



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1221 LOT 895 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 14-0512



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-000452

I. IDENTIFICATION

1. Proposed Work Site at: 519 5th Ave, Brick, NJ 08724

2. Name of Owner in Fee: Patrick Leary

Tel. [REDACTED] e-mail _____

Address 519 5th Ave Brick 08724

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Alek Air Management, Inc. Tel. (215) 253-5680

Address 701 E Pennsylvania Blvd e-mail _____

Feasterville-Treose, PA 19053

License No. OR, if new home, Builder Reg. No. 13VH04558300 Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 204544165 FAX: (215) 253-7076

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Jimmy Stoykov

Tel. (215) 253-5680 FAX: (215) 253-7076

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>600-</u>	
2. Electrical	<u>110-</u>	
3. Plumbing	<u>45-</u>	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$ <u>9-</u>	
9. State Permit Surcharge Fee		
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>224-</u>	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			<u>2</u>	<u>2-26-14</u>	<u>TD</u>			
			<u>2-22-14</u>	<u>3-4-14</u>	<u>[Signature]</u>			
			<u>2-26-14</u>		<u>(RA)</u>			

TOTAL COST \$ 9,100

III. PLAN REVIEW (optional)

- DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

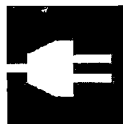
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

- D. Construct. Classification: Present _____
- Proposed _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

3/7/14

Date Issued
Permit #

14-0512

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

Block 1221 Lot 895 Qualification Code _____
Work Site Location 519 5th Ave, Brick, NJ 08724

Owner in Fee: Patrick Leary

Tel. (____) _____ e-mail _____

Address 519 5th Ave Brick 08724

Contractor: Princeton Electrical Makeover Tel. (609) 647-4986

Address 16 Heritage Blvd, Princeton e-mail _____

Contractor License No. 16244 Exp. Date 3/31/15

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

Federal Emp. ID No. 262512282 FAX: (609) 945-0828

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ☒

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3600

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
☒ No Plans Required		Rough			
☐ Partial - Underslab Utilities Approved		Barrier-Free			
Date: <u>2-26-14</u> Approved by: <u>TL</u>		Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: _____ Approved by: _____		Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>2-26-14</u>		Final			
Approved by: <u>[Signature]</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AC replacement

QTY.

SIZE

ITEMS

FEE (Office Use Only)

1

3.5

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
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/+ HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

furnace

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



FIRE PROTECTION 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 1221 Lot 895 Qualification Code _____
Work Site Location 519 5th Ave, Brick, NJ 08724

Owner in Fee: Patrick Leary

Tel: _____ e-mail _____

Address 519 5th Ave Brick 08724

Contractor: Alek Air Management, Inc. Tel. (215) 253-5680

Address 701 E Pennsylvania Blvd e-mail _____

Feasterville -Trevose, PA 19053

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 204544165 FAX: (215) 253-7076

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☒ Replacement

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 200

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: alban

Print name here: Oleg Ivanov

D. TECHNICAL SITE DATA

☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: Replacement of the existing HVAC with new high

Water Supply Source efficiency equipment.

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<u>0</u>	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)	Initial
PLAN REVIEW	Type:	Failure	Approval
☐ No Plans Required	Alarm System	_____	_____
☐ Partial -Underslab Utilities Approved	Suppression Sys.	_____	_____
Date: _____ Approved by: _____	Standpipe	_____	_____
☒ Fire Protection Plans Approved	Fire Pump	_____	_____
Date: <u>2/26/14</u> Approved by: <u>LOU</u>	Pre-Eng. System	_____	_____
Joint Plan Review Required:	Mechanical	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control	_____	_____
SUBCODE APPROVAL for PERMIT	TCO	_____	_____
Date: <u>2/26/14</u>	Flam/Combust Tanks	_____	_____
Approved by: _____	Fireplace Venting	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____	_____
☐ CO ☐ CCO ☐ CA	Other	_____	_____
Date: _____			
Approved by: _____			

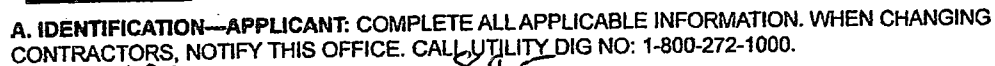
Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____

Date Received
Control #

3/7/14

Date Issued
Permit #

14-0572



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



CONSTRUCTION PERMIT

Date Issued: 3/17/14
Control # C-14-000452
Permit # 11-0512

IDENTIFICATION Block: 1221 Lot: 895 Qualifier
Work Site Location: 519 5TH AVE. Brick Township, NJ Contractor: Alek Air Management Inc
Address: 701 E. Pennsylvania Ave. Feasterville-Trevose PA 19053
Owner in Fee: LEARY, PATRICK H
519 5TH AVE. BRICK NJ 08724 Telephone: (215) 253-5680
Lic. No. or Bldrs. Reg. No. 13VH04558300
Telephone: Federal Employee. 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:

REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE, WATER HEATER

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 \$5,700

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$60
Plumbing	\$110
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$9
CO Fee	
Other	\$0
Total	\$224
Check No.	11212
Cash	\$0
Credit	\$0
Collected By	

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.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Saturday, February 22, 2014

To: LEARY, PATRICK H
519 5TH AVE.
BRICK, NJ 08724

RE: Plumbing Subcode
Block: 1221 Lot: 895 Qual:
519 5TH AVE.
Permit Number: Control Number: C-14-000452
Last Submit Date: Thursday, February 13, 2014

Dear LEARY, PATRICK H,

Your request is hereby denied based upon the following infractions.
A Plumbing Application is required for this application.

Sincerely,

Bernie Reilly, Subcode Official

CC:

* * * Communication Result Report (Feb. 27. 2014 11:47AM) * * *

}}

Date/Time: Feb. 27. 2014 11:46AM

File					Page
No. Mode	Destination	Pg(s)	Result	Not Sent	
1324 Memory TX	912152537076	P. 1	OK		

Reason for error

E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

2127114 faxed 215-283-7076



Brick Township
 401 Chambersbridge Rd
 Brick, NJ 08723
 (732) 262-1030

Subcode Official Review

Date: Saturday, February 22, 2014

To: LEARY, PATRICK H
 519 5TH AVE
 BRICK, NJ 08724

RE: Plumbing Subcode
 Block: 1221 Lot: 895 Quak
 519 5TH AVE
 Permit Number: Control Number: C-14-000452
 Last Submit Date: Thursday, February 13, 2014

Dear LEARY, PATRICK H,

Your request is hereby denied based upon the following infractions.
 A Plumbing Application is required for this application.

Sincerely,

Bemlin Reilly, Subcode Official

CC:



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Saturday, February 22, 2014

To: LEARY, PATRICK H
519 5TH AVE.
BRICK, NJ 08724

RE: Plumbing Subcode
Block: 1221 Lot: 895 Qual:
519 5TH AVE.
Permit Number: Control Number: C-14-000452
Last Submit Date: Thursday, February 13, 2014

Dear LEARY, PATRICK H,

Your request is hereby denied based upon the following infractions.
A Plumbing Application is required for this application.

Sincerely,

Bernie Reilly, Subcode Official

CC:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name Alek Air Management, Inc.

Address 701 E Pennsylvania Blvd

Feasterville-Treose, PA 19053

Telephone (215) 253-5680

Signature _____

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

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Alek Air Management, Inc.
Oleg Ivanov
701 E. Pennsylvania Blvd.
Feasterville Trevose PA 19053

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

01/14/2014 TO 12/31/2014

VALID

13VH04558300

LICENSE/REGISTRATION/CERTIFICATE #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Alek Air Management, Inc.
Home Improvement Contractor

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

01/14/2014 TO 12/31/2014

SIGNATURE

VALID

13VH04558300

LICENSE/REGISTRATION/CERTIFICATE #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Alek Air Management, Inc.

EXPIRATION DATE 2014

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 04558300 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME

☐

BUSINESS

☐

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME

☐

BUSINESS

☐

TELEPHONE

INCLUDE AREA CODE

TELEPHONE

INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of
business.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 519 5th Ave, Brick, NJ 08724

Owner in Fee Patrick Leary

Verifying Individual Oleg Ivanov Company Alek Air Management, Inc.

Address 701 E Pennsylvania Blvd Feasterville-Trevose PA 19053
Street City State Zip Code

Tel: (215) 253-5680 Fax: (215) 253-7076

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size _____

- ☒ "B" Label Vent
☒ "L" Label Vent
☒ Flexible Liner
☒ Power Vent/Exhauster

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>Furnace</u>	Oil ☒ Gas ☒ Other: _____	<u>60,000</u>
Appliance 2: <u>HWH</u>	Oil ☒ Gas ☒ Other: _____	<u>40,000</u>
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel N/A Aluminum

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____ Date _____

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

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

Signature _____ Date _____

Direct Vent Appliance:

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

Signature Cedric Date 07/02/19

Verification Not Submitted:

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

Signature _____ Date _____

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

All applicable information requested on this form must be supplied.

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

519 5th Ave, Brick, NJ (Leary)

FOR REPLACEMENT FURNACE

OLD BTU — INPUT 100,000 OUTPUT 80,000

NEW BTU — INPUT 60,000 OUTPUT 57,000

A/C REPLACEMENT

OLD UNIT 30,000 BTU

NEW UNIT 24,000 BTU

AND/OR

HEAT LOSS/HEAT GAIN

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

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

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

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

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

*519 5th Ave, Brick (Leary)
HVAC Load Calculations*

for

Mark Group For NJ Clean Energy



RHVAC RESIDENTIAL
HVAC LOADS

Prepared By:

Niko Chapa
Alek Air Management
701 E Pennsylvania Blvd
19053
215-253-5680
Thursday, December 12, 2013

Rhvac is an ACCA approved Manual J and Manual D computer program.
Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.



Project Report

General Project Information

Project Title: 519 5th Ave, Brick (Leary)
 Designed By: Alek Air Management
 Project Date: Thursday, December 12, 2013
 Client Name: Mark Group For NJ Clean Energy
 Company Name: Alek Air Management
 Company Representative: Niko Chapa
 Company Address: 701 E Pennsylvania Blvd
 Company City: 19053
 Company Phone: 215-253-5680
 Company Fax: 215-253-7076
 Company E-Mail Address: alekair@alekair.com
 Company Website: www.alekair.com

Design Data

Reference City: Long Branch, New Jersey
 Building Orientation: Front door faces West
 Daily Temperature Range: Medium
 Latitude: 40 Degrees
 Elevation: 15 ft.
 Altitude Factor: 0.999
 Elevation Sensible Adj. Factor: 1.000
 Elevation Total Adj. Factor: 1.000
 Elevation Heating Adj. Factor: 1.000
 Elevation Heating Adj. Factor: 1.000

	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel.Hum	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30

Check Figures

Total Building Supply CFM:	833	CFM Per Square ft.:	0.510
Square ft. of Room Area:	1,632	Square ft. Per Ton:	921
Volume (ft?) of Cond. Space:	13,056		

Building Loads

Total Heating Required Including Ventilation Air:	45,981 Btuh	45.981 MBH
Total Sensible Gain:	18,311 Btuh	86 %
Total Latent Gain:	2,947 Btuh	14 %
Total Cooling Required Including Ventilation Air:	21,258 Btuh	1.77 Tons (Based On Sensible + Latent)

Notes

Rhvac is an ACCA approved Manual J and Manual D computer program.
 Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.



Miscellaneous Report

System 1 519 5th Ave, Brick (Leary)	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel Hum	Indoor Rel Hum	Indoor Dry Bulb	Grains Difference
Input Data						
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30.12

Duct Sizing Inputs

	Main Trunk	Runouts
Calculate:	Yes	Yes
Use Schedule:	Yes	Yes
Roughness Factor:	0.00300	0.01000
Pressure Drop:	0.1000 in.wg./100 ft.	0.1000 in.wg./100 ft.
Minimum Velocity:	650 ft./min	450 ft./min
Maximum Velocity:	900 ft./min	750 ft./min
Minimum Height:	0 in.	0 in.
Maximum Height:	0 in.	0 in.

