BLOCK 00831 LOT 00037 C6-31 QUALIFICATION CODE _____ ADDRESS (SITE) 1643 W. Princeton Ave. PERMIT NO. 99-3284

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1643 WEST Princeton Ave. BUCH
2. Name of Owner in Fee: KARL LEK Te [redacted]
   Address 1643 WEST Princeton Ave. BRIC NJ 12 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: DRACO HTG. & A/C Tel. (732) 286-6157
   Address 1700 2ND AVE. TOMS RIVER
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-2574364 FAX: (732) 286-6157
5. Architect or Engineer DRACO Tel. (732) 286-6157
   Address 1700 2ND AVE. TOMS RIVER
6. Responsible Person in Charge of Work Peter Draper
   Tel. (732) 286-6157 FAX (732) 286-6157

Elec to Gas

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35		
2. Electrical	35		
3. Plumbing	60		
4. Fire Protection	40		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 179		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		GR	8/5/99		8-10-99	FM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection					8-9-99	CR			
6. ☐ Plumbing					8-11-99	GR			
7. ☒ Electrical					9/1/99	VM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10400787

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

X Signature Carl W. Clop Date 6-20-99

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

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

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

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

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

(✓) Check if contractor.

Agent Name DRAGO H&G A/C

Address 1700 2ND AVE.
TOMS RIVER

Telephone (732) 286-6157

Signature Donna DeGolia

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004
3284*#
BLOCK 831 #
LOT 37 #
BUILDING 35.00
ELETRIC* 35.00
PLUMBING 60.00
FIRE 46.00
D.C.A. 3.00
TOTAL 179.00
CHECK 179.00
CHANGE 0.00
08/30/99 NO. 5 0016A005 09:59

Date Issued 08/30/99
Control #
Permit # 99-3284

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 831 Lot 37 Qual

Work Site Location 1643 WEST PRINCETON AVE
ELECTRIC TO GAS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
BRICK NJ 08724-
Telephone [redacted]

Contractor DRACO
Address 1700 2ND AVENUE
TOMS RIVER, NJ
Telephone (908)286-6157
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2574364

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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
NEW CHIMNEY AND DUCT WORK FOR ELEC TO GAS CONVERSION

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

Estimated Cost of Work-$ 4,500

Construction Official 08/30/99 Date

N.C.C. F110 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	60
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	
Total	179
Check No.	2129
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/05/99
Date Issued 8 BOI 99
Control # C6-31
Permit # 99-3284

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

Block 831 Lot 37 Qual
Work Site Location 1643 WEST PRINCETON AVE
ELECTRIC TO GAS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor DRACO
Address 1700 2ND AVENUE
TOMS RIVER, NJ
Tele.(908)286-8157 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2574364

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

NEW CHIMNEY AND DUCT WORK FOR ELEC TO GAS CONVERSION

Check Clearances, Combustion Air intake and Duct Supports

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req	8-10-99	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 300
3. Total (1+2)$ 300

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other DUCT WORK	35
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/05/99
Date Issued 8/30/99
Control # C8-31
Permit # 99-3284

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

Block 831 Lot 37 Qual
Work Site Location 1643 WEST PRINCETON AVE
ELECTRIC TO GAS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
[redacted] 724-
Tele [redacted] Fax ( )
Contractor DRACO
Address 1700 2ND AVENUE
TOMS RIVER, NJ
Tele.(908)286-6157
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2574364

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8/11/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	9
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other FURNACE	9
		Other	0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	17
Collected by: TOTAL FEE	$	35
DCA Training Fee	$	1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 08/05/99
Date Issued 8/30/99
Control # C6-31
Permit # 99-3284

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

Block 831 Lot 37 Qual
Work Site Location 1643 WEST PRINCETON AVE
ELECTRIC TO GAS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
BRICK, NJ 08724-
Tele [redacted] ( )
Contractor DRACO
Address 1700 2ND AVENUE
TOMS RIVER, NJ
Tele.(908)286-6157
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2574364

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8/11/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	9
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other FURNACE	9
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 17
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/05/99
Date Issued / /
Control # C6-31
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 37 Qual
Work Site Location 1643 WEST PRINCETON AVE
ELECTRIC TO GAS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
BRICK NJ 08724-
Tel [redacted] Fax (__)
Contractor DHACO
Address 1700 2ND AVENUE
TOMS RIVER, NJ
Tele.(908)286-6157
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2574364

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 200

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 8 9 99
Approved By: KMB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

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.

[redacted] Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

COMB AIR CLEARANCE

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/05/99
Date Issued 8 BO 99
Control # C6-31
Permit # 99-3284

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

Block 831 Lot 37 Qual

Work Site Location 1643 WEST PRINCETON AVE
ELECTRIC TO GAS

Owner in Fee REX, KARL & ANNAMARIE

Address SAME
[redacted]24-

Tele. [redacted] Fax ( )

Contractor UNACO

Address 1700 2ND AVENUE
TOMS RIVER, NJ

Tele.(908)286-6157

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2574364

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-11-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C UNIT	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 60
DCA Training Fee $ 2

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Received 08/05/99
Date Issued 8 BOARD
Control # C6-31
Permit # 99+3284

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

Block 831 Lot 37 Qual
Work Site Location 1643 WEST PRINCETON AVE
ELECTRIC TO GAS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
BRICK, NJ 08724-
Tele. [redacted] Fax ( )
Contractor [illegible]
Address 1700 2ND AVENUE
TOMS RIVER, NJ
Tele.(908)286-6157
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2574364

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-11-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping	9-3-99		9-14-99	
Solar				
TCO				

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.

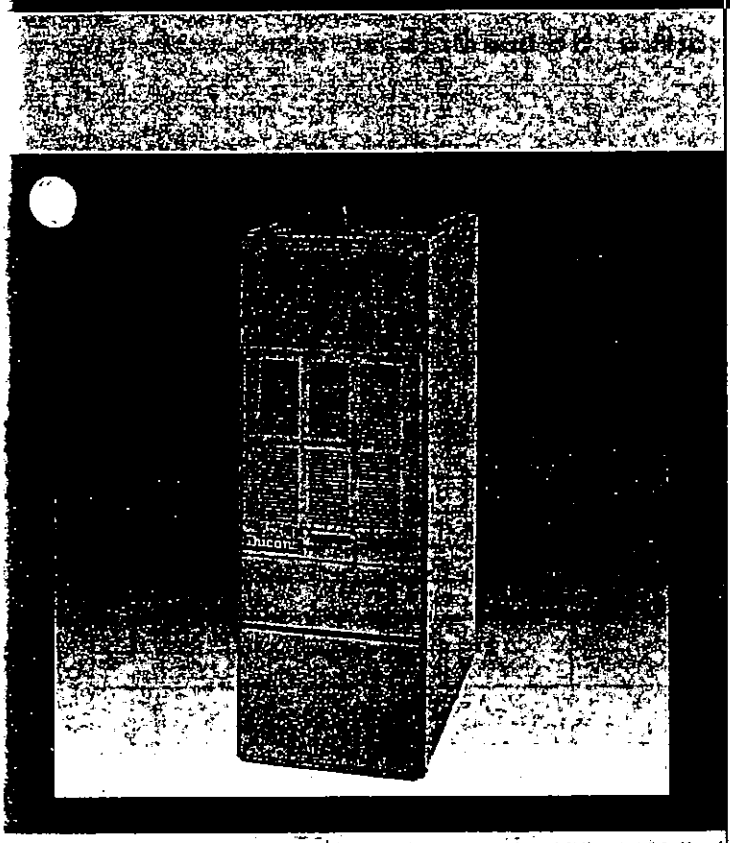
Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C UNIT	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 60
	DCA Training Fee	$ 2

U.C.C. F130 (rev. 3/96)



FITS-ALL 95™ GAS FURNACE

Energy
EPA POLLUTION PREVENTER

AIR CONDITIONING AND HEATING

The difference is Quality.®

DUCANE
FITS-ALL 95™ GAS FURNACE

FEATURES
- Up to 92% AFUE (minimum 90% on all models)
- Electronic air cleaner connection (115V)
- Humidifier connection (115V)
- 5 amp fuse for protection
- Air conditioner time delay relay built into board for SEER enhancement
- Two wire twinning
- Two models satisfy all four installation positions:
  CMPAU for upflow/horizontal left application
  CMPAC for downflow/horizontal right application
- Heat ranges 50,000 - 125,000 BTUH
- Slow opening valve for quieter ignition

WARRANTY
- Lifetime Heat Exchanger
- 5 years on all other parts

VENTING
- Can be vented horizontally or vertically using PVC, CPVC or ABS (Category IV)
- 2" vent on 50,000 & 75,000
- 3" vent on 100,000 & 125,000

CONTROLS
- Honeywell® Smart Valve™ System (hot surface pilot)
- Honeywell® Fan Timer Control ST9120C

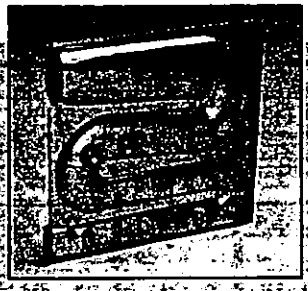
SAFETY
- AGA & CGA approved
- Safety limit prevents overheating

HEAT EXCHANGER ASSEMBLY
- Four pass clamshell for reliability
- Aluminized steel primary
- Stainless steel primary (optional) as of August 1998
- Stainless steel tube with aluminum fin coil construction secondary for maximum heat transfer & efficiency
- Totally crimped design on primary (no welds)

CABINET
- Heavy gauge, textured, beige prepainted cabinet for maximum protection
- Ducane diagnostic sleeve for troubleshooting

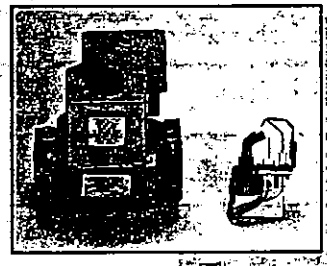
BLOWER
- 3 speed PSC motors
- Ducane built & balanced whisper quiet blower wheels

DUCANE GAS FURNACES



1 Primary Heat Exchanger

Ducane's specially designed aluminized steel heat exchanger utilizes mechanical seams which are crimped, rather than welded. The crimp technique increases the life of the heat exchanger because it eliminates stresses that are developed with either arc or seam welding methods. Ducane gas furnaces feature a Limited Lifetime Heat Exchanger Warranty which is the best you'll find.



