BLOCK 528 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 979 Wabash Ave PERMIT NO. 17-2113

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 979 Wabash Ave Brick NJ 08723
2. Name of Owner in Fee: Karen Nugent
   Tel. [redacted] e-mail _____
   Address 979 Wabash Ave (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Brick Township Heating & A/C Tel. (732) 477-3300
   Address 465 Brick Blvd e-mail info@bricktownshiphvac.com
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000
   Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Craig Law
   Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices		125	
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		4	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	279	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MFF	6/16/17						
☒ Electrical	1130								
☐ Plumbing									
☐ Fire Protection									
☒ ~~Elevator~~ Mech	1130								
TOTAL COST	2260								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/25/2017
Control Number C-17-002725
Permit Number 17-2113
Permit Issue Date 6/22/2017
Certificate Number 17-2113

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 979 WABASH AVE. Brick Township, NJ Block: 528 Lot: 11 Qual:

Owner in Fee: NUGENT, KAREN T

Owner Address: 979 WABASH AVE BRICK NJ 08723

Telephone: [redacted]

Contractor BRICK TOWNSHIP HEATING & AIR

Address 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300 Fax: (732) 477-0205

License Number or Builders Registration Number: 19HC00520700 13VH01918000 Federal Emp. Number: 21-0103175

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: REPLACEMENT A/C

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: 8/25/2017

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received [illegible]
Date Issued
Permit # 7722113

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

Block 538 Lot 11 Qualification Code

Work Site Location 979 Wabash Ave
Brick NJ 08723

Owner In Fee Karen Nugent

Address 979 Wabash Ave
[redacted]2723

Contractor Brick Township Heating & AIC

Address 465 Brick Blvd
Brick, NJ 08723

Tel (732) 477-3300 FAX (732) 477-0205

Contractor License No. 19HC00520700

Federal Emp. No. 21-0703175

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,130

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.

Craig Laur
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] 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	2½ Ton	KW Central A/C Unit	
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

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA

Date: 8/15/17
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	6-30-17		8-14-17	
Barrier-Free				

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

MAX 25
Hard 30

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.

(X) Check if contractor.

Agent Name Brick Township Heating & AC

Address 465 Brick Blvd

Brick, NJ 08723

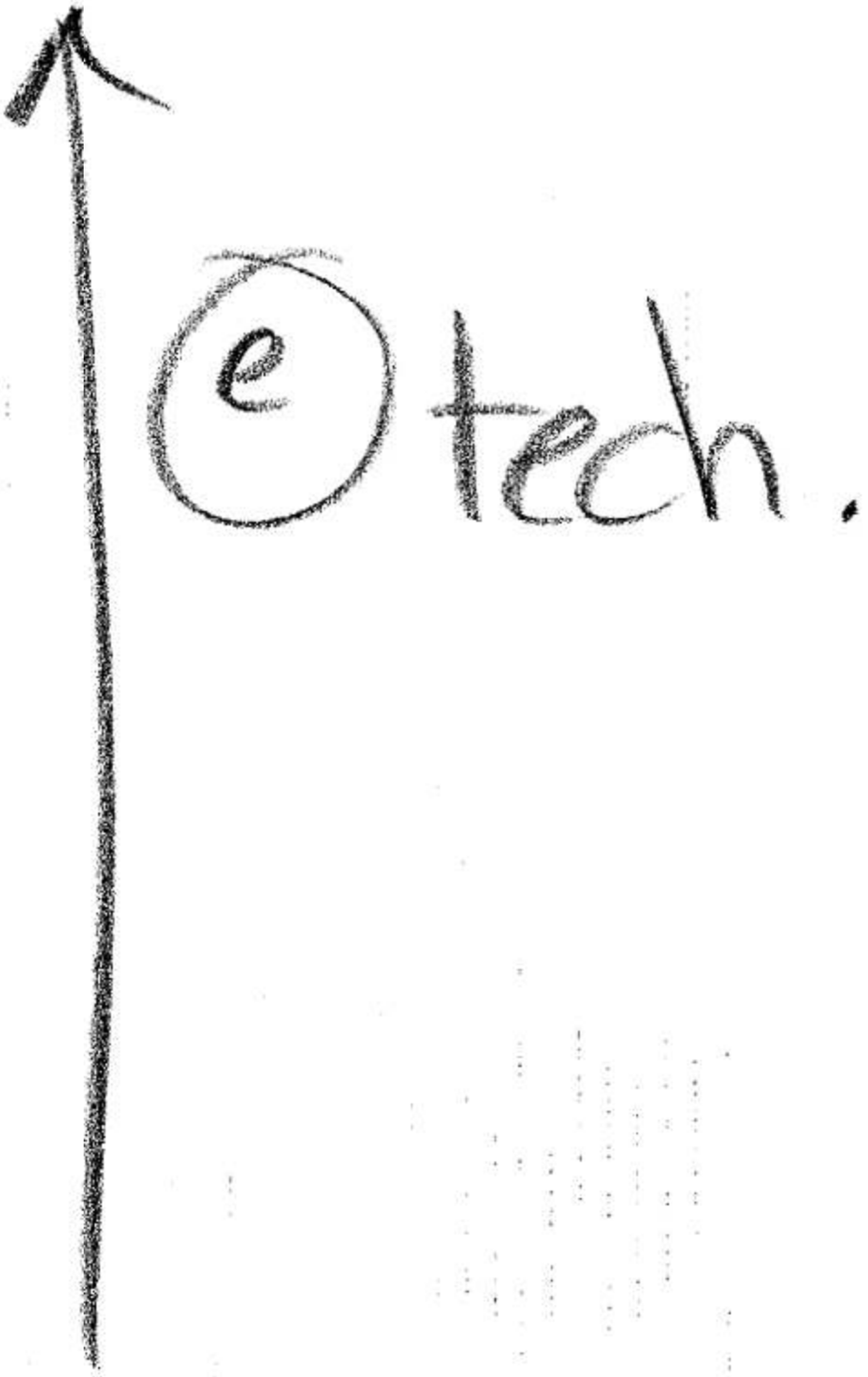
Telephone (732) 477-3300

Signature Craig Law

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

Max OC 25 Haw 30 mm-

OK 8-14-17 MM-



MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 6/22/17

Date Issued
Permit # 17-213

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

Block 528 Lot 11 Qualification Code

Work Site Location 979 Wabash Ave
Brick NJ 08723

Owner in Fee: Karen Nugent

Tel. [redacted] e-mail

Address 979 Wabash Ave (street) Brick (municipality) 08723 (zip code)

Contractor: Brick Township Heating & AC Tel. (732) 477-3300

Address 465 Brick Blvd e-mail info@bricktownshiphvac.com
Brick, NJ 08723

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or (R-5) *(circle one)* Proposed: R-3, R-4 or (R-5) *(circle one)*

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 1,130

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Craig Law

Print name here: Craig Law

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace central A/C & evaporator coil

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 8-1-17
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final 6-30-17			8-14-17	

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other 2½ Ton A/C + Coil	
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

U.C.C. F145
(rev. 11/09)

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

ARMSTRONG AIR®

Split System Enhanced Air Conditioning

4SCU13LE

FORM NO. A4SCU13LE-100 (06/2012)

Features and Benefits

COMPRESSOR

- High-efficiency scroll compressor
- R410a refrigerant
- Grommet-mounted compressor for quiet operation
- Internally protected against high temperature motor overload conditions
- Heavy-duty compressor sound blanket for quiet operation

CABINET

- Full metal louvered panel coil guard protection
- Controls located in corner post for easy installation and service
- Rounded corners for safety and attractive, clean appearance
- Baked polyester paint finish over galvanized steel for maximum durability
- PVC-coated wire fan discharge grille
- External gauge ports for easy service

COMPONENTS

- Full metal louvered panels remove with just two screws per panel for easy coil cleaning and service
- Filter drier installed for system protection
- Service valves positioned for quick installation and easy service
- Indoor coil orifice shipped with outdoor unit for optimum efficiency and capacity
- Charged for 15 ft. of line set
- Trade available components
- High pressure switch

COIL

- Enhanced aluminum fins and copper tubing for high efficiency and capacity
- Raised coil prevents debris from collecting in bottom of coil and causing loss of airflow

DESIGN

- Designed for ambients up to 125°F

ACCESSORIES

- Low ambient control
- Thermal expansion valve kits
- Crankcase heater

WARRANTY

- 10 year limited warranty on compressor, 10 year limited warranty on all parts, extended warranty available*

*Warranty provides for a total of 10 years of limited warranty coverage (Standard 5-year limited parts warranty plus an additional 5-year limited extended parts warranty). Warranty must be registered online within 60 days of installation to qualify for 10-year coverage. Unregistered equipment defaults to 5-year coverage. Lifetime limited heat exchanger warranty applies to registered equipment only (Standard 20 years with no online registration). See full warranty at www.alliedair.com for terms, conditions and exclusions.

c UL us

AHRI CERTIFIED

AHRI CERTIFIED

CONSTRUCTION PERMIT

Date Issued 6/22/17
Control # C-17-002725
Permit # 17-213

IDENTIFICATION Block: 528 Lot: 11 Qualifier
Work Site Location: 979 WABASH AVE. Brick Township, NJ

Owner in Fee: NUGENT, KAREN T
979 WABASH AVE BRICK NJ 08723
Telephone: [redacted]

Contractor: BRICK TOWNSHIP HEATING & AIR
Address: 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 19HC00520700 13VH01918000
Federal Employee. No. 21-0103175

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

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 $2,260

Construction Official [signature] Date 6/21/17

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$279
Check No.	3266
Cash	
Credit	#2113 $0
Collected By	ELECTRIC M. Augher $150.00
	MECH $125.00
	DCA $4.00
	CHECK $279.00

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

☑ 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.

BLOCK 528
LOT 11

TOWNSHIP OF BRICK

REPLACEMENT FURNACE

OLD BTU --- INPUT_____ OUTPUT_____

NEW BTU --- INPUT_____ OUTPUT_____

A/C REPLACEMENT

OLD UNIT 2 1/2 TON BTU

NEW UNIT 2 1/2 TON BTU

AND/OR

HEAT LOSS/HEAT GAIN

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

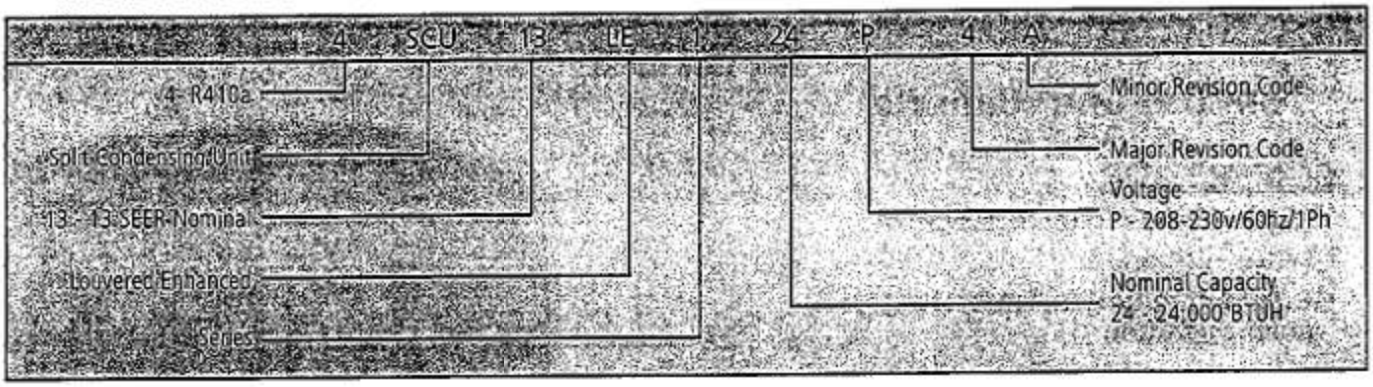
***IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN

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

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

***CHIMNEY CERTIFICATION FOR FURNACE (CANNOT BE CERTIFIED BY HOMEOWNER)

Model Number Guide



Physical and Electrical

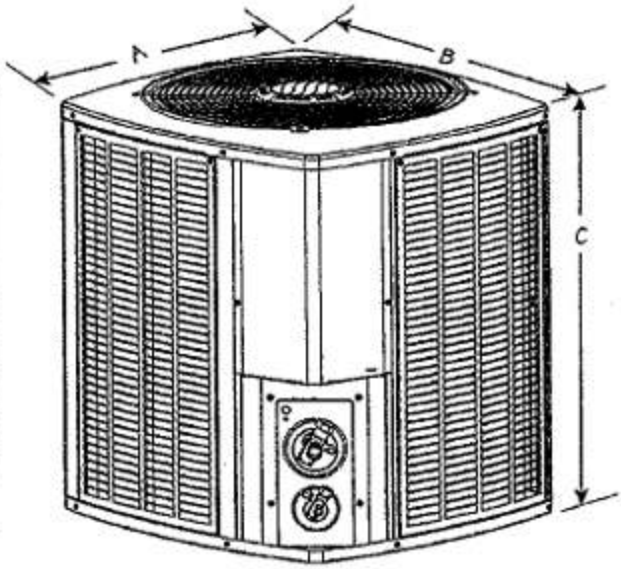
Model	Voltage/Hz/Phase	Voltage Range	Min. Circuit Amp	Max. Over current Device (amps)	Compressor		Fan Motor			Refrig. Charge+ (oz)	Shipping Weight (lbs)
					Rated Load (amps)	Locked Rotor (amps)	Rated Load (amps)	Rated HP	Nom. RPM		
4SCU13LE118P-4	208-230/60/1	197-253	10.9	15	8.1	39	0.7	1/10	1010	62	157
4SCU13LE124P-4	208-230/60/1	197-253	14.1	20	10.7	53	0.7	1/10	1010	70	157
4SCU13LE130P-4	208-230/60/1	197-253	15.6	25	11.6	59	1.1	1/5	1090	82	179
4SCU13LE136P-4	208-230/60/1	197-253	20.1	35	15.2	70	1.1	1/5	1090	84	188
4SCU13LE142P-4	208-230/60/1	197-253	28.1	45	21.1	90	1.7	1/4	825	104	205
4SCU13LE148P-4	208-230/60/1	197-253	31.9	50	24.1	100	1.7	1/4	825	124	198
4SCU13LE160P-4	208-230/60/1	197-253	29.4	50	22.1	125	1.7	1/4	830	144	211

Note:
Weights listed are unit weights wiht packaging

+ Factory charged for 15 feet offline set. Adjust per installation instructions.

Dimensions (in.) & Sound Ratings

Model No.	Dimensions			Sound Rating dBA
	A- width	B- depth	C- Height	
4SCU13LE118P-4	24.75	26.75	25.75	74
4SCU13LE124P-4	24.75	26.75	25.75	74
4SCU13LE130P-4	24.75	26.75	29.75	74
4SCU13LE136P-4	24.75	26.75	29.75	74
4SCU13LE142P-4	29.38	31.25	29.75	79
4SCU13LE148P-4	29.38	31.25	33.75	79
4SCU13LE160P-4	29.38	31.25	29.75	80



Note:
Dimensions listed are unit sizes w/o packaging

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

THIS IS TO CERTIFY THAT THE

Board of Exam. of HVACR Contractors

HAS LICENSED

Craig L. Law
465 Brick Blvd
Brick NJ 08723

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

06/21/2016 TO 06/30/2018
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

6-30-17
AC coil switch