



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

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

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

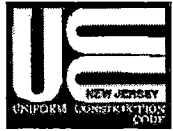
- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

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



CONSTRUCTION PERMIT APPLICATION

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

C-20-000194

I. IDENTIFICATION

1. Proposed Work Site at: 2 Bedford Ave

2. Name of Owner in Fee: Frank Tallarida

Tel. [REDACTED] e-mail _____

Address Brick street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (____) _____

NJR Home Services
 1415 Wyckoff Rd., Wall NJ 07719
 Tel. 1.877.466.3657 Fax. 732-493-6479
 Contractor License No. 13VH00361500
 HVACR License No. 19HC00366400
 Federal Employee No. 22-3609806

FRANK CASEY TEL. 732-919-8090

6. Responsible Person in Charge once Work has Begun _____

Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>150</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices Mechanical	\$ <u>125</u>		
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ <u>8</u>		
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>283</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

TOTAL COST

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

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

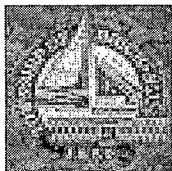
IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
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

RECEIVED

JAN 17 2020

BUILDING



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/5/2020
Control Number C-20-000194
Permit Number 20-0209
Permit Issue Date 1/23/2020
Certificate Number 20-0209

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 BEDFORD AVE. Brick Township, NJ Block: 1158.15 Lot: 5 Qual: _____
Owner in Fee: TALLARIDA, FRANK A. & AMELIA S.
Owner Address: 2 BEDFORD AVE. BRICK NJ 08724
Telephone: [REDACTED]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719.
Telephone: (877) 466-3657 Fax: (732) 938-3010
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3609806

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 HOT AIR FURNACE

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

Date Printed: 3/5/2020

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

Fee: \$0.00

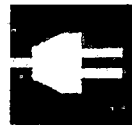
Check Number: _____

Collected By: _____

Page 1



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 20-0209
Control # 1123/20
Date Issued
Permit #

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

Block 10216 Lot 1158.15 Qualification Code _____
Work Site Location 2 BEDFORD AV, Brick, NJ 08724
Owner in Fee TALLARIDA,FRANK
Tel. () e-mail _____
Address 2 BEDFORD AVE 08724
Street Municipality Zip Code
Contractor NJR HOME SERVICES Tel. (732) 938-1105
Address 1415 WYCKOFF RD. e-mail NJRHSpermits@NJResources.com
WALL TOWNSHIP,NJ 07719

Contractor License No. or Builder Registration No. 34EB01231200 Exp.Date 03/21
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500
Federal Emp. ID No. 22-3609806 FAX (732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group: Present: X Proposed: _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Elec. Work \$ 2208.00

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 APPRVAL for PERMIT

Date: _____
Approved By: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CA [] CCO
Date: _____
Approved By: _____

INSPECTIONS	Dates(Month/Day)			
	Type:	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.

Applicant sign/Contractor sign and seal here: Daniel J. Neary
Print name here: Daniel J. Neary

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DIRECT 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	_____
_____	_____	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	_____
<u>1</u>	<u>FURNACE</u>		

To Reorder Call:
Allegra Marketing, Print & Mail
(609)-390-1400

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



MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 45815 1158.5 Lot 5 Qualification Code _____
 Work Site Location 2 BEDFORD AV, Brick, NJ 08724
 Owner in Fee TAI LARINA FRANK
 Tel. ([REDACTED]) e-mail _____
 Address 2 BEDFORD AVE

Contractor NJR HOME SERVICES Tel. (732) 919-8090
 Address 1415 WYCKOFF RD., WALL TOWNSHIP, NJ 07719 e-mail NJRHSpermits@NJResources.com
 Contractor License No. or Builder Registration No. 19HC00366400 Exp. Date 6/30/2020
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500
 Federal Emp. ID No. 22-3609806 FAX (732) 938-3010

3. 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 \$ 2208.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES			
		Type:	Failure	Failure	Approval Initial
☐ No Plans Required	Gas Piping				
☐ Mechanical Plans Approved	Appliance				
Date: _____ Approved By: _____	Chimney/Vent				
☐ Fire Protection Plans Approved	Oil Piping				
Date: _____ Approved By: _____	Oil Tank				
Joint Plan Review Required:	LPG Tank				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.	Hydronic Piping				
☐ Elev.	Fireplace				
SUBCODE APPRVAL for PERMIT	Chimney Cert.				
Date: _____ Approved By: _____	Other <u>FINAL</u>	<u>2-12-20</u>	<u>2-24-20</u>	<u>[Signature]</u>	
SUBCODE APPROVAL for CERTIFICATE					
Date: <u>2-26-20</u>					
Approved By: <u>[Signature]</u>					

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: Frank Casey

Print name here: FRANK CASEY

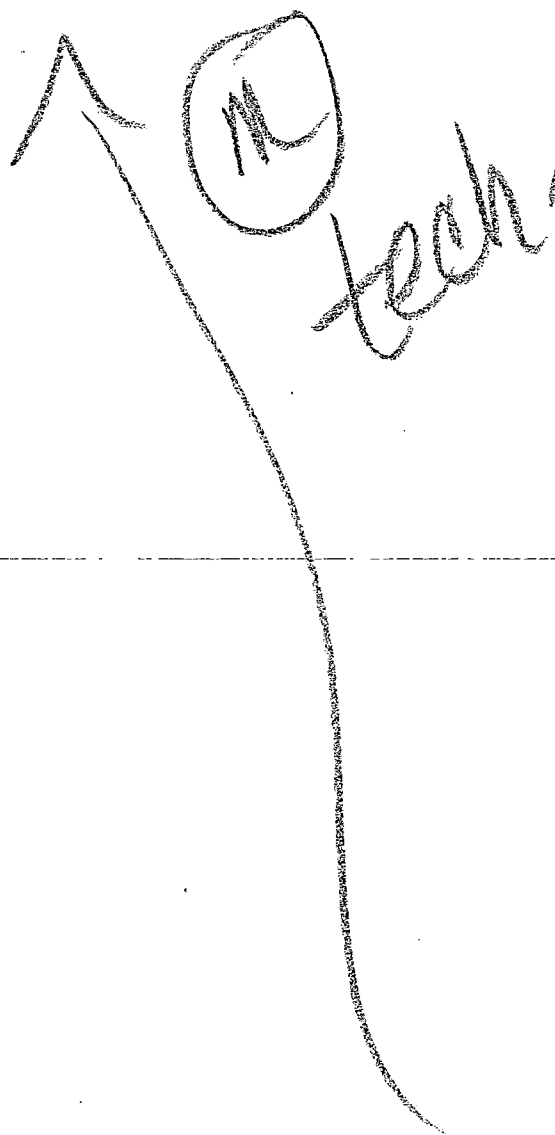
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

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

2-12-20 ~~PH~~
c/o Detector 2nd Fl.
"B" vent not pitched upward





ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1000 1158.15 Lot 5 Qualification Code _____

Work Site Location 2 BEDFORD AV, Brick, NJ 08724

Owner in Fee TALLARIDA, FRANK

Tel. () e-mail _____

Address 2 BEDFORD AVE 08724

Contractor NJR HOME SERVICES Tel. (732) 938-1105

Address 1415 WYCKOFF RD. e-mail NJRHSpermits@NJResources.com
WALL TOWNSHIP, NJ 07719

Contractor License No. or Builder Registration No. 34EB01231200 Exp. Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX (732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group: Present: ☒ Proposed: _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Elec. Work \$ 2208.00

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 APPRVAL for PERMIT

Date: _____

Approved By: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CA ☒ CCO

Date: 2-13-2020

Approved By:

INSPECTIONS

Type: 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.

Applicant sign/Contractor

sign and seal here:

Print name here:

Daniel J. Neary

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr ☐ Exempt

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DIRECT 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	
		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	
1	FURNACE		

To Reorder Call:
Allegra Marketing, Print & Mail
(609)-390-1400

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



CONSTRUCTION PERMIT

Date Issued 20-0209
Control # C-20-000194
Permit # 1123120

IDENTIFICATION Block: 1158.15 Lot: 5 Qualifier _____
Work Site Location: 2 BEDFORD AVE. Brick Township, NJ Contractor NJR HOME SERVICES
Owner in Fee TALLARIDA, FRANK A. & AMELIA S. Address 1415 WYCKOFF ROAD WALL NJ 07719
2 BEDFORD AVE. BRICK NJ 08724 Telephone: (877) 466-3657
Telephone: _____ Lic. No. or Bldrs. Reg. No. 36BI00969200 13VH00361500
Federal Employee No. 22-360986

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 HOT AIR FURNACE

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 \$4,416

Daniel F Newman
Construction Official

1/17/20
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	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$283
Check No.	<u>53444</u>
Cash	\$0
Credit	\$0
Collected By	<u>K17</u>

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



CONSTRUCTION PERMIT

Date issued

Permit#

IDENTIFICATION Block 158.15 Lot 5 Qualification Code _____
Work site Location 2 BEDFORD AV, Brick, NJ 08724 Contractor NJR HOME SERVICES
Owner in Fee TALLARIDA,FRANK Address 1415 WYCKOFF RD.,WALL TOWNSHIP,NJ 07719
Address 2 BEDFORD AVE Tel. (732) 919-8090
Tel. ([REDACTED]) Lic. No. or Bldrs. Reg. No. 13VH00361500
22-3609806

