

Introducing the GMP SERIES of residential heating.

We are confident that the GMP furnace is the Gas Appliance you require, and with the reasons listed below, how can you go wrong.

1 A simple appliance that performs!
The GMP furnace is reliable and not complicated for you and your family's comfort and convenience.

2 Lower operating costs!
The GMP furnace operates at a higher efficiency than many older heating systems, which translates into increased savings on fuel costs.

3 Versatility!
Due to the unique Multi-Position ability (Upflow, Downflow, Left and Right Side Horizontal) there are few homes for which the furnace is not suited.

4 Compatibility!
The GMP furnace is suitable for installation and operation in a utility room, closet, alcove, attic or basement.

5 Quality construction!
Heavy gauge, reinforced wrap-around insulated finish featuring our "Weld Free" manufacturing process which ensures product durability.

6 Serviceability!
With proper installation the GMP is virtually maintenance free and should not require more than an annual checkup.

7 Outstanding warranty!
A 5 year all parts warranty with the heat exchanger having a 20 year warranty.

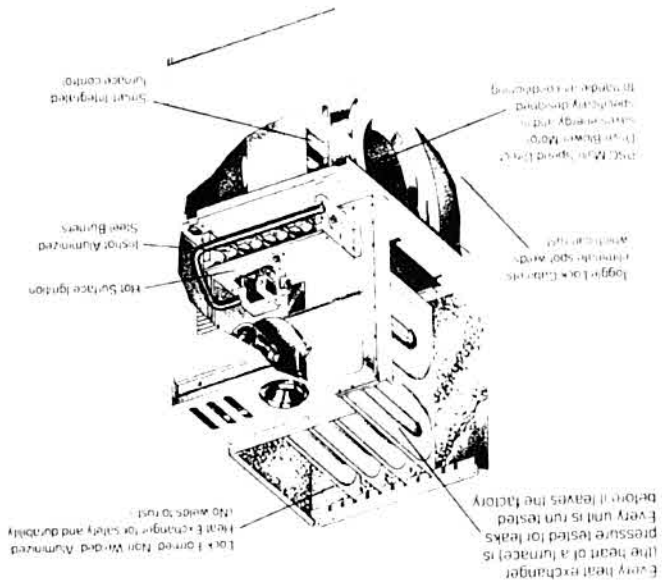
8 Quality components!
We incorporate only the finest components in our furnace that have a proven and successful track record.

9 No pilot light!
The hot surface ignition system used on this equipment automatically ignites the burners and controls blower functions so you will not spend endless hours searching for and lighting a pilot.

10 Dependability!
Quality is built in while each unit undergoes stringent testing as it goes through the manufacturing process. In the final test, each unit is completely assembled and must run efficiently before leaving the assembly line and factory.

You can depend on the GMP!

Quality is assured with our manufacturing process.



Our engineers are aware of your
high expectations



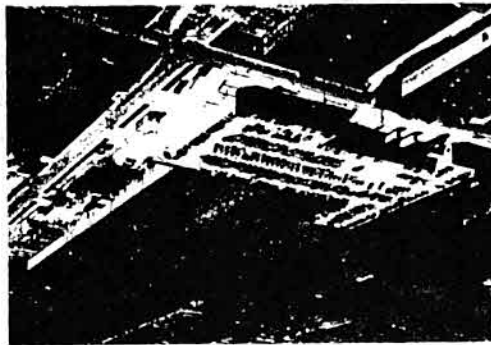
Computer driven run test equipment
ensures that your furnace operates to
the highest level quality you expect



For you the homeowner and consumer this
should always result in complete satisfaction. This
primary concern

Goodman... The Quality Standard
in Air Conditioning & Heating

Goodman Manufacturing produces a comprehensive line of residential and commercial air conditioning and heating equipment. It is modern, efficient, and reliable. Goodman's equipment is sold throughout the world by a network of independent distributors and dealers who are dedicated to providing the highest quality service to their customers. Goodman's equipment is sold throughout the world by a network of independent distributors and dealers who are dedicated to providing the highest quality service to their customers. Goodman's equipment is sold throughout the world by a network of independent distributors and dealers who are dedicated to providing the highest quality service to their customers.



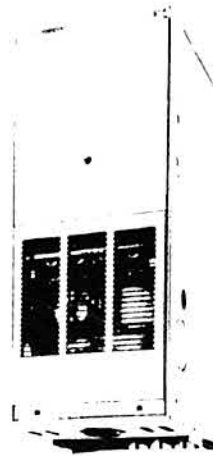
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Goodman Manufacturing

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. Our equipment is designed to last for twenty years. This is the longest warranty in the industry and shows our commitment to deliver you the highest possible quality.

Goodman Manufacturing
P.O. Box 1000
Piquette, Michigan 48675



Description / Application

- All models design certified by ETL and ETL testing laboratories to be in compliance with United States and Canadian Safety Standards
- Completely assembled, factory tested furnace, for heating or combination heating / cooling application
- For utility room, closet, alcove, basement or attic application
- All models can be common vented with a water heater using B-1 vent
- Capable of multiple position installation - upflow, downflow or horizontal (left side and right side application)
- This product must not be horizontally vented without the use of optional equipment SVB 80, Sidewall Venting Blower.

