BLOCK 673.18 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 731 Baltic Dr. PERMIT NO. 07-2164

CONSTRUCTION PERMIT APPLICATION

07-003161

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

Called 7/12/07

I. IDENTIFICATION

1. Proposed Work Site at 731 Baltic Dr.
2. Name of Owner in Fee: Donna Cocuzza
   Tel. ([redacted]) e-mail _____
   Address _____ (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Blue Ridge Heating & Cool Tel. (732) 341-5744
   Address 212 Atlantic City Blvd e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH00148400 Exp. Date '08
   Federal Employee No. 223870398 FAX: (732) 341-4018
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Jim Watson
   Tel. (732) 341 5744 FAX: (732) 473-1018

A/c add on with duct

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 48		
2.	Electrical	40		
3.	Plumbing	40		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review	7		
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 135		

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

OPTIONAL (for office use only)

		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	2,000 -		6/20/07		7-3-07		9-4-07		
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☑ Plumbing	2500				7-3-07		9-10-07		
7.	☑ Electrical	500.-				7/1/07		8-31-07		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	5,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

Reorder from OCS Printing (609) 398-4375

U.C.C. F100-1 (rev. 5/05)

LDS BR-B 10327861

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. 5:23-2.15(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 Blue Ridge Heating & Cooling Inc

Address 212 Atlantic City Blvd

Beachwood 08722

Telephone (732) 341-5744

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		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.				

Date Issued
Control #
Permit #

CERTIFICATE

IDENTIFICATION

Block 673.18 Lot 1
Work Site Location 731 Baltic Drive
Brick 08723
Owner in Fee/Occupant Donna Cocuzza
Address Same
Tele. ([redacted]
Contractor Blue Ridge Heating & Cooling Inc
Address 212 Atlantic City Blvd
Beachwood 08722
Tele. (732) 341 5722 Fax (732) 473 1018
Lic. No. or Bldrs. Reg. No. 13VH00148400
Federal Emp. No. 22287098

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

A/c add on with duct

☐ **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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	09/11/2007
Control Number	C-07-003161
Permit Number	07-2166
Permit Issue Date	07/19/2007
Certificate Number	07-2166

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 731 BALTIC DR Brick Township, NJ Block: 673.18 Lot: 1 Qual:

Owner in Fee: COCUZZA, DONNA

Owner Address: 731 BALTIC DR BRICK NJ 08723

Telephone: [redacted]

Contractor: BLUE RIDGE HEATING & COOLING

Address: 212 ATLANTIC CITY BLVD BEACHWOOD NJ 08722-

Telephone: 732/341-5744 Fax: 732/473-1018

License Number or Builders Registration Number: 13VH00148400 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

AIR CONDITIONER DUCTWORK

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: 09/11/2007

CONSTRUCTION PERMIT

Date Issued 7/19/2007
Control # C-07-003161
Permit # 07-2166

IDENTIFICATION Block: 673.18 Lot: 1 Qualifier
Work Site Location: 731 BALTIC DR Brick Township, NJ
Owner in Fee COCUZZA, DONNA
731 BALTIC DR BRICK NJ 08723
Telephone: [redacted]

Contractor BLUE RIDGE HEATING & COOLING
Address 212 ATLANTIC CITY BLVD BEACHWOOD NJ 08722-
Telephone: 732/341-5744
Lic. No. or Bldrs. Reg. No. 13VH00148400
Federal Employee. No. 22-2780398

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AIR CONDITIONER DUCTWORK

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $5,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$48
Electrical	$40
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$135
Check No.	3137
Cash	$0
Credit	$0
Collected By	Bernadette Ritchings

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 673.18 Lot 1

Work Site Location 731 Baltic Drive
Brick 08723

Owner in Fee Donna Cocuzza
Address Same
Tel. [redacted]

Contractor
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

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:
A/c addon - with duct

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 $ 5,000 —

Construction Official

Date

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
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.