2 Honeywell® Smart Valve

Ducane gas furnaces use only the amount of energy which is needed. There is no pilot light wasting gas

3 Easy Diagnostic Sleeve

Ducane's latest innovation allows the service person to troubleshoot while the gas furnace is running, thereby resulting in time and money savings on service calls.

4 Sound

Ducane gas furnaces are quiet! The blower wheels are manufactured and balanced prior to installation resulting in less vibration, and therefore less noise. The burners and heat exchanger are designed to eliminate start up combustion noise. The overall result is a unit operating in near silence. Compare the sound!

5 Secondary Heat Exchanger

Our corrosion resistant, custom designed 29 4C® stainless steel secondary heat exchanger extracts additional heat thus resulting in lower utility costs.

Ducane®
AIR CONDITIONING AND HEATING

www.ducane.com

For more information, contact your local Ducane distributor.

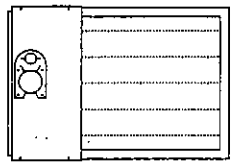
SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

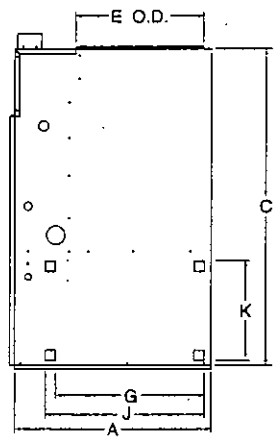
1338 CS/GA/08.15V 20091010

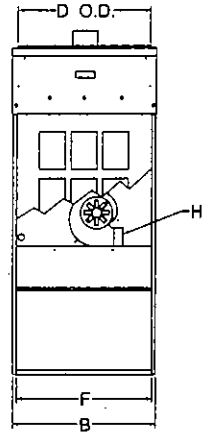
GENERAL LAYOUT

DUCANE MODEL NUMBER	UNIT DIMENSIONS LENGTH	WIDTH	HEIGHT	SUPPLY DUCT OPENING		RETURN DUCT OPENING		FLUE DIA.	SIDE RETURN CUT-OUT	
	A	B	C	D	E	F	G	H	J	K
CMPA050U3 **CMPA050C3**	29	13 1/2	47 3/8	11 1/2	18 15/16	11 5/8	21 3/8	2	23 1/4	15
CMPA075U3 **CMPA075C3**	29	13 1/2	47 3/8	11 1/2	18 15/16	11 5/8	21 3/8	2 2 1/2	23 1/4	15
CMPA100U4 **CMPA100C4**	29	17	47 3/8	15	18 15/16	15 1/8	21 3/8	3	23 1/4	15
CMPA125U5 **CMPA125C5**	29	20 1/2	47 3/8	18 1/2	18 15/16	18 5/8	21 3/8	3	23 1/4	15

