BLOCK 822 LOT 25 QUALIFICATION CODE _____ ADDRESS (SITE) 1603 W. Princeton Ave PERMIT NO. 09-0745

Called 4/7/09 — Brickton —

CONSTRUCTION PERMIT APPLICATION 09-000845

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

I. IDENTIFICATION

1. Proposed Work Site at: 1603 W. Princeton Ave
2. Name of Owner in Fee: PETER DIEHL
   Te[redacted] ail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: POINT BAY FUEL Tel. (732) 349-5059
   Address 71 IRONS ST. e-mail _____
   TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. 13VH01149900 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-1817388 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun BOB Valentine
   Tel. (732) 349-5059 FAX: (732) 349-1788

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45 ✓		
2. Electrical	210 ✓		
3. Plumbing	90 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	0		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 184		

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	1300-				3-31-09	AS	6/23/09		
☒ Plumbing	3000-			3-31-09		BW	4-3-09	4/20/09	BW
☒ Fire Protection	1300-				3-31-09	BB	6/22/09		
☐ Elevator									
TOTAL COST	5600-								

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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 POINT BAY FUEL
Address 71 IRONS ST.
TOMS RIVER NJ 08753
Telephone (732) 349-5059
Signature Bob Valentine

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

CONSTRUCTION PERMIT

Date Issued 4/20/09
Control # C-09-000845
Permit # 09-0745

IDENTIFICATION Block: 822 Lot: 25 Qualifier
Work Site Location: 1603 W. PRINCETON AVE. Brick Township, NJ
Owner in Fee DIEHL, PETER
1603 W PRINCETON AVE BRICK NJ 08724
Telephone: (732) 458-4981

Contractor POINT BAY FUEL INC
Address 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: (732) 349-5059
Lic. No. or Bldrs. Reg. No. 13VH01149900
Federal Employee. No. 22-1817388

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$40
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$184
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $5,600

Construction Official

4-3-09
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

04/20/09 1:28PM 00155#0224
CK# 001
#0745
ELECTRIC $45.00
PLUMB $40.00
FIRE $90.00
DCA $9.00
CHECK 184.00

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

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

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

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

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

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

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/25/2009
Control Number C-09-000845
Permit Number 09-0745
Permit Issue Date 4/20/2009
Certificate Number 09-0745

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1603 W. PRINCETON AVE. Brick Township, NJ Block: 822 Lot: 25 Qual:

Owner in Fee: DIEHL, PETER

Owner Address: 1603 W PRINCETON AVE BRICK NJ 08724

Telephone: [redacted]

Contractor: POINT BAY FUEL INC

Address: 71 IRONS ST TOMS RIVER NJ 08753-

Telephone: (732) 349-5059 Fax:

License Number or Builders Registration Number: 13VH01149900 Federal Emp. Number: 22-1817388

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, 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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/25/2009 U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 09-0745
Control #

Date Issued 4/20/09
Permit #

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

Block 822 Lot 25 Qualification Code ____
Work Site Location 1603 W. Princeton Ave
Buiding Owner PETER DIEHL
Address [redacted]
Tel (____) POINT BAY FUEL
Contractor 71 IRONS ST.
Address TOMS RIVER NJ 08753
Tel (732) 349-5059 FAX (732) 349-1788
Fire Protection Equipment, NJ Div of Fire Safety Permit No. ____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ____
Fire Alarm Contractor No. ____
Federal Emp. No. 22-1817388

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [X] Existing [ ] HVAC
Type: [ ] Gas [/] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____

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 $ 1300-

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. Bob Valentine
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Replace Oil [redacted] Replace Condenser & Coil
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)	1 co	-
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 Replace Condenser Coil	1	-
Other Systems		
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Fired Appliances [ ] Gas or [ ] Oil	____	____
Fireplace Venting/Metal Chimney	____	____
Other Replace Oil [redacted] Furnace	1	45
		____
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: 7-31-09
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/22/09
Approved by: KCA