U.C.C. Form F-170D

BUILDING SUBCODE
TECHNICAL SECTION

[redacted]

Date Received
Control #

Date Issued
Permit #

07-2166
7/19/07

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

Block 673.18 Lot 1 Qualification Code

Work Site Location 731 BALTIC DR
BRICK

Owner in Fee MRS DONNA CECCOSA

Address SAME

[redacted]

Tel.

Contractor BLUE RIDGE HEATI

Address 218 ATLANTIC CT BRK
BEACHWOOD NJ 08722

Tel. (732) 341 5700 FAX (732) 473-1018

Contractor License No. or Builder Registration No. 13VH00418400

Federal Emp. No 222870 392

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	7-30-07	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9.4.07
Approved by: FM

INSPECTIONS Type:	Dates (Month/Day) 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			8/31/07	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class 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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~3500~~
2. Rehabilitation $
3. Total (1+ 2) $ 3,000

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

ADD on A/C with Ductwork.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ADD on A/C.
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F310 (rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

[redacted]

Date Received
Control #

Date Issued
Permit #

07-2166
7/19/07

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

Block 673.18 Lot 1 Qualification Code

Work Site Location 731 BALTIC Dr
Bridg.

Owner in Fee MRS DONNA COCUZZA

Address SAME

Tel. [redacted]

Contractor Blue Ridge Heating

Address 212 Atlantic City Blvd
Beachwood NJ 08722

Tel. (732) 341 5700 FAX (732) 473-1015

Contractor License No. or Builder Registration No. 13VH00141400

Federal Emp. No 222 370 350

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

ADD on A/C with Ductwork.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	7-30	TM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other		7		
Final				
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ [redacted]
2. Rehabilitation $
3. Total (1+ 2) $ 2,000

U.C.C. F110
(rev. 07/03)

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

07-2166

Date Received 7/19/07
Control #

Date Issued
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 6718 Lot 1 Qualification Code

Work Site Location 731 Baltic Ave. Bailey

Owner in Fee Donna Cocuzza

Address Same

Tel [redacted]

Contractor Shaw Electric

Address 5 Colt Town Ct

Bayville NJ 269-0997

Tel ( ) FAX ( ) 237 2843

Contractor License No. 9575

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit cond	
1		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 7-11-07

Approved by: VM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8/3/07

Approved by: VM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other ac			8/3/07 VM	
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) Internet version

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

07-2166

Date Received 7/19/07
Control #

Date Issued
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 6718 Lot 1 Qualification Code

Work Site Location 731 BALTIC AVE. BAILEY

Owner in Fee DONNA COCUZZA

Address SAME

Tel [redacted]

Contractor SHAW Electric

Address 5 COLTON CT BAYVILLE NJ 2609-0997

Tel ( ) FAX ( ) 237 2543

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

C. CERTIFICATION IN LIEU OF OATH

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Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit Cond	
1		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 7-11-07

Approved by: AM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) Internet version

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

07-2164
7/19/07

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 67318 Lot 1
Work Site Location 731 Baltic Dr.
Brick 08723
Owner in Fee Donna Cacuzza
Address [redacted]
Tele. ([redacted]
Contractor Blue Ridge Heating & Cooling Inc
Address 212 Atlantic City Blvd
Beachwood 08722
Tele. (732) 341-5744 Fax (732) 473-1018
Lic. No. 13VH00148400
Federal Emp. No. 222870398

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 $ $2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7-7-07
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7.10.07
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO 1				
A/C			8/21/07	

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]
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

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

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

A/C add on with duct

U.C.C. F130 (rev. 3/96)

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

07-2164
7/19/07

PLUMBING 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 67318 Lot 1
Work Site Location 731 Baltic Dr.
Brick 08723
Owner in Fee Donna Cacuzza
Address [redacted]
Tele.
Contractor Blue Ridge Heating & Cooling Inc
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Beachwood 08722
Tele. (732) 341-5744 Fax (732) 473-1018
Lic. No. 13VH00148400
Federal Emp. No. 222570398