Is hereby granted permission to perform the following work:

- | | | |
|---|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITON |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER _____ |

DESCRIPTION OF WORK:

DIRECT REPLACEMENT OF GAS FURNACE

**NOTE: If construction does not commence within one (1) year of Issuance, or
if construction ceases for a period of six (6) months, this permit is void.**

Estimated Cost of work \$4,416.00_____
Construction Official_____
Date

UCC F170(rev. 01/04) For reorder: Call Allegra-Marketing-Print-Mail (609) 390-1400

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

REQUIRED INSPECTIONS

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

☐ 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 the case of pile foundations, inspections shall be made in accordance with the requirements of the buildings subcode.
2. Foundation and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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.

Lot: 5
Blk: 158.15

RESIDENTIAL REPLACEMENT OF FURNACE/BOILER
(IN LIEU OF MANUAL S)

BOILER REPLACEMENT

OLD BTU INPUT _____ OUTPUT _____ I=B=R OUTPUT _____

NEW BTU INPUT _____ OUTPUT _____ OUTPUT _____

FURNACE REPLACEMENT

OLD BTU INPUT 50K OUTPUT 40K

NEW BTU INPUT 50K OUTPUT 40K

A/C REPLACEMENT

OLD UNIT _____ BTU

NEW UNIT _____ BTU

AND/OR

HEAT LOSS/HEAT GAIN

IF YOU DON'T HAVE OLD UNIT SPECIFICATIONS, YOU WILL HAVE TO
SUBMIT A HEAT LOSS/HEAT GAIN (MANUAL J & MANUALS)

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/BOILER /AC UNIT
(NOT THE INSTALLATION GUIDE)

CHIMNEY CERTIFICATION (CANNOT BE CERTIFIED BY
HOMEOWNER)



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 158.15 LOT 5 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 2 BEDFORD AV, Brick, NJ 08724
Owner in Fee TALLARIDA, FRANK
Verifying Individuals FRANK CASEY Company NJR HOME SERVICES
Address 1415 WYCKOFF RD. WALL TOWNSHIP NJ 07719
Tel: ([REDACTED]) Fax: (732) 938-3010
Street City State Zip Code

Check the Appropriate Box(es):

Type of Replacement:	Existing Vent/Chimney:	Size: 6"
☐ Oil to Gas Conversion	☒ "B" Label Vent	☐ Chimney-Interior
☐ Gas to Oil Conversion	☐ "L" Label Vent	☐ Chimney-Exterior
☐ Gas Appliance Replacement	☐ Flexible Liner	☐ Masonry Chimney-Tile Lined
☒ Oil to Oil Replacement	☐ Power Vent/Exhauster	☐ Masonry Chimney-Unlined
☐ Other _____		☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>HH</u>	Oil / Gas / Other: <u>Gas</u>	<u>50 K</u>
Appliance 2: _____	Oil / Gas / Other: _____	_____
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 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.

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.

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.

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.

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.

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

Francis J. Casey
1415 Wyckoff Rd
Wall NJ 07719

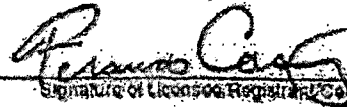
FOR PRACTICE IN NEW JERSEY AS A(N): **Master HVACR Contractor**

08/18/2018 TO 08/30/2020

VALID

19HC00366400

LICENSE REGISTRATION CERTIFICATION



Signature of Licensee/Registrant/Certificate Holder



ACTING DIRECTOR

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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
Home Improvement Contractors

HAS REGISTERED

NJR HOME SERVICES COMPANY
Frank Casey, Manager-NJRHS Operations
1415 Wyckoff Road
Wall NJ 07719

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

02/11/2019 TO 03/31/2020
VALID

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR



The new degree of comfort.™



Air

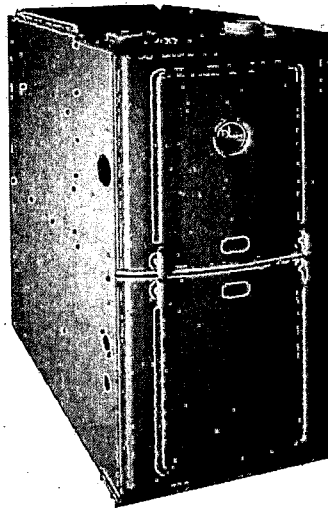
Gas Furnaces
R801S (UF/HZ) Series

Rheem *Classic*® Series Upflow/Horizontal Gas Furnace

R801S- (Upflow/Horizontal) Series

80% A.F.U.E.†

Input Rates 50-150 kBTU



†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- 80% residential Gas Furnace CSA certified
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics — 7 Segment LED all units
- PlusOne™ Ignition System — DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design — serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Controls board features dip switches for easy system set up
- QR codes for quick access to product information from your smart phone or tablet



