BLOCK 831 LOT 38 QUALIFICATION CODE _____ ADDRESS (SITE) 1639 West Princeton Ave PERMIT NO. 18-2385

CONSTRUCTION PERMIT APPLICATION

C18-002509

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

I. IDENTIFICATION

1. Proposed Work Site at: 1639 West Princeton Ave
2. Name of Owner in Fee: Wiebolot + Sons LLC
   Tel. (732) 266-3784 e-mail J.D.Boldt@ComCast.Net
   Address 858 (street) Stengel Ave Brick NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Wiebolot + Sons LLC Tel. (732) 266-3784
   Address 858 Stengel Ave e-mail J.D.Boldt@ComCast.Net
   Brick NJ 08724
   License No. OR, if new home, Builder Reg. No. 041813 Exp. Date 7-31-19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-5583213 FAX: (732) 458-5637
5. ~~Architect~~ or Engineer R.C. Burdick P.E. P.P. P.C. Contact _____
   Address 1023 Ocean Rd Pt Pleasant e-mail _____
   Tel. (732) 892-5050 FAX: (732) 892-5888
6. Responsible Person in Charge once Work has Begun Jeffrey D Wiebolot
   Tel. (732) 266-3784 FAX: (732) 458-5637

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building AH	$ 1944-		150-
2. Electrical	555-		
3. Plumbing	1022-		
4. Fire Protection	85-	315	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	133-		
10. Subtotal	2$ 75-		
11. Cert. of Occupancy	300-		
12. Other EP	200		
13. TOTAL	$ 4987-	315	150-

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	26.4 ft.	
3. Area — Largest Floor	1064 sq. ft.	
4. New Building Area	2092 sq. ft.	
5. Volume of New Structure	32,876 cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	3723 sq. ft.	
10. Flood Hazard Zone	No	
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no X		

IIa. PROPOSED WORK S.F.D.

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional) LB 11-27-18

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MFF	11/2/18		8-23-18				
☑ Electrical					8/8/18	PB			
☐ Plumbing					8-21-18				
☐ Fire Protection					8/7/18				
☐ Elevator		Eng	11/3/18		8/3/18				
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: R-5
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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name WIEBOLDT + SONS LLC

Address 858 STIENGEL AVE

BRICK NJ 08724

Telephone (732) 266-3784

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/11/2019
Control Number C-18-002509
Permit Number 18-2385
Permit Issue Date 08/28/2018
Certificate Number 18-2385

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1639 W. PRINCETON AVENUE Brick Township, NJ 08724 Block: 831 Lot: 38 Qual:

Owner in Fee: WIEBOLDT AND SONS LLC

Owner Address: 858 STENGEL AVE BRICK NJ 08724

Telephone: (732) 266-3784

Contractor WEIBOLDT & SONS LL

Address 8458 STENGEL AVE BRICK NJ 08724

Telephone: (732) 266-3784 Fax: (732) 458-5637

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number: 210432

Type of Warranty Plan: ☑ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SINGLE FAMILY DWELLING

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: $362.00
Check Number: 1249
Collected By: Christopher Winters

Date Printed: 07/11/2019

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/28/18
Control #

Date Issued
Permit # 18-2385

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

Block 831 Lot 38 Qualification Code _____

Work Site Location 1639 W/ PRINCETON AVE BRICK

Owner in Fee: WIEBOLDT + SONS LLC

Tel. 732) 266-3784 e-mail J.DBOLDT@COMCAST.NET

Address 858 STENGEL AVE BRICK 08724

Contractor: WIEBOLDT + SONS LLC (street / municipality) Tel. 732 266 3784 (zip code)

Address 858 STENGEL AVE e-mail J.D.BOLDT@COMCAST.NET
BRICK 08724

Contractor License No. or Builder Registration No. 041813 Exp. Date 7-31-19

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

Federal Emp. ID No. 20-5583213 FAX: 732 458-5697

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: _____

Print name here: JEFFRY D. WIEBOLDT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW S.F.H.

JOB SUMMARY (Office Use Only) As Built Survey 10/30/18 KAK

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-23-18	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior	open deck	
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 08/23/18
Approved by: KAK

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 07/09/19
Approved by: KAK

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing			10-5-18	
Footing Bonding				
Foundation MASONRY wall			10-18-18	
Slab Hearth + Garage			11-8-18	
Frame *2-5-19			2-19-19	
Truss Sys./Bracing				
~~Barrier-Free~~ Sheathing 12-12-18			~~2-19-19~~	
Insulation			2-19-19	
Finishes -Base Layer				
~~Finishes -Final~~ Front Porch Floor			11-21-18	
Energy				
Mechanical				
TCO				
~~Other~~ FND Backfill			11-5-18	
Final			2-5-19	
Barrier-Free				

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed _____
No. of Stories 2
Height of Structure 26.4 ft.
Area — Largest Floor 1064 sq. ft.
New Bldg. Area/All Floors 2072 sq. ft.
Volume of New Structure ~~37233~~ 32,870 cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 180,000 HOUSE
2. Rehabilitation $ 6,000 PORCH
3. Total (1+ 2) $ 186,000

U.C.C. F110
(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update CT 11/16/18

Date Received / Control # 11/29/18

Date Issued / Permit # 18-2385+B

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

Block 831 Lot 38 Qualification Code

Work Site Location 1639 WEST PRINCETON AVE BRICK NJ 08724

Owner in Fee: WIEBOLDT + SONS LLC

Tel 732-266-3784 e-mail

Address 858 STENGEL AVE BRICK NJ 08724

Contractor: WIEBOLDT + SON'S LLC (street / municipality) Tel. 732-266-3784 (zip code)

Address 858 STENGEL AVE e-mail

BRICK NJ 08724

Contractor License No. or Builder Registration No. 041813 Exp. Date 7-31-19

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

Federal Emp. ID No. 20-5583213 FAX 732-458-5637

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	11-27-18	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	11/27/18	
Approved by:	MAM	
SUBCODE APPROVAL for CERTIFICATE		
[√] CO [ ] CCO [ ] CA		
Date:	02/04/19	
Approved by:	MAM	

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-5-19	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 160
3. Total (1+ 2) $ _____

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: JJ Wiebold

Print name here: JEFFREY J WIEBOLDT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Revised Footings

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other PORCH FOOTINGS + PIERS
- [ ] ~~Demolition~~

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 11/09)

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

Dario L. Pasquariello, R.A., A.I.A
DARIO
Architecture-Design LLC
145 Atlantic City Blvd
Beachwood NJ 08722
Phone: 732 608-6838

December 12,2018
RE: 1639 Princeton Avenue
Brick Twp. NJ 08723
Job#18108

To whom it may concern,

Our office approves the use of 7/16" OSB sheathing in lieu of our 1/2" CDX when used in conjunction with the specified CS14 strapping at the rim joist every 32". No further changes are required.

Relonso Fonseca
12-13-18

Please do not hesitate to call us with any questions.

Hereby Certified,

Dario Pasquariello, R.A. A.I.A
Principal Architect
NJ LIC. NO. AI-17852
NY LIC. NO. 03369

FILE COPY

RECEIVED
DEC 13 2018 (mfp)
BUILDING

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 8/28/18
Control #
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 831 Lot 38 Qualification Code

Work Site Location 1639 W Princeton Ave. Brick

Owner in Fee: Wiebold + Sons LLC

Tel. 732 266-3784 e-mail J.DBOLDT@comcast.net

Address 858 Stengel Ave Brick 08724
street municipality zip code

Contractor: PENCO Tel. 732 323-8784

Address 3208 Wilbur Ave e-mail
Manchester NJ 08759

Contractor License No. 11358 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223347998 FAX: 732 ~~323~~-8794

B. ELECTRICAL CHARACTERISTICS DR 341734334

Use Group Present Proposed

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

Building Occupied as Res Utility Co. JCPL

Est. Cost of Elec. Work $ 10,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 8/8/18 Approved by: RJC

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

SUBCODE APPROVAL for PERMIT
Date: 8/8/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 6/24/19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1-31-19	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			6/24/19	
Other				
Service			1-31-19	
Final			6/24/19	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 2-4-19
Annual Pool Inspection
Date of Grounding and Bonding Certification DUP 2-19-19

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and [illegible] this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Roberto Trendowski

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

D. TECHNICAL SITE DATA

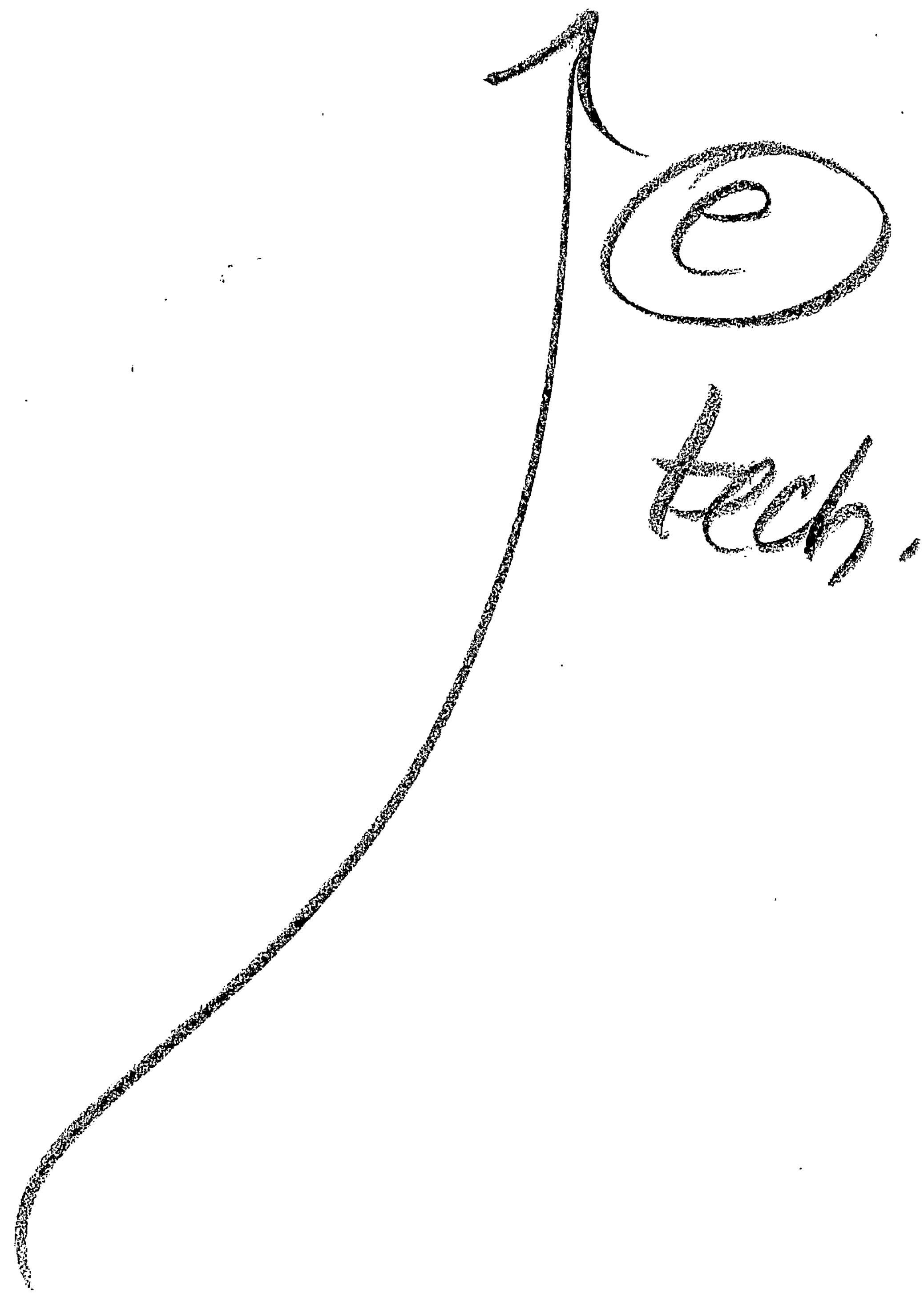
DESCRIPTION OF WORK: NEW S.F.H

QTY.	SIZE	ITEMS	FEE (Office Use Only)
44		Lighting Fixtures	
62		Receptacles	
44		Switches	
7		Detectors	
		Light Poles	
3		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
157		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	
1	10 KW	KW Dishwasher	
		HP Garbage Disposal	
1	7.3	KW Central A/C Unit	
1	3	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	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. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

6 24 09 ok Ron T.C.O.
OG D/W
GF1 [illegible]



PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/28/18

Date Issued / Permit # 18-2385

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

Block 831 Lot 38 Qualification Code

Work Site Location 1639 W/ PRINCETON AVE BRICK 08724

Owner in Fee: WIEBOLDT + SONS LLC

Tel. (732) 216 3784 e-mail J.D BOLDT@COMCAST.NET

Address 858 STENGEL AVE BRICK NJ 08724

Contractor: Robert Kowalski Plumbing Corp (street / municipality / zip code) Tel. 732 684-1716

Address 173 NAUTILUS DR Barnegat NJ 08005 e-mail RobJeanne1@optonline.net

Contractor License No. 9769 Exp. Date 6-2019

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

Federal Emp. ID No. 46 341 0033 FAX: (609) 758-9818

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 8,500

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: Robert Kowalski

Print name here: Robert Kowalski

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New house plumbing

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
4	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
6	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
1	Other AAV STUDOR VENT AC	
1		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8-21-18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-28-19

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
~~Slab~~ Partial Rough			1-9-19	
Rough	1-7-19		1-24-19	
Water	12-27-18	12-28-18	12-31-18	
Sewer	12-27-18		12-28-18	
Fixtures				
Gas Equipment				
Gas Piping			1-4-19	
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ Yoke			4-24-19	
TCO				
Final	6-24-19		6-27-19	

* Test Shower Base only

12-27-18 JH
Expose S&W connections at curb.
Install sewer c/o outside of porch or 3' from House
Pressure Test water service (Air or water Test)

12-28-18 JD
Expose water curb value

1-4-19 WM
Test DWV & TUB
Water & Gas Test O.K.
Test Shower Base when Installed

1-8-19 JD
Fiberglazing shower / No Entry
go back Tomorrow

1-9-19 WM
Shower Caps Ac
Combustion Air
Caulk.
Access To Furnace Room

"5B"

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 8/23/18
Control #:
Date Issued:
Permit #: 18-2385

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

Block 831 Lot 38 Qualification Code

Work Site Location 1639 West Princeton Ave Brick 08724

Owner in Fee: Wiebold + Sons LLC

Tel. (732) 266-3784 e-mail J.DBOLDT@COMCAST.NET

Address 858 Stengel Ave. (street) Brick (municipality) 08724 (zip code)

Contractor: PEMCO Tel. (732) 323-8784

Address 208 Wilbur Ave e-mail

Manchester NJ 08759

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

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

Fire Alarm Contractor No. 11358 Exp. Date 3/21

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

Federal Emp. ID No. 223347998 FAX: (732) 323-8794

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1000

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Robert Riendimano [X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source NEW SFH

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[5] 110v Interconnected		
[2] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
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		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	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

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: 8/28 Approved by: NL

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8-10-18

Approved by: EHR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 6/25/18

Approved by: EHR

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System			6/26	PM
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/26	PM
Other				

U.C.C. F140 (rev. 1/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ref. No: G 277406551 Reorder call: (732) 534-3000

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received 8/28/18
Control #
Date Issued
Permit # 18-23855-14

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

Block 831 Lot 38 Qualification Code

Work Site Location 1639 WEST PRINCETON AVE
BRICK, N.J. 08724

Owner in Fee: WEIEBOLT

Tel. 732 266-3784 e-mail

Address 858 STENGEL AVE BRICK, N.J. 08924
street municipality

Contractor: ACCURATE HVAC, LLC Tel. (732) 267-1565
zip code

Address 824 WELLINGTON AVENUE e-mail BDACCURATEHVAC@
TOMS RIVER, NJ 08757 GMAIL.COM

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH06731100

Federal Emp. ID No. 202300288 FAX: (732) 608-6409

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 500-

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date 8/29/18 Approved by: MR
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-30-18
Approved by: CA

SUBCODE APPROVAL for CERTIFICATE
[ ] 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			8/29	PA
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8/29	PA
Other				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: BERNARD DESTAFNEY

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

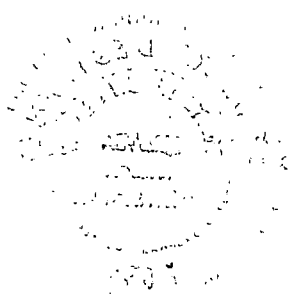
Water Supply Source

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	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	5	
Fireplace Venting/Metal Chimney		
Other		

Formal Gas Fireplace DM

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



INSPECTOR: GREG RIELLO

JOB: NEW SFD SECTION: LAURELTON PARK

TEMPERATURE: 85°F

WEATHER: SUNNY

DATE: 7/9/19

TYPE OF WORK: FINAL CO

LOCATION: 1639 WEST PRINCETON AVE.

BLOCK: 831 LOT: 38

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

OCEAN COUNTY SOIL CONSERVATION DISTRICT
714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 •
www.soildistrict.org

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL
MUNICIPALITY: Brick Twp
PROJECT: Weibolt & Sons LLC
SCD NO: 20084
BLOCK NO.(S): 831
LOT NO.(S): 38

Final Compliance ☑ **Conditional Compliance** ☐

Block No.	Lot No.	Conditions
		Applicant remains responsible for proper grading and permanent stabilization.
831	38	1639 W. Princeton Ave

TOTAL FEES DUE: $

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L.1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A.4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT:
AUTHORIZED DISTRICT SIGNATURE:
DATE: 4/24/2019

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of the Tax Collector

Jo Anne R. Lambusta, CTC
Tax Collector
732-262-1021
Fax: 732-477-3746
jlambusta@twp.brick.nj.us
www.twp.brick.nj.us

Receipt for Public Works Garbage & Recycling Can Deposit

Date: 7/10/19

Block: 831 Lot: 38

Property Address: 1639 W. Princeton Ave.

Date of Payment: 7/10/19

Tax Collectors Office

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1041

Receipt

Payment Date 06/21/2019
Transaction # PMT-19-05590
Receipt #

Issued To WIEBOLDT AND SONS LLC

Description
FINAL AFFORDABLE HOUSING
BLOCK 831 LOT 38
1639 WEST PRINCETON AVE

Date Printed 06/21/2019
Check Number 020

Cash	$0.00
Check	$1,309.00
Charge	$0.00
Total Paid	$1,309.00

APPLICATION FOR CERTIFICATE

Date Received	07/02/2018
Date Permit Issued	08/28/2018
Control #	C-18-002509
Permit #	18-2385
Date Issued	

IDENTIFICATION

Block 831 Lot 38 Qualifier

Work Site Location 1639 W. PRINCETON AVENUE Brick Township, NJ 08724

Owner in Fee WIEBOLDT AND SONS LLC
858 STENGEL AVE BRICK NJ 08724

Telephone (732) 266-3784

Contractor WEIBOLDT & SONS LL

Address 8458 STENGEL AVE BRICK NJ 08724

Telephone (732) 266-3784

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 206000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
New/Alteration SINGLE FAMILY DWELLING

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [ ] AGENT

INSPECTOR: GREG RIELLO

JOB: NEW SFD SECTION: LAURELTON PARK

TEMPERATURE: 78°F

WEATHER: CLOUDY

DATE: 7/3/19

TYPE OF WORK: FINAL CO

LOCATION: 1639 WEST PRINCETON AVE.

BLOCK: 831 LOT: 38

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	* NEEDS ROAD OPENING PERMIT
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate		✓ SURVEY

COMMENTS REFERENCING ITEM NUMBER:

(1) ROAD OPENING PERMIT REQUIRED FOR DRIVEWAY WITHIN R.O.W. Provide copy of County RO Permit

(9) CORRECT SURVEY – SHOW LEFT SIDE YARD SWALE

– MISSING ADJACENT DWELLING CORNER ELEVATIONS

– MISSING UTILITIES & LINES TO HOUSE (i.e. SEWER, WATER, GAS, ELECT.)

(2 SEALED COPIES)

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☐ FINAL C.O.
- ☒ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

COAH Fee

Council on Affordable Housing (COAH) Fee

Block: 831 Lot: 38 1625 EDGE ST.

General | Fees | Payments

General

Date: 07/18/2018 Application Type: Residential ... Application Number: ZA-18-00832

Values

Sq. Ft.:	2072
Cost / Sq. Ft.:	120
Estimated Assessed Value:	248640
Actual Assessed Value:	
Equalized Value:	255,200
Land Value:	

○ Use Cost / Sq. Ft. for Calculation

◉ Use % of Assessed Value for Calculation

Contributions

Initial % Due:	0.5
% Required:	1
Estimated Contribution Fee:	2486.4
Actual Contribution Fee:	0

◉ Use Estimated Fee for Payment Due

○ Use Actual Fee for Payment Due

Notes

Prelim Fees Due $1243.00

Final Due $1305

OK Cancel

INSPECTOR: Russell Harris

JOB: Single Family New SFD

SECTION: Laurelton Park

TEMPERATURE: 70's

WEATHER: Rain

DATE: Wed. 5/29/19

TYPE OF WORK: Final CO

LOCATION: 1639 West Princeton Ave

BLOCK: 831 LOT: 38

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓ - Low Spot
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As-Built-Survey/ Elevation Certificate		✓ - Survey

COMMENTS REFERENCING ITEM NUMBER:

* Eliminate low spot at rear right corner of dwelling - must pitch out towards Edge St.

* Revise & Resubmit Final Survey (2 sealed copies)

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☐ FINAL C.O.
- ☒ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

Linda C. Cammuso

MUNICIPAL ENGINEER

Erin Elizabeth

From: Erin Elizabeth
Sent: Tuesday, June 11, 2019 2:00 PM
To: 'jdboldt@comcast.net'
Cc: Russell Harris
Subject: 1639 West Princeton Ave.pdf
Attachments: 1639 West Princeton Ave

Hello,

Please see the failed CO from Russell Harris. If you have any questions feel free to email him or call 732 262 2937.

Thank you,

Erin Bolger

PERMIT UPDATE

Date Update Issued 11/26/18
Control # C-18-002509+B
Permit # 18-2385+B

IDENTIFICATION Block: 831 Lot: 38 Qualifier

Work Site Location: 1639 W. PRINCETON AVENUE Brick Township, NJ 08724

Owner in Fee: WIEBOLDT AND SONS LLC, 858 STENGEL AVE BRICK NJ 08724

Telephone: (732) 266-3784

Contractor: WEIBOLDT & SONS LL

Address: 8458 STENGEL AVE BRICK NJ 08724

Telephone: (732) 266-3784

Lic. No. or Bldrs. Reg. No. 41813 41813 41813

Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

SINGLE FAMILY DWELLING ...FOOTING REVISIONS

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	2594
Cash	$0
Credit	$0
Collected By	

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 $100

D. Newman JR — Construction Official

11/25/18 — Date

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

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

REQUIRED INSPECTIONS

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

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

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

FOUNDATION LOCATION

DATE: 10-30-18

BLOCK: 831 LOT: 38

ADDRESS: 1639 W/ PRINCETON AVE

CONTACT PERSON: HERB WIEBOCOT

PHONE #: 732-966-4837

PASSED: SFD 10/30/18 KEK

FAILED: _____

COMMENTS: L/M on 10/31/18 at 1:37pm foundation inspection on for Monday 11/5/18

PLEASE GIVE TO INSPECTION DESK TO SCHEDULE INSPECTION.

THANK YOU

For office use only

Intake Clerk: CW

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 7/17/18 DATE DENIED: — DATE APPROVED: 7/17/18 INTLS: SC, ZS

DATE:	COMMENTS:	INITIALS:
7/17/18	SENT TO Cmm	SC/ZS

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-18-00965
DATE ISSUED 8/22/18

BLOCK: 831 LOT: 38 QUALIFIER: _____ SITE ADDRESS: 1639 WEST PRINCETON AVE (1625 EDGE ST NOW)

IDENTIFICATION:

1. NAME OF OWNER IN FEE: WIEBOLDT & SONS LLC
   COMPLETE ADDRESS: 858 STENGEL AVE BRICK NJ 08724
   PHONE # 732-266-3784 EMAIL: J.D BOLDT@COMCAST.NET
2. NAME OF APPLICANT: WIEBOLDT & SONS LLC
   APPLICANT ADDRESS: 858 STENGEL AVE BRICK NJ 08724
   PHONE # 732-266 3784 EMAIL: J.D.BOLDT@COMCAST.NET
3. RESPONSIBLE PERSON FOR WORK: JEFFREY D. WIEBOLDT
   PHONE # 732-266 3784 FAX # 732-458-5637
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75
OTHER: $ _____
TOTAL: $ 75

REQUIRED BY APPLICANT

RESIDENTIAL: X
COMMERCIAL: _____
EXISTING USE: SFD
PROPOSED USE: SFD

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: X *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: 26.4 (*IF APPLICABLE)

OTHER _____

DESCRIPTION: New SFD.

ZONING REVIEW:
DATE REVIEWED: _____ DATE DENIED: 7-17-18 DATE APPROVED: 7-17-18 INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 8/28/18
Application Number: ZA-18-00832
Application Date: 7/12/2018
Project Number:
Permit Number: ZP-18-00965
Fee: $75.00

Zoning Permit

Worksite Location: **1639 West Princeton Avenue**
Brick Township, NJ 08723

Owner: **Wieboldt & Sons LLC**
Address: **858 Stengel Ave.**
Brick, NJ 08724

Applicant: **Wieboldt & Sons LLC**
Address: **858 Stengel Ave.**
Brick, NJ 08724

Block: **831** Lot: **38** Qualifier: _____ Zone: **R-7.5**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Single-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Single-Family Residential**

Work Description:

New Building, Deck/Porch, Air-Conditioner Condenser Unit - Constructing a 2,072 sq.ft. two-story single family dwelling 36' to the peak based on the AVerage Adjacent Grade calculation.

The minimum front yard setback is 25', minimum second frontage setback on Edge St. is 25', the minimum side yard is 6' and the minimum rear yard setback is 15' from property line.

Additional Zoning permit required for any other work done on property.

Application Approved Date: 7/17/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 7/18/2018 Date

Sean Kinnevy, Zoning Officer — 7/18/18 **Date**

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1336

Receipt

Payment Date 08/28/2018
Transaction # PMT-18-08049
Receipt #

Issued To WIEBOLDT AND SONS LLC

Description
PRELIMINARY AFFORDABLE HOUSING
BLOCK 831 LOT 38
1639 WEST PRINCETON AVE

Date Printed 08/28/2018
Check Number 1250

Cash	$0.00
Check	$1,243.00
Charge	$0.00
Total Paid	$1,243.00

E-mail: skinnevy@twp.brick.nj.us

Web: www.twp.brick.nj.us

From: Kurt Wieboldt [mailto:yboldt@gmail.com]
Sent: Monday, March 05, 2018 6:25 PM
To: Sean Kinnevy
Subject: Lot #38 block #13

Shawn,

I want to confirm that i do not need a variance for Lot 38 Blk # 831. also know as 1625 Edge st.

As per the minor subdivision from 1977. The only requirement I need to meet is the R-75 zone for new construction interior lot.

That 9000 sq ft for a corner lot is not requirement even though this lot is a non conforming corner lot.

I was told from the seller that you already confirm this with her.

Any questions please call me.

--

Kurt Wieboldt

yboldt@gmail.com

732-687-9972

Gmail

donna wieboldt <shoreboldt@gmail.com>

Fwd: RE: Block 831, Lot 38, 1625 Edge Street, Laurewlton Park, R-7.5 zone

1 message

Kurt Wieboldt <yboldt@gmail.com> Mon, Mar 12, 2018 at 7:50 AM
To: Mom <shoreboldt@gmail.com>

Kurt Wieboldt
yboldt@gmail.com
732-687-9972
---------- Forwarded message ---------
From: "Sean Kinnevy" <skinn@twp.brick.nj.us>
Date: Mar 9, 2018 4:08 PM
Subject: RE: Block 831, Lot 38, 1625 Edge Street, Laurewlton Park, R-7.5 zone
To: "Kurt Wieboldt" <yboldt@gmail.com>
Cc: "Cheryce Moore" <cmoore@twp.brick.nj.us>, "Christopher Romano" <cromano@twp.brick.nj.us>, "Lauren Helmstetter" <lhelmstetter@twp.brick.nj.us>, "Pamela O'Neill" <poneill@twp.brick.nj.us>

Hello Kurt,

Based on the minor subdivision and variances approved by the Planning Board in 1977, the subject property is a buildable lot without the need for a zoning variance.

The 9,000 square feet for a corner lot is not a requirement, even though this lot is a nonconforming lot, because a variance has been approved.

Please feel free to contact our office for any additional information or assistance.

Sean

Sean Kinnevy

Zoning Officer

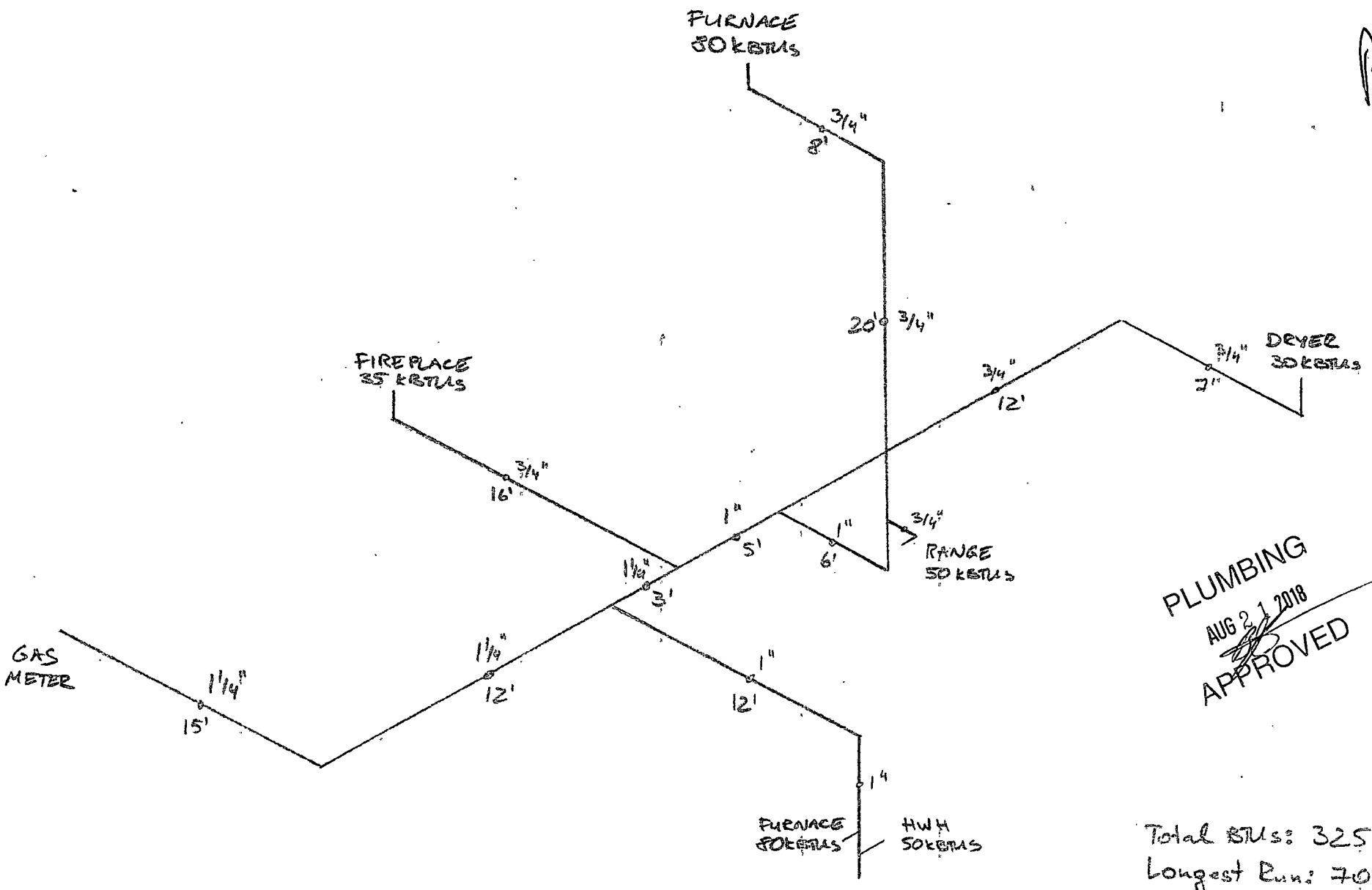
Township of Brick

Department of Administration, Finance and Public Affairs

Division of Land Use Planning

401 Chambers Bridge Road

Brick, New Jersey 08723-2898



PLUMBING
AUG 21 2018
APPROVED

Total BTUs: 325 KBTUs
Longest Run: 70 Feet
Material: Iron Pipe

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: CH
PERMIT #: Rev 18-00254

BLOCK: 831 LOT: 38 ADDRESS: 1639 West Princeton Ave

IDENTIFICATION:

1. WORK SITE ADDRESS: 1639 West Princeton Ave
2. NAME OF OWNER IN FEE: Wiebocot + Sons LLC
   ADDRESS: 858 Stengel Ave PHONE #: (732) 266-3784
   Brick NJ 08724 FAX #: (732) 458-5637
3. PRINCIPAL CONTRACTOR: Wiebocot + Sons LLC
   ADDRESS: 858 Stengel Ave PHONE #: (732) 266 3784
   Brick NJ 08724 FAX #: (732) 458-5637
4. ~~ARCHITECT~~ OR ENGINEER: R.C. Burdick P.E P.P P.C
   ADDRESS: 1023 Ocean Rd PHONE: #(732) 892 5050
5. RESPONSIBLE PERSON FOR WORK: Jeffrey D. Wiebocot
   ADDRESS: 858 Stengel Ave Brick NJ 08724

PHONE #: (732) 266 3784 FAX #: (732) 458-5637 E-MAIL: S.D. Bocot @ Comcast.net

FEE SUMMARY:

APPLICATION FEE:	$ 200.00
REVIEW FEE:	$
INSPECTION FEE:	$
OTHER _____:	$
BOND(S):	$
TOTAL:	$ 200.00

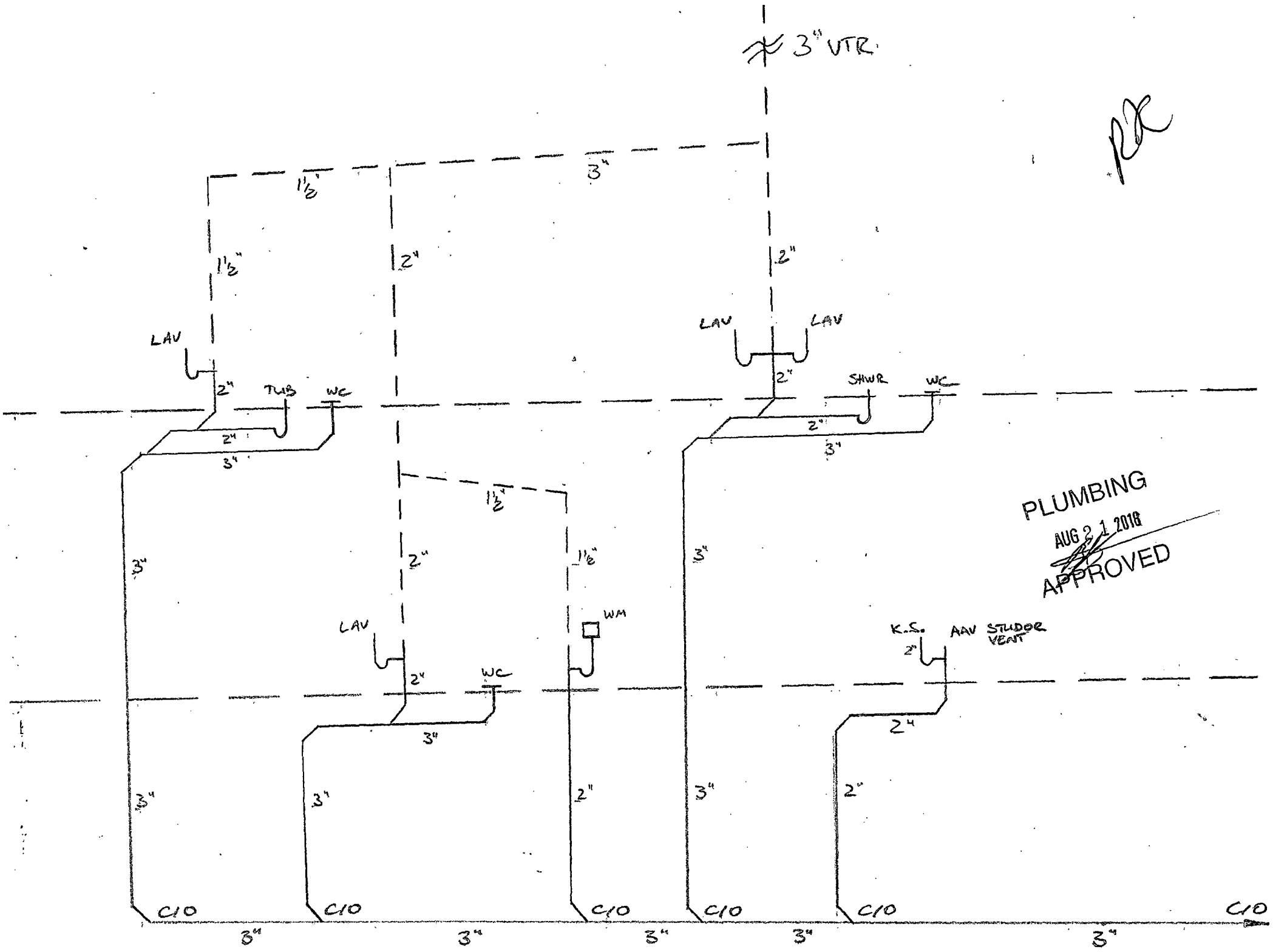
PROJECT DESCRIPTION: ☒ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER New SFD.
LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 8/3/18 DATE REJECTED: _____ DATE APPROVED: 8/3/18 INITIALS: KSP



PLUMBING
AUG 2 1 2018
APPROVED

PLUMBING
AUG 21 2018
APPROVED

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Wieboldt DATE 8-21-18

PROPERTY ADDRESS 1625 Edge St BLOCK 831 LOT 38

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	2.5	( )	8	( )	
2. KITCHEN GROUP	1	( )	2	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	2.5	( )	
		TOTALS	17.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 3/4"

DATE: 8-21-18 APPROVED BY: _____

* * * Communication Result Report (Aug. 21. 2018 9:00AM) * * *

1)
2)

Date/Time: Aug. 21. 2018 8:59AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2400	Memory TX	97324585378	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Wiebelt DATE 8-21-18

PROPERTY ADDRESS 1625 Elgin St BLOCK 831 LOT 38

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(gfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	2.5	( )	8	( )	
2. KITCHEN GROUP	1	( )	2	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	2.5	( )	
		TOTALS	12.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 3/4"

DATE: 8-21-18 APPROVED BY: [signature]

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(732) 458-7000

Herb - 458 - 7186

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: WIEBOLDT, H, WIEBOLDT, K, & WIEB PHONE NO.: _____ (bus.)
ADDRESS: 36 BRADLEY AVE _____ (home)
BRICK NJ 08724-8145

PROPERTY IN QUESTION: ADDRESS: 1625 EDGE ST.
BLOCK/LOT(S): 831. 38.

BTMUA ACCOUNT NO.: 12328006-0 TAX MAP DRAWING NO.: 45.02

SINGLE FAMILY RESIDENCE _____ MINOR SUBDIVISION _____
COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED**.	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

		INITIAL SERVICE CHARGES 3/4"	1"
* WATER	WEST PRINCETON AVE. 3/4" (STREET)		
* SEWER	WEST PRINCETON AVE, (STREET)		

* LOT HAS SERVICE

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE.
APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILBILITY OF SERVICES.

DATE: 4/3/18 SIGNED: Daniel Lentyhaff

NOTE: STATEMENT GOOD FOR ONE YEAR.

S.S. 4/3/18

REScheck Software Version 4.6.5

Compliance Certificate

Project WIEBOLDT & SONS LLC, job no. 18108

Energy Code:	**2015 IECC**
Location:	**Toms River, New Jersey**
Construction Type:	**Single-family**
Project Type:	**New Construction**
Conditioned Floor Area:	**2,318 ft2**
Glazing Area	**10%**
Climate Zone:	**4 (5294 HDD)**
Permit Date:	
Permit Number:	

Construction Site:
1629 WEST PRINCETON AVE
BLOCK:831 LOT: 38
BRICK, NJ 08723

Owner/Agent:
WIEBOLDT & SONS LLC 732-266-3784
NJ

Designer/Contractor:
DARIO L. PASQUARIELLO
DARIO ARCHITECTURE AND DESIGN
145 ATLANTIC CITY BOULEVARD
BEACHWOOD, NJ 08722
(732)-608-6838
DARIOPASQUARIELLO@GMAIL.COM

Compliance: Passes using UA trade-off

Compliance: **5.5% Better Than Code** Maximum UA: **379** Your UA: **358** Maximum SHGC: **0.40** Your SHGC: **0.26**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules.
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	1,068	30.0	0.0	0.035	37
Wall 1: Wood Frame, 16" o.c.	2,470	19.0	0.0	0.060	125
Window: 3056 Vinyl Double Hung: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0.28	83			0.300	25
Window: 2046 Vinyl Double Hung: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0.28	53			0.300	16
Window: 2460 Vinyl Double Hung: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0.28	28			0.300	8
Window: 3050 Vinyl Double Hung: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0.28	135			0.300	41
Window: 2436 Vinyl Double Hung: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0.28	8			0.300	2
Door: 32" SCFD: Solid	35			0.460	16
Door: 2868: Glass SHGC: 0.23	15			0.300	5
36" entry door WITH (2) 12" side lites: Glass SHGC: 0.12	35			0.300	11

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Wall 2: Masonry Block with Empty Cells:Interior Insulation	1,024	0.0	11.0	0.070	72

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2015 IECC requirements in RES*check* Version 4.6.5 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Dario Pasquarello, RA ADA — Name - Title

