BLOCK 532 LOT 32 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-2982

CONSTRUCTION PERMIT APPLICATION

C-10-003912

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

I. IDENTIFICATION

1. Proposed Work Site at: 508 CENTRAL AVE, BRICK 08723
2. Name of Owner in Fee: LISA BIANCHI
   Tel. ([redacted])
   Address 110 SHORE DRIVE (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Montanha Mechanical Tel. (609) 978-3551
   Address 101 Atlantis Ave e-mail _____
   Manahawkin 08050
   License No. OR, if new home, Builder Reg. No. 11125 Exp. Date 6-11
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun: Bill Noe
   Tel. (201) 376-6888 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	40 ✓	40 ✓
2. Electrical		140 ✓	30 ✓
3. Plumbing			45 ✓
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		4	1
12. Other			
13. TOTAL	$	184	130

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		GDP	10/22/10						
☐ Electrical					10-29-10	DD	1-13-11		JJ
☐ Plumbing					10/27/10	[illegible]	1-20-11	1-13-11	JJ
☐ Fire Protection					11/4/10	KW			
☐ Elevator									
TOTAL COST									

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

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 Montana mechanical

Address 101 Atlantis Manchester

Telephone (609) 978-3551

Signature _____

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
1/24/11	Called Cent to P/u	KB

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/28/2011
Control Number C-10-003912
Permit Number 10-2982
Permit Issue Date 10/29/2010
Certificate Number 10-2982

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 508 CENTRAL AVE Brick Township, NJ Block: 532 Lot: 32 Qual:

Owner in Fee: BIANCHI, LISA

Owner Address: 508 CENTRAL AVE BRICK NJ 08723

Telephone:

Contractor MONTANA MECHANICAL

Address 101 ATLANTIS AVENUE MANAHAWKIN NJ

Telephone: (609) 978-3551 Fax:

License Number or Builders Registration Number: 11125 Federal Emp. 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: HOT WATER HEATER Boiler

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: 02/28/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 10/29/10
Control # C-10-008912
Permit # 10-2982

IDENTIFICATION Block: 532 Lot: 32 Qualifier
Work Site Location: 508 CENTRAL AVE Brick Township, NJ
Contractor MONTANA MECHANICAL
Address 101 ATLANTIS AVENUE MANAHAWKIN NJ
Owner in Fee BIANCHI, LISA
508 CENTRAL AVE BRICK NJ 08723
Telephone: (609) 978-3551
Lic. No. or Bldrs. Reg. No. 11125
Telephone:
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HOT WATER HEATER Boiler

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $2,510

Construction Official
Date 10-28-10

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$140
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$184
Check No.	$184
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 6/03)

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.

XX01 SERV.001
#2982
ELECTRIC $40.00
PLUMBING $140.00
DCA $4.00
$184.00
$184.00
CHANGE $0.00
10/29/10 3:07PK 001558#1845 XX01
TOTAL $184.00

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

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

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

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

- [ ] A complete copy of released plans must be kept on the job site.

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 10-2982+A

Date Issued Permit # 01-25-11

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

Block 532 Lot 32 Qualification Code

Work Site Location 508 Central Ave, Brick, NJ 08723

Owner in Fee: Lisa Bianchi

Tel. [redacted] e-mail

Address 810 Shore Drive, Brick, NJ 08723
street municipality zip code

Contractor: A-1 Tel. ( )

Address 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. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 200.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	45
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

[ ] Partial -Underslab Utilities Approved

Date: 1/11 Approved by: KD

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-19-11

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 2-8-11

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2-8-11	DB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2-8-11	DB
Other				

update 16-2982-11A

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 01.25.11
Permit #

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

Block 532 Lot 32 Qualification Code

Work Site Location 508 CENTRAL Ave
BRICK NJ 08723

Owner in Fee LISA Bianchi

Address 508 Central Ave
Brick NJ 08723

Tel ( )

Contractor DELIA ELECTRIC

Address 366 SIXTH ST
JERSEY CITY NJ

Tel (201) 798 0987 FAX (201) 798 6395

Contractor License No. 5309A

Federal Emp. No. 223438027 BOB Cell 2014001014

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 1 FAMILY Utility Co.

Est. Cost of Elec. Work $ 700.00

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 and perform the work listed on this application.

V.P.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[1] No Plans Required	1-13-11	JS

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

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 2-22-11
Approved by: JS

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-18-11	DD
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. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-2982

Date Issued / Permit # 10/29/10

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

Block 539 Lot 32 Qualification Code

Work Site Location 508 CENTRAL AVE BRICK, NJ 08723

Owner in Fee LISA BIANCHI / WILLIAM NOE

Address SAME

Tel [redacted]

Contractor HOMEOWNER

Address 508 CENTRAL AVE.

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	10-29-10	DD

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 2-22-11

Approved by: JJ

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	12-13-10		2-18-11	DD
Barrier-Free	JD			

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

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

12-13-6

NEED LITE & OUTLET

UPDATE PERMIT FOR LITE & OUTLET

& CHANGE OF CONTRACTOR W/ LICE

RENT SIGN IN FRONT YARD

NOT A REPLACEMENT

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/29/10
Control #
Date Issued
Permit # 10-2982

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

Block 532 Lot 32 Qualification Code
Work Site Location 508 Central Ave.
Owner in Fee: LISA BIANCHI
Tel. ([redacted] mail
Address 508 CENTRAL AVE (street) BRICK (municipality) NJ (zip code) 08723
Contractor: Montanha Mech Tel. (609) 478-3551
Address 101 Atlantis Ave e-mail
STAFFORD, NJ
Contractor License No. 11124 Exp. Date 6/11
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 $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 10/27/10 Approved by: MB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-28-10
Approved by: a

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 02-23-11
Approved by: PA

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			02-18-11	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	12-13-10		02-18-11	PA

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 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	
1	Water Heater GAS.	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler 100,000.	
	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 $

RZ 03.10 PA

(1) NEED ACCURATE GAS DRAWING TO OK INCL.
(2) NEED MANUFACTURERS INFORMATION (MANUFACTURED 02.04-10) — OK REPLACED LINE
ON UNDERGROUND GAS PIPING
(3) EXPOSE GAS PIPING NEED TRACER WIR. OK
(4) NO GAS TEST - INSPECTION OK.
(5) FLUE PIPING NEEDS CEILING - RISING OK
(6) GAS FLUE THROUGH BOILER CABINET. OK
(7) H.W.H. BONDING WIRE OK
(8) COMBUSTIO AIR OK
(9) OPEN CEILING TO EXPOSE FLUE THROUGH ROOF OK
(10) UPDATE PERMIT FOR BUILDING + FIRE OK
FOR FOR NEW CHIMNEY.

OK 02.18.11 PA

TOWNSHIP

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

update 10-2982+A

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 01 25 11
Permit #

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

Block 532 Lot 32 Qualification Code
Work Site Location 508 CENTRAL AVE. BRICK, NJ 08723
Owner in Fee LISA BIANCHI
Address 508 CENTRAL AVE BRICK NJ 08723
Tel [redacted]
Contractor Montanha Mechanical
Address 101 Atlantis Ave Manahawkin
Tel (609) 978-3551 FAX (609) 978-3550
Contractor License No. 11123
Federal Emp. No.

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 $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 1-20-11
Approved by: JW

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 02-23-11
Approved by: PA

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			02.18.11	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			02.18.11	PA

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 (List of all fixtures.)

NO.	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	
X1	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 $

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

GAS Riser Diagram

Bianchi Res.

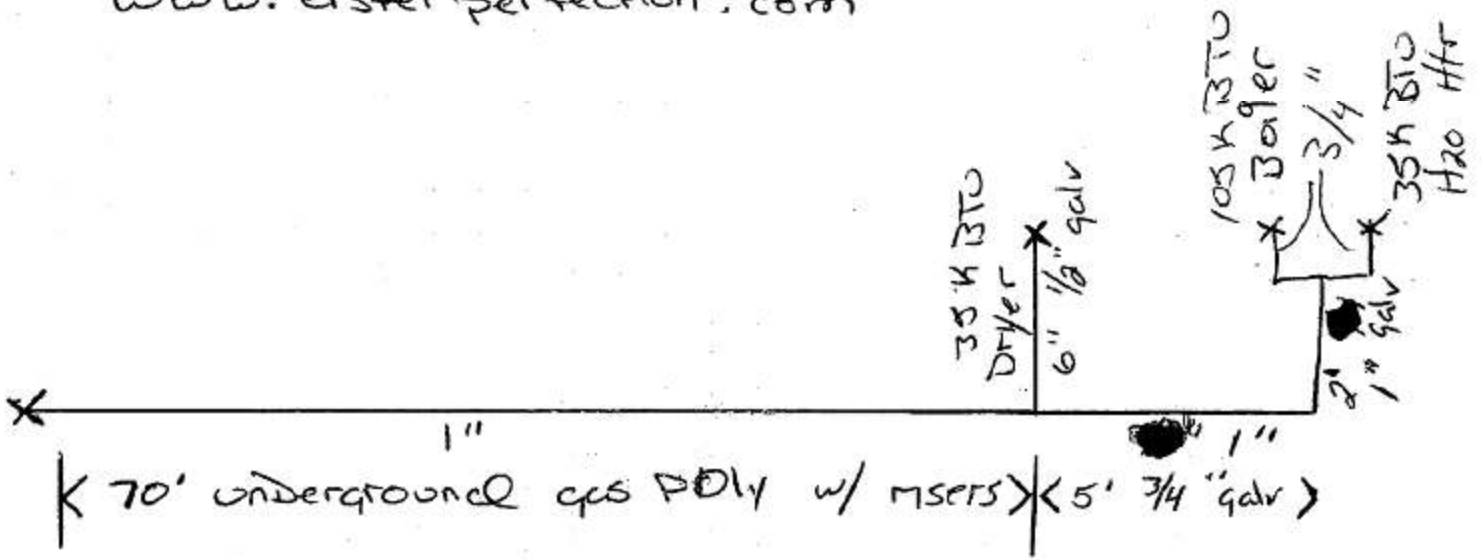
508 central Ave

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		1-20-11
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

underground pipe being used is Perfection underground gas Poly + Risers

www.elsterperfection.com



WEIL-McLAIN®

CGa, CGi, CGs, EG, EGH, LGB, PEG, PFG

Gas-Fired Boilers

User's Information Manual

INSTALLER:
Please take time to review this User's Information Manual with the boiler owner. Explain all maintenance and service procedures and the correct Lighting or Operating Instructions.

⚠WARNING If the information in this manual is not followed exactly, a fire or explosion may result, causing property damage, personal injury or loss of life.

Do not store or use **gasoline or other flammable vapors and liquids** in the vicinity of this or any other appliance.

WHAT TO DO IF YOU SMELL GAS

- **Do not try to light any appliance.**
- **Do not touch any electrical switch; do not use any phone** in your building.
- Immediately **call your gas supplier from a neighbor's phone.** Follow the gas supplier's instructions.
- **If you cannot reach your gas supplier, call the fire department.**

Installation and service must be performed by a qualified installer, service technician or the gas supplier.

Part Number 550-110-592/0709

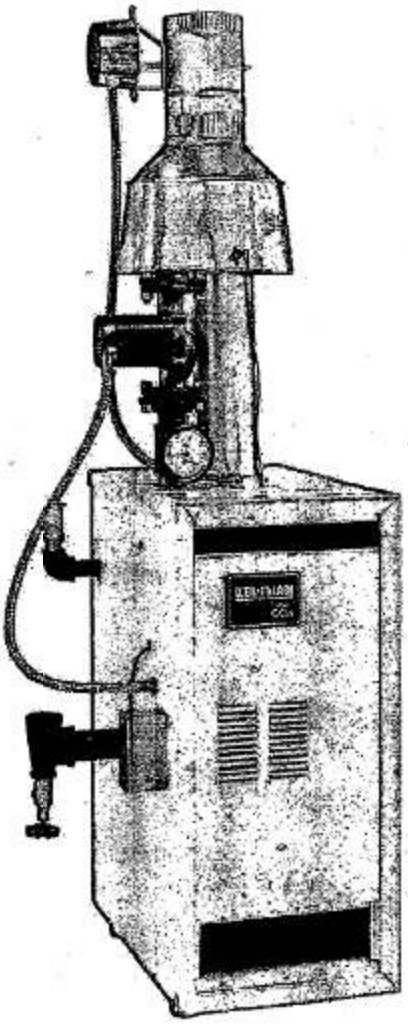
WEIL-McLAIN®

GOLD™ CGa

Gas-Fired Water Boilers

Boiler Manual

- Installation
- Maintenance
- Startup
- Parts



⚠WARNING This manual must only be used by a qualified heating installer/service technician. **Before installing**, read all instructions, including this manual, the burner manual and any related supplements. Perform steps in the order given. Failure to comply could result in severe personal injury, death or substantial property damage.

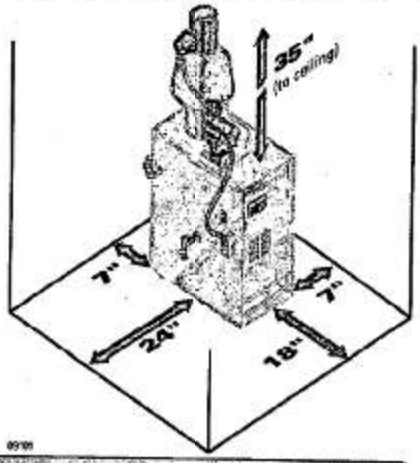
Part No. 550-101-009/0107

1b Prepare boiler location — clearances

Recommended SERVICE clearances (Fig. 1a)

1. Provide clearances for cleaning and servicing the boiler and for access to controls and components. See Figure 1a for recommendations.
2. Provide at least screwdriver clearance to jacket front panel screws for removal of front panel for inspection and minor service. If unable to provide at least screwdriver clearance, install unions and

Figure 1a **Recommended service** clearances (see **WARNING** below)



⚠WARNING **If any clearance is less than in Figure 1a, provide openings for combustion and ventilation air *located on the wall or door opposite the boiler FRONT (see Figure 1b).***

These openings must be located as shown in Figure 1b to provide proper air flow around the boiler. The free area of each opening (after deducting for louvers) must be at least **one square inch per 1,000 Btuh** of boiler input. If the building is of unusually tight construction (see page 11 for definition), the air openings must connect directly to outside or the building must have air openings to the outside as specified on page 11.

If clearances are equal to or greater than Figure 1a, see pages 10 and 11 for location and sizing of combustion air openings.

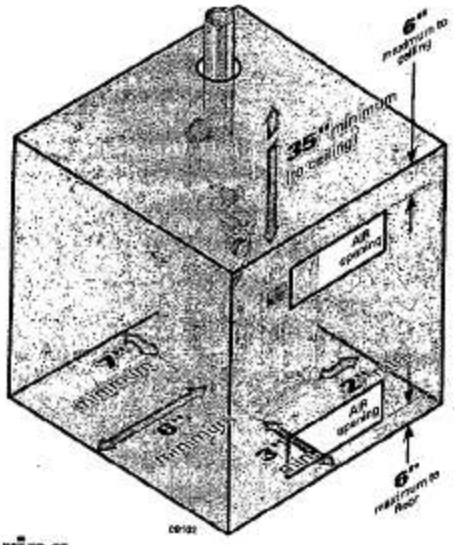
Failure to comply can result in severe personal injury, death or substantial property damage and reduced boiler life.

Required MINIMUM clearances (Fig. 1b)

⚠WARNING **Never install the boiler in a space with clearances less than the minimum clearances shown in Figure 1b.** Failure to comply can result in severe personal injury, death or substantial property damage and reduced boiler life.

1. **Hot water pipes: at least ½ inch** from combustible material.
2. **Single-wall vent pipe: at least 6 inches** from combustible material.
3. **Type B double-wall metal vent pipe**: refer to vent manufacturer's recommendation for clearances to combustible material.

Figure 1b Required **MINIMUM** clearances



Flooring

The CGa boiler is approved for installation on combustible flooring, but must never be installed on carpeting.

⚠WARNING Do not install boiler on carpeting even if foundation is used. Fire can result, causing severe personal injury, death or substantial property damage.

Foundation

1. Provide a solid brick or minimum 2-inch thick concrete foundation pad if any of the following is true:
   - floor can become flooded.
   - the boiler mounting area is not level.
2. Minimum dimensions are **25" length** by:

Minimum foundation width:			
CGa-25/3	12"	CGa-6	21"
CGa-4	15"	CGa-7	24"
CGa-5	18"	CGa-8	27"

Residential garage installations

Take the following special precautions when installing the boiler in a residential garage. If the boiler is located in a residential garage, per ANSI Z223.1:

- Mount the boiler a minimum of **18 inches above the floor** of the garage to assure the burner and ignition devices will be no less than 18 inches above the floor.
- Locate or **protect the boiler** so it cannot be damaged by a moving vehicle.

How it works . . .

① **Control module**

The control module (used on **spark-ignited pilot boilers**) responds to signals from the room thermostat and boiler limit circuit to operate the boiler circulator, pilot burner, gas valve and vent damper. When room thermostat calls for heat, the control module starts the system circulator and activates the vent damper (causing it to drive open).

When the vent damper has opened completely, the control module opens the pilot valve and activates pilot ignition spark.

The control module allows up to 15 seconds to establish pilot flame. If flame is not sensed within 15 seconds, the control module will turn off the gas valve, flash the Flame light, and immediately start a new cycle. This will continue indefinitely until pilot flame is established or power is interrupted. Once pilot flame is proven, the control module opens the gas valve to allow main burner flame.

When the room thermostat is satisfied, the control module turns off the gas valve and deactivates the vent damper (causing it to close).

The control module indicator lights show normal sequence when the lights are on steady. When a problem occurs, the control module flashes combinations of lights to indicate the most likely reason for the problem. See page 52 for details.

Standing pilot boilers (controls not shown) use the pilot thermocouple to prove flame. If the thermocouple is satisfied, the gas valve and vent damper will open on a call for heat and close afterwards.

② **Transformer**

The control transformer reduces line voltage to 24 volts for the gas valve and limit circuit.

③ **Draft hood**

The draft hood provides a minimum draft for the boiler, assuring adequate air for combustion if installed in accordance with manual and not modified in any way.

④ **Spill switch**

The spill switch will shut down the boiler (requiring manual reset of the switch reset button) if the vent system becomes blocked.

⑤ **Water temperature limit switch**

The water temperature limit switch turns off the gas valve if the temperature in the boiler goes above its setting. (The circulator will continue to run as long as there is a call for heat.)

⑥ **Boiler circulator**

The boiler circulator circulates water through the external (system) piping. The circulator is shipped loose, and can be mounted on either the boiler supply or return piping. The factory-installed circulator wiring harness provides ample length for either location. **NOTE** — The control module provides a pump exercising routine. If the boiler is not operated for 30 days, the control module will power the circulator for 30 seconds, then turn off.

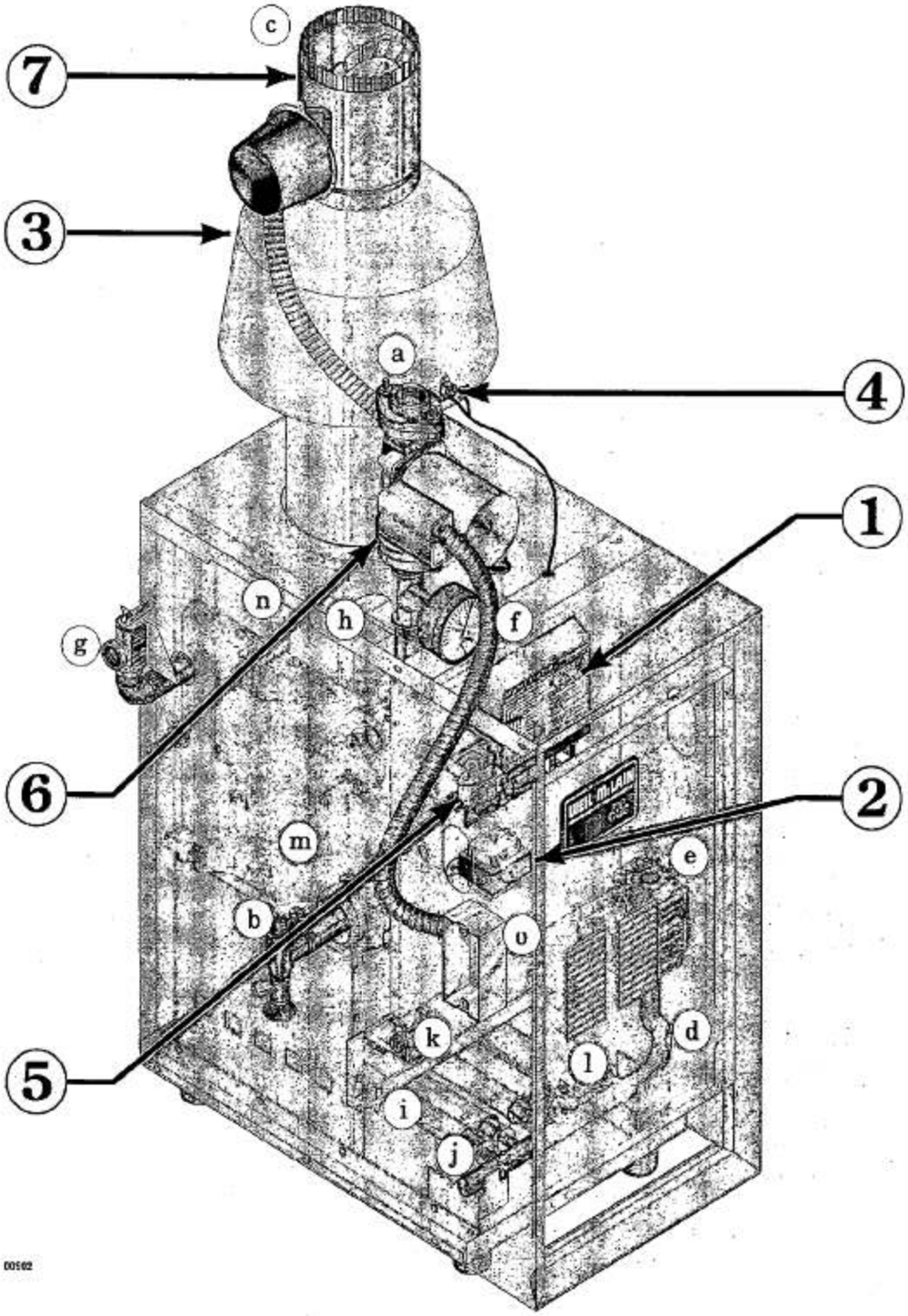
⑦ **Vent damper**

The vent damper closes during off cycles to reduce heat loss from the house up the vent.