INTEGRATED HOME COMFORT

FORM NO. G11-542 REV. 3

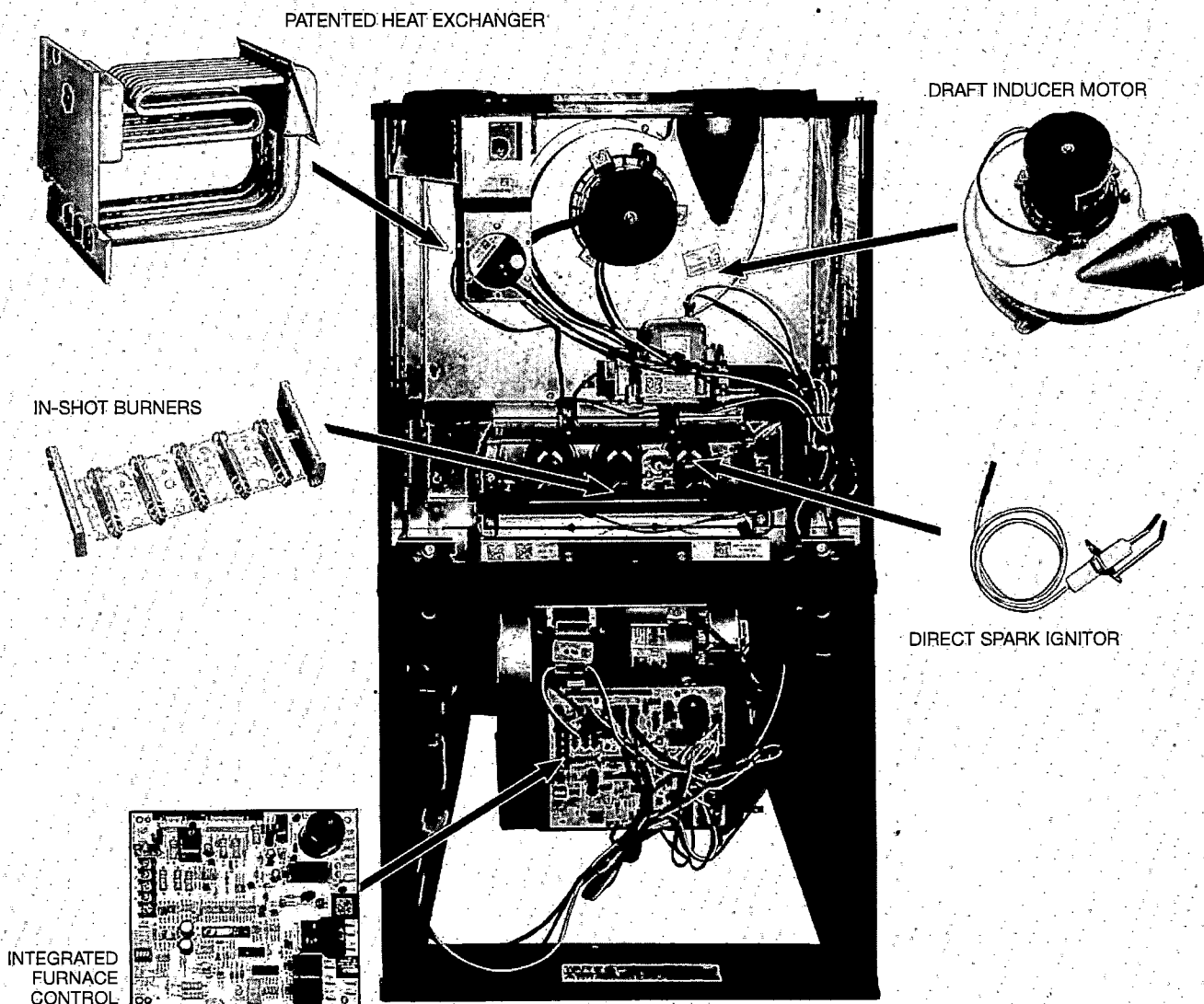


Air

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Accessories.....	9
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STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve; pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics.

OPTIONAL EQUIPMENT

Side and bottom filter frame assembly. Return air cabinet for all sizes.
NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Rheem distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Rheem parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form.

NOTE: For natural and L.P. (propane) gas models, direct spark ignition is 100% safety lockout type.