Signature

5/9/18 — Date

RES*check* Software Version 4.6.5

Inspection Checklist

Energy Code: 2015 IECC

Requirements: 0.0% were addressed directly in the RES*check* software

Text in the "Comments/Assumptions" column is provided by the user in the REScheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # & Req.ID	Pre-Inspection/Plan Review	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
103.1, 103.2 [PR1][1]	Construction drawings and documentation demonstrate energy code compliance for the building envelope. Thermal envelope represented on construction documents.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
103.1, 103.2, 403.7 [PR3][1]	Construction drawings and documentation demonstrate energy code compliance for lighting and mechanical systems. Systems serving multiple dwelling units must demonstrate compliance with the IECC Commercial Provisions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
302.1, 403.7 [PR2][2]	Heating and cooling equipment is sized per ACCA Manual S based on loads calculated per ACCA Manual J or other methods approved by the code official.	Heating: Btu/hr____ Cooling: Btu/hr____	Heating: Btu/hr____ Cooling: Btu/hr____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Foundation Inspection	Complies?	Comments/Assumptions
303.2.1 [FO11][2]	A protective covering is installed to protect exposed exterior insulation and extends a minimum of 6 in. below grade.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.9 [FO12][2]	Snow- and ice-melting system controls installed.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Framing / Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.3.4 [FR1][1]	Door U-factor.	U-____	U-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
402.1.1, 402.3.1, 402.3.3, 402.5 [FR2][1]	Glazing U-factor (area-weighted average).	U-____	U-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.1.3 [FR4][1]	U-factors of fenestration products are determined in accordance with the NFRC test procedure or taken from the default table.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.1.1 [FR23][1]	Air barrier and thermal barrier installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.3 [FR20][1]	Fenestration that is not site built is listed and labeled as meeting AAMA /WDMA/CSA 101/I.S.2/A440 or has infiltration rates per NFRC 400 that do not exceed code limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.5 [FR16][2]	IC-rated recessed lighting fixtures sealed at housing/interior finish and labeled to indicate ≤2.0 cfm leakage at 75 Pa.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.1 [FR12][1]	Supply and return ducts in attics insulated >= R-8 where duct is >= 3 inches in diameter and >= R-6 where < 3 inches. Supply and return ducts in other portions of the building insulated >= R-6 for diameter >= 3 inches and R-4.2 for < 3 inches in diameter.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.5 [FR15][3]	Building cavities are not used as ducts or plenums.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4 [FR17][2]	HVAC piping conveying fluids above 105 ºF or chilled fluids below 55 ºF are insulated to ≥R-3.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4.1 [FR24][1]	Protection of insulation on HVAC piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.3 [FR18][2]	Hot water pipes are insulated to ≥R-3.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.6 [FR19][2]	Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Insulation Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
303.1 [IN13][2]	All installed insulation is labeled or the installed R-values provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.1.1, 402.2.5, 402.2.6 [IN3][1]	Wall insulation R-value. If this is a mass wall with at least ½ of the wall insulation on the wall exterior, the exterior insulation requirement applies (FR10).	R-____ ☐ Wood ☐ Mass ☐ Steel	R-____ ☐ Wood ☐ Mass ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.2 [IN4][1]	Wall insulation is installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.2.1, 402.2.2, 402.2.6 [FI1][1]	Ceiling insulation R-value.	R-____ ☐ Wood ☐ Steel	R-____ ☐ Wood ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.1.1.1, 303.2 [FI2][1]	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft².			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.3 [FI22][2]	Vented attics with air permeable insulation include baffle adjacent to soffit and eave vents that extends over insulation.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.4 [FI3][1]	Attic access hatch and door insulation ≥R-value of the adjacent assembly.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.1.2 [FI17][1]	Blower door test @ 50 Pa. <=5 ach in Climate Zones 1-2, and <=3 ach in Climate Zones 3-8.	ACH 50 =____	ACH 50 =____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.4 [FI4][1]	Duct tightness test result of <=4 cfm/100 ft2 across the system or <=3 cfm/100 ft2 without air handler @ 25 Pa. For rough-in tests, verification may need to occur during Framing Inspection.	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.3 [FI27][1]	Ducts are pressure tested to determine air leakage with either: Rough-in test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the system including the manufacturer's air handler enclosure if installed at time of test. Postconstruction test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the entire system including the manufacturer's air handler enclosure.	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.2.1 [FI24][1]	Air handler leakage designated by manufacturer at <=2% of design air flow.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.1 [FI9][2]	Programmable thermostats installed for control of primary heating and cooling systems and initially set by manufacturer to code specifications.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.2 [FI10][2]	Heat pump thermostat installed on heat pumps.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1 [FI11][2]	Circulating service hot water systems have automatic or accessible manual controls.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
403.6.1 [FI25][2]	All mechanical ventilation system fans not part of tested and listed HVAC equipment meet efficacy and air flow limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.2 [FI26][2]	Hot water boilers supplying heat through one- or two-pipe heating systems have outdoor setback control to lower boiler water temperature based on outdoor temperature.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.1 [FI28][2]	Heated water circulation systems have a circulation pump. The system return pipe is a dedicated return pipe or a cold water supply pipe. Gravity and thermos-syphon circulation systems are not present. Controls for circulating hot water system pumps start the pump with signal for hot water demand within the occupancy. Controls automatically turn off the pump when water is in circulation loop is at set-point temperature and no demand for hot water exists.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.2 [FI29][2]	Electric heat trace systems comply with IEEE 515.1 or UL 515. Controls automatically adjust the energy input to the heat tracing to maintain the desired water temperature in the piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.2 [FI30][2]	Water distribution systems that have recirculation pumps that pump water from a heated water supply pipe back to the heated water source through a cold water supply pipe have a demand recirculation water system. Pumps have controls that manage operation of the pump and limit the temperature of the water entering the cold water piping to 104ºF.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.4 [FI31][2]	Drain water heat recovery units tested in accordance with CSA B55.1. Potable water-side pressure loss of drain water heat recovery units < 3 psi for individual units connected to one or two showers. Potable water-side pressure loss of drain water heat recovery units < 2 psi for individual units connected to three or more showers.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1 [FI6][1]	75% of lamps in permanent fixtures or 75% of permanent fixtures have high efficacy lamps. Does not apply to low-voltage lighting.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1.1 [FI23][3]	Fuel gas lighting systems have no continuous pilot light.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
401.3 [FI7][2]	Compliance certificate posted.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
303.3 [FI18][3]	Manufacturer manuals for mechanical and water heating systems have been provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

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

Bernard Destafney
824 Wellington Avenue
Toms River NJ 08757

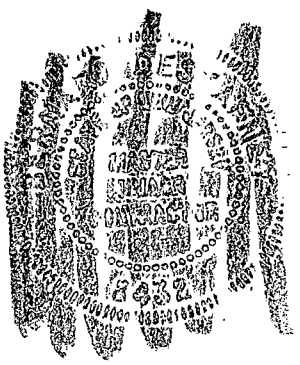
FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

08/26/2016 TO 06/30/2018
VALID

19HC00843200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 805
TRENTON, NJ 08625-0805

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

CHARLES A. RICHMAN
Commissioner

AUGUST 2, 2017

Jeffrey Wieboldt
Wieboldt & Sons LLC
858 Stengel Avenue
Brick, NJ 08724

RE: REG #41813
RENEWAL DATE: 07/31/19

Dear Mr. Wieboldt:

Enclosed is your Renewal/ New Home Builder Registration Card. Your warranty premium rate is **.00319**

This rate is effective immediately and supersedes any other rates previously assigned. Please use this rate, multiplied by the selling price of the home (or 1.25 times the total contract price of the home times this rate if it is built on the owner's lot) to compute the premium due for each new home you enroll in the State Plan.

All new home builders are required to submit a copy of the contract for sale with any and all Certificate of Participation (warranty) applications.

Should you have any questions, please call me at (609) 984-7563

Sincerely,

Pamela Marie Howard

Pamela Marie Howard
Builders Registration
Bureau of Homeowner Protection

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1639 W/PRINCETON AVE

BLOCK: 831 **LOT:** 38

CONTRACTOR: WIEBOLDT + SONS LLC

CONTRACTOR'S ADDRESS: 838 STENGEL AVE BRICK 08724

Type of Construction(minor, (new home)): _____

Type of Debris (shingles, siding, (wood, etc.)): _____

Party responsible for removal: JEFFREY D. WIEBOLDT

Dumpster Size: _____

Destination of Debris: OCEAN CO. LAND FILL (RT 70 - MANCHESTER TWP)

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

JDW
Signature

5/23/2018
Date

JEFFREY D. WIEBOLDT
Print Name

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Tax Assessor

Irene F. Raftery, CTA
Tax Assessor
732-262-1069
Fax: 732-262-9687
www.twp.brick.nj.us

June 11, 2018

Wieboldt and Sons LLC
858 Stengel Avenue
Brick, NJ 08724

Re: Address Reassignment
1625 Edge Street, Brick, NJ 08724
Block: 831 Lot: 38

To Whom It May Concern:

As requested, an investigation was made regarding the above referenced address assignment. No conflicts in our assessment records will be created by accommodating your request for an amendment to your legal "property location" as follows:

New Address:
1639 W. Princeton Ave., Brick, NJ 08724

Also, your mailing address for this property will remain 858 Stengel Avenue, Brick, NJ 08724. If you wish to change your mailing address on this property please inform us in writing or by e-mail at groldan@twp.brick.nj.us.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Geraldine Roldan
Office of the Tax Assessor
(732) 262-1067

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:
Heather deJong - President
Lisa Crate - Vice President
Jim Fozman
Arthur Halloran
Paul Mummolo
Marianna Pontoriero
Andrea Zapcic

Office of Tax Assessor

Irene F. Raftery, CTA
Tax Assessor
732-262-1069
Fax: 732-262-9687
www.twp.brick.nj.us

cc: Michael Fowler, Land Use Officer
Brick Twp. Traffic Safety
Brick Twp. Archives
Brick Twp. Post Office
Ocean County Sheriff's Office

Township of Brick

SINGLE FAMILY DWELLING

REVISED 09/29/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for Single Family Dwelling.	Yes X	NO ___
2. Zoning Application completely filled out (All Sections)	Yes X	NO ___
3. Engineering Form completely filled out (All Sections) Single Family Dwelling Checklist Major Sub Division	Yes X	NO ___
4. Copy of Ocean County Soils Certification (609)971-7002 714 Lacey Road, Forked River, NJ 08731	Yes X	NO ___
5. Four true size SEALED Plot Plans with Topography (Refer to the Engineering Plot Plan checklist & Zoning Plot Plan Requirements)	Yes X	NO ___
6. Bldg/Plmg/Electrical/ Fire Subcode Techs completed. (Plumbing & Electric must be sealed if applicable)	Yes X	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath. **If requesting a partial release we will need an extra set of the footing/foundation plans SEALED. Partial release includes Zoning, Engineering, Affordable Housing and Building.**	Yes X	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes X	NO ___
9. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes X	NO ___
10. Manufacturer brochures indicating specs and install (Furnace, Boiler, A/C, Fireplace)	Yes X	NO ___
11. Two gas pipe drawings– Indicate Tee's, BTU's, Hook-ups, length of run and size of pipe.	Yes X	NO ___
12. Two Drain Waste Vent schematic – Sealed if prepared by a licensed professional.	Yes X	NO ___
13. BTMUA Availability Statement – (732)458-7000	Yes X	NO ___
14. Completed debris form	Yes X	NO ___
15. Copy of current Home Builders Warranty	Yes X	NO ___
16. Modular Homes – Separate the cost – The house is new SFD. Site prep & all other work onsite – Alteration N/A	Yes ___	NO X
17. Heat Loss Calculation	Yes X	NO ___

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731 *Tel* (609) 971-7002 *Fax* (609) 971-3391
www.SoilDistrict.org

SOIL EROSION AND SEDIMENT CONTROL CERTIFICATION
N.J.S.A. 4:24-39, ET. SEQ., CHAPTER 251, P.L.1975

CERTIFICATION DATE: June 28, 2018

Wieboldt & Sons LLC.
858 Stengel Ave.
Brick, NJ 08724

Re: SCD# 20084; Wieboldt & Sons LLC. - 1 Lot; Block 831, Lot 38; 1639 W. Princeton Ave; Brick Township

Pursuant to Chapter 251, Soil Erosion and Sediment Control Act, P.L. 1975, the Ocean County Soil Conservation District, hereby, grants certification of the soil erosion and sediment control plan for the above-referenced project, subject to the following:

1. The applicant is required to schedule a pre-construction meeting with the District prior to the start of soil disturbance activities. The applicant must also notify the District, by mail or fax, at least 48 hours prior to initial land disturbance.

2. Any changes to the certified Soil Erosion and Sediment Control Plan will require the submission of a revised Soil Erosion and Sediment Control Plan to the District for review and approval.

3. The applicant must notify the District when the project is completed.
NOTE: No certificate of occupancy can be granted by a municipality until a report of compliance is issued by the District.

4. The applicant must carry out all land disturbance activities in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey, promulgated by the State Soil Conservation Committee. A copy of the certified plan and a copy of these provisions must be kept on the job site at all times.

5. Any conveyance of the project (or portion thereof) will transfer full responsibility for compliance to subsequent owner(s). The District must be notified in writing of any change of ownership.

6. This certification is limited to the controls specified in this plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency. THIS CERTIFICATION SHALL EXPIRE IN 3-1/2 YEARS.

Failure to comply with any of the conditions listed may result in the issuance of a Stop Construction Order.

NOTE: (1) Install and maintain a stone pad and silt fence along the street. Additional measures shall be required if erosion problems develop.

NOTE: (2) All sediment spilled, dropped, washed or tracked onto roadways (public or private), or other impervious surfaces must be removed immediately.

NOTE: (3) At the time of the final inspection, you are required to submit a Soil Compaction Mitigation Verification Form. You must also provide confirmation that the proper type and amount of seed, lime and fertilizer have been used for permanent stabilization work.

NOTE: (4) The revised standards for Soil Erosion and Sediment Control in NJ require applicants to perform a soil test to determine the lime application rate prior to permanent stabilization.

SUPERVISOR

Healthy Soil is at the Root of Everything!

RESIDENTIAL WHOLE-HOUSE WORKSHEET

Customer's Name WIEBOLDT Address 1639 WEST PRINCETON AVE
City BRICK State NJ Zip 08724 Telephone Number 732-266-3784
Winter: Inside Design Temp ____ °F-Outside Design Temp ____ °F=Heating Temp Difference ____ °F
Summer:Outside Design Temp ____ °F-Outside Design Temp ____ °F=Cooling Temp Difference ____ °F

HEATING		COMMON DATA SECTION		COOLING	
BTUH Loss	Heating Factor	SUBJECT	SQ. FT.	Cooling Factor	BTUH Gain
	X	GROSS WALL	1613		
2212		DOORS & WINDOWS (TABLE A OR B)	254		7762
1087	.80	NET WALL R-13	1359	1.9	2582
479	.33	CEILING R-30	1452	1.5	2178
2265	1.56	FLOORS Basement / crawl	1452		0
1917		VOLUME OF BUILDING (CU. FT.)	X 1 T X .007333 = Infiltration BTUHr.		
		13,068 X 20 X		=	1917
7460		SUB-TOTAL BTUH LOSS (per 10°F)			
X 7		ADJUSTMENT FACTOR (table C)			
55720		TOTAL BTUH LOSS			
		*1 PEOPLE 6 X 300 BTUH GAIN			1800
		APPLIANCES BTUH			1200
		SUB-TOTAL BTUH GAIN (room sensible only)			17439
X 1.15 *4		DUCT LOSS / GAIN FACTOR *2			*3 X 1.15
		SUB-TOTAL BTUH (Sensible Gain)			20,055
		MOISTURE REMOVAL (sub total X 1.3)			X 1.3
64078		TOTAL BTUH LOSS / GAIN			26,071

3 TON

Table A-Heating-Doors & Wood Frame Windows (Per 10°F)				
Window&Door Types	Heating Factors		X Area	BTUH Loss
	Certification			
Double hung	0.75	0.5		
Single glass	16.05	12.69		
Double glass	11.28	9.12	156	1423
Single w/storm	7.48	6.93		
Double w.storm	5.82	5.27		
Fixed		0.2		
Single		10.28		
Double		6.51		
Jalousie	1.5			
Without storm	35.42			
W/storm	17.21			
Sliding doors	1.0.	0.5		
Single glass	16.51	13.76		
Double glass	12.43	9.00.	40	360
Door	1.0.	0.5		
Wood only	10.21	7.13	18	129
Wood w/storm	5.90	4.99		
Insulated core R-5	7.51	4.43	40	300
Insulated core R-5 w/storm	4.41	3.5		
		Totals	254	2212

* 1 Assume 2 persons per bedroom
2 Calculate only if duct is in an unconditioned space
3 For crawl space or basement use 1.05 multiplier in Cooling
4 Omit if duct work is embedded in slab

TABLE B - COOLING - DOORS & WINDOWS
Factors assume windows have inside shading by draperies or venetion blinds and sliding glass doors are treated as windows.

	Single Class			Double Class			Triple Glass			X Area	BTUH Gain
	Temp. Diff.			Temp.Diff.			Temp Diff.				
Direction	15	20	25	15	20	25	15	20	25		
N	20	25	30	15	20	20	12	14	16		
NE & NW	35	40	45	30	35	35	24	25	28	142	4970
E & W	55	55	60	45	50	50	36	38	40		
SE & SW	45	50	55	40	40	45	30	32	34	54	2160
S	30	30	35	25	25	30	18	20	22		
Skylights	148	150	154	139	143	147	132	139	140		
Doors	8.8	10.9.	13.2	8.8	10.9.	13.2	8.8	10.9.	13.2	58	632
								TOTALS		254	7762

Table C - Adjustment Factors - (Heating)							
F Temperature Diff.	30	40	50	60	70	80	90
Adjustment Factor	3	4	5	6	7	8	9

Goodman
Air Conditioning & Heating

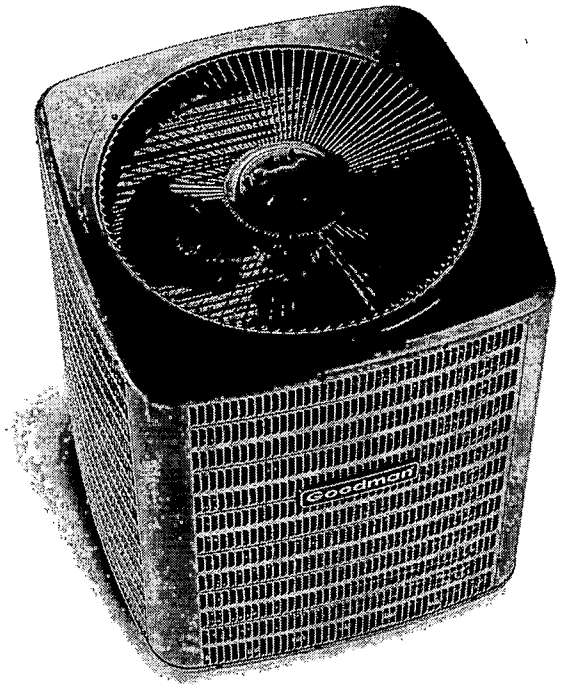
GSX13

COOLING CAPACITY: 18,000 - 60,000 BTU/H

ENERGY-EFFICIENT SPLIT SYSTEM AIR CONDITIONER 13 SEER / 1½ TO 5 TONS

Contents

3 TON



Standard Features

- Energy-efficient compressor
- Factory-installed filter drier
- Copper tube/aluminum fin coil
- Service valves with sweat connections and easy-access gauge ports
- Contactor with lug connection
- Ground lug connection
- AHRI Certified; ETL Listed

Cabinet Features

- Heavy-gauge galvanized-steel cabinet with louvered sound control top
- Attractive Architectural Gray powder-paint finish with 500-hour salt-spray approval
- Steel louver coil guard
- Single-panel access to controls with space provided for field-installed accessories

10 YEAR PARTS LIMITED WARRANTY*

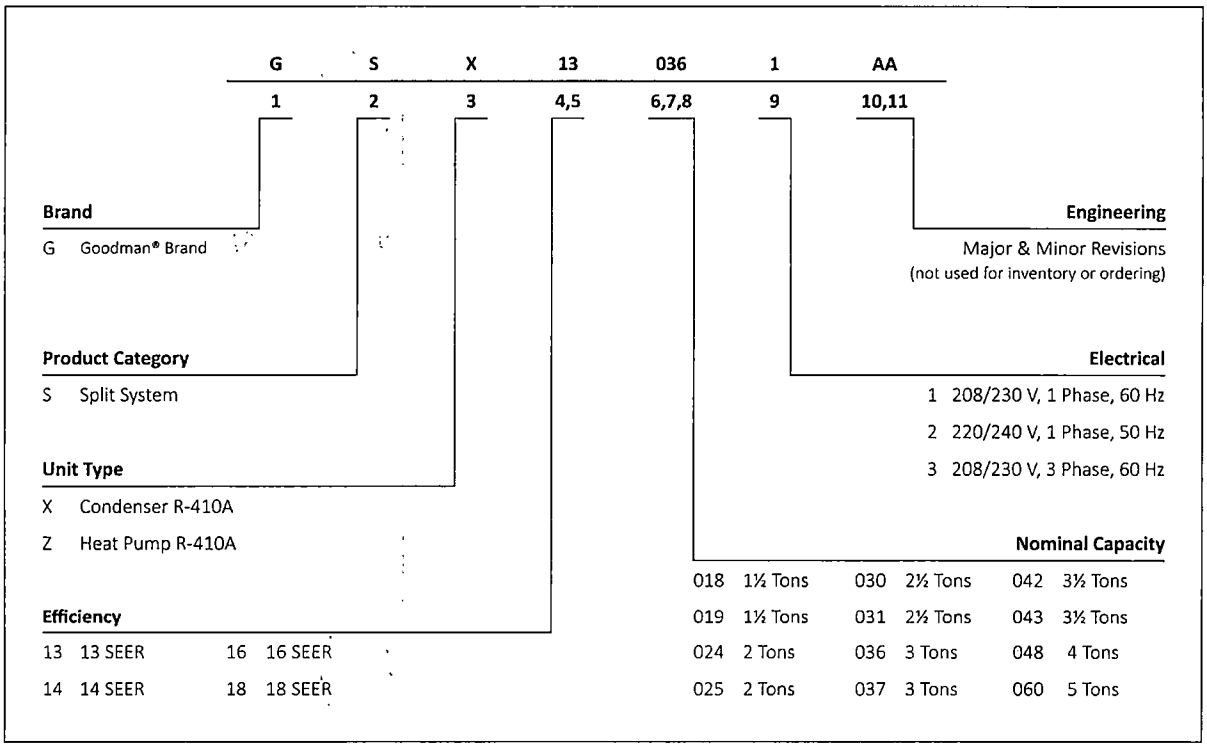
Intertek

COMPANY WITH QUALITY SYSTEM CERTIFIED BY DNV GL = ISO 9001 =

COMPANY WITH ENVIRONMENTAL SYSTEM CERTIFIED BY DNV GL = ISO 14001 =

BBB ACCREDITED BUSINESS

* Complete warranty details available from your local dealer or at www.amana-hac.com. To receive the 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Quebec.


