BLOCK 1192.16 LOT 27 ADDRESS (SITE) C12-12 PERMIT NO. 01-3195

5/11/00

CONSTRUCTION PERMIT APPLICATION MAIL IT

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

I. IDENTIFICATION

1. Proposed Work-site at: 1 Thoreau Ct. Bricktown, NJ 08723
2. Name of Owner in Fee: Deporte Tel. [redacted]
   Address 1 Thoreau Ct. Bricktown, NJ (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: BROWN'S HEATING & COOL Tel. (732) 741-0694
   Address 4 PATTERSON AVENUE, SHREWSBURY, NJ
   License No. OR, if new home, Builder Reg. No. ____
   Federal Emp. No. ____ Social Security No. [redacted]
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work Larry Brown Tel. 732, 741-0694

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	35		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 35		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			9/22/81				
			5-15-00				

III. DO YOU WANT: (optional) 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10102815

U.C.C. Form F-100B

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.vii:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Larry Brown

Address _____

BROWN'S HEATING & COOLING
4 Patterson Avenue
SHREWSBURY, NEW JERSEY 07702
(201) 741-0694

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

ENTIFICATION Block _____ Lot _____

ork Site Location 1 Thoreau Ct. Bricktown, NJ 08723

wner in Fee DELONTE

ddress 1 Thoreau Ct. Bricktown

[redacted]

Contractor BROWN'S HEATING & COOLING

Address 4 PATTERSON AVENUE SHREWSBURY, NJ 07702

Tele. (732) 741-0694

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. [redacted]

hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

SCRIPTION OF WORK:

INSTALLATION OF REPLACE-MENT A/C CONDENSOR

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

imated Cost of Work $ 1445.00

PAYMENTS (Office Use Only)

Building _____
Plumbing _____
Electrical _____
Fire Protection _____
Other _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____

C. Form F-170A

_____
CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

0004
1826*#
BLOCK 1192 # 0.00
LOT 27 # 0.00
PLUMBING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
05/23/2000 11:29
IND. 5 00124005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/23/2000
Control #
Permit # 00-1826

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1192.16 Lot 27 Qual

Work Site Location 1 THOREAU CT
A/C REPLACEMENT
Owner in Fee DEPONTE
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor BROWN'S HEATING & COOLING
Address 4 PATTERSON AVE
SHREWSBERRY, NJ 07702-
Telephone (732)741-0694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
A/C CONDENSOR REPLACEMENT

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	2598
Cash	
Collected By	TL

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

Estimated Cost of Work $ 100

Construction Official

05/23/2000
Date

U.C.C. P170 (rev. 3/96)

0004
1826*# 0.00
BLOCK 1192 # 0.00
LOT 27 # 35.00
PLUMBING 35.00
TOTAL 35.00
CHECK 0.00
CHANGE 11:29
0012A005
NO. 5
05/23/00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/23/2000
Control #
Permit # 00-1826

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1192.16 Lot 27 Qual

Work Site Location 1 THOREAU CT
A/C REPLACEMENT
Owner in Fee DEPONTE
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor BROWN'S HEATING & COOLING
Address 4 PATTERSON AVE
SHREWSBERRY, NJ 07702-
Telephone (732)741-0694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
A/C CONDENSOR REPLACEMENT

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

Estimated Cost of Work $ 100

Construction Official

05/23/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	2598
Cash	
Collected By	TL

U.C.C. PI70 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/23/2000
Control #
Permit # 00-1826

UCC NEW JERSEY
CONSTRUCTION PERMIT

DENTIFICATION Block 1192.16 Lot 27 Qual

ork Site Location 1 THOREAU CT
A/C REPLACEMENT
wner in Fee DEPONTE
ddress SAME
BRICK, NJ 08723-
elephone [redacted]

Contractor BROWN'S HEATING & COOLING
Address 4 PATTERSON AVE
SHREWSBERRY, NJ 07702-
Telephone (732)741-0694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

s hereby granted permission to perform the following work:

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

ESCRIPTION OF WORK:
A/C CONDENSOR REPLACEMENT

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	2598
Cash	
Collected By	T

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

stimated Cost of Work $ 100

Construction Official

05/23/2000
Date

.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/29/2001
Control #
Permit # 01-3195

$35.00
$-35.00
53AM 000000H6474
XX03 SERV.003
08/29/01
#0003195
PLUMBING
CHECK

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1192.16 Lot 27 Qual

Work Site Location 1 THOREAU CT
A/C REPLACEMENT
Owner in Fee DEPONTE
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor BROWN'S HEATING & COOLING
Address 4 PATTERSON AVE
SHREWSBERRY, NJ 07702-
Telephone (732)741-0694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
A/C REPLACEMENT

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

Estimated Cost of Work $ 100

Construction Official

08/29/2001
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	22314
Cash	
Collected By	SC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/29/2001
Date Issued 08/29/2001
Control #
Permit # 01-3195

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

Block 1192.16 Lot 27 Qual

Work Site Location 1 THOREAU CT

A/C REPLACEMENT

Owner in Fee DEPONTE

Address SAME

BRICK, NJ 08723-

T [redacted] Fax ( )

Contractor BROWN'S HEATING & COOLING

Address 4 PATTERSON AVE

SHREWSBERRY, NJ 07702-

Tele.(732)741-0694

Lic. No. or Bldrs. Reg. No.

Federal Emp. No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 9-12-01

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO	B/C		9-12-01	

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

	Administrative Surcharge	$ 0
Paid [X] Check # 22314	Minimum Fee	$ 0
Collected by: SC	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F130 (rev. 3/96)

1/92.16

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/
Date Issued
Control #
Permit # 00-16

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

Block 27 Lot
Work Site Location 1 THOREAU CT. BRICKTOWN, NJ 08723
Owner in Fee DEPONTE
Address 1 THOREAU CT. BRICKTOWN, NJ 08723
Tele [redacted]
Contractor CROWN HEATING & COOLING - ALEX CARRIO
Address 4 PATTERSON AVENUE - 314 DOCK STREET UNION BEACH, NJ 07735
Tele. (732) 264-6024
Lic. No. 4041
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5-18-00
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: _____
Date: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

[signature] Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other AC Condenser replacement	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TRANE

It's Hard To Stop A Trane.

18-AC44D3-2

Library
Product Section
Product
Model
Literature Type
Sequence
Date
File No.
Supersedes

INSTALLER'S GUIDE

Model:

TTY018-060B

Condensing Units

IMPORTANT — This Document is **customer property** and is to remain with this unit. Please return to service information pack upon completion of work.

These instructions do not cover all variations in systems nor provide for every possible contingency to be met in connection with installation. All phases of this installation must comply with NATIONAL, STATE AND LOCAL CODES. Should further information be desired or should particular problems arise which are not covered sufficiently for the purchaser's purposes, the matter should be referred to your installing deal or local distributor.

A. GENERAL

The following instructions cover TTY018-60B Condensing Units.

NOTICE: These outdoor units are only approved with indoor units equipped with capillary tube, thermostatic expansion valve or The Accutron™ Flow Control Check Valve (F.C.C.V.) assembly for refrigerant flow control.

Check for transportation damage after unit is uncrated. Report promptly, to the carrier, any damage found to the unit.

To determine the electrical power requirements of the unit, refer to the nameplate of the unit. The electrical power available must agree with that listed on the nameplate.

B. LOCATION & PREPARATION OF THE UNIT

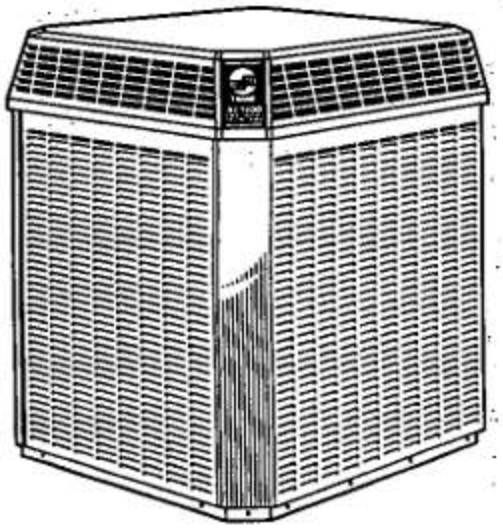
1. The unit should be set on a level support pad at least as large as the unit base pan.

