

BLOCK 1386 LOT 18C-0048 ADDRESS (SITE) 48 Greenwood Lp. PERMIT NO. 2606-93



CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. Proposed Work-site at: 98 Greenwood Cp - Prick
2. Name of Owner in Fee: LINDA Guthrie Duffy Tel. [REDACTED]
- Address 1814 Grandview Ave Westfield NJ 07090
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Gmk. Comfort Air Sys. Tel. (77) 3865200
- Address P.O. 223 Ashfield P.A. 18212
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. _____ Social Security No. 143-609729
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person In Charge of Work LINDA Guthrie Duffy T [REDACTED]

II. PROPOSED WORK

1. ☐ Minor Work
(single trade)
2. ☐ Small Job (\$5,000
and no prior
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

✓ 1000.00

Est. Cont

elec to gas

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates Approval	Rejection	Re- viewer
			10/26	DE	1-12-94		
			10/26	dy	1/12/94		

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$	58 -	
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		1 -	
10. Subtotal	\$		
11. Cert. of Occupancy		20 -	
12. Other			
13. TOTAL	\$	79 -	91

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ sq. ft.
- no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL.

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO
- No. of dwelling units:
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:

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 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.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 G.R.K. Contact Air Systems

Address P.O. Box 223 Ashfield Pa.

Telephone (717) 386 5200

Signature [Signature] Date 10.22.93

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

	No.	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____
☐ Temporary Certificate of Occupancy	_____	_____
☐ Continued Certificate of Occupancy	_____	_____
☐ Certificate of Occupancy	_____	_____
☐ Certificate of Approval	_____	_____



CONSTRUCTION PERMIT

Date Issued

10-28-92

Control #

Permit #

2606-92

IDENTIFICATION

Block

1386

Lot

18C-0048

Site Location

48 Moonbrook

Contractor

A.M. K. Comfort (Inc)

Address

er in Fee

ress

40000.00
1814 Moonbrook

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

2000

Federal Emp. No.

BLOCK

or Social Security No.

1706

Whereby granted permission to perform the following work:

BUILDING ☒ PLUMBING ☐ OTHER ☐
ELECTRICAL ☒ FIRE PROTECTION ☐

DESCRIPTION OF WORK:

Electric to gas

E: 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 \$

41600.00

CONSTRUCTION OFFICIAL

Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

18 #

Building

Plumbing

PLUMBING

Electrical

FIRE

Fire Protection

D.C.A.

Other

C / D

Other

TOTAL

DCA Training Fee

CHECK

Cert. of Occ.

CHANGE

Other

Total

10/28/92 - NO. 5

0003AD05

Check No.

350

Cash

Collected By:

OK



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 10-28-93
Date Issued _____
Control # _____
Permit # 2606-93

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

Block 1386 Lot 18C-0048
Work Site Location 48 Greenwood Ln., Brick NJ
Owner in Fee LINDA DUFFY
Address 1814 GRANDVIEW AVE
WESTFIELD NJ 07090
Tele. () _____
Contractor G.M.K. Comfort Air Systems
Address P.O. 223 Ashfield PA 18212
Tele. (717) 386 5208
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS Condo.

Use Group Present R-3 Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other air

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
[] No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval	Initial
[] Bldg. [] Plumb.	[] Elec. [] Elevator	Suppression Test	_____	_____	_____	_____
[] Fire Plans Approved	Date: <u>10/26/93</u>	Fire Alarm Test	_____	_____	_____	_____
Approved by: <u>g</u>	SUBCODE APPROVAL:	Smoke Test	_____	_____	_____	_____
[] CO [] CCO [] CA	Date: <u>1-12-94</u>	Mechanical	<u>1-10-94</u>	_____	<u>1-12-94</u>	<u>je</u>
Approved by: _____		TCO	_____	_____	_____	_____
		Other	_____	_____	_____	_____
		Other	_____	_____	_____	_____
		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.

over
G.M.K. Comfort Air Systems
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work elec. to gas
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	_____	_____
Dry Sprinkler Heads	_____	_____
TOTAL	_____	_____
Smoke Detectors	_____	_____
Heat Detectors	_____	_____
TOTAL	_____	_____
Stand Pipes	_____	_____
Kitchen Hood Exhaust Systems	_____	_____
Pre-Engineered Systems	_____	_____
CO ₂ Suppression	_____	_____
Halon Suppression	_____	_____
Foam Suppression	_____	_____
Dry Chemical	_____	_____
Wet Chemical	_____	_____
Gas or Oil Fired Appliance	☒	<u>33</u>
OTHER	_____	_____

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 10-28-93
Date Issued _____
Control # _____
Permit # 2606-93

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

Block 1386 Lot 18C-0048
Work Site Location 48 Greenwood Ln, Brick NJ

Owner in Fee LINDA DUFFY
Address 1814 GRANDVIEW AVE
WICKFIELD NJ 07090

Tele. () _____
Contractor GAK Comfort Air Systems
Address P.O. 223 Ashfield PA 18212

Tele. (717) 386 5208
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS condo.

