CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10.17.19

Permit # 19-1454

IDENTIFICATION Block 4401 Lot 44 Qualification Code

Work Site Location 779 Lambert Mill Rd Westfield NJ 07090

Owner in Fee US Bank NA Master Trust

Address 2711 N Haskell Ave St 1700 Dallas TX 75204

Tel. (888) 572-6550

Contractor Respro LLC

Address 3630 Peachtree Rd NE Ste 150 Atlanta GA 30326

Tel. (812) 307-6830

Lic. No. or Bldrs. Reg. No. 13VH 06905800

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: Replacement of Kitchen Cabinet & Drywall in Living Room, Bedrooms and Bathrooms

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 $ 8,500

Construction Official

Date 10/17/19

PAYMENTS (Office Use Only)

Building	255-
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	16-
Cert. of Occupancy	
Other	
Total	271-
Check No.	VV 4817
Cash	
Collected by	CF

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10.17.19
Control #

Date Issued
Permit # 19-1454

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

Block 4401 Lot 44 Qualification Code

Work Site Location 719 Lamberts Mill Rd Westfield

NJ 07090

Owner in Fee: U S Bank NA Master Trust

Tel. (888) 577-6950 e-mail

Address 2711 N Haskell Ave, Ste 1400 Dallas TX 75204
street municipality zip code

Contractor: Reapro LLC Tel. (862) 307-6830

Address 3630 Peachtree Rd NE e-mail

Ste 1500 Atlanta GA 30326

Contractor License No. or Builder Registration No. 13VH09095800 Exp. Date 03/31/20

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

Federal Emp. ID No. 463391878 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 10/21/19
Approved by:

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

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				
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. $ 0
2. Rehabilitation $ 8500
3. Total (1+ 2) $ 8,500

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:

Print name here: Eduardo F Roca-Loo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

OR

- Replacement of Kitch. Cabinets
- Drywall in Living Room, Bedrooms & Bathrooms

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$ 255

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

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

BLOCK 4401 LOT 44 ADDRESS (SITE) _____ PERMIT NO. 99-0636

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 779 Lambertmill Rd.
2. Name of Owner in Fee: Mr John Gray Tel [redacted]
   Address 779 Lambertmill Road (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~John~~ Joe Pecoio Tel. (908) 245-1071
   Address 125 St George Ave Roselle 07203
   License No. OR, if new home, Builder Reg. No. 14895 Exp. Date 7/99
   Federal Emp. No. 222-275-578 Social Security No. _____
5. Architect or Engineer — Tel. ( ) _____
   Address —
6. Responsible Person in Charge of Work John Lee Tel. (908) 245-1071

Roof

RECEIVED
APR 12 1999
WESTFIELD BUILDING DEPARTMENT

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	77		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	77.-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		3		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	80		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 21 ft.	
3. Area—Largest Floor 500 sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Construction Classification _____	
7. Total Land Area Disturbed _____ sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no _____	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	3200
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3200

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

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

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

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

(✓) Check if contractor.

Agent Name Joe Percio Inc

Address 1251 St Georges Ave
Roselle

Telephone (908) 245 - 1071

Signature _____ Date _____

TOWN OF WESTFIELD
BUILDING DEPARTMENT
959 NORTH AVENUE, WEST
WESTFIELD, NJ 07090

Bg
Date Issued 6/22/00
Control #
Permit # 99-0636

CERTIFICATE

IDENTIFICATION

Block 4401 Lot 44
Work Site Location 779 Lambertsmill Road
Westfield, New Jersey 07090
Owner in Fee/Occupant Gray
Address Same As Above
Tele. ([redacted]
Contractor Joe Percorio
Address 1251 St. George Avenue
Roselle, New Jersey 07203
Tele. (908-) 245-1071 Fax (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222-275-578

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification 5B
Maximum Occupancy Load
Description of Work/Use:

Roofing/Single Family

☐ **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.

xxx☑ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ **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 _____.

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

TOWN OF WESTFIELD
BUILDING DEPARTMENT
959 NORTH AVENUE, WEST
WESTFIELD, NJ 07090

CONSTRUCTION PERMIT

Date Issued 5/7/99
Control #
Permit # 99-0636

IDENTIFICATION Block _____ Lot _____

Work Site Location 779 Lambertsmill Rd

Owner in Fee ~~Jason~~ John Gray

Address 779 Lambertsmill Rd

Tel. [redacted]

Contractor Joe Pecora Inc

Address 1251 St George Ave
Roselle 07203

Tel. (908) 245 - 1071

Lic. No. or Bldrs. Reg. No. 14895 7/99

Fed. Emp. No. 222 - 275 - 578

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: new Roof.

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 $ 3200

Construction Official

4/19/99
Date

PAYMENTS (Office Use Only)

Building	77
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3
Cert. of Occupancy	
Other	
Total	80
Check No.	4609
Cash	
Collected by	

U.C.C. F170
(rev 3/96)

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

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material, plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations.
4. Installation of all finished materials, sealings of exterior joints; plumbing, piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site.

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/7/99
Date Issued
Control #
Permit # 99-0636

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

Block _____ Lot _____
Work Site Location 107 Lambertmill Road

Owner in Fee Mr John Gray
Address 107 Lambertmill Road.

Tele [redacted]
Contractor Joe Percario Inc
Address 1251 St George Ave Roselle 07203

Tele. (908) 245-1071 Fax (____) ____
Lic. No. or Bldrs. Reg. No. 14895 7/99
Federal Emp. No. 222-275-578

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re off old roof to sheathing 2 layers
nstall GAF ice/storm shield.
nstall new GAF roof shingles

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	4/19/99	JD
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5/21/99
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10-7-99	ZH
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
  [✓] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 77

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	77
TOTAL FEE	$	

B. BUILDING CHARACTERISTICS

Use Group	Present R3	Proposed	
Constr. Class	Present 5B	Proposed	
No. of Stories		1	
Height of Structure		21	Ft.
Area — Largest Floor		500	Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 3200
3. Total (1+2) $ 3200

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

OFFICE DATE RECEIVED: _____

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

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

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

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

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

BLOCK 4401 LOT 44 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 99-2057

TOWN OF WESTFIELD
BUILDING DEPARTMENT
959 NORTH AVENUE, WEST
WESTFIELD, NJ 07090

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 779 lamberts millrd.
2. Name of Owner in Fee: Mr. Gray Tel. ( ) _____
   Address 779 lamberts millrd. (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~Allstate~~ Chimney Tel. ( ) _____
   Address 113 Pavonia Ave, Jersey City NJ. 07304
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work George Bolen
   Tel. (1866) 993-3708 FAX ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 90		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection	N/C		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 91		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☒ Fire Protection	1410.00				12/29/99	RW			
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 Allstate Chimney

Address 113 Pavonia ave Jersey City, N.J. 07306

Telephone (~~1666~~) 798-3708

Signature _____

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

TOWN OF WESTFIELD
BUILDING DEPARTMENT
959 NORTH AVENUE, WEST
WESTFIELD, NJ 07090

Date Issued Feb. 29, 2000
Control #
Permit # 99-2057

CERTIFICATE

IDENTIFICATION

Block 4401m Lot 44
Work Site Location 779 Lamberts Mill Road
Westfield, NJ 07090
Owner in Fee/Occupant Gray
Address Same As Above
Tele. ([redacted]
Contractor Allstate Chimney
Address 113 Panmla Avenue
Jersey City, NJ 07301
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R3
Maximum Live Load
Construction Classification 5B
Maximum Occupancy Load
Description of Work/Use:

CHIMNEY LINER/SINGLE FAMILY HOME

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ **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 _____.

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

12/29/99

TOWN OF WESTFIELD
BUILDING DEPARTMENT
959 NORTH AVENUE, WEST
WESTFIELD, NJ 07090

CONSTRUCTION PERMIT

Date Issued
Control #
Permit # 99-2057

IDENTIFICATION Block _____ Lot _____

Work Site Location 779 lamberts mill rd.

Owner in Fee Gray

Address 779 lamberts mill rd.
westfield, NJ. 07090

Tel. [redacted]

Contractor Allstate Chimney

Address 113 Pavonia ave.
Jersey city, NJ. 07301

Tel. (_____)

Lic. No. or Bldrs. Reg. No. _____

Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: modify existing terracotta lining and Supersede with stainless steel chimney lining

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 $ 1,400.00

Construction Official

12/29/99
Date

PAYMENTS (Office Use Only)

Building	90
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	✓
DCA Training Fee	1 ✓
Cert. of Occupancy	
Other	
Total	$ 91 ✓
Check No.	
Cash	44993
Collected by	

(see reverse side)

UCC F170
(rev 3/96)

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

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

TOWN OF WESTFIELD
BUILDING DEPARTMENT
959 NORTH AVE., WEST
WESTFIELD, NJ 07090

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/29/99
Date Issued
Control #
Permit # 99-2057

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

Block 4401 Lot 44
Work Site Location 779 Lamberts mill rd. Westfield NJ. 07090
Owner in Fee Mr. Gray
Address Same as Above

Tele. [redacted]
Contractor AllState Chimney
Address 113 Pavonia ave. Jersey city N.J. 07301
Tele. (888) 793-3708 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of Stainless Chimney lining

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other Chimney Liner	12/29/99	

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/9/00
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/9/00	RW
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration CHIMNEY LINER
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other fire prevention
[ ] Demolition

FEE (Office Use Only)
$
90 —

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 90

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R3
Constr. Class Present 5B Proposed 5B
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.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1410
3. Total (1+ 2) $ 1410

449593

U.C.C. F110
(rev. 3/96)

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

"REVIEW ON 2T"

12/29/99

99-2057

TOWN OF WESTFIELD
BUILDING DEPARTMENT
959 NORTH AVE., WEST
WESTFIELD, NJ 07090

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 4401 Lot 44
Work Site Location 79 lamberts mill rd.
Westfield, N.J. 07090
Owner in Fee Gray
Address Same as above
Tele. [redacted]
Contractor Allstate Chimney
Address 113 Pavonia ave.
Jersey City, NJ. 07301
Tele. (888) 793-3708 Fax ( ) 218-2690
Lic. No.
Federal Emp. No. 113390887

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R3 Proposed
Constr. Class Present 5B Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: ~~[ ]~~ Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 1,410.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 12/29/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/9/00
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			2/9/00	RJ
Other				

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
~~Install~~ Stainless steel chimney lining system

Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___
Alarm Systems [ ] 110v Interconnected **NUMBER**
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other CHIMNEY LINER		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

449593

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ NC

UCC F140
(rev. 3/96)

1/3/00 - Permit

All-State Chimney Sweeps, Inc.

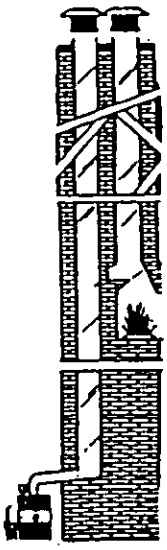
113 Pavonia Avenue Suite 296
Jersey City, New Jersey 07301
1-888-793-3708 201-332-3900
1-877-ALSTATE

Source _____

Name Gray
Address 779 Lamberts mill Rd
City Westfield
County Union
Cross Road Shackamaxon

Svc. Date 12/29/99
Time 9:00
Svs. Manager George
Phone # 908-928-0816
Work # _____

Instructions: Install Liner per est



	SubTotal	$1410.00
	Tax	
Credit Card #: Exp. Date:	TOTAL	
Auth #:	Deposit	
Check #:	Due On Completion	

Special Order Caps are non-refundable

UNCONDITIONAL GUARANTEE

ALL-STATE CHIMNEY SWEEPS guarantees satisfaction of your chimney sweep for a full 30 days. If you are not completely satisfied with the sweep performed at your home, ALL-STATE CHIMNEY SWEEPS will re-sweep the chimney at no additional charge. In addition, we are fully insured for your protection.

