BLOCK 1386 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 48 Greenwood Loop Rd PERMIT NO. 06-4173

CONSTRUCTION PERMIT APPLICATION

C06 106 033

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

I. IDENTIFICATION

1. Proposed Work Site at: 48 Greenwood Loop Rd. Brick
2. Name of Owner in Fee: Elyse Gallagher
   Tel. [redacted] e-mail _____
   Address Same (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private Brick Twp
4. Principal Contractor: _____ Tel. (___) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No _____ Exp. Date _____
   Homeowner Exception (if applicable): _____
   Fax (___) _____
5. **NJR Home Services**
   1415 Wyckoff Rd., Wall NJ 07719
   Tel. 1.877.466.3657 Fax. 732-493-6479
   Contractor License No. 13VH00361500
   Federal Employee No. 22-3609806
6. **WINFRED JOHNSON TEL. 732-919-8172**

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	45	
2.	Electrical			
3.	Plumbing		45	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		9	
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		92	
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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection					12-1-06	RB	8/1107		
6.	☐ Plumbing									
7.	☑ Electrical					12.606	MN	8/1107		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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U.C.C. F100-1 (rev. 12/05)

LDS BR-B 10428451

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.

( ) Check if contractor.

Agent Na **NJR Home Services**
Address **1415 Wyckoff Rd., Wall NJ 07719**
Tel. 1.877.466.3657 Fax. 732-493-6479
Contractor License No. 13VH00361500
Telephon **Federal Employee No. 22-3609806**
Signature **WINFRED JOHNSON TEL. 732-919-8172**

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	08/21/2007
Tracking Number	C-06-106033
Permit Number	06-4173
Permit Issue Date	12/28/2006
Certificate Number	06-4173

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 48 GREENWOOD LOOP RD , NJ Block: 1386 Lot: 18 Qual: C0048

Owner in Fee: ELYSE GALLAGHER

Owner Address: 48 GREENWOOD LOOP RD BRICK NJ

Telephone: [redacted]

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ 07719-

Telephone: 732/938-1260 Fax: 732/938-3010

License Number or Builders Registration Number: 13VH00361500 Federal Emp. Number:

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 HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☑ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Fee: $0.00

Check Number:

Collected By:

Date Printed: 08/21/2007

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 1386 Lot 18 Qualification Code

Work Site Location 48 Greenwood Loop Rd Brick

Owner in Fee Elyse Gallagher

Address Same

Tel. ([redacted]

Contractor NJR HOME SERVICES

Address 1415 Wyckoff Rd
Wall NJ 07719

Tel. (938-1155

Lic. No. or Bldrs. Reg. No. 11263

22-3609806

s 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:

Replace fan heater

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

Estimated Cost of Work $ 2900.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side

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

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

OCS Printing (609) 398-43

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued 12/28/2006
Control # C-06-106033
Permit # 06-4173

IDENTIFICATION Block: 1386 Lot: 18 Qualifier C0048
Work Site Location: 48 GREENWOOD LOOP RD , NJ

Owner in Fee: ELYSE GALLAGHER
Address: 48 GREENWOOD LOOP RD BRICK NJ
Telephone: (732) 840-0366

Contractor: NJR HOME SERVICES
Address: 1415 WYCKOFF RD WALL TOWNSHIIP NJ 07719-
Telephone: 732/938-1260
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3609806

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 HOT AIR FURNACE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,932

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$92
Check No.	204873
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-4173

Date Issued / Permit # 12-28-06

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

Block 1386 Lot 18 Qualification Code

Work Site Location 48 Greenwood Loop Rd Brick

Owner in Fee: Elise Gallagher

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: NJR HOME SERVICES CO Tel (732) 938-7330

Address 1415 Wyckoff Rd e-mail
Wall NJ 07719

Contractor License No. 15234 Exp. Date 3/31/09

Federal Employee No. 22-3609806 FAX: (732 493-6479

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 9600.00

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 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

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

Direct Ignition

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 12606

Approved by: WM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8-1-07

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/07	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-4173
Date Issued / Permit # 12-28-06

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

Block 1386 Lot 19 Qualification Code

Work Site Location 49 Greenwood Coop Rd Brick

Owner in Fee: Elsie Gallagher

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: NJR HOME SERVICES Tel. (732) 938-1155

Address 1415 Wyckoff Rd e-mail

Wall, 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 (if applicable):

Federal Emp. ID No. 22-3609806 FAX: (732) 493-6479

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel:

Heating System: [ ] New OR [✓] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 966.00

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. Eddie Nole
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace Gas heater

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		
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 [✓] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 12-4-06

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 8-1-07

Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical		2-5-07	8-1-07	DB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	1-2-07	2-15-07	8-1-07	DB
Other		3-12-07		

need upper/lower circ. air.

2-12-07 no Access

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-4473
Date Issued / Permit # 12-28-06

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

Block 1386 Lot 19 Qualification Code _____

Work Site Location 48 Greenwood Coop Rd Brick

Owner in Fee: Elise Gallagher

T [redacted] e-mail _____

Address Same
street municipality zip code

Contractor: NJR HOME SERVICES Tel. (732 938-1155

Address 1415 Wyckoff Rd e-mail _____
Wall 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 (if applicable) _____

Federal Emp. ID No. 22-3609806 FAX: (732) 493-6479

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [✓] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 966.00

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. [signature]
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace gas heater

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		
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 [✓] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 12-4-06

Approved by: OB

SUBCODE APPROVAL

[ ] 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 _____				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1386 Lot 18 Qualification Code

Work Site Location 48 Greenwood Loop Rd Brick

Owner in Fee: Elyse Gallagher

Tel [redacted] e-mail

Address Same
street municipality zip code

Contractor: NJR HOME SERVICES Tel. ( )

Address 1415 Wyckoff Rd e-mail
Wall NJ 07719

Contractor License No. 938-1155 Exp. Date

Federal Employee No. 11263 FAX: (732 493-6479

22-3609806

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 966.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] 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				

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 Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
1	Other gas heater Direct Replace	

N/A

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

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

U.C.C. F130
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1386 LOT 18 PERMIT # _____

WORK SITE ADDRESS 48 Greenwood Loop Rd.

Applicant Elyse Gallagher

Certifying Individual Winfred Johnson Company NJR HOME SERVICES

Address 1415 Wyckoff Rd (Street) Wall (City) NJ (State) 07719 (Zip Code)

Tel. (732) 919-8172

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Winfred Johnson
Signature Date

Certification Not Submitted:

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

_____
Signature Date

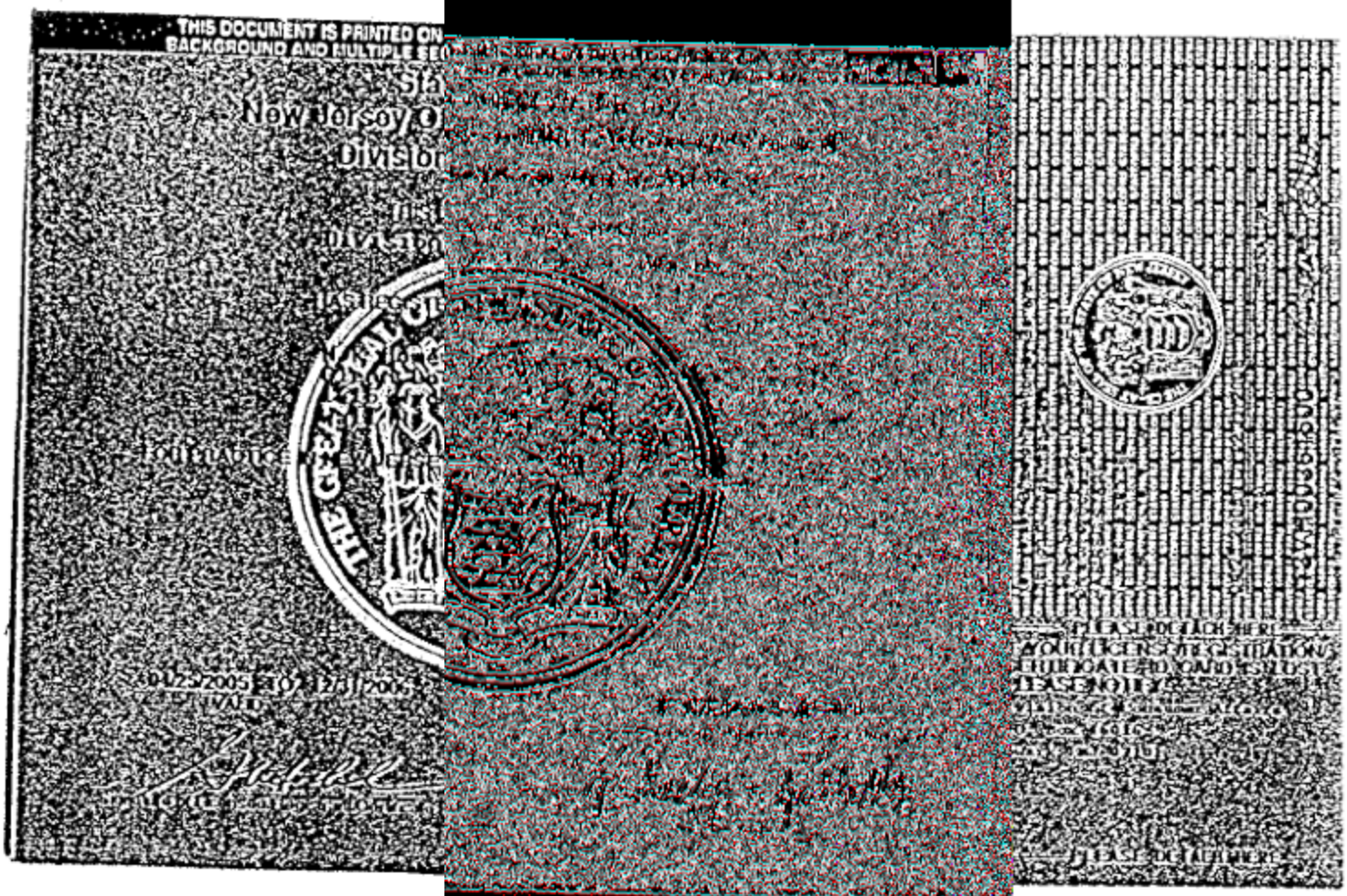
Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)