Use Group Present R-3 Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required		Slab					
Joint Plan Review Required:		Rough					
☐ Bldg. ☐ Elec. ☐ Fire		Water					
☐ Plumb. Plans Approved		Sewer					
Date: <u>10/24/93</u>		Fixtures					
Approved by: <u>[Signature]</u>		Gas Equipment	<u>11-9-93</u>		<u>11-18-93</u>	<u>[Signature]</u>	
		Gas Final					
SUBCODE APPROVAL:		Solar					
☐ CO ☐ CCO ☒ CA		TCO					
Approved by: <u>1-12-94</u>			<u>C-4</u>	<u>1-10-94</u>			
Date: <u>[Signature]</u>							

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.

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

[Signature]
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List 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	<u>15</u>
☒	Gas Piping	_____
_____	Fuel Oil Piping	_____
_____	Water Heater	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	<u>10</u>
Administrative Surcharge		\$ <u>25</u>
Paid ☐ Check # _____ Minimum Fee		\$ _____
Collected by: _____ TOTAL		\$ _____

plus 1-#FURN.

Due #15

Brick



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control # **OCT 29 93 014341**
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 QUAL#C0048
Work Site Location 48 Greenwood LP
BRICK NJ 08227
Owner in Fee RICHARD DUFFY LINDA GUTHRIE DUFFY
Address 1814 GRANDVIEW AVE
Westfield NJ 07090
Tele. [REDACTED]
Contractor Same as above
Address _____
Tele. (____) _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed Just conversion
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
		Type:	Failure	Approval	Initial
☐ No Plans Required	Rough	_____	_____	_____	_____
Joint Plan Review Required:	Temporary	_____	_____	_____	_____
☐ Bldg. ☐ Plumb.	Constr. Serv.	_____	_____	_____	_____
☐ Fire ☐ Elevator	TCO	_____	_____	_____	_____
☐ Elec. Plans Approved	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued _____			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued _____			
Date: _____					
Approved By: _____					

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.

☐ Licensed Electrical Contractor ☒ Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
_____	_____	Fixtures (1)
_____	_____	Receptacles (2)
_____	_____	Switches (3)
_____	_____	Total 1 + 2 + 3
_____	_____	Kw Range
_____	_____	Kw Oven(s)
_____	_____	Kw Surface Unit
_____	_____	hp Dishwasher
_____	_____	hp Garbage Disposal
_____	_____	Kw Dryer
_____	_____	Kw A/C Unit
_____	_____	Burglar Alarms
_____	_____	Intercoms Panels
_____	_____	Smoke Detectors
_____	_____	hp Whirlpool/spa
_____	_____	Pool Bonding
_____	_____	hp Pool Filter Motor
_____	_____	Pool Lights
_____	_____	Kw Water Heater(s)
_____	_____	☒ Kw Central heat:
_____	_____	oil, gas or elec.
_____	_____	Kw Baseboard Heat Units
_____	_____	Thermostats
_____	_____	hp Heat Pump
_____	_____	hp Pump(s)
_____	_____	Amp Motor Control Center/Sub Panels
_____	_____	Signs
_____	_____	Light Standards
_____	_____	hp Motors—Fractional H.P.
_____	_____	hp Motors—All Others
_____	_____	Kw Transformers
_____	_____	Kw Generators
_____	_____	Amp Service Entrance
_____	_____	Other

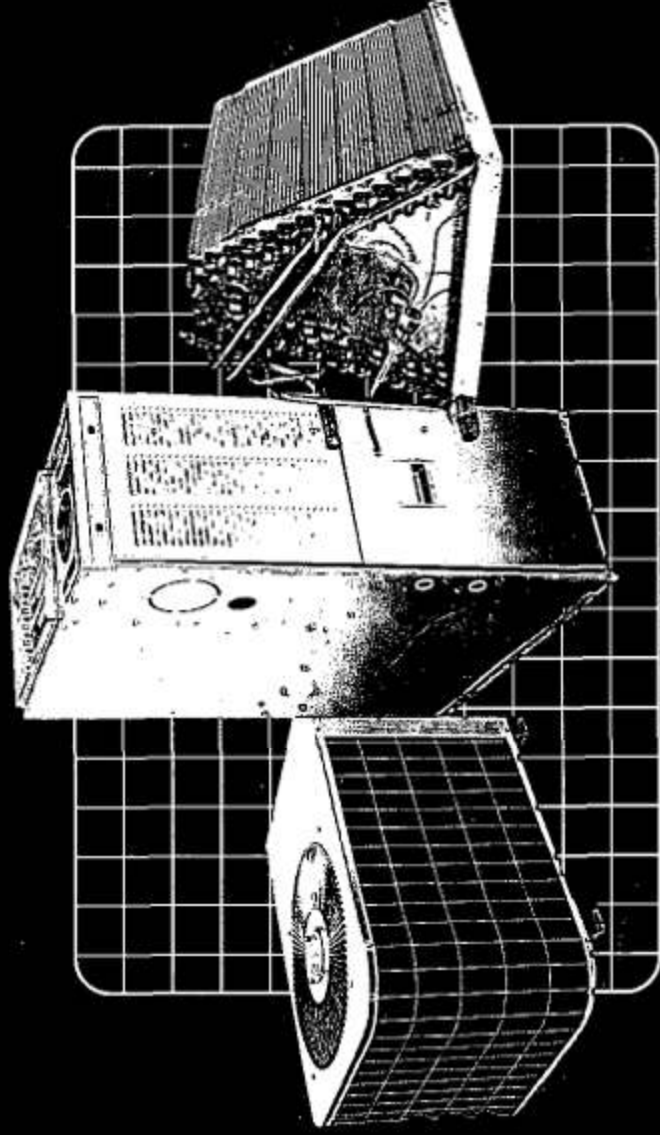
FEE (Office Use Only)

Paid ☒ Check # 379 Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ 40.00

Condominium Association
Approval for
conversion to gas

Block 1386
Lot 18C-0048

Air Conditioning & Heating



5 year all parts, all products warranty

State of the art engineering & design

Highest quality materials and components

Quality controlled manufacturing

SINCE 1890
Janitrol
air conditioning & heating

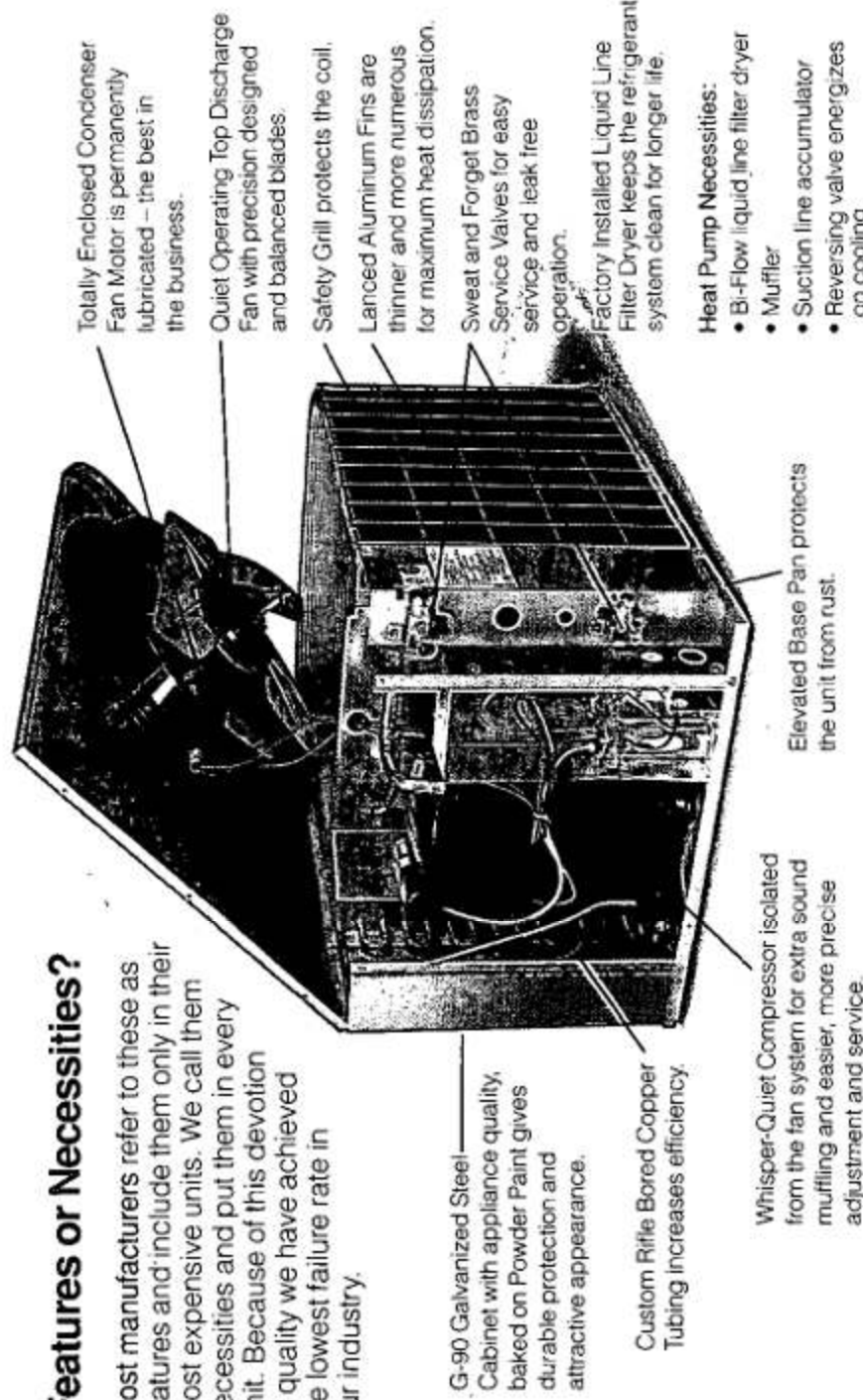
**There's No
Better Quality**

Goodman Manufacturing Company, L.P. • 1501 Seamist • Houston, Tx. 77008 • (713) 861 - 2500

Air Conditioners & Heat Pumps

Features or Necessities?

Most manufacturers refer to these as features and include them only in their most expensive units. We call them necessities and put them in every unit. Because of this devotion to quality we have achieved the lowest failure rate in our industry.



G-90 Galvanized Steel Cabinet with appliance quality, baked on Powder Paint gives durable protection and attractive appearance.

Custom Rifle Bored Copper Tubing Increases efficiency.

Whisper-Quiet Compressor isolated from the fan system for extra sound muffling and easier, more precise adjustment and service.

Elevated Base Pan protects the unit from rust.

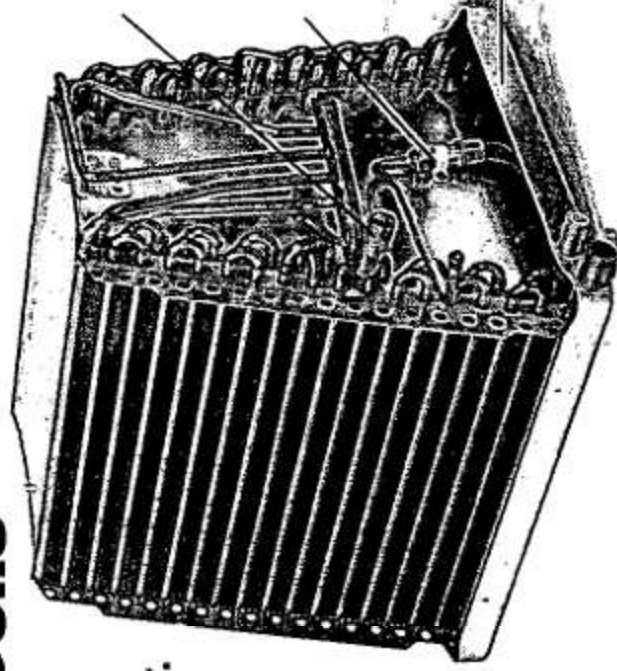
Heat Pump Necessities:

- Bi-Flow liquid line filter dryer
- Muffler
- Suction line accumulator
- Reversing valve energizes on cooling
- Low pressure controls

Evaporator Coils

We make all our own coils, so you get the performance you pay for.

The indoor evaporator coil shares the cooling burden with your system's outdoor condensing unit to keep you cool and dry. An old or mismatched coil can rob you of the performance you expect and need. Our condensing units and evaporator coils are designed and tested together to give you the performance you pay for.



The coils are shipped hermetically sealed with 100 psig pressure. This virtually eliminates the possibility of a leaking coil.

All of our coils have factory installed flowrators which means you get more consistent cooling over a wide range of outdoor temperatures.

Rust free non-metal drain pan.

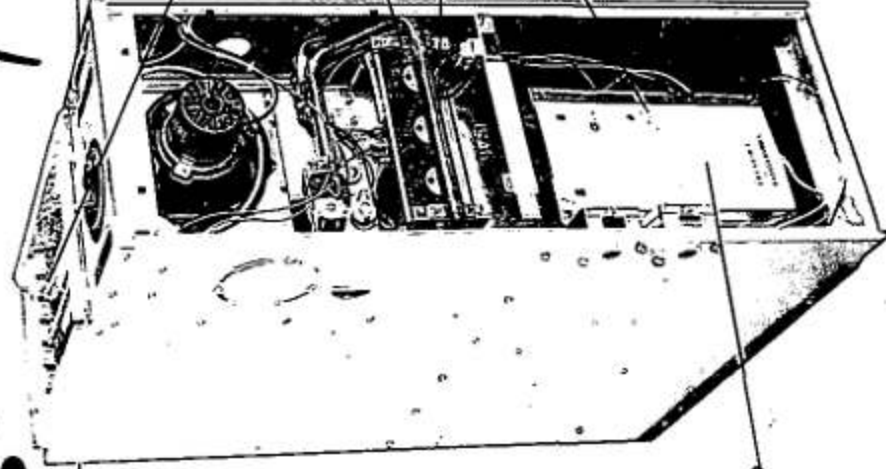
Gas Furnaces

Quality is assured with our manufacturing process.

Every heat exchanger (the heart of a furnace) is pressure tested for leaks. Every unit is run tested before it leaves the factory.

Conveniently sized to fit utility room, closet, alcove, basement or attic installations.

Smart-Integrated furnace control.



Lock-Formed, Non-Welded, Aluminized Heat Exchanger for safety and durability. (No welds to rust.)

Inshot Aluminized Steel Burners.

Hot Surface Ignition.

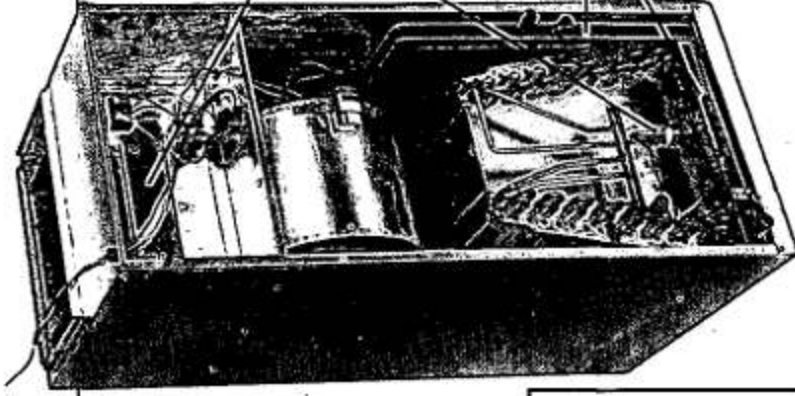
PSC Multi-Speed Direct Drive Blower Motor saves energy and is specifically designed to handle air conditioning

Toggle Lock Cabinets eliminate spot welds which can cause rust.



Electric Air Handlers

Our air handlers set a new standard for installation simplicity. They use the same basic materials as the furnaces so you'll get the same long life and reliability.



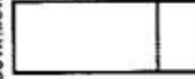
Factory Installed Heat Kits

Factory Installed Check Flowrator for heat pump or straight cooling applications.

Can be installed in vertical, horizontal or downflow position.

upflow

downflow



horizontal

Factory Installed rust free vertical and horizontal non-metal drain pans.

Quality makes the difference!

The #1 warranty in the industry

All of our units are designed and manufactured with the same high quality standards regardless of size or efficiency. Our designs are unique because they virtually eliminate the most frequent causes of product failure. They are simple to service and forgiving to operate. We use the highest quality materials and components available because if a part fails then the unit fails. Finally, every unit is run tested before it leaves the factory. That's why we know...
There's No Better Quality.

5 Year Warranty LIMITED All Parts • All Products

Every part in every unit we make is guaranteed for at least 5 years, subject to the conditions described in the product warranty. Heat exchangers are guaranteed for at least 10 years. This is the strongest warranty in the industry and shows our commitment to deliver you the highest possible quality.

The Industry's fastest growing major manufacturer

Goodman Manufacturing produces a complete line of residential and commercial air conditioning and heating equipment at its modern, high technology factory in Houston, Texas. The equipment is sold through a nationwide network of independent distributors and installers who are dedicated to uphold the company's high standards of quality. The philosophy is simple: Be the highest quality, lowest cost producer of heating and air conditioning equipment in the United States. Is it successful? Goodman's share of market has grown faster than any other major manufacturer. *Quality and Value speak for themselves.*

Goodman... "The Quality Standard In Air Conditioning & Heating".

