



CONSTRUCTION PERMIT APPLICATION

Application Complete: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 234 Hawaii Dr
 2. Name of Owner in Fee: JOHN SKURAT Tel. [REDACTED]
 Address 234 Hawaii Dr Brockton MA 01909
 3. Ownership in Fee: Public Private ☒
 4. Principal Contractor: ROBERT CARBONE JR. Tel. (920-1200)
 Address 766 MANTUWING RD
 License No. OR, if new home, Builder Reg. No. B108237 Exp. Date 4/99
 Federal Employee No. 222 822 593 FAX: ()
 5. Architect or Engineer BOB CARBONE Tel. ()
 Address BOB CARBONE
 6. Responsible Person in Charge of Work BOB CARBONE
 Tel. () 920-1200 FAX () 920-1270

Gas log set in wood burning fire place

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Fire Protection
- ☒ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

1000-

TOTAL COSTS

1000-

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
CAS	11/13/98						
			11-18-98	cur	1/4/99		ohw
			11-11-98	ghe	12/31/98		ohw

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☒ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii: I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____

Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name Robert Anger

Address 700 Mainblong Rd

Briarcliff

Telephone () 920-1200

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ 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 _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

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	_____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date issued 11/20/98
Control #
Permit # 98-4058

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 382.04 Lot 13 Qual

Work Site Location 234 HAWAII DR
GAS LOGS

Owner in Fee SKURAT, JOHN

Address SAME

BRICK, NJ 08723-

Telephone

Contractor ROBERT CARBONE

Address 766 MANILOXING RD

BRICK, NJ 08723-

Telephone (732)920-1200

Lic. No. or Bldrs. Reg. No. BIO-8237

Federal Emp. No. 22-2822593

is hereby granted permission to perform the following work:

☐ BUILDING	☒ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☒ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER <u> </u>

(Subchapter 8 only)

DESCRIPTION OF WORK:

GAS LOGS

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

Estimated Cost of Work \$ 1,000

Construction Official

11/20/98
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>25</u>
Fire Protection	<u>46</u>
Elevator Devices	<u>0</u>
Other	<u> </u>
DCA Training Fee	<u>0</u>
Cert. of Occupancy	<u>0</u>
Other	<u> </u>
Total	<u>71</u>
Check No.	<u> </u>
Cash	<u>X</u>
Collected By	<u>AJP</u>

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/13/98
Date Issued 11/20/98
Control # C13-13
Permit # 98-4058

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

Block 382.04 Lot 13 Qual

Work Site Location 234 HAWAII DR

GAS LOGS

Owner in Fee SKURAT, JOHN

Address SAME

Te [REDACTED] Fax [REDACTED]

Contractor RUBEN LINDUNE

Address 766 MANTOLOKING RD

BRICK, NJ 08723-

Tel [REDACTED]

Lic. No. or Mors. Reg. No.

Federal Emp. No. 22-2822593

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U

Constr Class Present Proposed

Heating Systems [X] New [] Existing [] HVAC

Type: [X] Gas [] Oil [] Elect [] Solar

[] Other

Location:

Total Est Cost of Fire Prot Work \$ 500

Fire Alarm System

New [] Existing []

Location of Panel:

Fire Suppression/Standpipe Sys

New [] Existing []

Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 11-18-98

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 1-4-99

Approved By: [Signature]

INSPECTIONS

Type Failure Failure Approval Initial

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other: 1-4-99 [Signature]

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110v Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pulls, water/flow) 0

Supervisory Devices (tamper, low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type 0

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0

Standpipes 0

Pre-Engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Halon Suppression 0

Other 0

Kitchen Hood Exhaust System 0

Smoke Control System 0

Gas [X] or Oil [] Fired Appliances 1 46

Other 0

Other 0

FEE (Office Use Only)

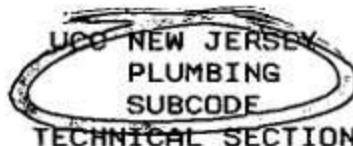
C. CERTIFICATION IN LIEU OF OATH

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

Signature

Administrative Surcharge \$ 0
Paid [] Check \$ Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 46
DCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS



Date Received 11/13/98
Date Issued 11/20/98
Control # C13-13
Permit # 98-4058

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

Block 382.04 Lot 13 Qual _____
Work Site Location 234 HAWAII DR
GAS LOGS
Owner in Fee SKURAT, JOHN
Address SAME
RD 1000 W 1000
Contractor ROBERT CARBONE
Address 766 MANTOLOXING RD
BRICK, NJ 08723
Tel _____
Lic. No. or Bldgs. Reg. No. 810-8237
Federal Emp. No. 22-2822593

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed U
Building Sewer Size _____ [] Public Sewer [] Private Septic
Water Sewer Size _____ [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: 11-18-98
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved By: [Signature]
Date: 12-31-98

INSPECTIONS	Dates (Month/Day)			
	Type	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			<u>12-15-98</u>	<u>[Signature]</u>
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0

Handwritten notes: 40', 32000, 1/2", 94', 12-15-98, [Signature]

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ 25
DCA Training Fee \$ _____

C. CERTIFICATION IN LIEU OF OATH

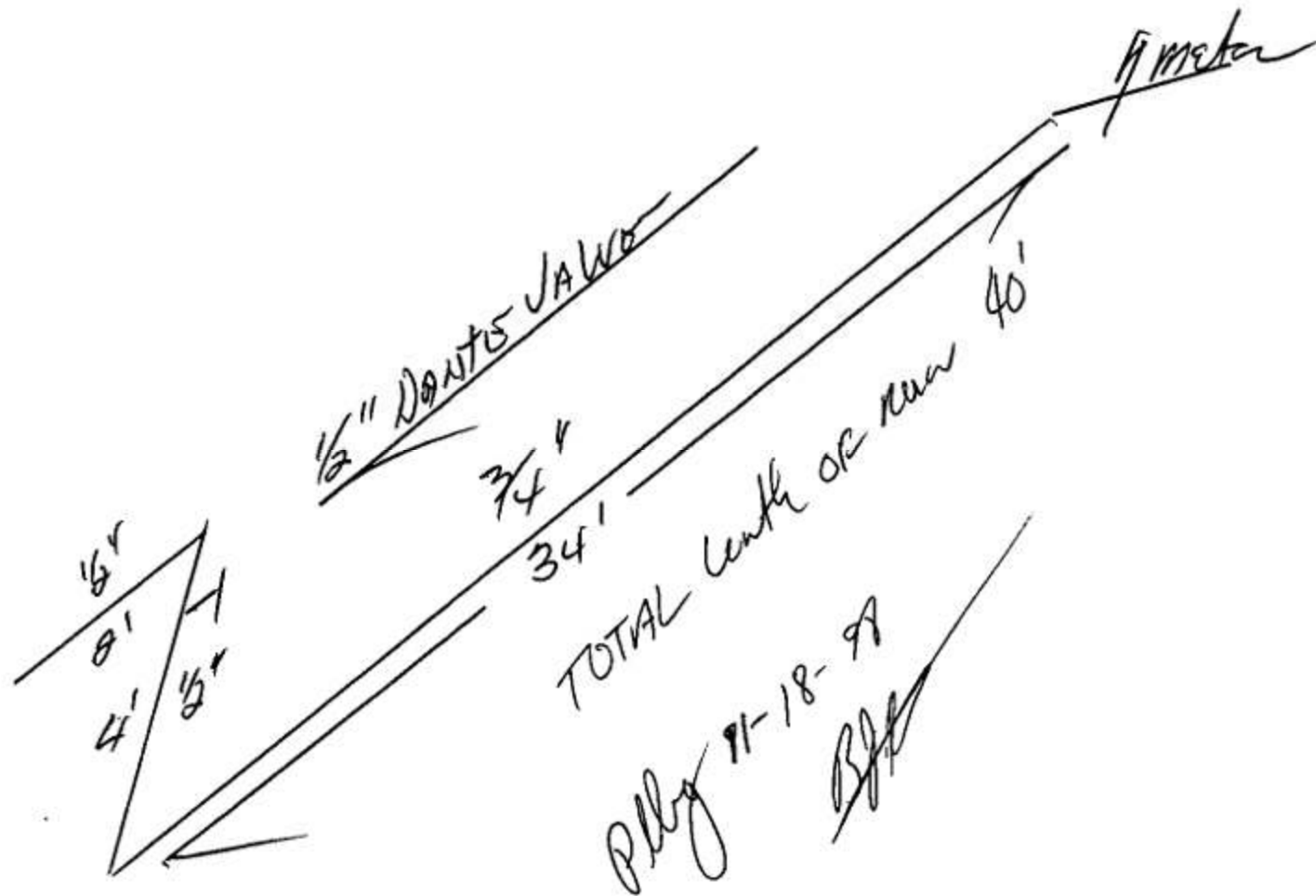
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

