BLOCK 554 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 180 Drum Point Road PERMIT NO. 15-3388

CONSTRUCTION PERMIT APPLICATION

732-267-3605

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

C15-0019974

I. IDENTIFICATION

1. Proposed Work Site at: 180 Drum Point Road Brick, NJ 08723
2. Name of Owner in Fee: Alino, Jeffrey & Shirley Unit A
   Tel. [redacted] e-mail _____ Billy G's Barber
   Address 180 Drum Point Road (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Brick Township Heating & AC Tel. (732) 477-3300
   Address 465 Brick Blvd e-mail brickhvac@gmail.com
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000
   Federal Emp. ID No. 21-0703175 FAX: (732) 477-0805
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun CRAIG LAW
   Tel. (732) 477-3300 FAX: (732) 477-0805

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 100 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection	90 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 2—		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 192—		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	400.-	9/29/15			9/29/15	PE			
☑ Plumbing	400.-								
☑ Fire Protection	400				Attic	GR			
☐ Elevator									
TOTAL COST	$1200-								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/15/2015
Control Number C-15-004974
Permit Number 15-3388
Permit Issue Date 10/6/2015
Certificate Number 15-3388

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 180 DRUM POINT RD. BILLY G'S BARBER AND BEAUTY Brick Township, NJ Block: 554 Lot: 11 Qual:

Owner in Fee: ALINO, JEFFREY M & SHIRLEY J

Owner Address: 128 CAPTAINS DR BRICK NJ 08723

Telephone:

Contractor BRICK TOWNSHIP HEATING & AIR

Address 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300 Fax: (732) 477-0205

License Number or Builders Registration Number: 13VH01918000 Federal Emp. Number: 21-0103175

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FURNACE ...DIRECT REPLACEMENT OF FURNACE - BILLY G'S BARBER AND BEAUTY

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/15/2015

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

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 Brick Township Heating + A/C

Address 465 Brick Blvd
Brick, NJ 08723

Telephone (732) 477-3388

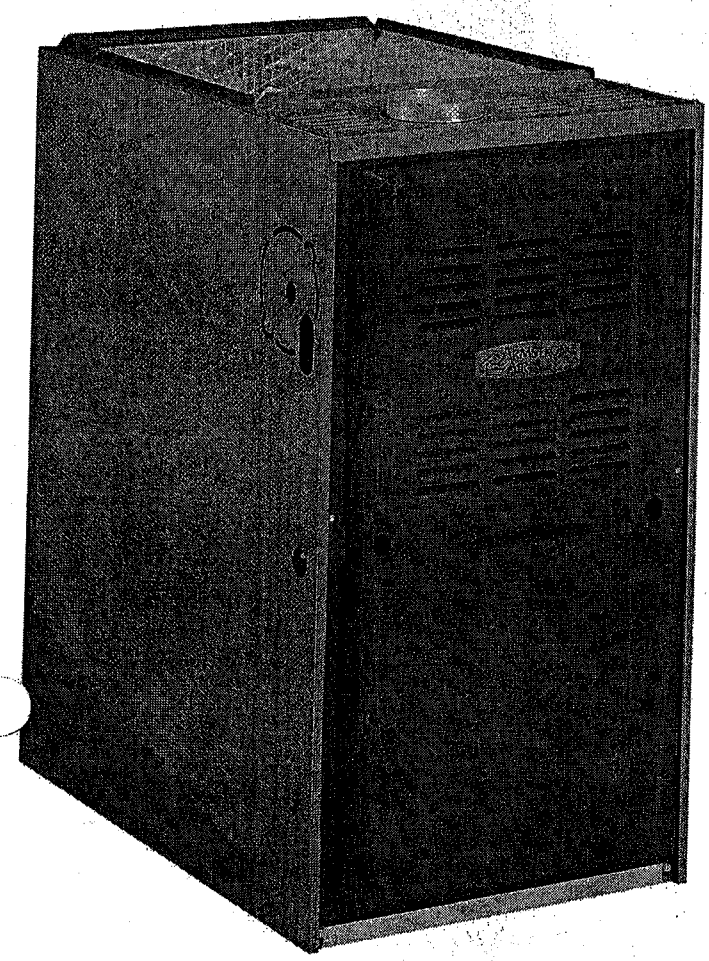
Signature Craig Dew

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

ARMSTRONG AIR

80% Efficiency Gas Furnaces

Form No. AA801-100 (05/2011)



Features and Benefits

CONFIGURATIONS
- Upflow / Horizontal
- Downflow

HEAT EXCHANGER DESIGN
- Aluminized steel tapered crimped no-weld clam shell heat exchanger design

CABINET DESIGN
- Compact 33" height
- Standardized widths for easy coil fit

AIR DELIVERY SYSTEM
- Multi-speed PSC blower motor
- Easily removable slide out blower design

CONTROLS
- Single stage gas valve
- Self diagnostics saving last 5 fault codes regardlesss of power interruption

VENTING
- Rotatable draft inducer for venting flexibility

INSTALLATION FEATURES
- Left or right utility connections
- "L" designated models comply with California's South Coast Air Quality Managment district Low NOx requirements
- Removable floor base for bottom return air
- Zero step horizontal conversion

10 year limited Parts Warranty

WARRANTY
- 10 year limited parts warranty / lifetime heat exchanger warranty available. See limited warranty document for details.