Outside Air Data

	Winter	Summer
Infiltration Specified:	0.700 AC/hr 152 CFM	0.400 AC/hr 87 CFM
Infiltration Actual:	0.700 AC/hr	0.400 AC/hr
Above Grade Volume:	X 13,056 Cu.ft. 9,139 Cu.ft./hr X 0.0167	X 13,056 Cu.ft. 5,222 Cu.ft./hr X 0.0167
Total Building Infiltration:	152 CFM	87 CFM
Total Building Ventilation:	0 CFM	0 CFM

---System 1---

Infiltration & Ventilation Sensible Gain Multiplier:	16.49	= (1.10 X 0.999 X 15.00 Summer Temp. Difference)
Infiltration & Ventilation Latent Gain Multiplier:	20.47	= (0.68 X 0.999 X 30.12 Grains Difference)
Infiltration & Ventilation Sensible Loss Multiplier:	62.67	= (1.10 X 0.999 X 57.00 Winter Temp. Difference)
Winter Infiltration Specified:	0.700 AC/hr (152 CFM),	Construction: Unknown
Summer Infiltration Specified:	0.400 AC/hr (87 CFM),	Construction: Unknown

Duct Load Factor Scenarios for System 1

No.	Type	Description	Location	Attic Ceiling	Duct Leakage	Duct Insulation	Surface Area	From MDD
1	Supply	Main	Basement	-	0.12	0	441	No
1	Return	Main	Basement	-	0.24	0	163	No



Total Building Summary Loads

Component Description	Area Quan	Sen Loss	Lat Gain	Sen Gain	Total Gain
1D-cv-o: Glazing-Double pane, operable window, clear, vinyl frame, outdoor insect screen with 50% coverage, medium color blinds at 45° with 100% coverage, u-value 0.57, SHGC 0.56	124	4,028	0	4,396	4,396
1D-cv-o: Glazing-Double pane, operable window, clear, vinyl frame, outdoor insect screen with 50% coverage, light color blinds at 45° with 100% coverage, u-value 0.57, SHGC 0.56	42	1,365	0	480	480
1D-cv-o: Glazing-Double pane, operable window, clear, vinyl frame, outdoor insect screen with 50% coverage, medium color blinds at 45° with 100% coverage, external shade screen coefficient of 0.35 and 100% coverage, u-value 0.57, SHGC 0.56	42	1,365	0	593	593
11F: Door-Wood - Solid Core With Metal Storm	21	335	0	153	153
12C-0sw: Wall-Frame, R-13 insulation in 2 x 4 stud cavity, no board insulation, siding finish, wood studs	1627	8,439	0	3,183	3,183
16A-44: Roof/Ceiling-Under Attic with Insulation on Attic Floor (also use for Knee Walls and Partition Ceilings), Unvented Attic, No Radiant Barrier, Any Roofing Material, Any Roof Color, R-44 insulation	1224	1,535	0	1,885	1,885
19A-13p: Floor-Over enclosed unconditioned crawl space, No insulation on exposed walls, sealed or vented space, passive, R-13 blanket	816	2,213	0	582	582
19A-0cp: Floor-Over enclosed unconditioned crawl space, No insulation on exposed walls, sealed or vented space, passive, no floor insulation, carpet or hardwood	408	2,577	0	678	678
Subtotals for structure:		21,857	0	11,950	11,950
People:	1		200	230	430
Equipment:			0	1,200	1,200
Lighting:	0			0	0
Ductwork:		14,579	965	3,333	4,298
Infiltration: Winter CFM: 152, Summer CFM: 87		9,545	1,782	1,435	3,217
Ventilation: Winter CFM: 0, Summer CFM: 0		0	0	0	0
AED Excursion:		0	0	163	163
Total Building Load Totals:		45,981	2,947	18,311	21,258

Check Figures

Total Building Supply CFM:	833	CFM Per Square ft.:	0.510
Square ft. of Room Area:	1,632	Square ft. Per Ton:	921
Volume (ft?) of Cond. Space:	13,056		

Building Loads

Total Heating Required Including Ventilation Air:	45,981 Btuh	45.981 MBH
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Notes

Rhvac is an ACCA approved Manual J and Manual D computer program.
Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.
All computed results are estimates as building use and weather may vary.
Be sure to select a unit that meets both sensible and latent loads.



Detailed Room Loads - Room 1 - 519 5th Ave, Brick (Leary) (Average Load Procedure)

General

Calculation Mode:	Htg. & clg.	Occurrences:	1
Room Length:	48.0 ft.	System Number:	1
Room Width:	34.0 ft.	Zone Number:	1
Area:	1,632.0 sq.ft.	Supply Air:	833 CFM
Ceiling Height:	8.0 ft.	Supply Air Changes:	3.8 AC/hr.
Volume:	13,056.0 cu.ft.	Req. Vent. Clg:	0 CFM
Number of Registers:	8	Actual Winter Vent.:	0 CFM
Runout Air:	104 CFM	Percent of Supply.:	0 %
Runout Duct Size:	6 in.	Actual Summer Vent.:	0 CFM
Runout Air Velocity:	530 ft./min.	Percent of Supply:	0 %
Runout Air Velocity:	530 ft./min.	Actual Winter Infil.:	152 CFM
Actual Loss:	0.180 in.wg./100 ft.	Actual Summer Infil.:	87 CFM

Item Description	Area Quantity	-U- Value	Htg HTM	Sen Loss	Clg HTM	Lat Gain	Sen Gain
W -Wall-12C-0sw 34 X 16	455	0.091	5.2	2,360	2.0	0	890
N -Wall-12C-0sw 36 X 8	246	0.091	5.2	1,276	2.0	0	481
N -Wall-12C-0sw 12 X 8	96	0.091	5.2	498	2.0	0	188
E -Wall-12C-0sw 34 X 16	488	0.091	5.2	2,531	2.0	0	955
S -Wall-12C-0sw 36 X 8	246	0.091	5.2	1,276	2.0	0	481
S -Wall-12C-0sw 12 X 8	96	0.091	5.2	498	2.0	0	188
W -Door-11F 3 X 7	21	0.280	16.0	335	7.3	0	153
W -Gls-1D-cv-o shgc-0.56 0%S	68	0.570	32.5	2,209	35.5	0	2,411
N -Gls-1D-cv-o shgc-0.56 100%S	42	0.570	32.5	1,365	11.4	0	480
E -Gls-1D-cv-o shgc-0.56 0%S	56	0.570	32.5	1,819	35.4	0	1,985
S -Gls-1D-cv-o shgc-0.56 0%S	42	0.570	32.5	1,365	14.1	0	593
UP-Ceil-16A-44 36 X 34	1224	0.022	1.3	1,535	1.5	0	1,885
Floor-19A-13p 34 X 24	816	0.065	2.7	2,213	0.7	0	582
Floor-19A-0cp 34 X 12	408	0.295	6.3	2,577	1.7	0	678
Subtotals for Structure:				21,857		0	11,950
Infil.: Win.: 152.3, Sum.: 87.0	1,856		5.143	9,545	0.773	1,782	1,435
Ductwork:				14,579			3,333
AED Excursion:							163
People: 200 lat/per, 230 sen/per:	1					200	230
Equipment:						0	1,200
Room Totals:				45,981		1,982	18,311



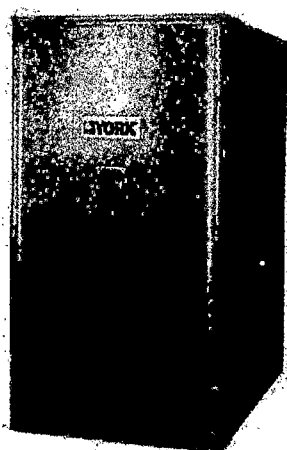
Heating and Air Conditioning

TECHNICAL GUIDE

**95.5% AFUE SINGLE STAGE ECM
RESIDENTIAL GAS FURNACES
MULTI-POSITION**

MODELS: TM9X

**NATURAL GAS
40 - 120 MBH INPUT**



Due to continuous product improvement, specifications are subject to change without notice.

Visit us on the web at

www.upgnet.com and www.york.com

Additional rating information can be found at

www.ahridirectory.org

WARRANTY SUMMARY

A 20-year limited warranty on heat exchangers in residential applications.

A 10-year warranty on the heat exchanger in commercial applications.

Standard 5-year limited Parts warranty.

Extended lifetime heat exchanger and 10-year limited parts warranty when product is registered online within 90 days of purchase for replacement or closing for new home construction.

See Limited Warranty certificate in Users Information Manual for details.

DESCRIPTION

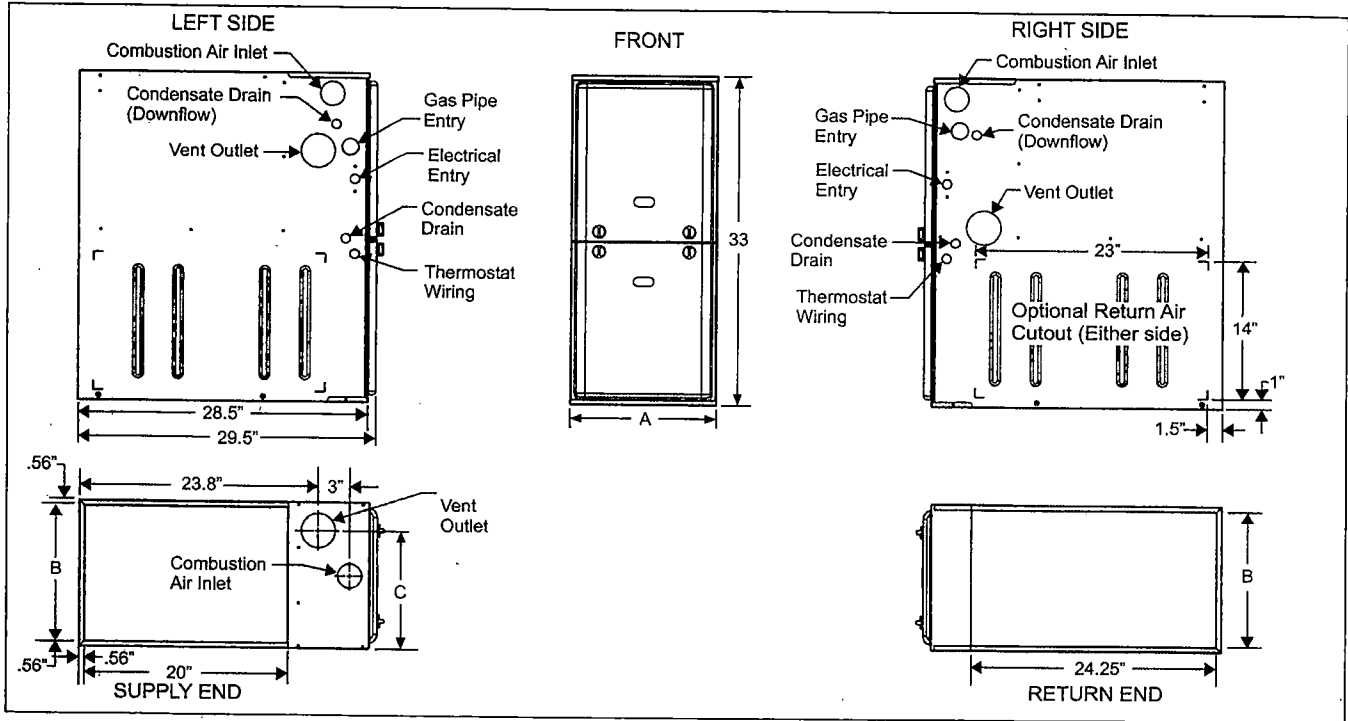
These compact units employ induced combustion, reliable hot surface ignition and high heat transfer aluminized tubular heat exchangers. The units are factory shipped for installation in upflow or horizontal applications and may be converted for downflow applications.

These furnaces are designed for residential installation in a basement, closet, alcove, attic, recreation room or garage and are also ideal for commercial applications. All units are factory assembled, wired and tested to assure safe dependable and economical installation and operation.

These units are Category IV listed and may be vented either through side wall or roof applications using approved plastic combustion air and vent piping.

FEATURES

- Easily applied in upflow, horizontal left or right, or downflow installation with minimal conversion necessary.
- Compact, easy to install, ideal height 33" tall cabinet.
- Blower-off delay for cooling SEER improvement.
- Easy access to controls to connect power/control wiring.
- Built-in, high level self diagnostics with fault code displays standard on integrated control module for reliable operation.
- Low unit amp requirement for easy replacement application.
- All models are convertible to use propane (LP) gas.
- Electronic Hot Surface Ignition saves fuel cost with increased dependability and reliability.
- 100% shut off main gas valve for extra safety.
- 5 speed, direct drive X13 style high efficiency DC motor.
- 24V, 40 VA control transformer and blower relay supplied for add-on cooling.
- Hi-tech tubular aluminized steel primary heat exchanger.
- Secondary heat exchanger made of corrosion resistant stainless steel materials.
- Timed on, adjustable off blower capability for maximum comfort.
- Blower door safety switch.
- Solid removable bottom panel allows easy conversion.
- Airflow leakage less than 1% of nominal airflow at duct-blaster conditions.
- No knockouts to deal with, making installation easier.
- Movable duct connector flanges for application flexibility.
- Quiet inducer operation.
- Inducer rotates for easy conversion of venting options.
- Fully supported blower assembly for easy access and removal of blower.
- External air filters used for maximum flexibility in meeting customers IAQ needs.
- Protection included from air intake, exhaust vent, or condensate blockage.
- Patent pending self priming internal condensate trap design for easy installation.
- Venting applications - may be installed as either 2-pipe (sealed combustion) or single-pipe vent (using indoor combustion air).
- No special vent termination required.
- 1/4 turn knobs provided for easy door removal.
- High-efficiency blower motor for lower electrical power usage and improved A/C SEER ratings.
- Insulated blower compartment for terminal and acoustic performance.