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Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ $2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7.3.07
Approved by: DJK

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

INSPECTIONS Type:	Failure	Failure Date (Month/Day)	Approval Date (Month/Day)	Initial
Slab		7 3 07	1 11	
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

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

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

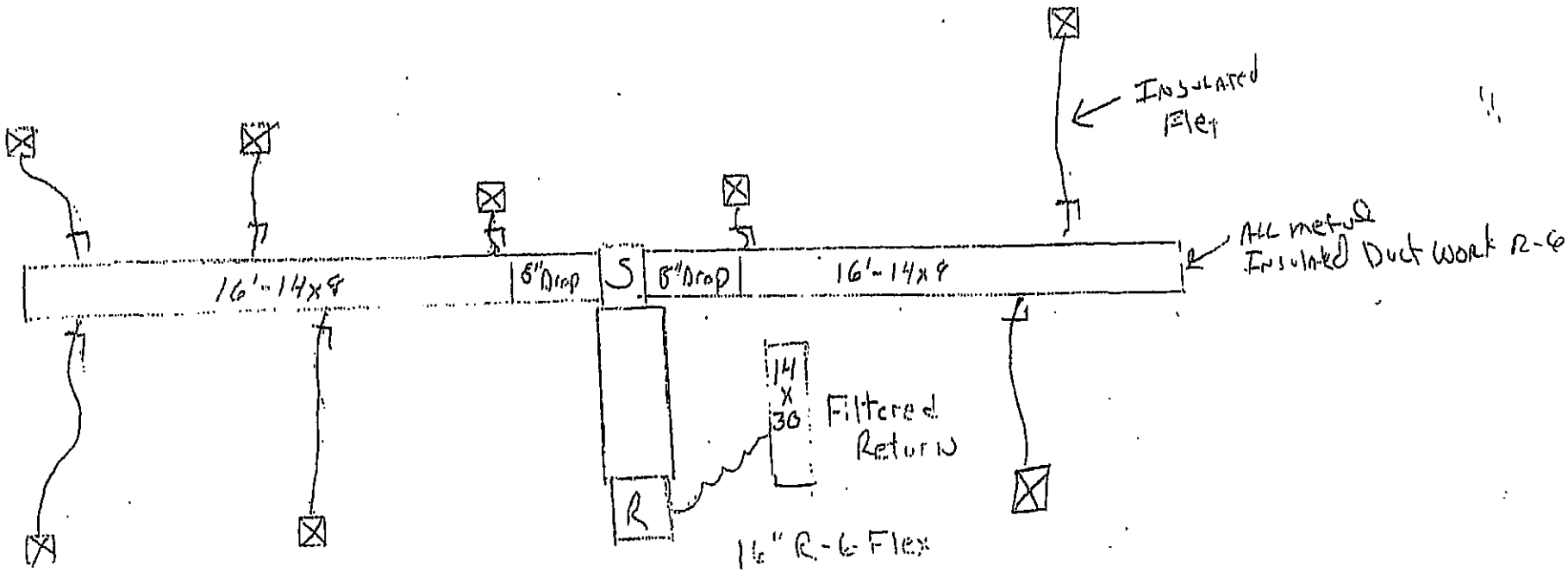
A/C add on with duct

U.C.C. F130 (rev 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TON UNIT 2

TOTAL CFM · 800

DONNA COCUZZA
731 BALTIC AV
BACK



HAS AC + DRAIN PAN AND LINES

— - ATD DAMPER

⊠ SUPPLY

ALL FLEX R4 VC

ALL DUCT WORK INS ON OUT SIDE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Blue Ridge Heating & Cooling Inc
William Stueber
212 Atlantic City Blvd
Beachwood NJ 08722-2905

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

11/15/2006 TO 12/31/2007
VALID

13VH00148400
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
Blue Ridge Heating & Cooling Inc
Home Improvement Contractor

11/15/2006 TO 12/31/2007
VALID

SIGNATURE

13VH00148400

PLEASE DETACH HERE

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

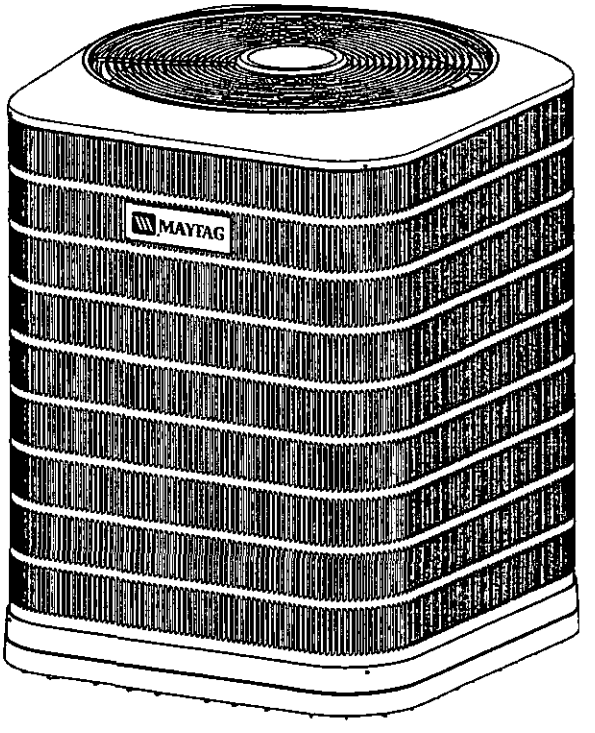
PLEASE DETACH HERE

MAYTAG®

2 Ton

TECHNICAL SPECIFICATIONS

Model PSA2BD-KA Series

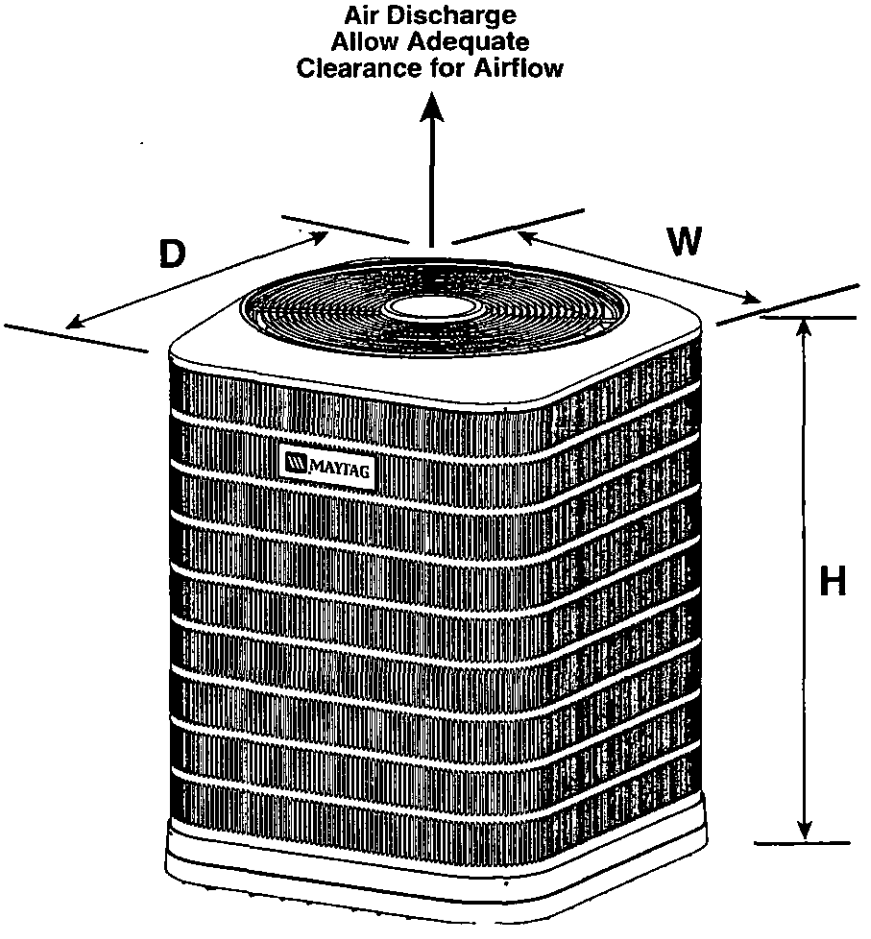


M1010 Product Line

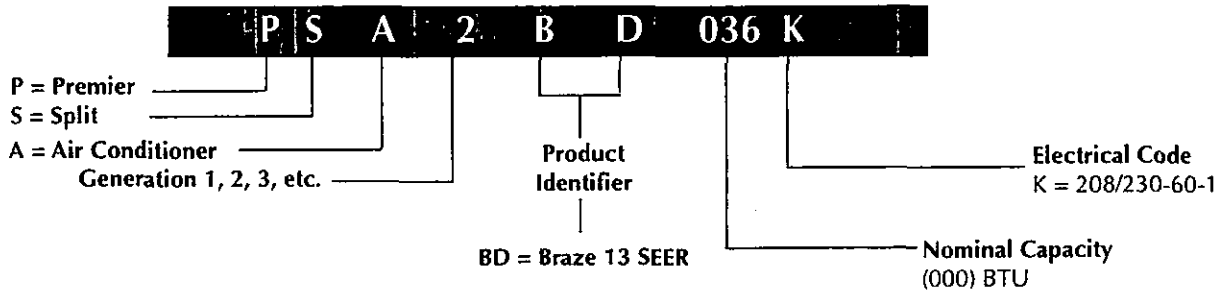
High Efficiency Air Conditioner
13+ SEER — 1.5 - 5 Ton Capacity

DIMENSIONS/OUTDOOR SECTION

PSA2BD-	018KA	024KA	030KA	036KA	042KA	048KA	060KA
H	24-1/4	28-1/4	36-1/4	36-1/4	33	33	45
W	23-1/4	23-1/4	23-1/4	23-1/4	31-1/4	31-1/4	31-1/4
D	23-1/4	23-1/4	23-1/4	23-1/4	31-1/4	31-1/4	31-1/4



IDENTIFICATION CODE



PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

13+ SEER — High Efficiency — Single Phase

Model Number PSA2BD-			018KA	024KA	030KA	036KA	042KA	048KA	060KA
Electrical Data	Volts-Cycles-Phase *(1)*		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1
	Total Amps		8.9	12.3	16.4	17.2	17.8	22.9	29.6
	Delay Fuse Max. *(2)*		15	25	35	35	35	45	60