Construction

- Heavy gauge, reinforced, wrap-around insulated steel cabinet with durable baked enamel finish
- Aluminum steel heat exchanger cells featuring our "weld free" manufacturing process
- Aluminumized steel in-shot burners
- Right hand or left hand connection for gas and electric service

Standard Equipment

- Energy saving PSC, multi-speed, direct drive blower motors
- Quiet operating, sound isolated blower assembly
- 40va transformer for heating and air conditioning control service
- Combination redundant gas valve and regulator
- Integrated furnace control with diagnostics
- Blower door safety switch
- Energy saving hot surface ignition system
- Alternate bottom, left or right side return air connection provision
- Quiet operating vent motor
- Easily removable base plate
- Multiple flame roll-out switches
- Outlet air limit switch
- Pressure switch for proof of air
- Complies with California LBNx Standards

Optional Equipment

- L.P. conversion kit (LPM-01)
- Combustible floor base for downflow configuration (SBM)
- Sidewall Venting Blower (SVB 80) for horizontal venting



**Multi-Position
Induced Draft
Gas Furnace
GMP Series**

Goodman

SS-186D

Goodman Manufacturing Company, L.P.
1501 Seamist Houston, Texas 77008

GMP Series 12/96

PERFORMANCE RATINGS

Model No.	NAT GAS	BTU/hr	Heating Capacity	DOE** Temp Rise
GMF050-3	45,000	35,000	80.0	35.55
GMF075-4	75,000	60,000	80.0	35.55
GMF100-3	100,000	80,000	80.0	35.55
GMF100-4	100,000	80,000	80.0	35.55
GMF100-5	100,000	80,000	80.0	35.55
GMF125-4	125,000	100,000	80.0	45.75
GMF150-5	150,000	120,000	80.0	35.55

* For altitudes above 2,000 feet reduce input rating 4% for each 1,000 feet above sea level.

** DOE AFUE is based upon Isolated Combustion System (ICS)

+ P. 20Wcell NORMAL INPUT

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

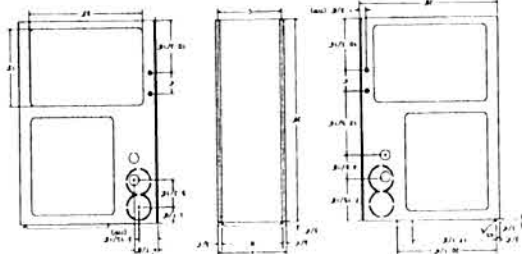
SPECIFICATION DATA

Electrical Characteristics 115/150 Gas Service Connection 1/2" F.P.I.									
Model	Type	Motor	Speeds	Dia	Width	Metal	Vent	Filter**	Ship
GMF050-3	1/3	4	10	6	4	4	14 X 25	5 2	15
075-3	1/3	4	10	6	4	4	14 X 25	5 2	15
075-4	1/2	3	10	8	4	4	16 X 25	7 8	15
100-3	1/3	4	10	8	4	4	16 X 25	5 2	15
100-4	1/2	3	10	8	4	4	16 X 25	7 8	15
100-5	1/2	3	11	10	4	4	20 X 25	8 2	15
125-4	1/2	3	10	10	4	4	20 X 25	7 8	15
125-5	3/4	3	11	10	4	4	20 X 25	8 2	15
150-5	3/4	3	10	10	4	4	24 X 25	9 6	15

** Filter dimensions for bottom application. All models require 18" x 25" filter(s) for side air installations. Permanent air filters recommended. Both sides or bottom inlet(s) must be used for applications over 1800 cfm.

*** GMF150-5 requires 5" diameter vent in downflow configuration.

DIMENSIONS



Clearances for Combustible Material (all models)			
Sides	Front	Top	Back
1"	1"	3"	0"
0"	1"	3"	0"
1"	1"	3"	0"

+ Vent connector only

Model	A	B	C
DOWNFLOW	140	125	125
FLOOR BASE KIT	140	125	125
SBM14	140	125	125
SBM17	140	125	125
SBM21	140	125	125
SBM24	140	125	125

* Accessibility clearance shall take precedence where greater. Specifications and Performance Data are Subject to Change Without Notice.



QUALITY AND SERVICE

MAIN OFFICE
190 N. GIBBINS AVE. SUITE 100
LAKE MOORE, NEW JERSEY 08101
FAX # (908) 905-9628
19081-905-1000

Dear Customer:

Enclosed is the Load Calculation Report you requested. L&H Supply, Inc. is happy to provide this as a service to you, our valued customer.

This report was prepared using A.C.C.A. Manual - J 7th Edition data, an approved industry standard for residential load applications. As such, we feel confident that the results in this report are as accurate as is reasonably possible.

If you have any questions regarding this report or need additional assistance, please feel free to contact L&H Supply's Technical Services Department at (908)905-1000.

Thank you for your continued patronage.

Sincerely,

L&H SUPPLY, INC.
Technical Services Staff

Computed results are estimates, since building construction
and operating conditions are subject to variation

LOCATIONS THROUGHOUT NEW JERSEY TO SERVE YOU BETTER!

06-11-97

RIGHT LOAD AND EQUIPMENT SUMMARY

File Name: WINTERS.B14

For:

WINTERS
PO BOX 187
HEACWOOD
908-914-9219

By:

L. & H. SUPPLY INC
197 OBERLIN AVE. N
LAKEWOOD
(908) 905-1005

Job #

WINTERS/678807

With Long Branch

Zone Entire House

NJ

SUMMER DESIGN CONDITIONS

Outside db 95 Deg F
Inside db 75 Deg F
Design TD 20 Deg F
Daily Range M
Rel Hum: 50 %
Grains Water 31 gr

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 20040 Btuh
Ventilation 0 Btuh
Design Temp Swing 3.0 Deg F
Live Mfg. Data n
Radiant/Space Mixture 1.00
Total Sens Equip Load 20040 Btuh

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 920 Btuh
Ventilation 0 Btuh
Infiltration 1605 Btuh
Total Latent Equip Load 2525 Btuh
Total Equip Load 22565 Btuh

COOLING EQUIPMENT SUMMARY

Make COMFORTKOR, EVCON, TADIRAN
Model 10.0 S.R.E.R. MIN.
Type COPERSERK
Sensible Cooling 0.00 Btuh
Latent Cooling 0 Btuh
Total Cooling 790 CFM
Cp Air Flow Factor 0.039 CFM/Btuh
Load Sens Heat Ratio 89

WINTER DESIGN CONDITIONS

Outside db 0 Deg F
Inside db 70 Deg F
Design TD 70 Deg F

HEATING SUMMARY

Bldg Heat Loss 14676 Btuh
Ventilation Air 0 CFM
Design Heat Load 14676 Btuh

INTEGRATION

Method Construction Quality
Fireplaces 0
HEATING (COOLING) 1140
Ventilation (cu ft) 9116
Air Change/Hour 1.0
Equivalent CFM 152
Total Equip Load 76

