BLOCK 830 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 1644 W. Princeton Ave PERMIT NO. 18-3179

CONSTRUCTION PERMIT APPLICATION C-18-004125

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1644 W. Princeton Ave Brick NJ 08724
2. Name of Owner in Fee: Daniel Lett-Brown
   Tel. [redacted] e-mail _____
   Address 1644 W Princeton Ave (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Brick Twsp Heating + A/C Tel. (732) 477-3300
   Address 465 Brick Blvd e-mail info@bricktownshiphvac.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) 477-0205
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Brig Law
   Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 125		
8. Subtotal Mech	$		
9. State Permit Surcharge Fee	10-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 285-		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

Owner to give

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	2700	CW	10/31/18		11/5/18	PE			
☐ Plumbing									
☐ Fire Protection									
☒ ~~Elevator~~ Mech	2700								
TOTAL COST	5400								

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

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 Twsp Heating + A/C

Address 465 Brick Blvd

Brick NJ 08723

Telephone (732) 477-3300

Signature Craig Law

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/21/2018
Control Number C-18-004125
Permit Number 18-3179
Permit Issue Date 11/19/2018
Certificate Number 18-3179

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ Block: 830 Lot: 13 Qual:

Owner in Fee: LETT-BROWN, DANIEL D & JOHNSON, K

Owner Address: 1644 W PRINCETON AVE BRICK NJ 08724

Telephone: [redacted]

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: Federal Emp. Number: 21-0103175

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: ELECTRIC TO GAS CONVERSION, OIL TO GAS CONVERSION - ...TO COMBO UNIT

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:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/19/18
Control #
Date Issued
Permit # 18-3179

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

Block 830 Lot 13 Qualification Code

Work Site Location 1644 W. Princeton Ave
Brick NJ 08724

Owner in Fee Daniel Lett-Brown

Address 1644 W. Princeton Ave
Brick NJ 08724

Tel [redacted]

Contractor Eureka Electric SVC

Address PO Box 4075
Brick NJ 08723

Tel (732) 255-2822 FAX (732) 255-7932

Contractor License No. 4872

Federal Emp. No. 22-1814013

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2700

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		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	
1	1	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	101,000 BTU	Boiler/HWH Combo	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

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

Date: 11/5/18
Approved by: RO

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 12/14/18
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-13-18	MM
Barrier-Free				

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

CONSTRUCTION PERMIT

Date Issued 11/19/18
Control # C-18-004125
Permit # 18-3179

IDENTIFICATION Block: 830 Lot: 13 Qualifier
Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ
Owner in Fee LETT-BROWN, DANIEL D & JOHNSON, K
1644 W PRINCETON AVE BRICK NJ 08724
Telephone: [redacted]

Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000 19HC00520700
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:
ELECTRIC TO GAS CONVERSION, OIL TO GAS CONVERSION ...TO COMBO UNIT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other Fee	$125.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$285
Check No.	3445
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $5,400

D. Newman Jr. 11/8/18
Construction Official Date

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

REQUIRED INSPECTIONS

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

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

☑ 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.

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received Control # 11/19/18

Date Issued Permit # 18-3179

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

Block 830 Lot 13 Qualification Code

Work Site Location 1644 W. Princeton Ave Brick NJ 08724

Owner in Fee: Daniel Lee Brown

Tel. [redacted] e-mail

Address 1644 W. Princeton Ave (street) Brick (municipality) 08724 (zip code)

Contractor: Ocean Gate Mechanical LLC Tel. (732) 606-9824

Address 133 E. Lakewood Ave POB 1177 e-mail

Ocean Gate NJ 08740

Contractor License No. or Builder Registration No. 7036 Exp. Date 6/30/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04271700

Federal Emp. ID No. 26-0703830 4 FAX: ( )

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or (R-5) *(circle one)*

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2700

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: James R. Parks

Print name here: James R. Parks

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Conversion oil boiler / elect HWH to gas boiler / HWH Combo

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11-8-18

Approved by:

SUBCODE APPPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date: 12-14-18

Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping			11-30-18	
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			12-14-18	

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
1	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other boiler/HWH Combo 101,000 BTU	
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

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

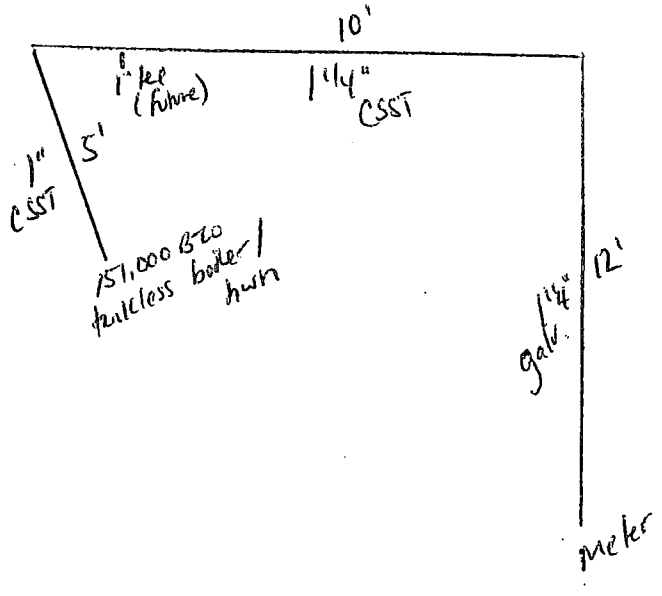
Craig Law

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
477-3300

PHONE: 732-477-3300
732-477-1494
FAX: 732-477-0205

OFFICE & SHOW ROOM:
465 BRICK BOULEVARD, (RT. 549), BRICK TOWNSHIP, NEW JERSEY 08723
MAIL: P.O. BOX 4068, OSBORNVILLE, BRICK, NJ 08723-0968

1644 W. Princeton Ave., Brick



30'

PLUMBING
NOV 08 2018
APPROVED

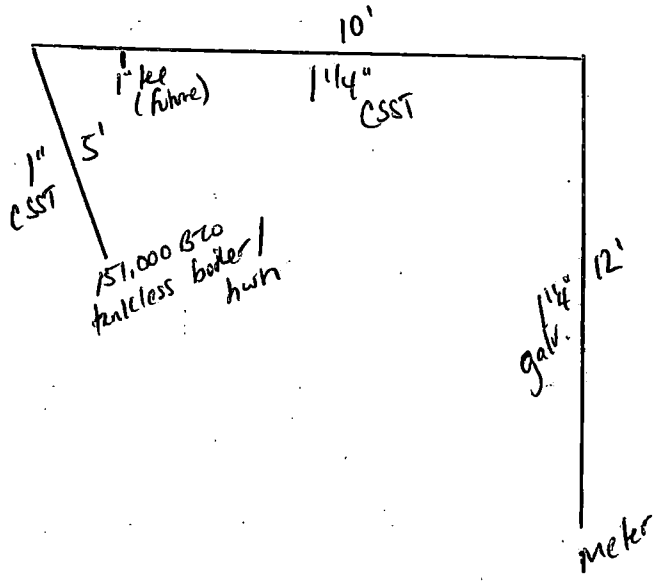
Craig Law

HEATING & AIR CONDITIONING

PHONE: 732-477-3300
732-477-1494
FAX: 732-477-0205

OFFICE & SHOW ROOM:
465 BRICK BOULEVARD, (RT. 549), BRICK TOWNSHIP, NEW JERSEY 08723
MAIL: P.O. BOX 4068, OSBORNVILLE, BRICK, NJ 08723-0968

1644 W. Princeton Ave., Brick



PLUMBING
NOV 08 2018
APPROVED

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 830 LOT 13 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1644 W. Princeton Ave Brick NJ 08724

Owner in Fee Daniel Lett-Brown

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

Address 415 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
- [X] Other Oil/Elect to gas

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
- [X] Other Direct

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Boiler/HWH Combo	Oil (Gas) / Other:	101,000 BTU
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 Signature 10/25/18 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.