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	____	____	____	____
Suppression Sys.	____	____	____	____
Standpipe	____	____	____	____
Fire Pump	____	____	____	____
Pre-Eng. System	____	____	____	____
Mechanical	____	____	6/9/09	RD
Smoke Control	____	____	____	____
TCO	____	____	____	____
Flam/Combust Tanks	____	____	____	____
Fireplace Venting	____	____	____	____
Final	____	____	6/9/09	RD
Other ____	____	____	____	____

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

- Brichtown -

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0745

Date Issued
Permit # 4/20/09

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

Block 822 Lot 25 Qualification Code

Work Site Location 1603 W. Princeton Ave
Brichtown

Owner in Fee: PETER DIEHL

[redacted] e-mail

Address [redacted] (street) (municipality) (zip code)

Contractor: BLOMQUIST ELECTRIC Tel. ( ) 732 684-0606

Address P.O. BOX 302 OCEAN GATE N.J. 9637 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. Fax: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1300 —

Brichtown

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-31-09 AS

[ ] 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:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date 6-23-9
Approved by:

INSPECTIONS Type:	Failure	Failure (Dates Month/day)	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-19-09 AS	
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. Bernard J. Blomquist

Applicant's Signature/Contractor's Seal and Signature

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

4/4

U.C.C F120 (rev. 12/07)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Oil Furnace
Replace Condenser & Coil

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0745

Date Issued
Permit # 4/20/09

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

Block 822 Lot 25 Qualification Code

Work Site Location 1603 W Princeton Ave
Bricktown

Owner in Fee PETER DIEHL

Address Same

[redacted]

Contractor

Address 71 IRONS ST.
TOMS RIVER NJ 08753

Tel (732) 349-5059 FAX (732) 349-1788

Contractor License No. 13VH01149900

Federal Emp. No. 22-1817388

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 $ 3000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 4-3-09
Approved by: BJ

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6-22-09
Approved by: BJ

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			06-19-09 BA	

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.

BOB Valentine

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

1 Replace Oil Furnace
120,000 BTU Input
97,000 output

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

Bricktown

U.C.C. F130 (rev. 01/04)

1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

Uniform Construction Code — New Jersey

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 09-0745
Control #

Date Issued 4/20/09
Permit #

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

Block 822 Lot 25 Qualification Code ______

Work Site Location 1603 W Princeton Ave

Brick Town

Owner in Fee PETER DIEHL

Address Same

[redacted]

Contractor POINT BAY FUEL

Address 71 IRONS ST.

TOMS RIVER NJ 08753

Tel (732) 349-5059 FAX (732) 349-1788

Contractor License No. 13VH01149900

Federal Emp. No. 22-1817388

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 $ 3000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: ______

Approved by: ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

(Dates (Month/Day))

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.

Bob Valentine

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	~~Steam Boiler~~	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Replace Condenser	
	Other 4' Coil	

1 Replace Oil Furnace

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

Brick Town

1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0745

Date Issued
Permit # 4/20/09

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

Block 822 Lot 25 Qualification Code _____

Work Site Location 1603 W. Princeton Ave
Bricktown

Owner in Fee: PETER DIEHL

[redacted] e-mail _____

Address Same
street municipality zip code

Contractor: BLOMQUIST ELECTRIC Tel. (____) 732 684-0606

Address P.O. BOX 302 OCEAN GATE N.J. e-mail _____
9637

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ Fax: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1300 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-31-9 MS

[ ] 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: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/day) 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's Signature/Contractor's Seal and Signature

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

U.C.C F120 (rev. 12/07)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Oil Furnace
Replace Condenser & Coil

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

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

414

Bricktown

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0745

Date Issued
Permit # 4/20/09

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

Block 2.4 Lot 22 Qualification Code _____

Work Site Location 1602 W Lincoln Ave
Lanoltown

Owner in Fee: [redacted] DIEHL

Tel. [redacted] e-mail _____

Address _____
street municipality zip code

Contractor: BLOMQUIST ELECTRIC Tel. ( ) 732 606-0606

Address P.O. BOX 302 OCEAN GATE N.J. e-mail _____
08737

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ Fax: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1300 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required 3-31-09 AS