	Min. Circuit Ampacity		11.1	15.2	20.6	21.0	21.9	28.3	36.7
Component Data	Coil	Area	8.23	9.88	13.22	13.22	17.74	17.74	25.42
		Rows-FPI	1 - 22	1 - 22	1 - 22	1 - 22	1 - 22	1 - 22	1 - 22
		Tube Dia	3/8" O.D.	3/8" O.D.	3/8" O.D.	3/8" O.D.	3/8" O.D.	3/8" O.D.	3/8" O.D.
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.34	0.67	0.67	1.20	1.40	1.40	1.40
		HP	1/20	1/10	1/10	1/4	1/4	1/4	1/4
	Fan Blade	Dia-# Blades	18" - 2	18" - 3	18" - 3	18" - 3	24" - 2	24" - 2	24" - 2
		SCFM	1410	1985	3000	3000	4000	4000	4000
	Compressor Data	RLA	9	12	16	16	16	22	28
		LRA	40	54	68	77	77	97	141
Refrigerant suction line-Length/O.D. (Liq. Line All Lengths - 3/8" O.D.)		0-24 ft.	3/4"	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"
		25-39 ft.	3/4"	3/4"	7/8" *(3)*	7/8" *(3)*	7/8"	7/8"	1-1/8" *(4)*
		40-75 ft.	3/4"	3/4"	7/8" *(3)*	7/8" *(3)*	7/8"	1-1/8" *(4)*	1-1/8" *(4)*
Refrigerant Charge in Ounces (Outdoor unit, Indoor Unit 15' Line Set)			78	88	99	110	122	126	160
Weight Approximate (lbs.)		Net	103	112	124	124	156	176	229
		Ship	107	117	129	129	162	183	238