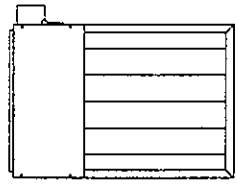
UPFLOW/HORIZONTAL LEFT

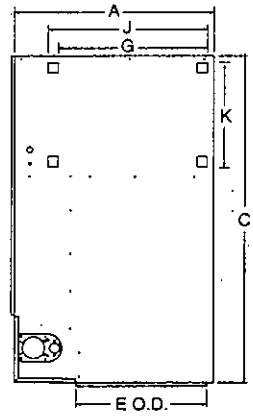


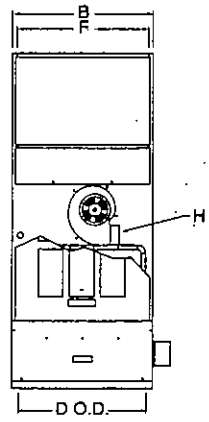




DOWNFLOW/HORIZONTAL RIGHT







NOTE: Dimensions are in inches

UNIT SPECIFICATIONS

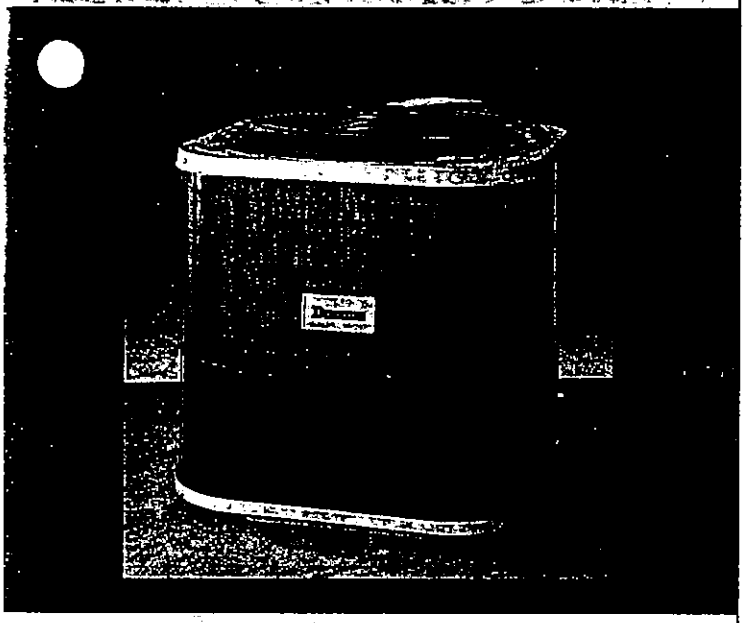
	CMPA050U3 CMPA050C3	CMPA075U3 CMPA075C3	CMPA100U4 CMPA100C4	CMPA125U5 CMPA125C5
GAS	NATURAL (LP WITH CONVERSION KIT)			
INPUT RATE (BTU per Hour)	50,000	75,000	100,000	125,000
HEATING CAPACITY (BTU per Hour)	46,000	67,000	88,000	110,000
AFUE (ISOLATED COMB. SYSTEM)	92%	92%	90%	90%
TEMPERATURE RISE	35-65 F	40-70 F	40-70 F	40-70 F
VOLTS / PHASE / HERTZ	115 /1/ 60			
STATIC PRESSURE	CERTIFIED FOR 0.50" W.C. MAXIMUM EXTERNAL STATIC			
AIR FLOW (w/o FILTER) @ .50" STATIC	1205CFM	1205CFM	1795CFM	2115CFM
BLOWER MOTOR HORSEPOWER	1/3	1/3	1/2	3/4
BLOWER WHEEL SIZE (DIA X WIDTH)	10" x 6"	10" x 6"	12" x 9"	12" x 12"
NUMBER OF HEAT EXCHANGERS	2"	3"	4"	5"
FLUE AND AIR INLET SIZE (O.D.) *SCHEDULE 40 PVC, CPVC OR ABS*	2"	2 1/2"	3"	
LIMIT CONTROL, SNAP DISK STYLE	170 F			
GAS VALVE / IGNITION CONTROL	HONEYWELL SV9501 SMART VALVE SYSTEM (1/2 X 1/2)*			
TRANSFORMER	40 VA. 115 VAC PRIMARY, 24 VAC SECONDARY, FOOT-MOUNTED			
MAXIMUM OUTLET TEMPERATURE	180 F			
LP CONVERSION KIT ACCESSORY	20069801			

* *As of April 17,1998–date code 9816*

AIR FLOW DATA

DUCANE MODEL NUMBER	BLOWER SPEED	EXTERNAL STATIC 0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
CMPA050U3 **CMPA050C3** (10 X 6 WHEEL) (1/3 HP MOTOR)	LOW MED HIGH	1080 1330 1490	1060 1280 1420	1030 1225 1360	1000 1175 1285	965 1110 1205	905 1040 1125	840 965 1070	765 875 985	655 770 880	525 630 750
CMPA075U3 **CMPA075C3** (10 X 6 WHEEL) (1/3 HP MOTOR)	LOW MED HIGH	1080 1330 1490	1060 1280 1420	1030 1225 1360	1000 1175 1285	965 1110 1205	905 1040 1125	840 965 1070	765 875 985	655 770 880	525 630 750
CMPA100U4 **CMPA100C4** (12 X 9 WHEEL) (1/2 HP MOTOR)	LOW MED HIGH	1420 1715 2055	1400 1690 2020	1360 1665 1945	1335 1610 1865	1290 1550 1795	1245 1480 1710	1190 1400 1640	1120 1320 1535	1060 1245 1410	995 1145 1340
CMPA125U5 **CMPA125C5** (12 X 12 WHEEL) (3/4 HP MOTOR)	LOW MED HIGH	1425 1980 2395	1400 1940 2340	1375 1895 2275	1345 1835 2209	1320 1785 2115	1290 1720 2025	1245 1645 1925	1185 1575 1825	1120 1475 1720	1035 1385 1610

NOTES: 1) Air flow values in cubic feet per minute (CFM), rounded to nearest five (5) CFM
2) Data taken without filters in place



AC10 AIR CONDITIONER

Ducane®
AIR CONDITIONING AND HEATING

THE DIFFERENCE IS QUALITY.™

FEATURES

- Durable *Copeland* compressors, with internal pressure relief valves and inherent thermal protection
- High quality Ducane made condenser coil-copper tube with enhanced louvered fin for maximum heat transfer capability
- Permanently lubricated condenser fan motor
- Vertical air discharge
- All units run tested
- Heavy gauge, beige pre-painted cabinet provides corrosion protection
- Easy access to electrical panels, pre-wired for easy hook-up
- Hinged control panel allows simple access to internal components
- Service valve gauge ports positioned to allow plenty of access room
- Warranties: 5 year parts; 5 year compressor
- Liquid line filter drier shipped with every unit
- All units ETL, ETLC approved and ARI listed
- Charged for 15 feet of interconnecting tubing