Other boiler components:

a supply to system
b return from system
c flue outlet
d burner manifold
e gas valve
f pressure/temperature gauge
g relief valve
h air vent connection
i flame rollout switch
j burner orifice
k pilot burner, typical
l stainless steel burners
m cast iron boiler sections
n flue collector
o junction box

GOLD CGa Gas-Fired Water Boiler



A.O.Smith
Water Heaters

FVIR GAS WATER HEATER

(FLAMMABLE VAPOR IGNITION RESISTANT)
FOR SPACE HEATING AND POTABLE WATER HEATING ONLY.
NOT FOR USE IN MOBILE HOMES.

This water heater complies with ANSI Z21.10.1-current edition regarding the accidental or unintended ignition of flammable vapors, such as those emitted by gasoline.

⚠WARNING

Read and understand instruction manual and safety messages before installing, operating or servicing this water heater.

Failure to follow instructions and safety messages could result in death or serious injury.

Instruction manual must remain with water heater.

- **Safety Instructions**
- **Installation**
- **Operation**
- **Care and Maintenance**
- **Troubleshooting**
- **Parts List**

INSTALLER:

- AFFIX THESE INSTRUCTIONS TO OR ADJACENT TO THE WATER HEATER.

OWNER:

- RETAIN THESE INSTRUCTIONS AND WARRANTY FOR FUTURE REFERENCE. RETAIN THE ORIGINAL RECEIPT AS PROOF OF PURCHASE.

WARNING: Gas leaks can not always be detected by smell.

Gas suppliers recommend that you use a gas detector approved by UL or CSA.

For more information, contact the your gas supplier.

If a gas leak is detected, follow the "WHAT TO DO IF YOU SMELL GAS" instructions.

DESIGN CERTIFIED

For Your Safety

AN ODORANT IS ADDED TO THE GAS USED BY THIS WATER HEATER.

WARNING: If the information in these instructions is not followed exactly, a fire or explosion may result causing property damage, personal injury or death.

— Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

— WHAT TO DO IF YOU SMELL GAS

- **Do not try to light any appliance.**
- **Do not touch any electrical switch; do not use any phone in your building.**
- **Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.**
- **If you cannot reach your gas supplier, call the fire department.**

— Installation and service must be performed by a qualified installer, service agency or the gas supplier.

ALL TECHNICAL AND WARRANTY QUESTIONS: SHOULD BE DIRECTED TO THE LOCAL DEALER FROM WHOM THE WATER HEATER WAS PURCHASED. IF YOU ARE UNSUCCESSFUL, CONTACT RESIDENTIAL TECHNICAL ASSISTANCE AT 1-800-527-1953 OR WWW.HOTWATER.COM.

PRINTED IN THE U.S.A. 0808

PART NO. 186487-002

Safgard™

Model 1100

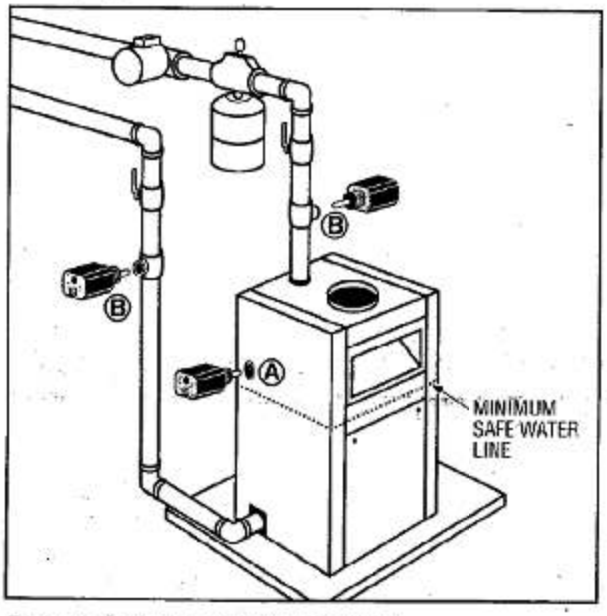
Low Water Cut-Off For Residential Hot Water Boilers

24 VAC Operating Voltage

- ADVANCED SOLID STATE DESIGN
- TEST BUTTON FOR EASY DIAGNOSTICS
- POWER AND LOW WATER LED INDICATORS
- MOLEX CONNECTOR FOR EASY WIRING
- COMPACT SIZE ALLOWS FOR MOUNTING IN TIGHT SPACES

WARNING: To prevent electrical shock or equipment damage, power must be off during installation or servicing of the control. To prevent serious burns, the boiler should be thoroughly cooled before installing or servicing control. Only qualified personnel may install or service the control in accordance with local codes and ordinances. Read instructions completely before proceeding.

Step ❶



Determine Mounting Location

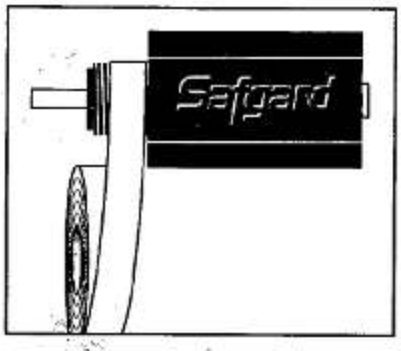
The Safgard 1100 must be installed at or above the minimum safe water level established by the boiler manufacturer. The 1100 can be installed directly into the boiler if a suitable tapping is available Ⓐ. The 1100 can also be installed in the boiler piping using a standard 3/4" tee Ⓑ.

Note: When installing in piping, select a location close to the boiler to ensure the 4' wiring harness will reach the 24-Volt transformer. The cut-off should be installed on the boiler side of the circulator or shut-off valves.

IMPORTANT: Check for adequate clearance (minimum 1/4") from metal probe sensor to any surface inside the boiler or pipe.

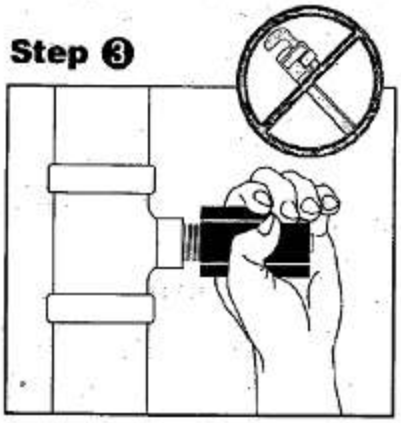
Do not install in a location that could hold or trap water in the event of a low water condition.

Step ❷



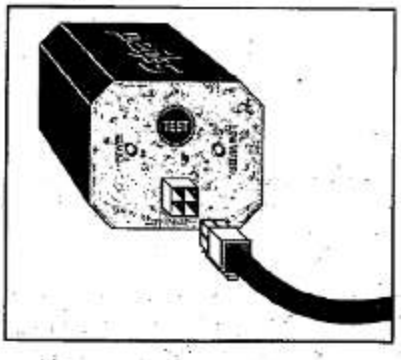
Apply Teflon® tape to the threads of the Model 1100. Do not use pipe dope or other pipe sealants.

Step ❸



Hand tighten the control into boiler tapping or pipe tee. Be careful not to cross thread. **Note:** Do not use a wrench. Hand tighten only.

Step ❹



Plug wire harness into connector on face of control.

HYDROLEVEL COMPANY

83 Water Street • New Haven, CT 06511 • Phone (203) 776-0473 • FAX (203) 773-1019 • www.hydrolevel.com

OPERATIONAL TEST PROCEDURE

IMPORTANT: Do not run boiler unattended until the following procedure is completed

1. Before raising the water level above the Model 1100, turn on power to the boiler and set the thermostat to call for heat. Both the green "POWER" LED and amber "LOW WATER" LED should illuminate. The burner should not fire. IMPORTANT: If the burner fires with no water at the probe, immediately shut down power to the boiler and refer to the Trouble Shooting instructions below.
2. Proceed to fill the boiler with water. When water reaches the LWCO position, the burner should fire. If the burner does not fire, refer to the Trouble Shooting instructions below.
3. Turn off the power to the boiler and finish filling the system.
4. Before leaving the job, power up the system and push the TEST button on the Model 1100 to simulate a low water condition. The amber "LOW WATER" LED should illuminate and the burner should shut down.

MAINTENANCE

EVERY YEAR Check control operation annually by pressing the TEST button. The amber "LOW WATER" LED should illuminate and the burner should shut down.

5 YEARS Remove the low water cut-off every five years and clean all surfaces in contact with water.

TROUBLE SHOOTING

IF THE BURNER DOES NOT SHUT DOWN

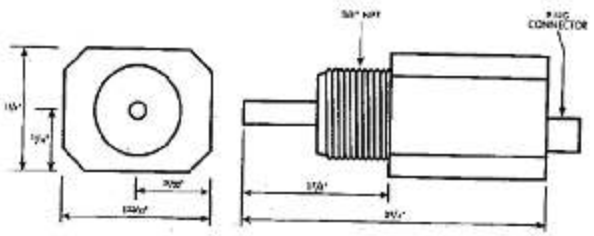
(when water is below the probe or when the TEST button is pressed)

1. Turn off boiler power immediately and re-check wiring.
2. Turn off boiler power and drain system. Remove low water cut-off and check for adequate clearance – no metal should be in contact with the control's metal probe tip.