HEATING EQUIPMENT SUMMARY

Make COMFORTKOR, EVCON, BURNHAM
Model WTL, MCCLAIN, SNTMP, S/F
Type 180 d.w.t. @ 2gpm hot water
Efficiency / HSPF 0.00
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 790 CFM
Htg Air Flow Factor 0.023 CFM/Btuh
Space Thermostat 78602C1095

MANUAL / 7th Ed

Printout certified by ACCA to meet all requirements of Manual Form J

06-11-97 RIGHT J SHORTFORM

WINTERS, bld

Job # WINTERS/678807
PO BOX 187
BEACHWOOD

908-914-9239
L & H SUPPLY INC
190 OVERLIN AVE. N

1908) 905-1005
LAKESWOOD

HEATING EQUIPMENT

Model: COMFORTMR, EVCON, BURMAN
Type: 180° D.W.L. # 2gpm hot/wtr

Efficiency / HSPF: 0.00
Heating Input: 0 Btu/h

Heating Output: 0 Btu/h
Heating Temp Rise: 0 Deg F

Actual Heating Fan: 790 CFM
Htg Air Flow Factor: 0.023 CFM/Btu/h

T860ZC1095

Load Sensible Heat Ratio

89

COOLING EQUIPMENT

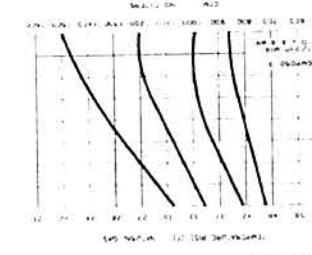
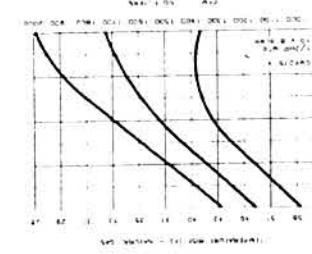
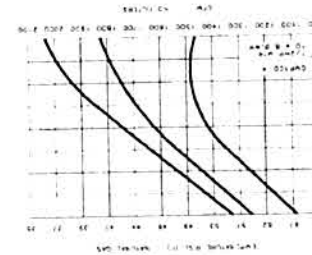
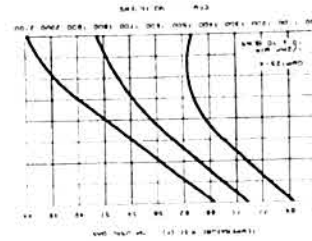
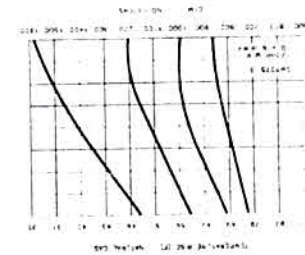
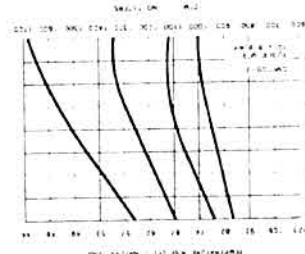
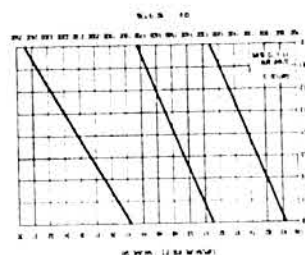
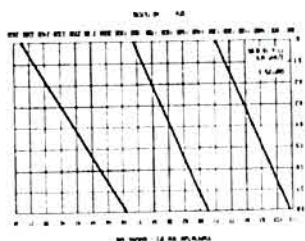
Model: COMFORTMR, EVCON, TADIRAN
Type: 10.0 S.E.E.R. MIN.

COMPEER/SEER: 0.00
Sensible Cooling: 0 Btu/h

Latent Cooling: 0 Btu/h
Total Cooling: 0 Btu/h

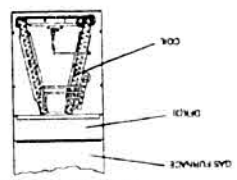
Actual Cooling Fan: 790 CFM
Ctg Air Flow Factor: 0.039 CFM/Btu/h

ROOM NAME	AREA	HTG	CLG	HTG	CLG
KITCHEN	280	8985	5144	205	203
MAIN BATH	52	601	183	14	7
MSTR. BATH	43	492	150	11	6
MSTR. BEDROOM	173	6561	3599	149	142
BEDROOM 2	153	4201	2379	96	94
BEDROOM 3	156	3544	2167	81	85
HALL	33	699	221	16	9
LIVING ROOM	250	9593	6199	218	244
Entire House	1140	34676	20040	790	790
Ventilation Air Equip @ 1.00 RSM	0	0	20040	0	0
Latent Cooling			2525		
TOTALS	1140	34676	22565	790	790

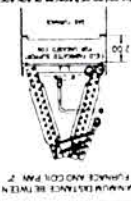


AIRFLOW DATA

1. Do not use this coil on furnaces or air conditioning systems where the temperature is over 200°F (93°C) and the furnace or air conditioning system is not rated for such temperatures.
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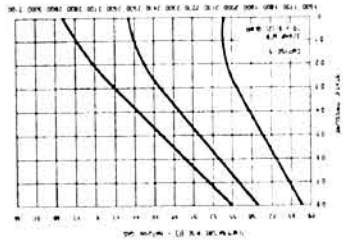
DOWNFLOW APPLICATIONS



UP COIL INSTALLATION RECOMMENDATIONS:

COIL MODEL	NO.	WIDTH	MODEL NO.	FURNACE NO.	DFK MODEL NO.	DFK MODEL NO.	DFK MODEL NO.	DFK MODEL NO.	DFK MODEL NO.
U-62	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-61	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-60	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-59	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-49	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-47	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-42	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-36	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-35	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-32	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-31	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-30	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-29	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-18	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-16	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-15	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-14	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-13	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-12	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-11	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-10	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-9	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-8	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-7	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-6	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-5	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-4	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-3	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-2	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3
U-1	24 1/2"	14"	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3	GMF050-3

CASED (U) COIL APPLICATION OPTIONS



☒ OWNER
☐ AGENT

SIGNED: _____

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

Now S. No. 1
F.N. J. Knuth House

DESCRIPTION OF WORK/USE

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans.

equipment exclusive of process or manufacturing equipment.)
(include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral

FINAL COST OF CONSTRUCTION: \$ 46,000

USE GROUP _____
Previous _____
Current _____

- ☒ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARDOUS ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

ACTION

Block 317 Lot 9
Work Site Location 515 S. 1st Ave
City, State & Zip 60607
Address 515 S. 1st Ave
City, State & Zip 60607
Owner or Lessee
Contractor S. No. 1
License No. _____
Federal Employee No. _____

IDENTIFICATION



APPLICATION FOR
CERTIFICATE

Date Received 8-12-97
Date Permit Issued 8-20-97
Printed 8-22-97
Date Issued 8-22-97

PAID IN FULL
6/22/97
\$100.00
TOTAL \$100.00

DESCRIPTION	AMOUNT
Minimum Fee	\$100.00
DCA Training Fee	\$0.00
Administrative Surcharge	\$0.00
Other	\$0.00
TOTAL	\$100.00

Collected by: [Signature]
Paid in Check: [Signature]
Date: 6/22/97

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.
Signature: [Signature]
Date: 6/22/97

INSPECTIONS
Type: []
Sub: []
Room: []
Water: []
Sewer: []
Furnace: []
Gas: []
Other: []

B PLUMBING CHARACTERISTICS
Use: []
Building: []
Water Service: []
Public Water: []
Private Well: []
Public Septic: []
Private Septic: []
Proposed: []
Federal Emp. No.: []
Social Security No.: []
Date: 6/22/97

D. TECHNICAL SITE DATA (List all fixtures)

FIXTURE/EQUIPMENT	NO.
Water Closet	1
Urinal/Bidet	1
Bath Tub	1
Shower	1
Floor Drain	1
Sink	1
Dishwasher	1
Dining Fountain	1
Washing Machine	1
Hose Bibb	1
Water Heater	1
Fuel Oil Pump	1
Gas Pump	1
Steam Boiler	1
Hot Water Boiler	1
Interception Separator	1
Backflow Preventer	1
Grease Trap	1
Water Cooled AC Unit	1
or Refrigeration Unit	1
Sewer Connection	1
Water Service Connection	1
Active Solar System	1
Other	1

A IDENTIFICATION-APPLICANT
Name: []
Address: []
City: []
State: []
Zip: []
Date: 6/22/97

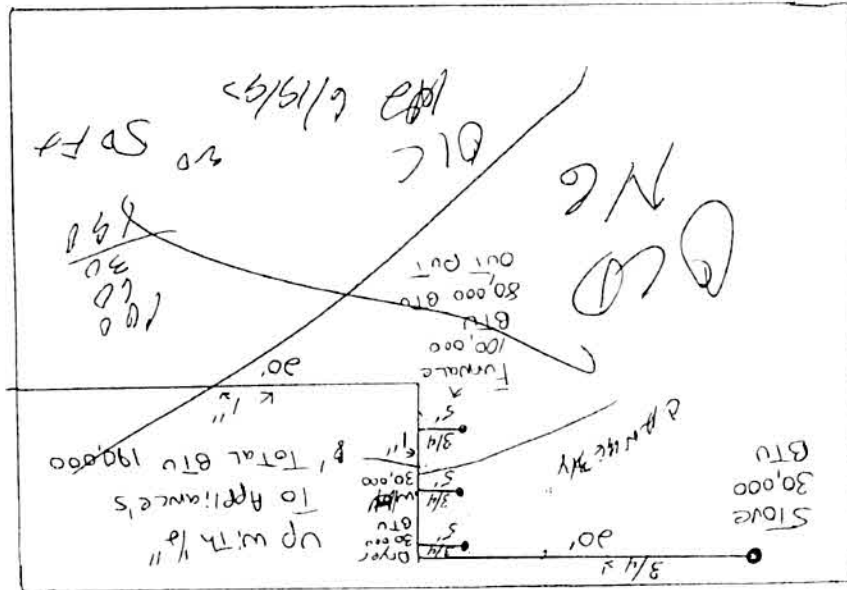
6/22/97
\$7-174

6/22/97
\$7-174

7/9/97
S. Hunt down in front of wall.
7/10/97

Chris J Wilters

Front



Dr. H. H. H.

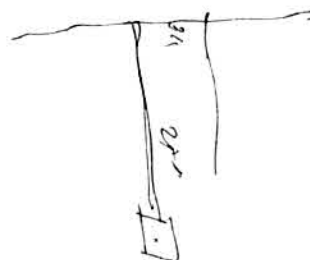
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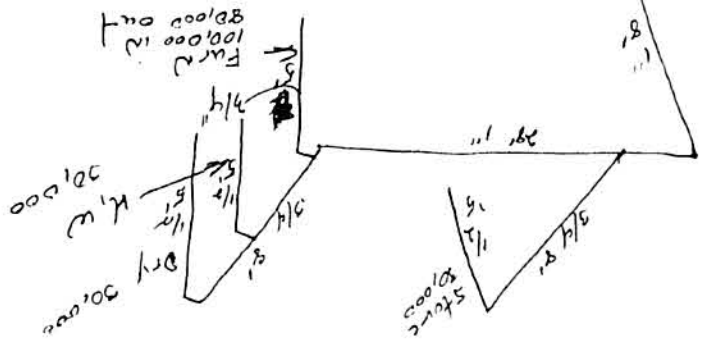
6/4/19
20
70

30

□ x 66



818 Spar Ave Bethelwood NJ 08722
 B 3.17 79



8
 29
 13
 5

108
 20
 190
 7/18/19
 190
 20
 190

NE

8/18/07
STATION 14000000 WASH
STATION 14000000 WASH

8-15-07
(1) TRAP CATCHES C. D. WASH
METAL ROD
SCREEN ON PHOTO
OF TRAP WASH 1-00 W. A.

7-21-07
(1) 1.0 ALL PIPING
BY EIL HEND & CO
1507
(2) 2.14 " DRAIN FROM FURNACE
LINE
(3) NE-TEST

Case	Case	Case	Case
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

AKI-L6
6/26/77



FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

D. TECHNICAL SITE DATA

A IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

8/6 SPAR AVE
Beachwood NJ

Chris S Winters
545 Compass Ave Brentwood NJ

Chris Winters
same

B. FIRE PROTECTION CHARACTERISTICS

Total Est Cost of the Proj. Work \$ 200.00

[Handwritten notes:]

- X 8/20/97 JK
- 8/26/97 JK on finance file 8/19/97
- 8/20/97 JK
- 8/20/97 JK

[Signature]

Use Group	Class	Present	Proposed	Est. Cost of Bldg Work
No. of Stories				
Height of Structure	ft			
Area - Largest Floor	Sq. ft.			
New Bldg. Aerial Floor	Sq. ft.			
Volume of New Structure	Cu. ft.			
Total Land Area	Sq. ft.			

3 Total (1 + 2) = 3
 2 Attention
 1 New Bldg
 Est. Cost of Bldg Work

5000-

JOB SUMMARY (Office Use Only)					
PLAN REVIEW		No Plans Req.			
DATE		10/27/89		REVISIONS	
	Failure		Type		
	Failure		Footing		
			Foundation		
			Slab		
			Frame		
			Insulation		
			Finishes		
			Energy		
			Mechanical		
			TCO		
			Other		
			Date		
APPROVED BY		10/27/89			

IDENTIFICATION - APPLICANT COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DID NO 1 800 272 1000

3.17 Lot 9 Spur Ave Beach mo

LOCATION 816 Spur Ave

OWNER in Fee CHAS WINTERS

ADDRESS 545 COMPLEX AVE

OWNER [REDACTED]

ADDRESS CHAS WINTERS

CONTRACTOR [REDACTED]

DATE 3/17

FILE NO OF BIDS Reg No 006494

FEDERAL EMP NO [REDACTED] or Social Security No [REDACTED]

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 _____



BUILDING
 SUBCODE
 TECHNICAL SECTION

441-26
44-81-?

UCC Form 1100

1 New - Single Copy
2 Copy - Multiple Copy
3 New - Multiple Copy
4 Copy - Multiple Copy

Administrative Surcharge \$ 23.50
Minimum Fee \$ 28.00
DCA TRAINING FEE \$ 418.00
TOTAL FEE \$ 489.50

Collected by: [Signature]
Paid (or Check # 235)

98.00
363.00
(263)

B BUILDING CHARACTERISTICS

Use Group: R-3
Construction Class: R-3
Height of Structure: 19 ft
Area - Largest Floor: 1144 sq ft
New Bldg Area: 17890 sq ft
Total Land Area: 17890 sq ft

Est Cost of Bldg Work: \$ 40,000
1 New Bldg \$ 40,000
2 Alteration \$ 40,000
3 Total (1+2) \$ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: 6/15/97
No Plans Req: []
All: []
Foundation: []
Footing: []
Sub: []
Frame: []
Insulation: []
Finish: []
Energy: []
Mechanical: []
TCO: []
Other: []
Final: []

Approved by: [Signature]
Date: 6/15/97

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Construct 3 Bedroom 2 Bath, 1 Car Garage (2014/1/15/97)

Signature: [Signature]
I hereby certify that I am the (agent of) owner of record and am authorized to have this application

A. IDENTIFICATION - APPLICANT COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

Block: 312
Lot: 9
New Site Location: 816 SPAR AVE
Address: 545 COMBASS AVE
City: CHRYSLER
State: NJ 08722

Time: []
Lic No or Bldg Reg No: 006440
Federal Emp No: []

C. CERTIFICATION IN LIEU OF OATH

Date Received: 6/22/97
Control #: 97-174

TECHNICAL SECTION

UB BUILDING SUBCODE

(97)

5850109302 NON



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

[illegible]

01-10 (3)
01-10 (4)



NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 605
Trenton, NJ 08625-0805



Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ Check if for Common Elements

1. Name of Owner who will be first resident. When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.

2. Theodore S. and Susan h. Butler

3. New Dwelling Location

Street Name and Number _____
Building Number Unit Number Total Number of Units in Building _____
City _____ Zip Code _____
Block Number _____
Municipality _____ County _____

4. Commencement Date of Warranty

Month _____ Day _____ Year _____
...The date of closing or first occupancy, whichever occurs first.
ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM

5. FHA Mortgage

☒ Check if FHA Mortgage
FHA Case Number 940-40005179
☐ Check if VA Mortgage
VA Case Number _____

6. Exclusions

☐ Check if exclusion sheet is included

7. Building Type (check one)

☐ Single family detached (101)
☐ Townhouse (102)
☐ Two Family (103)
☐ Side by Side
☐ Top Bottom

8. Construction Type (check one)

☐ Manufactured (industrial or modular) (M)
☐ Conventional Construction (C)

9. Owner Type (check one)

☐ No Homeowners' Association - fee simple (N)
☐ Homeowners' Association - fee simple (H)
☐ Condominium or Cooperative (C)

10. Stories _____
Number of stories _____

11. PREL

PREL Registration or Exemption Number (H or E) _____

12. Validation Stamp

125480 JUL 16 97

13. Amount of Premium \$ _____
Selling Price \$ _____
Rate _____
Amount of Premium \$ _____
...Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.
A premium payment is not required if this certificate is for common elements in a condominium development.
☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows.
For Other Use Only

14. Registered Builder-Warrantor

Name _____
Street and Number (Mailing Address) _____
City _____ State _____ Zip Code _____
Phone Number () _____
NJ Builder Registration Number _____
Print Builder Name _____
Registered Builder's Signature _____
...Where this is transferred, the seller must be the registered builder and warrantor.

15. Amount of Premium \$ _____
Total Contract Price _____
Amount of Premium \$ _____
... (1.25 x Total Contract Price x Rate)

16. Note to Owner:

Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Book. Registration Act, NJSA 46:3B-1 et seq. and war- ranty is valid for varying periods of 1, 2, and 10 years.

17. Note to Owner:

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. and war- ranty is valid for varying periods of 1, 2, and 10 years.

18. Municipality

19. Validation Stamp

125480 JUL 16 97

MUNICIPAL COPY

c: Construction Official

Conservation Specialist

Kerry Denning
Sincerely,

If you are planning the construction of only one (1) single family dwelling unit, which is not part of a subdivision, or a building permit application involving two (2) or more single family dwelling units, be advised that the certification of a soil erosion and sediment control plan will not be required.

This reply is in response to your recent request with regard to the above referenced property.

Dear Mr. Winters:

RE: Single Family Dwelling Unit,
Block 3.17, Lot 9,
Beachwood Borough

Chris Winters
545 Compass Ave.
Beachwood, NJ 08722

June 4, 1997

Supervisors
Sigmund Zlotos
Frank Barot
A. Jerome Wamur
Alben Newby
John Perry

714 Lacey Road
Forked River, NJ 08731
(609) 971-7002

OCEAN COUNTY SOIL CONSERVATION DISTRICT



BOROUGH OF BEACHWOOD
1600 PINEWALD ROAD
BEACHWOOD, NEW JERSEY 08722
(908) 286-6000
EXT. 217

REQUEST FOR ZONING REVIEW

Date	6/18/87
Zoning #	2149-54
Construction #	66
Fee	\$10

OWNER: Chris Switzer
CONTRACTOR: Chris Switzer
ADDRESS OF CONSTRUCTION: 816 Spur Ave
PROPOSED PROJECT: 1300 House
SET BACKS: Front 25 Rear 10 Sides 15 COVERAGE: 140%
DISTANCE BETWEEN STRUCTURES: _____
ELEVATIONS: Foundation _____ Road _____
APPROVALS: Planning Board _____ Board of Adjustment _____ Other _____

I have read and am familiar with Codes and Ordinances of the Borough of Beachwood. The proposed project will not constitute nor create a non-conforming use or structure. I will not add nor delete from the requested project specifications without approval. I accept responsibility for any and all violations created by the requested project and understand such violations must be removed and/or abated as directed by the Zoning Officer.

Owner or Agent: Chris Switzer
Date: 6/18/87

APPROVED ☒ DISAPPROVED _____
REMARKS: _____

Zoning Officer: [Signature]
Date: 6/18/87

CERTIFICATE OF ZONING COMPLIANCE

To the best of my knowledge the finished project conforms to the Codes and Ordinances of the Borough of Beachwood

APPROVED _____ DISAPPROVED _____
REMARKS: _____

Zoning Officer: [Signature]
Date: 6/18/87

NOTE: A Disapprovals may be appealed to the Beachwood Board of Adjustment.
B All requests shall be furnished with a Map of Survey (3 copies) showing proposed set backs, elevations, dimensions, easements and any other information requested by the Zoning Officer.
C FOR CONSTRUCTION REQUIRING FOUNDATIONS AS BUILT MAPS OF SURVEY (3 COPIES) SHALL BE SUBMITTED FOLLOWING COMPLETION AND PRIOR TO THE BUILDING INSPECTOR'S APPROVAL.

IDENTIFICATION BLOCK 3.17
 ADDRESS LOCATION 816 S. Ave
 CONTRACTOR DAVIS J. WINTERS
 ADDRESS 415 CARPENTERS AVE
 (SOUTHMEAD, N.J.)
 CHANGE IN FEE DAVIS J. WINTERS
 ADDRESS 415 CARPENTERS AVE
 [REDACTED]
 LEAD NO. OR OTHER REF. NO. 00644
 DEC 13/1978
 FEDERAL EMP. NO. [REDACTED]
 IN SOCIAL SECURITY NO. [REDACTED]


PERMIT UPDATE
 Date Update Issued _____
 Control # _____
 Permit # _____
 (Date Permit Issued) _____
 6/20/09
 6-1-87
 6-1-87

Collected By	97
Cash	
Check No	230
Total	100.00
Other	
Cost of Occ	
DCA Training Fee	
Other	
Elevator Devices	
Fire Protection	
Pumping	
Electrical	
Building	
PAYMENTS (Office Use Only)	100.00

or Social Security No. 145-64-6092
Lic No of Reg No 00194 Exp Date 31/95
Federal Eng No

Date Issued 6-18-97
Control # 97-174
Permit #

CONSTRUCTION PERMIT



IDENTIFICATION Block 3.17
Work Site Location 816 Spar Ave
Owner in Fee Chris Limiter
Address 595 Compass Ave
Tel [Redacted]

is hereby granted permission to perform the following work
[] BUILDING [] PLUMBING [] OTHER
[] ELEVATOR DEVICES [] FIRE PROTECTION

DESCRIPTION OF WORK

Foundations

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$ 5000
CONSTRUCTION OFFICIAL [Signature]

6-18-97
97-174

DATE RECEIVED
DATE ISSUED
CONTROL #
PERMIT #

FOOTING FOUNDATION

DESCRIPTION OF WORK

D. TECHINICAL SITE DATA

Signature _____

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

C. CERTIFICATION IN LIEU OF OATH

CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIST NO. 1000-272-1000

3/17
816 SPQR AVE
LOT 9
WORK SITE LOCATION

OWNER: M. WINTERS
515 COMPLEX AVE

CONTRACTOR: _____

ADDRESS: _____

DATE () _____

TIME () _____

FEDERAL EMP. NO. _____

OR SOCIAL SECURITY NO. _____

3/17/97

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

NO PLANS HED _____

AS _____

FOOTING _____

FOUNDATION _____

SUB _____

FRAME _____

JOINT PLAN REVIEW REQUIRED _____

MECHANICAL _____

ENERGY _____

TOO _____

DATE _____

APPROVED BY _____

B. BUILDING CHARACTERISTICS

USE GROUP _____

COURT CLASS _____

HEIGHT OF STRUCTURE _____

AREA LARGEST FLOOR _____

NEW BLDG. AREA ALL FLOORS _____

VOLUME OF NEW STRUCTURE _____

TOTAL LAND AREA _____

E.1. COST OF BLDG. WORK:

1 NEW BLDG. \$ _____

2 ALTERATION \$ _____

3 TOTAL (1+2) \$ _____

PAID BY CHECK # 220

COLLECTED BY _____

ADMINISTRATIVE SURCHARGE \$ _____

MINIMUM FEE \$ _____

DCA TRAINING FEE \$ _____

TOTAL FEE \$ 100

TYPE OF WORK

NEW BUILDING _____

ALTERATION _____

DEMOLITION _____

HEIGHT (S OR OVER) _____

SQ. FT. _____

POOL _____

SIGN _____

ADJACENT ADJUTMENT _____

OTHER _____

OTHER _____

OFFICE USE ONLY

FEE \$ _____

100

PAGE

THE BOARD OF DIRECTORS OF THE NEW JERSEY

STATE OF NEW JERSEY

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

THIS IS TO CERTIFY THAT

THE STATE OF NEW JERSEY

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

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DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

BEACHWOOD SEWERAGE AUTHORITY

1133 BEACH AVENUE
BEACHWOOD, NEW JERSEY 08722
240-2608

DATE - 06-06-97

1-234 1677

Block 817 Lot 9

To whom it may concern:

Sewerage collection is available to this property. There is a lateral on the property. The connection and lateral fees are paid. Before a Certificate of Occupancy is issued, please check with the Beachwood Sewerage Authority personnel for a paid receipt certification that the above fees are paid.

Thank you,

Henry Wright

WATER AVAILABILITY LETTER

BOROUGH OF BEACHWOOD
Water Department
1700 Beachwood Boulevard
Beachwood, NJ 08722
Tel (908) 286-6015
Fax (908) 286-6011

Date: 6-6-97

To Whom it may concern,

This is to advise you that there is City Water available at 816 Spa

in the Borough of Beachwood
Has Not been paid for:

Has

The Hook-up fee

Block# 3.17

Lot# 9

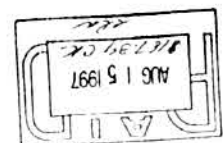
Very truly yours,

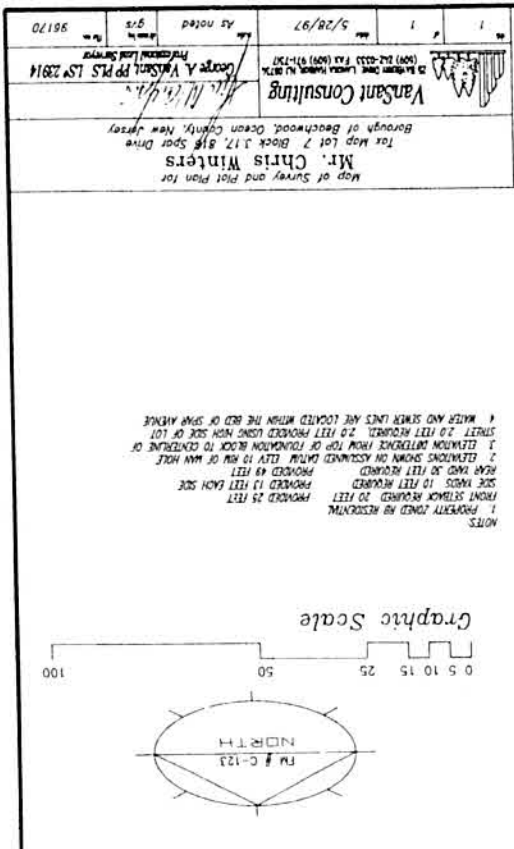
John W. Carlucci

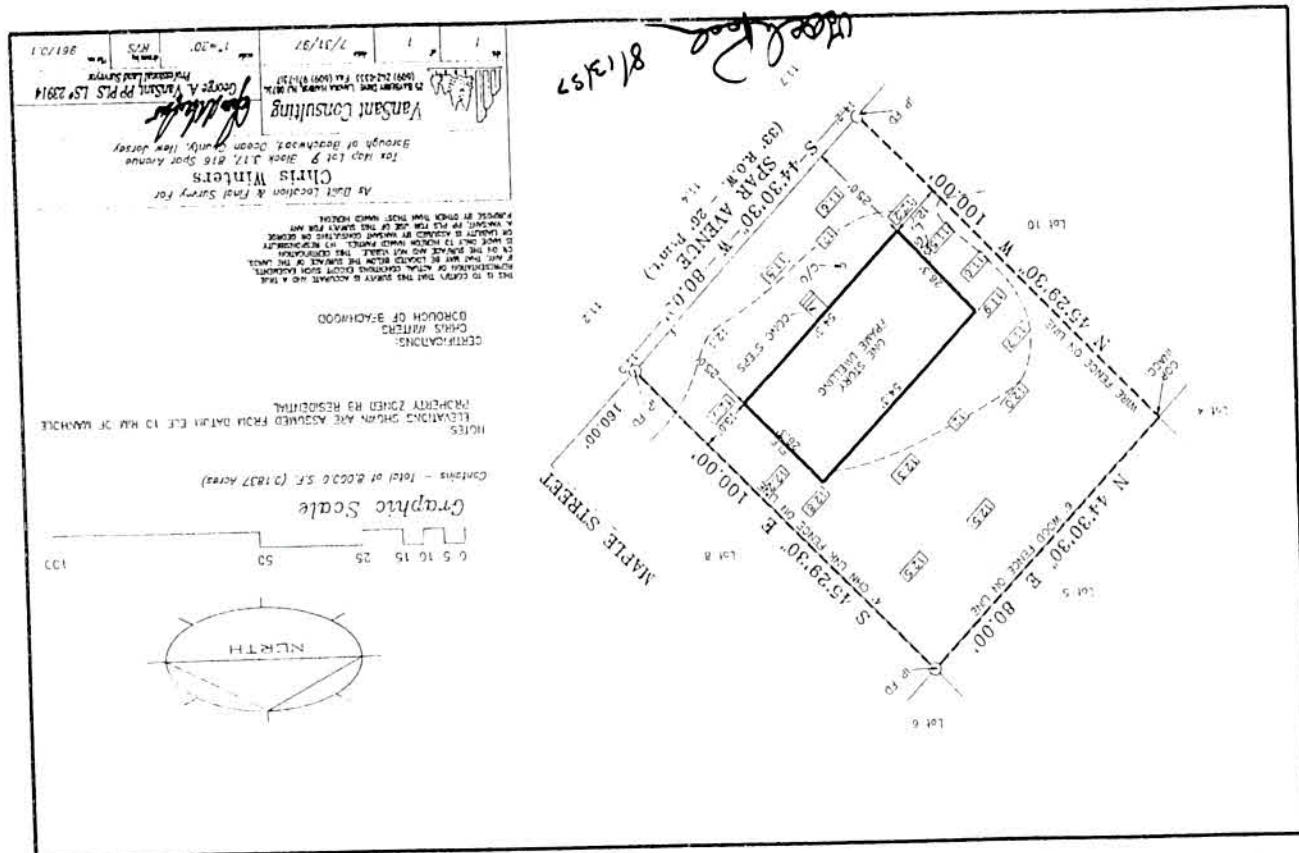
[illegible]



22 x 66







III. DO YOU WANT: (optional) ☐ Partial Releases ☐ Prototype Processing		IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? ☐ Elevators/Escalators/Lifts ☐ Ductwork/Exhausting Vents ☐ High Pressure Boilers ☐ Pressure Vessels ☐ Refrigeration Systems ☐ Underground Storage Tanks ☐ Small Control Systems in Open Wells ☐ Sprinklers ☐ Hazardous Uses/Places of Assembly ☐ Cross-Connections/Backflow Prevention	
II. PROPOSED WORK ☐ New Building ☐ Alteration ☐ Addition ☐ Free Protection ☐ Plumbing ☐ Electrical ☐ Elevator Devices ☐ Accessible Admittance ☐ Lead Hazard Abatement ☐ Demolition		TOTAL COSTS 11. Demolition 10. Lead Hazard Abatement 9. Accessible Admittance 8. Elevator Devices 7. Electrical 6. Plumbing 5. Free Protection 4. Alteration 3. Addition 2. New Building 1. Minor Work	
VI. DESCRIPTION OF BUILDING USE A. RESIDENTIAL 1. Homes (R-1) 2. Multi-family (R-2) 3. Multi-family (R-3) BOCA 4. Two-family (R-4) BOCA 5. One-family (R-4) CABO 6. One-family (R-4) CABO B. NON-RESIDENTIAL 1. State Specific Use 2. Use Group 3. Change in Use Group, indicate former		OPTIONAL (for office use only) 12. Max. Occupancy Load 11. Max. Live Load 10. Wetlands 9. Flood Hazard Zone 8. Flood Hazard Elevation 7. Total Land Area Disturbed 6. Construction Classification 5. Volume of New Structure 4. New Building Area 3. Area - Largest Floor 2. Height of Structure 1. Number of Stories	

VI. BUILDING/SITE CHARACTERISTICS 1. Number of Stories 2. Height of Structure 3. Area - Largest Floor 4. New Building Area 5. Volume of New Structure 6. Construction Classification 7. Total Land Area Disturbed 8. Flood Hazard Zone 9. Flood Hazard Elevation 10. Wetlands 11. Max. Live Load 12. Max. Occupancy Load		V. FEE SUMMARY (for office use only) 1. Building 2. Electrical 3. Plumbing 4. Free Protection 5. Elevator Devices 6. State Plan Review 7. Local 20% fee 8. DCA Training Fee 9. DCA Training Fee 10. Subtotal 11. Cent. of Occupancy 12. TOTAL	
---	--	--	--

IDENTIFICATION 1. Proposed Work Site at 2. Name of Owner in Fee 3. Ownership in Fee 4. Principal Contractor 5. Architect or Engineer 6. Responsible Person in Charge of Work	
---	--

APPLICATION
 CONSTRUCTION PERMIT

BLOCK 3.17 LOT 9 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 99-167

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

Signature _____
 Telephone () _____
 Address _____
 Agent Name _____

() Check if contractor

I understand that if any of the above statements are wilfully false, I am subject to punishment and to comply with all New Jersey tax laws.
 I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and local prior approvals have been given, including such certification as the construction official may require.
 I further certify the following as required by the Uniform Construction Code N.J.A.C. 5:23-2.15(a) As required State, county, and local prior approvals have been given, including such certification as the construction official may require.
 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(d) the proposed work is authorized by the owner in fee.

Signature Michael J. Burke
 Date _____

I understand that if any of the above statements are wilfully false, I am subject to punishment and to comply with all New Jersey tax laws.
 I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and local prior approvals have been given, including such certification as the construction official may require.
 I further certify the following as required by the Uniform Construction Code N.J.A.C. 5:23-2.15(a) As required State, county, and local prior approvals have been given, including such certification as the construction official may require.
 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(d) the proposed work is authorized by the owner in fee.

() I further certify that I will perform the following work:
 C 1 () Building
 C 2 () Fire Protection
 C 3 () Electrical
 C 4 () Plumbing
 I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and local prior approvals have been given, including such certification as the construction official may require.

() I further certify that I will perform or supervise the following work:
 C 1 () Building
 C 2 () Fire Protection
 C 3 () Electrical
 C 4 () Plumbing
 I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and local prior approvals have been given, including such certification as the construction official may require.

() I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e) I voluntarily and knowingly assuming this responsibility.
 AFTER ANY WORK PERFORMED AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I AM EMPLOYED OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK, I AM 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 AM EMPLOYED OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK, I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

() 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 residence. I further acknowledge that said construction, including such certification as the construction official may require, and I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 45:38-1 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 further certify that I am the owner in fee of the property listed on Page 1.
 Mark the following applicable boxes:
 I hereby certify that I am the owner in fee of the property listed on Page 1.

CERTIFICATION IN LIEU OF OATH

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