THIS DOCUMENT IS PRINTED ON
BACKGROUND AND MULTIPLE SEC
New Jersey O
Divisio
PLEASE DO NOT STAPLE HERE
PLEASE DO NOT STAPLE HERE

FORM NO. G22-485 REV. 5
Supersedes Form No. G22-485 Rev. 4

GAS FURNACES

RUUD®

ACHIEVER SERIES® SUPER QUIET 80 80.0% A.F.U.E.† UPFLOW/ HORIZONTAL GAS FURNACES

The Ruud Achiever Series® Super Quiet 80 line of upflow/horizontal gas furnaces are designed for utility rooms, closets, alcoves, or attics. **Because of the Super Quiet 80's low-profile 34 inch [864 mm] height, the upflow model can also be used to satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by CSA International.

Features

- Innovative combustion design results in reliable, efficient operation at sound levels which provide distinct competitive advantage.
- Patented Heat Exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" design is lighter and easier to handle, and leaves room for optional equipment.
- Convertible from upflow to horizontal left or right without field conversion.
- Left or right side gas and electric inlet connections with quick, simple change.
- Robust and reliable direct spark ignition utilizing remote sense and an integrated board with humidifier and electronic air cleaner hookups.
- Insulated blower compartment helps to reduce jacket loss and noise.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

A variety of cooling coils and plenums designed to use with Ruud Achiever Series® Super Quiet 80 gas furnaces are available as optional accessories.

These furnaces can be installed in an upflow position or laid on either side in a horizontal position. Field conversion not required.