IF THE BURNER DOES NOT FIRE

1. Make sure water has reached the level of the control.
2. Check green wire for proper ground. Make sure the wire is attached to an unpainted surface that is electrically common to the boiler.
3. Check to ensure the control's metal probe tip is not surrounded by an air pocket. Shut down power to the boiler and slowly loosen, but do not remove, the control. Allow any air to escape. When water begins to seep past threads, retighten the control.
4. Re-check wiring and check for correct incoming voltage.

DIMENSIONS



SPECIFICATIONS

VOLTAGE	24 VAC
POWER CONSUMPTION	1 VA
SWITCHING CAPACITY	50 VA
MAX LOAD	5 Amps
MAX PRESSURE	50 PSI (3.5 kg/cm)
MAX WATER TEMPERATURE	250°F (121°C)

(UL) LISTED

LIMITED MANUFACTURER'S WARRANTY

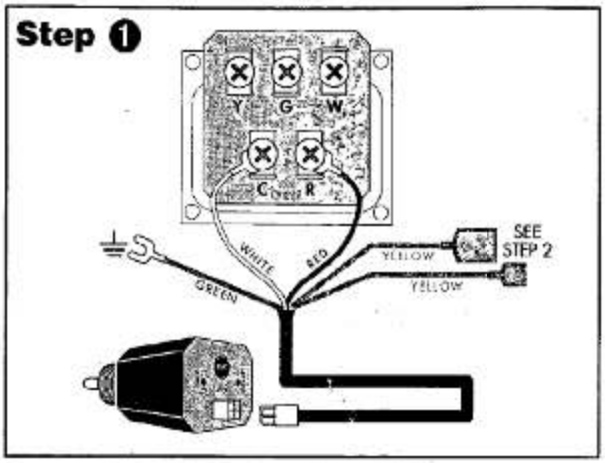
We warrant products manufactured by Hydrolevel Company to be free from defects in material and workmanship for a period of two years from the date of manufacture or one year from the date of installation, whichever occurs first. In the event of any claim under this warranty or otherwise with respect to our products which is made within such period, we will, at our option, repair or replace such products or refund the purchase price paid to us by you for such products. In no event shall Hydrolevel Company be liable for any other loss or damage, whether direct, indirect, incidental or consequential. This warranty is your EXCLUSIVE remedy and shall be IN PLACE OF any other warranty or guarantee, express or implied, including, without limitation, any warranty of MERCHANTABILITY or fitness for a particular purpose. This warranty may not be assigned or transferred and any unauthorized transfer or assignment thereof shall be void and of no force or effect.

HYDROLEVEL COMPANY 83 Water Street • New Haven, CT 06511 • Phone (203) 776-0473 • FAX (203) 773-1019 • www.hydrolevel.com

WIRING TO CONTROL CENTER

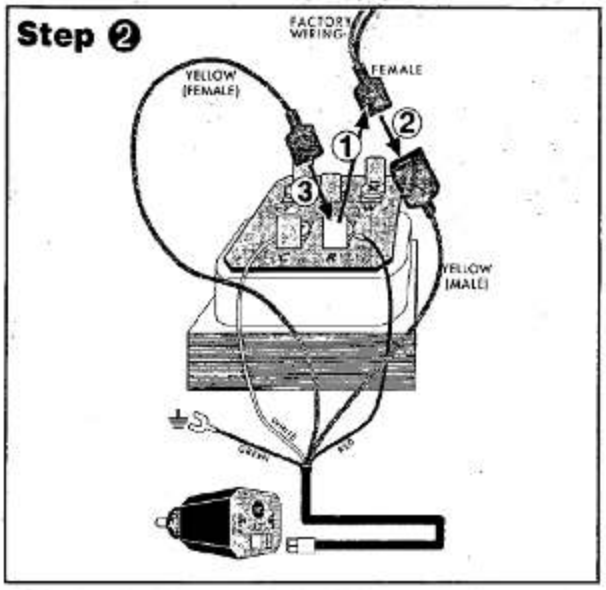
For boilers equipped with a Honeywell R8285 Control Center or equivalent

Step ❶



Connect the WHITE wire to **C** and the RED wire to **R** using the screw terminals on the control center. Connect the GREEN wire to any suitable, unpainted ground screw. **Note:** for operation of the control, the green wire must be connected to a ground source electrically common with boiler ground.

Step ❷

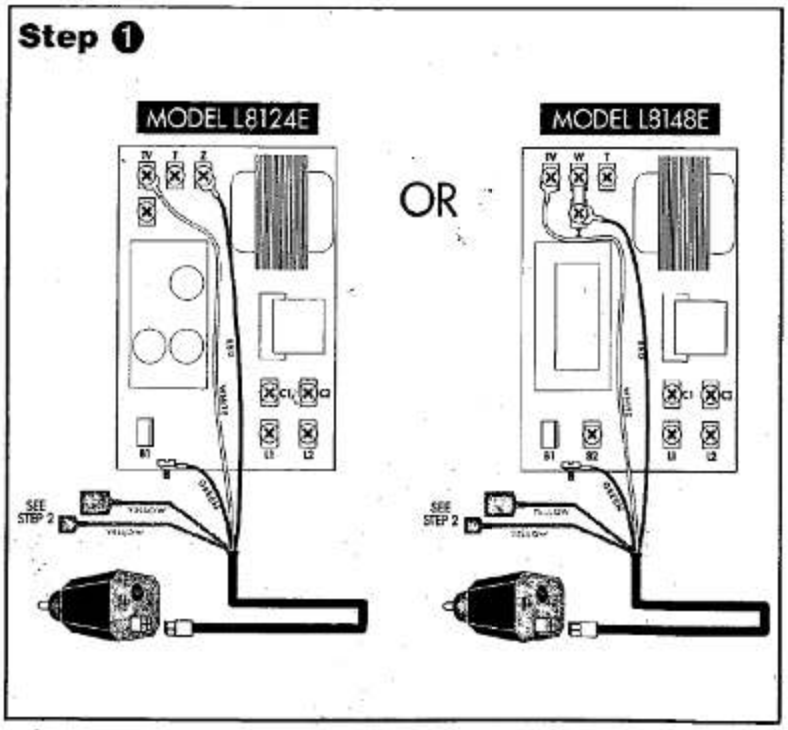


①Unplug the factory-wired quick connect from terminal **R** and ②plug into YELLOW wire with *male* connector. ③Plug YELLOW wire with *female* connector into terminal **R**.

WIRING TO AN AQUASTAT

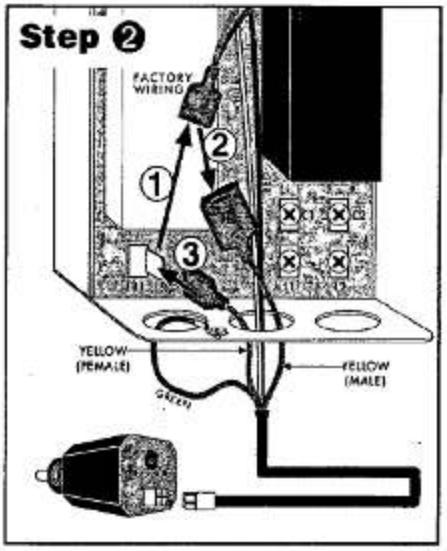
For boilers equipped with a Honeywell Model L8148E or L8124E Aquastat. Safgard Model 1100 is not to be used with Model L8148C or L8124C. Safgard Model 1150 should be used for oil-fired boilers.

Step ❶



Connect the WHITE wire to **TV** and the RED wire to **Z.** Connect the GREEN wire to the ground screw on the bottom of the aquastat or any other suitable, unpainted ground screw. **Note:** for operation of the control, the green wire must be connected to a ground source electrically common with boiler ground.

Step ❷

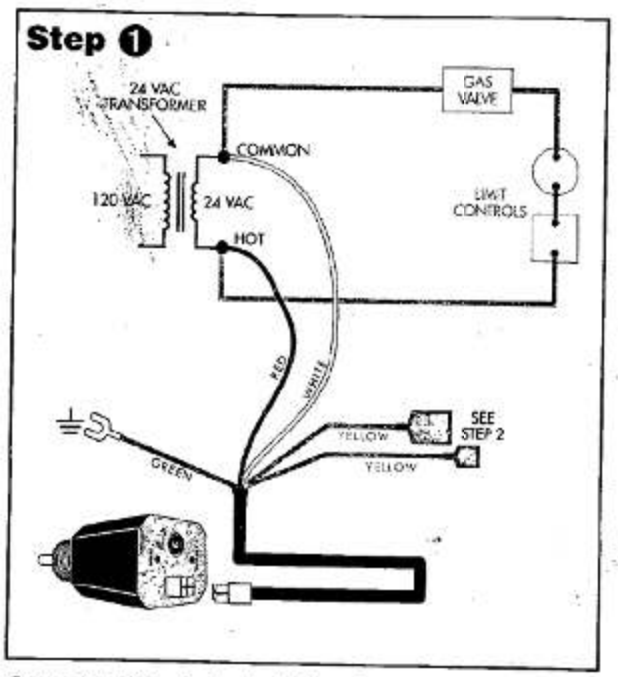


①Unplug the factory-wired quick connect from terminal **B1** and ②plug into YELLOW wire with *male* connector. ③Plug YELLOW wire with *female* connector into terminal **B1.**

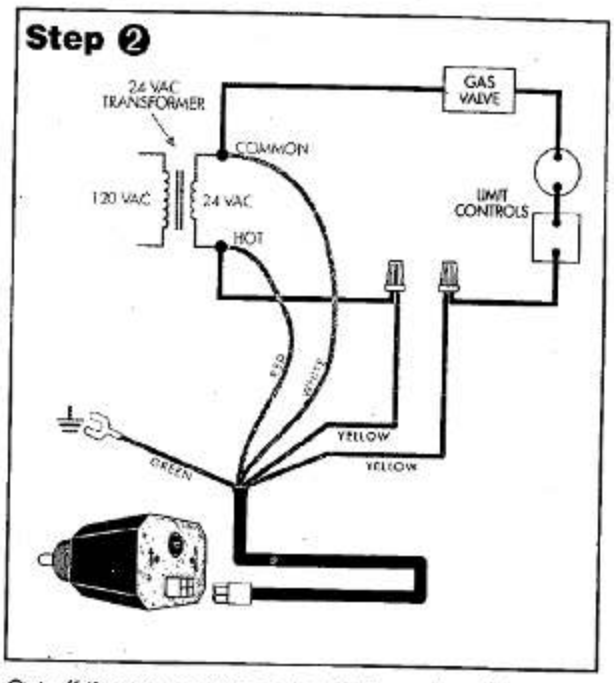
UPON COMPLETION OF WIRING, REPLACE COVER.