All-State Chimney Sweeps, Inc.

113 Pavonia Avenue Suite 296
Jersey City, New Jersey 07301
1-888-793-3708 201-332-3900
~~1-877-ALSTATE~~

Source N.a.

Name Gray
Address 779 Lamberts Mill Rd
City Westfield
County Union
Cross Road Shackamaxon

Svc. Date 12/29
Time 4:30 | 9:00
Svs. Manager George | D.L. 505
Phone # 908-928-0810
Work # 732-225-4848 ex 458

Instructions: GB + FP 79.90 · (8x8 @ 79.00 - 8x12 @ 89.00 Installed / lifetime guarantee 186A. Stainless steel)

Tech notes: FP line showing signs of water penetration/rusting to damper & smoke shelf - screen in place - Gas line chimney liner is shifted throughout residual moderate inside @ vent and exhaust ports - No caps present (screen only) Top cement crown fractured and broken - loose bricks evident - brick face and mortar/expansion jointing tender and eroded - Rec: Install ① AIC-295X28T Stainless Steel lining kit complete w/ all necessary hardware, mounting and capping - water prevention pkg. to apply inclusive of all cement work, capping on all & chemical application to entire structure and all poly seal where necessary to ensure air/water tightness - *All liner kits have a lifetime guarantee against failure * total cost: 1410.00 complete

Credit Card #:	Exp. Date:	SubTotal	
		Tax	
		TOTAL	79.90
Auth #:		Deposit	
Check #: 1994		Due On Completion	Pardin

Special Order Caps are non-refundable

* All relative boiler piping modified to correctness
* labor inclusive

UNCONDITIONAL GUARANTEE

ALL-STATE CHIMNEY SWEEPS guarantees satisfaction of your chimney sweep for a full 30 days. If you are not completely satisfied with the sweep performed at your home, ALL-STATE CHIMNEY SWEEPS will re-sweep the chimney at no additional charge. In addition, you are fully insured for your protection.

X

Pull scheduled for 12/29/99 9:00 OK per MS

1/3/00 Print

All-State Chimney Sweeps, Inc.

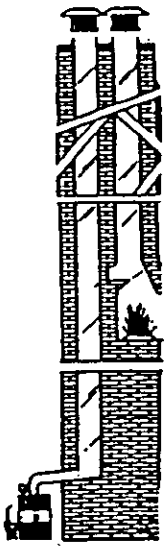
113 Pavonia Avenue Suite 296
Jersey City, New Jersey 07301
1-888-793-3708 201-332-3900
1-877-ALSTATE

Source _____

Name Gray
Address 779 Lamberts mill Rd
City Westfield
County Union
Cross Road Shackamaxon

Svc. Date 12/29/99
Time 9:00
Svs. Manager George
Phone # 908-928-0810
Work # _____

Instructions: Install Liner per est



	SubTotal	$1410.00
	Tax	
Credit Card #: Exp. Date:	TOTAL	
Auth #:	Deposit	
Check #:	Due On Completion	

Special Order Caps are non-refundable

UNCONDITIONAL GUARANTEE

ALL-STATE CHIMNEY SWEEPS guarantees satisfaction of your chimney sweep for a full 30 days. If you are not completely satisfied with the sweep performed at your home, ALL-STATE CHIMNEY SWEEPS will re-sweep the chimney at no additional charge. In addition, we are fully insured for your protection.

1/3/00 - Form 7

All-State Chimney Sweeps, Inc.

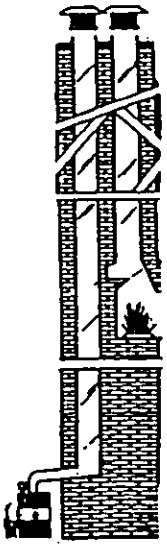
113 Pavonia Avenue Suite 296
Jersey City, New Jersey 07301
1-888-793-3708 201-332-3900
1-877-ALSTATE

Source _____

Name Gray
Address 779 Lamberts Mill Rd
City Westfield
County Union
Cross Road Shackamaxon

Svc. Date 12/29/99
Time 9:00
Svs. Manager George
Phone # 908-928-0816
Work # _____

Instructions: Install Liner per est



SubTotal	$410.00
Tax	
TOTAL	
Deposit	
Due On Completion	

Credit Card #: Exp. Date:

Auth #:

Check #:

Special Order Caps are non-refundable

UNCONDITIONAL GUARANTEE

ALL-STATE CHIMNEY SWEEPS guarantees satisfaction of your chimney sweep for a full 30 days. If you are not completely satisfied with the sweep performed at your home, ALL-STATE CHIMNEY SWEEPS will re-sweep the chimney at no additional charge. In addition, we are fully insured for your protection.

ITS Intertek Testing Services

EVALUATION REPORT

FOR:

Model "Flex-Able" Flexible Stainless Steel Chimney Liner

MANUFACTURED BY:

American Chimney Supplies Inc.
87 Terminal Drive
Plainsview, N.Y. 11803

PREPARED BY:

Intertek Testing Services NA Ltd.
3210 American Drive
Mississauga, Ontario
L4V 1B3

Client No.: L23317
File No.: 292-1373-96-01
Date of Issue: April 1997

APPENDIX V

CRITICAL FEATURES

Markings properly identifies the model as described below:

Stainless Steel Liner (Type 316Ti) Flex-Able

76 mm (3 inches) to 203 mm (8 inches) diameter
- Single ply, corrugated

Note: Minimum thickness of steel allowed is 0.127 inches.

[redacted]

CONCLUSION

It is the opinion of Warnock Hersey that the Model "Flex-Able" flexible stainless steel liner system will meet the requirements of:

UL 1777 - Standards for Safety - Chimney Liners (First Edition - March 1988)

The Warnock Hersey listing to cover Model "Flex-Able" will be developed under our Certification Services and will be eligible for our 1997 Certification listing book.

REPORTED BY:

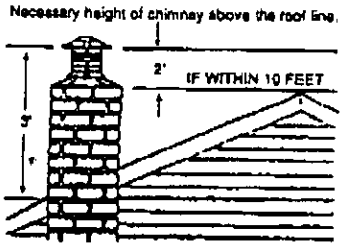
Horace Fletcher
Engineering Team Leader

REVIEWED BY:

Bob Davison
Regional Manager

FLEX-ABLE/SS INSTALLATION INSTRUCTION

GENERAL

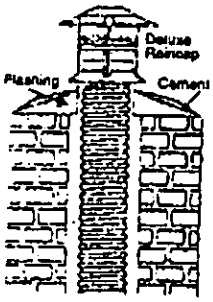


Before installation the chimney must be thoroughly cleaned by a competent chimney technician. The internal face of the chimney should then be checked to insure that it is clean and dry. The external face must be inspected for damage and any damage must be repaired subsequent to installing the liner, to insure it is structurally sound and that environmental elements cannot penetrate the chimney cavity.

Chimneys are required to extend at least three feet above the highest point where they pass through the roof of a building and at least two feet higher than any portion of the building within 10 feet. (See illustration)

PRE INSTALLATION

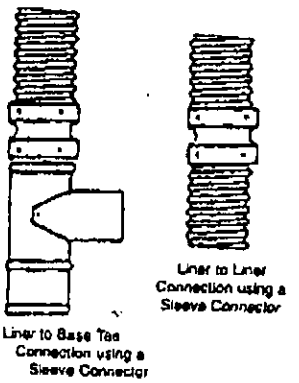
The inside of the chimney must be thoroughly checked and cleaned. Remove any build up glaze creosote. The chimney must be checked for cracked, loose or missing bricks, mortar, or other materials that could inhibit correct installation of the chimney lining system. Check the air space clearances between the masonry chimney exterior and combustible materials and verify that the chimney's in accordance with clearance specifications contained in NFPA 211, other recognized major building codes and the manufacturer's installation instructions. The minimum inside dimension of the chimney shall not be less than 4 inches square. The minimum height of the chimney shall not be less than 8 feet and not exceed 60 feet. This is done by using a (3) foot test length of liner that is the same diameter as that which is to be installed. To insure easy installation, a three foot length should be fitted with a nose cone and suitable lengths of rope, one of which should then be passed through the passage way prior to attaching the nose cone to the liner to be installed. The check and test should then be conducted by pulling the test through the chimney passage way in the proposed direction of the installation of the liner.



The length of chimney flue liner required can be determined by dropping a weight line down the chimney and taking measurements, making allowances for offsets. The FLEX-ABLE/SS liner can be cut using snips, a hacksaw, or with a disc cutter. The liner should be placed on a flat surface and clamped before cutting commences. The liner should be cut 90 degrees to insure a straight edge for installation.

INSTALLING THE LINER - THE FLEX-ABLE/SS LINING SYSTEM IS TO BE CONNECTED TO APPLIANCES WHICH BURN, SOLID FUELS, OIL NATURAL GAS, OR PROPANE ONLY.

The FLEX-ABLE/SS Liner should be either lifted onto the roof or positioned at the base of the chimney, depending from which end of the chimney it is to be installed. A rope should be passed through the chimney passage way and connected to the nose cone through the center hole that should be connected the liner with self-tapping screws and then duct taped to the liner. The liner should then be guided into the chimney by pulling the rope through the passage way. One person should stand at the point of entry of stack to guide the liner through during installation. The liner should project from the base of the chimney by just sufficient length to connect to the base tee or to the appropriate liner connection as necessary.



The liner should be securely fixed at the base of the chimney using suitable means, and clamped at the top of the chimney using the liner support and flashing which should then be mortared at the top of the chimney.

The safe operation of the FLEX-ABLE/SS lining systems is based on the use of parts supplied by FLEX-ABLE/SS. The performance of the lining system may be adversely affected if parts not tested with the system are used. The placement of insulation, the lining system or other materials in the spaces surrounding the liner is not recommended. Acceptance of the lining system and the warranty are void if the installation instructions are not followed.

Precaution should be taken, on the initial firing of the appliance that is vented through the chimney liner. Ensure that the installation label for gas fired appliance is posted where the connection is made to the appliance. It is recommended that the FLEX-ABLE/SS Lining System is checked at least once annually after initial installation by a certified sweep.

VENTILATION

A. It is very important that sufficient air for combustion and ventilation is provided to the room containing the appliance to enable correct and efficient working of the appliance and chimney.

B. Any heating appliance connected to a "FLEX-ABLE/SS" Lining System, must not have a flue outlet size larger than the chimney liner area at its smallest part.

American Chimney Supplies Inc., 87 Terminal Drive, Plainview, NY 11803

PRODUCT INFORMATION

DESCRIPTION

"FLEX-ABLE/SS" is the standard corrugated Stainless Steel Flexible chimney liner used for lining (or relining) masonry chimneys. The "FLEX-ABLE/SS" is listed by Warnock Hersey to the stringent UL 1777 standards in several diameters ranging from 3" to 8" and available to 12" in diameter.

APPLICATION

The "FLEX-ABLE/SS" liner is manufactured using strips of high grade austenitle Stainless Steel which are rolled and locked together in a continuous process. This unique manufacturing process insures an effective flue gas exhaust liner system, designed to withstand the rigorous associated with site conditions.

The Stainless Steel used in the manufacturer of the "FLEX-ABLE/SS" is accepted and recognized by testing agencies throughout North America as being most suitable for use with natural gas, propane, oil and solid fuel appliances. This grade of Stainless Steel is highly resistant to corrosion, able to withstand severe temperatures and extremely durable.

The liner maintains its qualities and can withstand the effects of thermal shock in the event of temporary appliance malfunction having maintained its physical and mechanical properties during testing at 2100°F (1150°C).

INSTALLATION

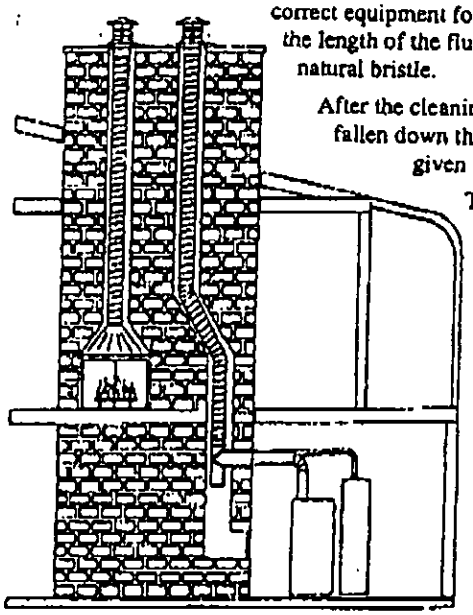
The "FLEX-ABLE/SS" liner must be installed in accordance with the enforcing authorities having jurisdiction and "FLEX-ABLE/SS" installation instructions. Minimum air space clearance to the interior of the masonry to be maintained with the liner is "0" inches. Clearance to combustible materials must meet or exceed NFPA 211. The chimney liner must not be sized less than that specified in the appliance manufacturer's instructions. Contact the local building or fire officials about restrictions and installation inspection in your area.

SPECIFICATIONS/ "FLEX-ABLE/SS"

Internal Diameter (inches)	External Diameter (inches)	Approx. Weight (lbs./ft.)	Max. Bending Radius (inches)
3"	3 7/16"	1/2"	6"
4"	4 7/16"	5/8"	8"
5"	5 7/16"	1 3/16"	10"
6"	6 7/16"	1"	12"
7"	7 7/16"	1 1/8"	14"
8"	8 7/16"	1 1/4"	16"
9"	9 7/16"	1 7/16"	18"
10"	10 7/16"	1 5/8"	20"
12"	12 7/16"	2"	24"

CHIMNEY MAINTENANCE

The frequency of chimney sweeping will depend on many factors, i.e. type of fuel and quantity used, and method of operation of the appliance; however, it should be swept at least once every 2 months. Failure to maintain a clean chimney can result in the emission of toxic gases into the dwelling or structural damage from possible chimney fires. It is therefore necessary to sweep chimneys at regular intervals. The interval will be determined by user experience but under no circumstances should this be less frequent than once a year. It is advisable that all chimneys should be swept during the heating season and at the end of the heating season. Having selected the correct equipment for any particular installation it is important to ensure that the brush head passes throughout the length of the flue including any terminals. For the best results the brush head should be polypropylene or natural bristle.



After the cleaning operation has been completed, it is essential to ensure that any deposits that may have fallen down the chimney or flue pipe into the appliance below are removed. Particular attention should be given the cleaning of the flue pipe entering the appliance.

The use of chemical cleaners cannot be recommended as a substitute for sweeping. Chimney Fires - if a chimney fire does occur, professional advice should be sought regarding the condition of the chimney.

CREOSOTE AND SOOT FORMATION & NEED FOR REMOVAL

When wood is burned slowly, it produces tar and other organic vapours which combine with expelled moisture to form creosote. The creosote vapours may condense on the inside of the chimney liner during slow-burning firing periods. As a result, creosote residue accumulates on the chimney liner. When ignited, this creosote makes an extremely hot fire.

VENTILATION

It is very important that sufficient air for combustion and ventilation is provided to the room containing the appliance to enable correct and efficient working of the appliance and chimney.

American Chimney Supplies Inc., 87 Terminal Drive, Plainview, NY 11803

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 779 lamberts millrd-

Applicant ALLSTATE Chimney

Certifying Individual George Pollock Company Same as above

Address 113 Parnell ave. Jersey city NJ 07307
Street City State Zip Code

Tel. (1888) 293-3708

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other Gas boiler liner

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [x] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other_____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

M 2 S- 12/29/99
Signature Date

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

U.C.C. F370
(rev. 3/96)

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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