[ ] 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: _____

Approved by: _____

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. _____

Applicant's Signature/Contractor's Seal and Signature

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

414

U.C.C F120 (rev. 12/07)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Oil Furnace
Replace Condenser & Coil

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

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 04-C745
Control #

Date Issued 4/20/09
Permit #

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

Block 822 Lot 25 Qualification Code _____

Work Site Location 1603 W Princeton Ave

Buiding Owner PETER DIEHL

Address [redacted]

Tel (_____)

Contractor POINT BAY FUEL

Address 71 IRONS ST.
TOMS RIVER NJ 08753

Tel (732) 349-5059 FAX (732) 349-1788

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. 22-1817388

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

[ ] Other _____

Location: _____

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 $ 1300 -

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. Bob Valentine
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Replace Oil Burner
Replace Condenser & Coil

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)	1 co	
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 Replace Condenser Coil	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Replace Oil Burner Furnace	1	
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 _____				

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

— Bruchetown —

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1603 W PRINCETON AVE BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 822 Lot: 25 Qual:
1603 W. PRINCETON AVE
Permit Number: Control Number: C-09-000845
Last Submit Date: Tuesday, March 31, 2009

Date: Tuesday, March 31, 2009

Dear DIEHL, PETER,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

04-01-19 fax #
732-349-1788
Attn: BOB V.

Sincerely,

Robert Wennlund, Subcode Official

Land Use/ Bldg Dept Fax:732-262-8954

**** Transmit Conf.Report ****

P.1 Apr 1 2009 9:50

Telephone Number	Mode	Start	Time	Page	Result	Note
7323491788	NORMAL	1, 9:49	0'24"	1	* O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1603 W PRINCETON AVE BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 822 Lot: 25 Qual:
1603 W. PRINCETON AVE.
Permit Number: Control Number: C-09-000845
Last Submit Date: Tuesday, March 31, 2009

Date: Tuesday, March 31, 2009

Dear DIEHL, PETER,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

04-01-09 fax #
732-349-1788
Attn: BOB W.

Sincerely,

Robert Wennlund, Subcode Official

POINT BAY FUEL, INC.

HEATING AND COOLING

71 Irons Street, Toms River, N.J. 08753

www.pointbayfuel.com email: info@pointbayfuel.com

Toms River	(732) 349-5059	Ft. Pleasant	(732) 892-0034
Lakewood	(732) 367-2400	Barnegat Area	(609) 693-6461

FAX TRANSMITTAL

FAX # (732) 349-1788

DATE: 4/1/09

TO: ROBERT WANNLUND

BRICK BLDG DEPT

COMPANY: _____

FAX #: 732 262-8954

FROM: LINDA EXT 104 - PAGE: 1 OF 2

As per your request ☒ For your information ☒

Call upon receipt ☐ For your Approval ☐

COMMENTS: BLK 822 LOT 25

1603 W. PRINCETON AVE

ATTACHED - BTU INPUT & OUTPUT

15G

Rev 05/03

POINT BAY FUEL, INC.

HEATING AND COOLING
71 IRONS STREET, TOMS RIVER, NJ 08753
1-800-349-3835
TOMS RIVER (732) 349-5059 _ FAX (732) 349-1788
PT. PLEASANT (732) 892-0034 _ LAKEWOOD (732) 367-2400
SOUTHERN OCEAN COUNTY (609) 693-6461
www.pointbayfuel.com email: info@pointbayfuel.com

4/1/09

CUSTOMER NAME: Peter Deal

CUSTOMER ADDRESS: 1603 W Princeton Ave

BLOCK: 822

LOT: 25

QUAL:

OLD FURNACE

INPUT: 105,000

OUTPUT: 84,000

NEW FURNACE

INPUT: 120,000

OUTPUT: 97,000

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 822 LOT 25 PERMIT # _____

WORK SITE ADDRESS 1603 W Princeton Ave Brick

Applicant PETER DIEHL

Certifying Individual BOB VALENTINE Company ~~POINT BAY FUEL~~

Address _____ ~~71 IRONS ST.~~ TOMS RIVER NJ 08753

Tel. (732) 349-5059

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [X] 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 hereby 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.