G S X 13 036 1 AA
1 2 3 4,5 6,7,8 9 10,11
Brand
G Goodman® Brand
Product Category
S Split System
Unit Type
X Condenser R-410A
Z Heat Pump R-410A
Efficiency
13 13 SEER
14 14 SEER
16 16 SEER
18 18 SEER
Engineering
Major & Minor Revisions
(not used for inventory or ordering)
Electrical
1 208/230 V, 1 Phase, 60 Hz
2 220/240 V, 1 Phase, 50 Hz
3 208/230 V, 3 Phase, 60 Hz
Nominal Capacity
018 1½ Tons
019 1½ Tons
024 2 Tons
025 2 Tons
030 2½ Tons
031 2½ Tons
036 3 Tons
037 3 Tons
042 3½ Tons
043 3½ Tons
048 4 Tons
060 5 Tons

	GSX13 0181E*	GSX13 0181EH	GSX13 0181EJ	GSX13 0241E*	GSX13 0301B*	GSX13 0301L*	GSX13 0361E*	GSX13 0421B*	GSX13 0481B*	GSX13 0601B*	GSX13 0611A*
CAPACITIES											
Nominal Cooling (BTU/h)	18,000	18,000	18,000	23,000	30,000	30,000	36,000	42,000	48,000	60,000	60,000
SEER / EER	13/11	13/11	13/11	13/11	13/11	13 / 11	13/11	13/11	13/11	13/11	13/11
Decibels	75	75	75	75	73	74	74	75	76	77	72
COMPRESSOR											
RLA	6.7	6.7	6.0	7.7	12.8	10.5	14.1	17.9	19.9	25.0	26.4
LRA	41	37.5	37.5	37	64	47	77	112	109	134	134
CONDENSER FAN MOTOR											
Horsepower	1/8	1/8	1/8	1/8	1/8	1/8	1/4	1/4	1/4	1/4	1/4
FLA	0.7	0.65	0.65	0.65	0.65	0.7	1.2	1.2	1.2	1.2	1.3
REFRIGERATION SYSTEM											
Refrigerant Line Size [1]											
Liquid Line Size ("O.D.)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Line Size ("O.D.)	¾"	¾"	¾"	¾"	¾"	¾"	⅞"	1⅛"	1⅛"	1⅛"	⅞"
Refrigerant Connection Size											
Liquid Valve Size ("O.D.)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Valve Size ("O.D.) [4 5]	¾"	¾"	¾"	¾"	¾"	¾"	¾"	⅞" [5]	⅞" [5]	⅞" [5]	¾"
Valve Type	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge	44	58	58	60	60	68	62	80	91	94	111
Shipped with Orifice Size	0.051	0.051	0.051	0.055	0.061	0.067	0.070	0.076	0.080	0.086	0.086
ELECTRICAL DATA											
Voltage (60 Hz)	208/230	208/230-60	208/230-60	208/230	208/230	208/230-60	208/230	208/230	208/230	208/230	208/230
Minimum Circuit Ampacity [2]	9.1	9.1	8.2	10.3	16.7	13.8	18.3	23.6	26.1	32.5	34.3
Max. Overcurrent Protection [3]	15 amps	15 amps	15 amps	15 amps	25 amps	20	30 amps	40 amps	45 amps	50 amps	60 amps
Min / Max Volts	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253
Electrical Conduit Size	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"
EQUIPMENT WEIGHT (LBS)	102	102	102	103	115	138	118	171	175	184	211
SHIP WEIGHT (LBS)	117	117	117	120	132	153	135	189	193	202	233

[1] Line sizes denoted for 25' line sets, tested and rated in accordance with AHRI Standard 210/240. For other line-set lengths or sizes, refer to the installation & Operating instructions and/or the long line-set guidelines.

[2] Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes

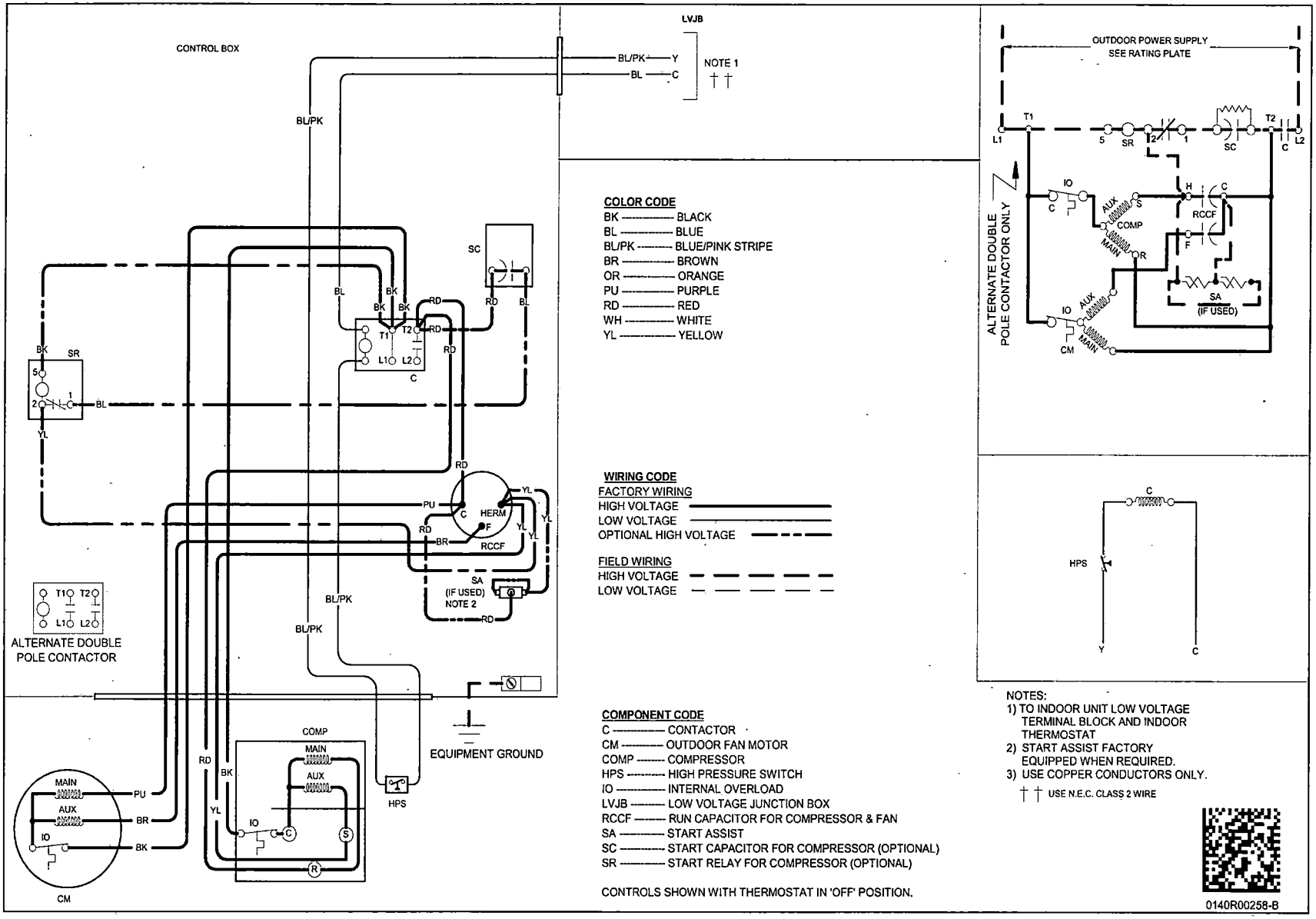
[3] Must use time-delay fuses or HACR-type circuit breakers of the same size as noted.

[4] Installer will need to supply ¾" to ⅞" adapters for suction line connections.

[5] Installer will need to supply ⅞" to 1⅛" adapters for suction line connections.

NOTES

- Always check the S&R plate for electrical data on the unit being installed.
- Unit is charged with refrigerant for 15' of ⅜" liquid line. System charge must be adjusted per Installation Instructions Final Charge Procedure.
- This product may not be installed in the Southeast (including Hawaii) or Southwest Regions as of Jan. 1, 2015.



COLOR CODE

BK ——— BLACK
BL ——— BLUE
BL/PK ——— BLUE/PINK STRIPE
BR ——— BROWN
OR ——— ORANGE
PU ——— PURPLE
RD ——— RED
WH ——— WHITE
YL ——— YELLOW

WIRING CODE

FACTORY WIRING
HIGH VOLTAGE
LOW VOLTAGE
OPTIONAL HIGH VOLTAGE

FIELD WIRING
HIGH VOLTAGE
LOW VOLTAGE

COMPONENT CODE

C ——— CONTACTOR
CM ——— OUTDOOR FAN MOTOR
COMP ——— COMPRESSOR
HPS ——— HIGH PRESSURE SWITCH
IO ——— INTERNAL OVERLOAD
LVJB ——— LOW VOLTAGE JUNCTION BOX
RCCF ——— RUN CAPACITOR FOR COMPRESSOR & FAN
SA ——— START ASSIST
SC ——— START CAPACITOR FOR COMPRESSOR (OPTIONAL)
SR ——— START RELAY FOR COMPRESSOR (OPTIONAL)

CONTROLS SHOWN WITH THERMOSTAT IN 'OFF' POSITION.

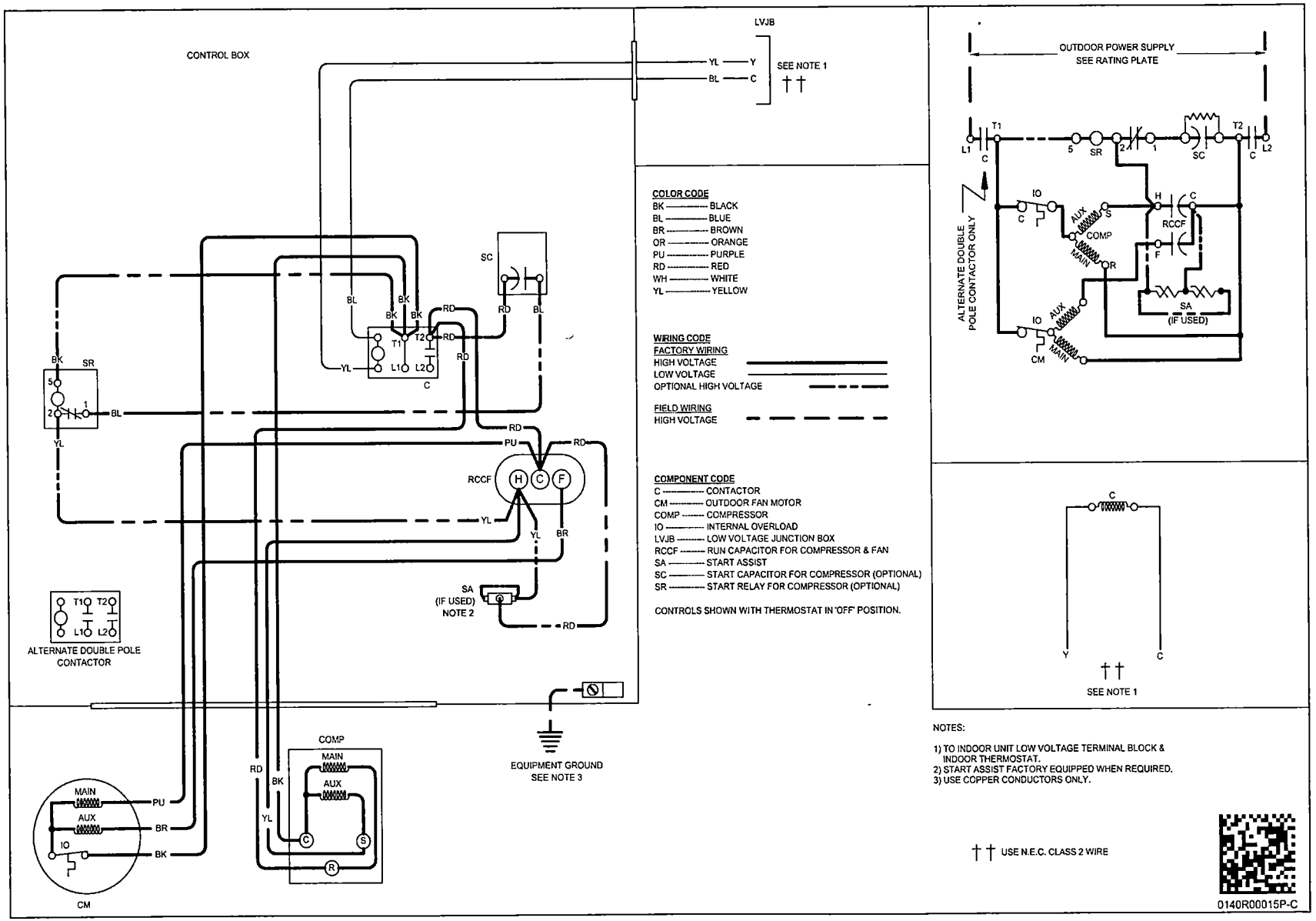
NOTES:
1) TO INDOOR UNIT LOW VOLTAGE TERMINAL BLOCK AND INDOOR THERMOSTAT
2) START ASSIST FACTORY EQUIPPED WHEN REQUIRED.
3) USE COPPER CONDUCTORS ONLY.

†† USE N.E.C. CLASS 2 WIRE

0140R00258-B

Wiring is subject to change. Always refer to the wiring diagram or the unit for the most up-to-date wiring.

WARNING — **High Voltage:** Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.



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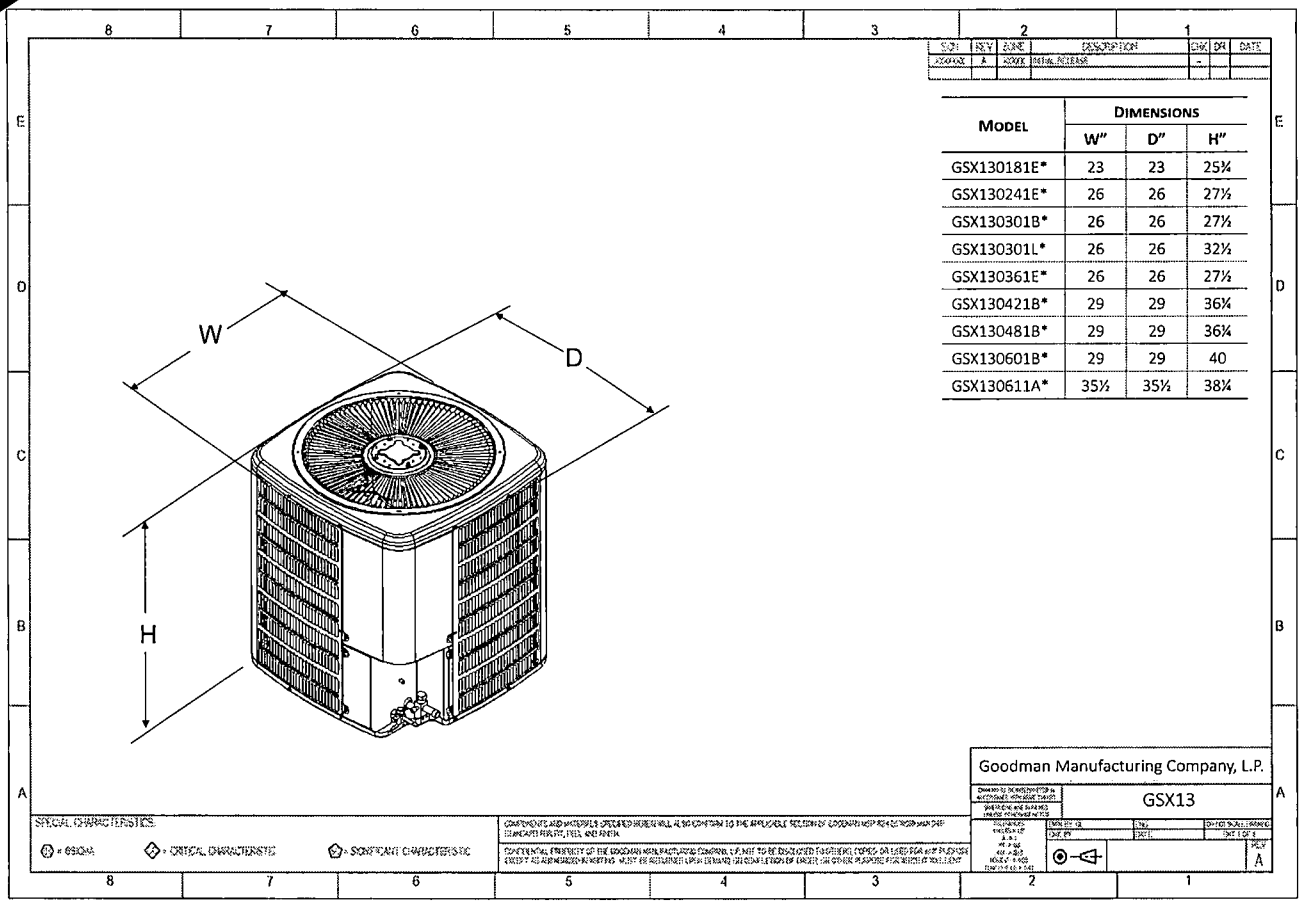


Model	Dimensions		
	W"	D"	H"
GSX130181E*	23	23	25¼
GSX130241E*	26	26	27½
GSX130301B*	26	26	27½
GSX130301L*	26	26	32½
GSX130361E*	26	26	27½
GSX130421B*	29	29	36¼
GSX130481B*	29	29	36¼
GSX130601B*	29	29	40
GSX130611A*	35½	35½	38¼

Accessories

Model #	Description	GSX13 018D*	GSX13 018E*	GSX13 024D*/E*	GSX13 030B*/L*	GSX13 036E*	EGSX13 042**	GSX13 048**	GSX13 060**	GSX13 061**
ABK-20	Anchor Bracket Kit ^			X	X	X	X	X	X	X
ABK-21	Anchor Bracket Kit ^	X	X							
ASC-01	Anti-Short Cycle Kit	X	X	X	X	X	X	X	X	X
CSR-U-1	Hard-start Kit		X	X	X	X				
CSR-U-2	Hard-start Kit	X					X	X	X	X
CSR-U-3	Hard-start Kit							X	X	X
FSK01A[1]	Freeze Protection Kit	X	X	X	X	X	X	X	X	X
LSK02A[2]	Liquid Line Solenoid Kit	X	X	X	X	X	X	X	X	X
0130R00000S	Low-Pressure Switch Kit	X	X	X	X	X	X	X	X	X
LAKT01A	Low-Ambient Kit	X	X	X	X	X	X	X	X	X
TX2N4[2]	TXV Kit	X	X							
TX2N4A[2]	TXV Kit	X	X	X						
TX3N4[2]	TXV Kit				X	X				
TX5N4[2]	TXV Kit						X	X	X	X

^ Contains 20 brackets; four brackets needed to anchor unit to pad

[1] Installed on indoor coil

[2] Field-installed, non-bleed, expansion valve kit: Condensing units and heat pumps with reciprocating compressors require the use of start-assist components when used in conjunction with an indoor coil using a non-bleed thermal expansion valve refrigerant metering device or liquid line solenoid kit.

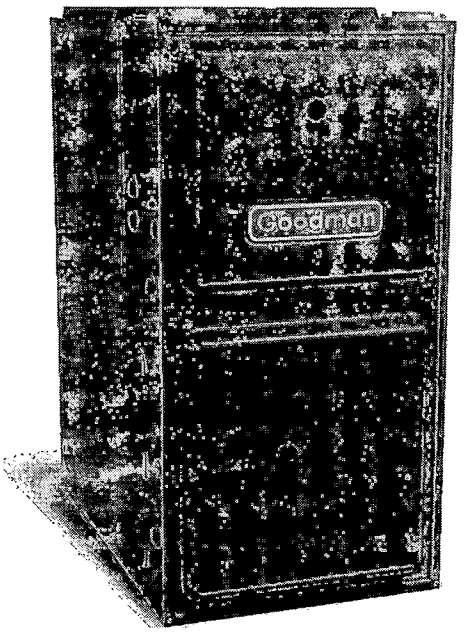
Goodman
Air Conditioning & Heating

GMSS92 / GCSS92

HEATING INPUT: 40,000–120,000 BTU/H

SINGLE-STAGE, MULTI-SPEED GAS FURNACE

UP TO 92% AFUE



Contents

80,000 BTU'S

Standard Features

- Heavy-duty aluminized-steel tubular heat exchanger
- Stainless-steel secondary heat exchanger
- Single-stage gas valve
- Durable Silicon Nitride igniter
- Multi-speed blower motor
- Quiet single-speed induced draft blower
- Self-diagnostic control board
- All models comply with California 40 ng/J Low NOx emissions standard
- AHRI Certified; ETL Listed

Cabinet Features

- Designed for multi-position installation — GMSS92: upflow, horizontal left or right GCSS92: downflow, horizontal left or right
- Certified for direct vent (2-pipe) or non-direct vent (1-pipe)
- Easy-to-install top venting with optional side venting — GMSS92/upflow models only
- Convenient left or right connection for gas and electrical service
- Cabinet air leakage (Q_{Leak}) ≤ 2%
- Heavy-gauge steel cabinet with durable finish
- Foil-faced insulated heat exchanger cabinet
- Airtight solid bottom or side return with easy-cut tabs for effortless removal in bottom air-inlet applications

LIFETIME HEAT EXCHANGER LIMITED WARRANTY* | 10 YEAR PARTS LIMITED WARRANTY* | Intertek | AHRI CERTIFIED | COMPANY WITH QUALITY SYSTEM CERTIFIED BY DNV GL = ISO 9001 = | COMPANY WITH ENVIRONMENTAL SYSTEM CERTIFIED BY DNV GL = ISO 14001 = | BBB ACCREDITED BUSINESS

* Complete warranty details available from your local dealer or at www.goodmanmfg.com. To receive the Lifetime Heat Exchanger Limited Warranty (good for as long as you own your home), and 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Québec.

	GMSS92 0403ANA	GMSS92 0402BNA	GMSS92 0603BNA	GMSS92 0803BNA	GMSS92 0804CNA	GMSS92 0805CNA	GMSS92 1004CNA	GMSS92 1005CNA	GMSS92 1205DNA
HEATING DATA									
High Fire Input[1]	40,000	40,000	60,000	80,000	80,000	80,000	100,000	100,000	120,000
High Fire Output[1]	36,800	36,800	55,200	73,600	73,600	73,600	92,000	92,000	110,400
AFUE[2]	92	92	92	92	92	92	92	92	92
Temperature Rise Range (°F)	30 - 60	30 - 60	35 - 65	35 - 65	35 - 65	25 - 55	35 - 65	35 - 65	35 - 65
Vent Diameter[3]	2" - 3"	2" - 3"	2" - 3"	2" - 3"	2" - 3"	2" - 3"	2" - 3"	2" - 3"	3"
NO. OF BURNERS	2	2	3	4	4	4	5	5	6
CIRCULATOR BLOWER									
Available AC @ 0.5" ESP	1.5 - 3	1.5 - 3	1.5 - 3	1.5 - 3	3 - 5	3 - 5	3 - 5	3 - 5	3 - 5
Size (D x W)	10" x 6"	10" x 8"	10" x 8"	10" x 8"	10" x 10"	11" x 10"	10" x 10"	11" x 10"	11" x 11"
Horsepower @ 1075 RPM	⅓	⅓	⅓	⅓	½	¾	½	¾	¾
Speed	4	4	4	4	4	4	4	4	4
FILTER SIZE (IN²) (QTY)	(1) 16 x 25 (side) or (1) 14 x 25 (bottom)	(1) 16 x 25 (side or bottom)	(1) 16 x 25 (side or bottom)	(1) 16 x 25 (side or bottom)	(1) 16 x 25 (side or bottom)	(1) 20 x 25 (bottom) or (2) 16 x 25 (side)	(1) 16 x 25 (side or bottom)	(1) 20 x 25 (bottom) or(2) 16 x 25 (side)	(1) 20 x 25 (bottom) or(2) 16 x 25 (side)
ELECTRICAL DATA									
Min. Circuit Ampacity[4]	9.3	9.6	9.6	9.6	11.7	13.7	11.7	13.7	13.7
Max. Overcurrent Device (amps)[5]	15	15	15	15	15	15	15	15	15
SHIPPING WEIGHT (LBS)	104	109	112	115	137	138	139	140	152

1 Natural Gas BTU/h

2 DOE AFUE based upon Isolated Combustion System (ICS)

3 Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.