2. The support pad must NOT be in direct contact with any structure. Unit must be positioned a minimum of 12" from any wall or surrounding shrubbery to insure adequate airflow. Clearance must be provided in front of control box (access panels) & any other side requiring service access to meet National Electrical Code. Also, the unit location must be far enough away from any structure to prevent excess roof run-off water from pouring directly on the unit..

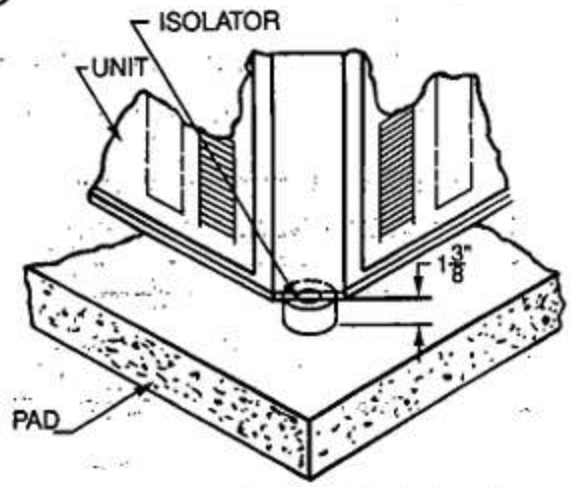
3. Vibration Isolators (shipped with unit) should be used if unit location is damp or requires vibration isolation. Place supplied mounting pads under unit corners as illustrated in Figure 2.

4. The top discharge area must be unrestricted for at least five (5) feet above the unit.

1



2 VIBRATION ISOLATOR LOCATION



TYPICAL 4 CORNERS

Since the manufacturer has a policy of continuous product improvement, it reserves the right to change specifications and design without notice.

Dwg. No. 18-AC44D3-2

5. When the outdoor unit is mounted on a roof, be sure the roof will support the unit's weight. Properly selected isolation is recommended to prevent transmission to the building structure.

6. The maximum length of refrigerant lines from outdoor to indoor unit should NOT exceed eighty (80) feet.

7. If outdoor unit is mounted above the air handler, maximum lift should not exceed sixty (60) feet (suction line). If air handler is mounted above condensing unit, maximum lift should not exceed sixty (60) feet (liquid line).

8. Locate and install indoor coil or air handler in accordance with instruction included with that unit.

C. ACCUTRON™ FLOW CONTROL VALVE

If the indoor unit System Refrigerant Flow control is an Accutron™ orifice and check valve assembly, an orifice size change may be necessary.

The outdoor model determines the required orifice size. Check the listed orifice size on nameplate of the selected outdoor model. If the indoor unit is factory shipped with a different orifice size, the orifice must be changed to obtain system rated performance.

IMPORTANT: The outdoor unit is shipped with the proper size orifice and a stick-on orifice size label in an envelope attached to the outdoor unit. Outdoor unit nameplate will have correct orifice size specified as BAYFCCV---A for rated performance.

D. INSTALLING REFRIGERANT LINES

Condensing units have provisions for braze connections.

Pressure taps are provided on the service valves of outdoor unit for compressor suction and liquid pressures.

The indoor end of the recommended refrigerant line sets may be straight or with a 90 degree bend, depending upon situation requirements. This should be thoroughly checked out before ordering refrigerant line sets.

The gas line must always be insulated.

The units are factory charged with the system charge required when using twenty-five (25) feet of connecting line. Unit nameplate charge is the same.

Final refrigerant charge adjustment is necessary. Use the Charging Charts in the outdoor unit Service Facts.

1. Determine the most practical way to run the lines.

2. Consider types of bends to be made and space limitations.

NOTE: Large diameter tubing will be very difficult to rebend once it has been shaped.

3. Determine the best starting point for routing the refrigerant tubing- -INSIDE OR OUTSIDE THE STRUCTURE.

4. Provide a pull-thru hole of sufficient size to allow both liquid and gas lines. The location of this hole (if practical) should be just above the wall plate which is resting on the foundation.