WARNING

THIS FURNACE IS NOT APPROVED
OR RECOMMENDED
FOR USE IN MOBILE HOMES





Model Features

- 80% residential Gas Furnace CSA certified
- 3 way multi pole design UF / HZ
- PlusOne™ Diagnostics = 7 Segment LED all units
- PlusOne™ Ignition System = DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Controls board features dip switches for easy system set up
- QR codes for quick access to product information from your smart phone or tablet

Physical Data and Specifications

MODEL NUMBERS R801S SERIES	R801SA050214M*A	R801SA075317M*A	R801SA075417M*A	R801SA100417M*A	R801SA100521M*A	R801SA125524M*A	R801SA150524M*A
Input-BTU/Hr @	60,000	75,000	75,000	100,000	100,000	125,000	150,000
Heating Capacity BTU/Hr @	40,000	60,000	60,000	80,000	80,000	100,000	120,000
Heat Ext. Static Pressure	.18	.20	.20	.28	.28	.28	.28
Blower (D x W)	11 x 6	11 x 7	11 x 7	11 x 7	11 x 10	11 x 10	11 x 10
Motor H.P.-Speed-Type	1/2-4-PSC	1/2-4-PSC	1/2-4-PSC	1/2-4-PSC	1/2-4-PSC	3/4-4-PSC	3/4-4-PSC
Min Circuit Ampacity	9	10	9	11	9	12	13
Min. Overload Protection	15	15	15	15	15	15	15
Max. Overload Protection	15	15	15	15	15	15	20
Motor Full Load Amps	5.7	6.7	7.8	7.8	7.5	8.4	9.3
Heating Speed	Med-Low	Med-High	Med-High	Med-High	Med-Low	Med-High	Med-High
Cooling Speed	High	Med-High	High	Med-High	High	High	High
Cooling CFM @ .70" W.C. E.S.P.	1164	1198	1657	1292	1807	1742	1916
Max. E.S.P. (In. W.C.)	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Temperature Rise Range °F	25-55	25-55	25-55	35-65	35-65	35-65	45-75
Max. Outlet Air Temp. °F	155	155	155	165	160	165	180
Approx. Shipping Weight (Lbs.)	110	110	125	110	140	150	160
AFUE ①	80.0%	80%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1 Ph. Gas connection size for all models is 1/2" N.P.T.

① In accordance with D.O.E. test procedures.

② See Conversion Kit Index Form for high altitude derate.

* S = Standard, X = Low Nox



Air

Model Number Identification
R801S (UF/HZ) Series

Model Number Identification

<u>R</u>	<u>80</u>	<u>1</u>	<u>S</u>	<u>A</u>	<u>075</u>	<u>4</u>	<u>17</u>	<u>M</u>	<u>S</u>	<u>A</u>
Rheem	80 = 80% AFUE	1 = Single Stage	S = PSC Standard	Design Series A = 1st Design	Input BTU/HR 050 = 50,000 075 = 75,000 100 = 100,000 125 = 125,000 150 = 150,000	3 = Up to 3 Ton 4 = Up to 4 Ton 5 = Up to 5 Ton	Cabinet Width 14 = 14" 17 = 17.5" 21 = 21" 24 = 24.5"	M = Multi	X = Low NO _x S = Standard	Revision- Marketing (A – First Time Release)



