BLOCK 382.38 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 170 Courtshire Dr PERMIT NO. 15-1447

2

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-15-001715

04-23-15 P12:48 IN

I. IDENTIFICATION

1. Proposed Work Site at: 170 Courtshire Dr.
2. Name of Owner in Fee: Thomas Chakeres
   Tel. [redacted]
   Address 170 Courtshire Dr Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Messer Plumbing Heat Tel. (732) 928-0723
   Address 485 Cobain RD e-mail _____
   Jackson NJ 08527
   License No. OR, if new home, Builder Reg. No. B109288 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3422881 FAX: (732) 928-2581
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Messer Plumbing & Heat
   Tel. (732) 928-2581 FAX: (732) 928-0887

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		100 ✓	
3. Plumbing		100 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 202		

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		LH							
☐ Electrical					4/27/15	TC	✓		
☐ Plumbing					4-27-15	[illegible]			
☐ Fire Protection									
☐ 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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/7/2015
Control Number C-15-001775
Permit Number 15-1447
Permit Issue Date 5/12/2015
Certificate Number 15-1447

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 170 COURTSHIRE DRIVE Brick Township, NJ 08723 Block: 382.38 Lot: 15 Qual:

Owner in Fee: CHAKERES, THOMAS & DORIS

Owner Address: 170 COURTSHIRE DR BRICK NJ 08723

Telephone: [redacted]

Contractor MESSER PLUMBING HEATING

Address 485 COBAIN RD JACKSON NJ 08527-

Telephone: (732) 928-2581 Fax:

License Number or Builders Registration Number: BIO 9288 Federal Emp. Number: 14-1666962

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: WATER HEATER

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: 7/7/2015

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

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.

(✓) Check if contractor.

Agent Name Messer Plumbing & Heating

Address 485 Cobain Rd
Jackson NJ 08527

Telephone (732) 928-2581

Signature Jeffrey P. Messer

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 5/12/15
Permit # 15-1447

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: Thomas Chalkers

Te [redacted]

Address 170 Courtshire Dr Brick NJ 08723
(street) (municipality) (zip code)

Contractor: Frank Knight Tel. 732 363 6049

Address 27 Harrol Place e-mail FRK9930@Aol.com
Howell NJ 07731

Contractor License No. 9930 Exp. Date

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

Federal Emp. ID No. 223257397 FAX: 732 362 4850

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 175.00

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: Frank Knight

Print name here: Frank Knight

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Emergency Hotwater Heater Replacement 30 gal Elec.

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	
1	30gal	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	

OVER

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: 5/27/15 Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5/27/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7/6/15
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	TO 6/25/15		7/6/15	RSC
Barrier-Free				

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

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

U.C.C. F120 (rev. 11/09)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 5/12/15
Permit # 15-1447

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: Thomas Chakeres

Tel. [redacted] il

Address ~~Messer Plumbing + Heating~~ 08723
street 170 COURTshire DR. BRICK NJ
municipal zip code

Contractor: Messer PLUMBING + He tel. ( )

Address 485 COBain RD Jackson NJ 07527
street municipal zip code

Contractor License No. B109288 Exp. Date

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

Federal Emp. ID No. 22-3422881 FAX: (732) 928-0887

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 $ 1,200.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4-27-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-6-15
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				
CO	FINAL 6-25-15		7-6-15	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Emergency Hot Water Heater Replacement. 38 gallon Electric (Existing)

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

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

4/24/15

4/after cnte.

CONSTRUCTION PERMIT

Date Issued 5/12/15
Control # C-15-001775
Permit # 15-1447

IDENTIFICATION Block: 382.38 Lot: 15 Qualifier
Work Site Location: 170 COURTSHIRE DRIVE Brick Township, NJ 08723
Owner in Fee: CHAKERES, THOMAS & DORIS
170 COURTSHIRE DR BRICK NJ 08723
Telephone: [redacted]

Contractor: MESSER PLUMBING HEATING
Address: 485 COBAIN RD JACKSON NJ 08527-
Telephone: (732) 928-2581
Lic. No. or Bldrs. Reg. No. BIO 9288
Federal Employee. No. 14-1666962

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:
WATER HEATER

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

Estimated Cost of Work $1,375

David J. Newman Jr. 4/28/15
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$100
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$202
Check No.	6636
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

#1447
ELECTRIC $100.00
PLUMB $100.00
DCA $2.00
CHECK $202.00

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

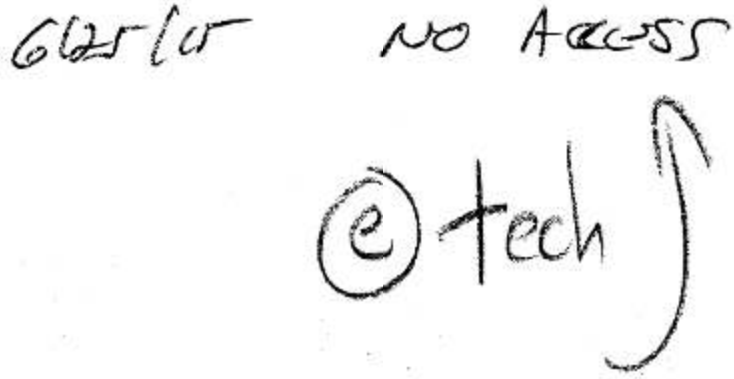
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ 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.

6-25-15 LO
No Access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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

JEFFREY P MESSER
485 COBAIN ROAD
JACKSON NJ 08527-4840

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/01/2013 TO 08/30/2015
VALID

36BI00929800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
JEFFREY P MESSER
Master Plumber

05/01/2013 TO 08/30/2015
VALID

Signature

DIRECTOR

36BI00929800
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

THIS DOCUMENT IS PRINTED ON BACKGROUND AND MULTIPLE SECU

WITH A MULTI-COLORED SE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

JEFFREY P. MESSER PLUMBING & HEATING
Jeffrey Messer
485 Cobain Road
Jackson NJ 08527

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

02/12/2015 TO 03/31/2016
VALID

13VH02374700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
JEFFREY P. MESSER PLUMBING & HEATING
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBERS LICENSE

02/12/2015 TO 03/31/2016
VALID

SIGNATURE

ACTING DIRECTOR

13VH02374700
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Office of Local Code Enforcement

CERTIFICATION FOR ONE & TWO FAMILY DWELLING SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Dwelling Location: Block 382.38 Lot 15

(not mailing address) Street 17 Courtshire Dr

Municipality Brick County Ocean

Property Owner Name Thomas Chakeres

Pursuant to N.J.A.C. 5:23-3.20, 6.4, 6.5, 6.6, 6.7, 6.21A, 6.25A, 6.26A, 6.27, & 6.31. An inspection shall be conducted by the owner or authorized representative of the owner. The carbon monoxide alarms are required when dwellings contain any fuel burning appliances or dwelling has an attached garage and shall be installed per NFPA 720. Required carbon monoxide alarms are to be outside each separate sleeping area. The smoke detectors required shall be located in accordance with NFPA 72. Required smoke detectors are to be on each level of the dwelling, including basements and outside each separate sleeping area. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected smoke detectors and alarms installed in homes constructed or altered after January, 1977 shall be maintained in working order.

I do hereby certify that the detectors and alarms are installed as stated above and in working order. I am the (agent of) owner of record and am authorized to make this statement. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Applicant Signature — Date: 4/23/15

Thomas Chakeres
Printed Name

170 Courtshire Dr

A.O. Smith | Residential Electric Water Heaters

B 382.38 c15

ProMax®

TALL, SHORT AND LOWBOY (TOP CONNECT) MODELS AVAILABLE

DYNACLEAN™ DIFFUSER DIP TUBE
Helps reduce lime and sediment buildup while maximizing hot water output. Made from long-lasting PEX cross-linked polymer.

COREGARD™ ANODE ROD
Aluminum anode with stainless steel core protects tank against corrosion longer than ordinary steel anodes.

DURABLE TAMPER-RESISTANT BRASS DRAIN VALVE

PERMAGLAS® GLASS COATING
Protects steel tank from corrosion and maximizes tank life.

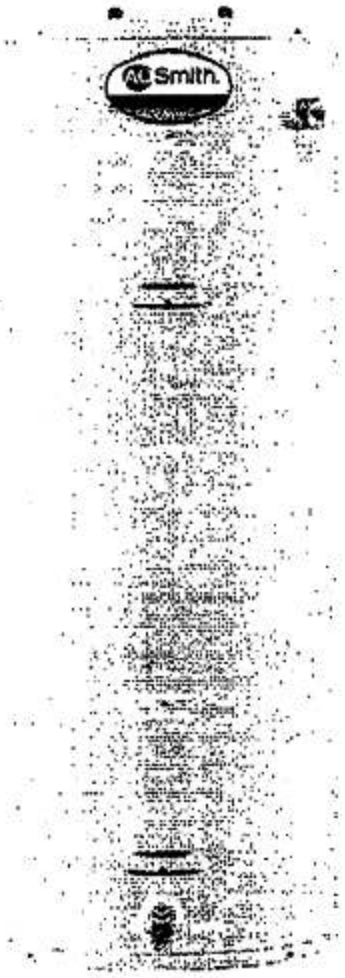
CSA CERTIFIED AND ASME RATED T&P RELIEF VALVE
Top-mounted T&P Relief Valve available as option on some models.

CODE COMPLIANCE:
Meets the Federal Energy Efficiency Standards effective January 20, 2004, according to the National Appliance Energy Conservation Act (NAECA) of 1992. Also meets the standby loss requirements of the U. S. Department of Energy and current edition of ASHRAE/IESNA 90.1.

CERTIFIED TO UL 174 FOR HOUSEHOLD ELECTRIC WATER HEATERS

6-YEAR LIMITED TANK AND PARTS WARRANTY
For complete information consult written warranty or A. O. Smith Water Products Company.

UPGRADE TANK WARRANTY TO 10 YEARS
See details on page 2.

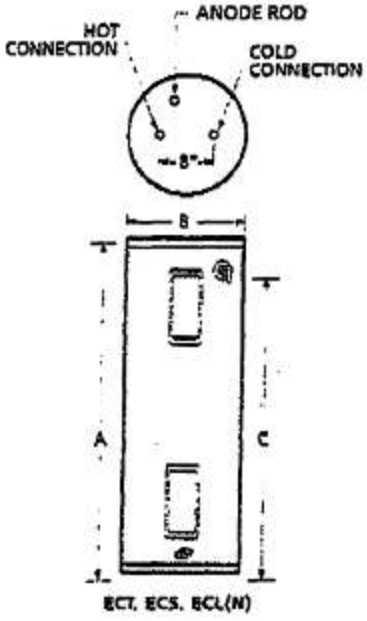


A.O. Smith | Residential Electric Water Heaters

ProMax®

MODEL NUMBER		FIRST HOUR RATING GALLONS	ENERGY FACTOR	GAL. CAP.	ELEMENT WATTAGE 240 VAC		RECOVERY 90°F RISE GALLON PER HOUR	R VALUE	DIMENSIONS IN INCHES			APPROX. SHIPPING WEIGHT (LBS)
					STANDARD	MAXIMUM			A	B	C	
TALL MODELS												
ECT-30	200	43	.93	30	4500	6000	21	16	46-1/2	18	39-1/2	90
ECT-40	200	52	.92	40	4500	6000	21	16	59-1/2	18	53-1/2	106
ECT-52	210	60	.91	50	4500	6000	21	16	54	20	47-1/2	116
ECT-55	210	67	.90	55	4500	6000	21	16	60-1/4	20	52-3/4	134
ECT-66	210	72	.88	66	4500	6000	21	16	60-1/4	22-1/2	53	178
ECT-80	210	81	.86	80	4500	6000	21	16	60-1/2	22-1/2	52	208
ECT-120*	200	112	.81	119	4500	6000	21	16	64-1/4	28	54-1/4	336
SHORT MODELS												
ECS-30	200	43	.93	30	4500	6000	21	16	36-1/2	20-1/2	28	90
ECS-40	200	52	.92	40	4500	6000	21	16	44	20-1/2	37-3/4	103
ECS-50	210	60	.90	50	4500	6000	21	16	48	21-1/2	40-1/2	121
LOWBOY MODELS												
ECL-30	200	41	.93	30	4500	6000	21	16	30	22	22-1/2	91
ECLN-40	200	48	.92	38	4500	6000	21	12	31-1/4	23	24-5/8	113
ECLB-40	200	48	.93	38	4500	6000	21	16	32-1/4	24	24-5/8	118
ECL-50	200	55	.91	50	4500	6000	21	16	34	26-1/2	25	164

Recovery capacity is based on actual performance tests.
For 10-year tank warranty, change "E" to "P" in model number (ECT-40).
* This model is not available with top T&P Valve.
10-year tank warranty and top T&P Valve option combo not available on ECLN-40 and ECL-50.
** Heater ships with supplied insulation blanket



ECT, ECS, ECL(N)