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

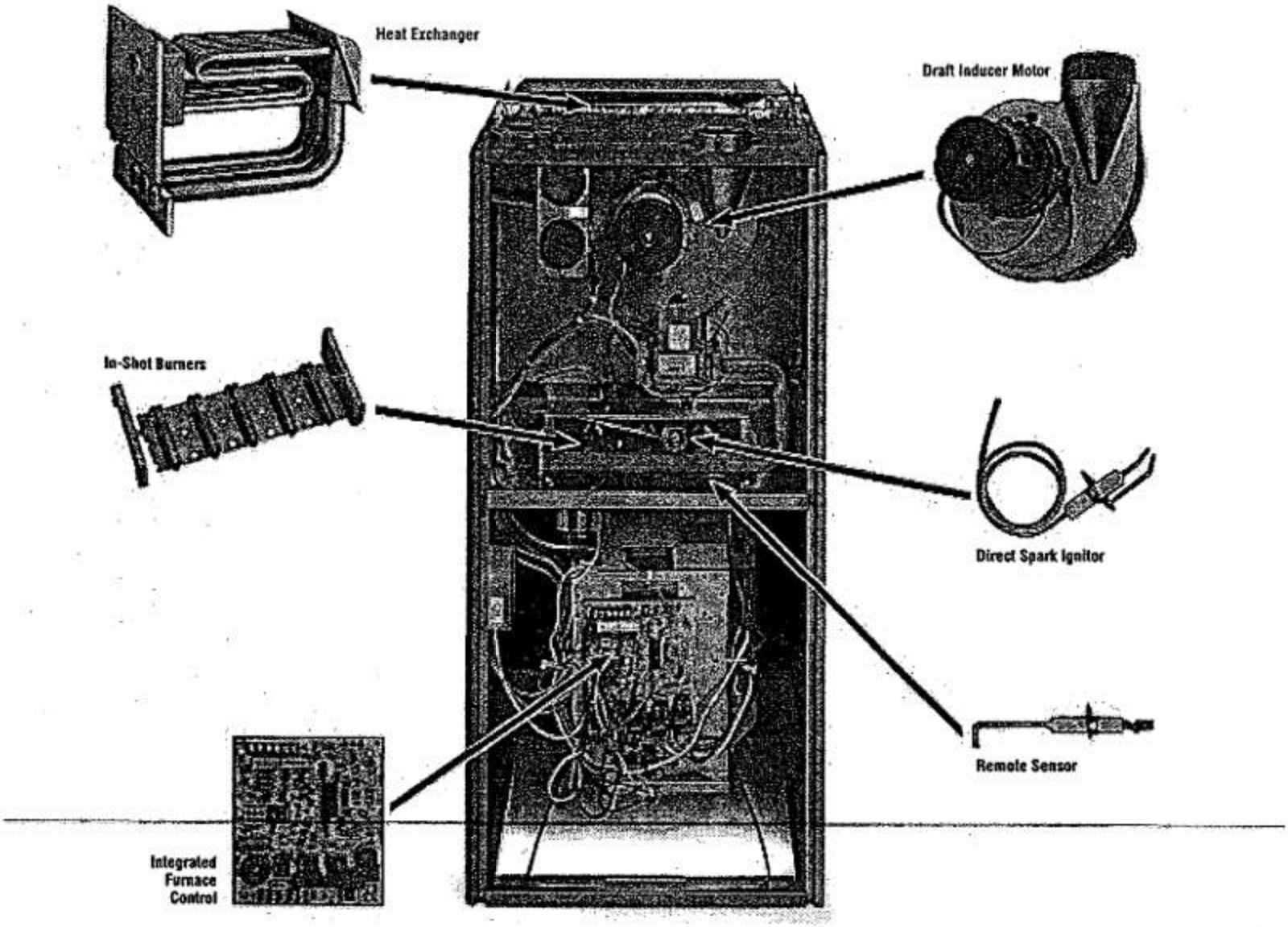
UGPN- SERIES
Models with Input Rates from 50,000 to 150,000 BTU/HR [15 to 44 kW] (U.S. & Canadian Models)

ENERGUIDE

ISO 9001:2000
Certificate Number: 3064

member gama

ACHIEVER SERIES SUPER QUIET 80 UPFLOW/HORIZONTAL GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft blower; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics; **on-board twinning options; fused-protection (secondary), 3rd speed fan option for continuous fan; common heat/cool terminal.**

OPTIONAL EQUIPMENT

Side filter frame assembly. Return air cabinet for all sizes. (See Page 6)

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Ruud distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Ruud parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form.

WARNING
THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR USE IN MOBILE HOMES

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS U.S. AND CANADA MODELS (UPFLOW/HORIZONTAL)

MODEL NUMBERS UGPN- SERIES	05EAUER 05NAUER	07EAMER 07NAMER	07EAMGR 07NAMGR	10EAMER 10NAMER	10EBRJR 10NBRJR	12EARJR 12NARJR	15EARJR 15NARJR
Input-BTU/Hr [kW] ②	50,000 [15]	75,000 [22]	75,000 [22]	100,000 [29]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	41,000 [12]	60,000 [18]	60,000 [18]	80,000 [23.4]	81,000 [23.7]	99,000 [29]	119,000 [35]
High Altitude Input [kW]*	45,000 [13]	67,500 [20]	67,500 [20]	90,000 [26]	90,000 [26]	112,500 [33]	135,000 [39.6]
High Altitude Output Capacity [kW]*	36,500 [11]	53,500 [16]	54,000 [16]	72,000 [21]	72,500 [21]	89,000 [26.1]	107,500 [31.5]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P.–Speeds– PSC Type [W]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	6.8	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Rated E.S.P. (In. W.C.) [kPa]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]
Temperature Rise Range °F [°C]	25-55 [13.9-30.6]	35-65 [19.4-36.1]	25-55 [13.9-30.6]	45-75 [25.0-41.7]	40-70 [22.2-38.9]	35-65 [19.4-36.1]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155 [68.3]	165 [73.8]	155 [68.3]	190 [87.7]	170 [76.6]	180 [82.2]	190 [87.7]
Standard Filter–In. [mm]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	19 1/4 x 25 [489 x 635]	22 3/4 x 25 [578 x 635]	22 3/4 x 25 [578 x 635]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	105 [48]	105 [48]	115 [52]	120 [54]	140 [63]	150 [68]
Return Air Cabinets (Opt.) RXGR- Filter Size [mm]	C14B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C21B (2) 20 x 16 [508 x 406]	C24B (2) 24 x 16 [610 x 406]	C24B (2) 24 x 16 [610 x 406]
AFUE–Electric Ignition Models ①	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" [12.7 mm] N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form for high altitude derate in U.S. applications. For Canadian applications, reference the furnace installation instructions.
* Data references Canadian applications only.