INTEGRATED HOME COMFORT

Upflow Application

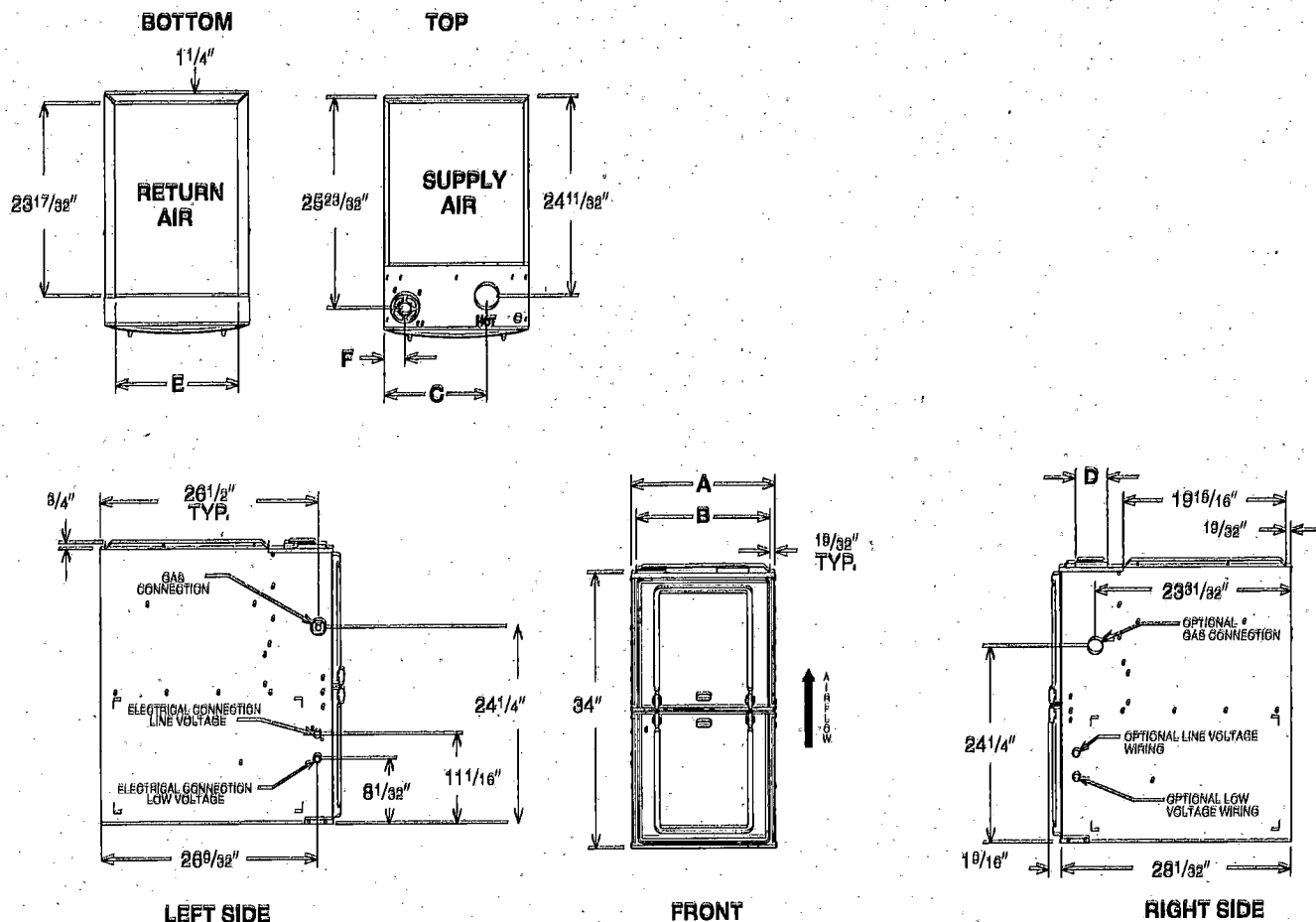


Illustration
6T-A1220-04-00
FIGURE 1

Dimensional Data: Upflow Model

MODEL R801S-	A	B	C	D	E	F	MINIMUM CLEARANCE (IN.)						SHIP WGTS. (LBS.)
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
050	14	12 27/32	10 5/8	①	11 1/2	1 7/8	0	4 ②	0	1	3	6 ③	85
075/ 100417	17 1/2	16 11/32	12 3/8	①	15	2 1/2	0	3 ②	0	1	3	6 ③	106
10052	21	18 27/32	14 1/8	①	18 1/2	2 1/2	0	0	0	1	3	6 ③	120
125	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	140
150	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	150

NOTES: ① May require a 3" to 4" or 3" to 5" adapter. 4".

② May be 0" with type B vent.

③ May be 1" with type B vent.

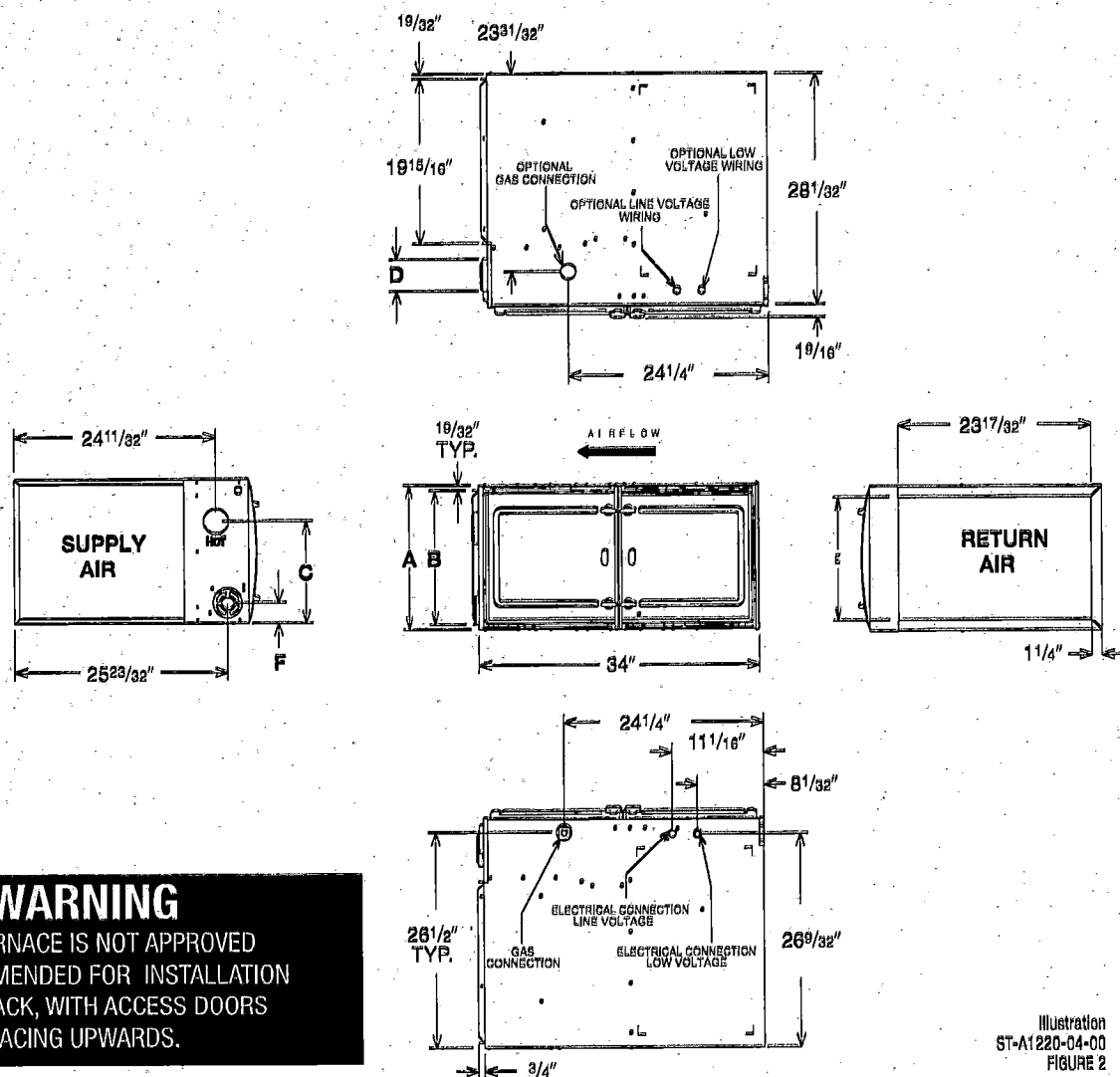
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 installation Codes and in accordance with local codes.



Air

Dimensional Data
R801S (UF/HZ) Series

Horizontal Application



WARNING

THIS FURNACE IS NOT APPROVED
OR RECOMMENDED FOR INSTALLATION
ON ITS BACK, WITH ACCESS DOORS
FACING UPWARDS.

Illustration
ST-A1220-04-00
FIGURE 2

Dimensional Data: Horizontal Model

MODEL R801S-	A	B	C	D	E	F	MINIMUM CLEARANCE (IN.)						SHIP WGTS. (LBS.)
							SUPPLY AIR SIDE	RETURN AIR SIDE	BACK	TOP	FRONT	VENT	
050	14	12 27/32	10 5/8	①	11 1/2	17 5/8	4 ②	0	0	1	3	6 ③	85
075/ 100417	17 1/2	16 11/32	12 9/8	①	15	2 1/2	3 ②	0	0	1	3	6 ③	105
100521	21	19 27/32	14 1/8	①	18 1/2	2 1/2	0	0	0	1	3	6 ③	120
125	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	140
150	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	160

NOTES: ① May require a 3" to 4" or 3" to 5" adapter. 4" adapter included with (-)B01P units.

② May be 0" with type B vent.

③ May be 1" with type B vent.

Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/C6A-B149 Installation Codes and in accordance with local codes.



INTEGRATED HOME COMFORT



Blower Performance Data

MODEL	MOTOR H.P. BLOWER SIZE IN	SPEED TAP	CFM AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN							
			0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8
(-)R01SA050314M*A	1/3 11 x 6	Low	823	803	787	732	718	691	651	603
		Med. Lo	1030	1018	1006	976	929	897	850	808
		Med. Hi	1129	1132	1112	1087	1054	1028	971	919
		High	1361	1353	1331	1297	1264	1232	1164	1117
(-)R01SA075317M*A	1/2 11 x 7	Low	1008	977	935	893	854	823	777	735
		Med. Lo	1215	1181	1133	1098	1055	1023	975	937
		Med. Hi	1421	1408	1372	1326	1299	1247	1198	1152
		High	1668	1648	1633	1580	1545	1481	1442	1373
(-)R01SA075417M*A	1/2 11 x 7	Low	1229	1200	1181	1155	1120	1078	1013	970
		Med. Lo	1308	1267	1266	1233	1204	1176	1113	1082
		Med. Hi	1563	1542	1516	1481	1451	1417	1358	1306
		High	1989	1924	1893	1840	1803	1728	1687	1570
(-)R01SA100417M*A	1/2 11 x 7	Low	1211	1183	1146	1116	1077	1040	984	953
		Med. Lo	1305	1261	1225	1185	1157	1113	1068	1012
		Med. Hi	1520	1498	1464	1427	1387	1340	1292	1226
		High	1874	1810	1767	1686	1678	1650	1582	1497
(-)R01SA100521M*A	1/2 11 x 10	Low	1209	1182	1131	1112	1061	976	929	867
		Med. Lo	1438	1420	1386	1350	1320	1293	1248	1186
		Med. Hi	1902	1883	1844	1817	1753	1700	1636	1547
		High	2071	2037	2001	1962	1905	1856	1807	1709
(-)R01SA125524M*A	3/4 11 x 10	Low	1358	1354	1331	1301	1250	1224	1154	1089
		Med. Lo	1541	1517	1476	1453	1416	1371	1339	1277
		Med. Hi	1799	1774	1746	1712	1661	1629	1564	1495
		High	2015	1989	1929	1902	1862	1815	1742	1665
(-)R01SA150524M*A	3/4 11 x 10	Low	1411	1395	1370	1334	1310	1282	1220	1150
		Med. Lo	1605	1579	1569	1537	1499	1468	1407	1346
		Med. Hi	1889	1861	1849	1828	1784	1717	1659	1609
		High	2178	2160	2105	2067	2024	1976	1916	1832

Note: Bold data is factory heating tap. Table represents blower performance data WITHOUT filters.



SIDE RETURN FILTER RACK: RXGF-CD

BOTTOM RETURN FILTER RACK FOR UPFLOW APPLICATION: RXGF-CB

FILTER RACK FILTER SIZES* INCHES		
MODEL	RXGF-CB (UPFLOW/ HORIZONTAL)	RXGF-CD (UPFLOW) SIDE RETURN
R801SA050	12 ¹ / ₄ x 25	15 ³ / ₄ x 25
R801SA075 R801SA100417	15 ³ / ₄ x 25	15 ³ / ₄ x 25
R801SA100521	19 ¹ / ₄ x 25	15 ³ / ₄ x 25
R801SA125	22 ³ / ₄ x 25	15 ³ / ₄ x 25
R801SA150	22 ³ / ₄ x 25	15 ³ / ₄ x 25

4" FLUE ADAPTER: RXGW-C01

INDOOR COIL CASINGS

MODEL NUMBER
RXBC-D14AI
RXBC-D17AI
RXBC-D21AI
RXBC-D21BI
RXBC-D24AI

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

FURNACE WIDTH IN.	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN.
14	RXGB-D14	AE-61874-01	11 ⁵ / ₈ x 23 ⁹ / ₁₆
17 ¹ / ₂	RXGB-D17	AE-61874-02	15 ¹ / ₈ x 23 ⁹ / ₁₆
21	RXGB-D21	AE-61874-03	18 ⁵ / ₈ x 23 ⁹ / ₁₆
24 ¹ / ₂	RXGB-D24	AE-61874-04	25 ⁵ / ₈ x 23 ⁹ / ₁₆

FOR HIGH ALTITUDES:

OPTION CODE FOR HIGH ALTITUDE: U.S. & Canada
None required for high altitudes.

HIGH ALTITUDE CONVERSION KITS: U.S. & Canada
None required for high altitudes.

80+ HIGH ALTITUDE INSTRUCTIONS

CAUTION: Always follow National Fuel Gas Code (NFPA) guidelines when converting for high altitudes.

High altitude option codes are not required for these models. However, the burner orifice size needs to be recalculated and verified at elevations above 2000 ft. See Installation Instructions for more information.

NOTE: For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may **NOT** be used for U.S. installations.



GENERAL TERMS OF LIMITED WARRANTY*

Rheem will furnish a replacement for any part of this product which falls in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

*For complete details of the Limited and Conditional Warranties, including applicable terms and conditions, contact your local contractor or the Manufacturer for a copy of the product warranty certificate.

Conditional Parts* (Registration Required)Ten (10) Years
 Heat ExchangerTwenty (20) Years



Air

Notes
R801S (UF/HZ) Series



INTEGRATED HOME (ROM) CH1



The new degree of comfort.™

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

Rheem Heating, Cooling & Water Heating • P.O. Box 17010
Fort Smith, Arkansas 72917 • www.rheem.com

Rheem Canada Ltd./Ltée • 125 Edgeware Road, Unit 1
Brampton, Ontario • L6Y 0P6



INTEGRATED HOME COMFORT

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