UNIT DIMENSIONS

MODEL NUMBER	SQUARE BASE (INCHES)	HEIGHT (INCHES)
AC10B18	22 1/2 x 22 1/2	23 1/2
AC10B24	22 1/2 x 22 1/2	23 1/2
AC10B30	22 1/2 x 22 1/2	27 1/2
AC10B36, AC10B36-3*	22 1/2 x 22 1/2	27 1/2
AC10B42	30 x 30	23 1/2
AC10B48, AC10B48-3*	30 x 30	27 1/2
AC10B60, AC10B60-3*	30 x 30	27 1/2

*208/230 3 Phase

OUTDOOR UNIT	INDOOR SECTION	AIRFLOW (SCFM)	NET CAPACITY (BTUH/HR)	SEER (BTUH/WATT)
AC10B18	DUP18AA	600	18,000	10.00
AC10B24	DUP24AA	800	24,000	10.00
→ AC10B30	DUP30AA	1000	29,400	10.00
AC10B36, 36-3	DUP36BA	1200	34,000	10.00
AC10B42	DUP42BA	1400	40,000	10.20
AC10B48, 48-3	DUP48CA	1650	45,500	10.00
AC10B60, 60-3	DUP60CA	1850	57,000	10.00

DUCANE AIR CONDITIONERS

MODEL NUMBER		AC10B18	AC10B24	AC10B30	AC10B36, 36-3		AC10B42	AC10B48, 48-3		AC10B60, 60-3	
PHYSICAL DATA											
CONDENSER COIL	Face Area (ft²)	8.19		9.83			12.36	14.83			
	Tube / Fin Material	Cu / Al									
	Tube Diameter (in.)	3/8									
	No. of rows	1									
	Fins per inch	16	22				20	22			
CONDENSER FAN	Diameter (in.)	18					22				
	No. of blades	3									
	RPM	1100									
	Motor HP	1/10			1/4						
Liquid Line Connection (in.)		3/8									
Vapor Line Size Required (in.)		5/8		3/4			7/8			1-1/8	
Vapor Line Connection (in.)		5/8		3/4			7/8				
ELECTRICAL DATA											
UNIT	Rated Voltage (Volts)	208/230									
	Phase				1	3	1	1	3	1	3
	Frequency (Hz)	60									
COMPRESSOR	Rated Load Amps	9.6	10.9	15.3	16.6	11.4	19.0	20.4	14.0	28.6	17.2
	Locked Rotor Amps	49	56	75	96	75	105	102	91	170	12.4
FAN MOTOR	Full Load Amps	0.75			1.45						
	Locked Rotor Amps	1.4			3.8						
UNIT	Max. Fuse Size*	20	25	30	35	25	40	45	30	60	40
	Min. Circuit Ampacity**	12.8	14.4	20.4	22	15.9	25.2	26.9	18.9	37.2	22.9

** Time delay fuse/HACR Breaker*

***Refer to national Electrical Code (or Canadian Electrical Code) to determine wire size, fuse and disconnect size requirements*

NOTE: Three phase data not available at press time.

ACCESSORIES

Unit Size	18	24	30	36	36-3	42	48	48-3	60	60-3
High Pressure Switch	HPS01A									
Low Pressure Switch	LPS01A									
Short Cycle Protection	SCP01A									
Hard Start Kit	HSK01A	HSK02		HSK03		HSK04	HSK05		HSK06	
Crankcase Heater	CCH01A					CCH01A			CCH02	
Sound Blanket	CSB02A								CSB02A	
Low Ambient Kit	LAK01A									

Shading means not available or factory installed.

Ducane®
AIR CONDITIONING AND HEATING

www.ducane.com

For more information, contact your local Ducane distributor.

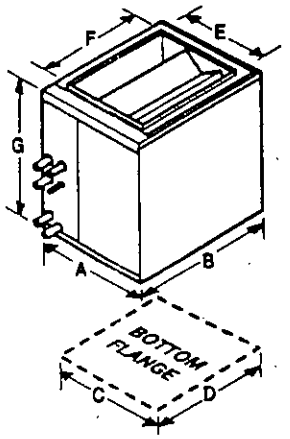
SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

0387 CS/GA 3/98 100K 20399201

CA-M SERIES™

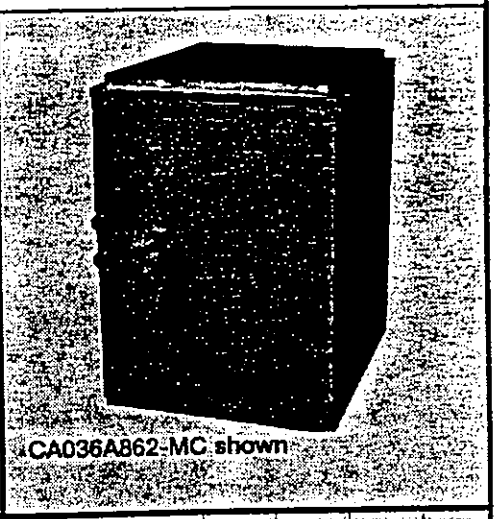
Multiposition A Coil & Cabinet

Designed for Multiposition Installations 1 1/2 - 5 Tons



Description:

