BLOCK 936 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 721 Princeton Ave PERMIT NO. 08-2933

CONSTRUCTION PERMIT APPLICATION

08-064276

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

I. IDENTIFICATION

1. Proposed Work Site at: 721 Princeton Ave
2. Name of Owner in Fee: Estate of Edward Leskanic
   Tel. [redacted] e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Point Bay Fuel Tel. (732) 349-5059
   Address 71 Lons St e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH01149900 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bob Valentine
   Tel. (732) 349-3059 FAX: (732) 349-1788

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical	120		
3. Plumbing	90		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 24		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 299.-		

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	300.-	CD	9/5/08		9/10/08	MW	11-10-08		
☑ Plumbing	5000.-				9-8-08	CD	11-11-08		
☑ Fire Protection	5000.-				9/8/08	CD	11-24-08		
☐ Elevator									
TOTAL COST	10,300.-								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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

D. Construction Classification:

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 3/07)

Called 9/16/08

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(e)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 **POINT BAY FUEL, INC.** _____
71 IRONS STREET _____
TOMS RIVER, NJ 08753

Telephone **(732) 349-5059**

Signature Bob Valentine

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 12/10/2008
Control Number C-08-004276
Permit Number 08-2933
Permit Issue Date 09/29/2008
Certificate Number 08-2933

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 721 PRINCETON AVE. Brick Township, NJ Block: 936 Lot: 18 Qual:

Owner in Fee: ESTATE OF EDWARD LESKANIC

Owner Address: 721 PRINCETON AVENUE BRICK NJ

Telephone: [redacted]

Contractor POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ 08753-

Telephone: (732) 349-5059 Fax:

License Number or Builders Registration Number: 13VH01149900 Federal Emp. Number: 22-1817388

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/10/2008 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 9/29/2008
Control # C-08-004276
Permit # 08-2933

IDENTIFICATION Block: 936 Lot: 18 Qualifier
Work Site Location: 721 PRINCETON AVE. Brick Township, NJ

Owner in Fee: ESTATE OF EDWARD LESKANIC
721 PRINCETON AVENUE BRICK NJ
Telephone: [redacted]

Contractor: POINT BAY FUEL INC
Address: 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: (732) 349-5059
Lic. No. or Bldrs. Reg. No. 13VH01149900
Federal Employee. No. 22-1817388

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, REPLACEMENT HOT AIR 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 $10,300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$75
Plumbing	$120
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$299
Check No.	268790
Cash	$0
Credit	$0
Collected By	Jamie Herbert

U.C.C. F170
equiv (rev 8/03)

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 08-2933 9/29/08

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 936 Lot 18 Qualification Code

Work Site Location 721 PRINCETON AVE

Owner in Fee: EST of EDWARD LESKANIC

Tel. ( ) e-mail

Address

Contractor: Point Bay Fuel (street, municipality) Tel. (732 349.5059 (zip code)

Address 71 IRONS ST e-mail

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):

Federal Emp. ID No. 22-1817388 FAX: (732 349.1788

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [ ] HVAC

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

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 5000.00

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. Bob Valentine
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE 2 cond / 2 coil / 2 FURNACES

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 det
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1 c/o	
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		
Fired Appliances [X] Gas or [ ] Oil	2	90.-
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/30/08

Approved by: RD

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 11-20-08

Approved by: JB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	10-24-08	11/10-08	11-20-08	JB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	10-24-08	11-17-08	11-20-08	JB
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

(stop)

vent pipe in attic requires 1" clearance.

11-17-05 M. access

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-2933
Date Issued / Permit # 9/29/08

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

Block 936 Lot 18 Qualification Code
Work Site Location 721 Princeton Ave
Owner in Fee: Estate of Edward Leskanic (Boy)
Tel. [redacted] mail
Address 645 Bishop Wood Ct Marquette MI 49855
Contractor: Point Bay Fuel (street / municipality) Tel. (732) 349-5059 (zip code)
Address 71 Irons St
HOME IMPROVEMENT CONTRACTOR
Contractor License No. LICENSE #13VH01149900 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788

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 $ 5000.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9-8-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-14-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			11/26/08	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Not Home	10/24/08		11/26/08	

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.

