BLOCK 830 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 1650 W. Princeton Ave. PERMIT NO. 06-3238

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII G06-104433

I. IDENTIFICATION

1. Proposed Work Site at: 1650 W. Princeton Ave.
2. Name of Owner in Fee: Mr Garry
   Tel. [redacted] e-mail _____
   Address 1125 Bradford Dr. (street) Ft. Pleasant (municipality) 08742 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact: _____
   Address _____ e-mail: _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

ITAK HEATING & COOLING
1692 RT 88
BRICK, NJ 08724
PHONE (732) 892-4957
FAX (732) 202-0338
FEDERAL ID# 223689154
NJ LIC # 13VH00236700

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45-		
2. Electrical	40-		
3. Plumbing	45		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review	1		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 132-		

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	900-								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction									
5. ☒ Fire Protection	1000-				9-15-06	OK	10/23/06		
6. ☒ Plumbing	1000-				9-19-06	OK	11/21/06		
7. ☒ Electrical	1100-				9-29-06	OK	10/23/06		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3000-								

OPTIONAL (for office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

9/27/06 spoke w/ answering service

LDS BR-B 10327329

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.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 _____

Address _____

_____

Telephone (____) _____

Signature _____

ITAK HEATING & COOLING
1692 RT. 88
BRICK, NJ 08724
PHONE (732) 892-4957
FAX (732) 202-0338
FEDERAL ID# 223689154
NJ LIC # 13VH00236700

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.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued
Tracking Number C-06-104433
Permit Number 06-3238
Permit Issue Date 10/02/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1650 W. PRINCETON AVE. Brick Township, NJ Block: 830 Lot: 7 Qual:

Owner in Fee: MCGARRY, VIRGINIA ETALS

Owner Address: 1125 BRADFORD DR PT PLEASANT NJ 08742

Telephone: [redacted]

Contractor ITAK HEATING & COOLING

Address 1692 ROUTE 88 ROUTE 88 WEST BRICK NJ 08724

Telephone: (732) 892-4957 Fax:

License Number or Builders Registration Number: 13VH00236700 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

REPLACEMENT HOT AIR FURNACE, REPLACEMENT WATER HEATER

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: 4533
Collected By: Stephanie Capozzi

Date Printed: 12/04/2006

CONSTRUCTION PERMIT

Date Issued 10/02/2006
Control # C-06-104433
Permit # 06-3238

IDENTIFICATION Block: 830 Lot: 7 Qualifier
Work Site Location: 1650 W. PRINCETON AVE. Brick Township, NJ
Owner in Fee: MCGARRY, VIRGINIA ETALS
Address: 1125 BRADFORD DR PT PLEASANT NJ 08742
Telephone: [redacted]

Contractor: ITAK HEATING & COOLING
Address: 1692 ROUTE 88 BRICK NJ 08724
Telephone: (732) 892-4957
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3689154

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT HOT AIR FURNACE, REPLACEMENT WATER HEATER

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $2,100

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$40
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$132
Check No.	4533
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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

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

Permit #

IDENTIFICATION Block 830 Lot 7

Work Site Location 1650 W. Princeton Ave.

Owner In Fee McGarry

Address 1125 Bradford Dr.
Pt. Pleasant NJ 08742

Tel [redacted]

ITAK HEATING & COOLING

Qualification Code

Contractor

Address 1692 RT. 88
BRICK, NJ 08724

Tel. ( ) PHONE (732) 892-4957
FAX (732) 202-0338

Lic. No. or Bldrs. Reg. No. FEDERAL ID# 223689154
NJ LIC # 13VH00236700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Replacement of GAS FURNACE
Replacement of WATER HEATER

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 $ 3,000 -

Construction Official

Date

PAYMENTS (Office Use Only)

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

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
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 830 Lot 7 Qualification Code

Work Site Location 1650 W. Princeton Ave.

Owner in Fee: McGarry

Tel. [redacted]

Address 1125 Bradford Dr. Egg Harbor Twp. 08142
street municipality zip code

Contractor: HEATING & COOLING (Tel.)

Address 1692 RT. 88 BRICK, NJ 08724 (mail)

Contractor License No. PHONE (732) 892-4957 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) FAX (732) 202-0338

Federal Emp. ID No. FEDERAL ID# 223689154 FAX

NJ LIC # 13VH00236700

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/05) Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 09/14/2006
Date Issued 10/2/06
Control # C-06-104433
Permit # 06-3238

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

Block 830 Lot 7 Qualification Code

Work Site Location: 1650 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: MCGARRY, VIRGINIA ETALS

Address 1125 BRADFORD DR PT PLEASANT NJ

Tel. [redacted]

Contractor: ITAK HEATING & COOLING

Address 1692 ROUTE 88 BRICK NJ

Tel. (732) 892-4957 Fax.

Lic No.

Federal Employee No. 22-3689154

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $100

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

☒ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date: 92706

Approved by: JM

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 10 23 06

Approved by: JM

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	Approval (Dates Month/Day)	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Furnace			102306 JM	
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
1	3	HP/KW Space Heater/Air	$10
0	0	KW 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 Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$45

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

[redacted]

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/2/06
Permit # 06-3238

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

Block 830 Lot 7 Qualification Code
Work Site Location 1650 W. Princeton Ave.

Owner in Fee McGarry
Address 1125 Bradford Dr. [illegible] NJ 08742
Tel ([redacted]
Contractor OAK HEATING & COOLING
Address 1692 RT. 88
BRICK, NJ 08724
Tel ( ) FAX ( )
PHONE (732) 892-4957
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fax (732) 202-0338
Fire Protection Equipment, NJ Div of Fire Safety Inst. No.
Fire Alarm Contractor No.
FEDERAL ID# 223689154
Federal Emp. No.
NJ LIC # 13VH00236700

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel: ____
Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other ____ Location of Main Control Valve: ____
Location: Utility Room
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____
Total Cost of Fire Protection Work $ 1000 —

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]
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Replacement of Gas Fired Furnaces - Replacement of Gas Fired Water Heaters
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		
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		
Fired Appliances [X] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other ____		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 9-15-06
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-23-06
Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			10-23-06	DB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10-23-06	DB
Other ____				

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 09/14/2006
Control # C-06-104433
Date Issued 10/2/06
Permit # 06-5238

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

Block 830 Lot 7 Qualification Code

Work Site Location: 1650 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: MCGARRY, VIRGINIA ETALS

Address 1125 BRADFORD DR PT PLEASANT NJ

Tel. [redacted]

Contractor: KEITH SCHWEYHER

Address 1692 RT 88 W PT PLEASANT NJ

Tel. (732) 892-4957 Fax.

Contractor License No. 7557

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 9.19.06

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 11-22-06

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	10/23/06		11/2/06	
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of 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 Bibb	$0
1	Water Heater	$40
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

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

10/23/06

① - NEED 4" FLUE I.W.H. TABLE 504 (1)
49000 B.T.U'S

② - REMOVE GAS APPLIANCES INTO ATTIC

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 830 Lot 7
Work Site Location 1650 W. Princeton Ave.

Owner in Fee Mc Garry
Address 1125 Bradford Dr.
Ft Pierpont NJ 08742
Tel [redacted]

Contractor Keith Schweyhen
Address 1192 Rt 88 W.
Brick NJ 08724
Tel (732) 892-4957 FAX (732) 202-0338
Lic. No. 7551
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 830 LOT 7 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 1650 W. Princeton Ave.

Applicant _____

Certifying Individual Frank Itak Company ITAK Heating & Cooling

Address 1692 Route 88 West

City Brick, New Jersey 08724 State Zip Code

Ti [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Frank Itak 8-28-06
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370 (rev. 3/04)

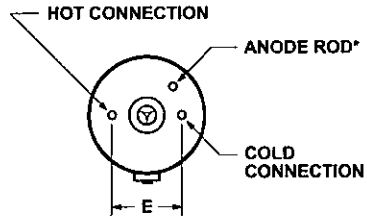
RESIDENTIAL *Gas Water Heaters*

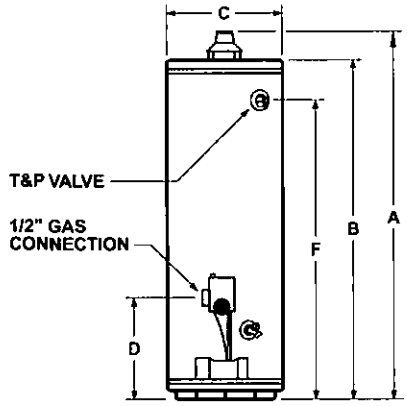
ProMax®

6CV-40

MODEL NUMBER	FIRST HOUR RATING GALLONS	ENERGY FACTOR	GALLON CAPACITY	BTU INPUT PER HOUR NATURAL†	RECOVERY 90°F RISE GALLONS PER HOUR	R VALUE	DIMENSIONS IN INCHES						DRAFT HOOD OUTLET	APPROXIMATE SHIPPING WEIGHT (LBS)
							A	B	C	D	E	F		
TALL MODELS														
GCV-30	66	.62	28	40,000	41	8	59-5/8	55-1/4	16	13-3/8	8	49-7/8	3 or 4	112
GCV-40	71	.60	38	40,000	39	8	57-5/8	53-1/4	18-1/2	13-3/8	8	47-3/8	3 or 4	126
GCV-50	91	.58	50	40,000	41	8	60-7/8	56-1/2	20	13-3/8	8	50-3/8	3 or 4	160
SHORT MODELS														
GCVL-30	66	.61	30	40,000	40	8	48-1/8	43-3/4	18-1/2	13-3/8	8	36-5/8	3 or 4	122
GCVL-40	71	.59	40	40,000	41	8	51-5/8	47-1/4	20	13-3/8	8	41	3 or 4	139
GCVL-50	80	.58	50	40,000	41	16	53-1/4	48-3/4	24	13-3/8	8	43-1/2	3 or 4	168

Recovery capacity based on actual performance tests.
Water Connections – 3/4" on all models.
† Propane Gas – 37,000 BTU input.
For 10-Year Tank and 6-Year Parts Warranty, change "G" to "X" in Model Number (example: XCV-30).
Heat Trap Nipples supplied on all models except GVC-50.





*Location for optional top-mounted T&P Valve if ordered from factory.

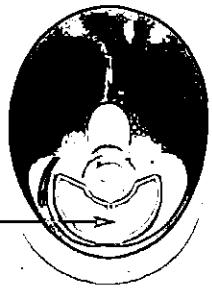
Maximum Hydrostatic Working Pressure: 150 PSI.

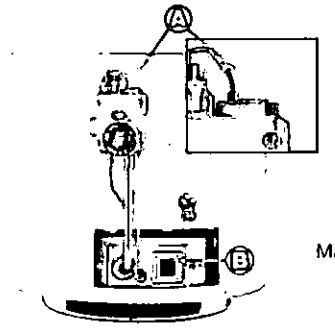
Flammable Vapor Ignition Resistant C3 Technology™ Water Heaters

Corderite Combustion Containment (C3) design meets American National Standards Institute standards (ANS Z21.10.1) that deal with the accidental or unintended ignition of flammable vapors, such as those emitted by gasoline.

Covered by four U.S. patents, C3 Technology gas water heaters feature a sealed combustion chamber with air intake screen and a fireproof Corderite flame arrestor built into the water heater base. In addition, a thermal cutoff (TCO) device, integral with the thermocouple, is designed to shut off gas flow to the burner and pilot if poor combustion is detected.

If flammable vapors accidentally enter the combustion chamber, the Corderite flame arrestor is designed so flames burn off the top surface and cannot escape down through the arrestor.





A. Easy-to-light piezo igniter **B.** View port for easy burner inspection

A.O.Smith
Water Heaters

500 Lindahl Parkway, Ashland City, TN 37015
www.aosmithwaterheaters.com

For Technical Information and Automated Fax Service, call 800-527-1953.
A. O. Smith Corporation reserves the right to make product changes or improvements without prior notice.

Printed in U.S.A.

ARG-SS002-0405N

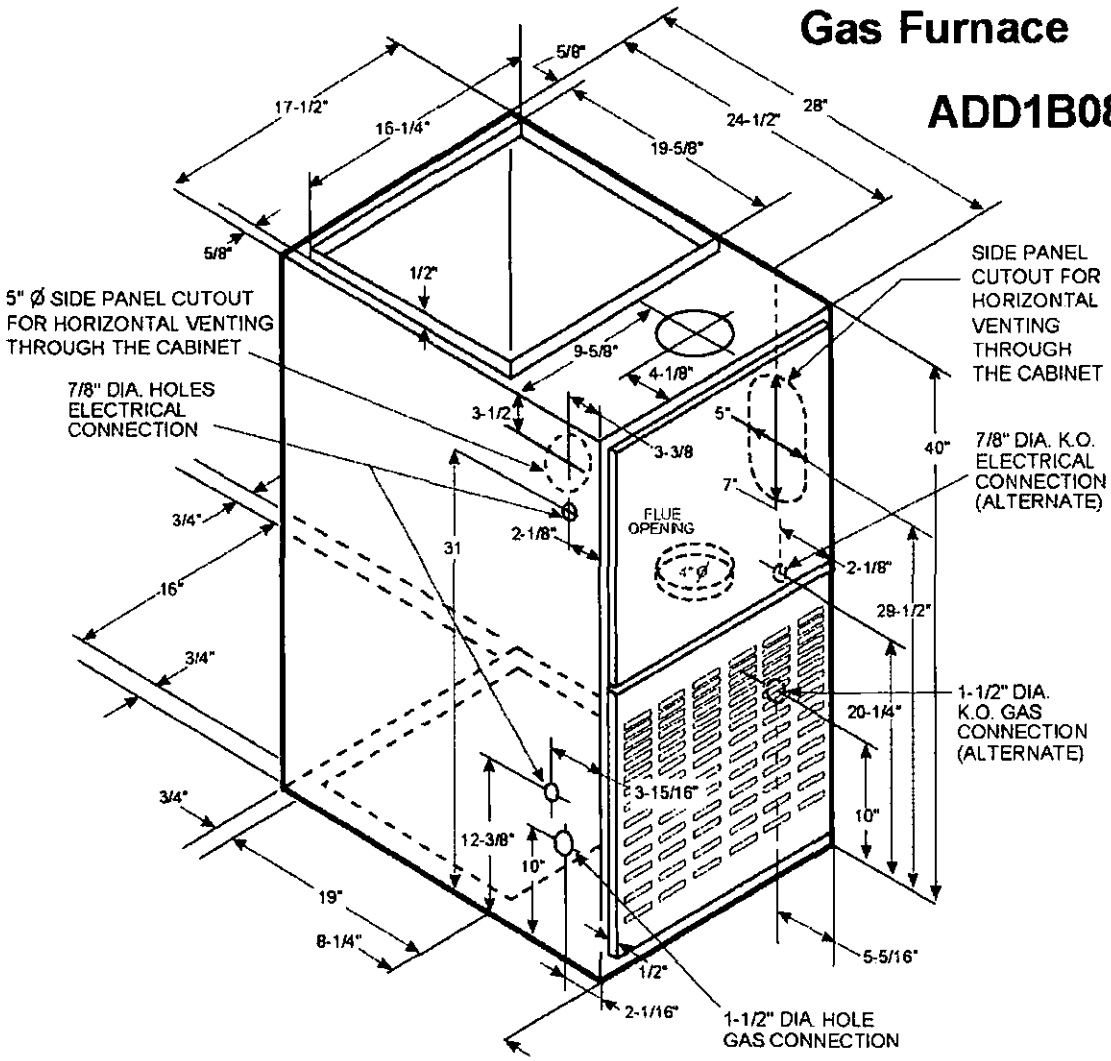
American Standard

TAG: _____

Specification

Downflow / Horizontal Induced Draft Gas Furnace

ADD1B080A9361A



FURNACE AIRFLOW (CFM) VS. STATIC PRESSURE (ins. w.g.)										
MODEL	**SPEED TAP**	**0.10**	**0.20**	**0.30**	**0.40**	**0.50**	**0.60**	**0.70**	**0.80**	**0.90**
ADD1B080A9361A	4 - HIGH - Black	1523	1496	1463	1420	1369	1310	1243	1172	1100
	3 - MED-HIGH - Blue	1317	1307	1261	1242	1223	1175	1122	1060	1000
	2 - MED-LOW - Yellow	1123	1119	1106	1082	1056	1016	976	930	880
	1 - LOW - Red	942	943	931	920	898	868	833	795	760

CFM VS. TEMPERATURE RISE					
MODEL	CFM (CUBIC FEET PER MINUTE)				
	1000	1100	1200	1300	1400
ADD1B080A9361A	59	54	49	46	42

General Data ①

TYPE	*Downflow / Horizontal*
RATINGS ②	
Input BTUH	80,000
Capacity BTUH (ICS) ③	64,000
AFUE	80.0
Temp. rise (Min.-Max.) °F.	35 - 65
BLOWER DRIVE	DIRECT
Diameter-Width (In.)	10 x 7
No. Used	1
Speeds (No.)	4
CFM vs. in. w.g.	See Fan Performance
Motor HP	1/3
R.P.M.	1075
Volts/Ph/Hz	115/1/60
COMBUSTION FAN - Type	Centrifugal
Drive - No. Speeds	Direct - 1
Motor HP - RPM	1/50 - 3180
Volts/Ph/Hz	115/1/60
F.L. Amps	1.09
FILTER — Furnished?	No
Type Recommended	High Velocity
Hi Vel. (No.-Size-Thk.)	2 - 14 x 20 - 1in.

VENT COLLAR — Size (In.)	4 Round
HEAT EXCHANGER	
Type-Fired	Alum. Steel
-Unfired	
Gauge (Fired)	20
ORIFICES — Main	
Nat.Gas. Qty. — Drill Size	4 — 45
L.P. Gas Qty. — Drill Size	4 — 56
GAS VALVE	Redundant - Single Stage
PILOT SAFETY DEVICE	
Type	Hot Surface Ignition
BURNERS — Type	Multiport Inshot
Number	4
POWER CONN. — V/Ph/Hz ④	115/1/60
Ampacity (In Amps)	9.0
Max. Overcurrent Protection (amps)	15
PIPE CONN. SIZE (IN.)	1/2
DIMENSIONS	H x W x D
Crated (In.)	41 x 18-1/2 x 29-1/2
Uncrated (In.)	40 x 17-1/2 x 28-1/2
WEIGHT	
Shipping (Lbs.) / Net (Lbs)	146 / 135

① Central Furnace heating designs are certified by the American Gas Association Inc. Laboratories.
② Ratings shown are for elevations up to 2000 feet. For elevations above 2000 feet; Ratings should be reduced at the rate of 4% for each 1000 feet above sea level.
③ Based on U.S. Government Standard Tests.
④ The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes.

Mechanical Specifications

NATURAL GAS MODELS — Central heating furnace designs are certified by the American Gas Association for both natural and L.P. gas. Limit setting and rating data were established and approved under standard rating conditions using American National Standards Institute standards.

SAFE OPERATION — The Integrated System Control has solid state devices, which continuously monitor for presence of flame, when the system is in the heating mode of operation. Dual solenoid combination gas valve and regulator provide extra safety.

QUICK HEATING — Durable, cycle tested, heavy gauge **aluminized steel heat exchanger** quickly transfers heat to provide warm conditioned air to the structure. **Low energy power vent blower**, *to increase* efficiency and provide discharge of gas fumes to the outside, allows common venting with hot water heater.

BURNERS — Multi-port, in-shot burners will give years of quiet and efficient service. All models can be converted to **L.P. gas** without changing burners.

INTEGRATED SYSTEM CONTROL — Exclusively designed operational program provides total control of furnace limit sensors, blowers, gas valve, flame control and includes self diagnostics for ease of service.

AIR DELIVERY — The multispeed, direct-drive blower motor, with sufficient airflow range for most heating and cooling requirements, will switch from heating to cooling speeds on demand from room thermostat. The blower door safety switch will prevent or terminate furnace operation when the blower door is removed. (Fan relay and 35VA control transformer is standard).

STYLING — **Heavy gauge steel and "wraparound" cabinet construction** is used in the cabinet with baked-on enamel finish for strength and beauty. The heat exchanger section of the cabinet is completely lined with foil-faced fiberglass insulation. This results in quiet and efficient operation due to the excellent acoustical and insulating qualities of fiberglass.

FEATURES AND GENERAL OPERATION — These High Efficiency Gas Furnaces employ a Hot Surface Ignition system, which eliminates the waste of a constantly burning pilot. The integrated system control lights the main burners upon a demand for heat from the room thermostat. Complete front service access.

a. Low energy power venter.
b. Vent proving differential switch.

Technical Literature - Printed in U.S.A.

American Standard, Inc.
6200 Troup Highway
Tyler, TX 75707-9010

An American-Standard Company

DESIGN CERTIFIED AMERICAN GAS ASSOCIATION

Library	
Product Section	
Product	
Model	
Literature Type	
Sequence	
Date	
File No.	
Supersedes	