The CA-M series is a high efficiency multiposition A coil and cabinet designed to be installed on new multiposition furnaces and existing dedicated vertical and horizontal furnaces. The easily installed unit works in vertical, counterflow and horizontal mounting positions. The CA-M series is ARI rated to provide appropriate SEERs and capacities. These units are U.L. approved.



CA036A862-MC shown

Physical Dimensions

Coil Model	Cabinet Suffix	A	B	C	D	E	F	G
CA0XXA820	-MA1*	14	21	12 3/4	20 1/4	12 3/4	19 1/4	20
CA0XXA840	-MA*	14 1/2	21	13 1/4	20 1/4	12 3/4	19 1/4	20
CA0XXA860	-MB*	15 1/2	21	14 1/4	20 1/4	13 3/4	19 1/4	20
	-MB1	16 1/2	21	15 1/4	20 1/4	14 3/4	19 1/4	20
	-MA1*	14	21	12 3/4	20 1/4	12 3/4	19 1/4	20
CA0XXA821	-MA*	14 1/2	21	13 1/4	20 1/4	12 3/4	19 1/4	20
CA0XXA841	-MB*	15 1/2	21	14 1/4	20 1/4	13 3/4	19 1/4	20
CA0XXA861	-MB1	16 1/2	21	15 1/4	20 1/4	14 3/4	19 1/4	20
	-MC	17 1/2	21	16 1/4	20 1/4	15 3/4	19 1/4	20
	-MA1*	14	21	12 3/4	20 1/4	12 3/4	19 1/4	20
CA0XXA822	-MA*	14 1/2	21	13 1/4	20 1/4	12 3/4	19 1/4	20
CA0XXA842	-MB*	15 1/2	21	14 1/4	20 1/4	13 3/4	19 1/4	20
CA0XXA862	-MB1	16 1/2	21	15 1/4	20 1/4	14 3/4	19 1/4	20
	-MC	17 1/2	21	16 1/4	20 1/4	15 3/4	19 1/4	20
	-MA1*	14	21	12 3/4	20 1/4	12 3/4	19 1/4	20
CA0XXA823	-MA*	14 1/2	21	13 1/4	20 1/4	12 3/4	19 1/4	20
CA0XXA843	-MB*	15 1/2	21	14 1/4	20 1/4	13 3/4	19 1/4	20
CA0XXA863	-MB1	16 1/2	21	15 1/4	20 1/4	14 3/4	19 1/4	20
	-MC	17 1/2	21	16 1/4	20 1/4	15 3/4	19 1/4	20
	-MA1*	14	21	12 3/4	20 1/4	12 1/4	19 1/4	24
	-MA*	14 1/2	21	13 1/4	20 1/4	12 3/4	19 1/4	24
CA0XXA824	-MB*	15 1/2	21	14 1/4	20 1/4	13 3/4	19 1/4	24
CA0XXA844	-MB1	16 1/2	21	15 1/4	20 1/4	14 3/4	19 1/4	24
CA0XXA864	-MC	17 1/2	21	16 1/4	20 1/4	15 3/4	19 1/4	24
	-MD	19 1/4	21	17 7/8	20 1/4	17 3/8	19 1/4	24
	-ME1	20 1/2	21	19 1/4	20 1/4	18 3/4	19 1/4	24
	-ME	21	21	19 3/4	20 1/4	19 1/4	19 1/4	24

Coil Model	Cabinet Suffix	A	B	C	D	E	F	G
	-MB1*	16 1/2	21	15 1/4	20 1/4	14 3/4	19 1/4	24
CA0XXA845	-MC	17 1/2	21	16 1/4	20 1/4	15 3/4	19 1/4	24
	-MD	19 1/4	21	17 7/8	20 1/4	17 3/8	19 1/4	24
CA0XXA865	-ME1	20 1/2	21	19 1/4	20 1/4	18 3/4	19 1/4	24
	-ME	21	21	19 3/4	20 1/4	19 1/4	19 1/4	24
CA0XXA895	-MF	22 3/4	21	21 1/2	20 1/4	21	19 1/4	24
	-MF1	23 1/2	21	22 3/4	20 1/4	21 3/4	19 1/4	24
	-MG	24 1/2	21	23 1/4	20 1/4	22 3/4	19 1/4	24
	-MB1*	16 1/2	21	15 1/4	20 1/4	14 3/4	19 1/4	26
CA0XXA846	-MC	17 1/2	21	16 1/4	20 1/4	15 3/4	19 1/4	26
	-MD	19 1/4	21	17 7/8	20 1/4	17 3/8	19 1/4	26
CA0XXA866	-ME1	20 1/2	21	19 1/4	20 1/4	18 3/4	19 1/4	26
	-ME	21	21	19 3/4	20 1/4	19 1/4	19 1/4	26
CA0XXA896	-MF	22 3/4	21	21 1/2	20 1/4	21	19 1/4	26
	-MF1	23 1/2	21	22 3/4	20 1/4	21 3/4	19 1/4	26
	-MG	24 1/2	21	23 1/4	20 1/4	22 3/4	19 1/4	26
	-MC	17 1/2	21	16 1/4	20 1/4	15 3/4	19 1/4	28
	-MD	19 1/4	21	17 7/8	20 1/4	17 3/8	19 1/4	28
CA0XXA867	-ME1	20 1/2	21	19 1/4	20 1/4	18 3/4	19 1/4	28
	-ME	21	21	19 3/4	20 1/4	19 1/4	19 1/4	28
CA0XXA897	-MF	22 3/4	21	21 1/2	20 1/4	21	19 1/4	28
	-MF1	23 1/2	21	22 3/4	20 1/4	21 3/4	19 1/4	28
	-MG	24 1/2	21	23 1/4	20 1/4	22 3/4	19 1/4	28

Note: Evaporator coils equipped with a non-bleed type expansion valve must be used with condensing units equipped with hard start components.
Note: Center line of drains located from pan corner, 2" for primary, 4" for secondary.
Note: Manifolds and drains to left is standard. "R" indicates to right.
Note: **Standard coils shown in bold type.**
★ Use only with 3 ton & less applications.

- Fully insulated cabinets
- 4 way mounting applications
- Removable split front panels for easy accessibility
- Eliminates the need of horizontal transition
- Fits many existing furnaces
- Left handed connections
- Ideal for new construction
- Removable flanges mount at either cabinet end

Connections:

Tons	Liquid	Suction
1 1/2 - 3	3/8	3/4
3 1/2 - 5	3/8	7/8

All Technical Specifications Subject to Change Without Notice.

Field Installed TXV2 Kit shown (Optional)

Spec.CAMX-040198

SUMMIT™ MANUFACTURING

For more information contact Customer Service at (817) 831-6093 or your Summit Representative.

P. O. Box 9380 • Fort Worth, TX 76147 • (817) 831-6093 • Fax (817) 838-9888

Air Conditioning | Heat Pump | Associate Member

Draco Heating & Air Conditioning
1700 Second Ave
Toms River, NJ, 08757

For: REX
1643 WEST FRANKLIN AVE
BRICK NJ 08724

Wednesday, May 12, 1999

Design Conditions

Winter		Summer	
HEATING ZONE:	Entire	COOLING ZONE:	all
Outside db:	0 deg F	Outside db:	100 deg F
Inside db:	70 deg F	Inside db:	75 deg F
Design TD:	70 deg F	Design TD:	25 deg F
		Room RH	35%

Heating Summary

Total Heat Loss:	63772 Btuh
Ventilation CFM:	64
Heat Required for Ventilation:	5390 Btuh

Cooling Summary

Total Sensible Gain:	24300 Btuh
Total Latent Gain:	8649 Btuh
Total Gain:	32949 Btuh

Draco Heating & Air Conditioning
1700 Second Ave
Toms River, NJ, 08757

FOR: REX
1643 West Princeton Ave
Brick, NJ 08724

Wednesday, May 12, 1999

BUILDING REPORT: Entire House

Reference city: Long Branch, New Jersey Latitude: 40 deg.
Design temperatures: Heating: 0 Cooling: 100 Daily range: 18

Building is 1 story high
Volume: 20000.0 cu.ft.
100% of wall area exposed to wind

