HVAC

BLOCK 382.38 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 170 COURTSHIRE DR PERMIT NO. 11-3469

CONSTRUCTION PERMIT APPLICATION

C-11-003990

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

I. IDENTIFICATION

1. Proposed Work Site at: 170 COURTSHIRE DR
2. Name of Owner in Fee: DIVIGNEAU
   Tel [redacted] e-mail [redacted]
   Address 9307 A HOE BLVD 802-294 / (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: C.W. MACC MURRAY Tel. (732) 892 3400
   Address 165 Smith Cir. e-mail CWCMJR@COMCAST.NET
   Pt Pleasant NJ 08742
   License No. OR, if new home, Builder Reg. No. 13VH00930700 Exp. Date 12/11
   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 _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical	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	8		
10. Subtotal	$		
11. Certificate of Occupancy			
12. Other			
13. TOTAL	$ 113		

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		BD	10/24/11						
☐ Electrical					10-28-11	DD			
☐ Plumbing				10/27/11		MD	11-15-11		JD
☐ Fire Protection					11-1-11	DD			
☐ 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X Check if contractor.

Agent Name Wallace Murat Heating & Air Cond

Address 163 Smith Circle

Pt Pleasant NJ 08742

Telephone (732) 892-3408

Signature Wallace Murat

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

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				
☐ Lead Abatement Clearance Certificate	No.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/14/2011
Control Number C-11-003990
Permit Number 11-3469
Permit Issue Date 11/16/2011
Certificate Number 11-3469

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 170 COURTSHIRE DRIVE Brick Township, NJ Block: 382.38 Lot: 15 Qual:

Owner in Fee: DUVIGNEAU, HEINZ & GISELA

Owner Address: 930 TAHOE BLVD 802-294 INCLINE VILLAGE NV 89451

Telephone:

Contractor WALLACE MURAT

Address 163 SMITH CIRCLE PT PLEASANT NJ 08742-

Telephone: 732/8923408 Fax:

License Number or Builders Registration Number: 13VH00930700 Federal Emp. Number: 14-2320080

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: FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/14/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 11-10-11
Control # C-11-003990
Permit # 11-3469

IDENTIFICATION Block: 382.38 Lot: 15 Qualifier

Work Site Location: 170 COURTSHIRE DRIVE Brick Township, NJ

Owner in Fee: DUVIGNEAU, HEINZ & GISELA
930 TAHOE BLVD 802-294 INCLINE VILLAGE NV 89451

Telephone:

Contractor: WALLACE MURAT
Address: 163 SMITH CIRCLE PT PLEASANT NJ 08742-

Telephone: 732/892-3400
Lic. No. or Bldrs. Reg. No. 13VH00930700
Federal Employee. No. 14-2320080

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

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 $5,450

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$143
Check No.	1153
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.

By Request

11-3469

Date Received
Control #

11-16-11

Date Issued
Permit #

FIRE PROTECTION 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 382.38 Lot 15 Qualification Code

Work Site Location 170 COURTSHIRE DR
BRICK NJ 08723

Owner in Fee: DU VIGNEAU

[redacted]

Address 930 TAHOE BLVD 802-294 INCLINE V. NV
WALLACE HARAT HEATING & AC municipality 732 892-3408 code 89451
Contractor: BOOKER Tel. (732-604-9512

Address 930 TAHOE BLVD 802-294 e-mail WLH1@comcast.net
163 SMITH CIR NE PLEASANT
INCLINE VILLAGE, NEVADA 89451 NJ 08742

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:

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:

Total Cost of Fire Protection Work $ X 6000.-

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/Contractor sign here: X Wallace Harat

Print name here:

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

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	X	45
Fireplace Venting/Metal Chimney	1	
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 11-11 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-21-11
Approved by: KER

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-12-11
Approved by: KER

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			12/12/11	KER
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/13/11	KER
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 11-34669

Date Issued Permit # 11-16-11

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

Block 382.38 Lot 15 Qualification Code

Work Site Location 170 Courtshire Dr. Brick

Owner in Fee: Duvigneau

To [redacted]

Address 930 Tahoe Blvd Incline Vil. NV 89451
street 502-294 municipality zip code

Contractor: Semper Fi Electric Tel. (732) 295-8900

Address 107 Crescent Dr., Brick e-mail

Contractor License No. 13833 Exp. Date 3/31/2012

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

Federal Emp. ID No. 22-3484254 FAX: (732) 295-8900

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co.

Est. Cost of Elec. Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10-28-11

Approved by: D. Dunne

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12/3/11

Approved by: JJ

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/7/11	JJ
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application. Sean J. Allen

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WIRING FOR NEW GAS FURNACE.

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	1.5KW	FURNACE	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11-3469
Control #
Date Issued 11-16-11
Permit #

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

Block 382.38 Lot 15 Qualification Code

Work Site Location 170 courtshire

Owner in Fee Duvigneau

Address 930 O Tahoe Blvd 802-294
Incline Village Nevada 89451

T [redacted]

Contractor Kandil Plumbing & Heating

Address 433 Beach Ave
Beachwood NJ 08722

Tel (848) 992 9312 FAX (732) 505 6571

Contractor License No. 12350

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 $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 11-15-11
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12-13-11
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			12.05.11	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			12-12-11	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.

[signature]

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

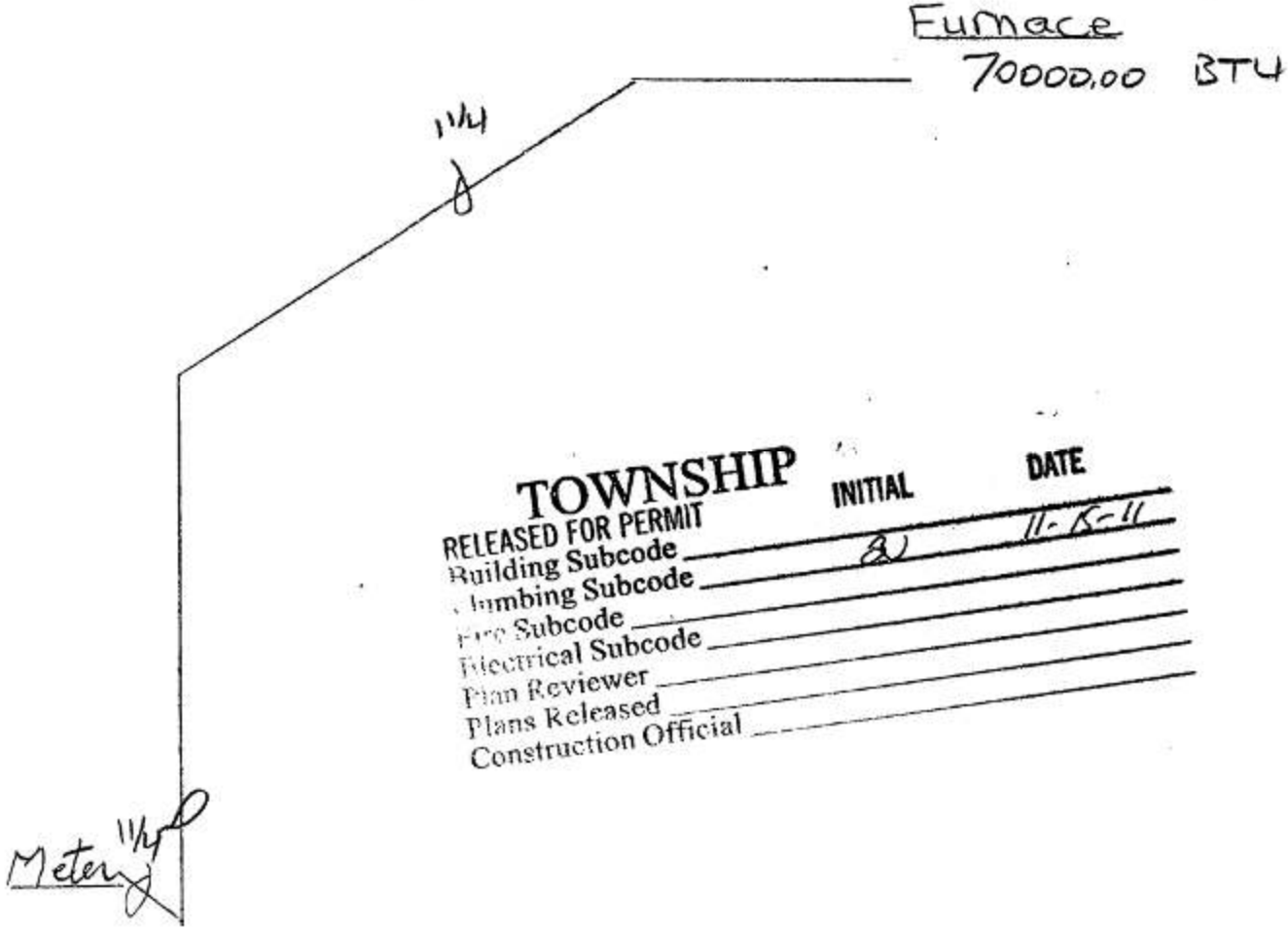
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator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

70,000 FURNACE

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

U.C.C. F130 (rev. 1/04)

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



TOWNSHIP

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode	BJ	11-8-11
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

Run a new gas line to a Furnace
170 court shire 30' Long.

KANDIL PLUMBING & HEATING LLC
LICENSE # 12350
433 BEACH AVE
BEACHWOOD NJ 08722
☎ 732-505-6571
e-mail KANDILPLUMBING@AOL.com

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3469

Date Issued
Permit # 11-16-11

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

Block 350.38 Lot 15 Qualification Code

Work Site Location 170 COLLATSMIRE DR
BRICK NJ 0873 2

Owner in Fee: DU VILLAGE 36

Tel [redacted]

Address 930 TAHOE BLVD #802-494 INCLINE V. NV 89451 Tel. (775) 298-3408

Contractor: WALLACE HURAT HEATING & AC e-mail WCH1@comcast.net

Address 163 SMITH CIR. PL. FREEHOLD NJ 07728

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:

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:

Total Cost of Fire Protection Work $ X 5000.-

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/Contractor sign here: X Wallace Hurat

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

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 [X] Gas [ ] Oil [ ] Solid		45
Fireplace Venting/Metal Chimney	1	
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 11-11 Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11-2-11

Approved by: KCS

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				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

11-346.9

Date Received
Control #

11-16-11

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

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 $ _____

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/Contractor sign here: _____

Print name here: _____

[ ] 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		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

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				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3464

Date Issued
Permit # 11-16-11

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel ( ) _____ FAX ( ) _____

Contractor License No. _____

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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 11-15-11

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

WORKMEN LICENSED UNDER LAWS OF NEW JERSEY
LICENSED MASTER PLUMBER
12302

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 _____	

70,000 FURNACE

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

U.C.C. F130 (rev. 1/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3404

Date Issued
Permit # 11-16-11

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 11-16-11

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.

MOHAMED KANDIL
NOTARY PUBLIC OF NEW JERSEY
LICENSED MASTER PLUMBER
12350

_____
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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

To add FURNACE

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

U.C.C. F130 (rev. 1/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-3469

Date Issued / Permit # 11-16-11

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: Semper Fi Electric Tel. (732) 295-8900

Address 107 Crescent Dr., Brick e-mail _____

Contractor License No. 13833 Exp. Date 3/31/2012

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

Federal Emp. ID No. 22-3484254 FAX: (732) 295-8900

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	1-st	[illegible]	
		_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: Semper Fi Electric Tel. (732) 295-8900

Address 107 Crescent Dr., Brick e-mail _____

Contractor License No. 13833 Exp. Date 3/31/2012

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

Federal Emp. ID No. 22-3484254 FAX: (732) 295-8900

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____

[ ] Electric Plans Approved
Date:_____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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		_____	
		_____	

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

11/02/11
emailed to
wam1@comcast.net

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

Subcode Official Review

To: 930 TAHOE BLVD 802-294 INCLINE VILLAGE, NV 89451 CC:

RE: Plumbing Subcode
Block: 382.38 Lot: 15 Qual:
170 COURTSHIRE DRIVE
Permit Number: Control Number: C-11-003990
Last Submit Date: Wednesday, October 26, 2011

Date: Thursday, October 27, 2011

Dear DUVIGNEAU, HEINZ & GISELA,

The following comments were made during the Plan Review process:
1-Electric TO GAS -Submit heat loss/gain & duct layout. Heating equipment must be sized based in accordance with ACCA Manual S based on building loads calculated in accordence with ACCA Manuual J or other approved heating and cooling calculation methodologies.

Sincerely,

_____

Mark Hibbard, Subcode Official

11/14/11 - Received - MH

FERGUSON Heating & Cooling a WOLSELEY company

Project Summary
Entire House
MURAT

Job:
Date: Nov 10, 2011
By: KAG

NJ

Project Information

For: THE MELVILLE II
NJ

Notes: Ferguson Enterprises
190 N. Oberlin Ave.
Lakewod, N.J. 08701
Heat Loss Department: 732.905.1000

Design Information

Weather: Long Branch, NJ, US

Winter Design Conditions

Outside db	***0*** °F
Inside db	70 °F
Design TD	70 °F

Summer Design Conditions

Outside db	***92*** °F
Inside db	75 °F
Design TD	17 °F
Daily range	M
Relative humidity	50 %
Moisture difference	27 gr/lb

Heating Summary

Structure	27549 Btuh
Ducts	6541 Btuh
Central vent (60 cfm)	4628 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	38718 Btuh

Sensible Cooling Equipment Load Sizing

Structure	15995 Btuh
Ducts	5039 Btuh
Central vent (60 cfm)	1124 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.97
Equipment sensible load	21494 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	1155	1155
Volume (ft³)	10395	10395
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	78	40

Latent Cooling Equipment Load Sizing

Structure	1734 Btuh
Ducts	663 Btuh
Central vent (60 cfm)	1108 Btuh
Equipment latent load	3505 Btuh
Equipment total load	24999 Btuh
Req. total capacity at 0.70 SHR	2.6 ton

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref no.	
Efficiency	80 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	890 cfm
Air flow factor	0.026 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
AHRI ref no.	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	890 cfm
Air flow factor	0.042 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.86

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

11/14/11

FERGUSON Heating & Cooling a WOLSELEY company

Load Short Form
Entire House
MURAT

Job:
Date: Nov 10, 2011
By: KAG

NJ

Project Information

For: THE MELVILLE II
NJ

Design Information

	Htg	Clg
Outside db (°F)	***0***	***92***
Inside db (°F)	70	75
Design TD (°F)	70	17
Daily range	-	M
Inside humidity (%)	30	50
Moisture difference (gr/lb)	28	27

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

HEATING EQUIPMENT

Make	
Trade	
Model	
AHRI ref no.	
Efficiency	80 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	890 cfm
Air flow factor	0.026 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

COOLING EQUIPMENT

Make	
Trade	
Cond	
Coil	
AHRI ref no.	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	890 cfm
Air flow factor	0.042 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.86

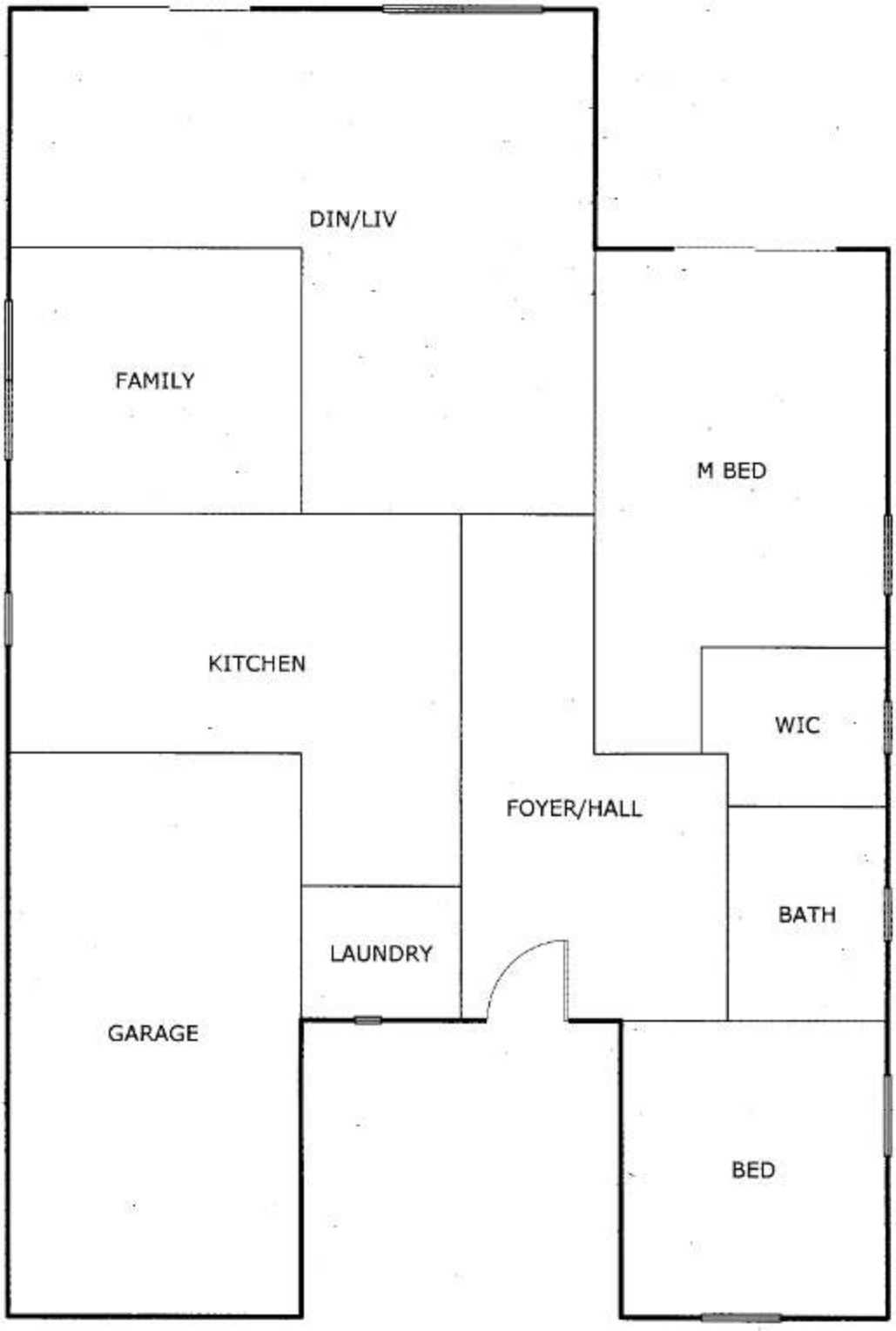
ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
KITCHEN	183	3689	3343	96	141
M BED	181	6008	3620	157	153
BED	110	5722	3055	149	129
FAMILY	110	3144	3343	82	141
BATH	48	1607	1232	42	52
WIC	40	1313	1150	34	49
LAUNDRY	30	1316	354	34	15
FOYER/HALL	145	2165	809	57	34
DIN/LIV	308	9125	4128	238	175

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Entire House	d	1155	34089	21034	890	890
Other equip loads			4628	1124		
Equip. @ 0.97	RSM			21494		
Latent cooling				3505		
TOTALS		1155	38718	24999	890	890

FIRST FLOOR



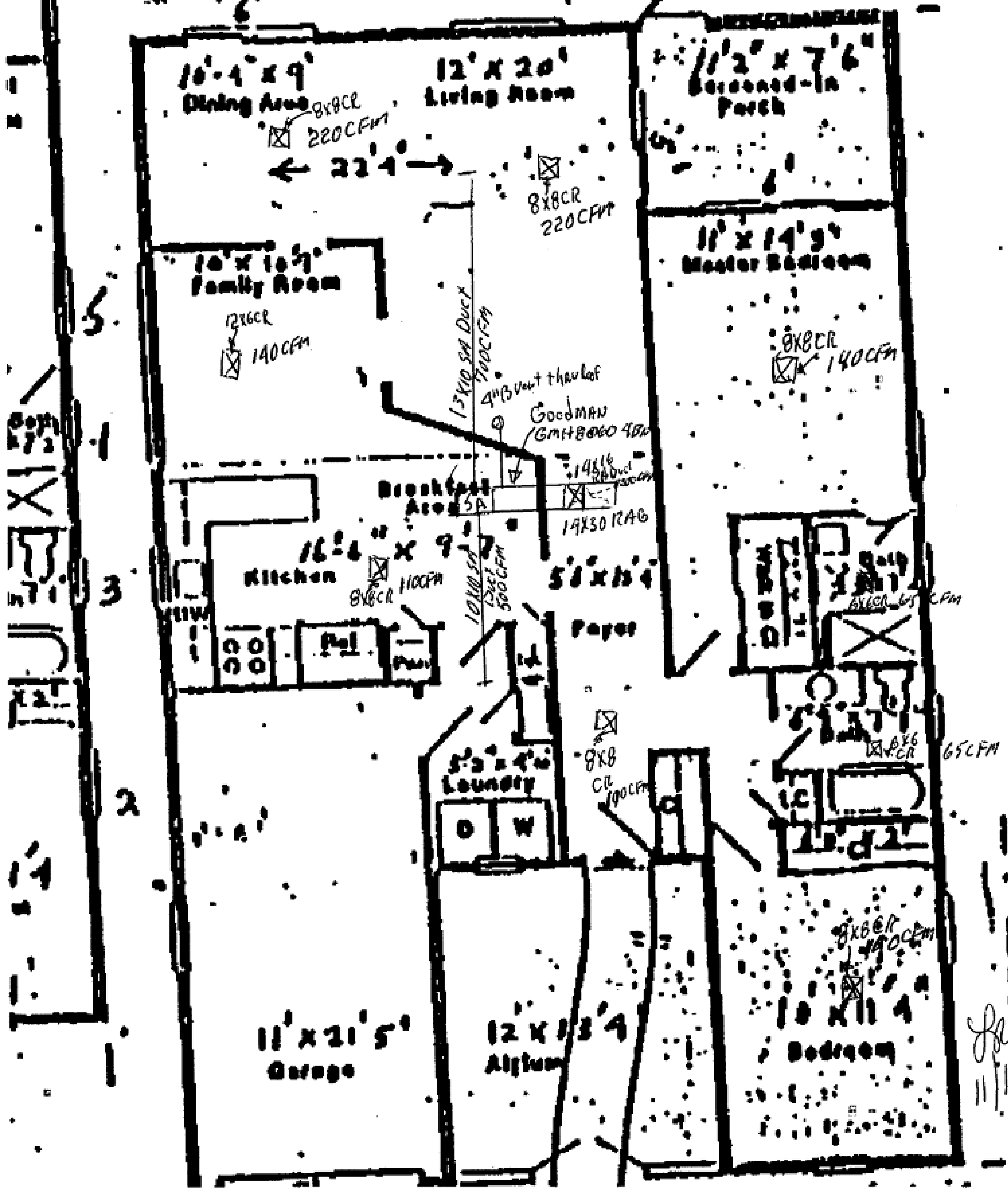
Job #: **Performed by KAG for:** THE MELVILLE II NJ	**MURAT** NJ	Scale: 1 : 75 Page 1 Right-Suite® Universal 8.0.20 RSU14158 2011-Nov-10 16:07:00 Project1.rup

The Melville II 1279 FT

170 Court Shire Dr
Brick N.J.

Design Criteria
Heating - Guarantee 70° inside temp 0° outside with 15 mph wind

Wallace Morat HVAC
163 Smith Cir
Pt Pleasant NJ 08742
Wallace Morat



11/14/11

"B" VENT WALLACE
193 Smith C.

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 382.38 LOT 15 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 170 Courthouse Dr.

Applicant Wallace Murat Heating & Air Cond

Certifying Individual Wallace Murat Company Wallace Murat Htg & Air Cond

Address 163 Smith Circle (Street) Pt. Pleasant (City) NJ (State) 08742 (Zip Code)

Tel. (732) 892 3408

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [X] Other Electric to gas

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:

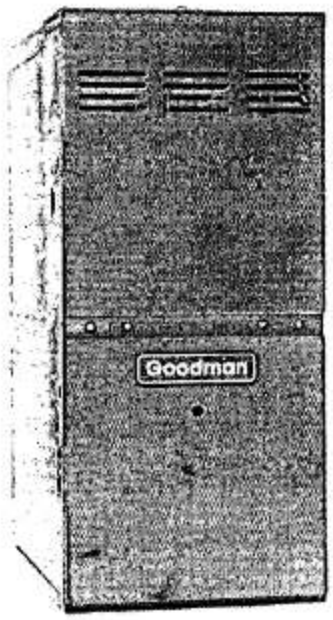
Wallace Murat 10/24/11
Signature Date

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

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

Goodman®

Air Conditioning & Heating



DUALSAVER

PRODUCT SPECIFICATIONS

GMH8/GDH8

80% AFUE

MULTI-POSITION,
TWO-STAGE (CONVERTIBLE),
MULTI-SPEED GAS FURNACES

HEATING INPUT:
45,000-140,000 BTU/H

LIFETIME HEAT EXCHANGER LIMITED WARRANTY

10 YEAR UNIT REPLACEMENT HEAT EXCHANGER LIMITED WARRANTY

10 YEAR PARTS LIMITED WARRANTY

GoodCare

Gama

ETL

The Goodman® GMH8/GDH8 80% AFUE Two-Stage (Convertible), Multi-Speed Multi-Position Gas Furnaces feature a patented aluminized-steel tubular heat exchanger and durable Silicon Nitride Hot Surface Ignition system. This furnace is run-tested for heating or combination heating/cooling applications. With a heavy-gauge, reinforced, insulated steel cabinet and durable baked enamel finish, this unit can be installed in a variety of locations.

Standard Features

- Patented TuffTube™ dual-diameter tubular heat exchanger with lifetime limited warranty plus 10-year limited furnace replacement warranty
- Two-stage gas valve with revolutionary new convertible technology that allows installer to activate two-stage operation with the flip of a dipswitch
- Silicon Nitride igniter with patented adaptive learning control for maximum igniter life
- Furnace control board with self-diagnostics, color-coded low-voltage terminals and provisions for electronic air cleaner and 24 volt humidifiers
- Control board stores the last five diagnostic codes in memory; simple push-button activation outputs the fault history to a flashing red LED
- Low constant fan allows homeowner to activate the low heat speed to efficiently circulate air throughout the home.
- Self-adjusting feature automatically adjusts furnace to high or low stage based on outside temperature without an outdoor temperature sensor

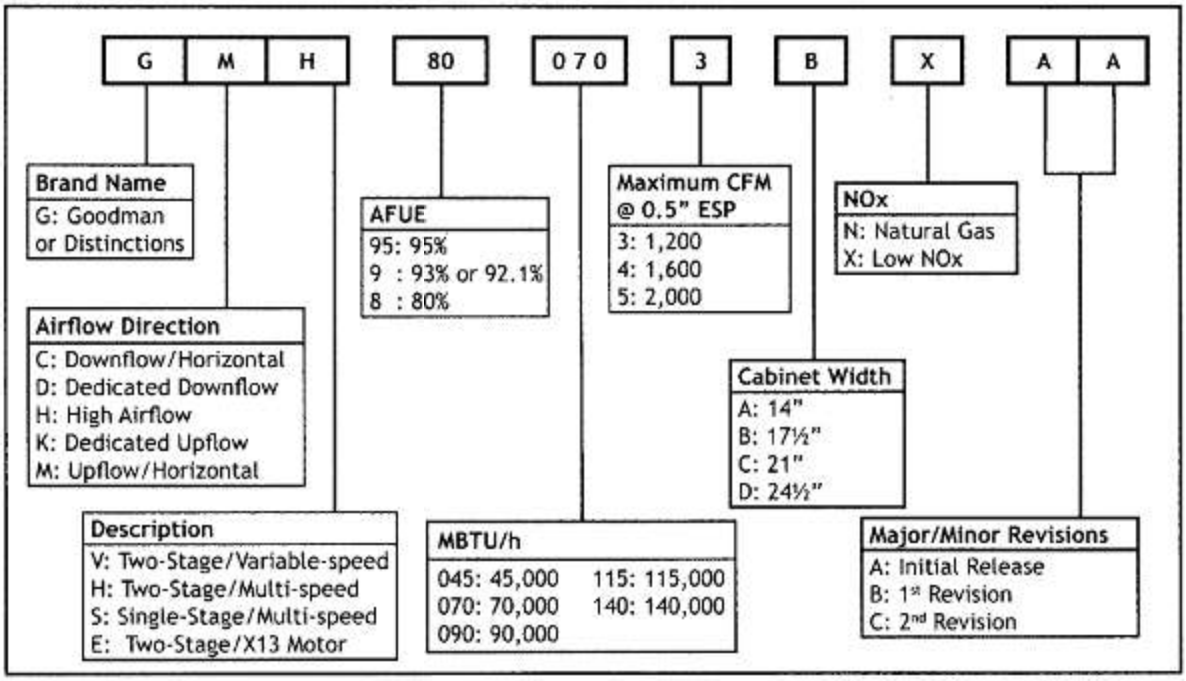
Cabinet Features

- Fully insulated, heavy-gauge steel cabinet with durable baked-enamel finish
- Foil-faced insulation lines the heat exchanger
- Designed for multi-position installation: upflow, horizontal left or right
- Removable bottom for side or bottom return applications
- Convenient left or right connection for gas and electric service
- Coil and furnace fit flush for most installations

* For full warranty details, visit www.goodmanmfg.com.

DARE TO COMPARE

NOMENCLATURE



ACCESSORIES

Model	Description	GMH8 All Models	GDH8 All Models
LPM-05	LP Conversion Kit (Springs & Orifice)	✓	✓
HA02	High-Altitude Natural Gas Kit	✓	✓
AFE18-60A	Fossil Fuel Kit	✓	✓
FTK03A	Twinning Kit	✓	✓
SBT 14/17/21*	Downflow Sub-base		✓

* Supplied by McDaniel Metals

THERMOSTATS

Model	Description
CHT18-60	Cooling/Heating, Mechanical
CH70TG	Cooling/Heating, Digital, Non-programmable
CHSATG	Cooling/Heating, Mechanical
H20TWR	Heating Only, Mechanical

SPECIFICATIONS

	GMH8 0453AN*	GMH8 0703AN*	GMH8 0704BN*	GMH8 0903BN	GMH8 0904BN*	GMH8 0905CN*	GMH8 1155CN*	GMH8 1405DN*	GDH8 0453AX	GDH8 0703AX	GDH8 0904BX	GDH8 1155CX
Heating Capacity												
Input[1]	45,000	70,000	70,000	90,000	90,000	90,000	115,000	140,000	45,000	70,000	90,000	115,000
Natural Gas Output[1]	36,000	56,000	56,000	72,000	72,000	72,000	92,000	112,000	36,000	56,000	72,000	92,000
LP Gas Output[1]	32,000	48,000	48,000	64,000	64,000	64,000	80,000	96,000	32,000	48,000	64,000	80,000
AFUE[2]	80	80	80	80	80	80	80	80	80	80	80	80
Available AC @ 0.5" ESP	3	3	4	3	4	5	5	5	25 - 55	25 - 55	30 - 60	40 - 70
Temperature Rise Range (°F)	25 - 55		20 - 50	30 - 60	35 - 65			40 - 70	3	3	4	5
Circulator Blower												
Size (D x W)	10"x 6"		10"x 8"		10"x 10"				10"x 6"	10"x 6"	10"x 8"	10"x10"
Horsepower @ 1750 RPM	⅓		½	⅓	½			¾	⅓	⅓	½	½
Speed	4	4	4	4	4	4	4	4	4	4	4	4
Vent Diameter[3]	4"	4"	4"	4"	4"	4"	4"	4"	4"	4"	4"	4"
No. of Burners	2	3	3	4	4	4	5	6	2	3	4	5
Filter Size (in²)												
Permanent[4]	290		385	290	385	480			290	290	385	480
Disposable	580		770	580	770	960			580	580	770	960
Electrical Data												
Min. Circuit Ampacity[5]	8.1		12.5	8.1	12.5			14.7	8.5	8.5	12.9	12.9
Max. Overcurrent Protection[6]	15 amps								15 amps			
Ship Weight (lbs)	120	130	143	153	163				120	130	153	175

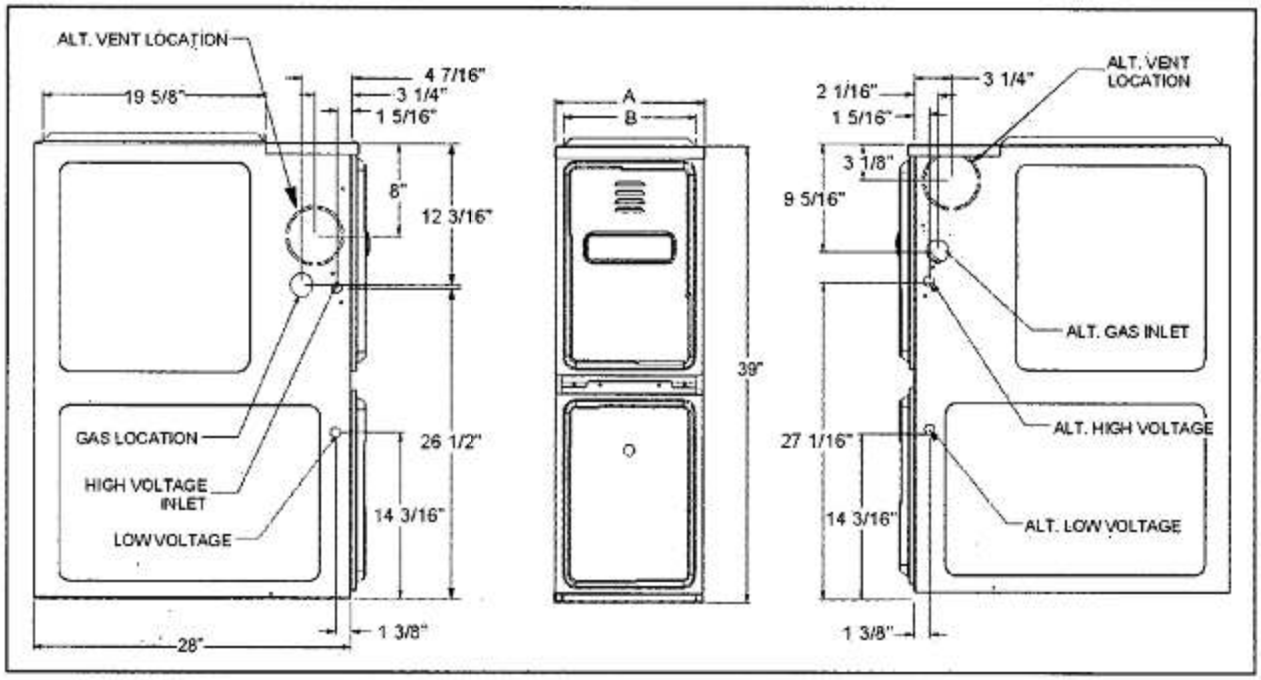
* Low NOx model available

1- Natural Gas BTU/h; for altitudes above 2,000', reduce input rating 4% for each 1,000' above sea level. Low-fire rate is 75% of high-fire rate
2- DOE AFUE based upon Isolated Combustion System (ICS)
3- Vent diameter may vary depending upon vent length. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ANSI Z223.1 (in the USA) and the Canada National Standard of Canada, CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).
4- Permanent air filter size is based on 600 FPM velocity. Check with filter manufacturer for specific details.
5- Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.
6- Refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

Notes:

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

GMH8 DIMENSIONS



Model	A	B
GMH80453AN*	14"	12½"
GMH80703AN*	14"	12½"
GMH80704BN*	17½"	16"
GMH80903BN	17½"	16"

Model	A	B
GMH80904BN*	17½"	16"
GMH80905CN*	21"	19½"
GMH81155CN*	21"	19½"
GMH81405DN*	24½"	23"

* Low NOx model available.

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

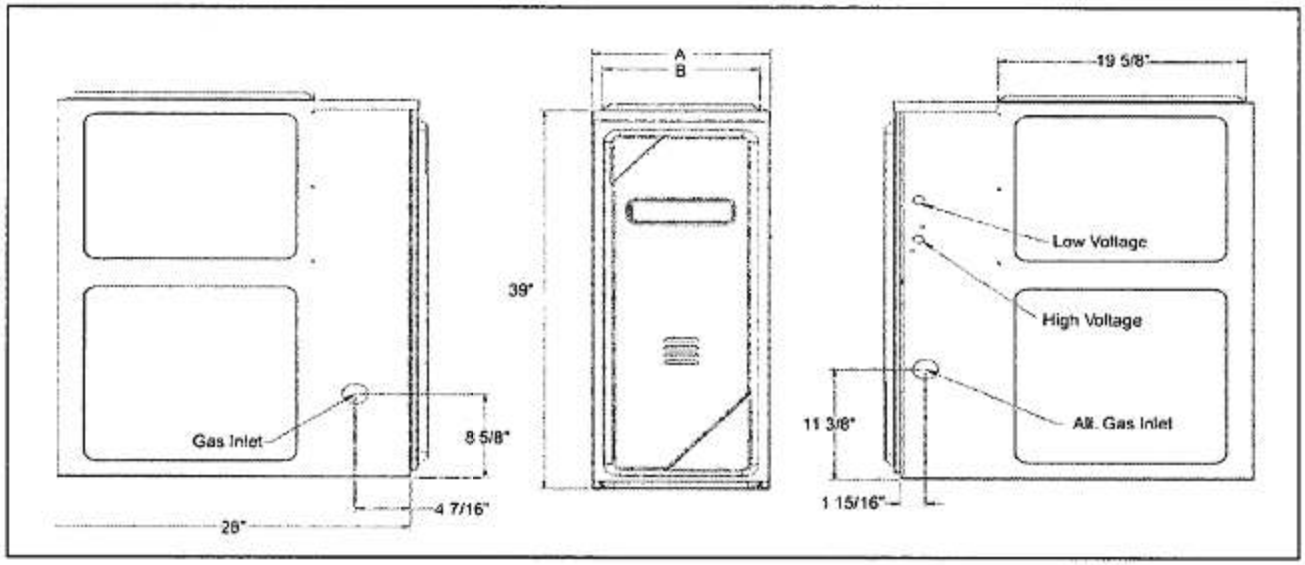
Sides	Rear	Front[1]	Vent[2]		Top
			SW	B	
1"	0"	3"	6"	1"	1"

[1] 24" clearance for serviceability recommended.

[2] Single Wall Vent (SW) to be used only as a connector. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ ANSI Z223.1 (in the USA) and the Canada National Standard of Canada, CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).

Note: GMH8 approved for line contact in the horizontal position.

GDH8 DIMENSIONS



Model	A	B	Non-Combustible Floor Base
GDH80453AXAA	14"	12½"	SBT14
GDH80703AXAA	14"	12½"	SBT14
GDH80904BXAA	17½"	16"	SBT17
GDH81155CXAA	21"	19½"	SBT21

Notes:

- Line voltage wiring can enter through the right or left side of furnace. Low-voltage wiring can enter through the right or left side of furnace.
- Conversion kits for high-altitude natural gas operation are available. Contact your Goodman distributor or dealer for details.
- Installer must supply the following gas line fittings, according to which entrance is used:
  - ◊ Left: One 90° street elbow; one 2½" pipe nipple; one 90° elbow; straight pipe; one ground joint union
  - ◊ Right: Straight pipe to reach gas valve

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

Sides	Rear	Front[1]	Vent[2]		Top
			SW	B	
1"	0"	3"	6"	1"	1"

[1] 24" clearance for serviceability recommended.

[2] Single Wall Vent (SW) to be used only as a connector. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ ANSI Z223.1 (in the USA) and the Canada National Standard of Canada, CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).

GMH8 BLOWER PERFORMANCE SPECIFICATIONS

(CFM & Temperature Rise vs. External Static Pressure)

Model (Heating Speed as Shipped)	Motor Speed	Tons AC at 0.5" ESP	External Static Pressure, (Inches Water Column)												
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8
			CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	CFM	CFM
GMH80453AN* (Medium)	High	3	1,555	---	1,511	---	1,459	---	1,392	---	1,344	25	1,279	1,201	1,120
	Med	2.5	1,165	28	1,123	30	1,100	30	1,090	30	1,048	32	1,017	970	903
	Med-Lo	2	927	36	907	37	889	37	863	38	853	39	822	800	746
	Low	1.5	699	47	694	48	668	50	645	51	636	52	592	566	524
GMH80703AN* (Medium)	High	3	1,437	36	1,310	39	1,295	40	1,310	39	1,273	41	1,202	1,129	1,039
	Med	2.5	1,127	46	1,100	47	1,095	47	1,075	48	1,050	49	1,018	967	904
	Med-Lo	2	895	---	917	---	878	---	867	---	853	---	830	786	743
	Low	1.5	694	---	681	---	663	---	640	---	625	---	591	562	522
GMH80704BN* (Medium)	High	4	2,234	23	2,151	24	2,076	25	1,990	26	1,897	27	1,803	1,710	1,569
	Med	3.5	1,676	31	1,653	31	1,648	31	1,581	33	1,555	33	1,492	1,414	1,352
	Med-Lo	3	1,342	38	1,335	39	1,321	39	1,313	39	1,291	40	1,261	1,215	1,149
	Low	2.5	1,089	47	1,085	48	1,078	48	1,071	48	1,057	49	1,040	986	932
GMH80903BN (Medium)	High	3	1,593	42	1,561	43	1,567	42	1,543	43	1,493	44	1,420	1,343	1,230
	Med	2.5	1,186	56	1,160	57	1,160	57	1,135	58	1,118	59	1,089	1,045	983
	Med-Lo	2	957	---	940	---	937	---	921	---	895	---	861	826	778
	Low	1.5	742	---	710	---	685	---	663	---	635	---	611	578	476
GMH80904BN* (Medium)	High	4	2,182	---	2,127	31	2,056	32	1,974	33	1,895	35	1,809	1,715	1,588
	Med	3.5	1,645	40	1,628	40	1,615	40	1,597	41	1,541	43	1,491	1,440	1,350
	Med-Lo	3	1,320	49	1,305	49	1,310	49	1,310	50	1,295	51	1,267	1,217	1,139
	Low	2.5	1,063	60	1,061	60	1,057	61	1,056	61	1,039	61	1,025	1,005	948
GMH80905CN* (Medium)	High	5	2,334	---	2,334	---	2,284	---	2,135	---	2,051	35	1,910	1,748	1,605
	Med	4	1,754	39	1,735	39	1,728	40	1,685	40	1,628	42	1,551	1,469	1,346
	Med-Lo	3.5	1,367	47	1,380	47	1,371	47	1,374	48	1,335	50	1,293	1,246	1,165
	Low	3	1,098	58	1,109	59	1,109	59	1,088	60	1,066	62	1,050	998	916
GMH81155CN* (Medium)	High	5	2,481	---	2,395	35	2,288	37	2,217	38	2,076	41	1,999	1,858	1,732
	Med	4	1,738	49	1,732	49	1,709	50	1,686	50	1,639	52	1,585	1,492	1,385
	Med-Lo	3.5	1,364	62	1,378	62	1,372	62	1,372	62	1,350	63	1,313	1,261	1,125
	Low	3	1,137	---	1,142	---	1,140	---	1,114	---	1,090	---	1,056	954	860
GMH81405DN* (Medium)	High	5	2,554	41	2,435	43	2,375	44	2,240	47	2,152	49	2,002	1,883	1,744
	Med	4	1,846	57	1,773	59	1,762	60	1,712	61	1,672	63	1,583	1,526	1,442
	Med-Lo	3.5	1,520	69	1,500	70	1,483	---	1,470	---	1,435	---	1,373	1,308	1,245
	Low	3	1,301	---	1,274	---	1,260	---	1,231	---	1,207	---	1,177	1,093	931

* Low NOx model available.

Notes:

- CFM in chart is without filter(s). Filters do not ship with this furnace, but must be provided by the installer.
- All furnaces ship as high-speed cooling and medium-speed heating. Installer must adjust blower cooling and heating speed as needed.
- For most applications, about 400 CFM per ton when cooling is desirable.
- INSTALLATION IS TO BE ADJUSTED TO OBTAIN TEMPERATURE RISE WITHIN THE RANGE SPECIFIED ON THE RATING PLATE.
- The chart is for information only. For satisfactory operation, external static pressure must not exceed value shown on the rating plate. The shaded area indicates ranges in excess of maximum static pressure allowed when heating.
- The dashed (----) areas indicate a temperature rise not recommended for this model.
- The above chart is for furnaces installed at 0-2000 feet. At higher altitudes, a properly de-rated unit will have approximately the same temperature rise at a particular CFM, while ESP at the CFM will be lower.

GDH8 BLOWER PERFORMANCE SPECIFICATIONS

(CFM & Temperature Rise vs. External Static Pressure)

Model (Heating Speed as Shipped)	Motor Speed	Tons AC at 0.5" ESP	External Static Pressure, (Inches Water Column)												
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8
			CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	CFM	CFM
GDH8 0453AX (Med)	High	3.0	1,435	---	1,421	---	1,380	---	1,322	25	1,262	26	1,200	1,144	1,064
	Med	2.5	1,140	29	1,114	30	1,084	31	1,063	31	1,039	32	1,002	943	897
	Med-Lo	2.0	899	37	889	37	875	38	871	38	857	39	821	780	745
	Low	1.5	691	48	674	49	665	50	651	51	637	52	618	562	525
GDH8 0703AX (Med)	High	3.0	1,406	37	1,393	37	1,379	37	1,307	39	1,262	41	1,208	1,145	1,070
	Med	2.5	1,153	45	1,101	47	1,077	48	1,039	50	1,028	50	987	947	885
	Med-Lo	2.0	890	---	896	---	873	---	862	---	834	---	798	771	727
	Low	1.5	690	---	682	---	664	---	631	---	616	---	583	549	509
GDH8 0904BX (Med)	High	4.0	2,007	---	1,993	---	1,975	---	1,940	---	1,844	36	1,770	1,668	1,559
	Med	3.5	1,612	41	1,606	41	1,570	42	1,533	43	1,501	44	1,448	1,373	1,301
	Med-Lo	3.0	1,325	50	1,299	51	1,280	52	1,244	53	1,222	54	1,186	1,140	1,079
	Low	2.5	1,043	---	1,040	---	1,032	---	1,002	---	981	---	955	915	869
GDH8 1155CX (Med)	High	5.0	2,381	---	2,312	---	2,312	---	2,219	---	2,134	40	2,024	1,930	1,839
	Med	4.0	1,801	47	1,667	51	1,667	51	1,638	52	1,613	53	1,513	1,441	1,369
	Med-Lo	3.5	969	---	1,062	---	1,140	---	1,223	69	1,269	67	1,292	1,322	1,358
	Low	3.0	1,100	---	1,094	---	1,060	---	1,031	---	1,001	---	953	937	874

Notes:

- CFM in chart is without filter(s). Filters do not ship with this furnace, but must be provided by the installer. If the furnace requires two return filters, this chart assumes both filters are installed.
- All furnaces ship as high-speed cooling and medium-speed heating. Installer must adjust blower cooling and heating speed as needed.
- For most jobs, about 400 CFM per ton when cooling is desirable.
- INSTALLATION IS TO BE ADJUSTED TO OBTAIN TEMPERATURE RISE WITHIN THE RANGE SPECIFIED ON THE RATING PLATE.
- This chart is for information only. For satisfactory operation, external static pressure must not exceed value shown on the rating plate. The shaded area indicates ranges in excess of maximum static pressure allowed when heating.
- The dashed (----) areas indicate a temperature rise not recommended for this model.
- The above chart is for U.S. furnaces installed at 0-2000 feet. At higher altitudes, a properly derated unit will have approximately the same temperature rise at a particular CFM, while ESP at the CFM will be lower.

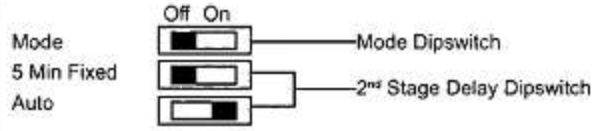
DUAL$AVER CONFIGURATION & OPERATION

Dual$aver

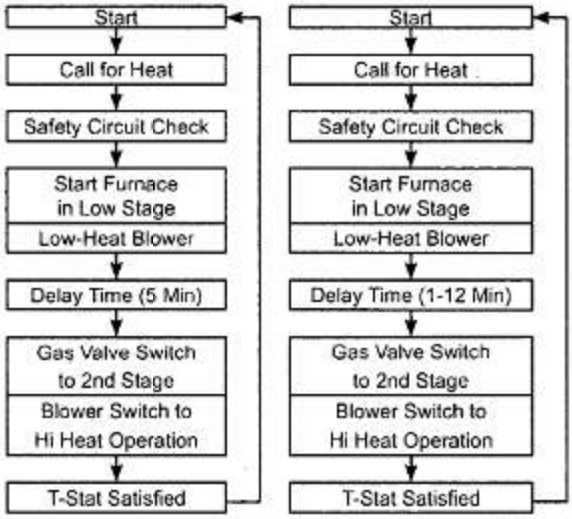
This furnace is capable of the following heating modes:

- Single Stage (Factory Setting)
- Modified Two-Stage
  - » Fixed 5-Min Low Stage
  - » Auto Time (1-12 Min) Low Stage

To change from the factory single-stage operation, adjust the dipswitches on the ignition control as follows:



Note: This furnace is designed to be used with a single-stage room thermostat.



BRICK