BLOCK 1422.19 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) 725 PARAMOUNT WAY PERMIT NO. 23-0323

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C23-000202

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

## I. IDENTIFICATION

1. Propsed Work Site at: 725 PARAMOUNT WAY
2. Name of Owner in Fee: ROSSO Tel. [redacted]
   Address 725 PARAMOUNT WAY (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Atlantic Heating & Cooling Inc. Tel. (732) 367-8534
   Address 1267 Coronado St.
   License No. OR, if new home, Builder Reg. No. 19HC00868600 Exp. Date 6/30/24
   Federal Employee No. 232746020 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun GARY PUCO
   Tel. (732) 367-8534 FAX: ( ) _____

Replace AC's furn.

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | 150.00 | ✓ |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | 200.00 | ✓ |
| 6. Subtotal | $ | 350.00 | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | $ | 1400 | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ | 364.00 | |

## 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 | | |

**OPTIONAL** (for office use only)

| II. PROPOSED WORK | 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 | 11912 | GH | | | | | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ a. Repair | | | | | | | | | |
| ☐ b. Alteration | | | | | | | | | |
| ☐ c. Renovation | | | | | | | | | |
| ☐ d. Reconstruction | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing ☐ Mechanical | | | | | | | | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | 7000 | | | | | | | | |

## 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

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1) IBC 2018 NJ
2. ☐ Multi-Family (R-2) IBC 2018 NJ
3. ☐ Two-Family (R-3) IBC 2018 NJ
4. ☐ Two-Family (R-5) IRC 2018 NJ
5. ☐ One-Family (R-3) IBC 2018 NJ
6. ☐ One-Family (R-5) IRC 2018 NJ

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:

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 | | | | | | | | | |
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☐ Health Department | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Department of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Department of Environmental Protection | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

**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

# Certificate

Construction Code Division

(Certificate of Approval)

| | |
|---|---|
| Date Issued | 4/27/2023 |
| Control Number | C-23-000202 |
| Permit Number | 23-0323 |
| Permit Issue Date | 2/1/2023 |
| Certificate Number | 23-0323 |

## Identification

Work Site Location: 725 PARAMOUNT WAY Brick Township, NJ Block: 1422.19 Lot: 17 Qual:

Owner in Fee: RUSSO, ROBERT S & ROXANNA J

Owner Address: 725 PARAMOUNT WAY BRICK NJ 08724

Telephone: [redacted]

Contractor ATLANTIC HEATING & COOLING INC

Address 1267 CORONADO ST LAKEWOOD NJ 08701-

Telephone: (732) 367-8534 Fax: (732) 367-5130 Federal Emp. Number: 23-2746020

License Number or Builders Registration 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 A/C, 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:**

David J. Newman Jr

Construction Official

Fee: $0.00

Check Number:

Collected By:

*Date Printed: 4/27/2023*

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

# MECHANICAL INSPECTOR
## TECHNICAL SECTION

Date Received 2/1/23
Control # 23-0322

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 1422.19 Lot 17 Qualification Code

Work Site Location 725 PARAMOUNT WAY

Owner in Fee: RUSSO

Tel. [redacted] e-mail

Address 725 PARAMOUNT WAY (street, municipality, zip code)

Contractor: Atlantic Heating & Cooling Inc. Tel. (732 367-8534

Address 1267 Coronado St. Lakewood, NJ 08701 e-mail

Contractor License No. or Builder Registration No. 19HC00080600 Exp. Date 6/30/24

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

Federal Emp. ID No. 232746020 FAX: ( )

**B. MECHANICAL CHARACTERISTICS**

**Use Group:** Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 3500 -

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] COO
Date: 4-19-23
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Gas Piping | | | | |
| Appliance | | | | |
| Chimney/Vent | | | | |
| Oil Piping | | | | |
| Oil Tank | | | | |
| LPG Tank | | | | |
| Hydronic Piping | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | | |
| Other Final | 3-28-23 | | 4-19-23 | |

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

Sign here:

Print name here: GARY PUCO

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Replace Heat + AC

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Heater | $ |
| | Fuel Oil Piping Connections | |
| | Gas Piping Connections | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| 1 | Hot Air Furnace | |
| | Oil Tank | |
| | LPG Tank | |
| | Fireplace | |
| 1 | Other A C | |

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



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

3-28-23

Need locking caps on AC Condenser

OK 4-19-23

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 2/1/23
Control # 23-0323
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 1422.10 Lot 11 Qualification Code _____

Work Site Location 725 PARAMOUNT

Owner in Fee: RUSSM

Tel. [redacted] e-mail _____

Address _____

Contractor: Atlantic Heating & Cooling Inc. (municipality) 1267 Coronado St. (zip code) Tel. (732) 367-8534

Address Lakewood, NJ 08701 e-mail _____

Contractor License No. 19HC000806600 Exp. Date 6/30/24

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

Federal Emp. ID No. 232746020 FAX: (____) _____

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present X Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 3500

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 4-3-23
Approved by: DN

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 3/29/23 | RL |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: _____

Print name here: GARY RUCO

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Replace Heat & AC

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| ____ | | Lighting Fixtures | |
| ____ | | Receptacles | |
| ____ | | Switches | |
| ____ | | Detectors | |
| ____ | | Light Poles | |
| ____ | | Motors—Fract. HP | |
| ____ | | Emergency & Exit Lights | |
| ____ | | Communications Points | |
| ____ | | Alarm Devices/F.A.C. Panel | |
| ____ | | _____ | |
| ____ | | TOTAL NUMBERS | $ _____ |
| ____ | | Pool Permit/with UW Lights | |
| ____ | | Storable Pool/Spa/Hot Tub | |
| ____ | ____ | KW Elec. Range/Receptacle | |
| ____ | ____ | KW Oven/Surface Unit | |
| ____ | ____ | KW Elec. Water Heater | |
| ____ | ____ | KW Elec. Dryer/Receptacle | |
| ____ | ____ | KW Dishwasher | |
| ____ | ____ | HP Garbage Disposal | |
| 1 | 3½ | 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 | |
| ____ | ____ | _____ | |

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

# CONSTRUCTION PERMIT

Date Issued
Control # -C-23-000202
Permit #

IDENTIFICATION Block: 1422.19 Lot: 17 Qualifier
Work Site Location: 725 PARAMOUNT WAY Brick Township, NJ
Contractor ATLANTIC HEATING & COOLING INC
Address 1267 CORONADO ST LAKEWOOD NJ 08701-

Owner in Fee RUSSO, ROBERT S & ROXANNA J
725 PARAMOUNT WAY BRICK NJ 08724
Telephone: (732) 367-8534
Lic. No. or Bldrs. Reg. No. 13VH00131900 19HC00080600
Telephone: [redacted]
Federal Employee. No. 23-2746020

**Is hereby granted permission to perform the following work:**

- [ ] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [x] OTHER

DESCRIPTION OF WORK:
REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $150 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $200.00 |
| DCA Training Fee | $14 |
| CO Fee | |
| Other | $0 |
| Total | $364 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

**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** $7,000

Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] 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:

- [x] 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 #
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 4911.01 Lot 11 Qualification Code _____

Work Site Location 725 PARAMOUNT

Owner in Fee: RUSSO

Tel. [redacted] e-mail _____

Address _____
street municipality zip code

Contractor: Atlantic Heating & Cooling Inc. Tel. (732) 367-9534

Address 1267 Coronado St. Lakewood, NJ 08701 e-mail _____

Contractor License No. 19HC00580600 Exp. Date 6/30/24

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

Federal Emp. ID No. 232746020 FAX: (____) _____

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present X Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 3,500

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____

[ ] Electric Plans Approved
Date:_____ Approved by:_____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: _____

Print name here: GARY PUGH

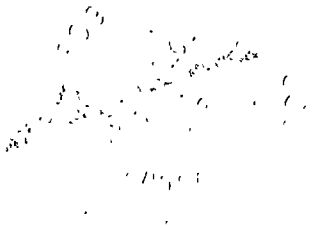
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Replace Heat + AC

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | _____ | |
| | | TOTAL NUMBERS | $ _____ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 3.2 | 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 | |
| | | _____ | |

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



# MECHANICAL INSPECTOR
## TECHNICAL SECTION

Uniform Construction Code — New Jersey

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 1422.19 Lot 11 Qualification Code

Work Site Location 725 PARAMOUNT WAY

Owner in Fee: RUSSO

Tel. [redacted] e-mail

Address 725 PARAMOUNT WAY (street / municipality / zip code)

Contractor: Atlantic Heating & Cooling Inc. Tel. (732) 367-8434

Address 1267 Coronado St. Lakewood, NJ 08701 e-mail

Contractor License No. or Builder Registration No. 19HC00080600 Exp. Date 6/30/24

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

Federal Emp. ID No. 22-7460220 FAX: ( )

**B. MECHANICAL CHARACTERISTICS**

**Use Group:** Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [✓] Hot Air

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

Estimated Cost of Mechanical Work $ 3500

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

| INSPECTIONS Type: | DATES Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Gas Piping | | | | |
| Appliance | | | | |
| Chimney/Vent | | | | |
| Oil Piping | | | | |
| Oil Tank | | | | |
| LPG Tank | | | | |
| Hydronic Piping | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | | |
| 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.

Sign here:

Print name here: GARY PUCO

**D. TECHNICAL SITE DATA**

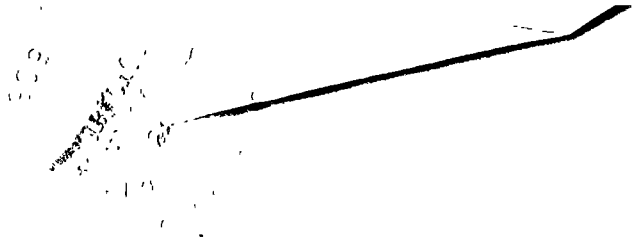
DESCRIPTION OF WORK
Replace Heat + AC

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Heater | $ |
| | Fuel Oil Piping Connections | |
| | Gas Piping Connections | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| 1 | Hot Air Furnace | |
| | Oil Tank | |
| | LPG Tank | |
| | Fireplace | |
| 1 | Other A C | |

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



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



# CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 725 PARAMOUNT WAY

Owner in Fee ROSSO

Verifying Individual GARY PUCCI Company Atlantic Heating & Cooling Inc. 1267 Coronado St. Lakewood, NJ 08701

Address 725 PARAMOUNT WAY
Street City State Zip Code

Tel: (732) 367 8537 Fax: (732) 367 5130

**Check the Appropriate Box(es):**

**Type of Replacement:**

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

**Existing Vent/Chimney:**

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

**Size** _____

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

| | Type | Fuel Type | BTU Rating (input/hour) |
|---|---|---|---|
| Appliance 1: | FURNACE | Oil / Gas / Other: GAS | 100 000 |
| Appliance 2: | | Oil / Gas / Other: | |
| Appliance 3: | | Oil / Gas / Other: | |

## CHIMNEY LINER

*If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.*

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

## PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

**For Oil or Coal to Gas Conversions:**

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

**Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:**

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

**Direct Vent Appliance:**

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ 1-18-23
Signature Date

**Verification Not Submitted:**

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

_____
Signature Date

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

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

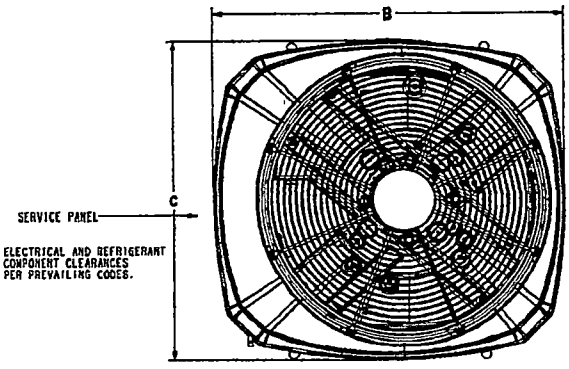
TRANE

# 4TTR6042B-SUB-1

TAG: _____

# SUBMITTAL

NOTE: All dimensions are in mm/inches.




TOP DISCHARGE AREA SHOULD BE UNRESTRICTED FOR AT LEAST 1524 (5 FEET) ABOVE UNIT. UNIT SHOULD BE PLACED SO ROOF RUN-OFF WATER DOES NOT POUR DIRECTLY ON UNIT, AND SHOULD BE AT LEAST 305 (12") FROM WALL AND ALL SURROUNDING SHRUBBERY ON TWO SIDES. OTHER TWO SIDES UNRESTRICTED.

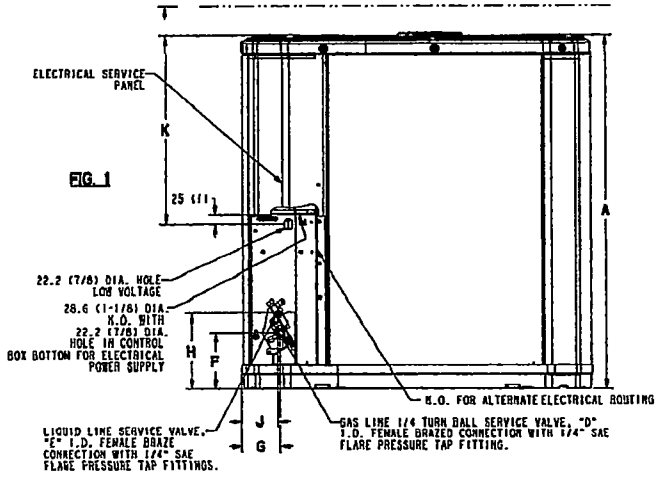



FIG. 1

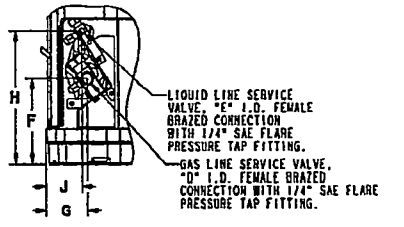



FIG. 2

From Dwg. D156010

| MODELS | BASE | A | B | C | D | E | F | G | H | J | K |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4TTR6042B | 4 | 1045 (41 1/8) | 946 (37-1/4) | 870 (34-1/4) | 7/8 | 3/8 | 152 (6) | 98 (3-7/8) | 219 (8-5/8) | 88 (3-3/8) | 508 (20) |

## 3 ½ Ton Split System Cooling – 1 Ph
## 4TTR6042B

### Product Specifications

| | |
|---|---|
| **OUTDOOR UNIT** ①② | **4TTR6042B1000A** |
| **POWER CONNS.** — V/PH/HZ ③ | 208/230/1/60 |
| MIN. BRCH. CIR. AMPACITY | 23 |
| BR. CIR. PROT. RTG. – MAX. (AMPS) | 40 |
| **COMPRESSOR** | CLIMATUFF® - SCROLL |
| NO. USED - NO. SPEEDS | 1 - 1 |
| VOLTS/PH/HZ | 208/230/1/60 |
| R.L. AMPS ⑦ - L.R. AMPS | 17.9 - 112 |
| FACTORY INSTALLED | |
| START COMPONENTS ⑧ | NO |
| INSULATION/SOUND BLANKET | YES |
| COMPRESSOR HEAT | NO |
| **OUTDOOR FAN** | PROPELLER |
| DIA. (IN.) - NO. USED | 27.6 - 1 |
| TYPE DRIVE - NO. SPEEDS | DIRECT - 1 |
| CFM @ 0.0 IN. W.G. ④ | 4420 |
| NO. MOTORS - HP | 1 - 1/5 |
| MOTOR SPEED R.P.M. | 850 |
| VOLTS/PH/HZ | 200/230/1/60 |
| F.L. AMPS | 0.93 |
| **OUTDOOR COIL** — TYPE | SPINE FIN™ |
| ROWS - F.P.I. | 1 - 24 |
| FACE AREA (SQ. FT.) | 27.86 |
| TUBE SIZE (IN.) | 3/8 |
| **REFRIGERANT** | |
| LBS. — R-410A (O.D. UNIT) ⑤ | 8 LBS., 4 OZ. |
| FACTORY SUPPLIED | YES |
| LINE SIZE - IN. O.D. GAS ⑥ | 7/8 |
| LINE SIZE - IN. O.D. LIQ. ⑥ | 3/8 |
| **CHARGING SPECIFICATION** | |
| SUBCOOLING | 8°F |
| **DIMENSIONS** | H X W X D |
| CRATED (IN.) | 46.4 x 35.1 x 38.7 |
| **WEIGHT** | |
| SHIPPING (LBS.) | 272 |
| NET (LBS.) | 235 |

① Certified in accordance with the Air-Source Unitary Air-conditioner Equipment certification program, which is based on AHRI standard 210/240.
② Rated in accordance with AHRI standard 270.
③ Calculated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses.
④ Standard Air — Dry Coil — Outdoor
⑤ This value approximate. For more precise value see unit nameplate.
⑥ Max. linear length 60 ft.; Max. lift - Suction 60 ft.; Max lift - Liquid 60 ft. For greater length consult refrigerant piping software Pub. No. 32-3312-0* (* denotes latest revision).
⑦ This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.
⑧ No means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter.

### Sound Power Level

| Model | A-Weighted Sound Power Level [dB(A)] | Full Octave Sound Power [dB] | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 63 Hz | 125 Hz | 250 Hz | 500 Hz | 1000 Hz | 2000 Hz | 4000 Hz | 8000 Hz |
| 4TTR6042B1 | 75 | 49 | 69 | 74 | 77 | 75 | 70 | 62 | 51 |

Note: Rated in accordance with AHRI Standard 270-2008

TRANE™

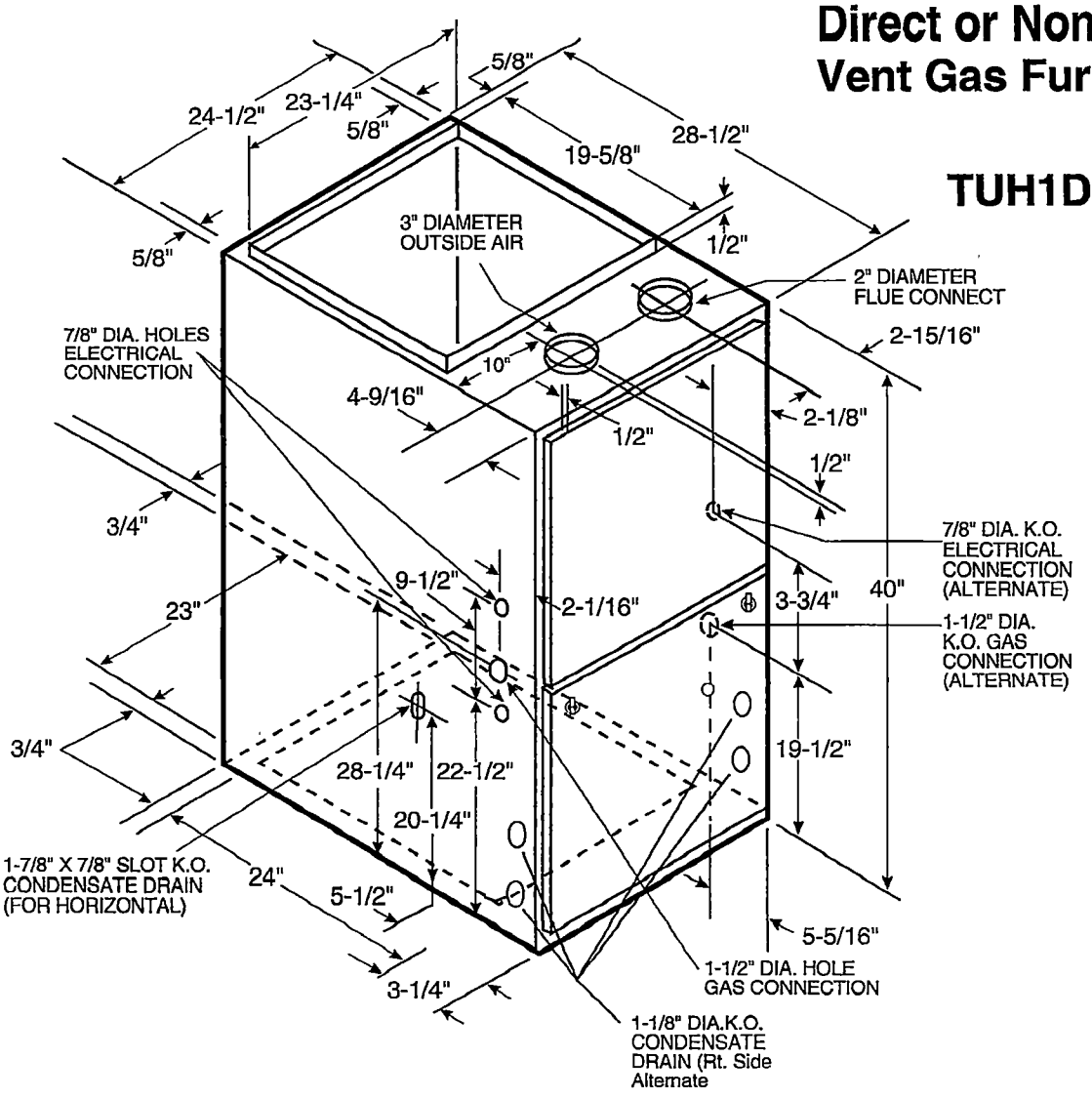
# TUH1D100-SUB-1A

TAG: _____

# SUBMITTAL

## Upflow/ Horizontal Direct or Non-Direct Vent Gas Furnace

## TUH1D100A9601A




| FURNACE AIRFLOW (CFM) VS. EXTERNAL STATIC PRESSURE (in. w.c.) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| MODEL | SPEED TAP | 0.10 | 0.20 | 0.30 | 0.40 | 0.50 | 0.60 | 0.70 | 0.80 | 0.90 |
| *UH1D100A9601A | 4 - HIGH - Black | 2339 | 2287 | 2235 | 2168 | 2100 | 2021 | 1941 | 1858 | 1773 |
| | 3 - MED.-HIGH - Blue | 2045 | 2021 | 1996 | 1947 | 1897 | 1836 | 1774 | 1701 | 1629 |
| | 2 - MED.-LOW - Yellow | 1719 | 1703 | 1693 | 1671 | 1649 | 1607 | 1565 | 1498 | 1431 |
| | 1 - LOW - Red | 1436 | 1430 | 1430 | 1414 | 1398 | 1372 | 1344 | 1287 | 1230 |
| *= First letter may be "A" or "T" | | | | | | | | | | |

| CFM VS. TEMPERATURE RISE | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MODEL | Cubic Feet Per Minute (CFM) | | | | | | | | | | | | | |
| | 1100 | 1200 | 1300 | 1400 | 1500 | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | 2400 |
| *UH1D100A9601A | | | 68 | 63 | 59 | 55 | 52 | 49 | 46 | 44 | 42 | 40 | 38 | 37 |
| *= First letter may be "A" or "T" | | | | | | | | | | | | | | |

# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

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Board of Examiners of HVACR Contractors

HAS LICENSED

Gary C. Puco
1267 Coronado St.
Lakewood NJ 08701

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/26/2022 TO 06/30/2024
VALID

19HC00080600
LICENSE/REGISTRATION/CERTIFICATION #

Gary Puco
Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
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Gary C. Puco
Master HVACR Contractor
05/26/2022 TO 06/30/2024
VALID
SIGNATURE

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Board of Examiners of HVACR
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HER

Gary C. Puco EXPIRATION DATE 2024

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