AHRI CERTIFIED™ www.ahridirectory.org

DESIGN CERTIFIED®

Note: Not for sale in Canada

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/6/15

Date Issued / Permit # 15-3388

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

Block 554 Lot 11 Qualification Code

Work Site Location 180 Drum Point Road BRICK, NJ 08723 Billy G's Barber

Owner in Fee Alino, Jeffrey & Shirley

Address 180 Drum Point Road BRICK, NJ 08723

Tel ([redacted]

Contractor BRICK TOWNSHIP HEATING & A/C

Address 465 BRICK BLVD. BRICK, NJ 08723

Tel (732) 477-3300 FAX (732) 477-0205

Contractor License No. 13VH01918000

Federal Emp. No. 21-0703175

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~4000~~ = 600

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		COMMERCIAL	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace Rplcmt	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved SPECS.

Date: 9/29/15

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 12/3/15

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/3/15	PE
Barrier-Free				

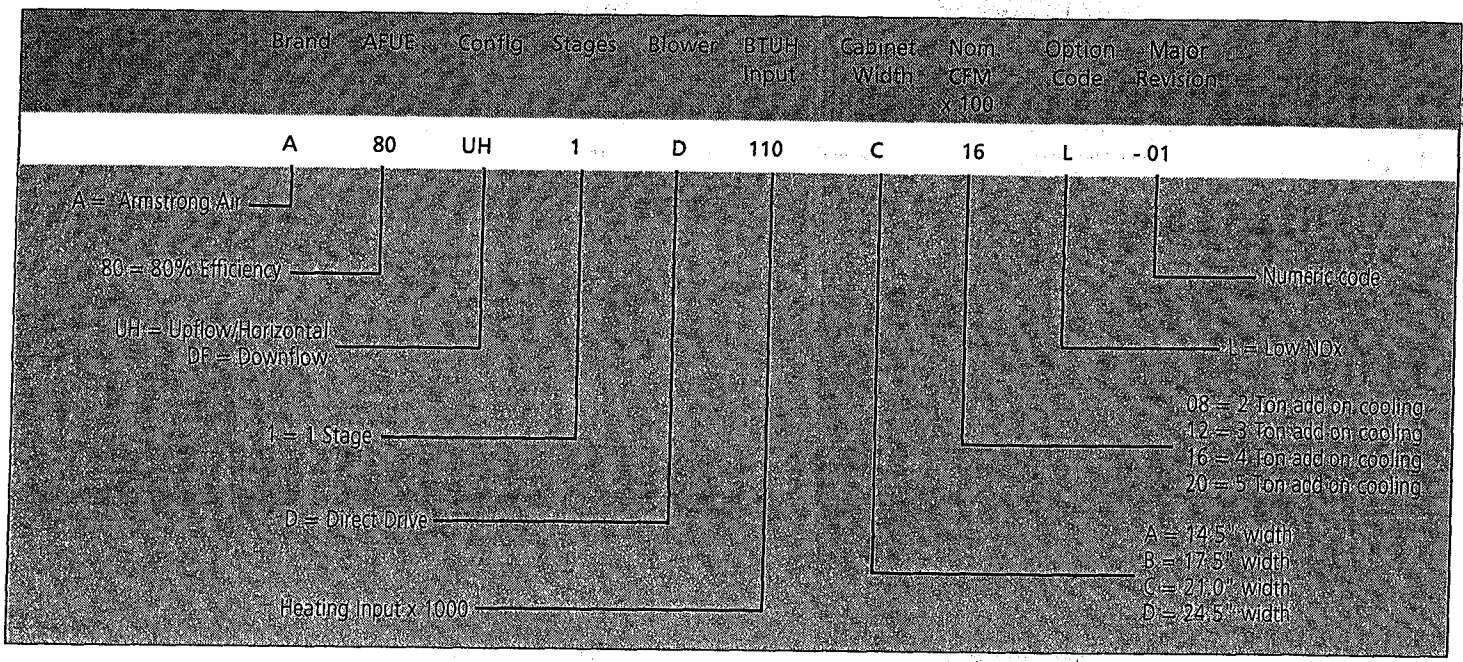
Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Model Number Guide



Physical and Electrical Data

	Model	Input (Btuh)	Output (Btuh)	AFUE (ICS)	Nom. Cooling Capacity	Gas Inlet (in.)	Volts/ Hz/ Phase	Max. Time Delay Breaker or Fuse	Nominal F.L.A.	Trans. (V.A.)	Approx. Shipping Weight (lbs.)
Upflow / Horizontal	A80UH1D045A12	44,000	35,000	80.0%	2 - 3	1/2	120-60-1	12	6.1	40	110
	A80UH1D070A08	66,000	54,000	80.0%	1.5 - 2	1/2	120-60-1	12	3.1	40	114
	A80UH1D070A12	66,000	54,000	80.0%	2 - 3	1/2	120-60-1	12	6.1	40	119
	A80UH1D090B12	88,000	71,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	131
	A80UH1D090B16	88,000	71,000	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	183
	A80UH1D110C12	110,000	88,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	144
	A80UH1D110C16	110,000	89,000	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	151
	A80UH1D110C20	110,000	89,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	161
	A80UH1D135D20	132,000	107,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	174
	A80UH1D045A12L	44,000	35,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	110
	A80UH1D070A12L	66,000	54,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	119
	A80UH1D090B16L	88,000	71,000	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	138
	A80UH1D110C20L	110,000	89,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	161
Downflow	A80DF1D045A12	44,000	35,200	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	112
	A80DF1D070A12	66,000	52,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	121
	A80DF1D090B16	88,000	69,000	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	140
	A80DF1D110C20	110,000	87,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	163

Note: For vent length and clearances to combustibles, please reference installation instructions.

CONSTRUCTION PERMIT

Date Issued
Control # C-15-004974
Permit #

IDENTIFICATION Block: 554 Lot: 11 Qualifier
Work Site Location: 180 DRUM POINT RD. BILLY G'S BARBER AND BEAUTY Brick Township, NJ
Owner in Fee ALINO, JEFFREY M & SHIRLEY J
128 CAPTAINS DR BRICK NJ 08723
Telephone:

Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000
Federal Employee. No. 21-0103175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FURNACE ...DIRECT REPLACEMENT OF FURNACE - BILLY G'S BARBER AND BEAUTY

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,200

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$0
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$192
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

Corner Curbs

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10/16/15

Date Issued / Permit # 15-3388

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

Block 554 Lot 11 Qualification Code

Work Site Location 180 Drum Point Road Brick, NJ 08723 Billy G - Barber

Owner in Fee: Alind. Jo Mey & Shirley

Tel. [redacted] e-mail

Address 180 Drum Point Road (street) Brick (municipality) 08723 (zipcode)

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail

Brick, NJ 08723

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 (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

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: Closet

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:

Total Cost of Fire Protection Work $ ~~4000~~ 6000

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: Craig Law

Print name here: Craig Law

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

DESCRIPTION OF WORK: Replace existing Furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		- Cert on file
[ ] 110v Interconnected		
[ ] CO Detectors/110v		- Direct Vent
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., dampers, 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 [ ] Gas [ ] Oil [ ] Solid		
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:

[✓] Fire Protection Plans Approved

Date: 12-4-15 Approved by: JW

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 10-21-15

Approved by: FCO

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 12-21-15

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			12/4/15	JW
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/4/15	JW
Other				

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 554 LOT 11 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 180 Drum Point Road Brick, NJ 08723

Owner in Fee Alino, Jeffrey & Shirley

Verifying Individual Craig Law Company Brick Township Heating & A/C

Address 4105 Brick Blvd (Street) Brick (City) NJ (State) 08723 (Zip Code)

Tel: (732) 477-3300 Fax: (732) 477-0205

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

- [✓] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	70,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature _____ Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Craig Law 9/24/2015
Signature Date

Verification Not Submitted:

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

_____ Signature _____ Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Block: 554
Lot : 11
180 Drum Point Rd
Brick, NJ 08723

TOWNSHIP OF BRICK

REPLACEMENT FURNACE

OLD BTU --- INPUT 70,000 OUTPUT 45,000

NEW BTU --- INPUT 70,000 OUTPUT 56,000

A/C REPLACEMENT

OLD UNIT N/A BTU

NEW UNIT N/A BTU

AND/OR

HEAT LOSS/HEAT GAIN

*****IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNITS, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN**

*****IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN**

*******WE ALSO WILL NEED*******

*****COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE AND/OR AIR CONDITION UNIT (NOT THE INSTALLATION GUIDE)**

*****CHIMNEY CERTIFICATION FOR FURNACE (CANNOT BE CERTIFIED BY HOMEOWNER)**

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A BLUE TOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED
T/A Brick Township Heating & Air Conditioning
BRETON WOODS HOME IMPROVEMENT, INC.
Patrice Law
465 Brick Blvd.
Brick NJ 08723

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

03/09/2015 TO 03/31/2016
VALID

13VH01918000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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

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

Craig L. Law
465 Brick Blvd
Brick NJ 08723

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

08/25/2015 TO 06/30/2016
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR