BLOCK 545 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 454 JACKSON Ave. PERMIT NO. 11 - 1005

CONSTRUCTION PERMIT APPLICATION

C-11-000939

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

I. IDENTIFICATION

1. Proposed Work Site at: 454 JACKSON Ave - BRICK NJ 08723
2. Name of Owner in Fee: Jim McWeeney Tel. [redacted]
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BLUE RIDGE HEATING & COOLING Tel. (732) 341-5744
   Address 200 GRANT AVENUE - PINE BEACH NJ 08741
   License No. OR, if new home, Builder Reg. No. 13VH00148400 Exp. Date 12-31-11
   Federal Employee No. 222 870 398 FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun BILL STUEBER
   Tel. (732) 341-5744 FAX: (732) 473-1018

Emergency FURNACE change out

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40 ✓	
2.	Electrical		50 ✓	
3.	Plumbing		45 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$	3	
11.	Cert. of Occupancy			
12.	Other		150	
13.	TOTAL	$		

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		3/29/11 B							
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☑ Fire Protection	100 -				3/31/11	DM			
6.	☑ Plumbing	1300				3/31/11	DM			
7.	☑ Electrical	100 -				3/31/11	D			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	2,000								

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

CALLED 04/05/11

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name BLUE RIDGE HEATING & COOLING, INC.

Address 200 Grant Avenue
Pine Beach, NJ 08741

Telephone ( ) 1-800-431-HEAT

Signature www.blueridgehvac.com

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/19/2011
Control Number C-11-000939
Permit Number 11-1005
Permit Issue Date 04/15/2011
Certificate Number 11-1005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 454 JACKSON AVE. Brick Township, NJ Block: 545 Lot: 1 Qual:

Owner in Fee: MC WEENEY, JAMES F & GAYLE D

Owner Address: 454 JACKSON AVE BRICK NJ 08723

Telephone:

Contractor BLUE RIDGE HEATING AND COOLING

Address 200 GRANT AVENUE PINE BEACH NJ 08741

Telephone: (732) 341-5744 Fax:

License Number or Builders Registration Number: 13VH00148400 Federal Emp. Number: 22-2670398

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: FURNACE emergency replacement

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: 05/19/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 4-15-11
Control # C-11-000939
Permit # 11-1665

IDENTIFICATION Block: 545 Lot: 1 Qualifier
Work Site Location: 454 JACKSON AVE. Brick Township, NJ
Owner in Fee: MC WEENEY, JAMES F & GAYLE D
454 JACKSON AVE BRICK NJ 08723
Telephone:

Contractor: BLUE RIDGE HEATING AND COOLING
Address: 200 GRANT AVENUE PINE BEACH NJ 08741
Telephone: (732) 341-5744
Lic. No. or Bldrs. Reg. No.: 13VH00148400
Federal Employee. No.: 22-2870398

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:
FURNACE emergency replacement

Note: If constuction 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 $2,000

Construction Official

Date 4-11-11

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$138
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
ecuiv (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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/15/11
Control #

Date Issued
Permit # 11-1005

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

Block 545 Lot 1 Qualification Code

Work Site Location 454 Jackson Ave
Brick NJ 08724

Ow[redacted] ma Ma Hoover

Te[redacted] ail

Address 454 Jackson Ave
street municipality zip code

Contractor: Shaw electric Tel. (732) 269-0997

Address 5 Colton Ct e-mail
Bayville NJ 08721

Contractor License No. 9575 Exp. Date 2012

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

Federal Emp. ID No. 142685049 FAX: (732) 473 1012

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/31/11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/10/11
Approved by: JS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service/Final			5-11	SAG
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Emergency Replacement of Gas Furnace

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	
		KW Central A/C Unit	
1	15A	HP/KW ~~Space~~ Heater/~~Air Handler~~ Repl	
		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 $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/15/11

Date Issued / Permit # 11-1005

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

Block 545 Lot 1 Qualification Code

Work Site Location 454 JACKSON AVE. BRICK, NJ 08723

Owner in Fee: JIM MCWEENEY

T [redacted] e-mail

Address SAME (street, municipality, zip code)

Contractor: Blue Ridge Heating & Cooling Tel. (732) 341-5744

Address 200 Grant Ave- Pine Beach, NJ 08741 e-mail

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 12-31-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00 148400

Federal Emp. ID No. 222 870 398 FAX: (732) 473-1018

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

Location: CRAWL

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 100 —

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's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: EMERGENCY REPLACEMENT GAS FURNACE

Water Supply Source

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		
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		
Fired Appliances [✓] Gas or [ ] Oil	1	40
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date 4-27-11

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date 5-11-11

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			5-11-11	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			5-11-11	
Other				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4-15-11

Date Issued / Permit # 11-1005

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

Block 545 Lot 1 Qualification Code

Work Site Location 454 JACKSON AVE
BRICK, NJ 08723

Owner in Fee: JIM MCWEENEY

Tel. [redacted] e-mail

Address SAME.
street municipality zip code

Contractor: BLUE RIDGE HEATING & COOLING Tel. (732) 341-5744

Address 200 GRANT AVENUE e-mail
PINE BEACH, NJ 08741

Contractor License No. Exp. Date 12-31-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00148400

Federal Emp. ID No. 222 870 398 FAX: (732) 473-1018

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 $ 1800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date Approved by
[ ] Plumbing Plans Approved
Date 3/30/11 Approved by: MA
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 03-30-11
Approved by: PA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-12-11
Approved by: BA

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			05-11-11	PA

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 sign/Contractor sign and seal here: W. D.

Print name here: W. STOEHR

[ ] Licensed Plumbing Contractor [Y] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other GAS FURNACE REPLACE 70,000	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4-15-11 1005

Date Issued / Permit # 11-1005

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

Block 545 Lot 1 Qualification Code

Work Site Location 454 JACKSON AVE. BRICK NJ 08723

Owner in Fee: JIM MCWEENEY

Tel [redacted] ail

Address same

Contractor: BLUE RIDGE HEATING & COOLING (street / municipality) Tel (732) 341-5144 (zip code)

Address 300 GRANT AVENUE PINE BEACH, NJ 08741 e-mail

Contractor License No. Exp. Date 12-31-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00143400

Federal Emp. ID No. 222 970 398 FAX: (732) 473-1013

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 $ 1800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date Approved by
[✓] Plumbing Plans Approved
Date 4/15/11 Approved by MH
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date 04-20-11
Approved by MH

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 sign/Contractor sign and seal here: W L

Print name here: W. STOPA

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other GAS FURNACE Replace 70,000	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/15/11

Date Issued / Permit # 11-1005

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

Block 545 Lot 1 Qualification Code

Work Site Location 454 Jackson Ave
Brick NJ 08723

Owner in Fee: Mr Mc Woeney

T[redacted]mail

Address 454 Jackson Ave
street municipality zip code

Contractor: Shaw electric Tel. (732) 269-0197

Address 5 Colton Ct e-mail
Barnville NJ 08721

Contractor License No. 9575 Exp. Date 2012

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

Federal Emp. ID No. 142685045 FAX: (732) 473 1012

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/31/11
Approved by: JD

SUBCODE APPROVAL for CERTIFICATE
[ ] 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

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.

Print Name

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Emergency Replacement of GAC Furnace

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	
		KW Central A/C Unit Pool	
1	ISA	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 $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/5/11

Date Issued / Permit # 11-1005

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

Block 545 Lot 1 Qualification Code

Work Site Location 454 JACKSON AVE. BRICK, NJ 08723

Owner in Fee: JIM MCWEENEY

Tel [redacted] e-mail

Address Same (street, municipality, zip code)

Contractor Blue Ridge Heating & Cooling Tel (732) 341-5744

Address 200 Grant Ave - Pine Beach NJ 08741 e-mail

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 12-31-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00149400

Federal Emp. ID No. 222 370 398 FAX: (732) 473-1013

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [✓] Existing [ ] HVAC

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

Location: CRAWL

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 100 —

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's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Emergency No Heat & 6A Furnace

Water Supply Source

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		
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		
Fired Appliances [✓] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date
Approved by
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date
Approved by

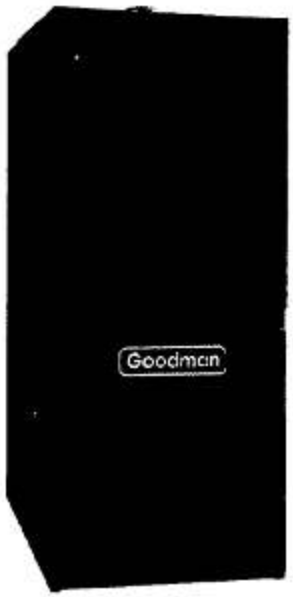
INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

GMH8 — 80% AFUE

Goodman
Air Conditioning & Heating

Dual$aver™ (Convertible), Multi-Speed, — 45,000 - 140,000 BTU/h

The Goodman® GMH8 80% AFUE Dual$aver™ (Convertible), Multi-Speed Multi-Position Gas Furnace features a patented aluminized-steel tubular heat exchanger and durable Silicon Nitride Hot-Surface Ignition system. This furnace is run-tested for heating or combination heating/cooling applications. With a heavy-gauge, reinforced, insulated steel cabinet and durable baked enamel finish, this unit can be installed in a variety of locations.



Product Features

- Patented TuffTube™ dual-diameter tubular heat exchanger with lifetime limited warranty plus 10-year limited furnace replacement warranty
- Two-stage gas valve with revolutionary new convertible technology that allows installer to activate two-stage operation with the flip of a dipswitch
- Silicon Nitride igniter with patented adaptive learning control for maximum igniter life
- Furnace control board with self-diagnostics, color-coded low-voltage terminals, and provisions for electronic air cleaner and 24-volt humidifiers
- Control board stores the last five diagnostic codes in memory; simple push-button activation outputs the fault history to a flashing red LED
- Low, constant fan allows homeowner to activate the low-heat speed to efficiently circulate air throughout the home
- Self-adjusting feature automatically adjusts furnace to high or low stage based on outside temperature without the need for an outdoor temperature sensor
- Fully insulated heavy-gauge steel cabinet with durable baked-enamel finish
- Foil-faced insulation lines the heat exchanger
- Designed for multi-position installation: upflow, horizontal left or right
- Removable bottom for side- or bottom-return applications
- Convenient left or right connection for gas and electric service
- Coil and furnace fit flush for most installations

LIFETIME LIMITED WARRANTY

10 YEAR UNIT REPLACEMENT HEAT EXCHANGER LIMITED WARRANTY

10 YEAR PARTS LIMITED WARRANTY

DUAL$AVER

Online registration is required within 60 days of installation. For complete warranty information, visit www.goodmanmfg.com.

Model	Heating Capacity (BTU/h) Input	Output	AFUE %	Tons A/C[1]	Nominal CFM[2]	Dimensions W"	D"	H"	Ship Weight (lbs)
GMH80453ANA*	45,000	36,000	80	3	636-1,344	14	28	39	120
GMH80703ANA*	70,000	56,000	80	3	625-1,273	14	28	39	130
GMH80704BNA*	70,000	56,000	80	4	1,057-1,897	17½	28	39	143
GMH80903BNA	90,000	72,000	80	3	635-1,493	17½	28	39	153
GMH80904BNA*	90,000	72,000	80	4	1,039-1,895	17½	28	39	153
GMH80905CNA*	90,000	72,000	80	5	1,066-2,051	21	28	39	163
GMH81155CNA*	115,000	92,000	80	5	1,090-2,076	21	28	39	163
GMH81405DNA*	140,000	112,000	80	5	1,207-2,152	24½	28	39	163

* Denotes low NOx model available.

[1] @ 0.5" ESP (tons)

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 545 LOT 1 PERMIT #

WORK SITE ADDRESS 454 JACKSON Ave – BRICK NJ 08723

Applicant MR. MRS Weeney

Certifying Individual Bill Stueber Company BLUE RIDGE HEATING & COOLING, INC.

Address 454 Jackson Ave (Street) Brick (City) 200 Grant Avenue Pine Beach, NJ 08741

Tel. (732) 477 2692 1-800-431-HEAT

www.blueridgehvac.com

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [X] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements:

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

Signature [signature] Date 3/28/11

Certification Not Submitted:

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

Signature _____ Date _____

Direct Vent Appliance:

No certification required:

Signature _____ Date _____

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

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

BlueRidge Heating&Cooling

200 Grant Avenue
Pine Beach, NJ 08741
732-341-5744
www.BlueRidgeHVAC.com

Re: Address of work
Mr Mc Weeney
454 Jackson Ave
Brick NJ 08723
Block: 545 Lot: 1
March 28 , 2011

To Whom It May Concern:

We are replacing an existing 70,000 btu gas furnace with a new Goodman 70,000 btus Furnace.

Any questions, please call 732-341-5744. Or e-mail us at blueridgehvac@comcast.net

Sincerely,

Bill Stueber
President

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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

Blue Ridge Heating & Cooling Inc
William Stueber
200 Grant Ave
Pine Beach NJ 08741

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

12/01/2010 TO 12/31/2011
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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
12/01/2010 TO 12/31/2011
VALID
SIGNATURE
13VH00148400
License/Registration/Certificate #
ACTING DIRECTOR

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