



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 636 Winding River Road

2. Name of Owner in Fee: Troncone, Mark & Jennifer

Tel. _____ e-mail _____

Address 636 Winding River Road, Brick 08724

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: BRICK TOWNSHIP Tel. (732) 477-3300

Address HEATING & AIR CONDITIONING e-mail _____

465 Brick Blvd.

Brick, NJ 08723

License No. OR, if new home, Builder Reg. No. 19HC00520700 Exp. Date 6/30/20

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

Federal Emp. ID No. 21-0703175 FAX: 732 477-0205

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Craig Law

Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical	\$	
3. Plumbing	\$	
4. Fire Protection	\$	
5. Elevator Devices	\$	
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	
13. TOTAL	\$ <u>285</u>	

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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)

- ☐ Building
- ☒ Electrical
- ☒ Mechanical
- ☒ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
Approval	Rejection						

TOTAL COST \$1,200

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

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.

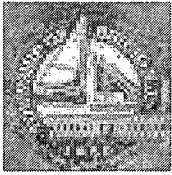
Agent Name BRICK TOWNSHIP

Address HEATING & AIR CONDITIONING
465 Brick Blvd.
Brick, NJ 08723

Telephone (734) 477-3300

Signature Craig Jaw

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/23/2019
Control Number C-19-002133
Permit Number 19-1472
Permit Issue Date 6/10/2019
Certificate Number 19-1472

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 636 WINDING RIVER RD. Brick Township, NJ Block: 1385.07 Lot: 9 Qual: _____
Owner in Fee: TRONCONE, MARK A & JENNIFER
Owner Address: 636 WINDING RIVER RD BRICK NJ 08724
Telephone: [REDACTED]
Contractor: BRICK TOWNSHIP HEATING & AIR
Address: 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300 Fax: (732) 477-0205
License Number or Builders Registration Number: _____ Federal Emp. Number: 21-0103175
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

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:

Daniel Newman Jr

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

6/10/19

19-1472

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

Block 1385.07 Lot A Qualification Code _____

Work Site Location 636 Winding River Rd

Brick, NJ 08724

Owner in Fee: Trancone, Mark & Jennifer

Te. _____ e-m _____

Address 636 Winding River Rd, Brick 08724 com

street municipality zip code

Contractor: BRICK TOWNSHIP Tel. 732 477-3300

Address HEATING & AIR CONDITIONING e-mail info@bricktownship

465 Brick Blvd. hrac.com

Brick, NJ 08723

Contractor License No. or Builder Registration No. 19HC02520700 Exp. Date 06/30/2020

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

Federal Emp. ID No. 21-0703175 FAX: 732 477-0205

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 \$ 2600

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 [] CO

Date: 9-12-19

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 7-24-19 9-10-19

DATES

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: Craig Law

Print name here: CRAIG LAW

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

over head A/C replacement

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

\$ _____

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other 5 ton condenser

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

6/10/19
19-1472

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

Block 1380.07 Lot 9 Qualification Code _____

Work Site Location 636 Winding River Rd

BRICK, NJ 08724

Owner in Fee: Transcom, Mark & Jennifer

Te _____ e-mail _____

Address 636 Winding River Rd, Brick 08724

street municipality zip code

Contractor: HEATING & AIR CONDITIONING Tel. (732) 477-3300

Address 465 Brick Blvd. e-mail info@brick-township

Brick, NJ 08723 hrac@com

Contractor License No. 194C00520700 Exp. Date 6/30/20

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

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,600

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: _____
[] Partial Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
[] Electric Plans Approved	Trench _____
Date: _____ Approved by: _____	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: _____	Service _____
Approved by: _____	Final _____
	Barrier-Free _____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued _____
Date: <u>7/25/19</u>	Annual Pool Inspection _____
Approved by: _____	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: Craig Law

Print name here: Craig Law

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: over head A/C replacement

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	
<u>1</u>	<u>5 Ton</u>	KW Central A/C Unit	
		HP/KW Space Heater <u>Air Handler</u>	
		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 06/10/2019
Control # C-19-002133
Permit # 19-1472

IDENTIFICATION Block: 1385.07 Lot: 9 Qualifier _____
Work Site Location: 636 WINDING RIVER RD. Brick Township, NJ Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Owner in Fee TRONCONE, MARK A & JENNIFER
636 WINDING RIVER RD. BRICK NJ 08724 Telephone: (732) 477-3300
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH01918000 19HC00520700
Federal Employee. No. 21-0103175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT A/C

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 \$5,200

Construction Official [Signature]

Date 6/10/19

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$10
CO Fee	
Other	\$0
Total	\$285
Check No.	8676
Cash	\$0
Credit	\$0
Collected By	Christopher Winters

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.



The new degree of comfort.™

 Air | Air Conditioners
RA13 Series

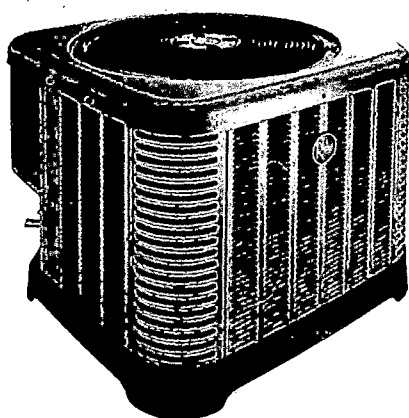
Rheem Classic® Series Air Conditioners

RA13 Series

Efficiencies 13-15.5 SEER/11.5-13 EER

Nominal Sizes 1½ to 5 Ton [5.28 to 17.6 kW]

Cooling Capacities 17.3 to 60.5 kBTU
[5.7 to 17.7 kW]



"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet Energy Star. Ask your Contractor for details or visit www.energystar.gov."