5. Be sure the tubing is of sufficient length.

6. Uncoil the tubing --- do not kink or dent.

7. Route the tubing making all required bends and properly secure the tubing before making connections.

8. To prevent a noise within the building structure due to vibration transmission from the refrigerant lines, the following precautions should be taken:

a. When the refrigerant lines have to be fastened to floor joists or other framing in a structure, use isolation type hangers.

b. Isolation hangers should also be used when refrigerant lines are run in stud spaces or enclosed ceilings.

c. Where the refrigerant lines run through a wall or sill, they should be insulated and isolated.

d. Isolate the lines from all ductwork.

E. SERVICE VALVE OPERATION

BRASS LIQUID LINE SERVICE VALVE

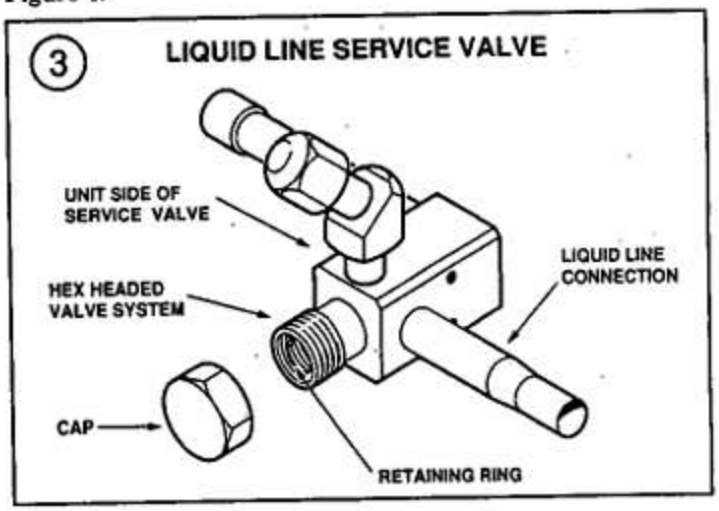
The Brass Liquid Line Service Valve is factory shipped in the seated position to hold factory charge. The pressure tap service port (when depressed) opens only to the field brazing side of the valve when the valve is in the seated position. The liquid line valve is **not** a back seating valve (see **WARNING** below).

⚠ WARNING: Extreme caution should be exercised so the internal steel stem retaining ring is not damaged by backing out the valve stem when opening the valve. If the valve stem is forced out past the retaining ring, system pressure could force the valve stem out of the valve body. If the retaining ring is missing, do not attempt to open the valve. See Figure 3.

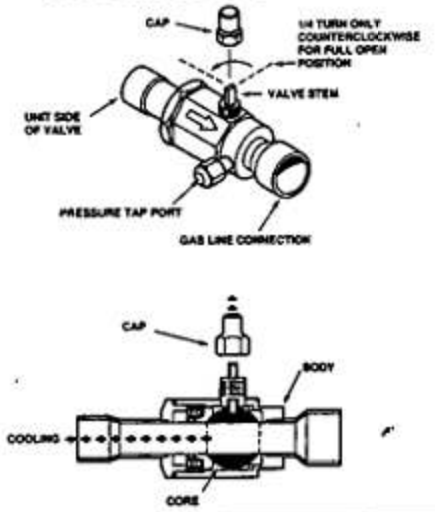
BRASS GAS LINE SERVICE VALVE

The Brass Gas Line Service Valve is shipped in the closed position to hold the factory refrigerant charge. The pressure tap service port (when depressed) opens only to the field brazing side when the valve is in the closed position.

The Gas Line Service Valve is full open with a 1/4 turn. See Figure 4.



4 GAS LINE SERVICE VALVE



BRAZING REFRIGERANT LINES

1. Before brazing, remove plugs from external copper stub tubes. Clean internal and external surfaces of stub tubes prior to brazing.

2. Cut and fit tubing, minimizing the use of sharp 90° bends.

3. Insulate the entire gas line and its fittings.

4. Do **NOT** allow uninsulated liquid line to come in direct contact with bare gas line.

5. Precautions should be taken to avoid heat damage to the pressure tap valve core during brazing. It is recommended that the pressure tap port valve core be removed and a wet rag wrapped around the valve body.

NOTICE: Use care to make sure that no moisture enters pressure tap port, while wet rag is being used.

6. Remove braze shield from clear plastic bag. Soak pad in water and place over suction and liquid lines to protect unit finish. See figure 5. Discard pad when finished with brazing.

7. Use a Dry Nitrogen Purge and Brazing Alloy without flux when brazing the field line to the copper factory connection. Flow dry nitrogen into either valve pressure tap port, thru the tubing and out the other port while brazing.

8. Braze using accepted good brazing techniques.

LEAK CHECK

⚠ CAUTION: In scroll compressor applications, dome temperatures may be hot. Do not touch top of compressor, may cause minor to severe burning.

IMPORTANT: Replace pressure tap port valve core before attaching hoses for evacuation.

After the brazing operation of refrigerant lines to both the outdoor and indoor unit is completed, the field brazed connections must be checked for leaks. Pressurize through the service valve ports, the indoor unit and field refrigerant lines with dry nitrogen to 200 psi. Use soap bubbles or other leak-checking methods to see that all field joints are leak-free! If not, **release pressure**; then repair!

SYSTEM EVACUATION

NOTE: Since the outdoor unit has a refrigerant charge, the gas and liquid line valves must remain closed.

1. Upon completion of leak check, evacuate the refrigerant lines and indoor coil before opening the gas and liquid line valves.

2. Attach appropriate hoses from manifold gauge to gas and liquid line pressure taps.

NOTE: Unnecessary switching of hoses can be avoided and complete evacuation of all lines leading to sealed system can be accomplished with manifold center hose and connecting branch hose to a cylinder of HCFC-22 and vacuum pump.

3. Attach center hose of manifold gauges to vacuum pump.

4. Evacuate until the micron gauge reads no higher than 350 microns.

5. Close off valve to vacuum pump and observe the micron gauge. If gauge pressure rises above 500 microns in one (1) minute, then evacuation is incomplete or system has a leak.

6. If vacuum gauge does not rise above 500 microns in one (1) minute, the evacuation should be complete.

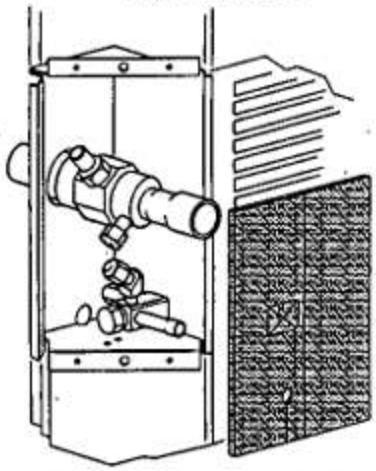
7. With vacuum pump and micron gauge blanked off, open valve on HCFC-22 cylinder and charge refrigerant lines and indoor coil with vapor to tank pressure of HCFC-22 supply.

NOTE: DO NOT VENT REFRIGERANT INTO THE ATMOSPHERE.

8. Close valve on HCFC-22 supply cylinder. Close valves on manifold gauge set and remove refrigerant charging hoses from liquid and gas pressure tap ports.

NOTE: A 3/16" Allen wrench is required to open liquid line service valve. A 1/4" Open End or Adjustable wrench is required to open gas line valve. A 3/4" Open End wrench is required to take off the valve stem cap.

5 HEAT SHIELD



9. The liquid line shut-off valve can now be opened. Remove shut-off valve cap. Fully insert hex wrench into the stem and backout counterclockwise until valve stem just touches retainer ring (approximately five (5) turns) observing **WARNING** statement on page 2. See Figure 2.

10. Replace liquid service pressure tap port cap and valve stem cap. These caps **MUST BE REPLACED** to prevent leaks. Replace valve stem and pressure tap cap finger tight, then tighten an additional 1/6 turn.

11. The gas valve can now be opened. Open the gas valve by removing the shut-off valve cap and turning the valve stem 1/4 turn counterclockwise, using 1/4" Open End or Adjustable wrench. See Figure 4.

12. The gas valve is now open for refrigerant flow. Replace valve stem cap to prevent leaks. See Figure 4.

If refrigerant lines are longer than 25 feet and/or a different size than recommended, it will be necessary to adjust system refrigerant charge upon completion of installation.

F. ELECTRICAL CONNECTIONS

⚠ WARNING: When installing or servicing this equipment, ALWAYS exercise basic safety precautions to avoid the possibility of electric shock.

1. Power wiring and grounding of equipment must comply with local codes.

2. Power supply must agree with equipment nameplate.

3. Install a separate disconnect switch at the outdoor unit.

4. Ground the outdoor unit per local code requirements.

5. Provide flexible electrical conduit whenever vibration transmission may create a noise problem within the structure.

6. The use of color coded low voltage wire is recommended to simplify connections between the outdoor unit, the thermostat and the indoor unit.

Table 1 --- NEC Class II Control Wiring

24 VOLTS	
WIRE SIZE	MAX. WIRE LENGTH
*22 AWG	30 FT.
20 AWG	100 FT.
18 AWG	150 FT
16 AWG	225 FT.
14 AWG	300 FT.

*If 22 AWG is used, make sure it is **high** quality wire.

7. Table 1 defines maximum **total** length of low voltage wiring from outdoor unit, to indoor unit, and to thermostat.

8. Mount the indoor thermostat in accordance with instruction included with the thermostat. Wire per appropriate hook-up diagram (included in these instructions).

G. COMPRESSOR SUMP HEAT

After all electrical wiring is complete, SET THE THERMOSTAT SYSTEM SWITCH IN THE OFF POSITION SO COMPRESSOR WILL NOT RUN, and apply power by closing the system main disconnect switch. This will activate the compressor sump heat. Do not change the Thermostat System Switch until power has been applied long enough to evaporate any liquid HCFC-22 in the compressor (30 minutes for each pound of HCFC-22 in the system as shown on the nameplate). Following this procedure will prevent compressor damage at the initial startup.

Record the "POWER APPLIED DATE" on the designated lines below:

Time_____A.M./P.M. Date_____

By_____
(Electrician)

H. OPERATIONAL AND CHECKOUT PROCEDURES

Final phases of this installation are the unit Operational and Checkout Procedures which are found in this instruction. To obtain proper performance, all units must be operated and charge adjustments made in accordance with procedures found in the Service Facts.

I. ELECTRIC HEATERS

Electric heaters, if used, are to be installed in the air handling device according to the instructions accompanying the air handler and the heaters.

J. START CONTROL

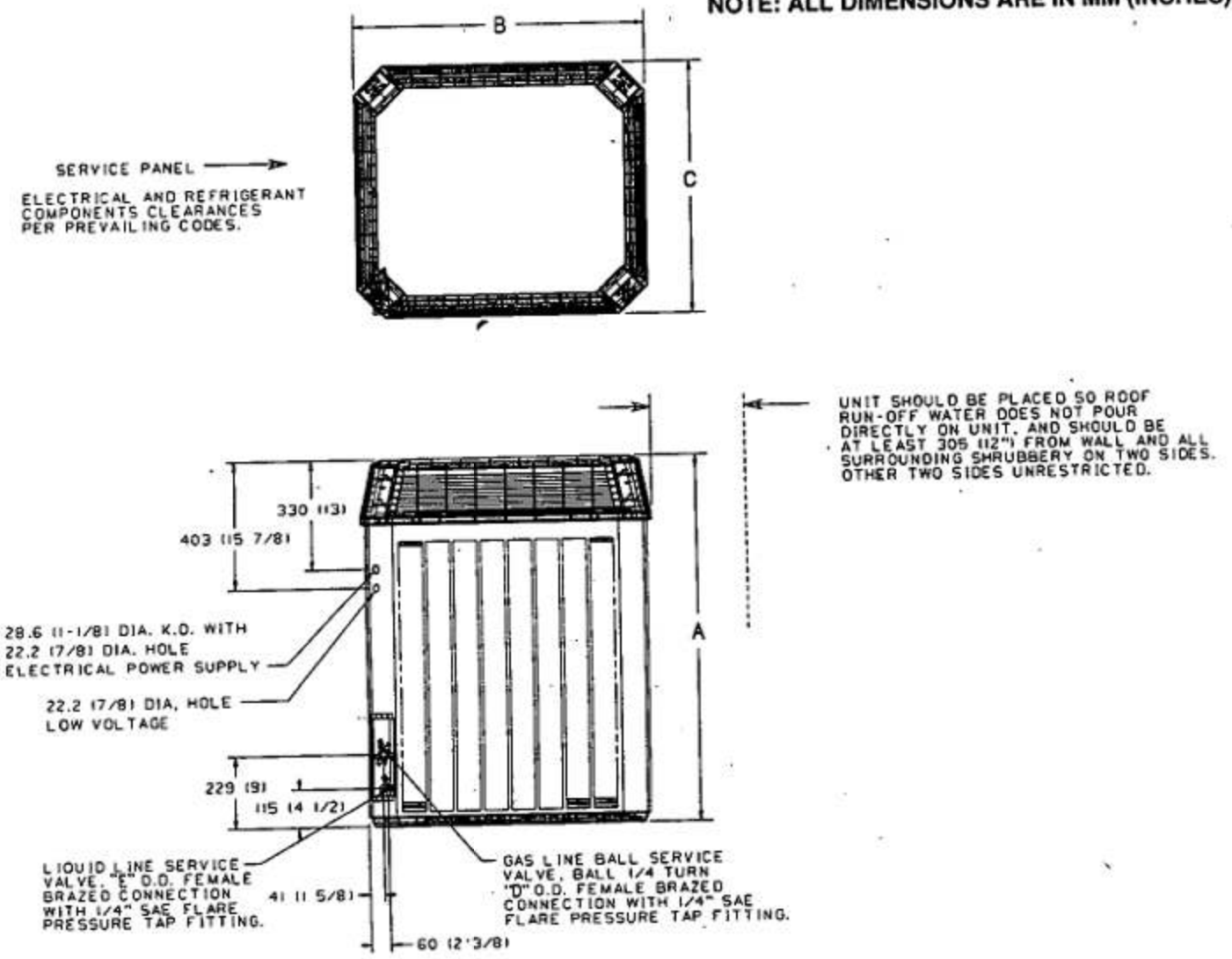
These units have quick start components which are factory installed.

K. OUTDOOR THERMOSTAT

An outdoor thermostat TAYSTAT250A may be field installed. For data, see wiring diagram attached to unit and instruction sheet packaged with outdoor thermostat.

TTY018-060B OUTLINE DRAWING

NOTE: ALL DIMENSIONS ARE IN MM (INCHES).



MODELS	A	B	C	D	E
TTY018B	883 (34 3/4)	857 (33 3/4)	749 (29 1/2)	5/8	1/4
TTY024B	1095 (43 1/8)	857 (33 3/4)	749 (29 1/2)	3/4	5/16
TTY030B	1095 (43 1/8)	1010 (39 3/4)	902 (35 1/2)	3/4	5/16
TTY036-42B	1095 (43 1/8)	1010 (39 3/4)	902 (35 1/2)	7/8	3/8
TTY048-60B	1095 (43 1/8)	1010 (39 3/4)	902 (35 1/2)	1-1/8	3/8

From Dwg. 21D147481 Rev.5

Dwg. No. 18-AC44D3-2

CHECKOUT PROCEDURE

After installation has been completed, it is recommended that the entire system be checked against the following list:

1. Refrigerant Line, Leak checked ..... [ ]
2. Suction Lines and Fittings properly insulated ..... [ ]
3. Have all Refrigerant Lines been secured and isolated properly? ..... [ ]
4. Have passages through masonry been sealed? If mortar is used, prevent mortar from coming into direct contact with copper tubing ..... [ ]
5. Indoor coil drain line drains freely. Pour water into drain pan ..... [ ]
6. Supply registers and return grilles open and unobstructed ..... [ ]
7. Return air filter installed ..... [ ]
8. Thermostat thermometer is accurate. Check against a reliable thermometer. Adjust per instructions with thermostat ..... [ ]
9. Is correct speed tap being used? (Indoor blower motor) ..... [ ]

SYSTEM OPERATIONAL CHECK

IMPORTANT: To prevent compressor damage which may result from the presence of LIQUID refrigerant in the crankcase, these procedures should be followed at initial Start-Up and at anytime the power has been off for 12 hours or more.

1. Before proceeding with this "Operational Check," go to "Compressor Sump Heat Section" of this instruction to determine the time compressor heat has been "ON," and make entry of the designated lines, in Step 2.
2. Start-Up Time _____ A.M./P.M. Power Applied Time _____ A.M./P.M.

   Time Lapse _____ Hours _____ Minutes.
3. If Steps 1 and 2 cannot be used, then place thermostat's system switch in the "OFF" position and apply power by closing system disconnect switch. This energizes compressor heat and evaporates the liquid in the crankcase. TO EVAPORATE LIQUID ALLOW AT LEAST ONE-HALF HOUR PER POUND (HCFC-22), AS SHOWN ON UNIT NAMEPLATE.

   OPERATING PRESSURES: After the unit has operated in the cooling mode for a short period of time, install pressure gauges on the gauge ports of the discharge and suction line valves. Check the suction and discharge pressures and compare them to the normal operating pressures provided in the unit's Service Facts.

   NOTE: Use the pressures from Service Facts to determine the unit refrigerant charge. To charge the system accurately, use superheat charging, or pressures depending on flow control.

4. Except as required for safety while servicing: DO NOT OPEN SYSTEM DISCONNECT SWITCH.

SUPPLEMENTARY HEATERS CHECKOUT PROCEDURES, IF USED

DOES HEATER REQUIRE A SEPARATE CIRCUIT?

1. Be sure the fused disconnect switch is "OFF," and safety label (if any) is attached ..... [ ]
2. Check on field wiring for sound connections and grounding according to codes ..... [ ]
3. Check fuses for proper size per nameplate specifications ..... [ ]
4. Check control box panel — in place and secured ..... [ ]

NOTE: OPERATION OF HEATERS MUST BE CHECKED DURING THE OPERATION CHECK OF THE TOTAL SYSTEM.

CHECKOUT PROCEDURE WITH MAIN POWER DISCONNECTS CLOSED (ON)

Step No.	TO CHECK	INDOOR THERMOSTAT SWITCH SETTING					COMPONENT OPERATION				
		Off	① Cool	① Heat	Fan Switch Auto	Fan Switch On	Indoor Blower Runs	Outdoor Fan Runs	Compressor Runs	Comp. Sump Heater	Furnace Heat Comes On
1	Sump Heat	X			X					X	
2	Indoor Fan Operation	X				X	X			X	
3	Cooling Operation		X		X		X	X	X	X	
4	Checking Performance & Charge		X		X		X	X	X	X	
		← USE CHARTS ATTACHED TO O.D. UNIT →									
5	Heating ②			X	X		X			X	X
6	Inform owner on how to operate system and what to expect of it. At the same time deliver Owner's Use and Care Booklet.										

① Also set thermostat dial to call for cooling or heating as necessary.
② Check only necessary if heating unit is used for indoor section and wiring has been disturbed during installation of cooling equipment.

Technical Literature - Printed in U.S.A.

The Trane Company
Unitary Products Group
6200 Troup Highway
Tyler, TX 75707

Dwg. No. 18-AC44D3-2

BLOCK 1192.16 N.J.A.C. (Uniform Code) 5:23-2;.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made. LOT 27

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

DEPONTE — Owner

BROWNS' HOME GOD — Contractor

PERMIT NO 00-826

DATE APPROVED 5/23/00

FEE PAID 35.00

CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS
PLS CALL
732-262-4627

INSPECTIONS

1. FOOTING _____
2. FOUNDATION _____
3. SHEATHING _____
4. FRAMING _____
5. INSULATION _____
6. SHEET ROCK _____
7. PLUMBING _____
8. FIRE INSPECTION _____
9. FINAL _____

PLANS MUST BE ON JOB SITE

N.J. STATE LAW
13:45A - 16.2

FOR INSPECTION
BUILDING
ELECTRIC
PLUMBING
FIRE PROTECTION
ELEVATOR

FINAL INSPECTIONS ARE REQUIRED BEFORE FINAL PAYMENT IS MADE TO CONTRACTOR

TOWNSHIP OF
BRICK NJ

05/23/00 NO. 5

0004
1826**

BLOCK 1192 #	0.00
LOT 27 #	0.00
PLUMBING	35.00
TOTAL	35.00
CHECK	35.00
CHANGE	0.00

0012A005 11:29