BLOCK 210.21 LOT 24 QUALIFICATION CODE _____ ADDRESS (SITE) 43 RIALTO DRIVE PERMIT NO. 13-2201

CONSTRUCTION PERMIT APPLICATION

13-001849

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

I. IDENTIFICATION

1. Proposed Work Site at: 43 Rialto Drive, Brick, NJ 08723
2. Name of Owner in Fee: Rorke
   Tel. [redacted] e-mail _____
   Address 43 Rialto Drive (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Brick Township Heating & AC Tel. (732) 477-3300
   Address 465 Brick Blvd. e-mail _____
   Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000
   Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Craig Law
   Tel. (732) 477-3300 FAX: (732) 477-0205

Contact H/O when ready

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	175 - ✓		
2. Electrical		110 ✓		
3. Plumbing		110 ✓		
4. Fire Protection		40 ✓		
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee		12 -		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	397 -		

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				4/14/13	05/20/13	MEK			
☐ Electrical					4-23-13	JS			
☐ Plumbing					4/12/13	MH			
☑ Fire Protection					4/17/13	MSB			
☐ Elevator		Exempt	4/12/13		4/17/13	MS	5/1 MH		
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

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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 J. David Rorke Date 3-23-13

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

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

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

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

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

( ) Check if contractor.

Agent Name Brick Township Heating & A/C

Address 465 Brick Blvd.
Brick, NJ 08723

Telephone (732) 477-3300

Signature Craig Law

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/10/2014
Control Number C-13-001849
Permit Number 13-2201
Permit Issue Date 05/23/2013
Certificate Number 13-2201

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 43 RIALTO DR. Brick Township, NJ Block: 210.21 Lot: 24 Qual:

Owner in Fee: RORKE, DENIS & CAROL

Owner Address: 43 RIALTO DR. BRICK NJ 08723

Telephone: [redacted]

Contractor BRICK TOWNSHIP HEATING & AIR

Address 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300 Fax: (732) 477-0205

License Number or Builders Registration Number: 13VH01918000 Federal Emp. Number: 21-0103175

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: AIR CONDITIONER, DUCTWORK, ELECTRICAL ALTERATIONS, FURNACE, SMOKES, WATER HEATER ...A/C PLATFORM

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: 11/10/2014

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/23/13
Control #
Date Issued
Permit # 13-2201

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

Block 210,21 Lot 24 Qualification Code

Work Site Location 43 Rialto Drive
Brick NJ 08723

Owner in Fee: Rorke

Tel. [redacted]

Address 43 Rialto Dr Brick NJ 08723
street municipality zip code

Contractor: Central Electric Inc Tel. (732) 691-2795

Address 335 Stinson Rd e-mail
Brick NJ 08723

Contractor License No. 12952 Exp. Date 9-30-14

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

Federal Emp. ID No. 22-3296693 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R1 Proposed

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

Building Occupied as Dwelling Utility Co. JCP&L

Est. Cost of Elec. Work $ 4500

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: 4-23-13
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/22/14
Approved by: JCOJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10/21/13	JWJ
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	7/9/14		10/22/14	JCOJ
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Robert Ammerman

Print name here: Robert Ammerman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Repaire flood damage wireing

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
35		Receptacles	
14		Switches	
5		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	
X	15	KW Dishwasher	
		HP Garbage Disposal	
1	2.5	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		Rewire	
1		Furnace	

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

U.C.C. F120 (rev. 11/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

7/9/14 - ~~Init~~ Final - Fail - JWJ

L ~~(1)~~ INSTALL UNDER CABINET LIGHTING

L ~~(2)~~ INSTALL DISH WASHER

L ~~(3)~~ INSTALL 8 DISH WASHER BREAKER Lockout -

* ALL OTHER RECEPT., SWITCHES, LIGHTING - OKAY
FURNACE + AC CONDENSER - OKAY

10/22/14 - Final - PASS - JWJ

NOTE: RECEPTACLE INSTALL IN CABINET NEXT TO DISHWASHER FOR DISHWASHER TO PLUG INTO.

(E) tech

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/23/13

Date Issued / Permit # 13-2201

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

Block 210-21 Lot 24 Qualification Code

Work Site Location 43 RIALTO DR. BRICK, NJ 08723

Owner in Fee: Burke

Te [redacted] e-mail

Address 43 Rialto Drive Brick NJ 08723

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd. e-mail

Brick, NJ 08723

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All 05/20/13 KCK
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 05/20/13

Approved by: KCK

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 10/16/14

Approved by: KCK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	~~7-9-14~~		~~10-14-14~~	~~W~~
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories ____

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors ____ sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load ____

Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____

If Industrialized Building:

State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ 1,500.00
3. Total (1+ 2) $ 1,500.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Craig Law

Print name here: Craig Law

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~Gas warm air furnace Installation with A/C and hot water heater~~

Ductwork & A/C Platform

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 5')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [✓] Other Gas furnace Installation A/C & HOT WATER HEATER
- [ ] Demolition

FEE (Office Use Only)

$ ____

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

U.C.C. F110 (rev. 11/09)

7-9-14

- Platform Not Anchored
- Units not anchored to Platform
- [redacted]

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/23/13

Date Issued / Permit # 13-2201

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

Block 210.21 Lot 24 Qualification Code

Work Site Location 43 Rialto Dr. Brick, NJ 08723

Ow [redacted]

Tel [redacted] e-mail

Address 43 Rialto Drive Brick NJ 08723

Contractor Ocean Gate Mechanical LLC Tel (732)606-9824

Address 133 E. Lakewood Ave. POB 1177 e-mail

Ocean Gate NJ 08740

Contractor License No. 7036 Exp. Date 6/30/13

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

Federal Emp. ID No. 26-0738304 FAX (732)606-9824

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 $ 800.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: James R. Parks

Print name here: James R. Parks

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK gas furnace installation with A/C & hot water heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater 40 Gallon	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	~~Other~~ Gas furnace installation	
1	3 ton Other A/C Installation	

80/64

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:

[ ] Plumbing Plans Approved

Date: 4/12/13 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-12-13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 7-10-14

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	10-2417		2/14/14	MSB
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final ~~Hood, Heater~~			7/11/14	DC

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10-21-13 [illegible]
NO TEST

(P) tech

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received: 5/23/13
Control #:
Date Issued:
Permit #: 13-2201

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

Block 210.21 Lot 24 Qualification Code

Work Site Location 43 Rialto Drive Brick, NJ 08723

Owner in Fee: [redacted]

T [redacted] e-mail

Address 43 Rialto Drive (street) Brick (municipality) NJ (state) 08723 (zipcode)

Contractor: Brick Township Heating & AC Tel. (732) 477-3300

Address 463 Brick Blvd. e-mail

Brick, NJ 08723

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): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

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: Attic

Total Cost of Fire Protection Work $ 100.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Craig Law

Print name here: Craig Law

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of gas fired furnace with a/c and hot water heater

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)	5	
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 Gas furnace installation		
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: 4/17/13 Approved by: MO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] LCCO [✓] CA
Date: 4-17-13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System			7/9/13	AB
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			4/9/13	MO
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/17/13	MO
Other				

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

BP/B called Contractor

CONSTRUCTION PERMIT

Date Issued 5/23/13
Control # C-13-001849
Permit # 13-2201

IDENTIFICATION Block: 210.21 Lot: 24 Qualifier
Work Site Location: 43 RIALTO DR. Brick Township, NJ

Owner in Fee: RORKE, DENIS & CAROL
43 RIALTO DR. BRICK NJ 08723

Telephone: [redacted]

Contractor: BRICK TOWNSHIP HEATING & AIR
Address: 465 BRICK BLVD. BRICK NJ 08723

Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000
Federal Employee. No. 21-0103175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AIR CONDITIONER, DUCTWORK, ELECTRICAL ALTERATIONS, FURNACE, HOT WATER HEATER, SMOKES ...A/C PLATFORM

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 $8,900

Daniel J. Newman Jr. 5/20/13
Construction Official — Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$110
Plumbing	$110
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	3519 $397
Check No.	
Cash	$0
Credit	$0
Collected By	

+50
447

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

RECEIVING CLERK _____
DATE REC'D 4-10-13

ZONING PERMIT APPLICATION

PERMIT # ZP-13-00454
DATE ISSUED 5/28/13

BLOCK: 210-21 LOT: 24 QUALIFIER: — SITE ADDRESS: 43 Rialto Drive

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Denis Rorke
COMPLETE ADDRESS: 43 Rialto Dr.
Brick, NJ 08723
PHONE [redacted] EMAIL [redacted]

2. NAME OF APPLICANT: Denis Rorke
APPLICANT ADDRESS: 43 Rialto Dr.
Brick, NJ 08723
PHONE [redacted] EMAIL: [redacted]

3. RESPONSIBLE PERSON FOR WORK: _____
PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: Denis Rorke

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: Single Family
PROPOSED USE: _____

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: SMALL PLATFORM TO RAISE A/C UNIT 3X3X3

ZONING REVIEW:
DATE REVIEWED: 4/10/13 DATE DENIED: — DATE APPROVED: 4/10/13 INTLS: MG

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Three (3) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

OFFICE USE ONLY

RECEIVED
APR 10 2013
SE20

ZONING REVIEW:

DATE REVIEWED: 4-10-13 DATE DENIED: — DATE APPROVED: 4-10-13 INTLS: SE20

DATE:	COMMENTS:	INITIALS:

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 5/23/13
Application Number: ZA-13-00310
Application Date: 04/10/2013
Project Number:
Permit Number: ZP-13-00454
Fee: $50

Zoning Permit

Worksite Location: **43 RIALTO DR.**
Baywood
BRICK, NJ 08723

Block: **210.21**
Lot: **24**
Qualifier:
Zone: **R-5**

Owner: **RORKE, DENIS & CAROL**
Address: **43 RIALTO DR.**
BRICK, NJ 08723

Applicant: **RORKE, DENIS**
Address: **43 RIALTO DR.**
BRICK, NJ 08723

Application Approved Date: 04/10/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:

Air-Conditioner Condenser Unit - 3' x 3', 3' high, to raised to the required flood elevation.

The unit must be set back at least 20 feet from the front property line, at least (5) feet from the side property line, and at least 15 feet from the rear property line and from the bulkhead.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinniew, Zoning Officer — 04/10/2013 Date

Michael P. Fowler, Township Planner — **Date**

TOWNSHIP OF BRICK

RELEASED FOR PERMIT INITIAL DATE

Building Subcode _____

Plumbing Subcode _____

Fire Subcode _____

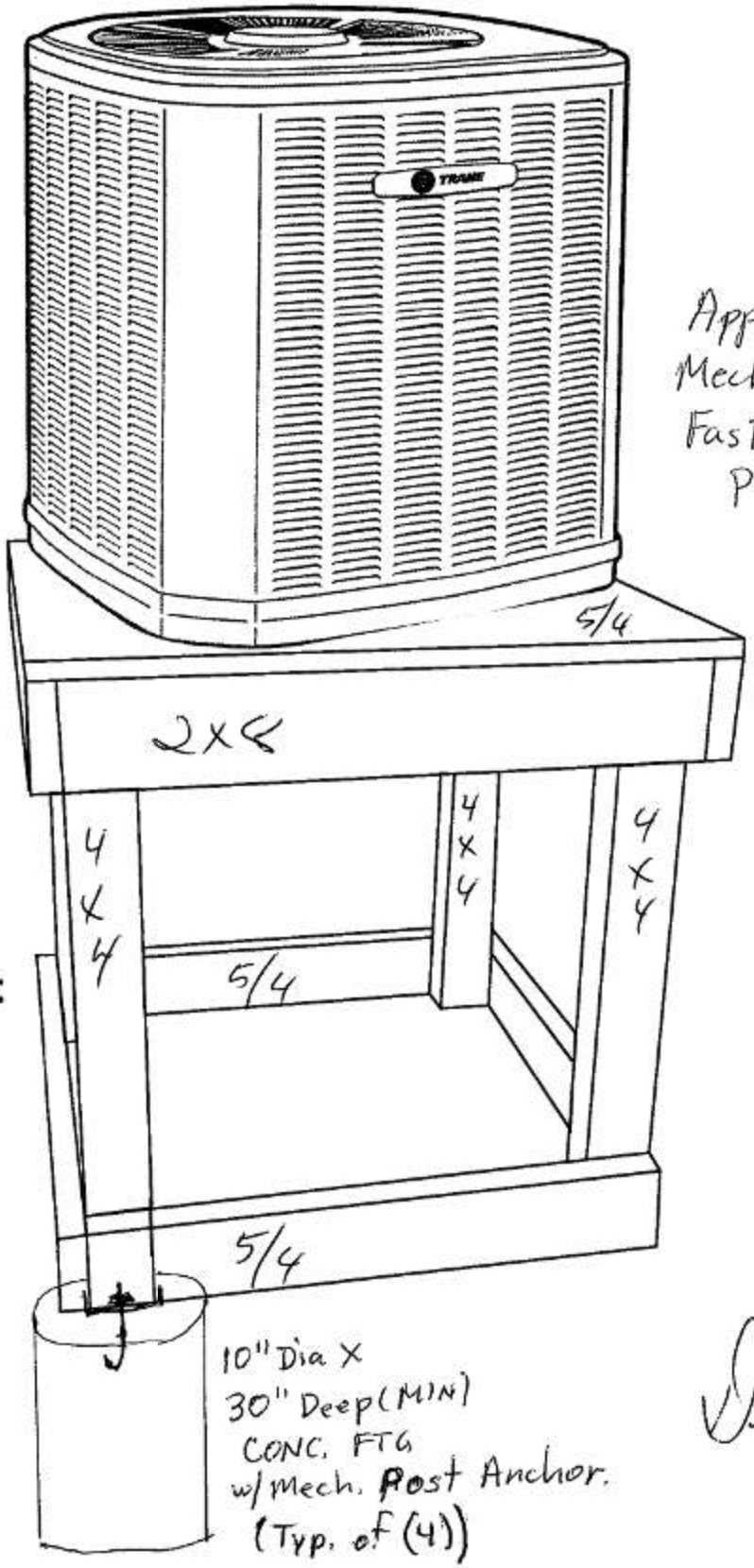
Electrical Subcode _____

Plan Reviewer _____

Plans Released _____

Construction Official _____

FILE COPY



Appliance Mechanically Fastened to Platform

Louis Polk

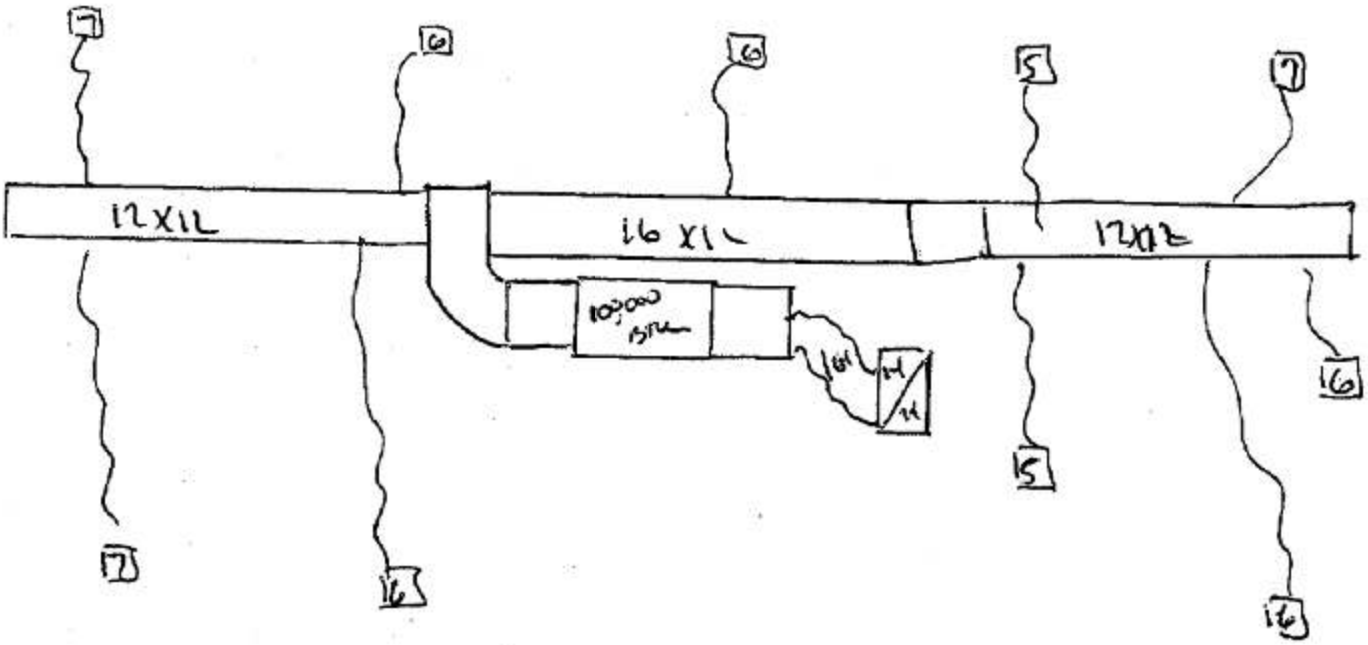
Craig Law

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
477-3300

PHONE: 732-477-3300
732-477-1494
FAX: 732-477-0205

OFFICE & SHOW ROOM:
465 BRICK BOULEVARD, (RT. 549), BRICK TOWNSHIP, NEW JERSEY 08723
MAIL: P.O. BOX 4068, OSBORNVILLE, BRICK, NJ 08723-0968

43 RUNS ON.



THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED
T/A Brick Township Heating & Air Conditioning
Breton Woods Home Improvement, Inc.
Patrice Law
465 Brick Blvd.
Brick NJ 08723

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

11/08/2012 TO 12/31/2013
VALID

13VH01918000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Land Use and Community
Development-Engineering Department

732-262-1040
Fax: 732-262-2941

mkaczka@twp.brick.nj.us
www.twp.brick.nj.us

April 10, 2013

Denis & Carol Rorke
43 Rialto Drive
Brick, NJ 08723

Re: Substantially Damaged Structure Determination
43 Rialto Drive
Block 210.21; Lot 24

Dear Denis & Carol Rorke:

The Engineering Department has reviewed the Super-Storm Sandy Substantially Damaged Worksheet as provided for the above referenced property.