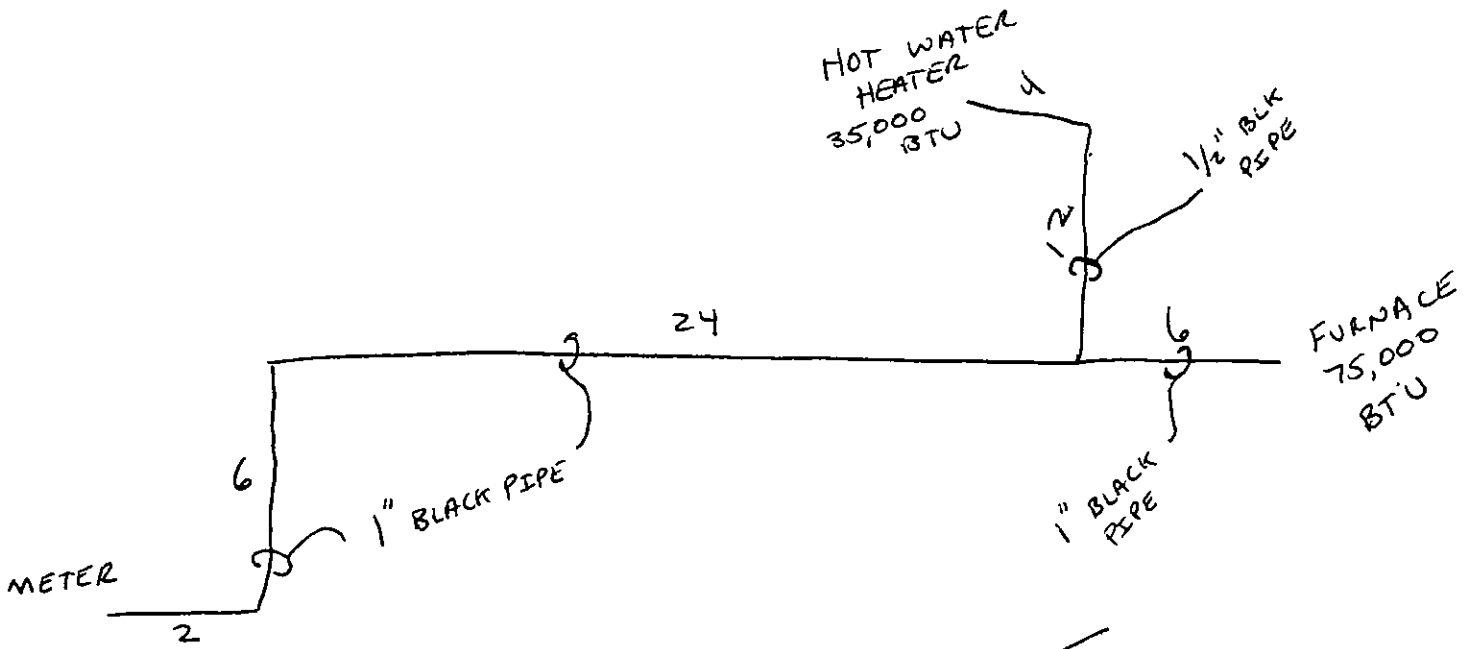
Total ventilation:	Summer:	112 CFM	Winter:	341 CFM
Required ventilation:	Summer:	83 CFM	Winter:	83 CFM
Air distribution flow:	Summer:	1105 CFM	Winter:	1449 CFM
Hydro distribution flow:	Summer:	2.4 GPM	Winter:	3.2 GPM
Air Changes/Hour:	Summer:	0.33	Winter:	1.02

Total Floor Area: 1200.00 sq. ft
Window Area (sq. ft.)
S: 60.00
Total Window Area: 60.00 sq. ft.
Window/Floor ratio: 0.05
Btu/(Floor area): 53.14

Total heating load:		63772 Btuh
Latent cooling load:		8649 Btuh
Sensible cooling load:		24300 Btuh
Total cooling load:		32949 Btuh
Sensible to total load ratio:		74%
Average heat loss:	3.19 Btuh per cu.ft.	
Average heat gain:	1.65 Btuh per cu.ft.	

REX
1643 WEST PRINCETON AVE
BRICK, NJ 08724

TOTAL BTU - 110,000
LONGEST RUN - 48'



8-11-99

furnace procedure
electrician complete
fire

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: DRAGO HTG + A/C
ADDRESS: 1700 2nd Ave
Toms River NJ
PHONE: 732 286 6157
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 22-2574364

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other furnace	
Other	
Other	

Estimated Cost of Electrical Work: $ X 1000
Signature (~~print name~~): X Karl Rep
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR: DRAGO HTG + A/C
ADDRESS: 1700 2nd Ave
Toms River NJ
PHONE: 732-286-6157
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 22-2574364

TECHNICAL DATA (DESCRIPTION OF WORK

Heating Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel
Combustable Liquid Storage Tanks Capacity: Fuel
L.G.P. Storage Tanks Capacity: Fuel

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other furnace	

Estimated Cost of Fire Protection Work: $ X 200
Signature: X Karl Rep
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
k, New Jersey 08723
732-262-1027

Site Location: 1643 W. Princeton Ave. Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: KAKI REX Control #:
Address: 1643 WEST PRINCETON AVE. Permit #:
BRICK NJ 08723
State: NJ Zip: 08723 Phone: [redacted]
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: DRACO HVAC LLC.
ADDRESS: 1700 2ND AVE
TOMS RIVER
PHONE: 732-286-6157
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2574364

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
✓	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
1	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
✓	Other FURNACE & A/C UNIT

Estimated Cost of Plumbing Work: $ 3000.00
Signature: X Bonnie Draper
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: DRACO HVAC LLC
ADDRESS: 1700 2ND AVE
TOMS RIVER
PHONE: 732-286-6157
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2574364

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
NEW Chimney

duct work

TYPE OF WORK

☐ New Building	
☐ Addition	☐ Fence: Height (6' or More)
☐ Alteration	☐ Sign: Sq. Ft.
☐ Roofing	☐ Pool (In Ground)
☐ Siding	☐ Pool (Above Ground)
☐ Other:	☐ Asbestos Abatement
☐ Other:	☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP: Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: X Bonnie Draper
Estimated Cost of Building Work: 300.00
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: