BLOCK 1299.66 LOT 24 QUALIFICATION CODE _____ ADDRESS (SITE) 366 17TH AVE PERMIT NO. 15-4379

CONSTRUCTION PERMIT APPLICATION

C-15-006209

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

I. IDENTIFICATION

1. Proposed Work Site at: 366 17TH AVE, BRICK NJ
2. Name of Owner in Fee: MR. JACKSON
   [redacted]
   Address 366 17TH AVE, BRICK NJ (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Stanco Climate Control — Tel. (732) 972-5355
   Address 522 Rt 9N PMB# 334, Manalapan, New Jersey 07726 — e-mail _____
   732-972-5355
   13VH01504200
   License No. OR, if new home, Builder Reg. No. 23-3176877 — Exp. Date 3/31/15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun: DAVID NATRICH
   Tel. (732) 972-5355 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		100 ✓	
3. Plumbing		100 ✓	
4. Fire Protection		70 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		5	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	275	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	200		12-2-15		12/3/15	PE			
☑ Plumbing	2400	GF	12-2-15		12/4/15	[illegible]			
☑ Fire Protection	200								
☐ Elevator									
TOTAL COST	2800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/1/2016
Control Number C-15-006209
Permit Number 15-4379
Permit Issue Date 12/18/2015
Certificate Number 15-4379

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 366 17TH AVE Brick Township, NJ Block: 1299.66 Lot: 24 Qual:

Owner in Fee: JACKSON, RICHARD P & GREEN, P L

Owner Address: 366 17TH AVE BRICK NJ 08724

Telephone: [redacted]

Contractor STANCO CLIMATE CONTROL

Address 522 HWY 9 NORTH MANALAPAN NJ 07726-

Telephone: (732) 972-5355 Fax:

License Number or Builders Registration Number: 13VH01504200 Federal Emp. Number: 22-3176877

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: FURNACE

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/1/2016

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Marlboro Township Construction Dept
1979 Township Drive, Marlboro Twp, NJ 07746
(732) 536-0200 X-1800

Date Received
Control #
Date Issued 12-18-15
Permit # 15-4379

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

Block 1299.16 Lot 24 Qualification Code

Work Site Location 366 17TH AVE BRICK NJ

Owner in Fee: MR. JACKSON

Tel [redacted] e-mail

Address 366 17TH AVE, BRICK NJ (street, municipality)

Contractor: ADVANCE TEC ELECTRIC Tel. 732-901-3700 (zip code)

Address 7 LAWRENCE AVE HOWELL NJ 07731 e-mail

Contractor License No. 15533 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 59-381-3449 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200

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:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS FURNACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	15	GAS FURNACE	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved SPECS.
Date: 12/3/15 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 12/30/15
Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 1/25/16
Approved by: PJC

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	1/11/16 TC		1/25/16 PJC	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

U.C.C. F120 (rev. 11/09)
Internet version

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

CERTIFICATION IN LIEU OF OATH

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

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name _____

Address Stanco Climate Control
522 Rt 9N PMB# 334
Manalapan, New Jersey 07726
732-972-5355
13VH01504200
22-3176877

Telephone (_____) _____

Signature _____

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

1 " C6 Bushing Too or EMT

TOWNSHIP OF PISCATAWAY
Construction & Bldg. Regs. Div
455 Hoes Lane
Piscataway, NJ 08854
(732) 562-2325

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12-19-15
Permit # 15-4379

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

Block 1299.66 Lot 24 Qualification Code

Work Site Location 366 12TH AVE BRICK NJ

O[redacted]

T[redacted]

Address 366 12TH AVE, BRICK NJ
street municipality zip code

Contractor: STANCO CLIMATE CONTROL Tel: (732) 972-5355

Address 522 RTE 9 N. PMB 334 e-mail

MANALAPAN NJ 07726

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH04504200

Federal Emp. ID No. 22-3176827 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 200

Fuel Storage Tank:.
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: DAVID NADLICKA

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS FURNACE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		CO detector RES 2
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 12/15/15 Approved by: KD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/16/15
Approved by: KD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-13-16
Approved by: KD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			1/11/16	KD
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			1/11/16	KD
Final				
Other				

U.C.C. F140 (rev. 2/11) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Ivory Card = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 12-18-15
Control # C-15-006209
Permit # 15-4379

IDENTIFICATION Block: 1299.66 Lot: 24 Qualifier

Work Site Location: 366 17TH AVE Brick Township, NJ

Owner in Fee: JACKSON, RICHARD P & GREEN, P L
366 17TH AVE BRICK NJ 08724

Telephone: [redacted]

Contractor: STANCO CLIMATE CONTROL
Address: 522 HWY 9 NORTH MANALAPAN NJ 07726-

Telephone: (732) 972-5355
Lic. No. or Bldrs. Reg. No. 13VH01504200
Federal Employee. No. 22-3176877

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FURNACE

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

Estimated Cost of Work $2,800

Construction Official [signature] Date 12/16/15

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$100
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$275
Check No.	cash
Cash	$0
Credit	$0
Collected By	CMR

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

REQUIRED INSPECTIONS

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

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

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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

PLUMBING SUBCODE
TECHNICAL SECTION

2009 NSPC with N.J.A.C. 5:23-3.15 Amendments

Date Received
Control #

Date Issued 12-18-15
Permit # 15-4379

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

Block 1299.66 Lot 24 Qualification Code

Work Site Location 366 17TH AVE BRICK NJ

Owner in Fee: MR. JACKSON

T [redacted] e-mail

Address 366 17TH AVE, BRICK NJ
street municipality zip code

Contractor: ROSARIO ALU T/A MASTERS Tel. (908) 623 7137

Address 149 DAVIS STATION RD e-mail
CREAM RIDGE, NJ 08514

Contractor License No. 9912 Exp. Date

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

Federal Emp. ID No. 145 72 0999 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2,400

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: ROSARIO ALU

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS FURNACE

QTY.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
1	Other FURNACE

FEE (Office Use Only)
$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-17-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-12-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			1-11-16	

U.C.C. P130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1299.66 LOT 24 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 366 17TH AVE, Brick NJ

Owner in Fee MR- JACKSON

Verifying Individual DAVID NADROTH Company STANEO Climate Control

Address 522 ROUTE 9N PMB334 MANALAPAN NJ 07726
(City, State, Zip Code)

[redacted] Fax: 732 972-7420

Existing Vent/Chimney: Size 5"

[ ] Oil to Gas Conversion	[ ] "B" Label Vent	[ ] Chimney-Interior
[ ] Gas to Oil Conversion	[ ] "L" Label Vent	[ ] Chimney-Exterior
[X] Gas Appliance Replacement	[ ] Flexible Liner	[ ] Masonry Chimney-Tile Lined
[ ] Oil to Oil Replacement	[ ] Power Vent/Exhauster	[ ] Masonry Chimney-Unlined
[ ] Other _____		[ ] Other _____

	Type	Fuel Type	BTU Rating (Input/hour)
Appliance 1:	FURNACE	Oil / Gas / Other:	66,000
Appliance 2:	HWH	Oil / Gas / Other:	38,000
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] 12/1/15
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.

_____
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.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

STANCO CLIMATE CONTROL CORP.
Stan Kohn
340 Timber Hill Dr
Morganville NJ 07751

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/17/2015 TO 03/31/2016
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH01504200
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
STANCO CLIMATE CONTROL CORP
FOR Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE

03/17/2015 TO 03/31/2016
VALID

SIGNATURE

13VH01504200
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

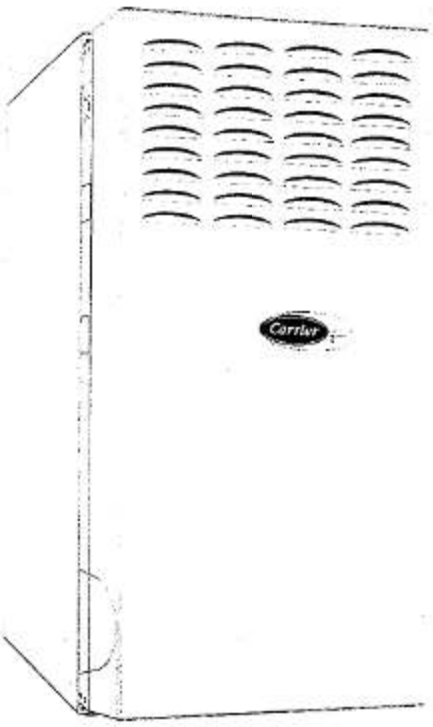
PLEASE DETACH HERE

58CVA/CVX
INFINITY™ 80 VARIABLE SPEED 4-WAY MULTIPOISE FURNACE
Input Capacities: 70,000 thru 155,000 Btuh

Carrier®
Turn to the Experts

Product Data

ComfortHeat™ INFINITY™ IdealHumidity™



A04042

ISO 9001:2000

MEETS DOE RESIDENTIAL CONSERVATION SERVICES PROGRAM STANDARDS.

Before purchasing this appliance, read important energy cost and efficiency information available from your retailer.

THE INFINITY® 80 GAS FURNACE

The Infinity™ 80 Variable-Speed, 4-way Multipoise Gas Furnaces offer unmatched comfort with ComfortHeat™ technology and IdealHumidity™ in an 80% AFUE gas furnace. You get all the benefits of a ComfortHeat technology furnace: reduced drafts, reduced sound levels, longer cycles, less temperature swings between cycles, and less temperature differences between rooms. With the variable speed blower motor, homeowners can now economically run constant fan to help eliminate temperature differences throughout the house and to get better indoor air quality. This IdealHumidity furnace also increases comfort in the summer by wringing out extra humidity when needed. The Infinity 80 furnaces are approved for use with natural or propane gas, and the 58CVX is also approved for use in Low NOx Air Quality Management Districts.

Carrier Infinity™ System When the Infinity 80 variable-speed gas furnace is matched with the Infinity Control and an air conditioner or heat pump, you will experience the ultimate in ComfortHeat and Ideal Humidity through unparalleled control of temperature, humidity, indoor air quality, and zoning. The Carrier Infinity System also provides unprecedented ease of use through on-screen, text-based service reminders and equipment malfunction alerts.

For even greater comfort and convenience, match the Infinity 80 furnace with an Infinity air conditioner or heat pump. This will create a fully communicating system, requiring only 4 thermostat wires between system components, and troubleshooting can even be done in the future from the outdoor unit without entering the home.

Optional remote access through telephone or Internet is also available when combined with a remote connectivity kit.

STANDARD FEATURES

- Infinity™ System-match with the Infinity™ Control for Infinity™ System benefits
- ComfortHeat™ Technology
  Intelligent microprocessor control
- Two-stage heating with single-stage thermostat with patented Adaptive Control Technology

Physical data

UNIT SIZE			070-12	090-16	110-20	135-22	155-22
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	All 58CVA; 58CVX Upflow	High	54,000	71,000	89,000	107,000	125,000
		Low	35,000	47,000	59,000	70,000	82,000
	58CVX Downflow/Horizontal	High	51,000	68,000	85,000	102,000	119,000
		Low	35,000	47,000	59,000	70,000	82,000
INPUT BTUH*	All 58CVA; 58CVX Upflow	High	66,000	88,000	110,000	132,000	154,000
		Low	43,500	58,000	72,500	87,000	101,500
	58CVX Downflow/Horizontal	High	63,000	84,000	105,000	126,000	147,000
		Low	43,500	58,000	72,500	87,000	101,500
SHIPPING WEIGHT (lb)			127	151	162	177	183
CERTIFIED TEMP RISE RANGE (°F)		High	30-60	40-70	40-70	40-70	45-75
		Low	30-60	30-60	25-55	25-55	30-60
CERTIFIED EXT STATIC PRESSURE	Heating	High	0.12	0.15	0.20	0.20	0.20
	Cooling	Low	0.5	0.5	0.5	0.5	0.5
AIRFLOW CFM‡	Heating-High/Low		1180/735	1210/985	1475/1320	1915/1700	1970/1715
	Cooling		1225	1400	2095	2100	2095
AFUE%*	Nonweatherized ICS		80.0	80.0	80.0	80.0	80.0
LIMIT CONTROL			SPST				
HEATING BLOWER CONTROL			Solic-State Time Operation				
BURNERS (Monoport)			3	4	5	6	7
GAS CONNECTION SIZE			1/2-in. NPT				
GAS VALVE (Redundant) Manufacturer			White-Rodgers				
Minimum Inlet Pressure (In. wc)			4.5 (Natural Gas)				
Maximum Inlet Pressure (In. wc)			13.6 (Natural Gas)				
IGNITION DEVICE			Hot Surface				

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas Code Table F4 or furnace installation instructions. In Canada, derate the unit 10 percent for elevations 2000 to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply in comfort mode (as-shipped). For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply.

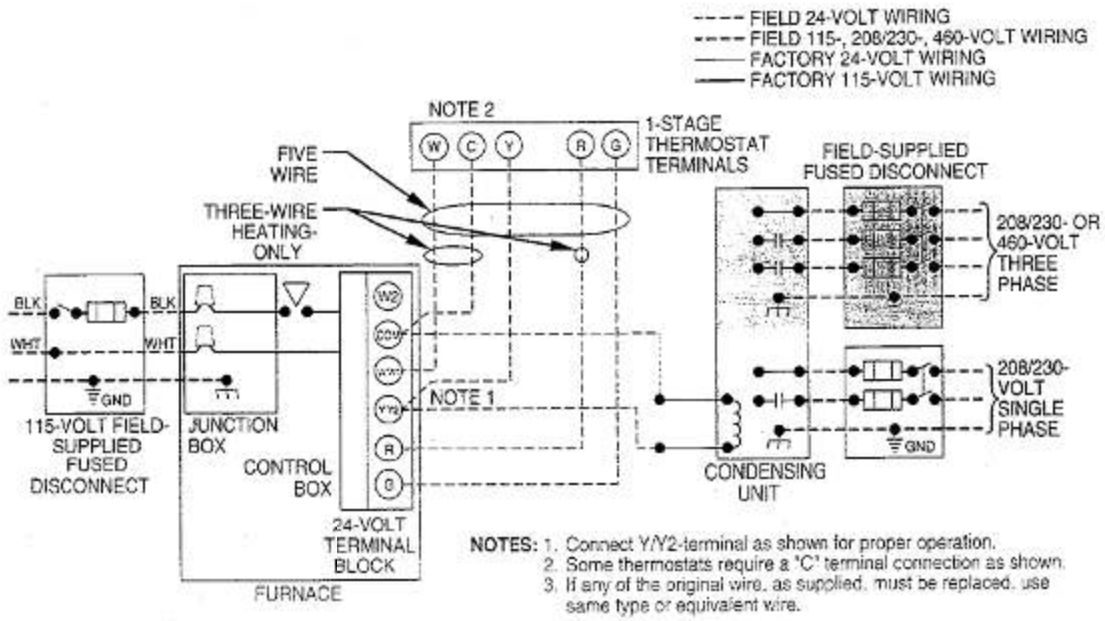
ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	070-12	090-16	110-20	135-22	155-22
DIRECT-DRIVE MOTOR Hp (ECM)	1/2	1/2	1	1	1
MOTOR FULL LOAD AMPS	7.7	7.7	12.8	12.8	12.8
RPM (Nominal)	300-1300	300-1300	300-1300	300-1300	300-1300
BLOWER WHEEL DIAMETER × WIDTHS (In.)	10 x 6	10 x 8	11 x 10	11 x 11	11 x 11

ECM-Electronically Commutated Motor, Variable Speed

Typical wiring schematic



Electrical data

UNIT SIZE	VOLTS-HERTZ-PHASE	OPERATING VOLTAGE RANGE		MAXIMUM UNIT AMPS	MAXIMUM WIRE LENGTH (FT)‡	MAXIMUM FUSE OR CKT BKR AMPS†	MINIMUM WIRE GAGE
		Maximum*	Minimum*				
070-12	115-60-1	127	104	9.0	30	15	14
090-14	115-60-1	127	104	9.6	29	15	14
110-20	115-60-1	127	104	15.1	29	20	12
135-22	115-60-1	127	104	14.9	30	20	12
155-20	115-60-1	127	104	15.0	29	20	12

* Permissible limits of the voltage range at which unit operates satisfactorily.
† Time-delay type is recommended.
‡ Length shown is as measured one way along wire path between unit and service panel for maximum 2 percent voltage drop.