Your estimated cost of repair is $ 111,428, based upon the estimate we prepared.

The fair market value of the structure is estimated to be $ 159,858.

In accordance with FEMA regulations 44 CFR 60.0, the structure does **not** meet the definition of substantially damaged. As a result, you will **not** be required to retrofit the structure to be FEMA compliant in conjunction with your repairs.

If you should have any questions, comments or require any additional information, please do not hesitate to contact me by phone at 732-262-1040.

Sincerely,

Elissa C. Commins, P.E.
Township Engineer

Cc: Daniel Newman, Construction Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

At Risk Notice

I/We hereby expressly acknowledge that in proceeding to replace or substantially repair any flood or storm damaged equipment or structure on our property identified below, I/We are proceeding at our own risk and that we have received no assurances from the Township of Brick as to future local, state or federal approvals of any kind of the work we are undertaking. I/We also hereby expressly acknowledge that a determination may ultimately be made by the Flood Plain Administrator or other Local, State or Federal agency or department which may require us to elevate said structure or relocate said equipment at a later date prior to receiving any final inspections or approvals.

Property location: 43 RIALTO DRIVE

Property Owner: Doris Rorke

Witness: Lori F Lynn

Date: 2/20/13

FOR REPLACEMENT FURNACE

OLD BTU — INPUT 80,000 OUTPUT 64,000

NEW BTU — INPUT 80,000 OUTPUT 64,000

A/C REPLACEMENT

OLD UNIT 30,000 BTU

NEW UNIT 30,000 BTU

AND/OR

HEAT LOSS/HEAT GAIN

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

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

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

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

******CHIMNEY CERTIFICATION (CANNOT BE CERTIFICATION BY HOMEOWNER)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 210.21 LOT 24 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 43 RIALTO DRIVE

Owner in Fee BORKE

Verifying Individual CRAIG LAW Company BRICK TOWNSHIP HEATING & A/C CO.

Address 465 BRICK BLVD. BRICK (City) NJ (State) 08723 (Zip Code)

Tel: (732 [redacted] Fax: (732) 477-0205

Check the [redacted]):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURNACE	Oil / (Gas) / Other:	80,000
Appliance 2:	WATER HEATER	Oil / (Gas) / Other:	40 GALLON
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Craig Law
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

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

_____
Signature Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS

PERMIT #:

BLOCK: 210-21 LOT: 24 ADDRESS: 43 Rialto Dr, Brick, NJ. 08723

IDENTIFICATION:

1. WORK SITE ADDRESS: 43 Rialto Drive
2. NAME OF OWNER IN FEE: Denis Rorke

ADDRESS: 43 Rialto Dr. PHONE [redacted]

Brick, NJ FAX #: ( ) —

3. PRINCIPAL CONTRACTOR: _____

ADDRESS: _____ PHONE #: ( ) _____

_____ FAX #: ( ) _____

4. ARCHITECT OR ENGINEER: _____

ADDRESS: _____ PHONE: # ( ) _____

5. RESPONSIBLE PERSON FOR WORK: _____

ADDRESS: _____

PHONE #: ( ) _____ FAX #: ( ) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ N/A

REVIEW FEE: $

INSPECTION FEE: $

OTHER _____: $

BOND(S): $

TOTAL: $

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER SMALL PLATFORM TO RAISE A/C UNIT

LENGTH: 3' WIDTH: 3' HEIGHT: 3'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

FLOOD ZONE AE 8 Coast A Elev. 9.0

ENGINEERING REVIEW: Does not meet Substantially Damaged Requirement

DATE RECEIVED: 4/10/13 DATE REJECTED: _____ DATE APPROVED: 4/12/13 INITIALS: KSS

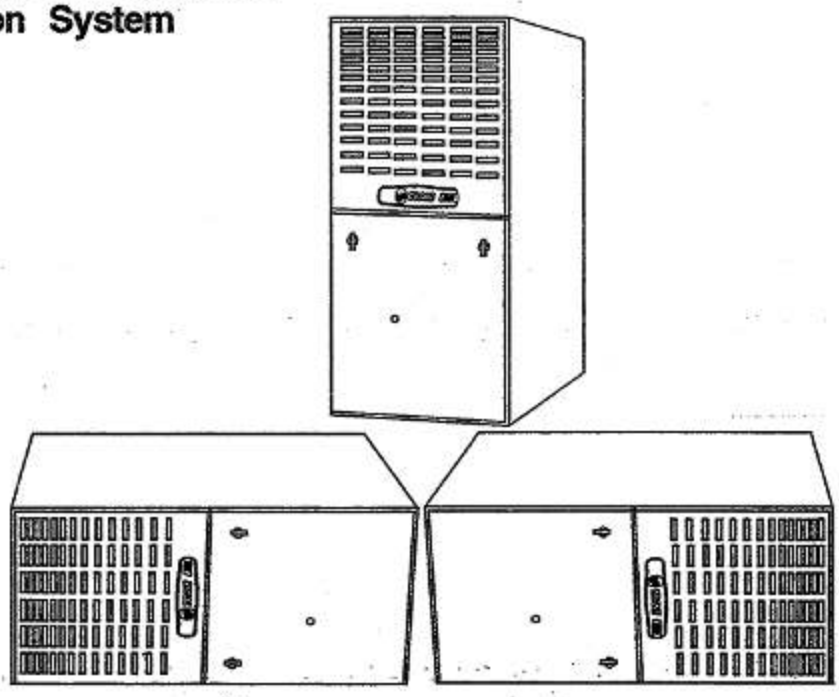
TRANE

Upflow/Horizontal Right or Upflow/Horizontal Left Induced Draft Gas Furnace

XR 80

TUD1A040A9241A, TUD1A040A9301A, TUD1A060A9241A, TUD1A060A9361A, TUD1B060A9361A, TUD1B080A9241A, TUD1B080A9361A, TUD1B080A9481A, TUD1C080A9601A, TUD1B100A9361A, TUD1B100A9451A, TUD1C100A9481A, TUD1C100A9601A, TUD1D100A9721A, TUD1C120A9541A, TUD1D120A9601A, TUD1D140A9601A

Single-Stage Fan Assisted Combustion System



PUB. NO. 22-1640-09

TRANE®

General Features

NATURAL GAS MODELS
Central Heating furnace designs are certified by the American and Canadian Gas Associations for both natural and LP. gas. Limit setting and rating data were established and approved under standard rating conditions using American National Standards Institute standards.

SAFE OPERATION
The Integrated System Control has solid state devices, which continuously monitor for presence of flame, when the system is in the heating mode of operation. Dual solenoid combination gas valve and regulator provide extra safety.

QUICK HEATING
Durable, cycle tested, heavy gauge **aluminized steel heat exchanger** quickly transfers heat to provide warm conditioned air to the structure.

BURNERS
Multiport Inshot burners will give years of quiet and efficient service. All models can be converted to **LP. gas.**

INTEGRATED SYSTEM CONTROL
Exclusively designed operational program provides total control of furnace limit sensors, blowers, gas valve, flame control and includes self diagnostics for ease of service. Also contains connection points for E.A.C./humidifier.

AIR DELIVERY
The 4-speed, direct drive blower motor, has sufficient airflow for most heating and cooling requirements, will switch from heating to cooling speeds on demand from room thermostat. The blower door safety switch will prevent or terminate furnace operation when the blower door is removed.

STYLING
Heavy gauge steel and "wrap-around" cabinet construction is used in the cabinet with baked-on enamel finish for strength and beauty. The heat exchanger section of the cabinet is completely lined with foil faced fiberglass insulation. This results in quiet and efficient operation due to the excellent acoustical and insulating qualities of fiberglass.

FEATURES AND GENERAL OPERATION
The XR 80 High Efficiency Gas Furnaces empoys an adaptive Hot Surface Ignition system, which eliminates the waste of a constant burning pilot. The integrated system control lights the main burners upon a demand for heat from the room thermostat. Complete front service access.

a. Low energy power venter
b. Vent proving pressure switch.

Pub. No. 22-1640-09

TRANE

General Data

PRODUCT SPECIFICATIONS ①

MODEL	TUD1A040A9241A	TUD1A060A9241A	TUD1A040A9301A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ②			
Input BTUH	40,000	60,000	40,000
Capacity BTUH (ICS) ③	32,000	47,000	32,000
AFUE	80.0	80.0	80.0
Temp. rise (Min.-Max.) °F.	30 - 60	35 - 65	30 - 60
BLOWER DRIVE	DIRECT	DIRECT	DIRECT
Diameter - Width (in.)	10 x 6	10 x 6	10 x 6
No. Used	1	1	1
Speeds (No.)	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/5	1/5	1/3
R.P.M.	1080	1080	1075
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/50 - 3000	1/50- 3000	1/50 - 3000
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
FLA	1.0	1.0	1.0
FILTER — Furnished?	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 16x25 - 1in.	1 - 16x25 - 1in.	1 - 16x25 - 1in.
VENT — Size (in.)	4 Round	4 Round	4 Round
HEAT EXCHANGER			
Type-Fired -Unfired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
Gauge (Fired)	20	20	20
ORIFICES — Main			
Nat. Gas. Qty. — Drill Size	2 — 45	3 — 45	2 — 45
L.P. Gas Qty. — Drill Size	2 — 56	3 — 56	2 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE			
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	2	3	2
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	6.3	10.4	6.3
Max Overcurrent Protection (Amps)	15	15	15
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 16-1/2 x 30-1/2	41-3/4 x 16-1/2 x 30-1/2	41-3/4 x 16-1/2 x 30-1/2
WEIGHT			
Shipping (Lbs.) / Net (Lbs)	119 / 110	124 / 115	122 / 113

① Central Furnace heating designs are certified by AGA and CSA.
② For U.S. applications, above input ratings (BTUH) are up to 2,000 feet, derate 4% per 1,000 feet for elevations above 2,000 feet above sea level. For Canadian applicaitons, above input ratings (BTUH) are up to 4,500 feet, derate 4% per 1,000 feet for elevations above 4,500 feet above sea level.
③ Based on U.S. government standard tests.
④ The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes.

TRANE

General Data

PRODUCT SPECIFICATIONS ①

MODEL	TUD1A060A9361A	TUD1B060A9361A	TUD1B080A9241A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ②			
Input BTUH	60,000	60,000	80,000
Capacity BTUH (ICS) ③	47,000	47,000	64,000
AFUE	80.0	80.0	80.0
Temp. rise (Min.-Max.) °F.	30 - 60	30 - 60	50 - 80
BLOWER DRIVE	DIRECT	DIRECT	DIRECT
Diameter - Width (In.)	10 x 6	10 x 7	9 x 7
No. Used	1	1	1
Speeds (No.)	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/3	1/3	1/5
R.P.M.	1075	1075	1080
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/50- 3000	1/50- 3000	1/50- 3000
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
FLA	1.0	1.0	1.0
FILTER — Furnished?	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 16x25 - 1in.	1 - 17x25 - 1in.	1 - 17x25 - 1in.
VENT — Size (in.)	4 Round	4 Round	4 Round
HEAT EXCHANGER			
Type-Fired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
-Unfired			
Gauge (Fired)	20	20	20
ORIFICES — Main			
Nat. Gas. Qty. — Drill Size	3 — 45	3 — 45	4 — 45
L.P. Gas Qty. — Drill Size	3 — 56	3 — 56	4 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE			
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	3	3	4
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	9.0	9.0	10.4
Max Overcurrent Protection (Amps)	15	15	15
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 16-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2
WEIGHT			
Shipping (Lbs.) / Net (Lbs)	127 / 118	137 / 127	139 / 129

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③ Based on U.S. government standard tests.
④ The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes..

Pub. No. 22-1640-09

TRANE

General Data

PRODUCT SPECIFICATIONS ①

MODEL	TUD1B080A9361A	TUD1B080A9481A	TUD1C080A9601A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ②			
Input BTUH	80,000	80,000	80,000
Capacity BTUH (ICS) ③	63,000	64,000	64,000
AFUE	80.0	80.0	80.0
Temp. rise (Min.-Max.) °F.	30 - 60	30 - 60	25 - 55
BLOWER DRIVE	DIRECT	DIRECT	DIRECT
Diameter - Width (in.)	10 x 7	10 x 8	11 x10
No. Used	1	1	1
Speeds (No.)	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/3	1/3	3/4
R.P.M.	1075	1075	1100
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/50- 3000	1/50- 3000	1/50- 3000
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
FLA	1.0	1.0	1.0
FILTER — Furnished?	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 17x25 - 1in.	1 - 17x25 - 1in.	1 - 20x25 - 1in.
VENT — Size (in.)	4 Round	4 Round	4 Round
HEAT EXCHANGER			
Type-Fired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
-Unfired			
Gauge (Fired)	20	20	20
ORIFICES — Main			
Nat. Gas. Qty. — Drill Size	4 — 45	4 — 45	4 — 45
L.P. Gas Qty. — Drill Size	4 — 56	4 — 56	4 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE			
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	4	4	4
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	10.4	9.1	13.8
Max Overcurrent Protection (Amps)	15	15	15
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 23 x 30-1/2
WEIGHT			
Shipping (Lbs.) / Net (Lbs)	142 / 132	142 / 132	162 / 151

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TRANE

General Data

PRODUCT SPECIFICATIONS ①

MODEL	TUD1B100A9361A	TUD1B100A9451A	TUD1C100A9481A	TUD1C100A9601A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ②				
Input BTUH	100,000	100,000	100,000	100,000
Capacity BTUH (ICS) ③	79,000	79,000	79,000	79,000
AFUE	80.0	80.0	80.0	80.0
Temp. rise (Min.-Max.) °F.	40 - 70	35 - 65	35 - 65	30 - 60
BLOWER DRIVE	DIRECT	DIRECT	DIRECT	DIRECT
Diameter - Width (in.)	10 x 7	10 x 8	10 x 8	11 x 10
No. Used	1	1	1	1
Speeds (No.)	4	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/3	1/3	1/2	1/2
R.P.M.	1075	1075	1075	1075
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/50- 3000	1/50- 3000	1/50- 3000	1/50- 3000
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
FLA	1.0	1.0	1.0	1.0
FILTER — Furnished?	No	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 17x25 - 1in.	1 - 17x25 - 1in.	1 - 20x25 - 1in.	1 - 20x25 - 1in.
VENT — Size (in.)	4 Round	4 Round	4 Round	4 Round
HEAT EXCHANGER				
Type-Fired -Unfired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
Gauge (Fired)	20	20	20	20
ORIFICES — Main				
Nat. Gas. Qty. — Drill Size	5 — 45	5 — 45	5 — 45	5 — 45
L.P. Gas Qty. — Drill Size	5 — 56	5 — 56	5 — 56	5 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE				
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	5	5	5	5
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	10.4	10.4	11.6	12.8
Max Overcurrent Protection (Amps)	15	15	15	15
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 23 x 30-1/2	41-3/4 x 23 x 30-1/2
WEIGHT				
Shipping (Lbs.) / Net (Lbs)	151 / 141	153 / 143	162 / 151	162 / 151

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Pub. No. 22-1640-09

General Data

PRODUCT SPECIFICATIONS ①

MODEL	TUD1D100A9721A	TUD1C120A9541A	TUD1D120A9601A	TUD1D140A9601A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ②				
Input BTUH	100,000	120,000	120,000	140,000
Capacity BTUH (ICS) ③	80000	96,000	96,000	111,000
AFUE	80.0	80.0	80.0	80.0
Temp. rise (Min.-Max.) °F.	30 - 60	35 - 65	30 - 60	40 - 70
BLOWER DRIVE	DIRECT	DIRECT	DIRECT	DIRECT
Diameter - Width (In.)	11 x 10	11 x 10	11 x 10	11 x 10
No. Used	1	1	1	1
Speeds (No.)	4	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	3/4	1/2	1/2	3/4
R.P.M.	1100	1075	1075	1075
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/50 - 3000	1/50 - 3000	1/50 - 3000	1/50 - 3000
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
FLA	1.0	1.0	1.0	1.0
FILTER — Furnished?	No	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 24x25 - 1in.	1 - 20x25 - 1in.	1 - 24x25 - 1in.	1 - 24x25 - 1in.
VENT — Size (in.)	4 Round	4 Round	4 Round	4 Round
HEAT EXCHANGER				
Type-Fired -Unfired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
Gauge (Fired)	20	20	20	20
ORIFICES — Main				
Nat. Gas. Qty. — Drill Size	5 — 45	6 — 45	6 — 45	7 — 45
L.P. Gas Qty. — Drill Size	5 — 56	6 — 56	6 — 56	7 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE				
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	5	6	6	7
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	13.1	12.8	12.8	13.1
Max Overcurrent Protection (Amps)	15	15	15	15
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 26-1/2 x 30-1/2	41-3/4 x 23 x 30-1/2	41-3/4 x 26-1/2 x 30-1/2	41-3/4 x 26-1/2 x 30-1/2
WEIGHT				
Shipping (Lbs.) / Net (Lbs)	175 / 163	176 / 164	186 / 174	193 / 181

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③ Based on U.S. government standard tests.
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TRANE®

Performance Data

FURNACE AIRFLOW (CFM) VS. STATIC PRESSURE (ins. w.g.)										
MODEL	SPEED TAP	0.10	0.20	0.30	0.40	0.50	0.60	0.70	0.80	0.90
TUD1A040A9241A	4 - HIGH - Black	1018	1004	982	950	910	860	802	763	660
	3 - MED.-HIGH - Blue	847	832	809	779	742	697	644	585	517
	2 - MED.-LOW - Yellow	716	701	678	648	610	585	512	452	384
	1 - LOW - Red	617	599	575	544	507	463	413	357	294
TUD1A040A9301A	4 - HIGH - Black	1307	1262	1211	1164	1092	1023	949	869	783
	3 - MED.-HIGH - Blue	1172	1140	1100	1053	996	937	867	791	707
	2 - MED.-LOW - Yellow	1030	1007	976	938	893	840	779	712	636
	1 - LOW - Red	892	876	856	893	789	744	691	630	561
TUD1A060A9241A	4 - HIGH - Black	1013	997	973	941	901	852	796	731	659
	3 - MED.-HIGH - Blue	835	821	800	771	734	689	636	575	506
	2 - MED.-LOW - Yellow	712	702	683	655	617	571	516	452	379
	1 - LOW - Red	611	596	573	543	505	459	406	345	277
TUD1A060A9361A	4 - HIGH - Black	1426	1389	1345	1298	1236	1171	1099	1020	934
	3 - MED.-HIGH - Blue	1243	1225	1197	1160	1113	1057	991	916	831
	2 - MED.-LOW - Yellow	1042	1039	1027	1005	973	931	879	817	745
	1 - LOW - Red	900	903	895	877	848	809	760	700	629
TUD1B060A9361A	4 - HIGH - Black	1586	1554	1517	1468	1412	1351	1278	1200	1102
	3 - MED.-HIGH - Blue	1329	1318	1299	1268	1228	1186	1135	1072	988
	2 - MED.-LOW - Yellow	1090	1090	1093	1076	1052	1028	978	917	836
	1 - LOW - Red	894	901	904	894	881	860	828	777	683
TUD1B080A9241A	4 - HIGH - Black	1115	1094	1060	1014	956	886	803	708	600
	3 - MED.-HIGH - Blue	919	912	891	857	809	747	671	582	478
	2 - MED.-LOW - Yellow	772	767	750	722	681	629	565	489	401
	1 - LOW - Red	643	655	648	622	577	512	428	325	203
TUD1B080A9361A	4 - HIGH - Black	1393	1384	1364	1335	1296	1247	1189	1120	1042
	3 - MED.-HIGH - Blue	1210	1209	1198	1177	1147	1107	1058	999	930
	2 - MED.-LOW - Yellow	1046	1052	1047	1033	1008	963	928	873	808
	1 - LOW - Red	900	903	895	888	869	842	808	766	717
TUD1B080A9481A	4 - HIGH - Black	1839	1821	1796	1756	1710	1641	1573	1480	1392
	3 - MED.-HIGH - Blue	1323	1325	1329	1319	1308	1275	1246	1201	1165
	2 - MED.-LOW - Yellow	1092	1090	1091	1083	1076	1059	1040	1005	970
	1 - LOW - Red	788	783	780	768	758	737	719	647	630
TUD1C080A9601A	4 - HIGH - Black	2308	2281	2254	2209	2163	2095	2026	1950	1873
	3 - MED.-HIGH - Blue	2006	1997	1987	1960	1933	1888	1842	1780	1718
	2 - MED.-LOW - Yellow	1690	1691	1691	1683	1674	1651	1627	1556	1485
	1 - LOW - Red	1437	1437	1437	1434	1431	1418	1404	1369	1334
TUD1B100A9361A	4 - HIGH - Black	1476	1464	1441	1408	1363	1307	1241	1163	1074
	3 - MED.-HIGH - Blue	1249	1257	1252	1234	1203	1158	1101	1030	946
	2 - MED.-LOW - Yellow	1020	1046	1058	1050	1028	990	936	866	780
	1 - LOW - Red	873	887	890	883	864	834	794	742	680
TUD1B100A9451A	4 - HIGH - Black	1771	1731	1355	1624	1556	1479	1392	1296	1191
	3 - MED.-HIGH - Blue	1375	1371	1328	1328	1289	1238	1176	1102	1016
	2 - MED.-LOW - Yellow	1127	1141	1124	1124	1094	1049	989	914	825
	1 - LOW - Red	780	815	829	822	796	749	681	593	485
TUD1C100A9481A	4 - HIGH - Black	1880	1846	1799	1740	1669	1595	1489	1381	1260
	3 - MED.-HIGH - Blue	1662	1635	1598	1551	1493	1424	1345	1256	1157
	2 - MED.-LOW - Yellow	1428	1421	1402	1370	1326	1269	1199	1117	1022
	1 - LOW - Red	1208	1215	1210	1193	1164	1124	1073	1009	935
TUD1C100A9601A	4 - HIGH - Black	2181	2143	2104	2053	2001	1929	1856	1766	1676
	3 - MED.-HIGH - Blue	1908	1888	1868	1834	1800	1745	1690	1631	1572
	2 - MED.-LOW - Yellow	1621	1609	1597	1582	1567	1533	1498	1438	1377
	1 - LOW - Red	1443	1419	1395	1381	1367	1335	1302	1256	1209

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Performance Data

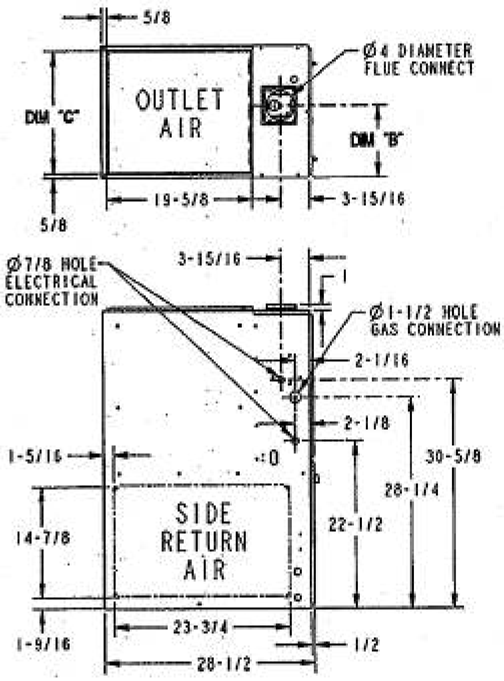
FURNACE AIRFLOW (CFM) VS. STATIC PRESSURE (ins. w.g.)										
MODEL	SPEED TAP	0.10	0.20	0.30	0.40	0.50	0.60	0.70	0.80	0.90
TUD1D100A9721A BOTTOM AND LEFT SIDE RETURN	4 - HIGH - Black 3 - MED.-HIGH - Blue 2 - MED.-LOW - Yellow 1 - LOW - Red	2484	2458	2432	2387	2342 SEE NOTE 1	2275	2208	2125	2041
TUD1D100A9721A	4 - HIGH - Black 3 - MED.-HIGH - Blue 2 - MED.-LOW - Yellow 1 - LOW - Red	2447 2097 1753 1459	2401 2068 1750 1456	2356 2079 1748 1453	2303 2053 1732 1443	2249 2028 1716 1434	2173 1970 1690 1407	2097 1912 1665 1380	1994 1831 1594 1335	1892 1750 1523 1289
TUD1C120A9541A	4 - HIGH - Black 3 - MED.-HIGH - Blue 2 - MED.-LOW - Yellow 1 - LOW - Red	2162 1889 1654 1427	2130 1881 1643 1421	2097 1873 1631 1414	2067 1839 1619 1400	2037 1805 1606 1386	1976 1776 1572 1357	1914 1746 1538 1327	1833 1670 1483 1285	1752 1593 1428 1243
TUD1D120A9601A	4 - HIGH - Black 3 - MED.-HIGH - Blue 2 - MED.-LOW - Yellow 1 - LOW - Red	2135 1906 1646 1423	2101 18814 1632 1415	2066 1856 1617 1407	2036 1817 1596 1391	2005 1777 1575 1375	1923 1724 1535 1338	1840 1671 1494 1300	1750 1602 1427 1246	1659 1533 1360 1192
TUD1D140A9601A	4 - HIGH - Black 3 - MED.-HIGH - Blue 2 - MED.-LOW - Yellow 1 - LOW - Red	2462 2128 1755 1450	2407 2112 1746 1446	2351 2096 1736 1442	2284 2054 1719 1427	2216 2011 1702 1411	2143 1949 1656 1383	2069 1887 1609 1354	1989 1797 1564 1298	1908 1706 1518 1241

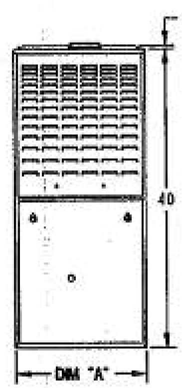
Note 1: High speed CFM is based on bottom and left side return option for this model. Medium High, Medium Low, and Low speedtaps for this model do not have improved airflow with the addition of side return.