MODEL IDENTIFICATION—UPFLOW MODELS

U	G	P	N	—	07E	A	M	E	R
Ruud	Gas Furnace	Upflow/ Horizontal	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type

Electric Ignition	NO_x Model	Input BTU/HR
05E	05N	50,000 [15 kW]
07E	07N	75,000 [22 kW]
10E	10N	100,000 [29 kW]
12E	12N	125,000 [37 kW]
15E	15N	150,000 [44 kW]

A = Std. Cabinet
B = Wide Cabinet

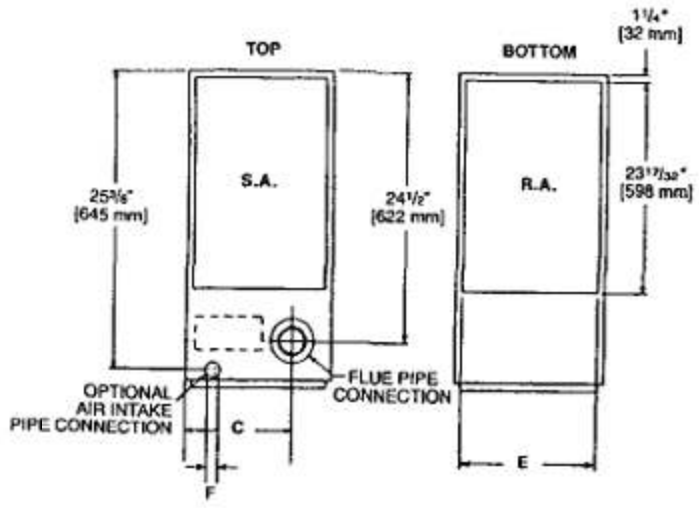
U = 11 x 6 [279 x 152 mm]
M = 11 x 7 [279 x 178 mm]
R = 11 x 10 [279 x 254 mm]

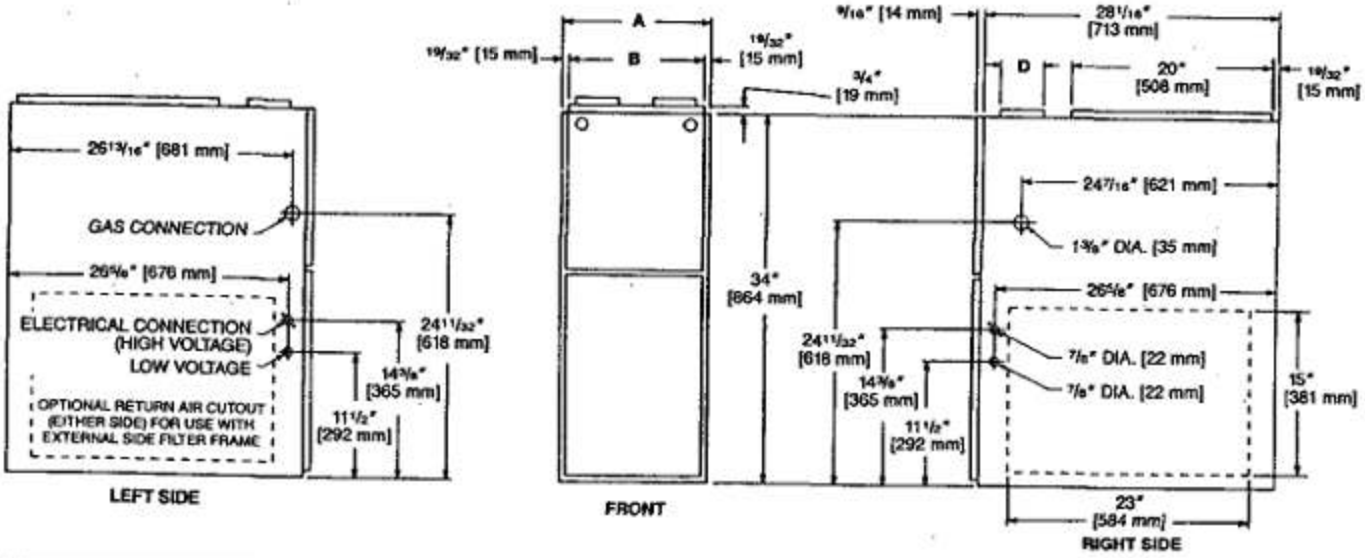
S = 500-1200 CFM [236-566 L/s]
E = 1100-1330 CFM [519-628 L/s]
G = 1450-1750 CFM [684-826 L/s]
J = 1800-2075 CFM [850-979 L/s]