- New composite base pan – dampens sound, captures louver panels, eliminates corrosion and reduces number of fasteners needed
- Powder coat paint system – for a long lasting professional finish
- Scroll compressor – uses 70% fewer moving parts for higher efficiency and increased reliability
- Modern cabinet aesthetics – increased curb appeal with visually appealing design
- Curved louver panels – provide ultimate coil protection, enhance cabinet strength, and increased cabinet rigidity
- Optimized fan orifice – optimizes airflow and reduces unit sound
- Rust resistant screws – confirmed through 1500-hour salt spray testing
- PlusOne™ **Expanded Valve Space** – 3"-4"-5" service valve space – provides a minimum working area of 27-square inches for easier access
- PlusOne™ **Triple Service Access** – 15" wide, industry leading corner service access – makes repairs easier and faster. The two fastener removable corner allows optimal access to internal unit components. Individual louver panels come out once fastener is removed, for faster coil cleaning and easier cabinet reassembly
- Diagnostic service window with two-fastener opening – provides access to the high and low pressure.
- External gauge port access – allows easy connection of "low-loss" gauge ports
- Single-row condenser coil – makes unit lighter and allows thorough coil cleaning to maintain "out of the box" performance
- 35% fewer cabinet fasteners and fastener-free base – allow for faster access to internal components and hassle-free panel removal
- Service trays – hold fasteners or caps during service calls
- QR code – provides technical information on demand for faster service calls
- Fan motor harness with extra long wires allows unit top to be removed without disconnecting fan wire.



INTEGRATED HOME COMFORT

FORM NO. A11-221 REV. 4

Physical Data

PHYSICAL DATA							
Model No.	RA1318A	RA1324A	RA1330A	RA1336A	RA1342A	RA1348A	RA1360A
Nominal Tonnage	1.5	2.0	2.5	3.0	3.5	4.0	5.0
Valve Connections							
Liquid Line O.D. – in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Suction Line O.D. – in.	3/4	3/4	3/4	3/4	7/8	7/8	7/8
Refrigerant (R410A) furnished oz. ¹	50	60	72	86	105	106	148
Compressor Type	Scroll						
Outdoor Coil							
Net face area – Outer Coil	5.9	9.1	9.1	12.1	14.2	14.8	18.8
Net face area – Inner Coil	—	—	—	—	—	—	—
Tube diameter – in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Number of rows	1	1	1	1	1	1	1
Fins per inch	22	18	22	22	22	22	22
Outdoor Fan							
Diameter – in.	20	20	20	20	20	24	26
Number of blades	2	2	3	3	2	3	2
Motor hp	1/8	1/8	1/4	1/4	1/8	1/6	1/5
CFM	2038	2325	2795	2900	2465	4145	3870
RPM	1075	1075	1075	1075	1075	850	820
watts	144	137	189	186	175	279	233
Shipping weight – lbs.	127	129	140	164	195	202	235
Operating weight – lbs.	120	122	133	157	188	195	228

Electrical Data

Line Voltage Data (Volts-Phase-Hz)	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60
Maximum overcurrent protection (amps) ²	20	25	30	35	40	50	60
Minimum circuit ampacity ³	13	15	18	23	24	29	35
Compressor							
Rated load amps	9.7	11.2	12.8	16.7	17.9	21.8	26.4
Locked rotor amps	46	60.8	64	83.9	112	117	134
Condenser Fan Motor							
Full load amps	0.7	0.7	1.3	1.3	0.7	1	1.2
Locked rotor amps	1.3	1.3	2.5	2.6	1.3	2.2	2.0
Line Voltage Data (Volts-Phase-Hz)	—	—	—	208/230-3-60	208/230-3-60	208/230-3-60	208/230-3-60
Maximum overcurrent protection (amps) ²	—	—	—	20	30	30	35
Minimum circuit ampacity ³	—	—	—	15	18	19	22
Compressor							
Rated load amps	—	—	—	10.4	13.2	13.7	16
Locked rotor amps	—	—	—	73	88	83.1	110
Condenser Fan Motor							
Full load amps	—	—	—	1.3	0.7	1	1.3
Locked rotor amps	—	—	—	2.6	1.3	2.2	2.0
Line Voltage Data (Volts-Phase-Hz)	—	—	—	480-3-60	480-3-60	480-3-60	480-3-60
Maximum overcurrent protection (amps) ²	—	—	—	15	15	15	15
Minimum circuit ampacity ³	—	—	—	8	8	9	11
Compressor							
Rated load amps	—	—	—	5.8	6.0	6.2	7.8
Locked rotor amps	—	—	—	38	44	41	52
Condenser Fan Motor							
Full load amps	—	—	—	.6	.3	.6	.6
Locked rotor amps	—	—	—	2.5	.9	1.6	1.1

¹Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the installation instructions for information about set length and additional refrigerant charge required.

²HACR type circuit breaker or fuse.

³Refer to National Electrical Code manual to determine wire, fuse and disconnect size requirements.

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

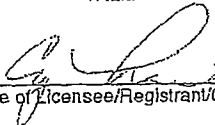
HAS LICENSED

Craig L. Law
465 Brick Blvd
Brick NJ 08723

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

06/14/2018 TO 06/30/2020
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #



Signature of Licensee/Registrant/Certificate Holder



ACTING DIRECTOR