CO det
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		
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		
Fired Appliances [X] Gas or [ ] Oil	5	
Fireplace Venting/Metal Chimney		
Other _____		

Furnace for gas stove dryer pipe stack

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 8/11/08

Approved by: RJO

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8/20/08

Approved by: [signature]

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	8/20		8/20	[illegible]
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	8/20		8/20	[illegible]
Other _____				

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

U.C.C. F140 (rev. 1/04)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 08-21-08
Date Issued
Control #
Permit # 08-2554

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

Block 383.28 Lots 22,23,24+25 Qualification Code

Work Site Location 298 WISTERIA
Brick Twsp.

Owner in Fee: Revocable living Trust for Phyllis Albrezese

[redacted] e-mail

Address 11 Sunray Drive (street) Toms River (municipality) NJ 08753 (zip code)

Contractor: CJ Wats Electric LLC Tel. (732) 742-2175

Address 112 Ortley Ave e-mail CJWats@Verizon.net
Lavallette, NJ 08735

Contractor License No. 6157 Exp. Date

Federal Emp. ID No. 20-0718660 FAX: (732) 793-7089

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co. JCP&L

Est. Cost of Electrical Work $ 650 -

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		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	2 Ton	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		GAS Fired Hot Air Furnace	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved
Date: 8-26-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-28-08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	8-26-08		8-28-08	TD
Barrier-Free				

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

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

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

383.28 22

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

08-21-08

Date Issued
Permit #

08-2554

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

Block 383.28 Lot 22 Qualification Code

Work Site Location 298 Wisteria Dr. Bricktown, N.J.

Owner in Fee Phyliss Matia

Address 298 Wisteria Dr. [redacted]

Contractor [illegible]

Address 312 Hayes Ave Bayville, N.J. 08721

Tel (732) 237-3300 FAX ( )

Contractor License No. BIO-8957

Federal Emp. No. 22-3640638

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8/20/08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9-4-08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			9/4/08	
Gas Piping			9/6/08	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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.

X

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
1	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
4	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
1	Other A/C
	Other

FEE (Office Use Only)	
	$
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 01/04)

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

CONSTRUCTION PERMIT

Date Issued 08/21/2008
Control # C-08-003894
Permit # 08-2554

IDENTIFICATION Block: 383.28 Lot: 22 Qualifier
Work Site Location: 298 WISTERIA DR. , NJ
Owner in Fee PHYLISS MATIA
298 WISTERIA DR. BRICK NJ
Telephone: [redacted]

Contractor BODE MECHANICAL
Address 312 HAYES AVE BAYVILLE NJ 08721-
Telephone: (732) 237-3300
Lic. No. or Bldrs. Reg. No. BIO 8957
Federal Employee. No. 22-3640638

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT A/C. REPLACEMENT HOT AIR FURNACE. REPLACEMENT WATER HEATER

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 $7,650

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$55
Plumbing	$120
Fire Protection	$135
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$320
Check No.	1106
Cash	$0
Credit	$0
Collected By	Allison Peltier

U.C.C. F170
equiv (rev 8/03)
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.

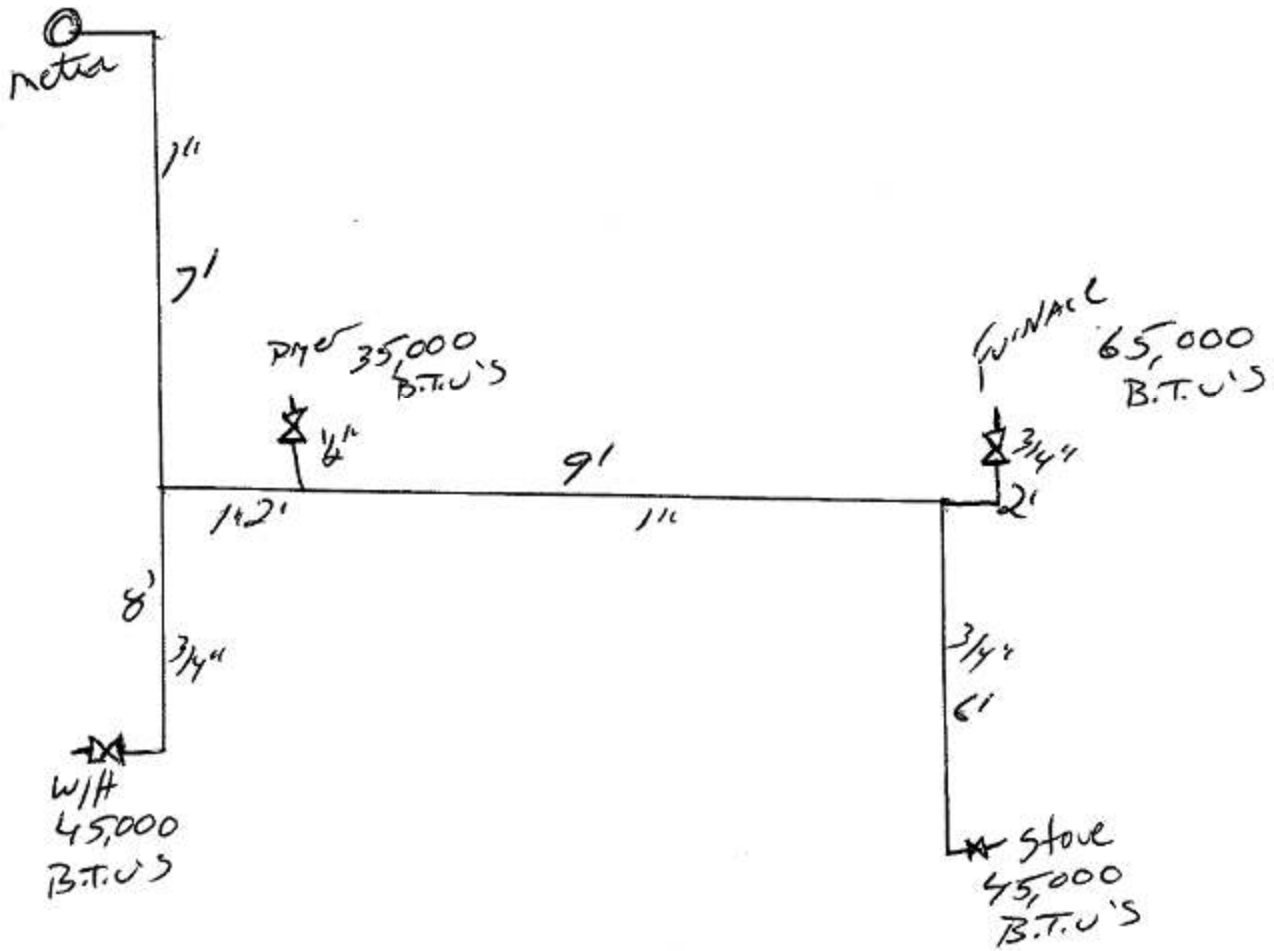
If you do not understand any of this information, please ask.

298 Western

ZLC - 387.28

Lot - 22

Phyliss



30"

190 000'

Billy 8.13.08

Arcoaire®
Air Conditioning & Heating

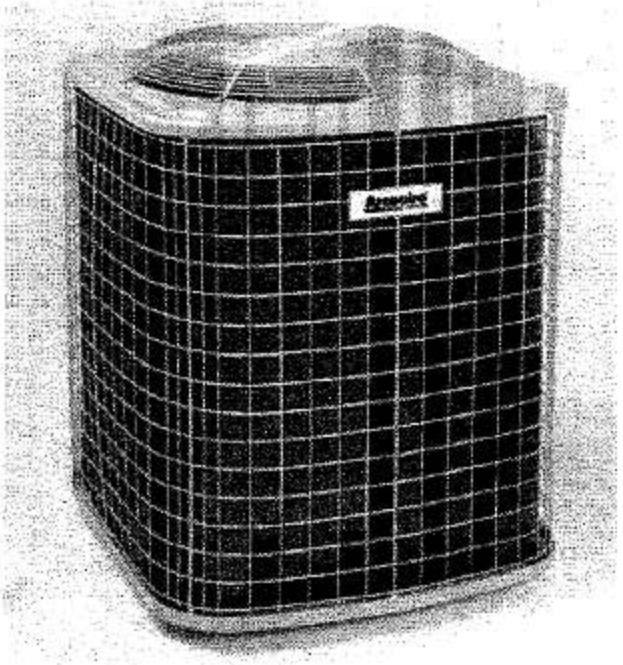
N4A3
Performance Series
Product Specifications

EFFICIENT 13 SEER AIR CONDITIONER

ENVIRONMENTALLY SOUND R-410A REFRIGERANT

1½ THRU 5 TONS SPLIT SYSTEM

208 / 230 Volt, 1-phase, 60 Hz



REFRIGERATION CIRCUIT
- Copeland compressors on all models
- Filter-Drier supplied with every unit for field installation
- Copper tube / aluminum fin coil

EASY TO INSTALL AND SERVICE
- Easy Access service valves on all models
- External high and low refrigerant service ports
- Only two screws to access control panel
- Factory charged with R-410A refrigerant

BUILT TO LAST
- Baked-on powder coat finish over galvanized steel
- Post-painted (black) coil fins
- SermaGard® coated cabinet screws
- Coated inlet grille with 2" spacing standard, alternate models available with ⅜" grille spacing for extra protection
- 5 year limited compressor, coil, and parts warranties

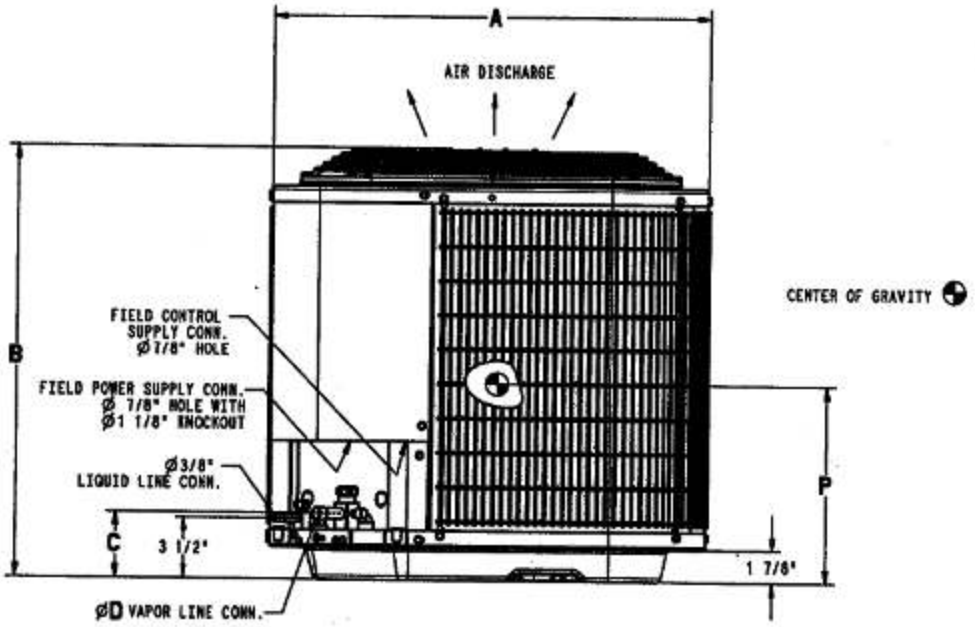
ARI PERFORMANCE CERTIFIED
ARI Standard 210/240 Unitary Air Conditioners

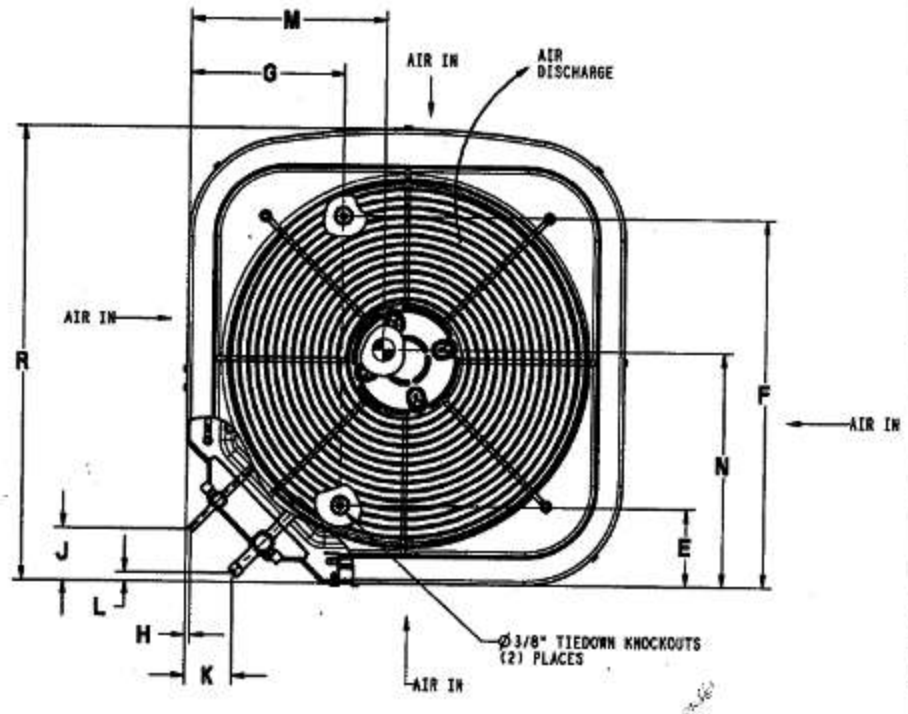
Rated in accordance with ARI Standard 210. Certification applies only when used with proper components as listed with ARI.

c UL us LISTED

Model Number	Size (tons)	Nominal BTU/hr	Min. Circuit Ampacity	Max. Fuse or Breaker	Operating Dimensions height x width x depth (in)	Ship / Operating Weight (lbs)
N4A318AKA	1½	18,000	11.7	15	25 x 25¾ x 26⅝	138 / 117
18GKA	same model with 3/8" spacing inlet grille					
N4A324AKA	2	24,000	17.6	25	25 x 25¾ x 26⅝	143 / 122
24GKA	same model with 3/8" spacing inlet grille					
N4A330AKB	2½	30,000	16.8	25	25 x 25¾ x 26⅝	148 / 127
30GKB	same model with 3/8" spacing inlet grille					
N4A336AKA	3	36,000	19.0	30	35¼ x 25¾ x 26⅝	174 / 151
36GKA	same model with 3/8" spacing inlet grille					
N4A342AKA	3½	42,000	23.5	40	32⅝ x 31⅜ x 32⅝	208 / 180
42GKA	same model with 3/8" spacing inlet grille					
N4A348AKA	4	48,000	26.2	40	39⅛ x 31⅜ x 32⅝	225 / 197
48GKA	same model with 3/8" spacing inlet grille					
N4A360AKB	5	60,000	34.2	50	35¾ x 35 x 35⅝	240 / 206
60GKB	same model with 3/8" spacing inlet grille					

Specifications subject to change without notice.





Model (* = A or G)	All Dimensions Inches																
	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	Minimum Mounting Pad Size	Crated Dimensions B(h) x A(w) x R(d)
N4A318*KA	25¾	25	3¾	⅝	4⅞	21¼	9⅛	5/16	3	2 13/16	½	12½	12⅜	12⅜	26 5/16	26 x 26½	29¼ x 26⅞ x 27½
N4A324*KA	25¾	25	3¾	⅝	4⅞	21¼	9⅛	5/16	3	2 13/16	½	13	11⅞	12⅜	26 5/16	26 x 26½	29¼ x 26⅞ x 27½
N4A330*KB	25¾	25	3¾	¾	4⅞	21¼	9⅛	5/16	3	2 13/16	½	13	11⅞	12¾	26 5/16	26 x 26½	29¼ x 26⅞ x 27½
N4A336*KA	25¾	35¼	3¾	¾	4⅞	21¼	9⅛	5/16	3	2 13/16	½	12	13	14¾	26 5/16	26 x 26½	39 7/16 x 26⅞ x 27½
N4A342*KA	31 13/16	32 5/16	3⅞	⅞	6 9/16	24 11/16	9⅛	5/16	3	2 15/16	⅝	15¾	16¼	13¾	32 5/16	31½ x 32½	36 1/16 x 32⅜ x 33 7/16
N4A348*KA	31 13/16	39⅛	3⅞	⅞	6 9/16	24 11/16	9⅛	5/16	3	2 15/16	⅝	14¼	17¼	17¼	32 5/16	31½ x 32½	42⅞ x 32⅜ x 33 7/16
N4A360*KB	35	35¾	3⅞	⅞	6 9/16	28 7/16	9⅛	5/16	3	2 15/16	⅝	19¼	18½	18⅜	35 9/16	35 x 36½	39 7/16 x 36⅛ x 37¾

PHYSICAL DATA							
Model Size	**18**	**24**	**30**	**36**	**42**	**48**	**60**
Nominal Cooling Capacity (BTU/hr)	18,000	24,000	30,000	36,000	42,000	48,000	60,000
Nominal SEER	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Sound Rating (dBA)	76	76	76	76	78	78	78
PSC Fan Motor HP	1/12	1/10	1/10	1/4	1/5	1/4	1/5
Fan RPM (single speed)	1100	1100	1100	1100	1100	1100	825
Fan CFM	1880	2200	2200	2950	3170	3365	4050
Coil Face Area (ft^2)	9.85	9.85	9.85	14.77	17.25	21.56	22.65
Coil Rows – fins per inch	1 – 20	1 – 20	1 – 25	1 – 25	1 – 25	1 – 25	1 – 25
Liquid Line Connection Size (in.)	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line Connection Size (in.)	5/8	5/8	3/4	3/4	7/8	7/8	7/8
Recommended Line Set Liquid Tube Diameter (in.)	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Recommended Line Set Vapor Tube Diameter (in.)	5/8 *	5/8 *	3/4 *	3/4 *	7/8 *	7/8 *	1⅛ *
* Recommended Vapor Tube Line size is for standard installations. These recommendations may not apply to "Long Line" installations. When the total equivalent line length exceeds 80 feet or there is more than 20 feet vertical separation between indoor and outdoor units, consult the Long Line Application Guideline document before purchasing/installing line sets.							
Factory Charge R–410A (lbs.)	4.25	4.35	4.00	5.25	6.20	7.95	8.35
Required Subcooling (°F)	8.3	12.7	15.6	15.7	9.8	17.4	11.4
Weight, shipping (lbs.)	138	143	148	174	208	225	240
Weight, operating (lbs.)	117	122	127	151	180	197	206

ELECTRICAL DATA (208/230–1–60, voltage range 197V – 253V)							
Model Size	**18**	**24**	**30**	**36**	**42**	**48**	**60**
Minimum Circuit Ampacity – **MCA** (amps)	11.7	17.6	16.8	19.0	23.5	26.2	34.2
Maximum OverCurrent Protective device – **MOCP** (amps)	15	25	25	30	40	40	50
Compressor **RLA** (Rated Load Amps) **LRA** (Locked Rotor Amps)	9.0 48.0	13.5 58.3	12.8 64.0	14.1 77.0	17.9 112.0	19.9 109.0	26.4 134.0
Fan Motor **FLA** (Full Load Amps)	.5	.75	.75	1.4	1.1	1.4	1.2

Arcoaire®
Air Conditioning & Heating

N9MP1
PS 90
Product Specifications

Performance 90
Single Stage Furnace

FLEXIBILITY

- Indoor combustion air (1 pipe only)
- 40" high with narrower cabinets, for more flexibility in tight locations
- Factory shipped for natural gas, with Propane Gas conversion kits available
- Four position - upflow/downflow/horizontal installation
- Vent pipe can be run horizontally or vertically
- Internal condensate drain system

SERVICE

- Self diagnostics
- Entire blower assembly mounted on rails

COMFORT

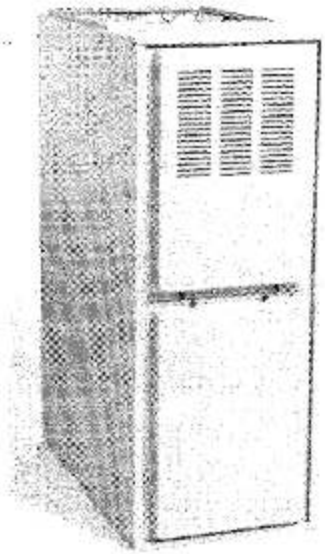
- Adjustable timed blower off delay
- 24 and 115 VAC humidifier terminal
- Electronic air cleaner terminal

EFFICIENCY

- 90% AFUE efficiency range
- Single stage gas valve operation
- Single stage integrated control
- Multispeed, prelubricated PSC motors
- Induced draft blower
- In-shot burners

QUALITY

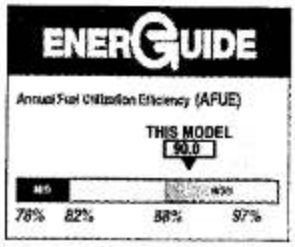
- RPJ III Aluminized steel heat exchanger
- Stainless steel secondary heat exchanger
- High temperature limit control prevents overheating
- Direct ignition with Silicon Nitride ignitor
- Flame roll-out sensors standard
- Louvered doors
- 5 year limited parts warranty



Illustrations and photographs are only representative.
Some product models may vary.

⚠ WARNING

This furnace is not designed for use in mobile homes, trailers, or recreational vehicles. Such use could result in property damage and/or death.



ENERGY STAR PARTNER

DESIGN CERTIFIED

AMA EFFICIENCY RATING CERTIFIED

CERTIFIED

UPFLOW/DOWNFLOW/HORIZONTAL (NATURAL GAS)					
Model Number	**Heat Exchangers ***	**Dimensions H x W x D (In.)**	**Input (MBTUH)**	**Efficiency AFUE**	**Cooling Capacity @ .5 in wc**
N9MP1040B08C	20 Year	40 x 15 1/2 x 29	40	90.0	1.5 - 2.0 TON
N9MP1050B12C	20 Year	40 x 15 1/2 x 29	50	90.0	1.5 - 3.0 TON
N9MP1060B12C	20 Year	40 x 15 1/2 x 29	60	90.0	1.5 - 3.0 TON
N9MP1075B12C	20 Year	40 x 15 1/2 x 29	75	90.0	1.5 - 3.0 TON
N9MP1080F16C	20 Year	40 x 19 1/8 x 29	80	90.0	2.5 - 4.0 TON
N9MP1100F14C	20 Year	40 x 19 1/8 x 29	100	90.0	2.0 - 3.5 TON
N9MP1100J20C	20 Year	40 x 22 3/4 x 29	100	90.0	3.5 - 5.0 TON
N9MP1125J20C	20 Year	40 x 22 3/4 x 29	125	90.0	3.5 - 5.0 TON

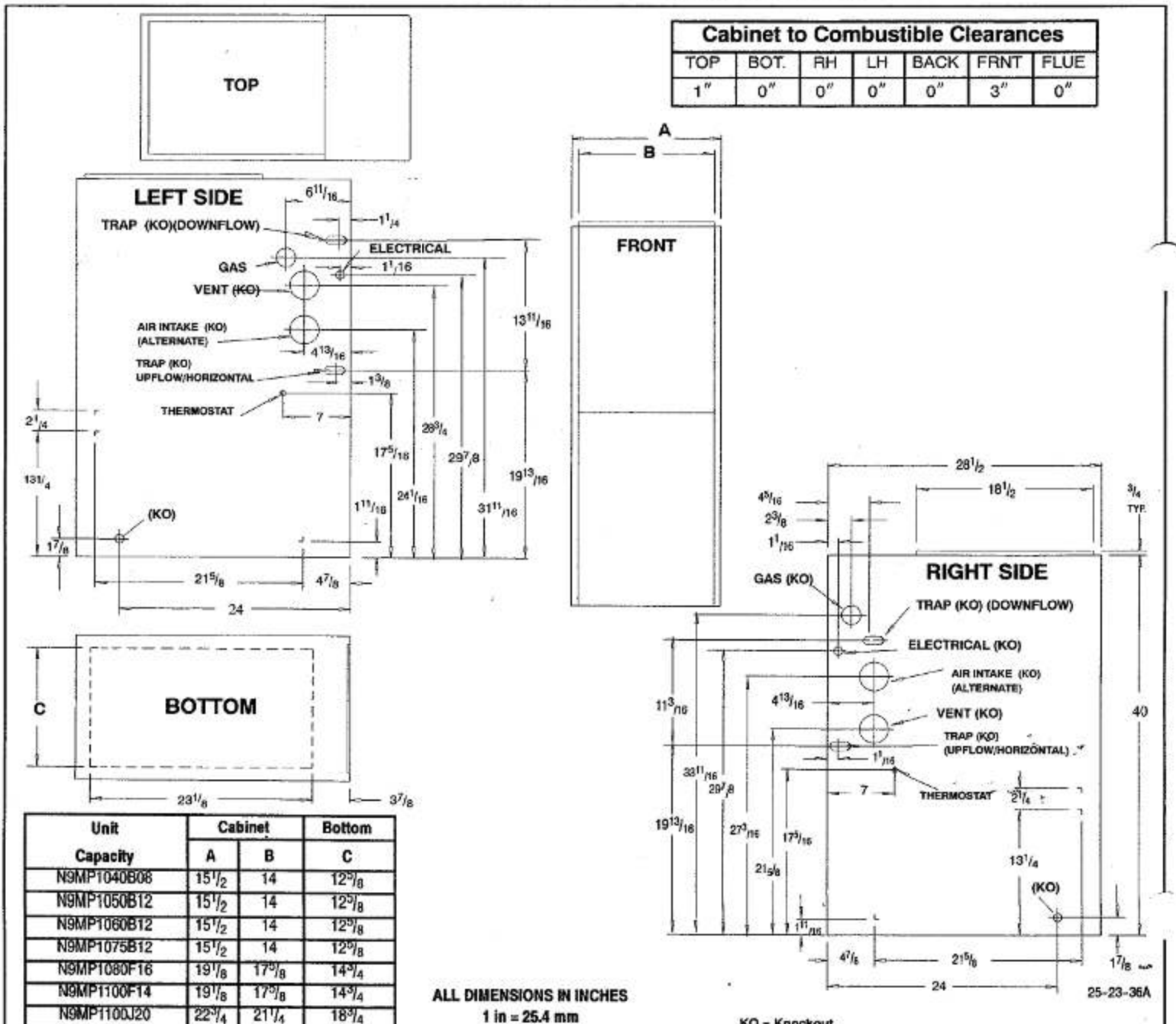
* LIMITED 20 YEAR WARRANTY.

FURNACE SPECIFICATIONS

Model Number NATURAL GAS	N9MP1040B08	N9MP1050B12	N9MP1060B12	N9MP1075B12	N9MP1080F16	N9MP1100F14	N9MP1100J20	N9MP1125J20
INPUT (btuh)	40,000	50,000	60,000	75,000	80,000	100,000	100,000	125,000
HTG. CAP. (btuh)	36,000	45,500	54,000	67,500	72,000	90,000	90,000	113,125
AFUE % (ICS)	90.0	90.0	90.0	90.0	90.0	90.0	90.0	90.0
ALTERNATE INPUT BTUH	NA	40,000	NA	60,000	NA	80,000	80,000	100,000
ALTTERNATE OUTPUT BTUH	NA	36,400	NA	54,000	NA	72,000	72,000	90,500
TEMP. RISE DEGREES (°F/°C)	40-70/22-38	35-65/19-46	40-70/22-38	40-70/22-38	35-65/19-46	40-70/22-38	40-70/22-38	40-70/22-38
VOLTS/HZ/PH	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60
MIN./MAX. VOLTAGE	104/127	104/127	104/127	104/127	104/127	104/127	104/127	104/127
RATING PLATE AMPS.	8.4	12.9	7.2	10.1	12.9	10.1	14.4	15.0
TRANSFORMER (V.A.)	40	40	40	40	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
VENT SIZE*	2" or 3" OD	2" or 3" OD	2" or 3" OD	2" or 3" OD	2" or 3" OD	3" OD	3" OD	3" OD
COOLING CAP.	2.0	3.0	3.0	3.0	4.0	3.5	5	5
HIGH ALTITUDE PRESS SWITCH	NA	1013803	NA	1013803	1013812	1013803	1013803	1013157
FILTER SIZE (IN.) (1 required)	16X25X1(1)	16X25X1(1)	16X25X1(1)	16X25X1(1)	16X25X1(1)	16X25X1(1)	16X25X1(2)	16X25X1(2)
DIMENSIONS (in.) H x W x D	40 x 15 1/2 x 29	40 x 15 1/2 x 29	40 x 15 1/2 x 29	40 x 15 1/2 x 29	40 x 19 1/8 x 29	40 x 19 1/8 x 29	40 x 22 3/4 x 29	40 x 22 3/4 x 29
WEIGHT (Lbs.)	139	139	140	140	160	160	180	185

* Vent size may vary depending on length, number of elbows. See Installation Instructions.

DIMENSIONS



Cabinet to Combustible Clearances						
TOP	BOT.	RH	LH	BACK	FRNT	FLUE
1"	0"	0"	0"	0"	3"	0"

Unit Capacity	Cabinet A	Cabinet B	Bottom C
N9MP1040B08	15 1/2	14	12 5/8
N9MP1050B12	15 1/2	14	12 5/8
N9MP1060B12	15 1/2	14	12 5/8
N9MP1075B12	15 1/2	14	12 5/8
N9MP1080F16	19 1/8	17 5/8	14 3/4
N9MP1100F14	19 1/8	17 5/8	14 3/4
N9MP1100J20	22 3/4	21 1/4	18 3/4
N9MP1125J20	22 3/4	21 1/4	18 3/4

ALL DIMENSIONS IN INCHES
1 in = 25.4 mm

KO = Knockout

Specifications subject to change without notice.

Residential Heat Loss and Heat Gain Calculation

In accordance with ACCA Manual J

Report Prepared By:

Air Supply Heating and Cooling

For:

Phyllis
298 Wisteria Dr
Brick, NJ

Design Conditions: Brick

Indoor:

Summer temperature:	75
Winter temperature:	70
Relative humidity:	55

Outdoor:

Summer temperature:	105
Winter temperature:	0
Summer grains of moisture:	100
Daily temperature range:	High

Building Component		Sensible Gain (BTUH)	Latent Gain (BTUH)	Total Heat Gain (BTUH)	Total Heat Loss (BTUH)
Whole House	**852 sq.ft.**	**26,038**	**448**	**26,486 (2 tons)**	**49,802**
First Floor		26,037	448	26,485	49,803
Entry Foyer	16 sq.ft.	889	63	952	2,586
Kitchen	120 sq.ft.	6,691	95	6,786	10,829
Bathroom1	54 sq.ft.	1,263	26	1,289	3,367
Dining Room	154 sq.ft.	2,216	53	2,269	6,476
Living Room	121 sq.ft.	3,500	53	3,553	5,660
Hall	28 sq.ft.	1,240	26	1,266	2,476
Utility	18 sq.ft.	0	0	0	197
Bedroom2	150 sq.ft.	3,686	53	3,739	6,432
Bedroom1	176 sq.ft.	6,552	79	6,631	11,616
Closet	15 sq.ft.	0	0	0	164
Whole House	**852 sq.ft.**	**26,038**	**448**	**26,486 (2 tons)**	**49,802**

8/26-28 IN SDC PASSED BRAKE & CLUTCH
OUT SPD NOISE SERVICE RECOMMENDED

8/25/08

CO dat OE

MLAC Notrecory

(F) 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(e)1.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

[X] Check if contractor.

Agent Name Bode Mech

Address 312 Hopes Ave

Bayville NJ. 08721

Telephone (732) 237-3300

Signature _____

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