R = Natural Gas, U.S. and Canadian Standard Furnace

[ ] Designates Metric Conversions

UPFLOW DIMENSIONS





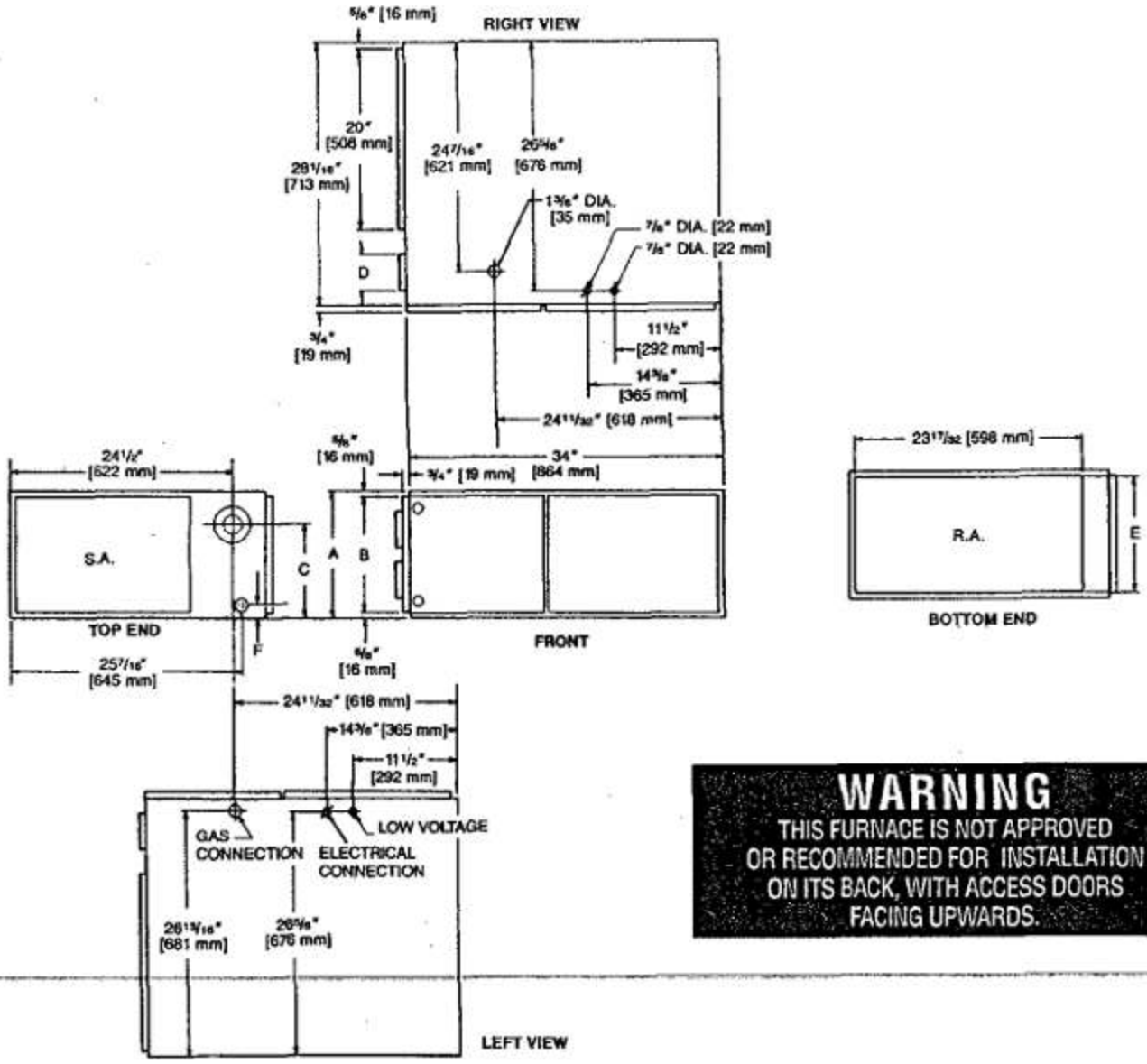
UPFLOW DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) [mm]						
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
05	14 [356]	12 27/32 [326]	10⅝ [270]	①	11½ [292]	1⅞ [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17½ [445]	16 11/32 [415]	12⅜ [314]	①	15 [381]	2½ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17½ [445]	16 11/32 [415]	12⅜ [314]	①	15 [381]	2½ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	14⅛ [359]	①	18½ [470]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24½ [622]	23 11/32 [593]	15⅞ [403]	①	22 [559]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24½ [622]	23 11/32 [593]	15⅞ [403]	①	22 [559]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[ ] Designates Metric Conversions

HORIZONTAL DIMENSIONS



WARNING
THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR INSTALLATION ON ITS BACK, WITH ACCESS DOORS FACING UPWARDS.

