Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1033.01 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 2 Aldgate Ct PERMIT NO. 14-3120

CONSTRUCTION PERMIT APPLICATION

C14-004034

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

I. IDENTIFICATION

1. Propsed Work Site at: 2 Aldgate Ct.
2. Name of Owner in Fee: Aversa [redacted]
   Address same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: ITAK Heating & Cooling Tel. (732) 892-4957
   Address 175 Ramtown Greenville Rd Howell, NJ 07731
   License No. OR, if new home, Builder Reg. No. 13VH00236700 Exp. Date 12-31-14
   Federal Employee No. 223689154 FAX. (732) 202-0338
5. Architect or Engineer _____ Tel. (____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Frank Itak
   Tel. (732) 892-4951 FAX. (732) 202-0338

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75 ✓		
2. Electrical	75 ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 153		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area - Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost $	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work	75	SEP 11 2014							
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing	250				9-16-14				
7. ☑ Electrical	1,500				9 17 14				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COST	$ 2,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
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
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Release
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/lifts/ Dumbwaiters/moving walks
2. ☐ High Pressure Boiler
3. ☐ Pressure Vessels
4. ☐ Refrigeration System
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

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 Building Registration Act (N.J.A.C. 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 I 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.vii:

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 herby certify thee 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 ITAK Heating & Cooling

Address ~~1692 Rt.~~ 88
~~Brick, New Jersey~~ 08724

Telephone (732) 892-4957

Signature _____

ITAK HEATING & COOLING
175 RAMTOWN-GREENVILLE RD.
SUITE 205
HOWELL, NJ 07731
PHONE: (732) 892-4957
FAX: (732) 202-0338
FEDERAL ID# 223689154
NJ LIC # 13VH00236700

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 10/5/2020
Control Number C-14-004034
Permit Number 14-3120
Permit Issue Date 9/22/2014
Certificate Number 14-3120

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 ALDGATE CT. Brick Township, NJ Block: 1033.01 Lot: 12 Qual:

Owner in Fee: AVERSO, MARK & PATRICIA

Owner Address: 2 ALDGATE CT BRICK NJ 08724

Telephone: [redacted]

Contractor ITAK HEATING & COOLING

Address 175 RAMSTOWN GREENVILLE RD Suite 205-Second Floor Howell NJ 07731

Telephone: (732) 892-4957 Fax: (732) 202-0338 Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C

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:

Donald F. Newman Jr.

Construction Official

Date Printed: 10/5/2020

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

Fee: $0.00
Check Number:
Collected By:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/22/14
Control #
Date Issued
Permit # 14-3120

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

Block 1033.01 Lot 12 Qualification Code

Work Site Location 2 ALDGATE CT

ANFESO

[redacted] e-mail

Address Same
street municipality zip code

Contractor: SANSONE ELECTRIC LLC Tel. 732 751-1166

Address 63 LAKESIDE DR e-mail
FARMINGDALE NJ 07727

Contractor License No: 12808 Exp. Date 03/15

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX: 732 751-1199

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,500

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 request the work listed on this application.

Applicant sign/Contractor signature here

Print name here MICHAEL SANSONE

[✓] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of A/C condenser

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	
0		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	2.5 TON	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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 9/17/14 Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9/17/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9-22-2014
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
~~Service~~ Final	PSE&G 10/27/2014 10/8/14		9/22/2014	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

10/8/14 - NO ENTRY.

4/27/20 No Access 12:00

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/22/14
Control #
Date Issued
Permit # 14-3120

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

Block 1033.01 Lot 12 Qualification Code

Work Site Location 2 Aldgate Ct.

[redacted]

Address Same (street) (municipality) (zip code)

Contractor: ITAK HEATING & COOLING (e-mail)

Address 175 RAMTOWN-GREENVILLE RD. SUITE 205 HOWELL, NJ 07731 (municipality) (zip code)

PHONE: (732) 892-4957 (Tel. No.)

FAX: (732) 202-0338

Contractor License No. FEDERAL ID# 223689154 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason N.J LIC # 13VH00236700

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 $ 250

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: 9-26-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8-21-15
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	10-9-14		8-21-15	

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: Frank Itak

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of A/c Condenser

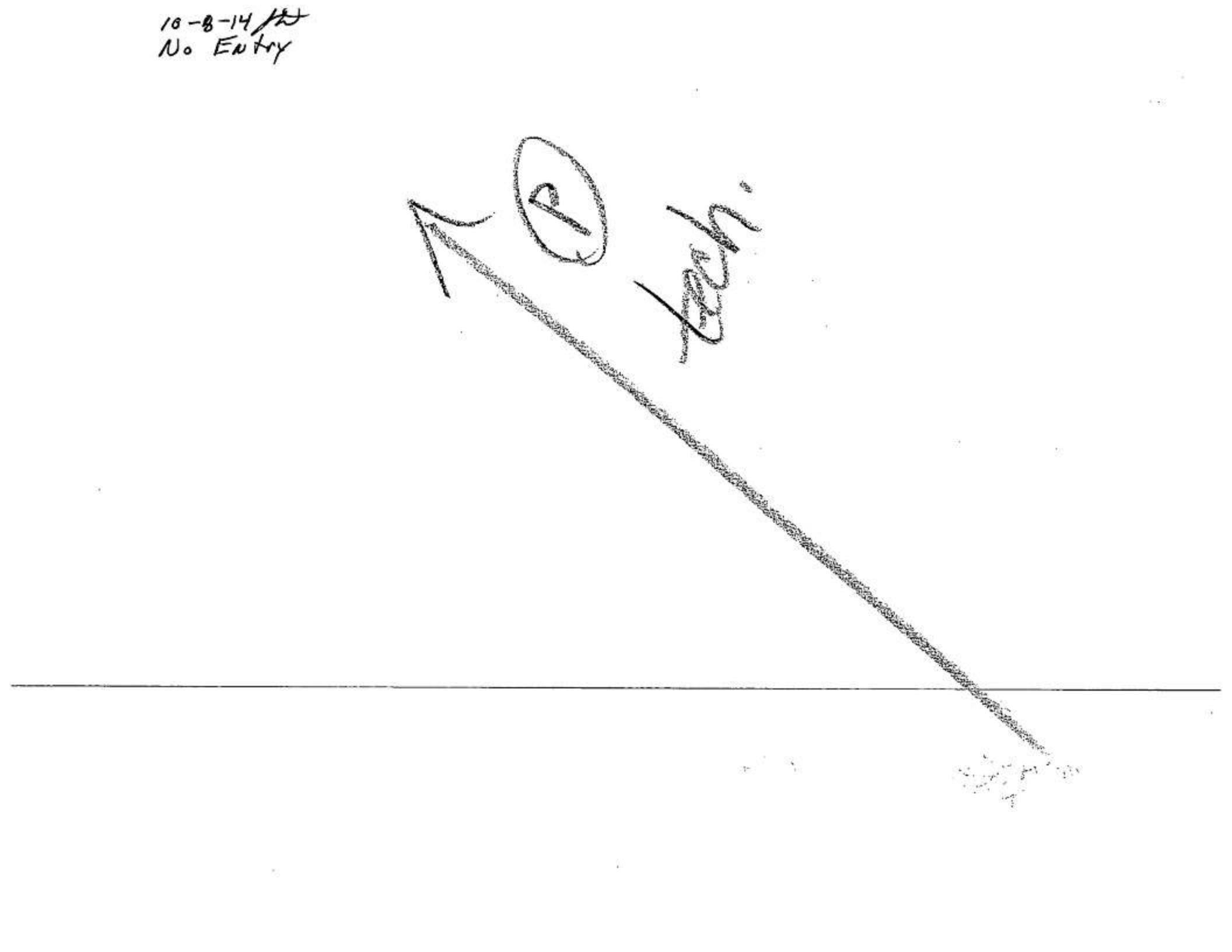
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator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

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

U.C.C. F130 (rev. 11/09)
Internet version

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

10-8-14 /LJ
No Entry



Central Contractor 1/1/14

CONSTRUCTION PERMIT

Date Issued 9/22/14
Control # C-14-004034
Permit # 14-3120

IDENTIFICATION Block: 1033.01 Lot: 12 Qualifier
Work Site Location: 2 ALDGATE CT Brick Township, NJ

Owner in Fee: AVERSO, MARK & PATRICIA
2 ALDGATE CT BRICK NJ 08724

Telephone: [redacted]

Contractor: ITAK HEATING & COOLING
Address: 175 RAMSTOWN GREENVILLE RD Suite 205-Second Floor Howell NJ 07731
Telephone: (732) 892-4957
Lic. No. or Bldrs. Reg. No. 13VH00236700
Federal Employee. No.

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 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 $1,750

David J. Newman Jr. 9/17/14
Construction Official — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$75
Plumbing	$75
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$153
Check No.	2204
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

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

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

☑ 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.

2 Aldgate Ct.
Blk. 1033.01
Lot 12

TOWNSHIP OF BRICK

REPLACEMENT FURNACE

OLD BTU --- **INPUT**_____ **OUTPUT**_____

NEW BTU --- **INPUT**_____ **OUTPUT**_____

A/C REPLACEMENT

OLD UNIT 30,000 **BTU**

NEW UNIT 30,000 **BTU**

AND/OR

HEAT LOSS/HEAT GAIN

*****IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNITS, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN**

*****IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN**

*******WE ALSO WILL NEED*******

*****COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE AND/OR AIR CONDITION UNIT (NOT THE INSTALLATION GUIDE)**

*****CHIMNEY CERTIFICATION FOR FURNACE (CANNOT BE CERTIFIED BY HOMEOWNER)**

American Standard
HEATING & AIR CONDITIONING

General Data

Product Specifications

Model No. ①	2TTB3018A1000C	2TTB3024A1000C	2TTB3030A1000C	2TTB3036A1000C
Electrical Data V/Ph/Hz ②	200/230/1/60	200/230/1/60	200/230/1/60	208/230/1/60
Min Cir Ampacity	8	12	13	21
Max Fuse Size (Amps)	15	20	20	35
Compressor	RECIP	RECIP	RECIP	SCROLL
RL Amps - LR Amps	5.8 - 38.6	8.7 - 57.8	9.5 - 63	15.4 - 87
Outdoor Fan FL Amps	0.6	0.9	0.7	1.3
Fan HP	1/15	1/8	1/8	1/6
Fan Dia (inches)	19.0	19.0	23.0	23.0
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-22 (Not factory supplied)	4/00-LB/OZ	5/02-LB/OZ	5/08-LB/OZ	6/05-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	3/4	7/8
Line Size - (in.) O.D. Liquid ③	1/4	5/16	5/16	3/8
Dimensions H x W x D (Crated)	30.1 x 26.7 x 30	37.2 x 26.7 x 30	38 x 30.1 x 33	38 x 30.1 x 33
Weight - Shipping	182	195	225	205
Weight - Net	163	175	197	178
Start Components	YES	YES	YES	NO
Sound Enclosure	NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT301
Hard Start Kit Scroll				BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT001	BAYECMT001	BAYECMT001	BAYECMT001
Refrigerant Lineset ⑤	TAYREFLN1*	TAYREFLN2*	TAYREFLN2*	TAYREFLN3*

① Certified in accordance with the Unitary Air-Conditioner equipment certification program which is based on AHRI Standard 210/240.
② Calculated in accordance with N.E.C. Use only HACR circuit breakers or fuses.
③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line.
For Greater lengths and lifts refer to refrigerant piping software Publ# 32-3312-01. (1denotes latest revision)
④ For accessory description and usage, see page 5.
⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

A-weighted Sound Power Level [dB(A)]									
MODEL	SOUND POWER LEVEL [Db(a)]	A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB - [dB(A)]							
		63	125	250	500	1000	2000	4000	8000
2TTB3018A1	76	43.8	52.8	56.7	65.3	67.4	69.6	64.6	57.2
2TTB3024A1	78	50.9	55.9	63.2	71.2	72.0	70.5	64.3	56.8
2TTB3030A1	78	45.8	56.9	61.7	68.5	71.4	70.3	61.2	54.2
2TTB3036A1	76	44.8	60.5	61.4	69.2	72.1	65.2	57.3	51.3
2TTB3042A1	79	46.0	60.6	70.4	72.9	72.4	69.5	60.9	51.2
2TTB3048A1	79	49.3	57.7	71.0	72.2	72.7	70.5	63.7	53.7
2TTB3060A1	79	53.6	57.5	63.6	73.3	73.1	71.3	63.1	55.9

Note: Tested in accordance with AHRI Standard 270.95. (Not listed with ARI)

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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

Mitchell-Itak Inc.
Paul J. Mitchell
175 Ramtown Greenville Rd.
Suite 205, 2nd Floor
Howell NJ 07731

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

10/30/2013 TO 12/31/2014
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH00236700
LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 45026
Newark, NJ 07101

PLEASE DETACH HERE