Bob Valentine
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace 2 cond / 2 coil
2 Furnaces

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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	
2	Other A/C	
	Other	

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

08-2933

Date Received
Control #

9/29/08

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 936 Lot 18 Qualification Code

Work Site Location 721 Princeton Ave

Owner in Fee: Estate of Edward Leskanic

Tel. [redacted] e-mail

Address 645 Bishop Wood Ct (street) Maquetta (municipality) MI 49855 (zip code)

Contractor: BLOMQUIST ELECTRIC Tel. (732) 684-0606

Address P.O. BOX 302 OCEAN GATE N.J. e-mail

Contractor License No. 9637 Exp. Date

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

Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required — Date: 91708 Initial:

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 91708

Approved by: VR

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 11008

Approved by: VR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	10278		11008	VR
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.

Bernard J Blomquist
Applicant's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

398

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 2 condenser 2 Coils, 2 Furnaces

QTY.	SIZE	ITEMS
		Lighting Fixtures
2		Receptacles
1		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
2	1½	KW Central A/C Unit
2	1½	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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Reorder From OCS Printing (609) 390-1400

10-24-08

Stats MC to Furnace
Support Roof to Attic Furnace
All nec to Name Plate
FD Breaker 4th - 2nd Floor
Run Equipment

906-362-1070 Owner Roy

08-2933

Date Received
Control #

9/29/08

Date Issued
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

Block 436 Lot 18 Qualification Code

Work Site Location 721 Princeton Ave

Owner in Fee: Estate of Edward Leskanic

Tel [redacted] e-mail

Address 675 Ridgeview Wood Ct Marquette, MI 49855
street municipality zip code

Contractor: BLOMQUIST ELECTRIC Tel. (732) 684-0606

Address P.O. BOX 302 OCEAN GATE N.J. e-mail

Contractor License No. 9637 Exp. Date

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

Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	11/06	

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1/20/06
Approved by:

SUBCODE APPROVAL
[ ] 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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 2 condenser 2 Coils, 2 Furnaces

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
2		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	7	KW Central A/C Unit	
1	5	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 $

398

U.C.C. F120 (rev. 10/06)

Reorder From OCS Printing (609) 390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 106 Lot 18 Qualification Code

Work Site Location 721 Princeton Ave

Owner in Fee: Estate of Edward Leskanic

Tel. [redacted] ail

Address 645 Bishop West Ct Marquette, MI 49855
street municipality zip code

Contractor: ELOMQUIST ELECTRIC Tel. (732) 684-0606

Address P.O. BOX 302 OCEAN GATE N.J. e-mail

Contractor License No. 9637 Exp. Date

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

Federal Emp. ID No 22-1817388 FAX: (732) 349-1788

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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

ELOMQUIST ELECTRIC CO.

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's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 2 sockets & wiring, 2 switches

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
2		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	
		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	$

Reorder From OCS Printing (609) 390-1400

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 08-2933

Date Issued
Permit # 9/5/08

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

Block 936 Lot 18 Qualification Code

Work Site Location 721 PRINCETON AVE

Owner in Fee: EST of EDWARD LESKANIC

Tel. ( ) e-mail

Address

Contractor: Point Bay Fuel (street / municipality) Tel. (732 349-5059

Address 71 IRONS ST e-mail

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):

Federal Emp. ID No. 22-1817388 FAX: 7732 349-1788

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [X] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/8/08

Approved by: (LS)

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

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. Bob Valentine
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REPLACE 2 cond / 2 coil / 2 FURNACES

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		CO det
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1 c/o	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 136 Lot 18 Qualification Code

Work Site Location 721 PRINCETON AVE

Owner in Fee: EST of EDWARD LESNIAK

Tel. ( ) e-mail

Address

Contractor: Point Bay Fuel (municipality) Tel. (732) 349-5059

Address 71 IRONS ST (street) e-mail

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):

Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [X] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/9/02

Approved by: BD

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

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. Bob Fuel Delivery
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace 2 wall/2 ceiling furnaces

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		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1c/o	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

w/ dot

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING 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 _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ 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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

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				

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	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 _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

PLUMBING 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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. ( ) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. ( ) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ 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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

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				

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 2 cont/2 new
2 Furnaces

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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 _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 1721 Princeton Ave, Brick

Applicant _____

Certifying Individual _____ Company _____

Address _____
Street City State Zip Code

Tel. (_____) _____

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

R Valentini 8/28/20
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/99)

FURNACE SPECIFICATIONS MULTI-POSITION

Model Number NATURAL GAS	*8MPV050B12C	*8MPV075F14C	*8MPV100J20C	*8MPV125J20C
INPUT (btuh) HI Heat	50,000	75,000	100,000	125,000
LO Heat	35,000	52,500	70,000	87,500
HTG. CAP. (btuh) HI Heat	40,000	61,000	81,000	101,000
LO Heat	28,000	42,000	61,000	71,000
AFUE % (ICS)	80.0%	80.0%	80.0%	80.0%
NOx (Ng/J)	<40	<40	<40	<40
TEMP. RISE (DEGREES) HI Heat (°F/°C)	30-60/17-33	30-60/17-33	35-65/19-36	30-60/17-33
LO Heat (°F/°C)	25-55/14-30	25-55/14-30	35-65/19-36	25-55/14-30
VOLTS/PH/HZ	115/60/1	115/60/1	115/60/1	115/60/1
MIN./MAX. VOLTAGE	104/127	104/127	104/127	104/127
RATING PLATE AMPS.	9.8	11.7	14.9	14.9
TRANSFORMER (V.A.)	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2
FLUE COLLAR SIZE	4"	4"	4"	4"
COOLING CAP.	3.0 TON	3.5 TON	5.0 TON	5.0 TON
FILTER SIZE (IN.) (required)	14 x 25 x 1	14 x 25 x 1	16 x 25 x 1 (2)	16 x 25 x 1 (2)
SHIPPING WEIGHT (LBS.)	130	154	174	176
DIMENSIONS (in.) HEIGHT	40	40	40	40
WIDTH X DEPTH	$15^1/_2$ x $28^1/_2$	$19^1/_8$ x $28^1/_2$	$22^3/_4$ x $28^1/_2$	$22^3/_4$ x $28^1/_2$

ACCESSORIES

Model Number	Description	Used With Models
GAS CONVERSION KITS		
NAHA002LP (1172959^)	Natural gas to Propane conversion Kit. Allows field conversion to Propane gas.	ALL *8MPV FURNACES
NAHA002NG (1172961^)	Propane to natural gas conversion kit. Allows field conversion to natural gas.	ALL *8MPV FURNACES
VARIABLE SPEED BLOWER UPGRADE KIT		
NAHA050VBE	Blower Upgrade Kit for B Series furnace only - Variable speed blower upgrade convertion to a two stage cooling compatible variable speed motor (consists of blower motor and electronics for two stage furnaces ONLY)	
NAHA075VBE		
NAHA100VBE		
NAHA125VBE		
FILTER KITS		
NAHA001FF NAHA001FP	External filter frame. 16" x 25"	Side Return (All Furnaces) Bottom Return (All "F" $19^1/_8$" Furnaces under 1600 CFM)
NAHA002FF NAHA002FP	Bottom return filter frame kit 20" x 25".	(All "J" $22^3/_4$" Furnaces)
NAHA003FF NAHA002FP	Bottom or side return filter frame kit 14" x 25".	(All "B" $15^1/_2$" Furnaces)
NAHA001TK	Duct Standoff Filter Kit. To adapt 20" x 25" filter for single side return.	Side Return (All single return applications with 1600 CFM or greater) Bottom Return (All "F" $19^1/_8$" Furnaces under 1600 CFM)
COMBUSTIBLE FLOOR SUBBASES		
NAHH001SB	Subbase Furnace ONLY: All $15^1/_2$" wide furnace models	*8MPV050B
NAHH002SB	Subbase Furnace ONLY: All $19^1/_4$" wide furnace models	*8MPV075F-100F
NAHH003SB	Subbase Furnace ONLY: All $22^3/_4$" wide furnace models	
NAHH004SB	Subbase Furnace w/$15^1/_2$" cased coil	Counterflow furnace *8MPV050B
NAHH005SB	Subbase Furnace w/$19^1/_4$" cased coil	Counterflow furnace *8MPV075F-100F
NAHH006SB	Subbase Furnace w/$22^3/_4$" cased coil	Counterflow furnace *8MPV100J-125J
MASONRY CHIMNEY ADAPTER		
NAHA001DH	Chimney adapter (6")	*8MPV075, 100
NAHA002DH	Chimney adapter (7")	*8MPV125
VENT GUARD		
NAHA002VC	Downflow vent guard	All Furnaces in the Downflow Application
COIL ADAPTER		
NAHA001CA	Coil Adapter for Downflow Furnaces	All Furnaces in the Downflow Application
WARNING LABEL REPLACEMENT KIT		
NAHA002WL	To replace Warning Labels, Operating Instructions & Wiring Labels on Blower Door when needed	*8MPV

^ Must be ordered from Service Parts
* Denotes Brand (C, H, T)

Comfortmaker Split System Comparison	MAINLINE MODELS				ENTRY MODELS	
	SX 1300	SX 1300	SX 1400	DXT+†	13	14
HP MODEL SERIES	C2H3	C4H3	C4H4	C4H5 / C4H7	N2H3/N4H3	N2H4/N4H4
AC MODEL SERIES	C2A3	C4A3	C4A6	C4A5 / C4A8	N2A3/N4A3	N2A4/N4A4
REFRIGERANT	R22	R410A	R410A	R410A	R22/R410A	R22/R410A
ENERGY SAVINGS SEER RATING	Up to 14	Up to 14	ENERGY STAR Up to 15	ENERGY STAR 14–18	13	ENERGY STAR 14
ENERGY SAVINGS HSPF RATING *Heat Pumps Only	Up to 8.5	Up to 8.5	Up to 9.0	Up to 9.5	Up to 8.0	Up to 8.2
COMPRESSOR WARRANTY	10 YR	10 YR	10 YR	10 YR	5 YR	5 YR
OUTDOOR COIL WARRANTY	5 YR	5 YR	7 YR	10 YR		
NO HASSLE REPLACEMENT WARRANTY	1 YR	5 YR	7 YR	10 YR		
PARTS WARRANTY	5 YR	5 YR	5 YR	7 YR	5 YR	5 YR
COMPRESSOR *Also includes sound jacket	Copeland Scroll*	Copeland Scroll*	Copeland Scroll*	Copeland UltraTech*	Copeland Scroll	Copeland Scroll
TWO-STAGE COMPRESSOR	○	○	○	●	○	○
COMFORT ALERT	●	●	●	●	○	○
ENHANCED AIR MANAGEMENT	●	●	●	●	●	●

All systems tested and listed by the appropriate testing agencies.

ISO 9001: 2000 Registered

As part of its commitment to quality, International Comfort Products, LLC reserves the right to change specifications on its products without notice. Illustrations and photographs in this brochure are only representative. Some product models may vary.

N2A3/N2A4/N4A3/N2H3/N2H4/N4H3/N4H4 Series

COMFORT WITH CONFIDENCE

Comfortmaker®
Air Conditioning & Heating

P.O. Box 128
Lewisburg, TN 37091
www.comfortmaker.com

Part No. 421-42-5600-02
Printed 05/07