HORIZONTAL DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) [mm]						
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
05	14 [356]	12 27/32 [326]	10 5/8 [270]	①	11 1/2 [292]	1 3/4 [45]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ①	85 [38.6]
07	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [63]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [63]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	14 1/8 [359]	①	18 1/2 [470]	2 1/2 [63]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [63]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [63]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[ ] Designates Metric Conversions

ACCESSORIES—UPFLOW

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

FILTER RACK FILTER SIZES† INCHES [mm]	
MODEL UGPN-	RXGF-CA (SIDE)
05, 07, 10*A	15¾ x 25 [400 x 635]
10*BRJ	15¾ x 25 [400 x 635]
12, 15	15¾ x 25 [400 x 635]

† Filter racks are shipped without filters.
Filters shipped with furnace may be used or a suitable 1" [25.4 mm] filter.
*Designates "E" or "N".

RXPF-F01 and F02

FOSSIL FUEL KITS are for use with Ruud Achiever Heat Pumps and Super Quiet 80 warm air furnaces. The RXPF-F02 meets TVA requirements.

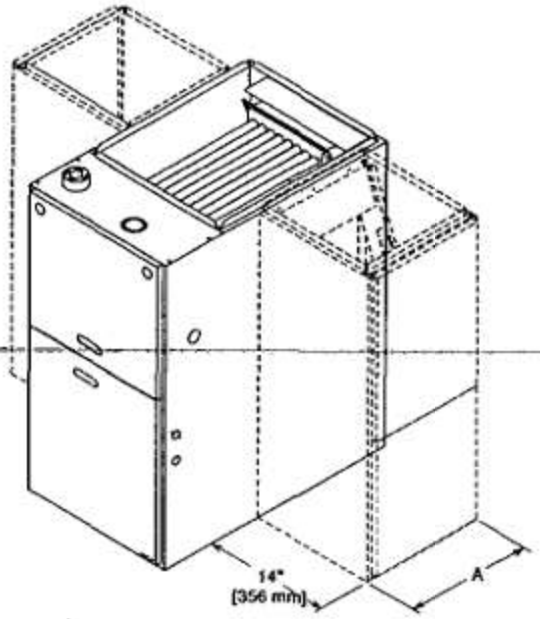
RETURN AIR CABINETS	A IN. [mm]	FILTER SIZE IN. [mm]
RXGR-C14B	14 [356]	(2) 12 x 16 [305 x 406]
RXGR-C17B	17½ [445]	(2) 12 x 16 [305 x 406]
RXGR-C21B	21 [533]	(2) 20 x 16 [508 x 406]
RXGR-C24B	24½ [622]	(2) 24 x 16 [610 x 406]

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

FURNACE WIDTH IN. [mm]	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN. [mm]
14 [356]	RXGB-D14	AE-61874-01	11⅝ x 23⅜ [295 x 598]
17½ [445]	RXGB-D17	AE-61874-02	15⅛ x 23⅜ [384 x 598]
21 [533]	RXGB-D21	AE-61874-03	18⅝ x 23⅜ [473 x 598]
24½ [622]	RXGB-D24	AE-61874-04	25⅛ x 23⅜ [651 x 598]

ACCESSORY RETURN AIR CABINETS
Return Air Cabinets may be installed on either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MUST ONLY BE INSTALLED ON THE SIDE OPPOSITE THE GAS AND ELECTRICAL CONNECTIONS.

FOR HIGH ALTITUDES:

OPTION CODE FOR HIGH ALTITUDE: U.S. & Canada
None required for high altitudes.

HIGH ALTITUDE CONVERSION KITS: U.S. & Canada
None required for high altitudes.

80+ HIGH ALTITUDE INSTRUCTIONS
CAUTION: Always follow National Fuel Gas Code (NFGC) guidelines when converting for high altitudes.

High altitude option codes are not required for these models. However, the burner orifice size needs to be recalculated and verified at elevations above 2000 ft. See Installation Instructions for more information.

NOTE: For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may **NOT** be used for U.S. installations.