WIRING TO 24 VAC TRANSFORMER

For boilers using a standard 24 VAC transformer



Connect RED wire to *hot* side of 24 Volt boiler transformer **(R).** Connect WHITE wire to common side of 24 Volt boiler transformer **(C).** Connect the GREEN wire to any suitable, unpainted ground screw.
Note: for operation of the control, the green wire must be connected to a ground source electrically common with boiler ground.



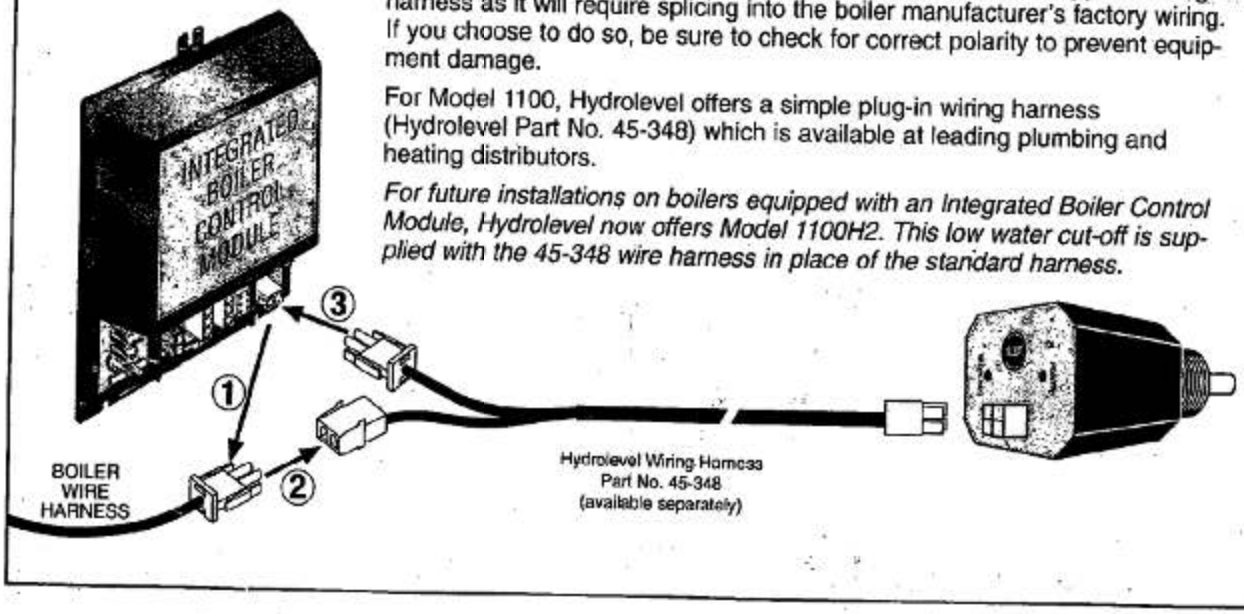
Cut-off the connectors and strip the ends of the two yellow wires of the Model 1100 harness. Break into the burner circuit between the *hot* side of the transformer **(R)** and other limit controls. Connect either YELLOW wire to the *hot* side. Connect the other YELLOW wire in series with other limit controls.
Important: The switch contacts of the low water cut-off (yellow wires) must be wired in series with all other limit and operating controls (as shown above).

WIRING TO INTEGRATED BOILER CONTROL MODULE

Important: For boilers equipped with a United Technologies Integrated Boiler Control Module, Hydrolevel does not recommend use of the supplied wiring harness as it will require splicing into the boiler manufacturer's factory wiring. If you choose to do so, be sure to check for correct polarity to prevent equipment damage.

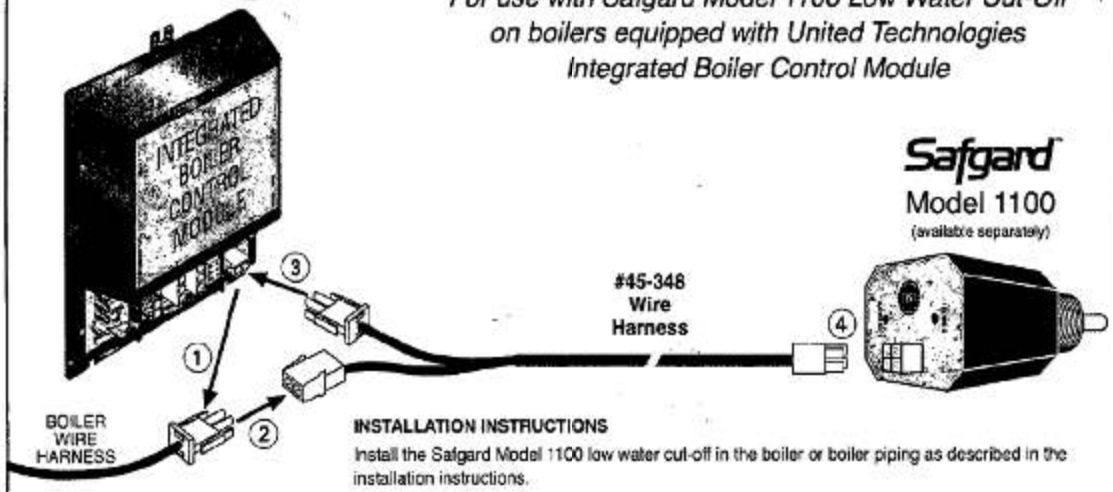
For Model 1100, Hydrolevel offers a simple plug-in wiring harness (Hydrolevel Part No. 45-348) which is available at leading plumbing and heating distributors.

For future installations on boilers equipped with an Integrated Boiler Control Module, Hydrolevel now offers Model 1100H2. This low water cut-off is supplied with the 45-348 wire harness in place of the standard harness.



Safgard™ #45-348 Wire Harness

For use with Safgard Model 1100 Low Water Cut-Off on boilers equipped with United Technologies Integrated Boiler Control Module



INSTALLATION INSTRUCTIONS

Install the Safgard Model 1100 low water cut-off in the boiler or boiler piping as described in the installation instructions.

(1) Disconnect boiler wire harness from the "SECONDARY" port on the Integrated Control Module and (2) plug into female plug adapter on #45-348 Wire Harness. (3) Plug male adapter on #45-348 Wire Harness into "SECONDARY" port on the Integrated Control Module.

(4) Plug the other end of the Wire Harness into the Model 1100 low water cut-off.

LIMITED MANUFACTURER'S WARRANTY

We warrant products manufactured by Hydrolevel Company to be free from defects in material and workmanship for a period of two years from the date of manufacture or one year from the date of installation, whichever occurs first. In the event of any claim under this warranty or otherwise with respect to our products which is made within such period, we will, at our option, repair or replace such product or refund the purchase price paid to us by you for such products. In no event shall Hydrolevel Company be liable for any other loss of damage whether direct, indirect, incidental or consequential. This warranty is your EXCLUSIVE remedy and shall be IN PLACE OF any other warranty or guarantee, express or implied, including, without limitation, any warranty of MERCHANTABILITY, or fitness for a particular purpose. This warranty may not be assigned or transferred and any unauthorized transfer or assignment thereof shall be void and of no force or effect.

HYDROLEVEL COMPANY

83 Water Street • New Haven, CT 06511 • Phone: (203) 776-0473 • FAX: (203) 773-1019 • www.hydrolevel.com

Weil-McLain Limited Warranty

Weil-McLain® Cast Iron Boilers

Warranty for Residential Water Applications — Limited Lifetime

Please register your purchase of Weil-McLain Products at Weil-McLain's website: www.weil-mclain.com

Cast Iron Sections — Weil-McLain warrants the Cast Iron Sections of the boiler referenced above (the "Boiler") to be free from defects in material and workmanship for the lifetime of the Boiler in a residential water application (the "Cast Iron Sections Warranty Period"). If one or more Cast Iron Sections are found to be defective in material or workmanship during the Cast Iron Sections Warranty Period, Weil-McLain will provide replacement Cast Iron Section(s) for the defective Cast Iron Section(s). Weil-McLain's obligation to provide replacement Cast Iron Section(s) for defective Cast Iron Section(s) in the 11th year of the Cast Iron Sections Warranty Period and beyond shall be subject to the warranty claimant's payment of a charge calculated by multiplying the retail price for the replacement Cast Iron Section(s) at the time the warranty claim is made by the applicable percentage listed in the table below. The warranty claimant shall make this payment to a qualified heating or plumbing contractor that the warranty claimant selects to handle the warranty claim (the "Contractor").

Year	Percentage	Year	Percentage
11	5	19	45
12	10	20	50
13	15	21	55
14	20	22	60
15	25	23	65
16	30	24	70
17	35	25 & Beyond	75
18	40		

All Other Boiler Parts — Weil-McLain warrants all parts of the Boiler other than the Cast Iron Sections ("Parts") to be free from defects in material and workmanship for one (1) year from the date of installation of the Boiler in a residential water application (the "Parts Warranty Period"). If any Part(s) are found to be defective in materials or workmanship during the Parts Warranty Period, Weil-McLain will provide replacement Part(s) for such defective Part(s).

Information on the proper installation, operation, and maintenance of Weil-McLain products ("Products") is found in the installation, start-up, operations, owner/user's manuals, service/maintenance instructions, and other printed/technical information provided with the Product or direct from Weil-McLain or *weil-mclain.com*.

THE WARRANTY SET FORTH ABOVE DOES NOT COVER THE FOLLOWING:

1. Products that were not installed in accordance with manufacturer's instructions by a qualified heating or plumbing contractor whose principal occupation is the sale and installation of plumbing, heating, and/or air conditioning equipment; or unsatisfactory performance caused by improper installation.
2. Products that are no longer owned by the first retail purchaser or that have been moved from their original installation site.
3. Products operated with combustion air contaminated externally by chemical vapors or with improper fuel additives, or with water conditions that may have caused unusual deposits in the Cast Iron Sections.
4. Components that are part of the heating system into which the Boiler is incorporated that are not Weil-McLain Products.
5. The workmanship of the installer of the Boiler.
6. Normal wear and tear.
7. Any costs for labor to remove the Product(s) that are the subject of the warranty claim and to install replacement Product(s); transportation to return the Product(s) that are the subject of the warranty claim (if return is required); and any other materials necessary to perform the replacement.
8. Any Products that fail or malfunction as a result of improper or negligent operation, adjustment (including Boiler/burner), control settings, repair, care, or maintenance; freezing, accident, fire, flood, or acts of God; abuse or misuse; unauthorized alteration; power failures; or inaccurate or incomplete information or data supplied or approved by any party other than Weil-McLain.
9. Any Products sized for typical residential application installed in buildings other than one- or two-family dwelling units, unless individual Products of such size are provided for each dwelling unit in the building; and any Products otherwise not properly sized for the application.