4 Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.

5 Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

NOTES

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.
- For bottom return: Failure to unfold flanges may reduce airflow by up to 18%. This could result in performance and noise issues.
- For servicing or cleaning, a 24" front clearance is required. Unit connections (electrical, flue and drain) may necessitate greater clearances than the minimum learances listed above. In all cases, accessibility clearance must take precedence over clearances from the enclosure where accessibility clearances are greater.

	GCSS92 0402BNA	GCSS92 0603BNA	GCSS92 0804CNA	GCSS92 1005CNA
HEATING DATA				
High Fire Input[1]	40,000	60,000	80,000	100,000
High Fire Output[1]	36,800	55,200	73,600	92,000
AFUE[2]	92	92	92	92
Temperature Rise Range (°F)	30 - 60	35 - 65	35 - 65	35 - 65
Vent Diameter[3]	2" - 3"	2" - 3"	2" - 3"	2" - 3"
NO. OF BURNERS	2	3	4	5
CIRCULATOR BLOWER				
Available AC @ 0.5" ESP	1.5 - 3	1.5 - 3	2.5 - 4	2.5 - 4
Size (D x W)	10" x 8"	10" x 8"	10" x 10"	11" x 10"
Horsepower @ 1075 RPM	⅓	⅓	½	¾
Speed	4	4	4	4
ELECTRICAL DATA				
Min. Circuit Ampacity[4]	9.6	9.6	11.7	13.7
Max. Overcurrent Device (amps)[5]	15	15	15	15
SHIPPING WEIGHT (LBS)	109	112	137	140

1 Natural Gas BTU/h

2 DOE AFUE based upon Isolated Combustion System (ICS)

3 Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.

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NOTES

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- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.
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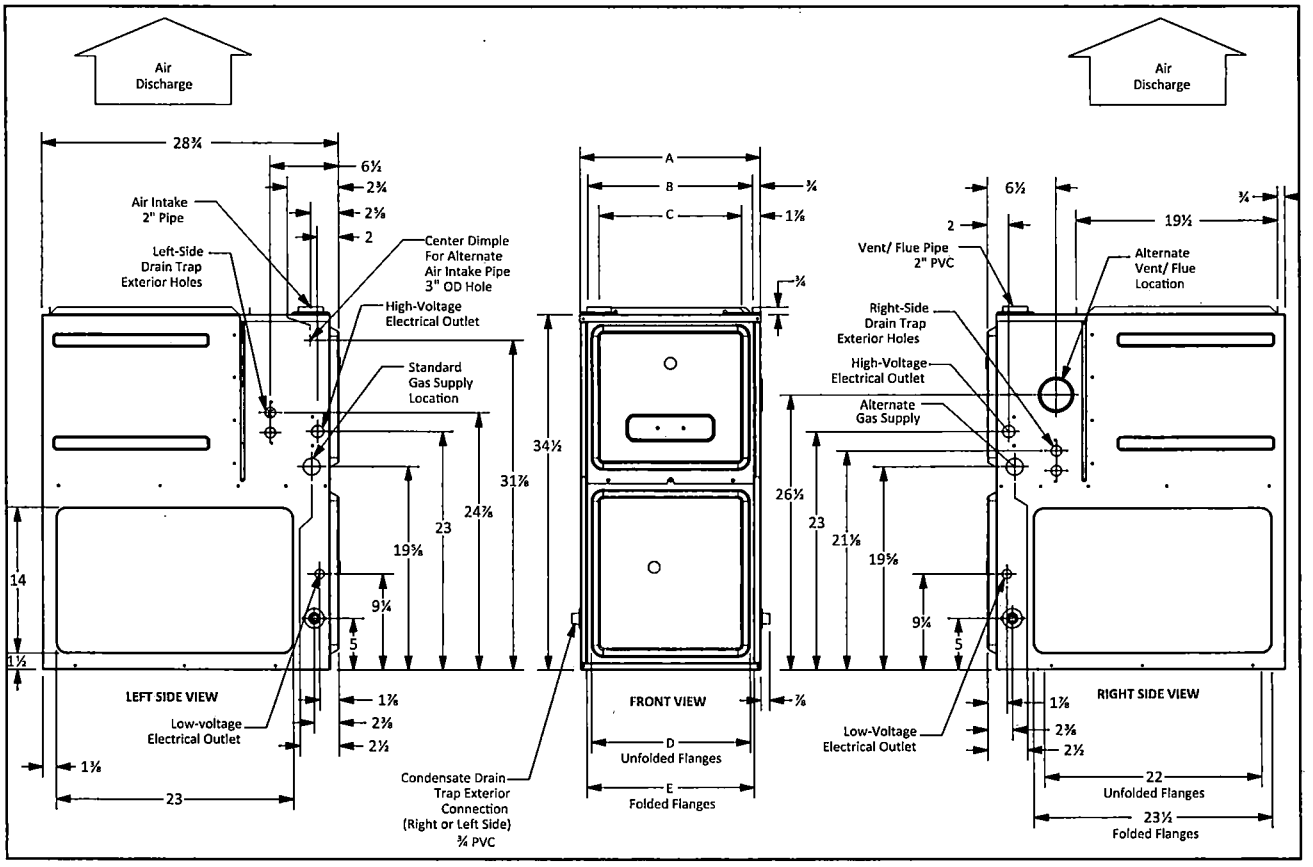
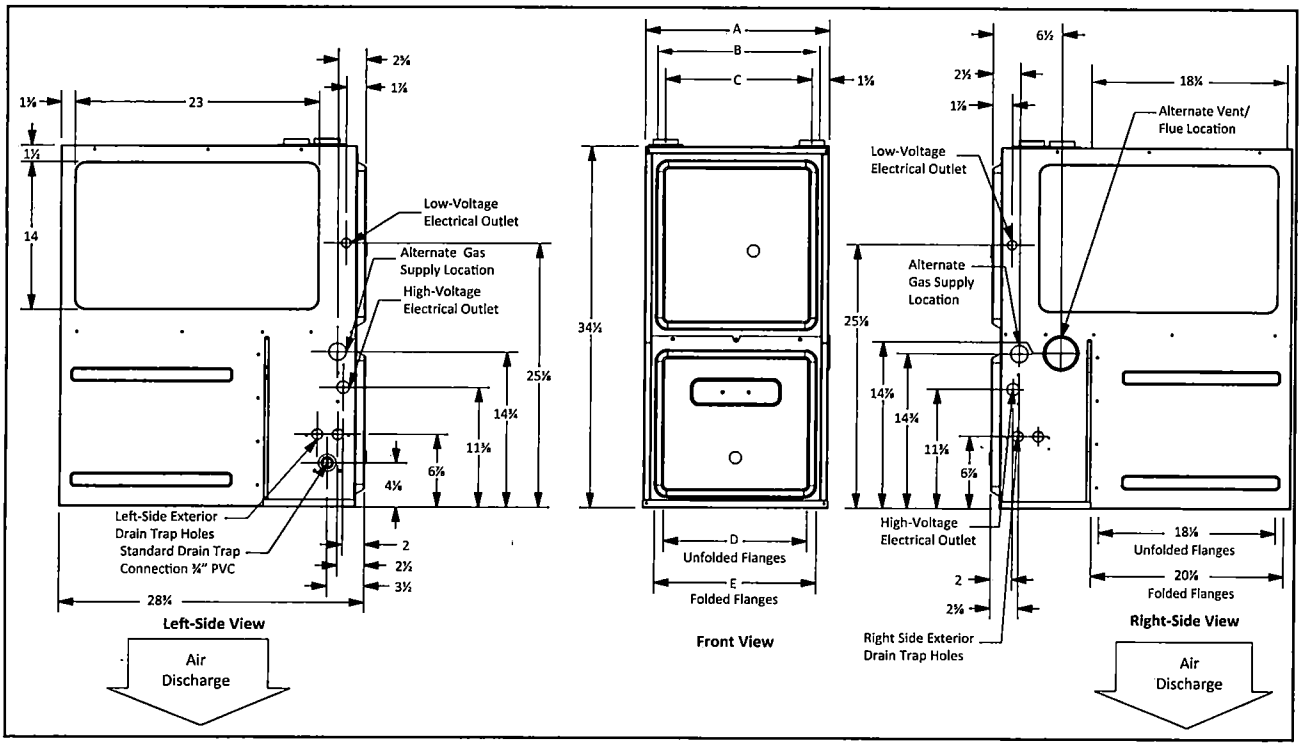


		AIR DISCHARGE			AIR RETURN
MODEL	A	B	C	D	E
GMSS920403ANA	14"	12½"	10½"	8⅝"	10⅛"
GMSS920402BNA	17½	16"	13⅜"	12⅛"	13⅝"
GMSS920603BNA	17½"	16"	13⅜"	12⅛"	13⅝"
GMSS920803BNA	17½"	16"	13⅜"	12⅛"	13⅝"
GMSS920804CNA	21"	19½"	17⅜"	16"	17½"
GMSS920805CNA	21"	19½"	17⅜"	16"	17½"
GMSS921004CNA	21"	19½"	17⅜"	16"	17½"
GMSS921005CNA	21"	19½"	17⅜"	16"	17½"
GMSS921205DNA	24½"	23"	20⅞"	19⅜"	20⅞"

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

POSITION	SIDES	REAR	FRONT	BOTTOM	FLUE	TOP
Upflow	0"	0"	3"	C	0"	1"
Horizontal	6"	0"	3"	C	0"	6"

C = If placed on combustible floor, the floor MUST be wood ONLY.



		AIR RETURN			AIR DISCHARGE
MODEL	A	B	C	D	E
GCSS920402BNA	17½"	14⅝"	14"	14½"	16"
GCSS920603BNA	17½"	14⅝"	14"	14½"	16"
GCSS920804CNA	21"	18⅛"	17½"	18"	19½"
GCSS921005CNA	21"	18⅛"	17½"	18"	19½"

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

POSITION	SIDES	REAR	FRONT	BOTTOM	FLUE	TOP
Downflow	0"	0"	3"	NC	0"	1"
Horizontal	6"	0"	3"	C	0"	6"

C = If placed on combustible floor, the floor MUST be wood ONLY.

NC = For installation on non-combustible floors only. A combustible floor sub-base must be used for installations on combustible flooring.

(CFM & TEMPERATURE RISE VS. EXTERNAL STATIC PRESSURE)

MODEL	MOTOR SPEED	TONS AC[1]	EXTERNAL STATIC PRESSURE, (INCHES WATER COLUMN)												
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8
			CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	CFM	CFM
GMSS92 0403ANA	High	3	1260	N/A	1205	N/A	1153	N/A	1081	31	1023	N/A	946	871	790
	Med	2.5	1156	N/A	1115	N/A	1074	31	1019	33	959	35	893	817	742
	Med-Lo	2	1028	33	993	34	959	35	915	36	866	39	810	742	671
	Low	1.5	938	36	903	37	873	38	834	40	791	42	746	672	597
GMSS92 0402BNA	High	3	1,498	N/A	1,446	N/A	1,368	N/A	1,302	N/A	1,227	N/A	1,145	1,059	954
	Med	2.5	1,223	N/A	1,182	N/A	1,153	30	1,099	31	1,051	32	982	901	813
	Med-Lo	2	983	35	971	35	945	36	919	37	878	39	813	746	659
	Low	1.5	816	42	794	43	758	45	734	46	678	50	637	597	523
GMSS92 0603BNA	High	3	1,494	N/A	1,428	36	1,362	38	1,294	39	1,231	42	1,162	1,076	972
	Med	2.5	1,203	42	1,178	43	1,147	45	1,101	46	1,045	49	986	927	831
	Med-Lo	2	977	52	965	53	939	54	904	57	866	59	801	763	639
	Low	1.5	801	64	786	65	751	N/A	714	N/A	714	N/A	680	635	596
GMSS92 0803BNA	High	3	1,459	47	1,397	49	1,339	51	1,270	54	1,202	57	1,107	1,049	952
	Med	2.5	1,191	57	1,166	58	1,137	60	1,086	63	1,033	N/A	973	889	797
	Med-Lo	2	985	N/A	967	N/A	932	N/A	900	N/A	859	N/A	805	731	620
	Low	1.5	808	N/A	785	N/A	758	N/A	726	N/A	679	N/A	629	590	513
GMSS92 0804CNA	High	5	2,115	N/A	2,050	N/A	1,973	35	1,915	36	1,810	38	1,695	1,587	1,467
	Med	4	1,802	38	1,739	39	1,725	40	1,665	41	1,612	42	1,532	1,443	1,320
	Med-Lo	3.5	1,517	45	1,509	45	1,496	46	1,475	46	1,441	47	1,388	1,304	1,205
	Low	3	1,213	56	1,225	56	1,216	56	1,194	57	1,179	58	1,135	1,084	1,005
GMSS92 0805CNA	High	5	2,284	30	2,231	31	2,170	31	2,103	32	2,037	33	1,945	1,836	1,750
	Med	4	1,865	37	1,869	36	1,775	38	1,732	39	1,684	40	1,619	1,548	1,480
	Med-Lo	3.5	1,594	43	1,571	43	1,530	45	1,492	46	1,454	47	1,414	1,355	1,293
	Low	3	1,411	48	1,366	50	1,325	51	1,296	53	1,251	54	1,200	1,147	1,096
GMSS92 1004CNA	High	5	2,082	41	1,997	43	1,943	44	1,847	46	1,749	49	1,669	1,560	1,443
	Med	4	1,823	47	1,782	48	1,711	50	1,659	51	1,574	54	1,513	1,402	1,305
	Med-Lo	3.5	1,565	54	1,545	55	1,529	56	1,487	57	1,441	59	1,365	1,287	1,196
	Low	3	1,261	N/A	1237	N/A	1,242	N/A	1,216	N/A	1,179	N/A	1,145	1,098	1,034
GMSS92 1005CNA	High	5	2,137	40	2,073	41	2,031	42	1,949	44	1,879	45	1,811	1,734	1,625
	Med	4	1,793	48	1,754	49	1,704	50	1,648	52	1,590	54	1,534	1,451	1,371
	Med-Lo	3.5	1,558	55	1,518	56	1,477	58	1,425	60	1,376	62	1,316	1,242	1,170
	Low	3	1,370	62	1,325	64	1,288	N/A	1,237	N/A	1,191	N/A	1,134	1,086	1,024
GMSS92 1205DNA	High	5	2,256	45	2,192	47	2,133	48	2,054	50	1,986	51	1,907	1,834	1,718
	Med	4	1,805	57	1,762	58	1,722	59	1,677	61	1,618	63	1,563	1,507	1,441
	Med-Lo	3.5	1,565	65	1,513	N/A	1,480	N/A	1,415	N/A	1,392	N/A	1,346	1,269	1,198
	Low	3	1,368	N/A	1,326	N/A	1,278	N/A	1,238	N/A	1,208	N/A	1,165	1,093	1,052

[1] at 0.5" ESP

NOTES

- CFM in chart is without filter(s). Filters do not ship with this furnace, but must be provided by the installer. If the furnace requires two return filters, this chart assumes both filters are installed.
- All furnaces ship as high-speed cooling and medium-speed heating. Installer must adjust blower cooling & heating speed as needed.
- For most jobs, about 400 CFM per ton when cooling is desirable.
- INSTALLATION IS TO BE ADJUSTED TO OBTAIN TEMPERATURE RISE WITHIN THE RANGE SPECIFIED ON THE RATING PLATE.
- This chart is for information only. For satisfactory operation, external static pressure should not exceed value shown on the rating plate. The shaded area indicates ranges in excess of maximum static pressure allowed when heating.
- The above chart is for U.S. furnaces installed at 0-2000 feet. At higher altitudes, a properly derated unit will have approximately the same temperature rise at a particular CFM, while ESP at the CFM will be lower.

MINIMUM FILTER SIZES

	GMSS92 0403ANA	GMSS92 0402BNA	GMSS92 0603BNA	GMSS92 0803BNA	GMSS92 0804CNA	GMSS92 0805CNA	GMSS92 1004CNA	GMSS92 1005CNA	GMSS92 1205DNA
Filter Size (in²) (Qty)	(1) 16 x 25 (side) or (1) 14 x 25 (bottom)	(1) 16 x 25 (side or bottom)				(1) 20 x 25 (bottom) or (2) 16 x 25 (side)	(1) 16 x 25 (side or bottom)	(1) 20 x 25 (bottom) or (2) 16 x 25 (side)	

Note: Other size filters of equal or greater dimensions may be used. Filters may also be centrally located.

(CFM & TEMPERATURE RISE VS. EXTERNAL STATIC PRESSURE)

MODEL	MOTOR SPEED	TONS AC[1]	EXTERNAL STATIC PRESSURE, (INCHES WATER COLUMN)												
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8
			CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	CFM	CFM
GCSS92 0402BNA	High	3	1,400	N/A	1,331	N/A	1,263	N/A	1,189	N/A	1,106	31	1,020	941	843
	Med	2.5	1,204	N/A	1,176	N/A	1,121	30	1,072	32	1,002	34	927	853	740
	Med-Lo	2	1,020	33	998	34	968	35	923	37	880	39	820	739	652
	Low	1.5	841	41	827	41	797	43	766	44	727	47	680	634	556
GCSS92 0603BNA	High	3	1,668	31	1,335	38	1,288	40	1,207	42	1,133	45	1,061	955	845
	Med	2.5	1,224	42	1,182	43	1,139	45	1,088	47	1,015	50	948	859	759
	Med-Lo	2	1,030	50	1,005	51	988	52	942	54	893	57	830	751	666
	Low	1.5	859	60	830	62	815	63	789	65	751	N/A	693	629	556
GCSS92 0804BNA	High	4	1,770	39	1,645	41	1,610	42	1,528	45	1,437	47	1,340	1,251	1,141
	Med	3.5	1,690	40	1,615	42	1,531	45	1,470	46	1,393	49	1,308	1,196	1,099
	Med-Lo	3	1,612	42	1,540	44	1,472	46	1,398	49	1,306	52	1,223	1,132	1,010
	Low	2.5	1,396	49	1,339	51	1,304	52	1,250	55	1,170	58	1,092	1,010	906
GCSS92 1005CNA	High	4	1,793	48	1,699	50	1,610	53	1,533	56	1,461	58	1,363	1,247	1,146
	Med	3.5	1,693	50	1,622	53	1,552	55	1,467	58	1,390	61	1,320	1,205	1,083
	Med-Lo	3	1,632	52	1,546	55	1,493	57	1,415	60	1,332	64	1,257	1,148	1,054
	Low	2.5	1,429	60	1,380	62	1,334	64	1,258	N/A	1,199	N/A	1,136	1,041	942

[1] at 0.5" ESP

NOTES

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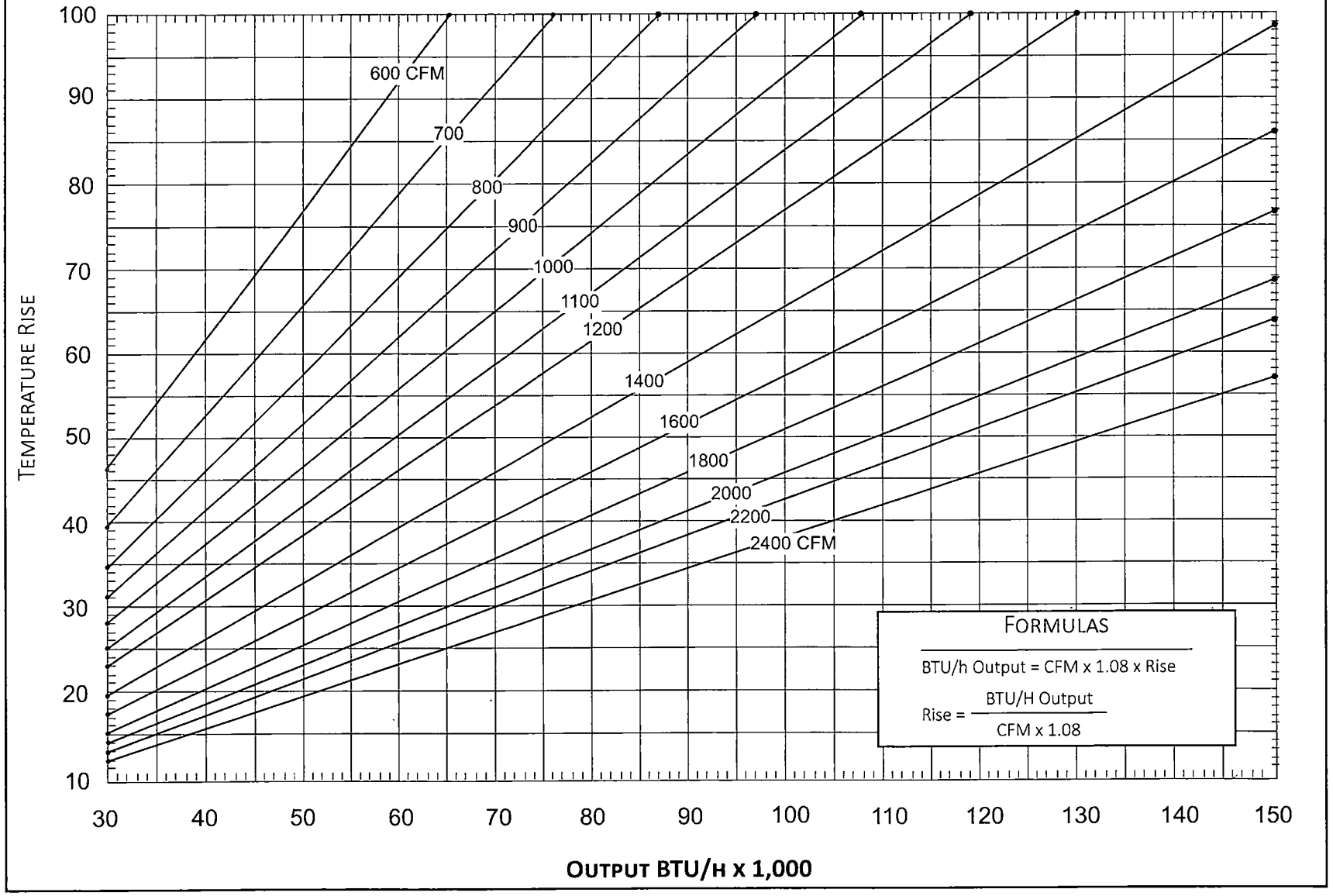
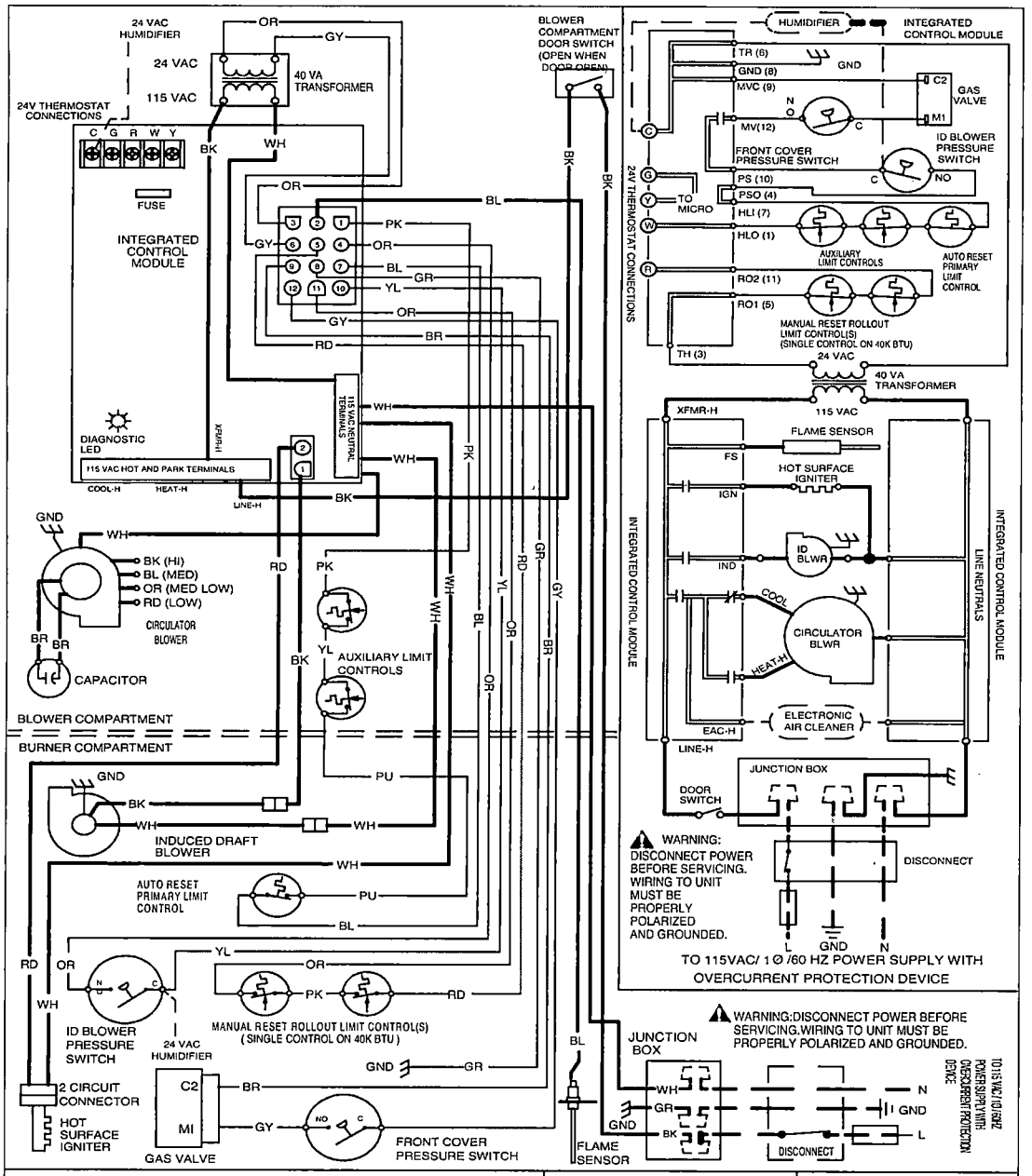
MINIMUM FILTER SIZES

	GCSS92 0402BNA	GCSS92 0603BNA	GCSS92 0804CNA	GCSS92 1005CNA
Filter Size (in²) (Qty)	(2) 10 x 20 or (1) 16 x 25 (top return)			(1) 14 x 20 (bottom) or (1) 20 x 25 (top return)

Note: Other size filters of equal or greater dimensions may be used. Filters may also be centrally located.

BTU OUTPUT VS. TEMPERATURE RISE CHART





- STEADY ON = NORMAL OPERATION
- OFF = CONTROL FAILURE
- 1 FLASH = SYSTEM LOCKOUT (RETRIES EXCEEDED)
- 2 FLASHES = PRESSURE SWITCH STUCK CLOSED
- 3 FLASHES = PRESSURE SWITCH STUCK OPEN
- 4 FLASHES = OPEN HIGH LIMIT
- 5 FLASHES = FLAME SENSE WITHOUT GAS VALVE
- 6 FLASHES = OPEN ROLLOUT
- 7 FLASHES = 7 FLASHES = LOW FLAME SIGNAL
- 8 FLASHES = 8 FLASHES = CHECK IGNITER OR IMPROPER GROUNDING
- CONTINUOUS/RAPID FLASHES = REVERSED 115 VAC POLARITY

- LOW VOLTAGE (24V)
- LOW VOLTAGE FIELD
- HI VOLTAGE (115V)
- HI VOLTAGE FIELD
- JUNCTION
- TERMINAL
- INTERNAL TO INTEGRATED CONTROL
- PLUG CONNECTION

- EQUIPMENT GND
- FIELD GND
- FIELD SPLICE
- SWITCH (TEMP.)
- IGNITER
- SWITCH (PRESS.)
- OVERCURRENT PROT. DEVICE

COLOR CODES:	
YL YELLOW	PK PINK
OR ORANGE	BR BROWN
PU PURPLE	WH WHITE
GN GREEN	BL BLUE
BK BLACK	GY GRAY
	RD RED

0140F01908-A

NOTES:
1. SET HEAT ANTICIPATOR ON ROOM THERMOSTAT AT 0.7 AMPS.
2. MANUFACTUR'S SPECIFIED REPLACEMENT PARTS MUST BE USED WHEN SERVICING.
3. IF ANY OF THE ORIGINAL WIRE AS SUPPLIED WITH THE FURNACE MUST BE REPLACED, IT MUST BE REPLACED WITH WIRING MATERIAL HAVING A TEMPERATURE RATING OF AT LEAST 105 °C. USE COPPER CONDUCTORS ONLY.
4. BLOWER SPEEDS SHOULD BE ADJUSTED BY INSTALLER TO MATCH THE INSTALLATION REQUIREMENTS SO AS TO PROVIDE THE CORRECT HEATING TEMPERATURE RISE AND THE CORRECT COOLING CFM.
5. UNIT MUST BE PERMANENTLY GROUNDED AND CONFORM TO N.E.C. AND LOCAL CODES.

WARNING

High Voltage: Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.

Wiring is subject to change. Always refer to the wiring diagram on the unit for the most up-to-date wiring.

MODEL	DESCRIPTION	GMSS92 0403ANA	GMSS92 0402BNA	GMSS92 0603BNA	GMSS92 0803BNA	GMSS92 0804CNA	GMSS92 0805CNA	GMSS92 1004CNA	GMSS92 1005CNA	GMSS92 1205DNA
CVENT-2	Concentric Vent Kit (2")	√	√	√	√	√	√	√	√	---
CVENT-3	Concentric Vent Kit (3")	√	√	√	√	√	√	√	√	√
CFSB17	Downflow Sub-Base 17.5"	---	---	---	---	---	---	---	---	---
CFSB21	Downflow Sub-Base 21"	---	---	---	---	---	---	---	---	---
CFSB24	Downflow Sub-Base 24"	---	---	---	---	---	---	---	---	---
RF000142	Drain Kit -Horizontal Left Vertical Flue	√	√	√	√	√	√	√	√	√
EFR02	External Filter Rack with 16"x25" Permanent Filter	√	√	√	√	√	---	√	---	---
0170K00000S	Flush Mount Vent Kit - 3" or 2"	√	√	√	√	√	√	√	√	√
0170K00001S	Flush Mount Vent Kit - 2"	√	√	√	√	√	√	√	√	---
AFE18-60A	Fossil Fuel (Dual Fuel) Kit	√	√	√	√	√	√	√	√	√
HASFK	High-Altitude Natural Gas Kit	TBD	HASFK-4	HASFK-4	HASFK-4	HASFK-4	HASFK-4	HASFK-4	HASFK-4	HASFK-4
HASFK	High-Altitude LP Gas Kit	TBD	HASFK-4	HASFK-4	HASFK-5	HASFK-4	HASFK-4	HASFK-4	HASFK-5	HASFK-4
LPLP03	Low LP Gas Pressure Switch	√	√	√	√	√	√	√	√	√
LPM-07	LP Conversion Kits	√	√	√	√	√	√	√	√	√
FTK04	Twinning Kit	√	√	√	√	√	√	√	√	√

MODEL	DESCRIPTION	GCSS92 0402BNA	GCSS92 0603BNA	GCSS92 0804CNA	GCSS92 1005CNA
CVENT-2	Concentric Vent Kit (2")	√	√	√	√
CVENT-3	Concentric Vent Kit (3")	√	√	√	√
CFSB17	Downflow Sub-Base 17.5"	√	√	---	---
CFSB21	Downflow Sub-Base 21"	---	---	√	√
CFSB24	Downflow Sub-Base 24"	---	---	---	---
RF000142	Drain Kit -Horizontal Left Vertical Flue	---	---	---	---
EFR02	External Filter Rack with 16"x25" Permanent Filter	√	√	√	---
0170K00000S	Flush Mount Vent Kit - 3" or 2"	√	√	√	√
0170K00001S	Flush Mount Vent Kit - 2"	√	√	√	√
AFE18-60A	Fossil Fuel (Dual Fuel) Kit	√	√	√	√
HASFK	High-Altitude Natural Gas Kit	HASFK-4	HASFK-4	HASFK-4	HASFK-4
HASFK	High-Altitude LP Gas Kit	HASFK-4	HASFK-4	HASFK-5	HASFK-4
LPLP03	Low LP Gas Pressure Switch	√	√	√	√
LPM-07	LP Conversion Kits	√	√	√	√
FTK04	Twinning Kit	√	√	√	√

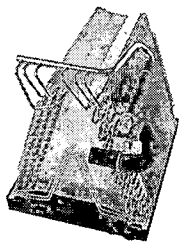
NOTES

Goodman
Air Conditioning & Heating

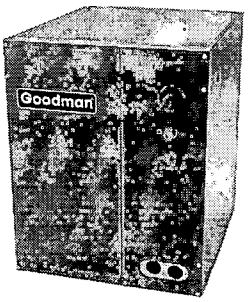
INDOOR COILS

CAUF, CAPF, CAPT, CHPF, AND CSCF

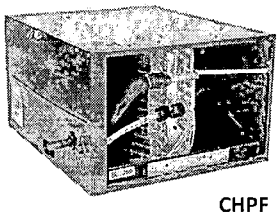
CASED, PAINTED UPFLOW/DOWNFLOW, UNCASED UPFLOW/DOWNFLOW, HORIZONTAL "A", AND HORIZONTAL SLAB



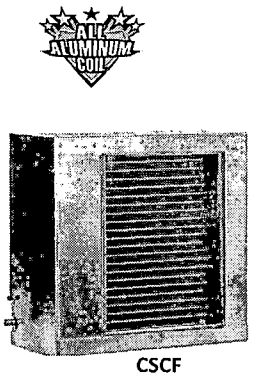
CAUF
Uncased



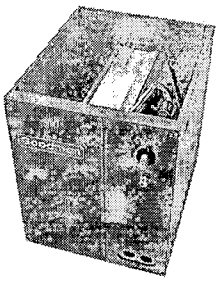
CAPF
Cased



CHPF
Horizontal "A"



CSCF
Horizontal Slab



CAPT
Cased with Internal TXV

Note: Do not use these coils on oil furnaces or any applications where the temperature on the drain pan may exceed 300°F. If these coils are applied with an oil furnace or another application where high temperatures threaten or jeopardize the durability of the drain pan, you must replace the factory-installed drain pan with a high-temperature drain pan. High-temperature drain pan kits are available as field-installed accessories.

Standard Features

- All-Aluminum evaporator coil
- Optimized for use with R-410A refrigerant
- Some models suitable for use with R-410A or R-22 refrigerant
- CAPT models feature factory-installed thermal expansion valves for cooling and heat pump applications
- Check flowrator for cooling and heat pump applications
- Vertical and horizontal models available
- 21" depth for easier attic access
- Split seam front for easy access
- Foil-faced insulation covers the internal casing to reduce cabinet condensation
- Galvanized, leather grain-embossed finish
- Rust resistant, thermoplastic drain pans featuring a low water-retention design
- DecaBDE-free thermoplastic drain pan with secondary drain connections
- UV-resistant drain pan
- AHRI certified; ETL listed

10 YEAR PARTS LIMITED WARRANTY*

Intertek

* Complete warranty details available from your local dealer or at www.goodmanmfg.com. To receive the 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Quebec.

C	A	U	F	1824	A	6	AA
1	2	3	4	5,6,7,8	9	10	11,12

Product Category
C - Indoor Coil

Application
A - Upflow/Downflow Coil
H - Horizontal A Coil
S- Horizontal Slab Coil

Cabinet Finish
U - Uncased C - Unpainted
P - Painted

Expansion Device
F- Flowrator
T - TXV

Nominal Capacity Range @ 13 SEER

1824 - 1½ to 2 Tons	3642 - 3 to 3½ Tons
3030 - 2½ Tons	3743 - 3 to 3½ Tons
3131 - 2½ Tons	4860 - 4 to 5 Tons
3137 - 2 ½ to 3 Tons	4961 - 4 to 5 Tons
3636 - 3 Tons	

Nominal Width for Gas Furnace
A - Fits 14" Furnace Cabinet
B - Fits 17½" Furnace Cabinet
C - Fits 21" Furnace Cabinet
N - Does Not Apply (horizontal slab coil)

Refrigerant
6 - R-22 / R-410A
2 - R-22
4 - R-410A

Engineering
Major/Minor Revisions

C	A	P	F	A	1 8	1 4	A	6	A A
1	2	3	4	5	6 7	8 9	10	11	12 13

Product Category
C Indoor Coil

Application
A Upflow/Downflow
H Horizontal

Cabinet Finsih
U Uncased
P Cased - Painted
C Cased - Unpainted

Expansion Device
F Flowrater
T TXV
E Electronic Expansion Device

Coil Configuration
A A Coil
S Slab

Nominal Capacity Range

18 - 1.5 Tons	30 - 2.5 Tons	48 - 4 Tons
24 - 2 tons	36 - 3 Tons	60 - 5 Tons

Nominal Width for Gas Furnace

A - 14" Width	D - 24.5" Width
B - 17.5" Width	N - Not Applicable (Slab Coil)
C - 21" Width	

Cased Height

14 - 14" Coil	22 - 22" Coil
18 - 18" Coil	26 - 26" Coil
	30 - 30" Coil

Refrigerant
2 - R-22 only
4 - R-410A only
6 - R-22 or R-410A compatible

Engineering
Major/ Minor Revisions

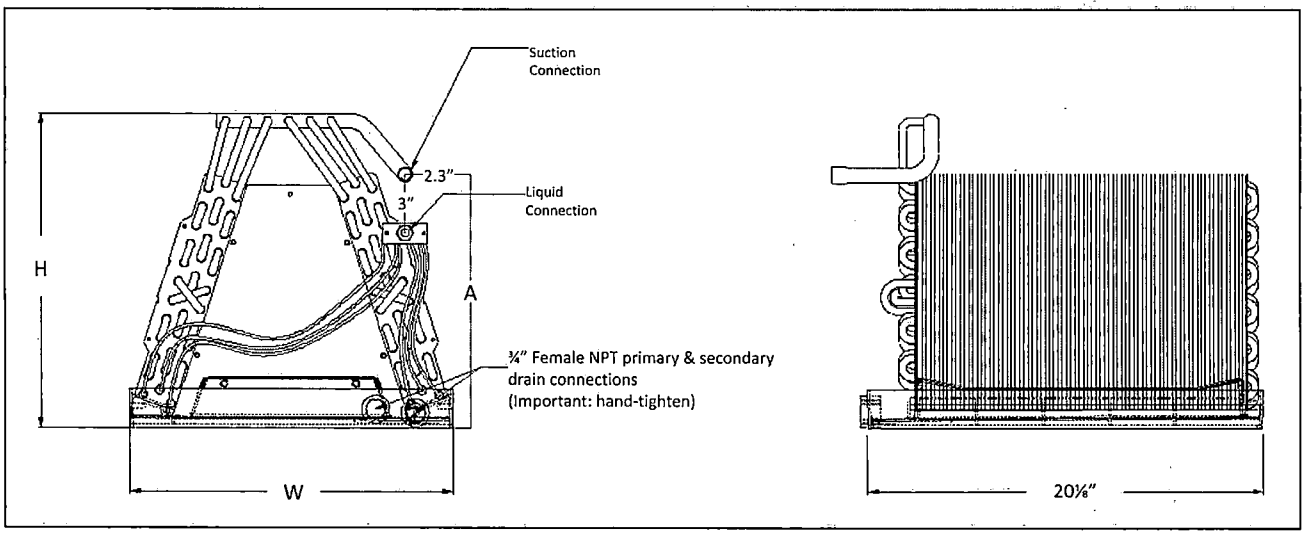
SPECIFICATIONS

MODEL	DIMENSIONS			NOMINAL TONS	CONNECTION		PISTON SIZE*	SHIP WEIGHT (LBS)
	W	H	A		LIQUID	SUCTION		
CAUF1824A6	13"	16¼"	13"	1½-2	⅜"	¾"	.059	18
CAUF1824B6	16½"	16⅛"	13"	1½-2	⅜"	¾"	.059	23
CAUF1824C6	20"	16⅜"	17"	1½-2	⅜"	¾"	.059	27
CAUF3030A6	13"	20 1/16"	17"	2½	⅜"	¾"	.065	25
CAUF3030B6	16½"	18¾"	17"	2½	⅜"	¾"	.065	22
CAUF3030C6	20"	17⅞"	17"	2½	⅜"	¾"	.065	25
CAUF3030D6	23"	17⅞"	17"	2½	⅜"	¾"	.065	32
CAUF3131B6	16½"	20 1/16"	17"	2½	⅜"	¾"	.068	27
CAUF3137B6	16½"	27"	25"	2½-3	⅜"	¾"	.071	53
CAUF3131C6	20"	20"	17"	2½	⅜"	¾"	.068	31
CAUF3636A6	13"	19½"	17"	3	⅜"	¾"	.071	30
CAUF3636B6	16½"	19⅜"	17"	3	⅜"	¾"	.071	25
CAUF3636C6	20"	19⅛"	17"	3	⅜"	¾"	.071	28
CAUF3636D6	23"	19⅛"	17"	3	⅜"	¾"	.071	36
CAUF3642C6	20"	19"	17"	3-3½	⅜"	¾"	.078	29
CAUF3642D6	23"	19⅜"	17"	3-3½	⅜"	¾"	.078	34
CAUF3743C6	20"	28 1/16"	25"	3-3½	⅜"	⅞"	.078	46
CAUF3743D6	23"	27⅜"	25"	3-3½	⅜"	⅞"	.078	43
CAUF4860C6	20"	28"	25"	4-5	⅜"	⅞"	.093	48
CAUF4860D6	23"	28"	25"	4-5	⅜"	⅞"	.093	39
CAUF4961C6	20"	28"	25"	4-5	⅜"	⅞"	.093	54
CAUF4961D6	23"	27"	25"	4-5	⅜"	⅞"	.093	59

* Shipped with Coil

Note: For a properly matched system and piston sizing information, refer to the piston kit chart of the corresponding outdoor unit.

DIMENSIONS



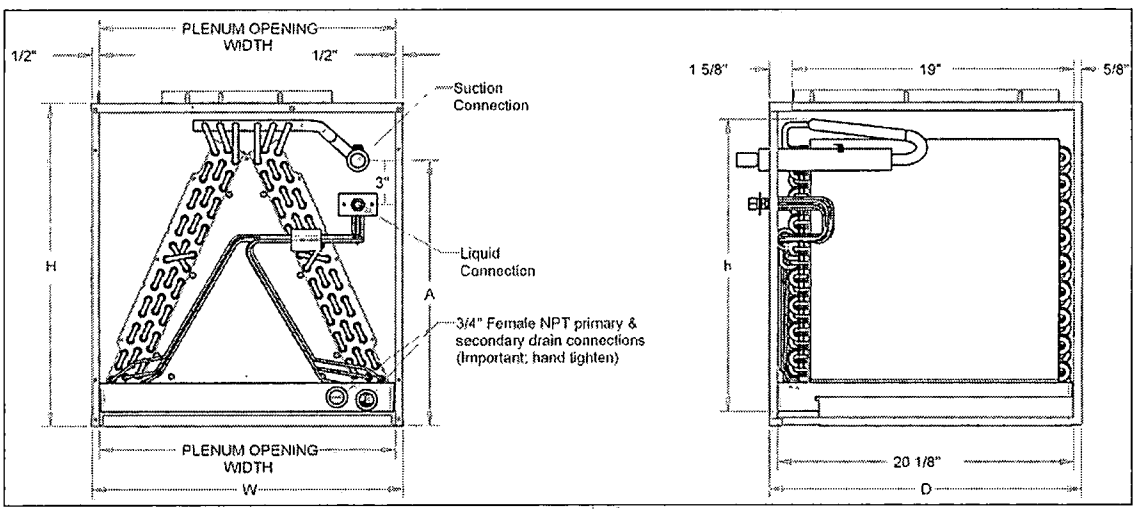
SPECIFICATIONS

MODEL	CABINET DIMENSIONS			NOMINAL TONS	CONNECTION		PISTON SIZE*	SHIP WEIGHT (LBS)
	W	D	H		LIQUID	SUCTION		
CAPFA1818A6	14"	21"	18"	1½	⅜"	¾"	.051	32
CAPFA1818B6	17½"	21"	18"	1½	⅜"	¾"	.051	36
CAPF1824A6	14"	21"	18"	1½-2	⅜"	¾"	.059	32
CAPF1824B6	17½"	21"	18"	1½-2	⅜"	¾"	.059	35
CAPF1824C6	21"	21"	22"	1½-2	⅜"	¾"	.059	42
CAPF3030A6	14"	21"	22"	2½	⅜"	¾"	.065	41
CAPF3030B6	17½"	21"	22"	2½	⅜"	¾"	.065	43
CAPF3030C6	21"	21"	22"	2½	⅜"	¾"	.065	44
CAPF3030D6	24½"	21"	22"	2½	⅜"	¾"	.065	52
CAPF3131B6	17½"	21"	22"	2½	⅜"	¾"	.068	46
CAPF3137B6	17½"	21"	30"	2½-3	⅜"	¾"	.071	53
CAPF3131C6	21"	21"	22"	2½	⅜"	¾"	.068	50
CAPF3636A6	14"	21"	22"	3	⅜"	¾"	.071	40
CAPF3636B6	17½"	21"	22"	3	⅜"	¾"	.071	44
CAPF3636C6	21"	21"	22"	3	⅜"	¾"	.071	53
CAPF3636D6	24½"	21"	22"	3	⅜"	¾"	.071	51
CAPF3642C6	21"	21"	22"	3-3½	⅜"	¾"	.078	49
CAPF3642D6	24½"	21"	22"	3-3½	⅜"	¾"	.078	52
CAPF3743C6	21"	21"	30"	3-3½	⅜"	⅞"	.078	63
CAPF3743D6	24½"	21"	30"	3-3½	⅜"	⅞"	.078	75
CAPF4860C6	21"	21"	30"	4-5	⅜"	⅞"	.093	65
CAPF4860D6	24½"	21"	30"	4-5	⅜"	⅞"	.093	68
CAPF4961C6	21"	21"	30"	4-5	⅜"	⅞"	.093	73
CAPF4961D6	24½"	21"	30"	4-5	⅜"	⅞"	.093	76

* Shipped with Coil

Note: For a properly matched system and piston sizing information, refer to the piston kit chart of the corresponding outdoor unit.

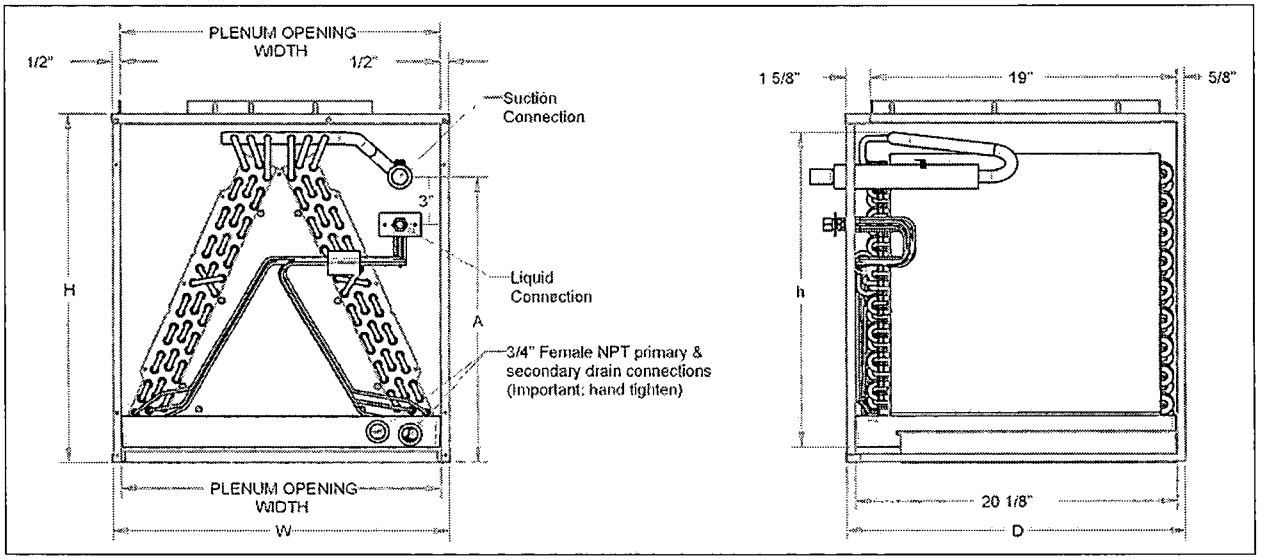
DIMENSIONS



SPECIFICATIONS

MODEL	CABINET DIMENSIONS			NOMINAL TONS	CONNECTION		SHIP WEIGHT (LBS)
	W	D	H		LIQUID	SUCTION	
CAPT3131B4	17½"	21"	22"	2½	⅜"	¾"	46
CAPT3131C4	21"	21"	22"	2½	⅜"	¾"	50
CAPT3743C4	21"	21"	30"	3-3½	⅜"	⅞"	63
CAPT3743D4	24½"	21"	30"	3-3½	⅜"	⅞"	75
CAPT4961C4	21"	21"	30"	4-5	⅜"	⅞"	73
CAPT4961D4	24½"	21"	30"	4-5	⅜"	⅞"	76

DIMENSIONS



SPECIFICATIONS

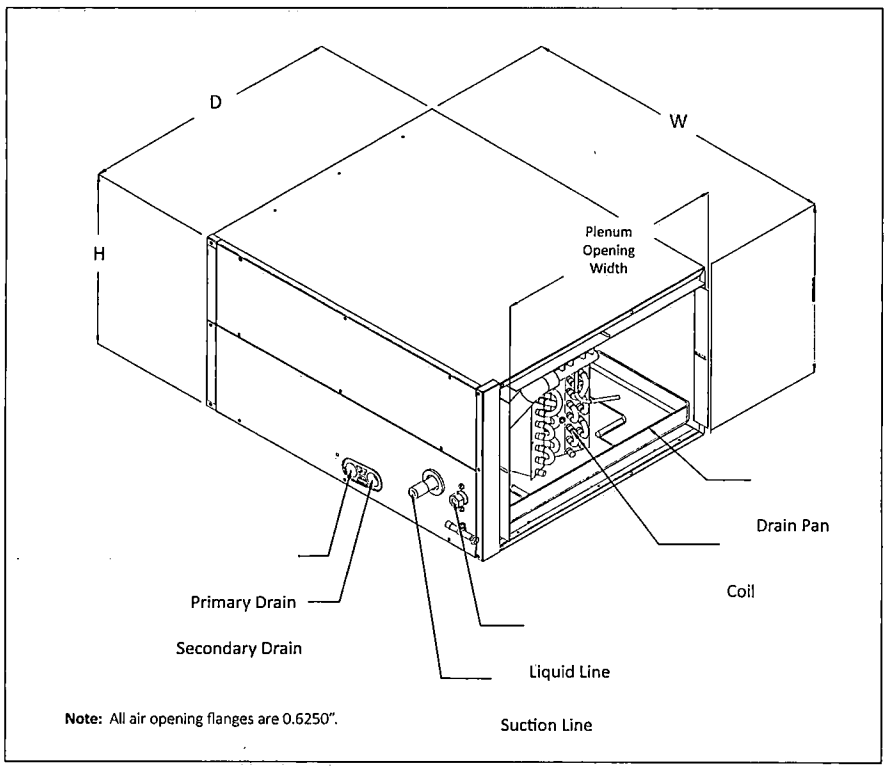
MODEL	CABINET DIMENSIONS			PLENUM		NOMINAL TONS	CONNECTION		PISTON SIZE[2]	SHIP WEIGHT (LBS)
	D	W	H	D	H		LIQUID	SUCTION		
CHPF1824A6	21⅛"	26"	14"	19"	13"	1½-2	⅜"	¾"	.059	36
CHPF2430B6	21⅛"	26"	17½"	19"	16½"	2-2½	⅜"	¾"	.065	55
CHPF3636B6	21⅛"	26"	17½"	19"	16½"	3	⅜"	¾"	.074	50
CHPF3642C6	21⅛"	26"	21"	19"	20"	3-3½	⅜"	¾"	.076	63
CHPF3743C6	21⅛"	26"	21"	19"	20"	3-3½	⅜"	⅞"	.076	63
CHPF4860D6	21⅛"	26"	24½"	19"	23½"	4-5	⅜"	⅞"	.093	77

[1] (ft^2)

[2] Shipped with Coil

Note: For a properly matched system and piston sizing information, refer to the piston kit chart of the corresponding outdoor unit.

DIMENSIONS



SPECIFICATIONS

MODEL	CAPACITY (TONS)	EVAP COIL FACE AREA[1]	CONNECTION SIZE		PISTON SIZE[2]	SHIP WEIGHT (LBS)
			LIQUID	SUCTION		
CSCF1824N6	1½-2	3⅓	⅜"	¾"	.059	43
CSCF3036N6	2½-3	4⅔	⅜"	⅞"	.074	52.5
CSCF3642N6	3-3½	5⅓	⅜"	⅞"	.078	43
CSCF4860N6	4-5	5⅓	⅜"	⅞"	.093	60

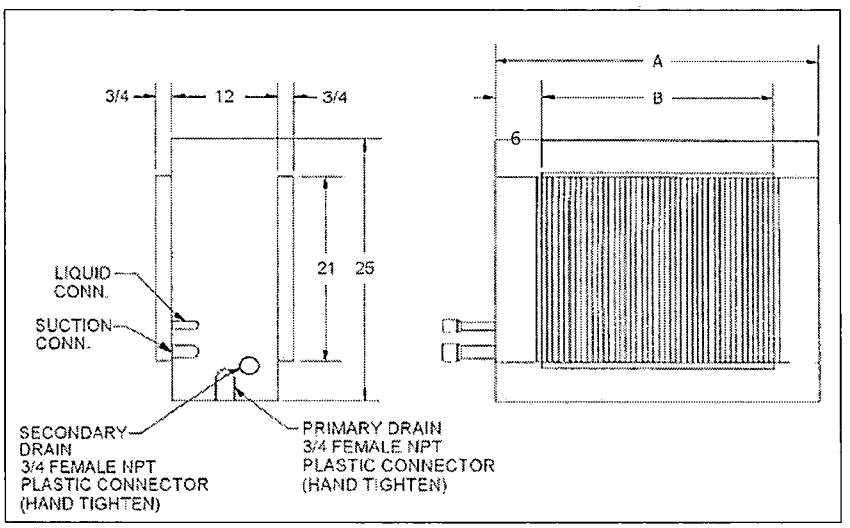
[1] (ft^2)

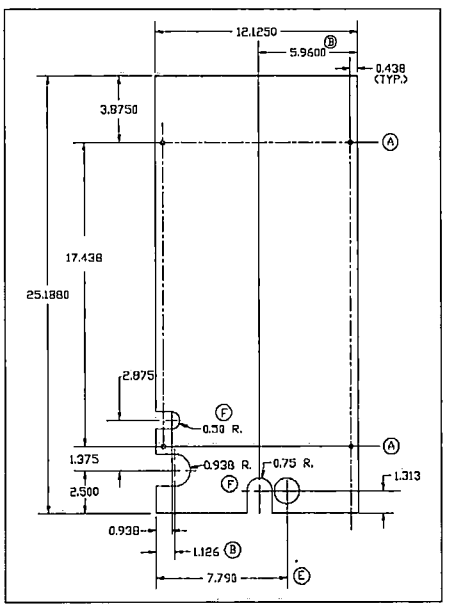
[2] Shipped with Coil

Note: For a properly matched system and piston sizing information, refer to the piston kit chart of the corresponding outdoor unit.

DIMENSIONS

MODEL	CABINET DIMENSIONS			PLENUM OPENING	
	D (A)	W	H	D (B)	H
CSCF1824N6	25½"	12"	25"	16"	21"
CSCF3036N6	33½"	12"	25"	24"	21"
CSCF3642N6	39½"	12"	25"	30"	21"
CSCF4860N6	39½"	12"	25"	30"	21"





DETAIL OF ACCESS DOOR

AIR QUANTITY (SCFM) VS. PRESSURE DROP (IN. WC)

	SCFM	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500
CA*FA1818A6*	Wet	0.110	0.160	0.220	0.290	0.370	0.460	0.550	0.650	0.760	0.830	0.950	1.080
	Dry	0.074	0.100	0.132	0.168	0.220	0.264	0.317	0.377	0.434	0.503	0.584	0.667
CA*FA1818B6*	Wet	0.100	0.140	0.190	0.250	0.310	0.380	0.450	0.530	0.610	0.670	0.770	0.870
	Dry	0.066	0.087	0.115	0.144	0.175	0.218	0.260	0.301	0.347	0.401	0.460	0.521
CA*F1824A6*	Wet	0.071	0.099	0.142	0.183	0.230	0.280	0.331	0.389	---	---	---	---
	Dry	0.062	0.090	0.122	0.154	0.189	0.231	0.278	0.331	0.390	---	---	---
CA*F1824B6*	Wet	0.021	0.032	0.049	0.071	0.089	0.120	0.128	0.159	0.190	---	---	---
	Dry	0.011	0.022	0.029	0.041	0.052	0.069	0.078	0.101	0.120	---	---	---
CA*F1824C6*	Wet	0.017	0.025	0.043	0.061	0.079	0.107	0.114	0.140	0.164	---	---	---
	Dry	0.011	0.017	0.024	0.035	0.044	0.063	0.075	0.094	0.113	---	---	---

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500			
CA*F3030A6*	Wet	0.151	0.173	0.204	0.238	0.267	0.281	0.326	0.380	0.406	0.451	---	---	---
	Dry	0.069	0.083	0.117	0.132	0.148	0.183	0.206	0.239	0.290	0.338	---	---	---
CA*F3030B6*	Wet	0.090	0.120	0.150	0.180	0.210	0.240	0.280	0.330	0.370	0.420	---	---	---
	Dry	0.080	0.100	0.130	0.150	0.180	0.210	0.250	0.280	0.320	0.360	---	---	---
CA*F3030C6*	Wet	0.071	0.087	0.120	0.134	0.155	0.180	0.209	0.249	0.284	0.328	---	---	---
	Dry	0.050	0.067	0.098	0.113	0.135	0.169	0.189	0.213	0.245	0.275	---	---	---
CA*F3030D6*	Wet	0.069	0.078	0.090	0.108	0.136	0.168	0.206	0.244	0.288	0.337	---	---	---
	Dry	0.029	0.043	0.070	0.082	0.098	0.125	0.141	0.153	0.177	0.200	---	---	---

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500	1600			
CA*F3131B26*	Wet	0.041	0.049	0.061	0.078	0.090	0.113	0.131	0.140	0.162	0.178	0.210	---	---	---
	Dry	0.021	0.031	0.039	0.048	0.061	0.072	0.079	0.091	0.110	0.122	0.141	---	---	---
CA*F3131C6*	Wet	0.035	0.036	0.038	0.051	0.059	0.073	0.087	0.094	0.110	0.125	0.145	---	---	---
	Dry	0.014	0.022	0.028	0.036	0.045	0.054	0.061	0.068	0.081	0.091	0.108	---	---	---

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	
CA*F3137B6*	Wet	0.090	0.110	0.140	0.170	0.200	0.230	0.270	0.300	0.350	0.390	0.440	0.5	0.550	0.620	0.670	0.740	---
	Dry	0.080	0.100	0.130	0.160	0.190	0.220	0.250	0.290	0.340	0.380	0.430	0.48	0.530	0.590	0.660	0.710	---

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CA*F3636A6*	Wet	0.135	0.170	0.220	0.280	0.310	0.380	0.450	0.530	0.610	0.690	0.790	0.870	0.910	0.950	1.030	1.130	1.190
	Dry	0.130	0.160	0.200	0.230	0.280	0.320	0.380	0.450	0.520	0.590	0.670	0.710	0.790	0.870	0.970	1.060	1.160
CA*F3636B6*	Wet	0.115	0.135	0.170	0.180	0.220	0.260	0.300	0.350	0.400	0.460	0.520	0.570	0.600	0.660	0.720	0.790	0.850
	Dry	0.110	0.130	0.160	0.170	0.210	0.240	0.270	0.330	0.370	0.420	0.470	0.520	0.550	0.610	0.660	0.720	0.770
CA*F3636C6*	Wet	0.100	0.120	0.160	0.170	0.210	0.250	0.290	0.340	0.380	0.430	0.480	0.540	0.550	0.610	0.670	0.720	0.780
	Dry	0.090	0.110	0.130	0.140	0.160	0.180	0.220	0.250	0.280	0.320	0.350	0.370	0.410	0.450	0.490	0.530	0.570
CA*F3636D6*	Wet	0.095	0.115	0.140	0.150	0.170	0.200	0.230	0.270	0.310	0.350	0.390	0.430	0.460	0.500	0.560	0.620	0.660
	Dry	0.090	0.110	0.130	0.140	0.160	0.190	0.220	0.240	0.270	0.300	0.340	0.380	0.410	0.440	0.490	0.530	0.580

AIR QUANTITY (SCFM) VS. PRESSURE DROP (IN. WC)

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900			
CA*F3642C6*	Wet	0.075	0.090	0.110	0.120	0.140	0.170	0.200	0.230	0.260	0.290	0.330	0.360	0.380	0.420	---	---	---
	Dry	0.070	0.080	0.100	0.110	0.130	0.150	0.170	0.200	0.230	0.250	0.280	0.310	0.330	0.370	---	---	---
CA*F3642D6*	Wet	0.070	0.090	0.110	0.124	0.140	0.160	0.190	0.210	0.240	0.270	0.300	0.330	0.350	0.380	---	---	---
	Dry	0.060	0.080	0.090	0.100	0.110	0.130	0.150	0.170	0.190	0.220	0.240	0.260	0.280	0.300	---	---	---
	SCFM	**800**	**900**	**1000**	**1100**	**1200**	**1300**	**1400**	**1500**	**1600**	**1700**	**1800**	**1900**	**2000**	**2100**			
CA*F3743C6*	Wet	0.083	0.093	0.113	0.133	0.143	0.163	0.183	0.213	0.243	0.263	0.293	0.323	0.353	0.383	---	---	---
	Dry	0.073	0.083	0.103	0.113	0.133	0.153	0.163	0.193	0.213	0.233	0.263	0.293	0.313	0.343	---	---	---
CA*F3743D6*	Wet	0.074	0.080	0.089	0.107	0.120	0.129	0.138	0.169	0.188	0.209	0.229	0.251	0.273	0.279	---	---	---
	Dry	0.046	0.056	0.074	0.076	0.086	0.107	0.110	0.126	0.147	0.160	0.176	0.196	0.210	0.230	---	---	---
	SCFM	**1000**	**1100**	**1200**	**1300**	**1400**	**1500**	**1600**	**1700**	**1800**	**1900**	**2000**	**2100**	**2200**				
CA*F4860C6*	Wet	0.167	0.191	0.219	0.244	0.266	0.299	0.355	0.370	0.413	0.454	0.498	0.586	0.601	---	---	---	
	Dry	0.160	0.177	0.194	0.206	0.246	0.264	0.264	0.265	0.290	0.309	0.364	0.389	0.562	---	---	---	
CA*F4860D6*	Wet	0.138	0.156	0.177	0.196	0.226	0.247	0.275	0.298	0.327	0.349	0.395	0.460	0.485	---	---	---	
	Dry	0.126	0.138	0.157	0.176	0.187	0.200	0.205	0.210	0.230	0.250	0.280	0.300	0.417	---	---	---	
	SCFM	**1000**	**1100**	**1200**	**1300**	**1400**	**1500**	**1600**	**1700**	**1800**	**1900**	**2000**	**2100**	**2200**				
CA*F4961C6*	Wet	0.209	0.233	0.255	0.286	0.308	0.341	0.397	0.412	0.455	0.496	0.540	0.628	0.643	---	---	---	
	Dry	0.202	0.219	0.236	0.248	0.288	0.306	0.306	0.307	0.332	0.351	0.406	0.431	0.604	---	---	---	
CA*F4961D6*	Wet	0.140	0.158	0.179	0.198	0.228	0.249	0.277	0.300	0.329	0.351	0.397	0.462	0.487	---	---	---	
	Dry	0.128	0.140	0.159	0.178	0.189	0.202	0.206	0.212	0.232	0.252	0.282	0.302	0.419	---	---	---	

AIR QUANTITY (SCFM) VS. PRESSURE DROP (IN. WC)

CAPT

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500	1600
CAPT3131B4*	Wet	0.041	0.049	0.061	0.078	0.090	0.113	0.131	0.140	0.162	0.178	0.210
	Dry	0.021	0.031	0.039	0.048	0.061	0.072	0.079	0.091	0.110	0.122	0.141
CAPT3131C4*	Wet	0.035	0.036	0.038	0.051	0.059	0.073	0.087	0.094	0.110	0.125	0.145
	Dry	0.014	0.022	0.028	0.036	0.045	0.054	0.061	0.068	0.081	0.091	0.108

	SCFM	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CAPT3743C4*	Wet	0.083	0.093	0.113	0.133	0.143	0.163	0.183	0.213	0.243	0.263	0.293	0.323	0.353	0.383	0.423
	Dry	0.073	0.083	0.103	0.113	0.133	0.153	0.163	0.193	0.213	0.233	0.263	0.293	0.313	0.343	0.373
CAPT3743D4*	Wet	0.074	0.080	0.089	0.107	0.120	0.129	0.138	0.169	0.188	0.209	0.229	0.251	0.273	0.279	0.306
	Dry	0.046	0.056	0.070	0.076	0.086	0.107	0.110	0.126	0.147	0.160	0.176	0.196	0.210	0.230	0.253