John A. SKURAT
234 HAWAII DRIVE
BRICK, MS 08723
[REDACTED]

75000 Btu
W9 Sct



Address:

Control #:

234 HAWTHORN

Permit #:

State: MS Zip: 39203 Phon

SS #:

Unit:

PLUMBING SUBCODE		BUILDING SUBCODE	
CONTRACTOR: <u>RUBEN CARBINE & CO</u>		CONTRACTOR:	
ADDRESS: <u>706 MARSHALLING HILL</u>		ADDRESS:	
PHONE: <u>940-1200</u>		PHONE:	
LIC # <u>B108237</u>		LIC #:	
LIC EXPIRATION DATE: <u>6-99</u>		LIC EXPIRATION DATE:	
FEDERAL EMP # (or S.S. #): <u>222922533</u>		FEDERAL EMP # (or S.S. #):	
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL SITE DATA	
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:	
	Water Closet		
	Urinal / Bidet		
	Bath Tub		
	Lavatory		
	Shower		
	Floor Drain		
	Sink		
	Dishwasher		
	Drinking Fountain		
	Washing Machine		
	Hose Bibb		
	Gas Piping		
	Fuel Oil Piping		
	Water Heater		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor / Separator		
	Backflow Preventer		
	Greasetrap		
	Water Cooled AC or Refrig. Unit		
	Sewer Connection		
	Septic (Disposal System) Closure		
	Water Service Connection		
	Gas Service Connection		
	Active Solar System		
	Vent Through Roof		
	Other: <u>Gas logs</u>		
Estimated Cost of Plumbing Work: <u>\$1000</u>		Total Land Disturbed:	
Signature: <u>[Signature]</u>		Signature:	
Owner: <u>[Signature]</u>		Contractor: <u>[Signature]</u>	
SUBCODE APPROVAL:		Estimated Cost of Building Work:	
PLANS: Required ☐ Approved ☐		New Building (1): \$	
Approved by: _____		Alteration (2): \$	
Date: _____		TOTAL (1+2): \$	
CONTRACTOR AFFIX SEAL:		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other:
☐ Other:
- ☐ Fence
☐ Sign
☐ Pool (In Ground)
☐ Pool (Above Ground)
☐ Asbestos Abatement
☐ Demolition
- Height (6' or More)
Sq. Ft.

BUILDING CHARACTERISTICS

- USE GROUP
 CONSTR. CLASS
 No. of Stories
 Height of Structure
 Area - Largest Floor
 New Building Area / All Floors
 Volume of Structure
 Signature:
- Present: Proposed:
 Present: Proposed:

SUBCODE APPROVAL:

PLANS:

Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

PHONE: 1000-11
LIC. # 500-100
FEDERAL EMP. # (or S.S. #) 222822593

EXP. DATE: 6/93

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors, Pumps, HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices (E.A.C. Panel)		

PHONE: 1000-11
LIC. # 500-100
FEDERAL EMP. # (or S.S. #) 222822593

EXP. DATE: 6/93

TECHNICAL DATA (DESCRIPTION OF WORK)

Gas by set in
wood burning fire place

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler: _____

TOTAL NUMBERS

Pool Pump w/ D/W Lights _____
Scrubber Pool/Spa/Hot Tub _____
KW Elec Range / Receptacle _____ KW
KW Oven / Surface Unit _____ KW
KW Elec Water Heater _____ KW
KW Elec Dryer / Receptacle _____ KW
KW Dishwasher _____ KW
HP Garbage Disposal _____ HP
KW Central A/C Unit _____ KW
HP/KW Space Heater/Air Handler _____ HP/KW
KW Baseboard Heat _____ KW
HP Motors 1/2 + HP _____ HP
KW Transformer/Generator _____ KW
AMP Service _____ AMP
AMP Subpanels _____ AMP
AMP Motor Control Center _____ AMP
AMP Elec Sign/Outline Light _____ KW
Other _____
Other _____
Other _____
Other _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks _____ Capacity _____ Fuel
Combustible Liquid Storage Tanks _____ Capacity _____ Fuel
L.G.P. Storage Tanks _____ Capacity _____ Fuel

Estimated Cost of Electrical Work: \$ _____
Signature (print name): _____
Estimated Cost of Electrical Work: \$ _____
Signature (print name): _____

DESCRIPTION _____ NUMBER _____
Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____
Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
Co2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
Other Gas by set _____
Other _____
Estimated Cost of Fire Protection Work: \$ _____
Signature: RAH Owner ☐
Contractor ☐

Owner ☐ Contractor ☐
SUBCODE APPROVAL _____
PLANS: Required ☐ Approved ☐
Approved by: _____
Date: _____

CONTRACTOR AFFIX SEAL:

LOG SET	MODEL NO.	WIDTH OF FIRE BOX OPENING	SET DIMENSIONS		APPROX. SET WT.	NO. CTNS.	SIZE AND NUMBER OF LOGS		ADDTL TOP
			FRONT	BACK			FRONT	BACK	
GOLDEN OAK R SERIES	R-12	16" to 22"	12"	11"	17	1	6	1-12"	4-9"
	R-16	20" to 30"	16"	11"	31	1	6	1-16"	4-9"
	R-18	24" to 30"	18"	15"	42	1	6	1-18"	2-12"
	R-20	26" to 32"	20"	18"	47	1	6	1-20"	2-12"
	R-24	31" to 38"	24"	20"	56	1	6	1-24"	2-15"
	R-30	39" to 45"	30"	24"	69	1	6	1-30"	2-18"
	R-36	46" to 51"	36"	30"	99	2	7	1-36"	2-21"
	R-42	52" to 58"	42"	36"	179	3	7	1-42"	2-24"
	R-48	59" to 65"	48"	42"	256	3	7	1-48"	2-24"
	R-54	66" to 71"	54"	48"	292	3	7	1-54"	2-24"
	R-60	72" or more	60"	54"	328	3	7	1-60"	2-24"
	H-18	24" to 30"	18"	15"	49	1	6	1-18"	1-15"
HERITAGE OAK H SERIES	H-24	31" to 38"	24"	20"	60	1	7	1-24"	1-15"
	H-30	39" to 45"	30"	24"	87	1	7	1-30"	1-15"
	S-18	24" to 30"	18"	15"	42	1	6	1-18"	1-15"
SPLIT OAK S SERIES	S-24	31" to 38"	24"	20"	56	1	6	1-24"	2-15"
	S-30	39" to 45"	30"	24"	69	1	6	1-30"	2-18"
	ED-18	24" to 30"	18"	15"	44	1	6	1-18"	1-15"
EMERALD DESIGNER ED SERIES	ED-24	31" to 38"	24"	20"	58	1	7	1-24"	2-15"
	E-18	24" to 30"	18"	15"	42	1	6	1-18"	1-15"
	E-24	31" to 38"	24"	20"	56	1	6	1-24"	2-15"
ROYAL ENGLISH OAK R SERIES	B-24	31" to 38"	24"	20"	58	1	6	1-24"	2-15"
	B-30	39" to 45"	30"	24"	69	1	6	1-30"	2-18"
	B-36	46" to 51"	36"	30"	99	2	7	1-36"	2-21"
MOUNTAIN OAK M SERIES (NOTE: M SERIES IS NOT AVAILABLE FOR PROPANE GAS)	K-18	24" to 30"	18"	15"	43	1	3	1-18"	1-15"
	K-24	31" to 38"	24"	20"	60	1	3	1-24"	1-20"
	K-30	39" to 45"	30"	24"	76	1	3	1-30"	1-24"
TWISTED PINE T SERIES	C-18	24" to 30"	18"	15"	43	1	3	1-18"	1-15"
	C-24	31" to 38"	24"	20"	56	1	3	1-24"	1-20"
	C-30	39" to 45"	30"	24"	75	2	6	1-30"	2-18"
WHITE BIRCH W SERIES	W-18	24" to 30"	18"	15"	36	1	6	1-18"	1-15"
	W-24	31" to 38"	24"	20"	49	1	6	1-24"	2-15"
	W-30	39" to 45"	30"	24"	59	1	6	1-30"	2-18"
FORGE STEEL GRATE VC	VC-24	31" to 38"	24"	20"	80	1	4	1-24"	1-20"
	VC-30	39" to 45"	30"	24"	110	1	6	1-30"	2-18"
	D-18	24" to 30"	18"	15"	30	1	4	1-18"	1-15"
DRIFTWOOD D SERIES	D-24	31" to 38"	24"	20"	44	1	6	1-24"	2-15"
	D-30	39" to 45"	30"	24"	56	1	6	1-30"	2-18"

"G4" "GX4" AND "P" SERIES BURNER ASSEMBLIES INCLUDES:

- BURNER
- CONNECTOR KIT
- GRANULES
- EMBERS

"F" SERIES BURNER ASSEMBLIES INCLUDE:

- BURNER
- CONNECTOR KIT
- GRATE

FRONT FLAME BURNER "F" SERIES:

AVAILABLE STYLES: SAME AS "G4" SERIES:

GLOWING EMBER BURNER "G4" SERIES	MODEL NO.	MAX. BTU'S NATURAL PROPANE	ORIFICE SIZE NATURAL PROPANE	APPROX. SET WT.	NO. CTNS.
AVAILABLE STYLES	G4-12	25M	46 D.S.	21	1
	G4-16	35M	54 D.S.	20	1
	G4-18	40M	50 D.S.	24	1
	G4-24	50M	50 D.S.	25	1
	G4-30	65M	47 D.S.	48	1
	G4-36	90M	42 D.S.	76	1
	G4-42	120M	36 D.S.	76	1
	G4-48	150M	32 D.S.	87	1
	G4-54	180M	32 D.S.	93	2
	G4-60	220M	32 D.S.	98	2
	G4-66	250M	32 D.S.	98	2
	G4-72	280M	32 D.S.	98	2

GLOWING EMBER BURNER "GX4" SERIES	MODEL NO.	MAX. BTU'S NATURAL PROPANE	ORIFICE SIZE NATURAL PROPANE	APPROX. SET WT.	NO. CTNS.
AVAILABLE STYLES	GX4-18	40M	29 D.S.	34	1
	GX4-24	50M	26 D.S.	38	1
	GX4-30	65M	24 D.S.	49	1
	GX4-36	90M	17 D.S.	64	1
	GX4-42	120M	17 D.S.	64	1
	GX4-48	150M	17 D.S.	64	1
	GX4-54	180M	17 D.S.	64	1
	GX4-60	220M	17 D.S.	64	1
	GX4-66	250M	17 D.S.	64	1
	GX4-72	280M	17 D.S.	64	1
	GX4-78	320M	17 D.S.	64	1
	GX4-84	360M	17 D.S.	64	1

LOGS AND BURNER PACKED TOGETHER WHEN ORDERED AS A SET.

FRONT FLAME BURNER "P" SERIES:

AVAILABLE STYLES: SAME AS "G4" SERIES:

MODEL NO.	MAX. BTU'S NATURAL PROPANE	ORIFICE SIZE NATURAL PROPANE	APPROX. SET WT.	NO. CTNS.
P-12	25M	46 D.S.	13	1
P-16	35M	54 D.S.	14	1
P-18	40M	50 D.S.	14	1
P-24	50M	50 D.S.	15	1
P-30	65M	47 D.S.	15	1
P-36	90M	42 D.S.	16	1
P-42	120M	36 D.S.	22	1
P-48	150M	32 D.S.	22	1
P-54	180M	32 D.S.	24	1
P-60	220M	32 D.S.	24	1
P-66	250M	32 D.S.	24	1
P-72	280M	32 D.S.	24	1

No. 97884