wrightsoft

Project Summary
Entire Home
Brick Township Heating and Air Conditioning

Job:
Date: October 29, 2018
By:

465 Brick Blvd, Brick, NJ 08723 Phone: info@bricktownshiphvac Fax: (732) 477-0205 License: 13VH01918000

Project Information

For: Daniel Lett-Brown
1644 West Princeton Ave., Brick, NJ 08724
Phone: (908) 208-6882

Notes:

Design Information

Weather: Long Branch, NJ, US

Winter Design Conditions

Outside db	***13*** °F
Inside db	70 °F
Design TD	57 °F

Summer Design Conditions

Outside db	90 °F
Inside db	73 °F
Design TD	17 °F
Daily range	M
Relative humidity	50 %
Moisture difference	35 gr/lb

Heating Summary

Structure	61713 Btuh
Ducts	19316 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	23870 Btuh
Equipment load	104898 Btuh

Sensible Cooling Equipment Load Sizing

Structure	34207 Btuh
Ducts	16909 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.95
Equipment sensible load	48560 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	2200	2200
Volume (ft³)	19800	19800
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	106	53

Latent Cooling Equipment Load Sizing

Structure	1242 Btuh
Ducts	2621 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	3863 Btuh
Equipment total load	52423 Btuh
Req. total capacity at 0.90 SHR	4.5 ton

Heating Equipment Summary

Make	Trinity
Trade	
Model	TX 151C
AHRI ref	

Efficiency	94 AFUE
Heating input	0 Btuh
Heating output	120000 Btuh
Temperature rise	0 °F
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	2316 cfm
Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.93

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Gastite THE system IS THE SOLUTION

The following person has successfully completed the Gastite Certification Training Program and is hereby recognized as a

Qualified Gastite Installer

James R. Parks
Name

Marc Matzer
Instructor

Brick Twp. HVAC
Company

02/16/2005
Date

01T333598
Certificate No.

42763

Authorized to purchase and install Gastite Flexible Gas Piping

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TracPipe
Flexible Gas Piping by OmegaFlex

The person named below has completed the ***TracPipe*** training program and is hereby awarded the

CERTIFICATE OF TRAINING.

[illegible] [illegible]
Installer's Name Company

[illegible]
Instructor

Certificate No. 01 03 06 TP

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

06/14/2018 TO 06/30/2020
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

wrightsoft®

Manual S Compliance Report
Entire Home
Brick Township Heating and Air Conditioning

Job:
Date: October 29, 2018
By:

465 Brick Blvd, Brick, NJ 08723 Phone: info@bricktownshiphvac Fax: (732) 477-0205 License: 13VH01918000

Project Information

For: Daniel Lett-Brown
1644 West Princeton Ave., Brick, NJ 08724
Phone: (908) 208-6882

Cooling Equipment

Design Conditions

Outdoor design DB:	90.0°F	Sensible gain:	51116	Btuh	Entering coil DB:	0°F
Outdoor design WB:	73.0°F	Latent gain:	3863	Btuh	Entering coil WB:	0°F
Indoor design DB:	73.0°F	Total gain:	35127	Btuh		
Indoor RH:	50%	Estimated airflow:	2316	cfm		

Manufacturer's Performance Data at Actual Design Conditions

Equipment type:					
Manufacturer:			Model:		
Actual airflow:	2316	cfm			
Sensible capacity:	0	Btuh	0% of load		
Latent capacity:	0	Btuh	0% of load		
Total capacity:	0	Btuh	0% of load	SHR:	0%

Heating Equipment

Design Conditions

Outdoor design DB:	13.0°F	Heat loss:	104900	Btuh	Entering coil DB:	70.0°F
Indoor design DB:	70.0°F					

Manufacturer's Performance Data at Actual Design Conditions

Equipment type:	Gas boiler			
Manufacturer:	Trinity		Model:	TX 151C
Actual airflow:	0	cfm		
Output capacity:	120000	Btuh	114% of load	

The above equipment was selected in accordance with ACCA Manual S.

2.0 SPECIFICATIONS

Table 2-1 Trinity Tx Specifications

DESCRIPTION	Tx51	Tx81	Tx101	Tx151	Tx151C	Tx200	Tx200C
CSA Input Modulation[1] [MBH]	7.1-57	10.3-82	12.6-101	18.9-151	18.9-151	24.9-199	24.9-199
DOE Heating Capacity[1,2] [MBH]	52	75	92	139	139	184	184
Net I=B=R Rating[1,2] [MBH]	45	65	80	120	120	160	160
DOE AFUE[2] [%]	94						
Water Connections – NPT [in.]	1				3/4	1	3/4
Gas Connection - NPT, in.	¾						
Vent/Air-inlet Pipe Diameter [in.][3]	2 or 3					3	
Dimensions H x W x D [in.]	31-1/4 x 18 x 16					31-1/4 x 18 x 17-3/8	
Approx. Boiler Weight with Water [lbs.]	77	79	86	87	98	109	120
Approx. Boiler Water Content [Gallons]	0.5	0.6	0.7	0.8	1	1.2	1.4
Electrical Rating	120V/1Ph/60Hz/less than 12A						

Notes:
[1] Listed Input and Output ratings are at minimum vent lengths at an altitude of 0-2000 ft. Numbers will be lower with longer venting and/or altitudes greater than 2000 ft.
[2] Ratings based on standard test procedures prescribed by the U.S. Department of Energy.
[3] Trinity Tx requires a special venting system, use only vent materials and methods detailed in these instructions.

⚠ CAUTION Wall mounting of unit requires two people to lift the boiler into place. Failure to follow these instructions may result in property damage or personal injury.

High Altitude Operation

The Trinity is designed to operate at its maximum listed capacity in installations located at 0-2000ft above Sea Level. Since the density of air decreases as elevation increases, maximum specified capacity should be de-rated for elevations above 2000 ft [610 m] in accordance with Table 2-2.

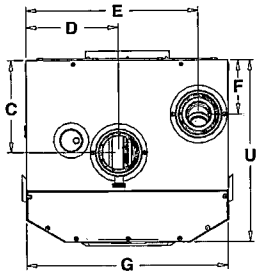
Table 2-2 De-rate % for High Altitudes

Elevations	2001 ft [610 m]	3000 ft [914 m]	4000 ft [1219 m]	4500 ft [1372 m]	5000 ft [1524 m]
In Canada[1]	de-rate by 10%	de-rate by 10%	de-rate by 10%	de-rate by 10%	de-rate % may vary
In USA[2]	-	de-rate by 12%	de-rate by 16%	de-rate by 18%	de-rate by 20%

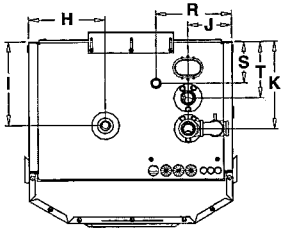
Notes:
[1] Canada: Altitudes between 2000-4500 ft [610-1372 m], de-rate by 10%. Consult local authorities for de-rating for altitudes above 4500 ft [1372 m].
[2] USA: De-rate capacity by 4% for every 1000 ft [305 m], if altitude is above 2000 ft [610 m].

⚠ WARNING **Combustion** – At elevations above 2000 feet, the combustion of the boiler must be checked with a calibrated combustion analyzer to ensure safe and reliable operation. **It is the Installers responsibility to check the combustion and to adjust the combustion in accordance with Section 9.0.** Failure to follow these instructions may result in property damage, serious injury, or death.

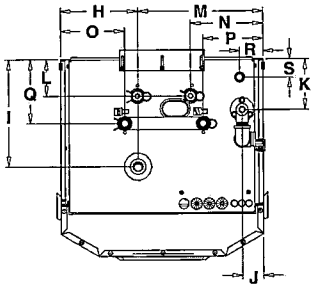
TRINITY Tx DIMENSIONS & SPECIFICATIONS



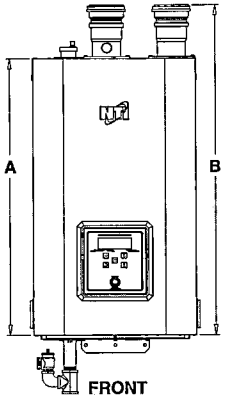
TOP



BOTTOM · Tx51-200



BOTTOM · Tx151C/200C



FRONT

DIMENSIONS (INCHES)

MODEL	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	HEIGHTS		FLUE		AIR INLET		WIDTH	GAS CONN.		OUTLET/RELIEF		DHW CONN.			LOW LOSS HEADER CONN.			CONDENSATE		INLET	DEPTH
TX51			8-1/8	8-1/8		4-3/4		6-3/4	7-3/8	4	7-3/4	NA	NA	NA	NA	NA	NA	6-7/8	3-5/8	5	16
TX81			7-7/8	8-1/8		4-3/4		6-3/4	7-3/8	4	7-3/4	NA	NA	NA	NA	NA	NA	6-7/8	3-5/8	5	16
TX101			6-1/2	8-1/8		4-3/4		6-3/4	7-3/8	4	7-3/4	NA	NA	NA	NA	NA	NA	6-7/8	3-5/8	5	16
TX151	30-3/4	7-1/4	5-1/8	8-1/8	15-3/8	4-3/4	18	6-3/4	7-3/8	4	7-3/4	NA	NA	NA	NA	NA	NA	6-7/8	3-5/8	2-1/4	16
TX151C			7-7/8	8-1/8		7-1/2		6-3/4	9-5/8	1-7/8	4-1/2	3-1/4	11-1/4	6-1/2	5-3/4	5-3/8	5-3/4	2-1/8	2-1/8	NA	16
TX200			5-1/8	7-3/8		7-7/8		6-7/8	8-7/8	3-1/4	9	NA	NA	NA	NA	NA	NA	6-7/8	3-7/8	2-1/4	17-3/8
TX200C			5-1/8	7-3/8		7-7/8		6-7/8	8-7/8	1-7/8	4-1/2	3-1/4	11-1/4	6-1/2	5-3/4	5-3/8	5-3/4	1-5/8	1-5/8	NA	17-3/8

SPECIFICATIONS

MODEL	CSA INPUT (MBH)			DOE HEATING CAP. (MBH)	NET I=B=R RATING (MBH)	AFUE %	GAS CONN. NPT, IN	WATER CONN. NPT, IN.	DHW CONN. IN.	AIR INLET CONN. IN.	FLUE CONN. IN.	WEIGHT - LB
	MIN.	MAX.										
		Space Heating	DHW									
TX51	7.1	57	57	52	45	94	1/2 (FEMALE)	1* (MALE)	NA	3	3	77
TX81	10.3	82	82	75	65				NA			79
TX101	12.6	101	101	92	80				NA			86
TX151	18.9	151	151	138	120				NA			87
TX200	24.9	199	199	183	159				NA			98
TX151C	18.9	80	151	74	64	95			3/4			109
TX200C	24.9	120	199	111	96	95			3/4			120

* Combi CH connections are sweat joint.

DOMESTIC HOT WATER PERFORMANCE

DHW Temp (°F)		DHW Flow (GPM)	
Inlet	Outlet	TX151C	TX200C
50	100	5.4	7.2
50	110	4.5	6.0
50	120	3.9	5.1
50	130	3.4	4.5

Higher flow rates require a thermostatic mixing valve.

EFFICIENT

SAVE THE PLANET: The Tx can reduce greenhouse gas (GHG) emissions by up to 50% and lead to a reduction of 2.5 tons of GHGs, equivalent to two acres of, or 280, trees.

SAVE MONEY: Savings of up to 40% on heating bills due to superior efficiency. If you pay $1,800 annually, you could save $720 a year, or $3,600 in five years.

DEPENDABLE

At NTI, we manufacture all of our boilers to the highest industry standards. Our in-factory Quality