R Valentine 3/25/09
Signature Date

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. 3/99)

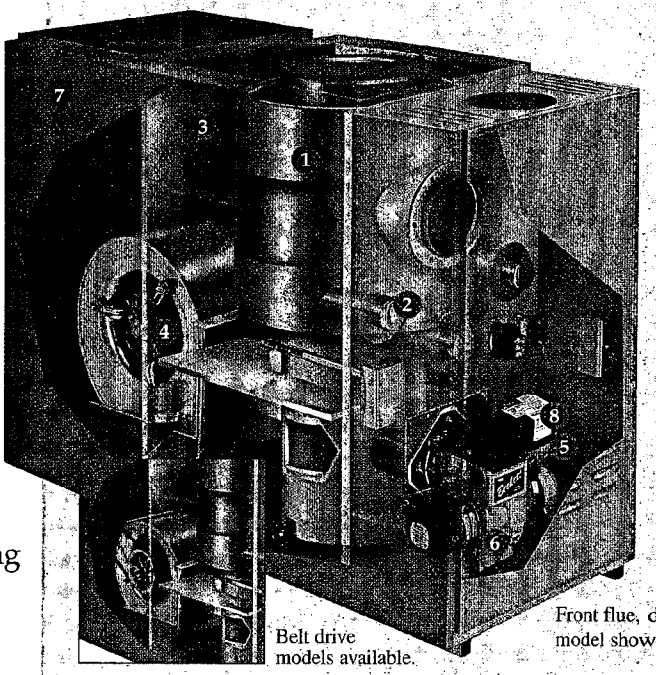
With 80% plus heating efficiency, Armstrong Air gives you more to feel good about.

Quality features for quality performance.

You've always known about Armstrong Air's reputation for dependability and superior craftsmanship. Now, high-efficiency heating technology and a newly designed unit — not to mention the savings in your energy bills — give you even more reason to feel good about investing in an Armstrong Air heating system!

1. Heavy-duty 14-gauge heat exchanger with ceramic combustion chamber and Limited Lifetime Warranty.*
2. Easily accessible clean out ports make cleaning the heat exchanger quick and simple.
3. Foil-faced, high-density fiberglass insulation reduces heat loss and noise.
4. Quiet, multi-speed direct or belt drive blower with sealed bearings.
5. Transformer package and cooling fan relay are factory wired for easy add-on cooling installation. (Direct drive models only.)
6. Beckett flame retention, high-static pressure burner for quality, efficient combustion.
7. Durable one-piece, baked polyester pre-painted steel cabinet.
8. Features primary control with interrupted ignition for longer life, pre-purge for smooth ignitions, and diagnostics for ease of service.

* See your dealer for limited warranty details.
All specifications are subject to change without notice.



Belt drive models available.

Front flue, direct drive model shown.

HEAT EXCHANGER LIMITED LIFETIME WARRANTY

ALL PARTS 5 YEAR WARRANTY

Your Armstrong Air dealer will help you select the ULTRA® 80 oil furnace with the right capacity for your home.

All ULTRA 80 oil furnaces are designed, tested and assembled to assure quality, efficiency and dependability – and exceptional value in home heating. Naturally, all ULTRA 80 oil furnaces meet or exceed all recognized safety, performance and efficiency standards.

SPECIFICATIONS

MODEL	BLOWER DRIVE	CABINET WIDTH	CABINET DEPTH	CABINET HEIGHT	NOZZLE SIZE	HEATING BTUH	HEATING AFUE
LBF80C57/72D12	DIRECT	19 ½"	52 ⅛"	37"	.50GPH-80°A	57,000	83.0
					.65GPH-80°B	74,000	83.0
LBF80C84/95D16	DIRECT	19 ½"	52 ⅛"	37"	.65GPH-80°B	85,000	81.0
					.75GPH-80°B	97,000	81.0
LBF80C112/125D20	DIRECT	22 ½"	52 ⅛"	37"	.85GPH-80°B	113,000	81.0
					1.00GPH-80°B	125,000	81.0
LBR80C57/72D12	DIRECT	19 ½"	52 ⅛"	37"	.50GPH-80°A	57,000	83.0
					.65GPH-80°B	74,000	83.0
LBR80C84/95D16	DIRECT	19 ½"	52 ⅛"	37"	.65GPH-80°B	85,000	81.0
					.75GPH-80°B	97,000	81.0
LBR80C112/125D20	DIRECT	22 ½"	52 ⅛"	37"	.85GPH-80°B	113,000	81.0
					1.00GPH-80°B	125,000	81.0
LBR80C140/168D20*	DIRECT	24"	54 ¼"	39"	1.10GPH-80°B	140,000	80.0
					1.25GPH-80°B	168,000	80.0
LBF80C57B08	BELT	19 ½"	52 ⅛"	37"	.50GPH-80°A	57,000	82.0
LBF80C84/95DB10	BELT	19 ½"	52 ⅛"	37"	.65GPH-80°B	85,000	81.0
					.75GPH-80°B	96,000	81.0
LBF80C112/125B16	BELT	22 ½"	52 ⅛"	37"	.85GPH-80°B	113,000	81.0
					1.00GPH-80°B	125,000	81.0
LBR80C57B08	BELT	19 ½"	52 ⅛"	37"	.50GPH-80°A	57,000	82.0
LBR80C84/95B10	BELT	19 ½"	52 ⅛"	37"	.65GPH-80°B	85,000	81.0
					.75GPH-80°B	97,000	81.0
LBR80C112/125B16	BELT	22 ½"	52 ⅛"	37"	.85GPH-80°B	113,000	81.0
					1.00GPH-80°B	125,000	81.0
LBR80C196B24*	BELT	26"	61 ⅛"	42"	1.50GPH-80°B	196,000	80.0

*Not approved for use in Canada.

ENERGUIDE
Annual Fuel Utilization Efficiency (AFUE)
THIS MODEL 83.0%
MID
78% 82% 88% 97%

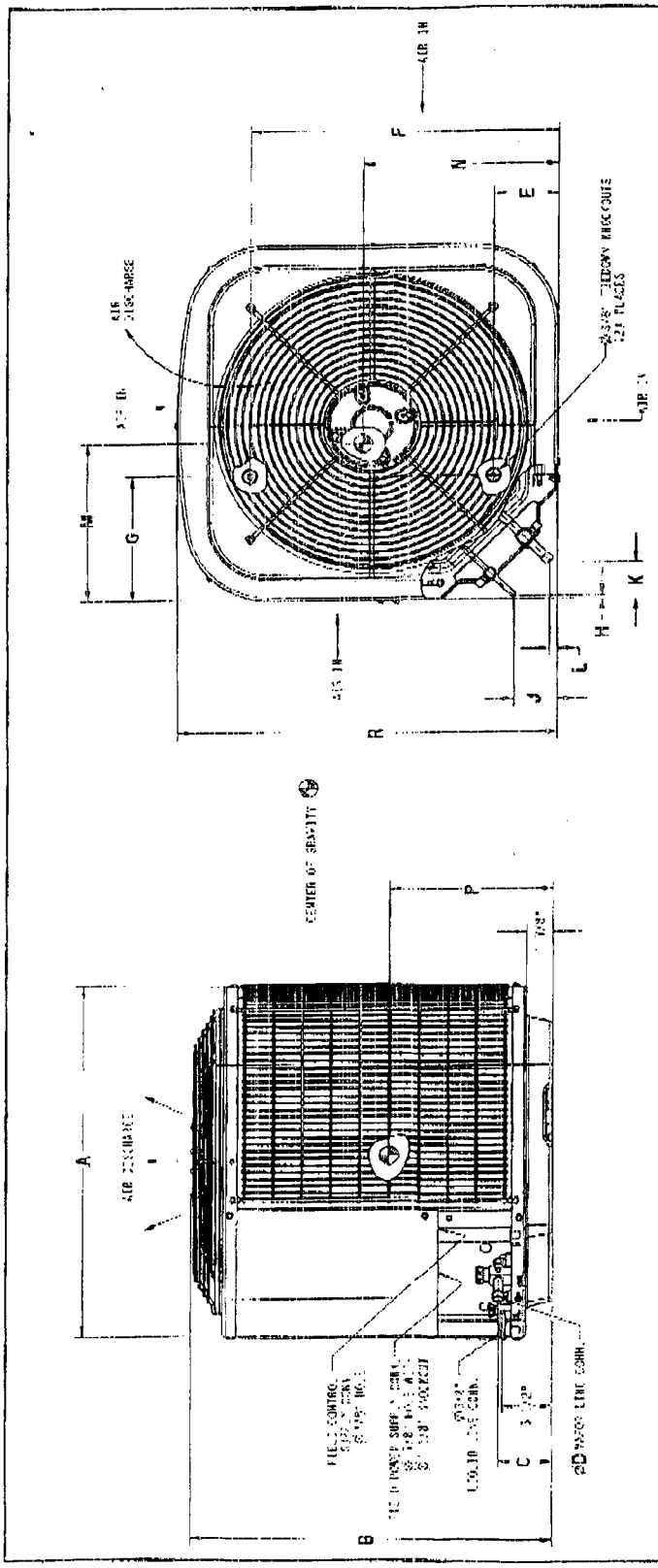
Armstrong Air Conditioning Inc. has attained ISO 9001 certification. This assures quality processes and procedures are in place governing Armstrong's product design, development, production, and customer service.

ISO 9001

ARMSTRONG AIR™ Comfort you can rely on

421 Monroe Street • Bellevue, OH 44811
www.armstrongair.com

Form No. ALBF80-300 (4/02)



All Dimensions Inches

Model (* = A or G)	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	Minimum Mounting Pad Size	Crated Dimensions B(d) x A(w) x R(d)
N4A318*KA	25¾	25	3¾	⅝	4⅞	21⅜	9⅛	⅝	3	2⅜	½	12½	12⅝	12⅝	26⅝	26 x 26½	29¾ x 26⅞ x 27½
N4A324*KA	25¾	25	3¾	⅝	4⅞	21¾	9⅛	⅝	3	2⅜	½	13	11⅞	12⅝	26⅝	26 x 26½	29¾ x 26⅞ x 27½
N4A330*KA	25¾	28⅝	3¾	¾	4⅞	21¾	9⅛	⅝	3	2⅜	½	12¼	13¾	12¾	26⅝	26 x 26½	32⅝ x 26⅞ x 27½
N4A336*KA	25¾	35½	3¾	¾	4⅞	21¾	9⅛	⅝	3	2⅜	½	12	13	14¾	26⅝	26 x 26½	39⅝ x 26⅞ x 27½
N4A342*KA	31⅝	32⅝	3⅞	⅞	6⅝	24⅛	9⅛	⅝	3	2⅝	⅝	15¾	16¼	13¾	32⅝	31½ x 32½	36⅝ x 32⅝ x 33⅝
N4A348*KA	31⅝	39⅛	3⅞	⅞	6⅝	24⅛	9⅛	⅝	3	2⅝	⅝	14¼	17¼	17¼	32⅝	31½ x 32½	42⅝ x 32⅝ x 33⅝
N4A360*KA	35	39⅛	3⅞	⅞	6⅝	28⅛	9⅛	⅝	3	2⅝	⅝	20⅝	19¾	18⅜	36⅝	35 x 36½	42⅞ x 36¼ x 37¾

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

Division of Consumer Affairs

HAS REGISTERED

Point Bay Fuel Company
Jack Chadwick
71 Irons Street
Toms River NJ 08753

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

11/13/2008 TO 12/31/2009
VALID

13VH01149900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Point Bay Fuel Company
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/13/2008 TO 12/31/2009
VALID

SIGNATURE

13VH01149900
License/Registration/Certificate #

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