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA—UPFLOW/HORIZONTAL MODELS

MODEL NUMBER UGPN-SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]
05EAUER 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW **MED-LO** MED-HI HIGH	675 [319] **950 [448]** 1115 [526] 1270 [599]	655 [309] **930 [439]** 1090 [514] 1250 [590]	635 [300] **905 [427]** 1070 [505] 1225 [578]	610 [288] **880 [415]** 1040 [491] 1200 [566]	585 [276] **860 [406]** 1015 [479] 1165 [550]	555 [262] **830 [392]** 985 [465] 1130 [533]	520 [245] **800 [378]** 945 [446] 1085 [512]
07EAMER 07NAMER	11 x 7 [279 x 178]	1/2 [373]	LOW MED-LO **MED-HI** HIGH	921 [435] 1093 [563] **1241 [586]** 1393 [657]	897 [423] 1066 [503] **1212 [572]** 1359 [642]	872 [411] 1039 [490] **1183 [558]** 1326 [626]	845 [399] 1008 [476] **1150 [543]** 1293 [610]	818 [386] 977 [461] **1118 [528]** 1259 [594]	795 [375] 941 [444] **1076 [508]** 1214 [573]	746 [352] 905 [427] **1033 [487]** 1169 [552]
07EAMGR 07NAMGR	11 x 7 [279 x 178]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1245 [588] **1555 [734]** 1810 [854] 2050 [967]	1220 [576] **1515 [715]** 1755 [828] 1985 [937]	1195 [564] **1475 [696]** 1705 [805] 1915 [904]	1165 [550] **1435 [677]** 1645 [776] 1845 [871]	1135 [536] **1395 [658]** 1585 [748] 1785 [842]	1105 [522] **1350 [637]** 1530 [722] 1715 [809]	1065 [503] **1300 [614]** 1470 [694] 1655 [781]
* 10EAMER 10NAMR	* 11 x 7 [279 x 178]	* 1/2 [373]	LOW MED-LO **MED-HI** HIGH	925 [437]* 1050 [496] **1220 [576]** 1410 [665]	890 [420]* 1040 [491] **1195 [564]** 1380 [651]	865 [408]* 1030 [486] **1160 [547]** 1345 [635]	835 [394]* 990 [467] **1140 [538]** 1300 [614]	810 [382]* 960 [453] **1105 [522]** 1255 [592]	775 [366]* 920 [434] **1065 [503]** 1205 [569]	745 [352]* 890 [420] **1020 [481]** 1150 [543]
10EBRJR 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1295 [611] **1645 [776]** 2045 [965] 2320 [1095]	1275 [602] **1615 [762]** 2000 [944] 2260 [1067]	1250 [590] **1580 [746]** 1955 [923] 2200 [1038]	1225 [578] **1550 [732]** 1905 [899] 2130 [1005]	1195 [564] **1518 [713]** 1845 [871] 2060 [972]	1165 [550] **1465 [691]** 1785 [842] 1985 [937]	1135 [536] **1425 [673]** 1720 [812] 1910 [901]
12EARJR 12NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1280 [604] **1645 [776]** 2050 [967] 2365 [1116]	1275 [602] **1635 [772]** 2015 [951] 2310 [1090]	1265 [597] **1615 [762]** 1960 [925] 2250 [1062]	1245 [588] **1590 [750]** 1935 [913] 2185 [1031]	1215 [573] **1560 [736]** 1885 [890] 2115 [998]	1185 [559] **1520 [717]** 1835 [866] 2035 [960]	1145 [540] **1470 [694]** 1775 [838] 1950 [920]
15EARJR 15NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1270 [599] **1620 [765]** 2010 [949] 2340 [1104]	1250 [590] **1595 [753]** 1985 [937] 2275 [1074]	1220 [576] **1570 [741]** 1960 [925] 2215 [1045]	1195 [564] **1545 [729]** 1915 [904] 2145 [1012]	1165 [550] **1515 [715]** 1850 [873] 2080 [982]	1135 [536] **1480 [698]** 1800 [850] 2010 [949]	1105 [522] **1440 [680]** 1730 [816] 1940 [916]

NOTES: *Not to be used as a heating speed.
Data compiled with factory filters installed.
Recommended blower speeds are in bold.
See Form Number C22-206 for MultiFlex® coil data.

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GENERAL TERMS OF LIMITED WARRANTY

Ruud will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

Gas Heat Exchanger Limited Warranty .....Twenty (20) Years
*Any Other Part .....Five (5) Years

***This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.**

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

RUUD
AIR CONDITIONING
DIVISION

5600 Old Greenwood Road, Fort Smith, Arkansas 72908

"In keeping with its policy of continuous progress and product improvement, Ruud reserves the right to make changes without notice."

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