(1) Operating Voltage Range: 187v min. — 253v max.
(2) HACR Type Circuit Breakers may be used.
(3) Requires 7/8" to 3/4" reducer from line to unit.
(4) Requires 7/8" to 1-1/8" reducer from line to unit.

ACCESSORIES - CONDENSING UNIT

Start Assist Kit - 912933
Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

COPPER WIRE SIZE — AWG (1% Voltage Drop)				
Supply Wire Length-Feet				Supply Circuit
200	150	100	50	Ampacity
6	8	10	14	15
4	6	8	12	20
4	6	8	10	25
4	4	6	10	30
3	4	6	8	35
3	4	6	8	40
2	3	4	6	45
2	3	4	6	50

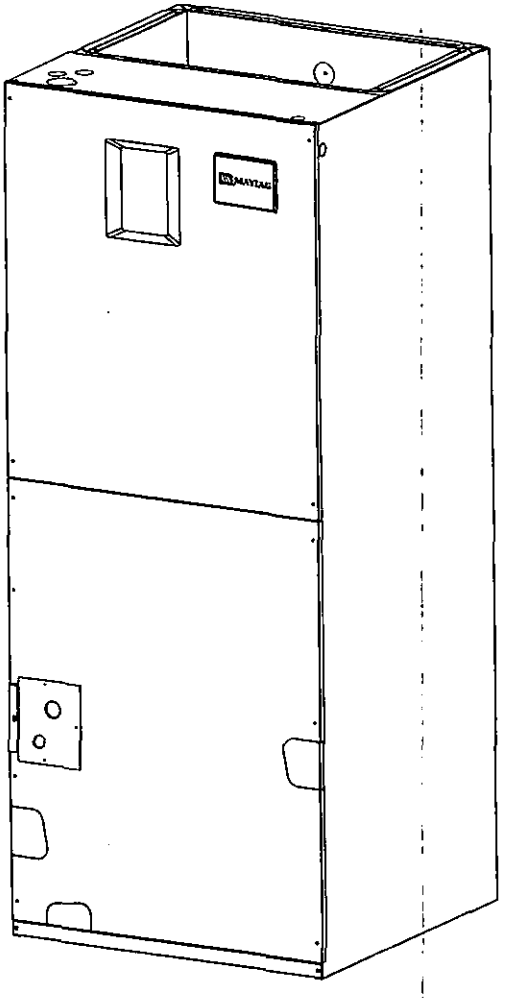
Wire Size based on N.E.C. for 60° type copper conductors.

MAYTAG®

~~[illegible]~~ 2 Ton

TECHNICAL SPECIFICATIONS

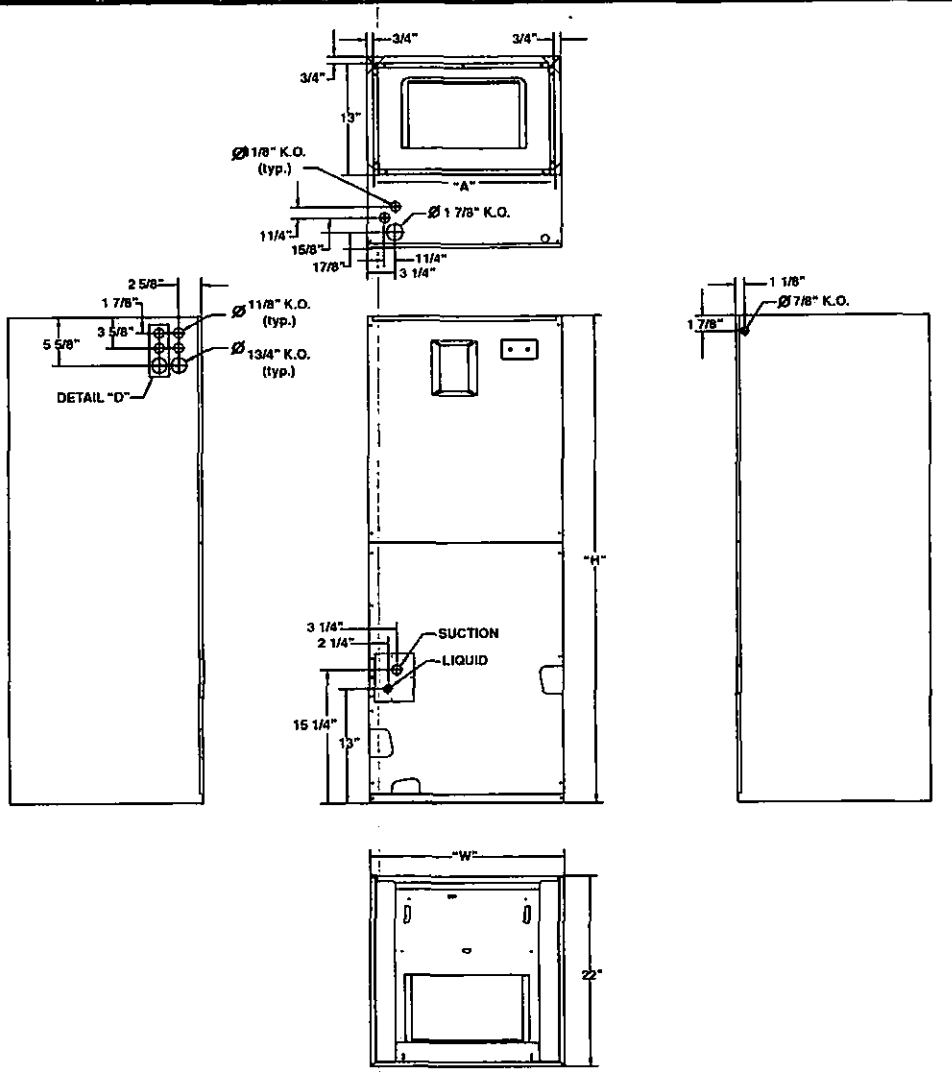
Model B5BM Series



M1000 Product Line

Air Handler
13 SEER Residential System

DIMENSIONS



Model Number B5-	*24K-A	*25K-A	*30K-A	*24K-B	*25K-B	*30K-B	*36K-B	*37K-B	*42K-B	*48K-C	*49K-C	*60K-C
Nominal cooling capacity - BTUh [1]	24000	24000	30000	24000	24000	30000	36000	36000	42000	48000	48000	60000
Orifice size (if supplied) [2]	0.050	0.061	0.069	0.050	0.061	0.069	0.078	0.078	0.083	0.090	0.090	0.101
Maximum Available Auxilary Heat	10	10	15	10	10	20	20	20	20	30	30	30
Nominal Blower Size (Dia. x Width)	10 x 6	10 x 6	10 x 6	10 x 8	10 x 8	10 x 8	10 x 8	10 x 8	10 x 8	10 x 10	10 x 10	11 x 10
Motor Hp-speeds-type	1/5-3-PSC	1/5-3-PSC	1/3-3-PSC	1/5-3-PSC	1/5-3-PSC	1/3-3-PSC	1/3-3-PSC	1/3-3-PSC	1/3-3-PSC	1/2-3-PSC	1/2-3-PSC	3/4-5-BDC
Filter Size (supplied internal filter rack) [3]	12x20x1	12x20x1	12x20x1	18x20x1	18x20x1	18x20x1	18x20x1	18x20x1	18x20x1	20x20x1	20x20x1	20x20x1
Approximate Shipping Weight, lbs	87	87	90	107	107	110	110	130	130	150	150	155
Height, "H", in.	43-3/8	43-3/8	43-3/8	43-3/8	43-3/8	43-3/8	43-3/8	49-3/8	49-3/8	56	56	56
Width, "W", in.	14-1/4	14-1/4	14-1/4	19-3/4	19-3/4	19-3/4	19-3/4	19-3/4	19-3/4	22-1/2	22-1/2	22-1/2
Supply Air Outlet Dimension, in.	12-7/8 x 12-3/4	12-7/8 x 12-3/4	12-7/8 x 12-3/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 21	12-7/8 x 21	12-7/8 x 21
Ref. Connection Sizes, in. (suc./liq.)	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	7/8 - 3/8	7/8 - 3/8	7/8 - 3/8	7/8 - 3/8	7/8 - 3/8

[1] See current ARI Directory for certified combinations and ratings.
[2] When supplied, orifice is sized for most common R-22 13 SEER HP match. See outdoor unit documentation for orifice size.
[3] Filter is not supplied with unit.

ELECTRICAL DATA

Model Number H6HK-	Voltage	KW	Standard Air Handler (A & B size) Min. Circuit Ampacity Circuit A	Circuit B	Circuit C	Single Circuit	Standard Air Handler (A & B size) Max. Over-Current Protection Circuit A	Circuit B	Circuit C	Single Circuit	Variable Speed & Std Air Handler (C size) Min. Circuit Ampacity Circuit A	Circuit B	Circuit C	Single Circuit	Variable Speed & Std Air Handler (C size) Max. Over-Current Protection Circuit A	Circuit B	Circuit C	Single Circuit
005H-XX	240	4.8	-	-	-	30	-	-	-	30	-	-	-	34	-	-	-	40
008H-XX	240	7.5	-	-	-	45	-	-	-	50	-	-	-	48	-	-	-	50
010H-XX	240	9.6	-	-	-	55	-	-	-	60	-	-	-	59	-	-	-	60
015H-XX	240	14.4	55	25	-	80	60	30	-	90	59	25	-	83	60	30	-	90
020H-XX	240	19.2	55	50	-	105	60	60	-	125	59	50	-	109	60	60	-	125
025H-XX	240	24.0	-	-	-	-	-	-	-	-	59	50	25	134	60	60	30	150
030H-XX	240	28.8	-	-	-	-	-	-	-	-	59	50	50	159	60	60	60	175
005H-XX	208	3.6	-	-	-	27	-	-	-	30	-	-	-	30	-	-	-	40
008H-XX	208	5.6	-	-	-	39	-	-	-	40	-	-	-	42	-	-	-	50
010H-XX	208	7.2	-	-	-	48	-	-	-	50	-	-	-	52	-	-	-	60
015H-XX	208	10.8	48	21	-	70	50	25	-	80	52	22	-	73	60	25	-	80
020H-XX	208	14.4	48	43	-	92	50	50	-	100	52	43	-	95	60	50	-	100
025H-XX	208	18.0	-	-	-	-	-	-	-	-	52	43	22	117	60	50	25	125
030H-XX	208	21.6	-	-	-	-	-	-	-	-	52	43	43	138	60	50	50	150
009Q-XX	240	9.0	-	-	-	32	-	-	-	40	-	-	-	36	-	-	-	40
015Q-XX	240	14.4	-	-	-	48	-	-	-	50	-	-	-	52	-	-	-	60
009Q-XX	208	6.8	-	-	-	29	-	-	-	30	-	-	-	32	-	-	-	40
015Q-XX	208	10.8	-	-	-	43	-	-	-	50	-	-	-	46	-	-	-	50

IDENTIFICATION CODE