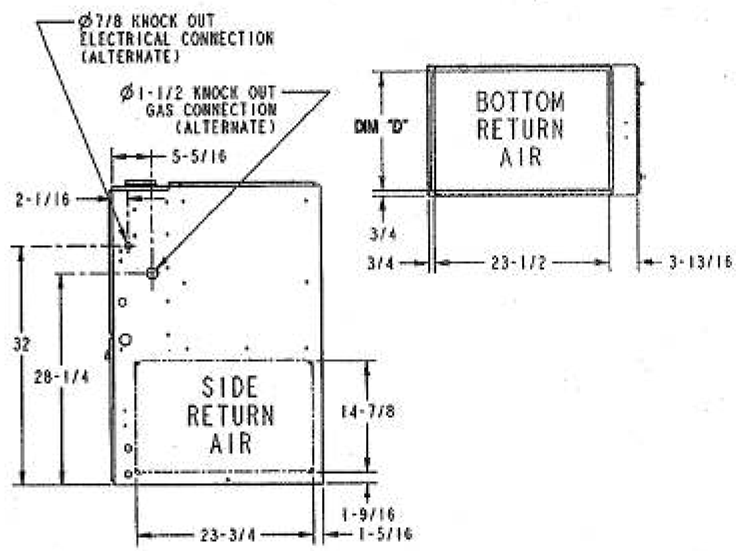
CFM VS. TEMPERATURE RISE																				
MODEL	Cubic Feet Per Minute (CFM)																			
	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
TUD1A040A9241A	59	49	42	37	33	30														
TUD1A040A9301A	59	49	42	37	33															
TUD1A060A9241A			63	56	49	44														
TUD1A060A9361A				56	49	44	40	37	34	32										
TUD1B060A9361A				56	49	44	40	37	34	32										
TUD1B060A9241A				74	66	59	54													
TUD1B060A9361A						59	54	49	46	42										
TUD1B080A9481A						59	54	49	46	42	40	37	35	33						
TUD1C080A9601A							54	49	46	42	40	37	35	33	31	30	28	27	26	
TUD1B100A9361A							67	62	57	53	49									
TUD1B100A9451A								62	57	53	49	46	44	41						
TUD1C100A9481A							67	62	57	53	49	46	44	41	39	37				
TUD1C100A9601A								62	57	53	49	46	44	41	39	37	35	34	32	31
TUD1D100A9721A								62	57	53	49	46	44	41	39	37	35	34	32	31
TUD1C120A9541A										63	59	56	52	49	47	44	42	40		
TUD1D120A9601A											59	56	52	49	47	44	42	40		
TUD1D140A9601A											69	65	61	58	55	52	49	47	45	

TUD1 OUTLINE DRAWING

(ALL DIMENSIONS ARE IN INCHES)







MODEL	DIM "A"	DIM "B"	DIM "C"	DIM "D"
TUD1A040C924A TUD1A040C930A TUD1A060C924A TUD1A060C936A	14-1/2"	9-5/8"	13-1/4"	13"
TUD1B060A936A TUD1B080C924A TUD1B080C936A TUD1B080C948A TUD1B100C936A TUD1B100C945A	17-1/2"	9-5/8"	16-1/4"	16"
TUD1C080C960A TUD1C100C948A TUD1C100C960A TUD1C120C954A	21"	13-1/16"	19-3/4"	19-1/2"
TUD1D100C972A TUD1D120C960A TUD1D140C960A	24-1/2"	15-5/16"	23-1/4"	23"

* PREFIX LETTER MAY BE "A" OR "T"
** SUFFIX LETTERS MAY BE "K" (0 THROUGH 9)

MINIMUM CLEARANCE TO COMBUSTIBLE MATERIALS

UPFLOW CLOSET
LEFT SIDE 0 IN. FRONT 3 IN. (SEE NOTE 1)
RIGHT SIDE +0 IN. BACK 0 IN.
FLUE #6 IN. TOP 1 IN.

HORIZONTAL CLOSET (SEE NOTE 2)
TOP +2 IN. BACK 3 IN.
FLUE #6 IN. SIDES 1 IN.
FRONT 18 IN. (SEE NOTE 1)

HORIZONTAL ALCOVE (SEE NOTE 2)
TOP +1 IN. BACK 0 IN.
FLUE #6 IN. SIDES 0 IN.
FRONT 18 IN.

\# - MAY BE 1" WHEN TYPE B-1 VENT IS USED
\+ - FOR 14-1/2" CABINETS 3" WHEN SINGLE WALL VENT PIPE IS USED.
WHEN 14-1/2" CABINETS (ALL *UD040C-, *UD040R-, *UD060C-, AND *UD080R936) ARE INSTALLED IN A HORIZONTAL POSITION AND A SINGLE WALL VENT PIPE IS USED, A 6 INCH CLEARANCE MUST BE SUPPLIED BETWEEN THE VENT PIPE AND COMBUSTIBLE FLOORING.

NOTES:
1) MINIMUM CLEARANCE TO FRONT ON *UD140R960 AND *UD140C960 IS 6 INCHES.
2) MAY BE INSTALLED ON COMBUSTIBLE FLOOR WHEN TYPE B-1 VENT IS USED.

Electrical Data

SCHEMATIC DIAGRAMS FOR GAS FURNACES

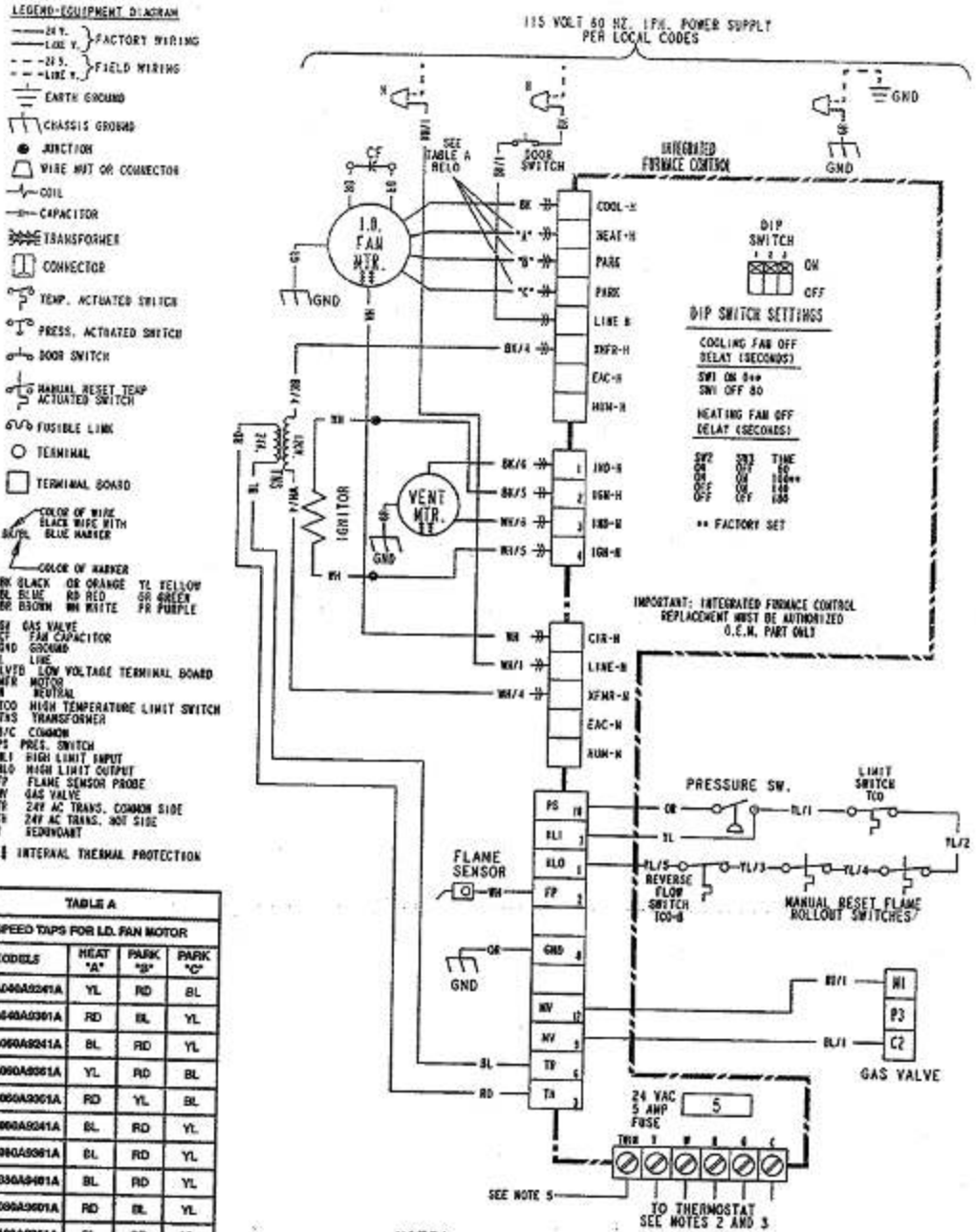


TABLE A			
SPEED TAPS FOR I.D. FAN MOTOR			
MODELS	HEAT "A"	PARK "B"	PARK "C"
*UD1A040A9241A	YL	RD	BL
*UD1A040A9361A	RD	BL	YL
*UD1A060A9241A	BL	RD	YL
*UD1A060A9361A	YL	RD	BL
*UD1B060A9361A	RD	YL	BL
*UD1B060A9241A	BL	RD	YL
*UD1B060A9361A	BL	RD	YL
*UD1B060A9481A	BL	RD	YL
*UD1C060A9601A	RD	BL	YL
*UD1B100A9361A	BL	RD	YL
*UD1B100A9451A	BL	RD	YL
*UD1C100A9481A	BL	RD	YL
*UD1C100A9601A	YL	BL	RD
*UD1D100A9721A	RD	YL	BL
*UD1C120A9641A	BL	RD	YL
*UD1D120A9601A	BL	RD	YL
*UD1D140A9601A	BL	RD	YL
(1) RED - LOW (2) YELLOW - MED LOW (3) BLUE - MED HIGH (4) BLACK - HIGH			

NOTES:

1. IF ANY OF THE ORIGINAL WIRE AS SUPPLIED WITH THE FURNACE MUST BE REPLACED, IT MUST BE REPLACED WITH WIRING MATERIAL HAVING A TEMPERATURE RATING OF AT LEAST 105 °C.
2. THERMOSTAT HEAT ANTICIPATOR SETTING: .38 AMPS.
3. FOR PROPER OPERATION OF COOLING FAN SPEED, "B" TERMINAL MUST BE CONNECTED TO ROOM THERMOSTAT.
4. THESE TERMINALS PROVIDE 120V POWER FOR CONNECTION OF ELECTRONIC AIR CLEANER AND HUMIDIFIER, MAX. LOAD 1.0 AMPS EACH.
5. WHEN TWINNING TWO FURNACES, BOTH UNITS MUST BE CONNECTED TO THE SAME 115VAC PHASE. CONNECT THE TWO UNITS "TWIN" TERMINALS WITH 14 TO 22AWG. WIRE.

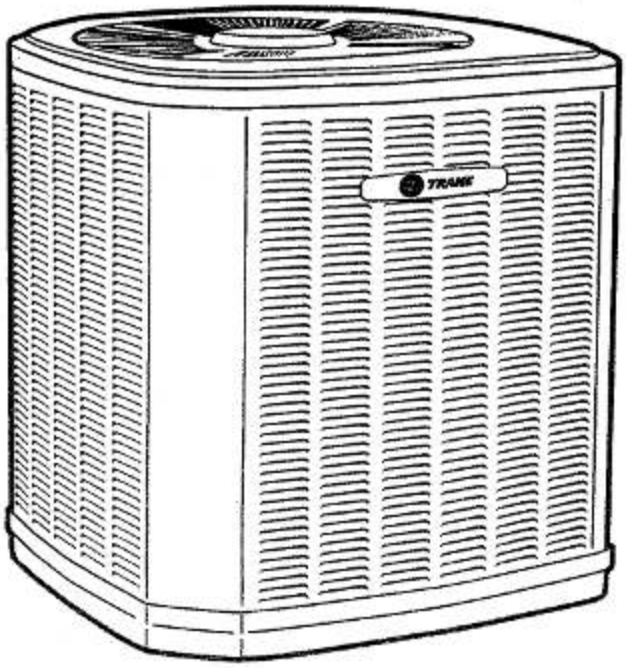
TRANE®

Split System Cooling Product Data

XR 13

4TTR3018-060

1½ – 5 Tons



PUB. NO. 22-1842-07

Contents

TRANE

General Data

Product Specifications

Model No. ①	4TTR3018E1	4TTR3024E1	4TTR3030E1	4TTR3036D1
Electrical Data V/Ph/Hz ②	208/230/1/60	200/230/1/60	208/230/1/60	208/230/1/60
Min Branch Cir Ampacity	9	12	15	18
Br. Cir. Prot. Rtg. - Max (Amps)	15	20	25	30
Compressor	CLIMATUFF®	CLIMATUFF®	CLIMATUFF®	CLIMATUFF®
RL Amps - LR Amps	6.4 - 40	8.9 - 48.5	11.5 - 63.5	14.0 - 63
Outdoor Fan FL Amps	0.74	0.74	0.74	0.74
Fan HP	1/8	1/8	1/8	1/8
Fan Dia (inches)	23.0	23.0	23.0	23.0
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	4/15-LB/OZ	5/8-LB/OZ	5/2-LB/OZ	6/9-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	5/8	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Charge Spec. Subcooling	8°	10°	10°	10°
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	34 x 30.1 x 33	38 x 30.1 x 33
Weight - Shipping	191	196	200	217
Weight - Net	165	169	173	190
Start Components	YES	YES	YES	YES
Sound Enclosure	YES	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT023	BAYECMT023
Start Kit				
Crankcase Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT300
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Low Ambient Kit	BAYLOAM103	BAYLOAM103	BAYLOAM103	BAYLOAM103
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN950	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Unitary Air-Conditioner equipment certification program which is based on AHRI Standard 210/240.
② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.
③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line.
For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-0[1]. ([1]denotes latest revision)
④ For accessory description and usage, see page 5.
⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

MODEL	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB [(dB(A)]							
		63	125	250	500	1000	2000	4000	5000
4TTR3018E1	76	77	71	67	73	67	72	62	55
4TTR3024E1	75	79	70	66	69	70	70	62	55
4TTR3030E1	76	77	68	69	70	69	72	61	58
4TTR3036D1	75	78	74	67	72	72	66	62	57
4TTR3042D1	74	76	73	69	71	70	64	58	53
4TTR3048D1	75	80	73	70	72	71	65	63	59
4TTR3060D1	75	80	73	70	72	71	65	63	59

Note: Rated in accordance with AHRI Standard 270-2008

General Data

Product Specifications

Model No. ①	4TTR3042D1	4TTR3048D1	4TTR3060D1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60
Min Cir Ampacity	26	28	35
Max Fuse Size (Amps)	45	50	60
Compressor	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL
RL Amps - LR Amps	19.9 - 105	21.8 - 117	26.8 - 134
Outdoor Fan FL Amps	0.93	0.93	0.93
Fan HP	1/5	1/5	1/5
Fan Dia (inches)	27.5	27.5	27.5
Coil	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	6/2-LB/OZ	6/13-LB/OZ	8/0-LB/OZ
Line Size - (in.) O.D. Gas ③	3/4	7/8	7/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8
Charge Spec. Subcooling	10°	10°	10°
Dimensions H x W x D (Crated)	34.4 x 35.1 x 38.7	34.4 x 35.1 x 38.7	42.4 x 35.1 x 38.7
Weight - Shipping	228	235	261
Weight - Net	196	203	226
Start Components	NO	NO	NO
Sound Enclosure	NO	NO	NO
Compressor Sump Heat	NO	NO	NO
Optional Accessories: ④			
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004
Start Kit	BAYKSKT263	BAYKSKT263	
Crankcase Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001
Low Ambient Kit	BAYLOAM103	BAYLOAM103	BAYLOAM103
Refrigerant Lineset ⑤	TAYREFLN7*	TAYREFLN3*	TAYREFLN3*

Accessory Description and Usage

Anti-Short Cycle Timer — Solid state timing device that prevents compressor recycling until five (5) minutes have elapsed after satisfying call or power interruptions. Use in area with questionable power delivery, commercial applications, long lineset, etc.

Evaporator Defrost Control — SPST Temperature actuated switch that cycles the condenser off as indoor coil reaches freeze-up conditions. Used for low ambient cooling to 30°F with TXV.

Rubber Isolators — Five (5) large rubber donuts to isolate condensing unit from transmitting energy into mounting frame or pad. Use on any application where sound transmission needs to be minimized.

Hard Start kit — Start capacitor and relay to assist compressor motor startup. Use in areas with marginal power supply, on long linesets, low ambient conditions, etc.

Extreme Condition Mount Kit — Bracket kits to securely mount condensing unit to a frame or pad without removing any panels. Use in areas with high winds, or on commercial roof tops, etc.

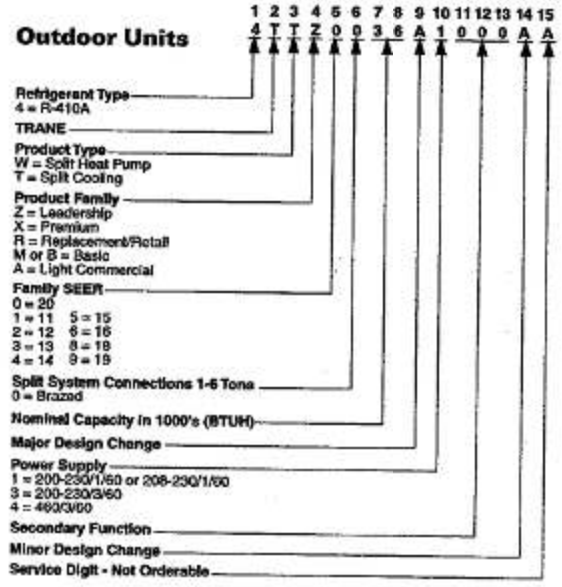
AHRI Standard Capacity Rating Conditions

AHRI STANDARD 210/240 RATING CONDITIONS —
(A) Cooling 80°F DB, 67°F WB air entering indoor coil, 95°F DB air entering outdoor coil.
(B) High Temperature Heating 47°F DB, 43°F WB air entering outdoor coil, 70°F DB air entering indoor coil.
(C) Low Temperature Heating 17°F DB, 15°F WB air entering outdoor coil, 70°F DB air entering indoor coil.
(D) Rated indoor airflow for heating is the same as for cooling.

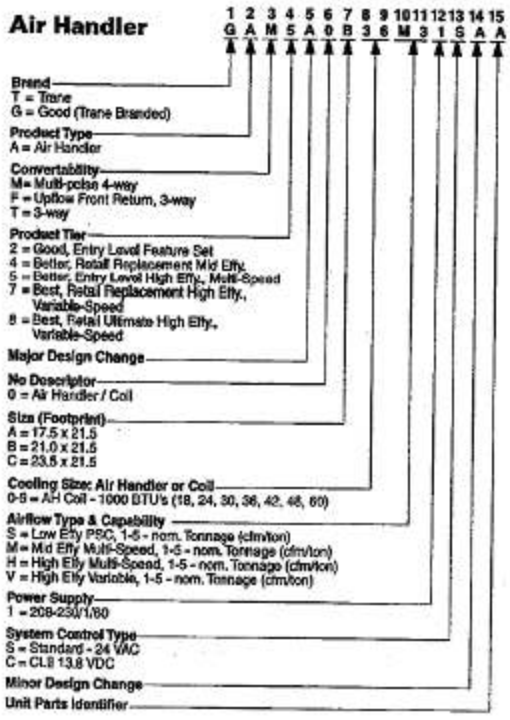
AHRI STANDARD 270 RATING CONDITIONS — (Noise rating numbers are determined with the unit in cooling operation.) Standard Noise Rating number is at 95°F outdoor air.

Model Nomenclature

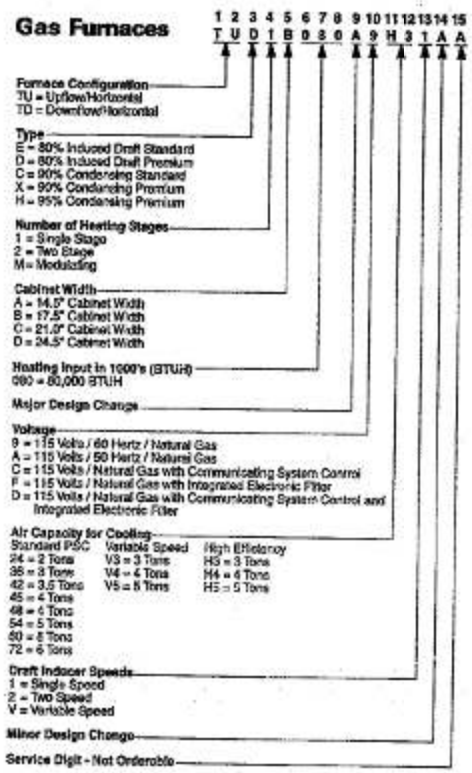
Outdoor Units



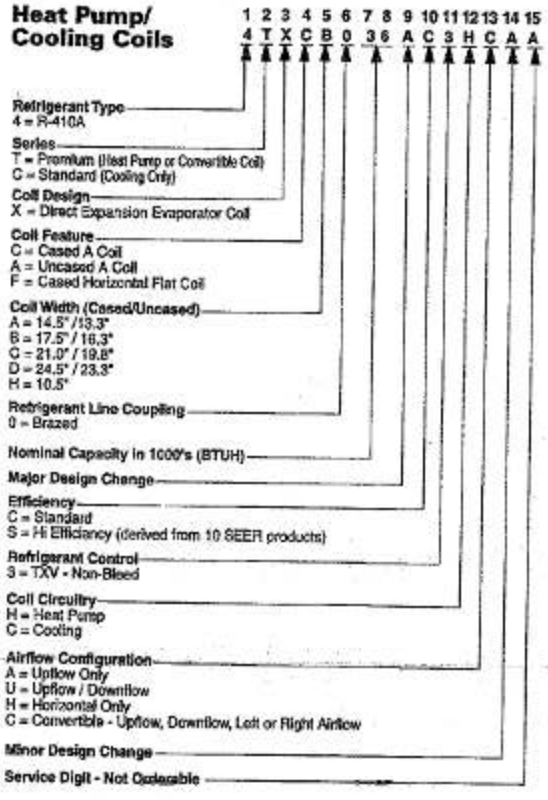
Air Handler



Gas Furnaces



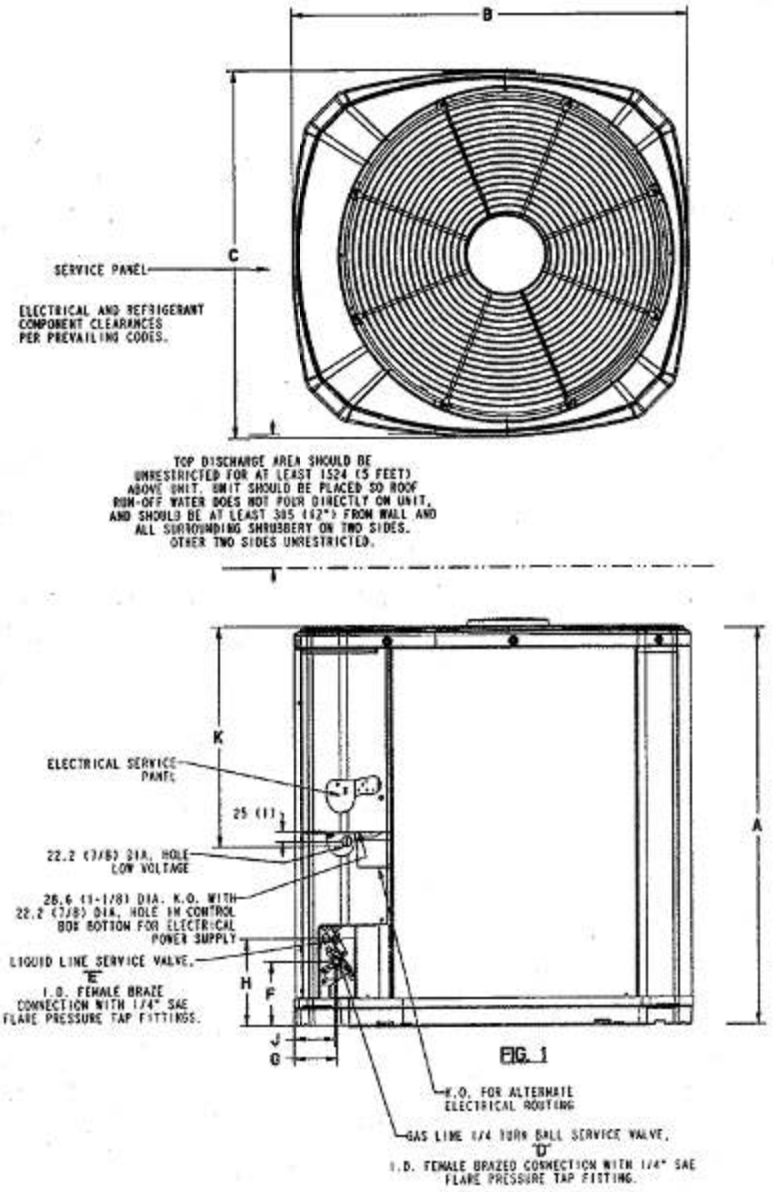
Heat Pump/ Cooling Coils



Dimensions

4TTR3 OUTLINE DRAWING

NOTE: ALL DIMENSIONS ARE IN MM (INCHES)



MODELS	BASE	FIG.	A	B	C	D	E	F	G	H	J	K
4TTR3018E1	3	1	730 (28-3/4)	829 (32-5/8)	756 (29-3/4)	5/8	3/8	143 (5-5/8)	92 (3-5/8)	210 (8-1/4)	79 (3-1/8)	508 (20)
4TTR3024E1	3	1	730 (28-3/4)	829 (32-5/8)	756 (29-3/4)	5/8	3/8	143 (5-5/8)	92 (3-5/8)	210 (8-1/4)	79 (3-1/8)	508 (20)
4TTR3030E1	3	1	730 (28-3/4)	829 (32-5/8)	756 (29-3/4)	3/4	3/8	143 (5-5/8)	92 (3-5/8)	210 (8-1/4)	79 (3-1/8)	508 (20)
4TTR3036D1	3	1	832 (32-3/4)	829 (32-5/8)	756 (29-3/4)	3/4	3/8	143 (5-5/8)	92 (3-5/8)	210 (8-1/4)	79 (3-1/8)	508 (20)
4TTR3042D1	4	1	741 (29-1/8)	946 (37-1/4)	870 (34-1/4)	3/4	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR3048D1	4	1	741 (29-1/8)	946 (37-1/4)	870 (34-1/4)	7/8	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR3060D1	4	1	943 (37-1/8)	946 (37-1/4)	870 (34-1/4)	7/8	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)

From Dwg. D152886

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	JC	4/10/13							ZA-13-00310
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ 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)

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