	SCFM	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CAPT4961C4*	Wet	0.209	0.233	0.255	0.286	0.308	0.341	0.397	0.412	0.455	0.496	0.540	0.628	0.643
	Dry	0.202	0.219	0.236	0.248	0.288	0.300	0.306	0.315	0.332	0.351	0.406	0.431	0.604
CAPT4961D4*	Wet	0.140	0.158	0.179	0.198	0.228	0.249	0.277	0.300	0.329	0.351	0.397	0.462	0.487
	Dry	0.128	0.140	0.159	0.178	0.189	0.202	0.206	0.212	0.232	0.252	0.282	0.302	0.419

CSCF

	SCFM	500	600	700	800	900	1000	1100	1200
CSCF1824N6D*	Wet	0.104	0.143	0.176	0.212	0.255	0.292	0.321	0.344
	Dry	0.048	0.067	0.086	0.108	0.132	0.159	0.186	0.206

	SCFM	---	---	700	800	900	1000	1100	1200	1300	1400
CSCF3036N6D*	Wet	---	---	0.062	0.076	0.092	0.109	0.131	0.156	0.186	0.209
	Dry	---	---	0.032	0.043	0.055	0.068	0.082	0.099	0.114	0.131

	SCFM	---	---	---	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CSCF3642N6D*	Wet	---	---	---	0.045	0.063	0.081	0.099	0.116	0.132	0.148	0.166	0.183	0.202	0.220	0.236	0.259	0.278	0.291
	Dry	---	---	---	0.039	0.051	0.064	0.077	0.092	0.105	0.121	0.138	0.150	0.175	0.191	0.214	0.230	0.251	0.262

	SCFM				800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CSCF4860N6D*	Wet	---	---	---	0.051	0.068	0.085	0.103	0.120	0.137	0.154	0.173	0.192	0.212	0.233	0.255	0.278	0.299	0.319
	Dry	---	---	---	0.043	0.056	0.069	0.084	0.099	0.115	0.132	0.149	0.167	0.185	0.207	0.227	0.249	0.272	.282**

** Maximum SCFM = 2146

PERMIT UPDATE

Date Update Issued 8/28/18
Control # C-18-002509+A
Permit # +A
18-2385+A

IDENTIFICATION Block: 831 Lot: 38 Qualifier
Work Site Location: 1639 W. PRINCETON AVENUE Brick Township, NJ 08724
Owner in Fee: WIEBOLDT AND SONS LLC, 858 STENGEL AVE BRICK NJ 08724
Telephone: (732) 266-3784
Contractor: WEIBOLDT & SONS LL
Address: 8458 STENGEL AVE, BRICK NJ 08724
Telephone: (732) 266-3784
Lic. No. or Bldrs. Reg. No. 41813 41813 41813
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SINGLE FAMILY DWELLING ...UPDATE +A - GAS FIRED APPLIANCES

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$375
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$375
Check No.	1249
Cash	$0
Credit	$0
Collected By	

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 $500

Construction Official — Date 8/28/18

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 8/28/18
Control # C-18-002509
Permit # 18-2385

IDENTIFICATION Block: 831 Lot: 38 Qualifier
Work Site Location: 1639 W. PRINCETON AVENUE Brick Township, NJ 08724
Owner in Fee WIEBOLDT AND SONS LLC
858 STENGEL AVE BRICK NJ 08724
Telephone: (732) 266-3784

Contractor WEIBOLDT & SONS LL
Address 8458 STENGEL AVE BRICK NJ 08724
Telephone: (732) 266-3784
Lic. No. or Bldrs. Reg. No. 41813 41813 41813
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
SINGLE FAMILY DWELLING

PAYMENTS (Office Use Only)

Building	$1,944
Electrical	$555
Plumbing	$1,033
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$133
CO Fee	$362.00
Other	$200
Total	$4,312
Check No.	1249
Cash	$0
Credit	$0
Collected By	CW

175
4387

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 $206,000

L. Neuman (R) 8/28/18
Construction Official Date

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

REQUIRED INSPECTIONS

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

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

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

AIR QUANTITY (SCFM) VS. PRESSURE DROP (IN. WC)

	SCFM	600	700	800	900	1000	1100	1200	1300	1400
CHPF 1824A6*	Wet	0.132	0.179	0.222	0.272	0.327	0.381	0.456	0.522	0.605
	Dry	0.126	0.165	0.206	0.249	0.302	0.354	0.414	0.478	0.563

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500	1600
CHPF 2430B6*	Wet	0.106	0.124	0.152	0.184	0.218	0.258	0.301	0.350	0.406	0.460	0.514
	Dry	0.101	0.122	0.145	0.174	0.209	0.247	0.288	0.333	0.381	0.428	0.484

	SCFM	600	700	800	900	1000	1100	1200	1300	1400	1500	1600
CHPF 3636B6*	Wet	0.107	0.131	0.167	0.199	0.239	0.291	0.338	0.389	0.439	0.494	0.552
	Dry	0.102	0.126	0.152	0.184	0.220	0.259	0.303	0.349	0.401	0.458	0.516

	SCFM	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CHPF 3642C6*	Wet	0.083	0.103	0.126	0.151	0.178	0.208	0.240	0.274	0.310	0.346	0.383	---	---	---	---
	Dry	0.073	0.096	0.120	0.144	0.169	0.196	0.224	0.254	0.286	0.319	0.354	---	---	---	---

	SCFM	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CHPF 3743C6*	Wet	0.133	0.153	0.176	0.201	0.228	0.258	0.290	0.324	0.360	0.396	0.433	---	---	---	---
	Dry	0.123	0.146	0.170	0.194	0.219	0.246	0.274	0.304	0.336	0.369	0.404	---	---	---	---

	SCFM	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
CHPF 4860D6*	Wet	0.111	0.131	0.151	0.171	0.191	0.211	0.231	0.261	0.291	0.321	0.361	0.391	0.431	0.471
	Dry	0.101	0.121	0.141	0.161	0.181	0.201	0.221	0.251	0.281	0.311	0.341	0.371	0.411	0.441

EXPANSION VALVE KITS FOR NON-TXV COILS

KIT NUMBER	DESCRIPTION	APPLICATION	REFRIGERANT	TONNAGE: OUTDOOR UNIT
TXV-30[2]	Non-bleed Valve	AC Only	R-410A	1½ - 2½ Ton
TXV-42[2]	Non-bleed Valve	AC Only	R-410A	3 - 3½ Ton
TXV-48[2]	Non-bleed Valve	AC Only	R-410A	4 Ton
TXV-60[2]	Non-bleed Valve	AC Only	R-410A	5 Ton
TX2N4A	Non-bleed Valve	AC or HP	R-410A	1½ - 2 Ton
TX3N4	Non-bleed Valve	AC or HP	R-410A	2½ - 3 Ton
TX5N4	Non-bleed Valve	AC or HP	R-410A	3½ - 5 Ton

Note: Condensing units and heat pumps with reciprocating compressors require the use of start-assist components when used in conjunction with an indoor coil using a non-bleed thermal expansion valve refrigerant metering device.

HIGH-TEMP DRAIN PAN KITS

DRAIN PAN KITS	FURNACE SIZE
HTP-A	14" furnaces
HTP-B	17½" furnaces
HTP-C	21" furnaces
HTP-D	24½" furnaces

CO SINGLE FAMILY DWELLING

Certificate requirements

print
reset defaults
check all
complete

CERTIFICATE OF OCCUPANCY CHECKLIST

SUBCODES

Approved Final Building Inspection	comment	☑	☐
Approved Final Electric Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

PRIOR APPROVALS

Approval from Division of Engineering (Two Sealed Final As-Built Surveys and Two Sealed Final Elevation Certificates)	**comment**	☑	☐
5/17/19 submit final asbuilts. cw Need detailed re-inspection 5/29/19 rec'd in bldg 6/11/19 MFF 7/1/19 - resubit to Eng. NP Passed 7/9/19 rec'd in bldg. 7/11/19 MFF			
Certificate of Compliance from the BTMUA (732) 458-7000	comment	☑	☐
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002	comment	☑	☐
New Home Warranty or Affidavit of Waiving Home Warranty as per N.J.S.A. 46:3B-1 et seq.	comment	☑	☐
Final Affordable Housing Payment	**comment**	☑	☐
sent to AH with jacket 6/11/19 MFF final AH due $1309 - spoke with Jeff Weibolt on 6/20/19 MFF			
Garbage Can Receipt (Fee to be Collected in Tax Collector's Office)	comment	☑	☐
Recycling Can Receipt (Fee to be Collected in Tax Collector's Office)	comment	☑	☐
Completed CO Application	comment	☑	☐
All Updates have been approved	comment	☑	☐
All open permits on property have been closed	comment	☑	☐

This checklist has been given to: (edit)

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 7/8/19

NAME Wieboldt & Sons LLC

ADDRESS 858 Stengel Ave. Brick, NJ 08724-2139

PROPERTY LOCATION 1639 W. Princeton Ave

Account No 12328006-0 Block 831 Lot 38

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

Dario L. Pasquariello, R.A., A.I.A
DARIO
Architecture-Design LLC
145 Atlantic City Blvd
Beachwood NJ 08722
Phone: 732 608-6838

November 28,2018
RE: 1639 Princeton Avenue
Brick Twp. NJ 08723
Job#18108
831 38

To whom it may concern,

Our office approves the use of only using CS14 from stud to rim without the addition of LTP5's every 32" for sill connection. No further changes are required.

We also approve the omission of LSTA9 every 32" with the use of 2x8 collar ties every 16" on center. No further changes are required.

Please do not hesitate to call us with any questions.

Released For use
11-30-18

Hereby Certified,

Dario Pasquariello, R.A, A.I.A
Principal Architect
NJ LIC. NO. AI-17852
NY LIC. NO. 03369

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 1639 W Princeton

PERMIT NUMBER 18-2385 BLOCK 831 LOT 38

~~OWNER~~ Frame

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Fire Block @ Garage to living space @ Roof Framing
2) Carry LVL 1st Floor @ Garage wall.
3) Fire Block @ Fire place
4) weld column caps
5) Anchor Girder to pilasters in Basement

OK to Insulate check all on Insulation Inspection

2.19.19 All OK

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 2-5-19 INSPECTOR

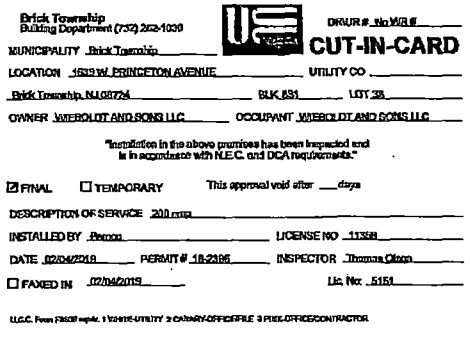
* * * Communication Result Report (Feb. 4. 2019 8:13AM) * * *

1)
2)

Date/Time: Feb. 4. 2019 8:12AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3717	Memory TX	918889149140	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax



Brick Township
Building Department (732) 262-1039

DRWR # NoWR #

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1619 W. PRINCETON AVENUE UTILITY CO

Brick Township, NJ 08724 BLK 831 LOT 38

OWNER WIEBOLDT AND SONS LLC OCCUPANT WIEBOLDT AND SONS LLC

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 amp

INSTALLED BY Perrone LICENSE NO 11358

DATE 02/04/2019 PERMIT # 18-2386 INSPECTOR Thomas Clapp

☐ FAXED IN 02/04/2019 Lic. No: 5151

U.C.C. Form FM30 rev. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

Brick Township
Building Department (732) 262-1030

DR\UR # No WR #

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1639 W. PRINCETON AVENUE UTILITY CO

Brick Township, NJ 08724 BLK 831 LOT 38

OWNER WIEBOLDT AND SONS LLC OCCUPANT WIEBOLDT AND SONS LLC

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 amp

INSTALLED BY Pemco LICENSE NO 11358

DATE 02/04/2019 PERMIT # 18-2385 INSPECTOR Thomas Olson

☐ FAXED IN 02/04/2019 Lic. No: 5151

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

* * * Communication Result Report (Feb. 19. 2019 8:27AM) * * *

1)
2)

Date/Time: Feb. 19. 2019 8:26AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3815	Memory TX	918889149140	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Brick Township
Building Department (732) 262-1030

DRUR # 241734334

MUNICIPALITY Brick Township

CUT-IN-CARD

LOCATION 1634 W PRINCETON AVENUE UTILITY CO

Brick Township NJ 08724 BLK 631 LOT 38

OWNER WIEBOLDT AND SONS LLC OCCUPANT WIEBOLDT AND SONS LLC

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 amp

INSTALLED BY Parron LICENSE NO 11358

DATE 02/04/2019 PERMIT # 18-2385 INSPECTOR Thomas Olson

☐ FAXED IN 02/19/2019 Lic. No. 5151

DUA 2-19-19

U.C.C. Form FB309 equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

Brick Township
Building Department (732) 262-1030

DR\UR # 341734334

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1639 W. PRINCETON AVENUE UTILITY CO _____

Brick Township, NJ 08724 BLK 831 LOT 38

OWNER WIEBOLDT AND SONS LLC OCCUPANT WIEBOLDT AND SONS LLC

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 amp

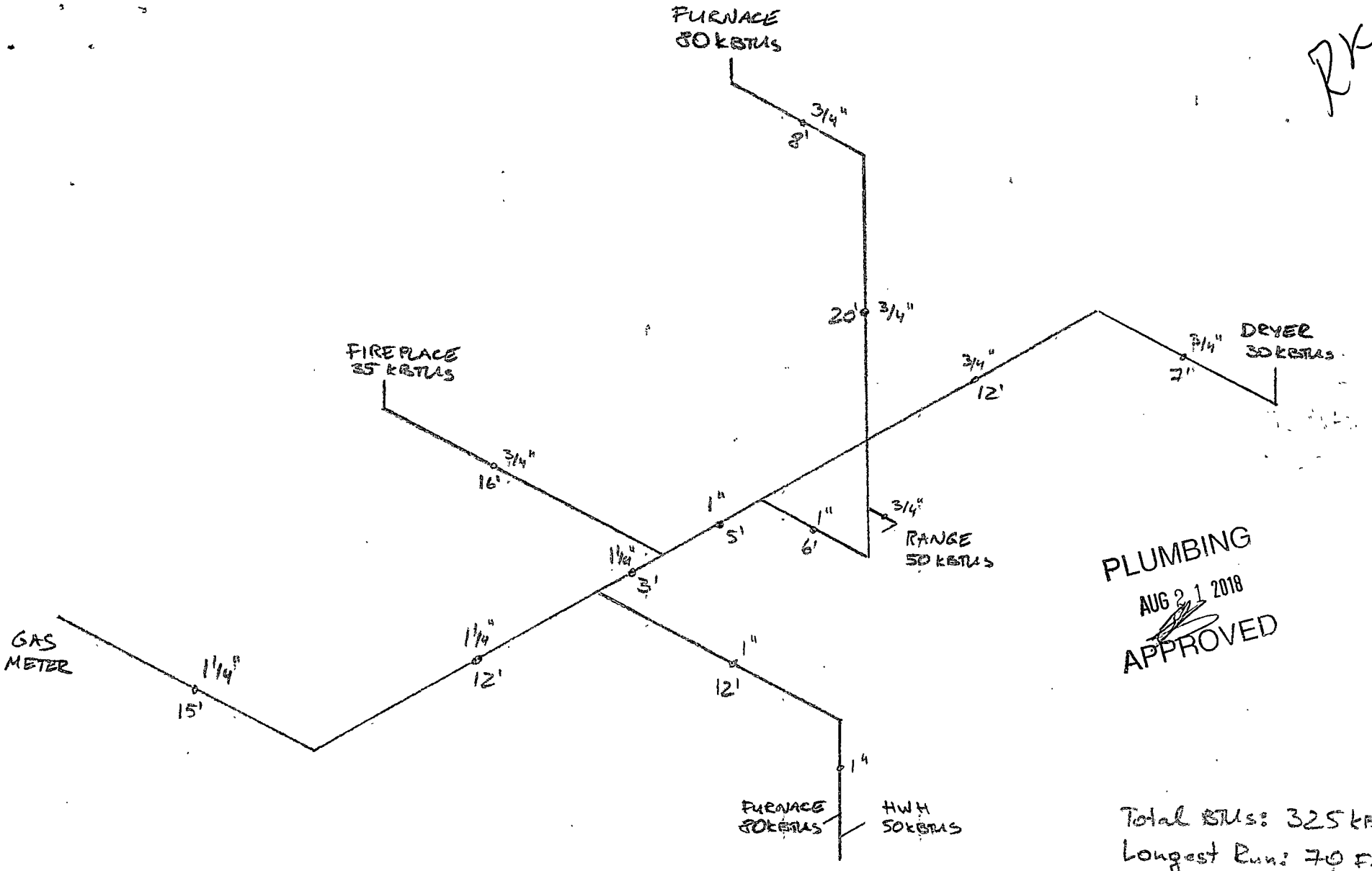
INSTALLED BY Pemco LICENSE NO 11358

DATE 02/04/2019 PERMIT # 18-2385 INSPECTOR Thomas Olson

☐ FAXED IN 02/19/2019 Lic. No: 5151

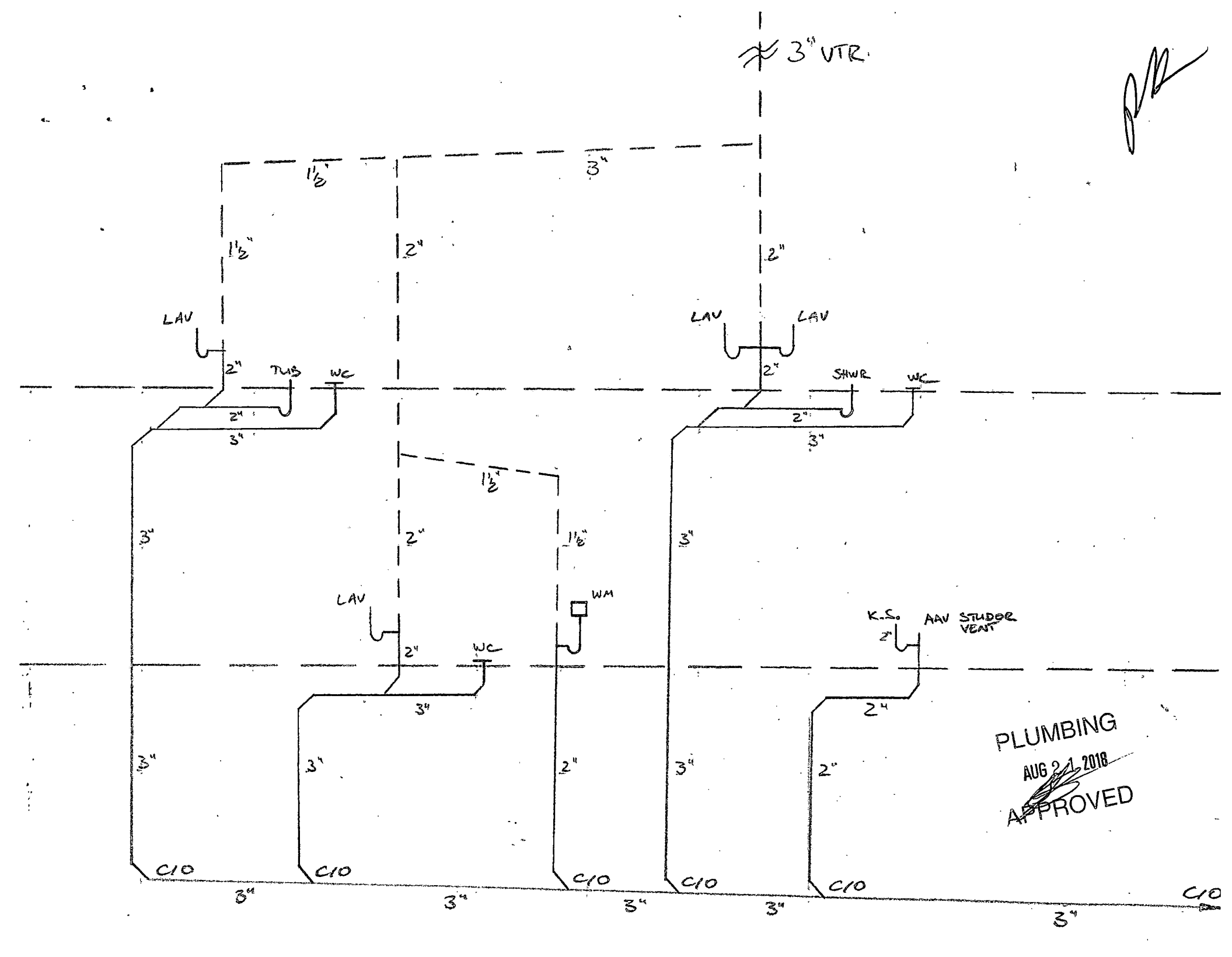
DUA 2-19-19

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR



PLUMBING
AUG 21 2018
APPROVED

Total BTUs: 325 KBTUS
Longest Run: 70 Feet
Material: Iron Pipe


3" VTR
1½"
3"
1½"
2"
2"
LAV
LAV
LAV
2"
TUB
WC
2"
SHWR
WC
2"
3"
3"
1½"
3"
2"
1½"
LAV
WM
2"
WC
K.S.
2"
AAV STUDOR VENT
3"
2"
3"
3"
2"
3"
2"
C10
C10
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C10
3"
3"
3"
3"
3"
PLUMBING
AUG 21 2018
APPROVED

PLUMBING
AUG 21 2018
APPROVED

TOWNSHIP OF BRICK

ADDRESS: 1639 W. Princeton Ave.

CONSTRUCTION PERMIT FEES:

BUILDING $_____

ELECTRIC $_____

PLUMBING $_____

FIRE $_____

STATE PERMIT FEE $_____

CERTIFICATE OF OCCUPANCY $_____

PROTOTYPE PROCESSING (LESS 25%) $_____

STATE PLAN REVIEW (LESS 25%) $_____

SUBTOTAL $ _____

PRIOR APPROVAL FEES:

ZONING $_____

ENGINEERING $_____

SUBTOTAL $ 4387 + 375 –

TOTAL PERMIT FEE: $ 4762 –

PLEASE NOTE PAYMENT FOR PERMITS AND AFFORDABLE HOUSING ARE SEPARATE.

AFFORDABLE HOUSING FEES:

PRELIMINARY $ 1243 –

CALLER'S NAME CW **DATE** 8/28/18

SPOKE TO Jerry **(HOMEOWNER/CONTRACTOR)**