Cabinet & Duct Dimensions

BTUH (kW) Input	Nominal CFM (m ³ /min)	Cabinet Size	Cabinet Dimensions (Inches)			Approximate Operating Weights
			A	B	C	Lbs
TM9X040A10MP11	1000	A	14-1/2	13-3/8	11-3/4	113
TM9X060B12MP11	1200	B	17-1/2	16-3/8	14-3/4	122
TM9X080B12MP11	1200	B	17-1/2	16-3/8	14-3/4	126
TM9X080C16MP11	1600	C	21	19-7/8	16-1/2	136
TM9X100C16MP11	1600	C	21	19-7/8	18-1/4	142
TM9X100C20MP11	2000	C	21	19-7/8	18-1/4	145
TM9X120D20MP11	2000	D	24-1/2	23-3/8	21-3/4	156

Ratings & Physical / Electrical Data

BTUH (kW) Input	Output	Nominal Airflow	AFUE	Air Temp. Rise	Max. Outlet Air Temp	Blower		Blower Size	Max Over-Current Protect	Total Unit Amps	Min. wire Size (awg) @ 75 ft one way
	MBH	CFM	%	°F	°F	HP	Amps				
TM9X040A10MP11	38	1000	95.5	30-60	180	1/2	6.8	11x8	15	9.5	14
TM9X060B12MP11	57	1200	95.5	30-60	180	3/4	6.8	11x8	15	9.5	14
TM9X080B12MP11	76	1200	95.5	40-70	170	1/2	6.8	11x8	15	9.5	14
TM9X080C16MP11	76	1600	95.5	35-65	165	1/2	6.8	11x10	15	9.5	14
TM9X100C16MP11	95	1600	95.5	40-70	170	1/2	6.8	11x10	15	9.5	14
TM9X100C20MP11	95	2000	95.5	35-65	165	3/4	8.4	11x11	15	10.9	14
TM9X120D20MP11	114	2000	95.5	45-75	175	3/4	8.4	11x11	15	10.9	14

NOTES:

Annual Fuel Utilization Efficiency (AFUE) numbers are determined in accordance with DOE Test procedures.
Wire size and over current protection must comply with the National Electrical Code (NFPA-70-latest edition) and all local codes.
The furnace shall be installed so that the electrical components are protected from water.

FILTER PERFORMANCE

The airflow capacity data published in the "Blower Performance" table shown represents blower performance WITHOUT filters.

All applications of these furnaces require the use of field installed air filters. All filter media and mounting hardware or provisions must be field installed external to the furnace cabinet. DO NOT attempt to install any filters inside the furnace.

NOTICE

Single side return above 1800 CFM is approved as long as the filter velocity does not exceed filter manufacturer's recommendation and a transition is used to allow use on a 20x25 filter.

Recommended Filter Sizes (High velocity 600 FPM)

CFM	Cabinet Size	Side (in)	Bottom (in)
1000	A	16 x 25	14 x 25
1200	B	16 x 25	16 x 25
1600	C	16 x 25	20 x 25
2000	C	(2) 16 x 25	20 x 25
2000	D	(2) 16 x 25	22 x 25

NOTES:

- Air velocity through throwaway type filters may not exceed 300 feet per minute (91.4 m/min). All velocities over this require the use of high velocity filters.
- Do not exceed 1800 CFM using a single side return and a 16x25 filter. For CFM greater than 1800, you may use two side returns or one side and the bottom or one return with a transition to allow use of a 20x25 filter.

Unit Clearances to Combustibles

Application	Upflow	Downflow	Horizontal
Top	1"	0"	0"
Vent	0"	0"	0"
Rear	0"	0"	0"
Side	0"	0"	1"
Front*	0"	0"	0"
Floor	Combustible	Combustible ¹	Combustible
Closet	Yes	Yes	Yes
Line Contact	No	No	Yes

NOTES:

- For combustible floors only when used with special sub-base.
* - 24" clearance in front and 18" on side recommended for service access.
All furnaces approved for alcove and attic installation.

ACCESSORIES

Propane (LP) Conversion Kit - This accessory conversion kit may be used to convert natural gas (N) units for propane (LP) operation.

S1-1NP0347 - All Models

Concentric Vent Termination - For use through rooftop, side-wall. Allows combustion air to enter and exhaust to exit through single common hole. Eliminates unsightly elbows for a cleaner installation.

S1-1CT0302 (2") & S1-1CT0302-636 (2")

S1-1CT0303 (3") & S1-1CT0303-636 (3")

Sidewall Vent Termination Kit - For use on sidewall, two-pipe installations only. Provide a more attractive termination for locations where the terminal is visible on the side of the home.

S1-1HT0901 (3")

S1-1HT0902 (2")

Condensate Neutralizer Kit - Neutralizer cartridge has a 1/2" plastic tube fittings for installation in the drain line. Calcium carbonate refill media is also available from the Source 1 Parts (P/N 026-30228-000).

1NK0301

Side Return Filter Racks -

S1-1SR0200 - All Models

S1-1SR0402 - All Models

Bottom Return Filter Racks - 1BR05xx series are galvanized steel filter racks. 1BR06xx are pre-painted steel filter racks to match the appearance of the furnace cabinet.

S1-1BR0514 or 1BR0614 - For 14-1/2" cabinets

S1-1BR0517 or 1BR0617 - For 17-1/2" cabinets

S1-1BR0521 or 1BR0621 - For 21" cabinets

S1-1BR0524 or 1BR0624 - For 24-1/2" cabinets

Combustible Floor Base Kit - For installation of these furnaces in downflow applications directly onto combustible flooring material. These kits are required to prevent potential overheating situations. tible floor base kit provides access for combustible airflow.

S1-1CB0514 - For 14-1/2" cabinets

S1-1CB0517 - For 17-1/2" cabinets

S1-1CB0521 - For 21" cabinets

S1-1CB0524 - For 24-1/2" cabinets

EAC Transition Kits - For installation of EAC accessories with these furnaces to provide easy transition of return airflow through the EAC to get the proper sealing and reduced airflow leakage.

S1-1TK1001 - For all models using side return

S1-1TK1014 - For 14-1/2" cabinets using bottom return

S1-1TK1017 - For 17-1/2" cabinets using bottom return

S1-1TK1021 - For 21" cabinets using bottom return

S1-1TK1024 - For 24-1/2" cabinets using bottom return

High Altitude Pressure Switches - For installation where the altitude is less than 5,000 feet it is not required that the pressure switch be changed. For altitudes above 5,000 feet, see kits below.

S1-1PS3306 - 060

S1-1PS3307 - 040, 080

S1-1PS3302 - 100, 120

Thermostats - Compatible thermostat controls are available through accessory sourcing. For optimum performance and installation, refer to the UPGNET "Low Voltage Wiring Diagram" document to select and apply controls.

wer Performance CFM - Any Position (without filter)

Models	Speed	Bottom Airflow Data (SCFM) ^{1,2}									
		Ext. Static Pressure (in. H ₂ O)									
		0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
TM9X040A12MP11	High	1290	1260	1220	1160	1100	1040	960	840	750	660
	Medium High	1170	1140	1110	1070	1040	990	930	820	730	650
	Medium	990	980	940	900	860	830	790	730	680	630
	Medium Low	900	880	850	810	770	730	670	630	600	560
	Low	730	710	690	650	620	590	540	510	480	450
TM9X060B12MP11	High	1402	1374	1354	1328	1299	1262	1222	1167	1107	1036
	Medium High	1252	1233	1203	1182	1150	1125	1095	1064	1031	980
	Medium	1076	1059	1029	1007	973	946	908	883	843	800
	Medium Low	988	967	936	903	875	838	806	765	737	685
	Low	798	769	727	695	650	619	574	517	485	443
TM9X080B12MP11	High	1445	1423	1397	1365	1339	1311	1283	1250	1204	1140
	Medium High	1282	1266	1232	1211	1182	1157	1128	1097	1069	1013
	Medium	1098	1084	1059	1027	998	967	939	910	879	822
	Medium Low	1012	993	953	930	894	851	828	773	752	692
	Low	865	810	763	730	689	628	594	520	496	448
TM9X080C16MP11	High	1713	1682	1643	1600	1558	1519	1480	1436	1385	1333
	Medium High	1554	1519	1485	1439	1404	1368	1327	1280	1176	1130
	Medium	1380	1351	1302	1263	1224	1171	1128	1085	1030	943
	Medium Low	1177	1142	1083	1050	988	922	890	819	798	687
	Low	951	841	650	588	457	418	355	227	203	N / A
TM9X100C16MP11	High	1734	1694	1650	1611	1570	1536	1485	1438	1392	1335
	Medium High	1568	1537	1492	1453	1414	1373	1327	1279	1230	1118
	Medium	1420	1380	1332	1294	1249	1196	1152	1100	981	938
	Medium	1218	1169	1124	1067	1015	965	894	845	754	679
	Low	979	846	647	580	464	427	345	220	195	N / A
TM9X100C20MP11	High	2143	2102	2065	2028	1989	1944	1892	1825	1733	1625
	Medium High	1788	1749	1718	1672	1629	1587	1541	1500	1447	1355
	Medium	1575	1539	1500	1456	1410	1363	1305	1246	1095	1030
	Medium Low	1372	1325	1276	1225	1170	1111	1044	972	884	812
	Low	1031	921	810	728	660	615	518	474	391	355
TM9X120D20MP11	High	2214	2173	2132	2086	2036	1994	1952	1907	1849	1777
	Medium High	1841	1799	1749	1699	1659	1611	1567	1520	1471	1372
	Medium	1605	1562	1514	1470	1416	1361	1310	1180	1119	1045
	Medium Low	1405	1362	1303	1244	1189	1125	1054	986	876	826
	Low	1135	1020	844	758	671	557	511	464	387	N / A

NOTES:

1. Airflow expressed in standard cubic feet per minute (SCFM).
2. Motor voltage at 115 V.



Heating and Air Conditioning

TECHNICAL GUIDE

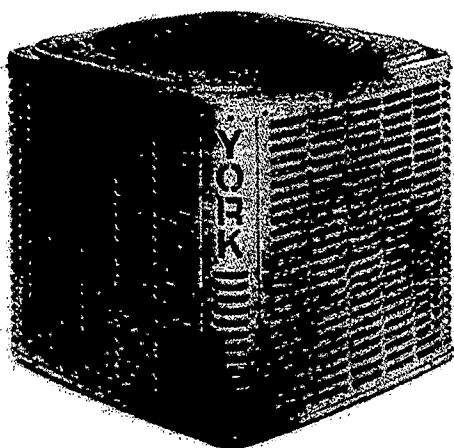
LX SERIES

SPLIT-SYSTEM AIR CONDITIONERS

14.5 SEER – R-410A – 1 PHASE

1.5 THRU 5 NOMINAL TONS

MODELS: YCJF18 THRU 60



Due to continuous product improvement, specifications are subject to change without notice.

Visit us on the web at

www.upgnet.com and www.york.com

Additional rating information can be found at

www.ahridirectory.org

WARRANTY SUMMARY*

Extended 10-Years limited parts warranty.

Standard 10-Years limited compressor warranty.

Extended 10-Years limited parts warranty requires online registration within 90 days of purchase for replacement or closing for new home construction.

*Does not apply to R-22 models, 3-Phase models, or Internet sales. See Limited Warranty certificate in User's Information Manual for details.

DESCRIPTION

The 14.5 SEER Series unit is the outdoor part of a versatile climate system. It is designed with a matching indoor coil component from Johnson Controls Unitary Products. Available for typical applications this climate system is supported with accessories and documents to serve specific functions.

FEATURES

- **Small Footprint** - Extremely lightweight with a compact footprint, it is a perfect fit for any application.
- **Quality Condenser Coils** - The coil is constructed of aluminum microchannel tubing and enhanced aluminum fins for reduced size and increased efficiency.
- **Coil Protection** - Coils are protected from damage by a slotted, stamped steel coil guard and secondary polymer mesh.
- **Optional Factory E-Coat** - Available ElectroFin® coated coil on select models.
- **Protected Compressor** - Compressors are protected internally by a high pressure relief valve and a temperature sensor, and externally by the system high pressure switch. A factory installed liquid line filter-drier further protects the compressor against moisture and debris.
- **Environmentally Friendly Refrigerant** - The next generation refrigerant R-410A delivers environmentally friendly performance with zero ozone depletion.
- **Durable Finish** - The cabinet is made of G90-equivalent pre-painted steel, with special primer formulas and matte champagne texture to insure less fading when exposed to sunlight. The coated steel wire fan guard and pre-treated, galvanized steel chassis components resist corrosion and rust creep.
- **Lower Installed Cost** - Installation time and costs are reduced by easy power and control wiring connections. The unit is factory charged for a 15-foot lineset. The small base dimension means less space is required on the ground or roof.
- **Top Discharge** - Warm air from the top mounted fan is blown up, away from the structure and any landscaping. This allows compact location on multi-unit applications.
- **Quiet Operation** - The compressor sound blanket and the swept wing fan blade keep sound to a minimum. The upward air flow carries the normal operating noise away from the living area. The rigid top panel effectively isolates any motor sound. Isolator mounted compressor and the condenser coil muffle the normal fan motor and compressor operating sounds.
- **Low Maintenance** - Long life, permanently lubricated motor-bearings need no annual servicing.
- **Easy Service Access** - Fully exposed refrigerant connections and a single panel covering the electrical controls make for easy servicing of the unit.
- **Secured Service Valves** - Secured, re-usable service valves are provided on both the liquid and vapor sweat connections for ease of evacuating and charging.
- **Agency Listed** - Safety certified by CSA to UL 1995 / CSA 22.2. Performance certified to ANSI/AHRI Standard 210/240 in accordance with the Unitary Small Equipment certification program.

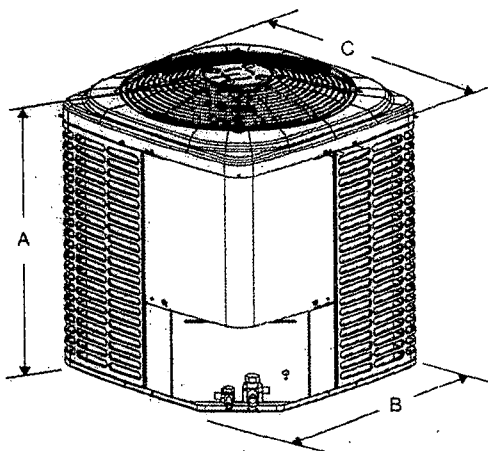
FOR DISTRIBUTION USE ONLY - NOT TO BE USED AT POINT OF RETAIL SALE

Physical and Electrical Data

MODEL	YCJF18 S41S1(E)	YCJF24 S41S1(E)	YCJF30 S41S1(E)	YCJF36 S41S1(E)	YCJF42 S41S1(E)	YCJF48 S41S2(E)	YCJF60 S41S2(E)
Unit Supply Voltage	208-230V, 1 ϕ , 60Hz						
Normal Voltage Range ¹	187-1252						
Minimum Circuit Ampacity	12.0	16.8	18.4	19.1	23.9	26.3	32.7
Max. Overcurrent Device Amps ²	20	25	30	30	40	45	50
Min. Overcurrent Device Amps ³	15	20	20	20	25	30	35
Compressor Type	Scroll	Scroll	Scroll	Scroll	Scroll	Scroll	Scroll
Compressor	Rated Load	9.0	12.8	14.1	14.1	17.9	25.0
Amps	Locked Rotor	46	58	73	77	112	134
Crankcase Heater	No	No	No	No	No	No	No
Factory External Discharge Muffler	No	No	No	No	No	No	No
Factory External Check Valve	No	No	No	No	No	No	No
HS Kit Required with TXV ⁴	No	No	No	No	No	No	No
Fan Motor Amps	Rated Load	0.8	0.8	1.5	1.5	1.5	1.5
Fan Diameter Inches		22	22	22	24	24	24
Fan Motor	Rated HP	1/8	1/8	1/4	1/4	1/4	1/4
	Nominal RPM	1075	1075	1075	850	850	850
	Nominal CFM	2750	2750	2800	3200	3600	3750
Coil	Face Area Sq. Ft.	13.1	13.1	17.4	17.4	20.0	24.0
	Rows Deep	1	1	1	1	1	1
	Fins / Inch	23	23	23	23	23	23
Liquid Line Set OD (Field Installed)		3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line Set OD (Field Installed)		3/4	3/4	3/4	7/8	7/8	7/8
Unit Charge (Lbs. - Oz.) ⁵		3 - 10	3 - 2	3 - 7	3 - 10	4 - 4	5 - 4
Charge Per Foot, Oz.		0.62	0.62	0.62	0.67	0.67	0.67
Operating Weight Lbs.		125	128	130	145	172	208

Models with "E" on the end of the model number have an ElectroFin® coating on the outdoor coil.

1. Rated in accordance with AHRI Standard 110-2012, utilization range "A".
2. Dual element fuses or HACR circuit breaker. Maximum allowable overcurrent protection.
3. Dual element fuses or HACR circuit breaker. Minimum recommended overcurrent protection.
4. See Hard Start Kit Accessory Installation Manual for Hard Start Kit part number for each model.
5. The Unit Charge is correct for the outdoor unit, smallest matched indoor unit, and 15 feet of refrigerant tubing. For tubing lengths other than 15 feet, add or subtract the amount of refrigerant, using the difference in length multiplied by the per foot value.



Unit Model	Dimensions (Inches)			Refrigerant Connection Service Valve Size	
	A	B	C	Liquid	Vapor
18	28-1/4	29-1/2	29-1/2	3/8	3/4
24	28-1/4	29-1/2	29-1/2		
30	36-1/4	29-1/2	29-1/2		
36	36-1/4	29-1/2	29-1/2		
42	34-1/4	34	34		7/8
48	36-1/4	34	34		
60	40-1/4	34	34		

All dimensions are in inches and are subject to change without notice.
Overall height is from bottom of base pan to top of fan guard.
Overall length and width include screw heads.



The new degree of comfort.™



Residential Gas
Professional Classic
Power Vent Water Heaters

Professional Classic™ Power Vent gas water heaters offer up to 100 foot vent runs, energy efficiency and the Guardian System

Efficiency

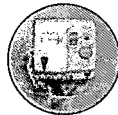
- .67 EF
- ENERGY STAR® rated

Performance

- FHR: Up to 87 gallons for 50-gallon models and up to 71 gallons for 40-gallon models
- Recovery rate is 32.4 to 42.4 for 50-gallon models and 32.4 to 40.4 for 40-gallon models at a 90 degree rise

Self-Diagnostic System

- Electronic gas control for improved monitoring and service



Low Emissions

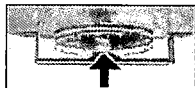
- Eco-friendly burner, low NOx design

Features

- Uses indoor air for combustion; blower exhausts the flue gases
- Standard 120 VAC electrical connection
- New whisper quiet blower

Guardian System™ & Sensor

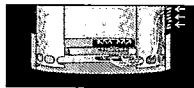
- Exclusive air/fuel shut-off device
- Maintenance free – no filter to clean
- Disables the heater in the presence of flammable vapor accumulation



Combustion Shut-off System



Flame Arrestor Plate



Maintenance Free

Flexible Venting Options

- Long venting lengths up to 100 equivalent feet
- PVC, ABS, or CPVC vent pipe options
- Vertical or horizontal termination

Longer Life

- Rheem exclusive R-Tech (resistored) anode rod provides long-lasting tank protection

High Altitude Compliant

- Tall models certified for applications up to 7,700 ft. above sea level and short models up to 6,000 feet above sea level

Plus...

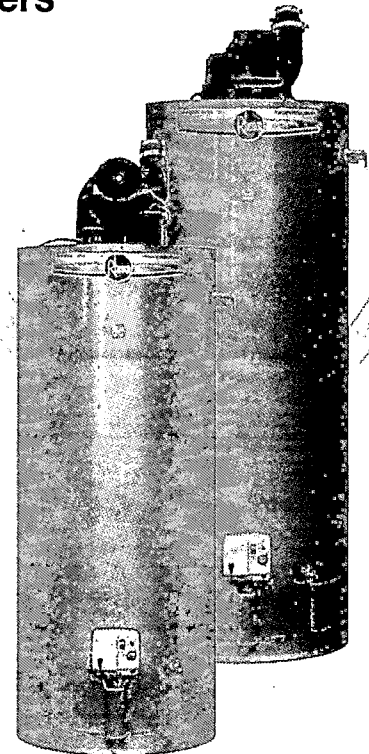
- Enhanced flow brass drain valve
- Temperature and pressure relief valve included
- Low lead compliant
- Durable Silicon Nitride Ignitor (HSI)
- EverKleen™ patented system fights sediment build-up
- Standard replacement parts

Warranty

- 6-Year limited tank and parts warranty*
- With ProtectionPlus™ the 6-year limited tank warranty becomes 10-year

*See Residential Warranty Certificate for complete information

Units meet or exceed ANSI requirements and have been tested according to D.O.E. procedures. Units meet or exceed the energy efficiency requirements of NAECA, ASHRAE standard 90, ICC Code and all state energy efficiency performance criteria.



Professional Classic Power Vent

40 and 50-Gallon Capacities
Up to 42,000 Btu/h
Natural and LP Gas



LEED Point = 1

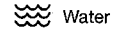
See dimensions chart on back.



INTEGRATED HOME COMFORT



The new degree of comfort.™

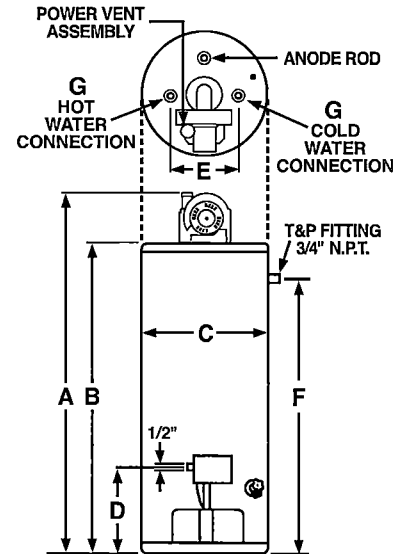


Residential Gas
Professional Classic
Power Vent Water Heaters

Professional Classic™ Power Vent Specifications

DESCRIPTION			FEATURES					ROUGHING IN DIMENSIONS (SHOWN IN INCHES)								ENERGY INFO.	
T Y P E	GAL. CAP.	MODEL NUMBER	GAS INPUT IN THOUS. BTU/H		RECOVERY IN G.P.H. 90° RISE		FIRST HOUR DEL. G.P.H.	HT. TO TOP OF ASSEMBLY A	TANK HT. B	DIAM. C	HT. TO GAS CONN. D	WATER CONN. CNTR. E	HT. TO SIDE T&P VALVE F	WATER CONN. SIZE G	SHIP. WT. (LBS)	ENERGY FACTOR	
			NAT.	LP	NAT.	LP										NAT.	LP
Tall	40	PROG40-40N RH67 PV	40		40.4		68	67-3/8	59	19-3/4	14	8	53-1/2	3/4	140	0.67	
Tall	40	PROG40-36P RH67 PV		36		36.4		67-3/8	59	19-3/4	14	8	53-1/2	3/4	140		0.67
Tall	50	PROG50-42N RH67 PV	42		42.4		87	66-3/8	58	21-3/4	14	8	52-1/2	3/4	170	0.67	
Tall	50	PROG50-42P RH67 PV		42		42.4		66-3/8	58	21-3/4	14	8	52-1/2	3/4	170		0.67
Short	40	PROG40S-36N RH67 PV	36		36.4		70	62-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155	0.67	
Short	40	PROG40S-32P RH67 PV		32		32.4		62-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155		0.67
Short	50	PROG50S-36N RH67 PV	36		36.4		85	62-1/2	51-1/4	23-3/4	14	8	44	3/4	175	0.67	
Short	50	PROG50S-32P RH67 PV		32		32.4		62-1/2	51-1/4	23-3/4	14	8	44	3/4	175		0.67

Energy Factor based on D.O.E. (Department of Energy) test procedures.



Maximum and Minimum Vent Lengths for 2" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	4.0	44.0	24.0
One (1)	One (1)	4.0	41.0	21.0
Two (2)	None	4.0	38.0	18.0
Two (2)	One (1)	4.0	35.0	15.0
Three (3)	None	4.0	32.0	12.0

For the 2" vent, one 90° elbow is approximately equal to 6 feet of pipe.
One 45° elbow is approximately equal to 3 feet of pipe.
*2,000' - 6,000' for short models.

Maximum and Minimum Vent Lengths for 3" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	5.0	95.0	75.0
One (1)	One (1)	5.0	92.5	72.5
Two (2)	None	5.0	90.0	70.0
Two (2)	One (1)	5.0	87.5	67.5
Three (3)	None	5.0	85.0	65.0

For the 3" vent, one 90° elbow is approximately equal to 5 feet of pipe.
One 45° elbow is approximately equal to 2.5 feet of pipe.
*2,000' - 6,000' for short models.

In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice.

Rheem Water Heating • 101 Bell Road
Montgomery, Alabama 36117-4305 • www.rheem.com



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