THE WARRANTY DESCRIBED HEREIN IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE AND MERCHANTABILITY. WEIL-McLAIN EXPRESSLY DISCLAIMS AND EXCLUDES ANY LIABILITY FOR CONSEQUENTIAL, INCIDENTAL, INDIRECT, MULTIPLE, OR PUNITIVE DAMAGES FOR BREACH OF ANY EXPRESS WARRANTY.

To commence a warranty claim, please notify the Contractor. The Contractor will in turn notify the authorized Weil-McLain Distributor from whom the Boiler was purchased. If this action does not result in warranty resolution, please contact **Weil-McLain Consumer Relations Department, 500 Blaine Street, Michigan City, Indiana 46360,** with details in support of the warranty claim. Weil-McLain may require return of the Product(s) that are the subject of the warranty claim through the same trade channel, in accordance with the Weil-McLain procedure then in effect for handling returned Products, for inspection to determine cause of failure.

If you have any questions about the coverage of this Limited Warranty, please contact Weil-McLain at the address provided above.

(04/09) 550-141-023

CGs SERIES BOILER
SUGGESTED SPECIFICATIONS

I. General Requirements

A. Furnish and install ( ) low pressure packaged, sealed combustion, power vented, high Efficiency gas fired cast iron sectional boiler(s) that that can use outside air for combustion.

B. Install boiler-burner unit(s) in compliance with manufacturers installation instructions. All work must be done in a neat and workman like manner.

C. Weil-McLain qty.( ) CGs boiler(s) size(s) ( ) capable of burning natural gas at 5 to 13"w.c. or propane 11 to 13"w.c. inlet pressure.

1. Packaged boiler (standard).
2. High grade stainless steel burners for natural or propane gas firing.
3. Water.
4. Minimum 84% efficiency.
5. Induced draft.
6. Intermittent pilot with electronic module control with diagnostic lights.

D. Boiler(s) shall have I=B=R Hydronics Institute gross output(s) at 100% firing rate – ( ) MBH per boiler.

E. Boiler(s) shall be manufactured by ISO 9001 registered company to conform to Section IV of the ASME Boiler and Pressure Vessel Code.
1. Individual sections (and section assembly) to be hydrostatically pressure tested at factory in accordance with ASME requirements.
2. Maximum allowable working pressure 50 PSIG water and cast as part of section with ASME symbol.

F. Regulatory Requirements
1. Boiler(s) and controls to comply with applicable regulations.

G. Submittals
1. Submit shop drawings and product data.
2. Submittal packet to include boiler (and burner) manufacturer descriptive literature, installation instructions, operating instructions, and maintenance instructions.

II. Product

A. Acceptable boiler/burner manufacturer(s) include(s):
1. Weil-McLain only, as specified in Part 1, Paragraph C.
2. Other manufacturer(s) or other Weil-McLain boiler(s) must comply with specifying engineer's requirements, including:

a) Full intent of these specifications, and provide complete submittal including literature, wiring diagrams, fuel piping diagrams, and a list of similar installations.
b) Submittal to be presented to specifying engineer at least seven working days for approval before bid opening. Substitutions are <u>not</u> permitted after contract is awarded.
c) Energy Management Control System(s) must be tested and approved for installation with specified boiler by boiler manufacturer.

B. Boiler construction

1. Boiler sections
   a) Assembled with tie rods.
   b) Parallel ground sealed with high temperature silicone sealant to assure permanent gas-tight seal.
   c) Sealed water-tight by elastomer sealing rings, not cast iron nipples. Each port opening is machined to accept elastomer sealing rings between sections.
   d) Provided with sufficient tappings to install required controls.

2. Boiler(s)
   a) Provided with cast-in air elimination to separate air from circulating water.
   b) Provided with expansion tank tapping to divert separated air to expansion tank.
   c) Constructed to provide balanced water flow through entire section assembly using single supply and return connections for water. No external headers are necessary.
   d) Designed with a low silhouette to provide maximum headroom.
   e) Elastomer sealing rings are to be used to provide permanent water-tight seal between sections. Unlike cast iron or steel push nipples, the elasticity of the seals fills any gaps caused by misalignment or expansion or contraction.
   f) Shipped with insulated heavy gauge steel jacket(s) with split top for easy servicing and coated with durable powdered paint enamel finish.

C. Boiler foundation(s):

Installer to construct needed support and level concrete foundation(s) where boiler room floor is uneven or will not support the weight of the boiler(s).

D. Boiler trim:

1. All electrical components to be of high quality and bear the U.L. label.
   a) Water boiler(s) controls furnished:
      1) High temperature limit setting to be 140 – 240 degrees.
      2) Combination pressure-temperature gauge with dial clearly marked and easy to read.
      3) ASME certified pressure relief valve, set to relieve at 30 PSIG. Optional relief valves available up to and including maximum allowable pressure. Side outlet discharge type; contractor to pipe outlet to floor drain or near floor, avoiding any area where freezing could occur.

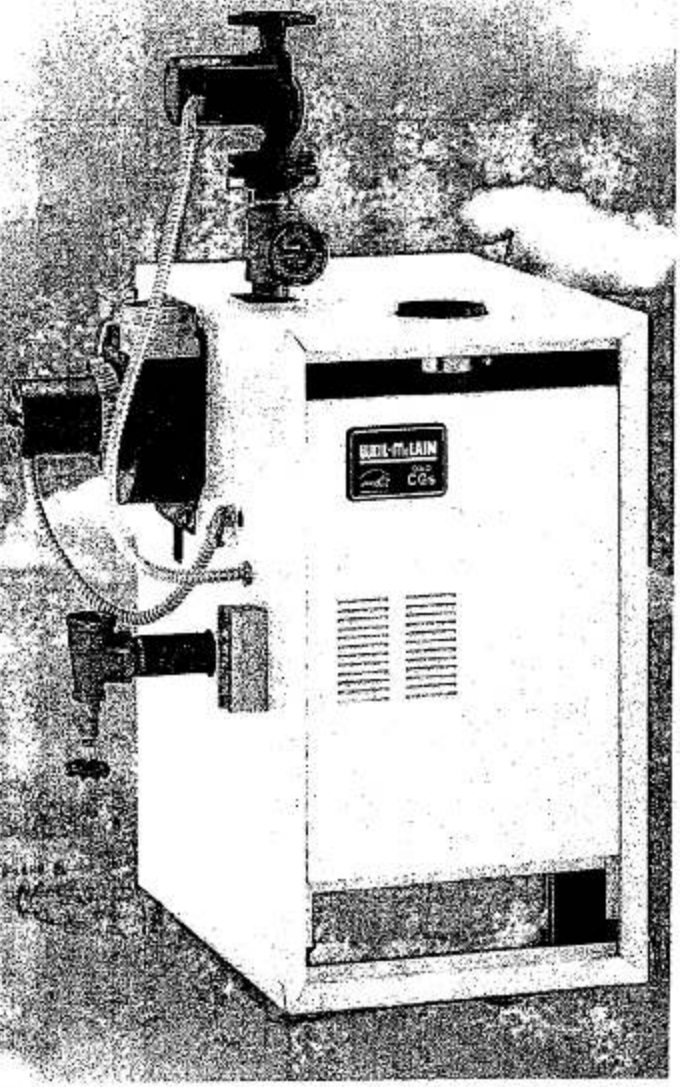
E. Boiler Manuals:
   1. Boiler, gas control and user's information manual.
   2. Venting supplements and instructions.

CGs - Gold Series Gas Boiler
Weil-McLain

CGs
GOLD SERIES-GAS BOILER

Water,
Sealed Combustion
NAT'L or LP
MBH: 67-167
Efficiency Range 83%-85%

- **HIGH EFFICIENCY**
- **EASY TO INSTALL AND SERVICE**
- **MADE WITH WEIL-McLAIN QUALITY**



APPLICATIONS INCLUDE:
Residential
Light Commercial
Multiple Boilers
Indirect-fired Water Heating
Radiant Heating
... And Much More

energy ENERGY STAR

CGs-3 & CGs-4L models

WEIL-McLAIN
www.weil-mclain.com

Ratings

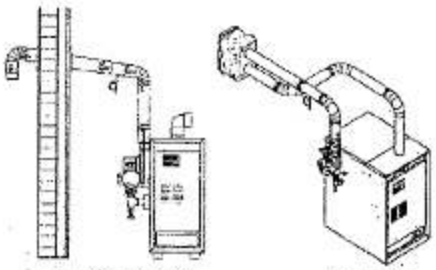
DOE

MADE IN THE USA

Model (1)	Input MBH (2)	DOE Heating Capacity MBH (2)	Net I=B=R Water Ratings MBH (3)	DOE Seasonal Efficiency Percent (AFUE)	Approx. Shipping Weight (Lbs)	Minimum Vent Connector Diameter (4)
CGs-3(*)	67	57	50	85.3	200	3
CGs-4E (5)(*)	90	77	67	85.0	240	3
CGs-4	100	85	74	84.6	240	3
CGs-5	133	112	97	84.0	280	3
CGs-6	167	140	122	83.4	325	3

Notes:
(1) Add "PIN" for natural gas, "PIL" for propane.
(2) Based on standard test procedures prescribed by the United States Department of Energy.
(3) Net I=B=R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing needs to be added for normal piping and pick-up. Ratings are based on a piping and pick-up allowance of 1/15. An additional allowance should be made for unusual piping and pick-up loads.
(4) CGs boilers must be vented directly to the outside.
(5) CGs-4E is for a direct vent application only. CGs-4E cannot use indoor air for combustion.
(*) As an Energy Star Partner, Weil-McLain has determined that the CGs-3 and CGs-4E meet the Energy Star guidelines for energy efficiency.
CGs boilers are C.S.A. design certified for installation on combustible flooring. Tested for 50 psi working pressure.

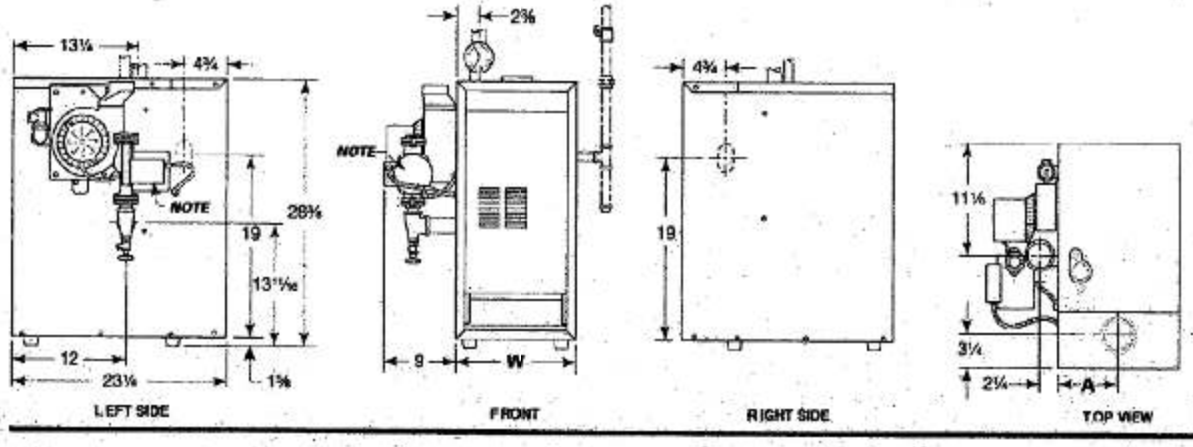
Dimensions



Direct Exhaust Venting — Direct Venting

Model	Dimensions Inches A	Dimensions Inches W	Supply Piping In. (1)	Return Piping In. (1)	Nat or LP Gas Connection Size Inches	Crate Dimensions (Outside Measurements - In.) Length	Width	Height
CGs-3	6-1/2	13	1	1	1/2	30	27-1/2	31-1/2
CGs-4	8	16	1	1	1/2	30	27-1/2	31-1/2
CGs-4E(**)	8	16	1	1	1/2	30	27-1/2	31-1/2
CGs-5	9-1/2	19	1	1	1/2	33	27-1/2	31-1/2
CGs-6	11	22	1-1/4	1-1/4	1/2	36	27-1/2	31-1/2

Notes: (1) Circulator flange supplied with boiler is same size as recommended pipe size. For supply and return boiler tapping size, see installation manual.
(**) CGs-4E is for direct vent applications only, it cannot be used for direct exhaust vent applications.

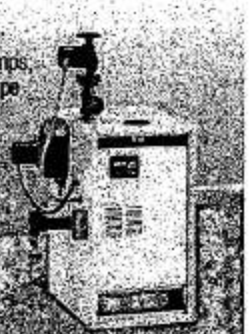


Note: Boiler circulator is shipped loose. Circulator may be mounted on either boiler supply or return piping. See dimension chart for pipe size of circulator flange provided.

Standard and Additional Equipment

Standard Equipment:
Factory Tested
Two-Piece Top Jacket Panel
Insulated Extended Steel Jacket
Cast Iron Sections with Built-in Air Separator
Radiation Plates
Steel Base
Integrated Boiler Control Module with Intermittent Electronic Ignition System & Indicator/Diagnostic Lights
Inducer Assembly
Flue Gas Collector/Transition Assembly
Combination Gas Valve for 24 Volt
Wiring Harness
Air Pressure Switch
Non-Linting Pilot Burner
High-Grade Stainless Steel Burners
Sidewall Vent Termination Kit (includes inside and outside plates, vent cap and hardware)
40VA Transformer
Electrical Junction Box
Rollout Thermal Fuse Element
High-Limit Temperature Control
Circulator (when ordered)
30 PSI ASME Relief Valve (boiler sections tested for 50 PSI working pressure)
Combination Pressure/Temperature Gauge
Drain Valve

Additional Equipment:
CGs AL29-4C® Starter (same as CGi Starter)
Taco 007 Circulator
Expansion Tank Package (expansion tank, fill & check valve, auto air vent and fittings): #109-sizes 3 thru 5; #110-size 6. Shipped in separate carton.
Through-the-Roof Termination Kit - includes 5"x5"x3" tee, 5" cap, flue support, spacer clamps, debris screen and hardware. 5" Type B vent pipe and fittings must be furnished by installer.
High Altitude Kits
W-M 5 & 10 Year Homeowner Protection Plan
W-M Indirect-Fired Water Heaters
W-M Maxim® Pool Heaters
W-M Baseboard Units



WEIL-McLAIN

In the interest of continual improvement in product and performance, Weil-McLain reserves the right to change specifications without notice.
C-942 R6 (1209)

PERMIT UPDATE

Date Update Issued 01-25-11
Control # C-11-000067
Permit # 10-2982+A

IDENTIFICATION Block: 532 Lot: 32 Qualifier
Work Site Location: 508 CENTRAL AVE Brick Township, NJ
Owner in Fee: BIANCHI, LISA
508 CENTRAL AVE BRICK NJ 08723
Telephone:

Contractor: MONTANA MECHANICAL
Address: 101 ATLANTIS AVENUE MANAHAWKIN NJ
Telephone: (609) 978-3551
Lic. No. or Bldrs. Reg. No. 11125
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:
FURNACE Boiler

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 $600

Construction Official

1-21-11
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$136
Check No.	
Cash	$0
Credit	$0
Collected By	

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

Date Received Control # 10-2982+A

Date Issued Permit # 01-25-11

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

Block 532 Lot 32 Qualification Code _____

Work Site Location 500 Central Ave. Brick, NJ 08723

Owner in Fee: Lisa Bianchi

Tel. [redacted] e-mail _____

Address 810 Shore Drive, Brick, NJ 08723
street municipality zip code

Contractor: H/O Tel. ( ) _____

Address _____ 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. _____ FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Other _____

Location: _____

Total Cost of Fire Protection Work $ 200.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 1/11/11 Approved by: KD

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-19-11

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] 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				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	45
Fireplace Venting/Metal Chimney		
Other _____		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control #: 10-2982 +A
Date Issued / Permit #: 11-25-11

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

Block 532 Lot 32 Qualification Code ______

Work Site Location 532 Central Ave
Brick, NJ 08723

O[redacted]

T[redacted] e-mail ______

Address 810 Shore Drive, Brick, NJ 08723
street / municipality / zip code

Contractor: H/O Tel. ( ) ______

Address ______ 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. ______ FAX: ( ) ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______

Constr. Class: Present ______ Proposed ______

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

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

Other ______

Location: ______

Total Cost of Fire Protection Work $ 2000.00

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

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ______

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

Location of Main Control Valve: ______

C. CERTIFICATION IN LIEU OF OATH:

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	41
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
[ ] Partial -Underslab Utilities Approved
Date: 1/14/11 Approved by: LD
[ ] Fire Protection Plans Approved
Date: ______ Approved by: ______
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1-14-11
Approved by: LD
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	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				

Dates (Month/Day)

update 16-3982 +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 01.25.11
Permit #

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

Block 532 Lot 32 Qualification Code

Work Site Location 508 CENTRAL Ave
BRICK NJ 08723

Owner In Fee LISA Bianchi

Address 508 Central Ave
Brick NJ 08723

Tel ( )

Contractor DELIA ELECTRIC

Address 366 SIXTH ST
JERSEY CITY NJ

Tel (201) 798 0984 FAX (201) 798 6395

Contractor License No. 5309A

Federal Emp. No. 22-4358027 BOB Cell 2014001014

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 1 FAMILY Utility Co.

Est. Cost of Elec. Work $ 1700.00

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 and perform the work listed on this application. V.P.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[1] No Plans Required 1-13-11 JS

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

Update 16-2982 +A

Date Received
Control # 11 25 11
Date Issued
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 532 Lot 32 Qualification Code

Work Site Location 508 Central Ave
Brick NJ 08723

Owner in Fee Lisa Bianchi
Address 508 Central Ave
Brick NJ 08723

Tel ( )

Contractor DELIO ELECTRIC
Address 366 SIXTH ST
JERSEY CITY NJ

Tel (201) 798 0184 FAX (201) 798 0395

Contractor License No. 5309 A

Federal Emp. No. 22-341 8077   Pete Cell 201 410-1614

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 1 Family Utility Co.

Est. Cost of Elec. Work $ 1100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[✓] No Plans Required 1-13-11 JS

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) (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 [ ] Cert'f'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Update 10-2982+4

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 01 25 11

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

Block 53 Lot 32 Qualification Code

Work Site Location 508 CENTRAL AVE. BRICK NJ 08723

Owner in Fee LISA BIANCHI

Address 508 CENTRAL AVE BRICK NJ 08723

Tel [redacted]

Contractor Mechanical

Address 101 Atlantis Ave Manchester

Tel (609) 978-3551 FAX (609) 978-3550

Contractor License No. 11123

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group R-3 Present 1S Perfect Proposed underground being underground

Building Sewer Size Poly Public Sewer CS Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 1-20-11

Approved by: BW

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 (List of all fixtures.)

NO.	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	
#1	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	$

U.C.C. F130 (rev. 01/04)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Update 10-29-12 TH

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # A1 15 11

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

Block 532 Lot 32 Qualification Code

Work Site Location 508 Central Ave. Bank NJ 07723

Owner in Fee Lisa Burnett

Address 508 Central Ave Bank NJ 07723

Tel [redacted]

Con[redacted] mechco.com

Address 101 Atlantis Ave Manchester

Tel (609) 978-7771 FAX (609) 978-3550

Contractor License No. 11132

Federal Emp. No.

Underground pipe being replaced

B. PLUMBING CHARACTERISTICS

Use Group * (Present 1&5 Proposed underground)

Building Sewer Size 4" Public Sewer CC Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 300.00

Water pipe to meter

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 (List of all fixtures.)

NO.	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	
#1	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	$

U.C.C. F130 (rev. 01/04)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

GAS Riser Diagram

Bianchi Res.

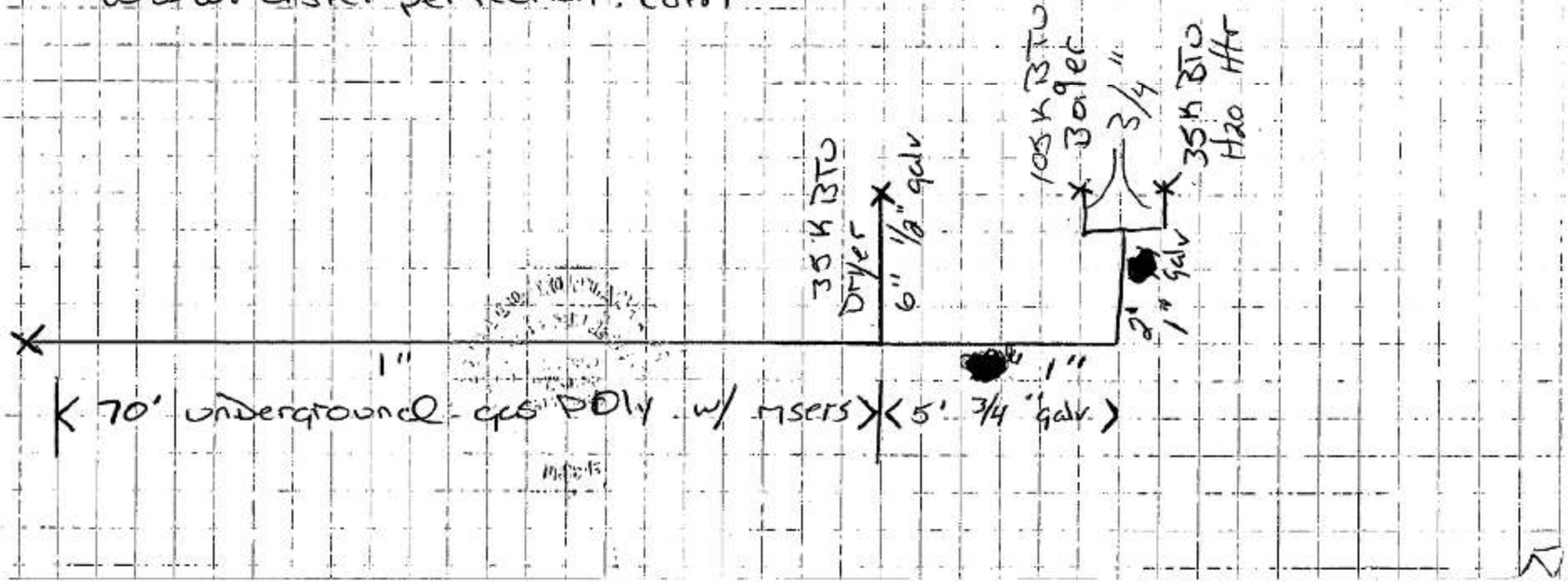
508 Central Ave

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode	B	1-20-11
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

Underground pipe being used is Perfection underground gas Poly + Risers

www.elsterperfection.com



1/18/11 faxed

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 508 CENTRAL AVE BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 532 Lot: 32 Qual:
(508 CENTRAL AVE)
Permit Number: 10-2982+A Control Number: C-11-000067
Last Submit Date: Thursday, January 13, 2011

Date: Thursday, January 13, 2011

Dear BIANCHI, LISA,

The following comments were made during the Plan Review process:

#1-3/4" galv. undersized

Sincerely,

Robert Wennlund, Subcode Official

(#10)
RESUBMIT - 01-19-11 - CONTRACTOR

TOWNSHIP

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		10/27/10

FOR REPLACEMENT FURANCE

Submit b.t.u. input & output of both new & old units.

OLD B.T.U._____Input 70,000 **Output** 51,000

NEW B.T.U._____Input 106,000 **Output** 79,000

And/Or

Heat loss for new Unit.

*****If you do not have old b.t.u. and new b.t.u. of units, you will have to submit a Heat Loss.**

*****If the New Unit B.T.U. are less than the Old Unit B.T.U. you will have to submit a Heat Loss.**

+++++ We also will need a

******Copy of the brochure for the furnace.**
******Chimney Certification** -OK

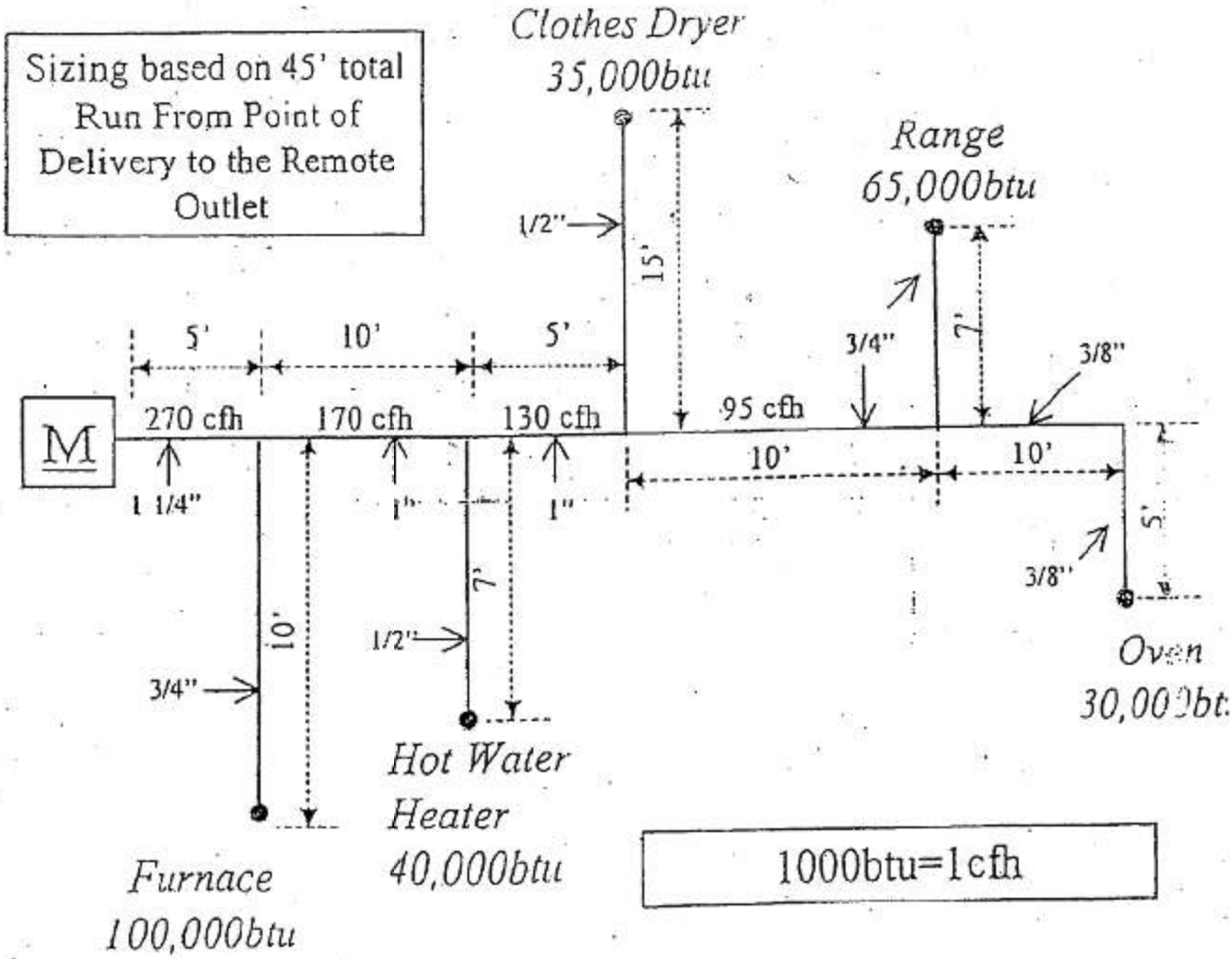
-GAS pipe drawing.

(OVER)

TABLE 402.3(1)
MAXIMUM CAPACITY OF PIPE IN CUBIC FEET OF GAS PER HOUR FOR GAS PRESSURES OF 0.5 PSI OR LESS AND A PRESSURE DROP OF 0.3-INCH WATER COLUMN
Based on a 0.60 Specific Gravity Gas

NOMINAL IRON PIPE SIZE (inches)	INTERNAL DIAMETER (inches)	LENGTH OF PIPE (feet)													
		10	20	30	40	50	60	70	80	90	100	125	150	175	200
1/4	.364	32	22	18	15	14	12	11	11	10	9	8	8	7	6
3/8	.493	72	49	40	34	30	27	25	23	23	21	18	17	15	14
1/2	.622	132	92	73	63	56	50	46	43	40	38	34	31	28	26
3/4	.824	278	190	152	130	115	105	96	90	84	79	72	64	59	55
1	1.049	520	350	285	245	215	195	180	170	160	150	130	120	110	100
1 1/4	1.380	1,050	730	590	500	440	400	370	350	320	305	275	250	225	210
1 1/2	1.610	1,600	1,100	890	760	670	610	560	530	490	460	410	380	350	320
2	2.067	3,050	2,100	1,650	1,450	1,270	1,150	1,050	990	930	870	780	710	650	610
2 1/2	2.469	4,800	3,300	2,700	2,300	2,000	1,850	1,700	1,600	1,500	1,400	1,250	1,130	1,050	980
3	3.068	8,500	5,900	4,700	4,100	3,600	3,250	3,000	2,800	2,600	2,500	2,200	2,000	1,850	1,700
4	4.026	17,500	12,000	9,700	8,300	7,400	6,800	6,200	5,800	5,400	5,100	4,500	4,100	3,800	3,500

For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 cubic foot per hour = 0.0283 m³/h, 1 pound per square inch = 6.895 kPa, 1-inch water column = 0.2488 kPa.



Sample Gas Sketch

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 532 LOT 32 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 508 CENTRAL AVE.

Applicant Lisa Bianchi / William Noe

Certifying Individual _____ Company _____

Address 508 Central Ave, Brick NJ _____ _____ _____

Street City State Zip Code

[redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[X] 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.

_____
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] 10/18/10
Signature Date

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

U.C.C. F370 (rev. 3/04)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-10/29/10
Date Issued / Permit # 10-2982

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

Block 532 Lot 32 Qualification Code
Work Site Location 508 CENTRAL AVE.
Owner in Fee LISA BIANCHI
Tel [redacted] e-mail
Address 508 CENTRAL AVE BRICK NJ 08723
Contractor: Montanha Mech (street) (municipality) Tel. (609) 678-3551 (zip code)
Address 101 Atlantis Ave e-mail
Seaford, NJ
Contractor License No. 11125 Exp. Date 6/11
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 $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 10/27/10 Approved by: MH
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-31-10
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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 1				
TCO				
Final				

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	
1	Water Heater GAS	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler 100,000	
	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	$

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/29/10
Control # 10-2982
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 23 Lot 3 Qualification Code
Work Site Location 511 CENTRAL AVE.

Owner in Fee: LISA BIANCHI
[redacted] e-mail
Address 508 CENTRAL AVE BRICK NJ 08723
street municipality zip code

Contractor: Montanha Mech Tel. (609) 678-3551
Address 101 Hankins Ave e-mail
Lakewood, NJ
Contractor License No. 11123 Exp. Date 6-11
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 $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 10/29/10 Approved by: MH
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-29-10
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Final				

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	
1	Water Heater	175.
	Fuel Oil Piping	
20	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	100,000.
	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	$

3

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-2982

Date Issued / Permit # 10/29/10

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

Block 530 Lot 32 Qualification Code

Work Site Location 508 CENTRAL AVE BRICK, NJ 08723

Owner in Fee LISA BIANCHI / WILLIAM NOE

Address SAME

[redacted]

Contractor HOMEOWNER

Address 508 CENTRAL AVE

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

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 Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	10-29-10	M

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

Date:

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

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-2982

Date Issued / Permit # 10/29/10

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

Block 59 Lot 32 Qualification Code

Work Site Location 508 CENTRAL AVE. BRICK, NJ 08723

Owner in Fee LISA BIANCHI / William Moe

Address [redacted]

Contractor Homeowner

Address 508 Central Ave.

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

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

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D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required | 10-29-10 | BM

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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