BLOCK 563 LOT 68 QUALIFICATION CODE _____ ADDRESS (SITE) 437 S Community Dr PERMIT NO. 08-1365

CONSTRUCTION PERMIT APPLICATION

C08-001331

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

I. IDENTIFICATION

1. Proposed Work Site at: 437 S Community Dr
2. Name of Owner in Fee: Ron Hankins
   Tel. (908) 4134926 e-mail rmh1024@verizon.net
   Address 437 S Community Dr (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Home owner 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 Russell Greway Contact Russell Greway
   Address 150 Morristown Rd Suite 107 e-mail _____
   Tel. (908) 910 0925 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Ron Hankins
   Tel. (908) 4134926 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 535	✓	
2. Electrical	45		
3. Plumbing	80		
4. Fire Protection	90		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	53		
10. Subtotal	$		
11. Cert. of Occupancy	35		
12. Other ZP+EP	60		
13. TOTAL	$ 898.		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	25 ft.	
3. Area — Largest Floor	1018 sq. ft.	
4. New Building Area	1915 sq. ft.	
5. Volume of New Structure	19870 cu. ft.	
6. Construction Classification	VB	
7. Total Land Area Disturbed	— sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	— ft.	
10. Wetlands yes		
no	X	
11. Max. Live Load	40	
12. Max. Occupancy Load		

IIa. PROPOSED WORK

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

Addn.

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	9000		4/1/08		5-15-08	FM			
☒ Electrical	400				5-15-08	WM			
☒ Plumbing	600				5/6/08				
☒ Fire Protection	75	Eng	4/16/08	4/16/08	4/28/08 ~~FEE~~		4/28/08		EEE
☐ Elevator									
TOTAL COSTS	10,075								

Called 5/15/08

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Single family
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	1	
After Construction	0	
Net Gain or Loss	0	

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

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) 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 Ron Hankins Date 3/27/08

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 _____

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☐ Zoning Application deemed complete Initialed: _____ Date: 8/1/14

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

IMPORTANT pd pulled 4/15/15 BG

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/20/2009
Control Number C-08-001331
Permit Number 08-1365
Permit Issue Date 05/16/2008
Certificate Number 08-1365

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 437 S. COMMUNITY DR. Brick Township, NJ Block: 563 Lot: 68 Qual:

Owner in Fee: HANKINS, EVERETT R JR & ARAUJO, N

Owner Address: 437 S COMMUNITY DR BRICK NJ 08723

Telephone: (908) 413-4926

Contractor HANKINS, EVERETT R JR & ARAUJO, N

Address 437 S COMMUNITY DR BRICK NJ 08723

Telephone: Fax:

License Number or Builders Registration Number: 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: RESIDENTIAL ADDITION ADDITION TO SINGLE FAMILY HOME. DIRECT REPLACEMENT OF GAS FURNACE.

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: $35.00
Check Number: 711
Collected By: Allison Peltier

Date Printed: 10/20/2009 U.C.C. F280 (rev. 08/05)

Carney Applesale
LB Carney

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 05-16-08
Control #
Date Issued
Permit # 08-1365

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

Block 563 Lot 68 Qualification Code
Work Site Location 437 S Community Dr
Brick NJ 08723
Owner in Fee Ron Hankins
Address 437 S Community Dr
Brick NJ 08723
Tel (908) 413 4946
Contractor Homeowner
Address
Tel ( ) FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5
Constr. Class: Present 5B Proposed 5B
Heating System: [X] New OR [ ] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location: Direct Replace
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work $ 75

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. Ron Hankins
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: addition to single family Home
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	45.
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	45-
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
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 5-16-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-20-08
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	9/25		10/20	LLB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	9/25		10/20	LLB
Final				
Other				

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

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

5/9/09

Direct vent to be 3 inch
as per install guide

10/9/09 OK

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 05-16-08

Date Issued / Permit # 08-1365

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community Dr
BRICK NJ 08723

Owner in Fee: Ron Hankins

Tel. (908) 4134924 e-mail rmh1024@verizon.net

Address 437 S Community DR (street) BRICK (municipality) 08723 (zip code)

Contractor: Home owner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size 3" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 5/16/08 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-6-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8409	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	9/9/09		10.02.09	PB

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.

Ron Hankins 3/4/11
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Addition to single family home

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

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

9/9/09 mA

① Combustion air dryer, if WA – OK

② – 90 plus – condensate discharge OK

10.02.09 PR

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*563.00*	LOT:	*68*
SITE ADDRESS:	*437 S. Community Dr.*		
CONTROL #:	*08-001331*	WORK TYPE:	*1st story & 2nd story addition*
APPLICANT:	*Ron Hankins*	PHONE #	*908-413-4926*
APPLICANT ADDRESS:	*437 S. Community Dr.*	CITY/STATE/ZIP:	*Brick, NJ 08723*

MANDATORY DEVELOPER FEES

_X__ Residential is 1% Business Name:
___ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential *$71,440.00*
Commercial

04/10/2008
Date

The final equalized assessed value at the above referenced site is: Residential *$62,200.00*
Commercial

09/21/2009
Date

Prel. Fee (Res)	*$357.20*	Final Fee (Res)	*$264.80*
Prel. Fee (Comm)	*$0.00*	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)			
Check #	*710*	Check #	*990*
Date Paid	*04/15/2008*	Date Paid	*10/20/2009*
Paid by	*H/O*	Paid by	*H/O*

Total Fee Paid (Res) $ *622.00*
Total Fee Paid (Com) $ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 05-16-08

Date Issued / Permit # 08-1365

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community Dr
Brick, NJ 08723

Owner in Fee: Ron Hankins

Tel. (908) 413 4926 e-mail nmh1024@verizon.net

Address 437 S Community Dr (street) Brick (municipality) 08723 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

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 Ron Hankins

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct one and second story addition

See item Highlighted in yellow 21

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/15/08	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 9/16/09
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing			5/20/08	
Footing Bonding				
Foundation			5-29-08	
Slab			(COVER)	
Frame			08/04/08	
Truss Sys./Bracing				
Barrier-Free				
Insulation – Walls & Ceiling ONLY			08/04/08	
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Sh			6/30/08	
Mechanical				
TCO				
Other O+D			5-29-08	
Final			9/9/09	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

Constr. Class Present IIB Proposed IIB

No. of Stories 2

Height of Structure 25 ft.

Area — Largest Floor 1018 sq. ft.

New Bldg. Area/All Floors 1915 sq. ft.

Volume of New Structure 19820 cu. ft.

Max. Live Load 40

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 9000
2. Rehabilitation $ —
3. Total (1+ 2) $ 9000

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110
(rev. 12/07)

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

08/04/08. P/U FRAMING CHECKLIST @ INSUL. INSP.

PERMIT #: 08-1365 437 Community Dr. LOT: 68 BLOCK: 563

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [B] [I] SPACING 6'OC 1'@ENDS
- [B] [I] SIZE 1/2"

STRAPS
- [ ] [ ] SPACING (PER MANUFACTURER'S SPECS)
- [ ] [ ] SIZE

2. SILL PLATES:

- [B] [I] SIZE
- [B] [I] GRADE, SPECIES
- [B] [I] TREATMENT BORATE
- [B] [I] LAPS
- [B] [I] SILL SEALER
- [ ] [ ] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [B] [I] TERMITE PROTECTION

3. BEAM POCKETS:

- [B] [I] BEARING/SHIMS
- [B] [I] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- [ ] [ ] SIZED PER PLAN
- [ ] [ ] ATTACHMENT/PLATES
- [ ] [ ] SPACING/LOCATION
- [ ] [ ] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	FLOOR
[B]	[B]	[B]	SIZE 2x8
[B]	[B]	[B]	GRADE, SPECIES HF#2
[B]	[B]	[B]	SINGLE OR DOUBLE
[ ]	[ ]	[ ]	PRE-ENGINEERED PER MANUFACTURER'S SPECS
[ ]	[ ]	[ ]	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- [B] [I] SIZED PER PLAN
- [B] [I] TYPE
- [B] [I] GRADE, SPECIES
- [B] [I] LOCATION AND RELATION TO THE PLAN
- [B] [I] NAILING
- [B] [I] ATTACHMENT SCHEDULE
- [B] [I] BEARING
- [B] [I] LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	FLOOR
[B]	[B]	[B]	SIZED PER PLAN
[B]	[B]	[B]	GRADE, SPECIES
[B]	[B]	[B]	PRE-ENGINEERED COMPONENTS AS SPECIFIED
[B]	[B]	[B]	BEARING
[B]	[B]	[B]	NAILING
[B]	[B]	[B]	BRIDGING
[B]	[B]	[B]	CUTTING AND NOTCHING (AS PER CODE)
[B]	[B]	[B]	POINT LOADS - SUPPORTED AS PER PLAN
[B]	[B]	[B]	SPAN HANGERS
[B]	[B]	[B]	HEADERS
[B]	[B]	[B]	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	FLOOR
MATERIAL			
[B]	[B]	[B]	PANEL SPAN, THICKNESS

5. STAIR ATTACHMENT:

1ST	2ND	3RD	FLOOR
[B]	[B]	[B]	BEARING
[B]	[B]	[B]	NAILING

SPECIAL REQUIREMENTS

[B] [I]	[B] [I]	[B] [I]	EDGE BLOCKING (IF REQUIRED)
[B] [I]	[B] [I]	[B] [I]	GAPPING
[B] [I]	[B] [I]	[B] [I]	LAYOUT

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: [signature] Date: 8-1-08

Building Inspector Initials: [illegible] Date: 08/14/08

U.C.C. F380-1 (01/06)

PERMIT # 08-1365 LOT: 68 BLOCK: 563

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	FLOOR
☑	☑	☐	SIZE 2x4
☑	☑	☐	SPACE 16" OC
☑	☑	☐	SPECIES AND GRADE HF #2 + DF STUD
☑	☑	☐	CUTTING, NOTCHING, AND BORING
☑	☑	☐	HEADER SIZES
☑	☑	☐	JACK STUD BEARING
			TOP PLATES
☑	☑	☐	NAILING
☑	☑	☐	LAPS
☑	☑	☐	RAFTER TIES
☑	☑	☐	HURRICANE STRAPS H2.5A (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	FLOOR
☑	☑	☐	SIZE
☑	☑	☐	SPACE
☑	☑	☐	LAYOUT - SUPPORT BELOW PER CODE
☑	☑	☐	SPECIES AND GRADE HF #2 + DF STUD
☑	☑	☐	CUTTING, NOTCHING, AND BORING
☑	☑	☐	FIRE BLOCKING
☑	☑	☐	HEADER SIZES
☑	☑	☐	JACK STUD BEARING
			TOP PLATES
☐	☑	☐	NAILING
☐	☑	☐	LAPS
☐	☐	☐	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD	FLOOR
☐	☑	☐	SIZE 2x4
☐	☑	☐	SPACE 16" OC
☐	☑	☐	SPECIES AND GRADE HF #2 + DF STUD
☐	☑	☐	CUTTING, NOTCHING, AND BORING
☐	☑	☐	FIRE BLOCKING
☐	☑	☐	HEADER SIZES
☐	☑	☐	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- ☐ LAYOUT PLANS
- ☐ TRUSS MEMBERS
- ☐ CONNECTION SCHEDULE
- ☐ PERMANENT BRACING DETAILS
- ☐ DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- ☐ EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

- ☐ LOCATION AS PER LAYOUT
- ☐ ALIGNMENT
- ☐ BEARING
- ☐ SPACING
- ☐ CONNECTIONS TO BEARING POINTS
- ☐ NO CONNECTION TO NON-BEARING POINTS
- ☐ DAMAGE AND DEFECTS
- ☐ ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- ☐ LAYOUT
- ☐ SIZE
- ☐ TYPE
- ☐ NAILING
- ☐ OVERLAP
- ☐ TERMINATION
- ☐ TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

- ☐ LAYOUT
- ☐ SIZE
- ☐ TYPE
- ☐ NAILING
- ☐ OVERLAP
- ☐ TERMINATION

4. SOLID SAWN ROOF FRAMING:

- ☑ SIZE 2x8 RAFTER
- ☑ GRADES, SPECIES HF #2

LAYOUT

- ☑ SPACING 16" OC
- ☑ SPAN
- ☑ BEARING
- ☑ FASTENING
- ☑ DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- ☑ CUTTING, NOTCHING, AND BORING
- ☑ BRIDGING
- ☑ RIDGE SIZE
- ☑ HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING – EXTERIOR WALLS:

MATERIAL

- ☑ ☑ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- ☐ GAPPING
- ☐ LAYOUT
- ☐ CORNER BRACING (IF REQUIRED)

2. SHEATHING – ROOF:

MATERIAL

- ☑ ☑ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- ☐ BLOCKING, EDGE (IF REQUIRED)
- ☐ GAPPING
- ☑ ☑ CLIPS (IF REQUIRED)
- ☐ LAYOUT

SHEATHING, FRT – ROOF

- ☐ FOUR FEET FROM FIREWALL
- ☐ NONCORROSIVE FASTENERS

U.C.C. F330-2 (01/06)

Initials: Resp. Person in Charge of Work NH Building Inspector MEK

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 05-16-08
Control #:
Date Issued:
Permit #: 08-1305

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community DR. BRICK, NJ. 08723

Owner in Fee: RON HANKINS

Tel. (908) 413 4926 e-mail nmh1024@verizon.net

Address 437 S Community DR (street) BRICK (municipality) 08723 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Single Family Utility Co. JCP&L

Est. Cost of Elec. Work $ 4400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-15-08

Approved by: VMK

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9-4-9

Approved by: AS

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			8-408	VMK
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/4/09	CO
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

DESCRIPTION OF WORK: Addition to single family home

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
13		Receptacles	
9/10		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		CEILING FAN	
		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		GAS FURNACE DIRECT REPLACE	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

9/4/02

Changed Belt on Sewer trim

CONSTRUCTION PERMIT

Date Issued 05/16/2008
Control # C-08-001331
Permit # 08-1365

IDENTIFICATION Block: 563 Lot: 68 Qualifier

Work Site Location: 437 S. COMMUNITY DR. Brick Township, NJ

Owner in Fee: HANKINS, EVERETT R JR & ARAUJO, N
437 S COMMUNITY DR BRICK NJ 08723

Telephone: (908) 413-4926

Contractor: HANKINS, EVERETT R JR & ARAUJO, N
Address: 437 S COMMUNITY DR BRICK NJ 08723

Telephone: (908) 413-4926
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RESIDENTIAL ADDITION ADDITION TO SINGLE FAMILY HOME. DIRECT REPLACEMENT OF GAS FURNACE.

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 $10,075

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$535
Electrical	$45
Plumbing	$60
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$53
CO Fee	$35.00
Other	$60
Total	$898
Check No.	711
Cash	$0
Credit	$0
Collected By	Allison Peltier

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 15-16-08

Date Issued
Permit # 15-1365

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community Dr
BRICK NJ 08723

Owner in Fee: Ron Hankins

Tel. (908) 4134926 e-mail nmh1024@verizon.net

Address 437 S Community DR (street) BRICK (municipality) 08723 (zip code)

Contractor: Home owner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size 3" Public Sewer x Private Septic

Water Service Size 1" Public Water x Private Well

Est. Cost of Plumbing Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 5/6/08 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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.

Ron Hankins
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [K] Exempt Applicant

3/4/11

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Additions to single family home

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 15-16-08

Date Issued
Permit # 15-1365

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community Dr
BRICK NJ 08723

Owner in Fee: Ron Hankins

Tel. (908) 4134926 e-mail nmh1024@verizon.net

Address 437 S Community DR (street) BRICK (municipality) 08723 (zip code)

Contractor: Home owner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size 3" Public Sewer x Private Septic

Water Service Size 1" Public Water x Private Well

Est. Cost of Plumbing Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 5/6/08 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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.

Ron Hankins
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [K] Exempt Applicant

3/4/11

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Additions to single family home

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 05-16-08

Date Issued Permit # 08-1365

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

Block 563 Lot 68 Qualification Code

Work Site Location 437.5 Community Dr
BRICK NJ 08723

Owner in Fee Ron Hankins

Address 437 S Community Dr
BRICK NJ 08723

Tel (908) 413 4922

Contractor Homeowner

Address

Tel: ( ) FAX ( )

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

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

Fire Alarm Contractor No:

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5

Constr. Class: Present 5B Proposed 5B

Heating System [X] New OR [ ] Existing [X] HVAC

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

[ ] Other

Location: Direct Replace

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 75

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: addition to Single Family Home

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
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

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 5-16-08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 05-16-08
Control #

Date Issued
Permit # 08-1365

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

Block 563 Lot 68 Qualification Code
Work Site Location 437 S Community Dr
BRICK NJ 08723
Owner in Fee Ron Hankins
Address 437 S Community Dr
BRICK NJ 08723
Tel (908) 413 4926
Contractor Homeowner
Address
Tel ( ) FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5 Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present 5B Proposed 5B Location of Panel:
Heating System: [X] New OR [ ] Existing [X] HVAC Fire Suppression/Standpipe System:
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve:
Location: Direct Replace
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*
Total Cost of Fire Protection Work $ 75

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. Ron Hankins
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: addition to Single Family Home
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
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
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 5-16-08
Approved by:

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

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

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Hankins DATE 5/6/08

PROPERTY ADDRESS 437 S Community DR. BLOCK 563 LOT 68

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1: BATHROOM GROUP	2½	8.0	
2: KITCHEN GROUP	1	2.0	
3: ~~WATER CLOSETS~~			
4: LAVATORY			
5: BATH TUB			
6: SHOWER STALL			
7: KITCHEN SINK			
8: SERVICE SINK			
9: LAUNDRY TRAY			
10: DISHWASHER			
11: WASHING MACHINE	1	4.0	
12: URINAL			
13: FLOOR DRAIN			
14: DRINK FOUNTAIN			
15: AIR COND WATER COOLED			
16: DENTAL UNIT			
17: LAWN SPRINKLE			
18: FIRE SPRINKLE		+4	
19: HOSE BIBS	2	3.5	

TOTAL 18.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: 5/6/08 APPROVED: _____

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 08-001331

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 437 S Community DR.

DATE REVIEWED: 5/6/08

REVIEWED BY: MARK HIBBARD - 732-262-1241

CONTACT CALLED/FAXED: RON HANKINS - 908-413-4926.

(1)- D.W.V DRAWING NOT TO CODE! (2) OK

(2)- 1" UPGRADE REQUIRED - OK - 3/4"

(3)- P&S DRAWING TO COMPLETE, NEED BTU'S - REQUIRED ON PLANS OK

Bldg Elect Fire Plumbing

CONTROL NUMBER 061331

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 437 S. Community Dr.

DATE REVIEWED: 5-5-08

REVIEWED BY: Ron Pister

CONTACT CALLED/FAXED: 908-413-4926 left message on machine.

1) Verify SD is existing on first floor.

Ron Pister 5/5/08

Frank/plan review template

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 3/27/08

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 563 Lot: 68

Property Address: 437 S community Dr BRICK, NJ 08723

I, Ron Hankins (name) of 437 S Community Dr (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Ron Hankins
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 4/28/2008 Signed: Edward C. Commons

Rejected on: 4/16/08 Signed: KSB

Comments: Need FF Prop/Ex on New Addl to Ex home

DESCRIPTION OF PROPERTY:

BEING KNOWN AS LOTS 68, 69, 70, 71 & 72 BLOCK 563, AS SHOWN ON A MAP ENTITLED: "MAP OF SURVEY, LOTS 68, 69, 70, 71 & 72 BLOCK 563, T.M., (SHEET NO. 36.01), BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY". ALSO KNOWN AS LOT 68, BLOCK 563 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK SHEET NUMBER 36.01.

30 0 30 60

SCALE IN FEET
(1"=30')

MAP REFERENCE:

A MAP ENTITLED: "MAP OF SURVEY, LOTS 68, 69, 70, 71 & 72 BLOCK 563, T.M., (SHEET NO. 36.01), BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY", PREPARED BY DELCO LAND SURVEYING, CORP. DATED MAY 8, 2000.

NORTH

Existing 77 Elevation 100.00
Proposed 1st Story Addition 77 Elevation 99.50

LOT 18 | LOT 19 | LOT 20 | LOT 21 | LOT 22 | LOT 23 | LOT 24

S 18°00'00" W 100.00'

EXISTING STOCKADE FENCE

0.12' 1.28' 0.65' 0.28' 0.16'

LOT 66 | LOT 67 | LOT 68 | LOT 69 | LOT 70 | LOT 71 | LOT 72

15' REAR SETBACK

1.09'

BUILDING SETBACK LINE (TYP.)

LOT 68
BLOCK 563

PROPOSED 2ND STORY ADDITION

EXISTING WOOD DECK (16'x24')

6' SIDE SETBACK

10.6' SIDE SETBACK

LOT 66

100.00'

S 72°00'00" E

24.1'

25.3'

A.C.

EXISTING 2-STORY FRAME DWELLING
HSE. NO. 137
77-100.00

99.50

1.01'

0.96'

24.2'

25.4'

O.H.

CONC.

PROPOSED 1 STORY ADDITION (15'-4"x24')

25' FRONT SETBACK

25.1'

ASPHALT DRIVEWAY

25.2'

SWISS 10" MAPLE

N 72°00'00" W

100.00'

APPLEGATE AVENUE
(33' R.O.W.)

POINT OF BEGINNING

0.18'

IRON PIPE

EDGE OF PAVEMENT

UTILITY POLE

N 18°00'00" E 100.00'

SOUTH COMMUNITY DRIVE
(33' R.O.W.)

LOT 17 | LOT 18 | LOT 19 | LOT 20 | LOT 21 | LOT 22 | LOT 23

LOT 15

LOT 19
BLOCK 562

CERTIFICATIONS:

MR. RON HANKINS
THE TOWNSHIP OF BRICK

LEGEND

BEARING DIRECTION

REV.	DATE	DRAWN BY	DESCRIPTION

MASER CONSULTING P.A.
RED BANK OFFICE
One River Centre - Building Two
101 Newman Springs Road
Red Bank, N.J. 07701
Phone (732) 383-1950
Fax (732) 383-1985
E-mail - redbank@maserconsulting.com

Regional Offices
Clinton, N.J.
Hamilton, N.J.
Logan, N.J.
Mt. Arlington, N.J.
West Nyack, N.Y.
Newburgh, N.Y.
Allentown, PA.

Consulting, Municipal & Environmental Engineers
Planners Surveyors Landscape Architects

LEONARDO E. POZZIO
NEW JERSEY PROFESSIONAL
LAND SURVEYOR LIC. NO. 39402

BUILDING PERMIT PLOT PLAN
FOR
RON HANKINS
OF
LOTS 68, 69, 70, 71 & 72
BLOCK 563
TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY

JOB NUMBER HANKINS	DATE (MM/DD/YY) FEB. 6, 2008
SCALE 1"=30'	LATEST REVISION
FIELD BOOK(S) BB5/005/73	DRAWN BY D.J.M.
SHEET NUMBER 1 of 1	

Township of Brick

Engineering Review Form

Number: 1206 **Date:** Wednesday, April 16, 2008

Applicant: Ron Hankins

Address: 437 S.Community Drive

City: Brick

State: NJ **Zip:** 08723

Property Address: Same As Above

Phone:

Block: 563 **Lot:** 68

Project Type: One story Addition

Denied ☑

Denied Reason: Need Fininshed floor proposed & existing. On new addition and existing home

---

Approved ☐

Application Reviewed by _____

_____

James A. Priolo, P.E.
Township Engineer

Township of Brick
Zoning Permit

Approved: Thursday, April 03, 2008 **Number:** 2008-259

Block 563 **Lot** 68 **Zone:** R-7.5

Property Address: 437 South Community Drive

Applicant: Ron Hankins

Property Owner: Ron Hankins

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: One-story addition, 15'4" x 24', 16' high.
Second floor addition, 11'7" x 28'8", 25' high.

Conditions: The additions must be set back at least 25 feet from the property line at each street, at least six (6) feet from the side property line, and at least 15 feet from the rear property line. A deed consolidating Lots 68, 69, 70, 71, and 72 must be filed with the Ocean County Clerk.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

APR 2 2008

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 563 LOT 68 QUALIFIER ———

PROPERTY ADDRESS 437 S Community Dr

PERSONAL NAME OF APPLICANT Ron Hankins

BUSINESS NAME OF APPLICANT ———

MAILING ADDRESS OF APPLICANT 437 S Community DR Brick 08723

PROPERTY OWNER'S FULL NAME Ron Hankins

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☒ Addition - Height 1 story addition 16' Height 2nd story addition 25'
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☒ All information completed above
☒ Two (2) copies of a plot plan containing:
☒ All existing and proposed structures
☒ All dimensions of the lot and structures
☒ All setbacks from the structures to the property lines
☒ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Ron Hankins Date 3/27/08

Reviewed by Zoning Office SK Date 4/3/08 (☒ Approved ( ) Denied

4/1/08

DESCRIPTION OF PROPERTY:

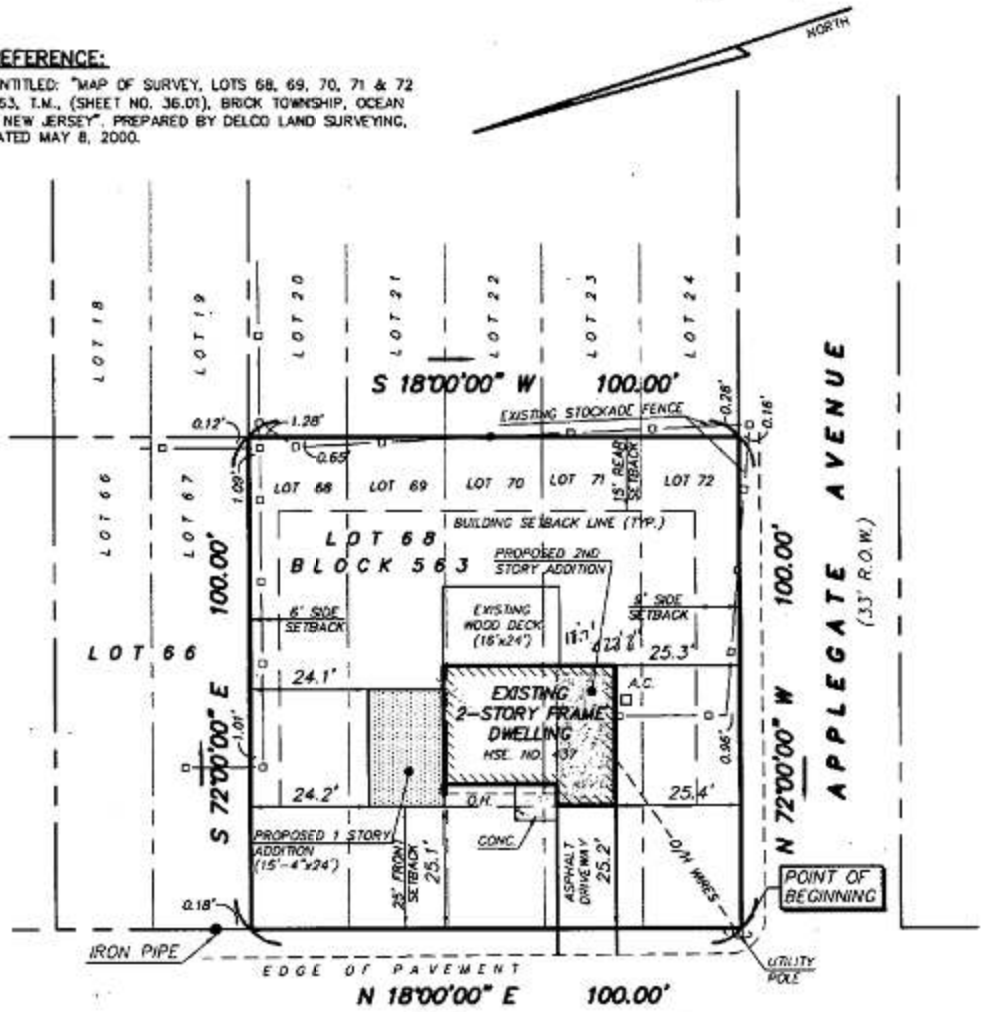
BEING KNOWN AS LOTS 68, 69, 70, 71 & 72 BLOCK 563, AS SHOWN ON A MAP ENTITLED: "MAP OF SURVEY, LOTS 68, 69, 70, 71 & 72 BLOCK 563, T.M., (SHEET NO. 36.01), BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY". ALSO KNOWN AS LOT 68, BLOCK 563 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK SHEET NUMBER 36.01.

30 0 30 60

SCALE IN FEET
(1"=30')

MAP REFERENCE:

A MAP ENTITLED: "MAP OF SURVEY, LOTS 68, 69, 70, 71 & 72 BLOCK 563, T.M., (SHEET NO. 36.01), BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY", PREPARED BY DELCO LAND SURVEYING, CORP. DATED MAY 8, 2000.



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 03 2008

CERTIFICATIONS:
MR. RON HANKINS
THE TOWNSHIP OF BRICK

4/1/08

LEGEND
—— BEARING DIRECTION

REV.	DATE	DRAWN BY	DESCRIPTION

LEONARDO E. POZZIO
NEW JERSEY PROFESSIONAL
LAND SURVEYOR LIC. NO. 39402

MASER CONSULTING P.A.
Consulting Planners & Environmental Engineers
Surveyors • Landscape Architects
RED BANK OFFICE
One River Centre - Building Two
331 Newman Springs Road
Red Bank, N.J. 07701
Phone (732) 383-1950
Fax (732) 383-1954
E-mail - eastern@maserconsult.com
Regional Offices
Clinton, N.J.
Hamilton, N.J.
Logan, N.J.
Mt. Arlington, N.J.
West Nyack, N.Y.
Newburgh, N.Y.
Bethlehem, PA.

BUILDING PERMIT PLOT PLAN
FOR
RON HANKINS
OF
LOTS 68, 69, 70, 71 & 72
BLOCK 563
TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY

JOB NUMBER	DATE DRAWN
HANKINS	FEB. 6, 2008
SCALE	LATEST REVISION
1"=30'	-
FIELD BOOK NUMBER	DESIGN BY
RR2000173	D.J.M.
SHEET NUMBER	
1 of 1	

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 437 S Community Dr. Brick NJ 08723

Block: 563 Lot: 68

Contractor: Homeowner

Contractor's Address: _____

Type of Construction (minor, new home): Addition

Type of Debris (shingles, siding, wood, etc.): shingle, siding, misc debris

Party responsible for removal: Ron Hankins

Dumpster size: 15 yds

Destination of debris: ocean county dump

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

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

Ron Hankins
Signature

3/27/08
Date

Ron Hankins
Print Name

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 05-16-08

Date Issued Permit # OF-1365

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community Dr
Brick, NJ 08723

Owner in Fee: Ron Hankins

Tel. (908) 413 4926 e-mail nmh1024@verizon.net

Address 437 S Community Dr (street) Brick (municipality) 08723 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/15/08	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class Present IB Proposed IB
No. of Stories 2
Height of Structure 25 ft.
Area — Largest Floor 1013 sq. ft.
New Bldg. Area/All Floors 1915 sq. ft.
Volume of New Structure 19820 cu. ft.
Max. Live Load 40
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 9000
2. Rehabilitation $ —
3. Total (1+ 2) $ 9000

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 Ron Hankins

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct one and second story addition

See item Highlighted "Yellow"

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 05-16-08

Date Issued Permit # OF-1365

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community Dr
Brick, NJ 08723

Owner in Fee: Ron Hankins

Tel. (908) 413 4926 e-mail nmh1024@verizon.net

Address 437 S Community Dr (street) Brick (municipality) 08723 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

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 Ron Hankins

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct one and second story addition

See item Highlighted "Yellow"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/15/08	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class Present IB Proposed IIB
No. of Stories 2
Height of Structure 25 ft.
Area — Largest Floor 1013 sq. ft.
New Bldg. Area/All Floors 1915 sq. ft.
Volume of New Structure 19820 cu. ft.
Max. Live Load 40
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 9000
2. Rehabilitation $ —
3. Total (1+ 2) $ 9000

U.C.C. F110
(rev. 12/07)

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

RES*check* Software Version 4.1.3
Compliance Certificate

Project Title: Addition @ 437 S Community Dr

Report Date: 03/27/08

Data filename: C:\Program Files\Check\REScheck\nicole.rck

Energy Code:	**2006 IECC**
Location:	**Toms River, New Jersey**
Construction Type:	**Single Family**
Conditioned Floor Area:	**653 ft2**
Glazing Area Percentage:	**11%**
Heating Degree Days:	**5294**
Climate Zone:	**4**

Construction Site:
437 S Community Dr
Brick, NJ 08723

Owner/Agent:
Ron Hankins
437 S Community Dr
Brick, NJ 08723
732-477-4175
nmh1024@verizon.net

Designer/Contractor:
Ron Hankins
Home owner
437 S Community Dr
Brick, NJ 08723
908-413-4926
nmh1024@verizon.net

Compliance: Passes on UA

Compliance: **7.5% Better Than Code** Maximum UA: **147** Your UA: **136**

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	653	30.0	0.0		23
Wall 1: Wood Frame, 16" o.c.	850	13.0	0.0		62
Window 1: Vinyl Frame:Double Pane with Low-E SHGC: 0.35	90			0.350	31
Door 1: Solid	4			0.280	1
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	583	30.0	0.0		19
Furnace 1: Forced Hot Air92 AFUE					
Air Conditioner 1: Electric Central Air13 SEER					

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2006 IECC requirements in RES*check* Version 4.1.3 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Ron Hankins owner — Name - Title

Ron Hankins — Signature

3/27/08 — Date

RES*check* Software Version 4.1.3
Inspection Checklist

Date: 03/27/08

Ceilings:

☐ Ceiling 1: Flat Ceiling or Scissor Truss, R-30.0 cavity insulation
Comments: _____

Above-Grade Walls:

☐ Wall 1: Wood Frame, 16" o.c., R-13.0 cavity insulation
Comments: _____

Windows:

☐ Window 1: Vinyl Frame:Double Pane with Low-E, U-factor: 0.350
For windows without labeled U-factors, describe features:
#Panes ____ Frame Type _____ Thermal Break? ____ Yes ____ No
Comments: _____

Note: Up to 15 sq.ft. of glazed fenestration per dwelling is exempt from U-factor and SHGC requirements.

Doors:

☐ Door 1: Solid, U-factor: 0.280
Comments: _____

Floors:

☐ Floor 1: All-Wood Joist/Truss:Over Unconditioned Space, R-30.0 cavity insulation
Comments: _____
Floor insulation is installed in permanent contact with the underside of the subfloor decking.

Heating and Cooling Equipment:

☐ Furnace 1: Forced Hot Air: 92 AFUE or higher
Make and Model Number: _____

☐ Air Conditioner 1: Electric Central Air: 13 SEER or higher
Make and Model Number: _____

Air Leakage:

☐ Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage are sealed.

☐ Recessed lights are either 1) Type IC rated with enclosures sealed/gasketed against leaks to the ceiling, or 2) Type IC rated and ASTM E283 labeled, or 3) installed inside an air-tight assembly with a 0.5" clearance from combustible materials and a 3" clearance from insulation.

Materials Identification:

☐ Materials and equipment are identified so that compliance can be determined.

☐ Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment have been provided.

☐ Insulation R-values, glazing U-factors, and heating equipment efficiency are clearly marked on the building plans or specifications.

☐ Insulation is installed according to manufacturer's instructions, in substantial contact with the surface being insulated, and in a manner that achieves the rated R-value without compressing the insulation.

Duct Insulation:

☐ Ducts in unconditioned spaces or outside the building are insulated to at least R-8.

☐ Ducts in floor trusses above unconditioned spaces or above the outdoors are insulated to at least R-6.

Duct Construction:

- ☐ Air handlers, filter boxes, and duct connections to flanges of air distribution system equipment or sheet metal fittings are sealed and mechanically fastened.
- ☐ All joints, seams, and connections are made substantially airtight with tapes, gasketing, mastics (adhesives) or other approved closure systems. Tapes and mastics are rated UL 181A or UL 181B.
- ☐ Building framing cavities are not used as supply ducts.
- ☐ Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.
- ☐ Additional requirements for tape sealing and metal duct crimping are included by an inspection for compliance with the International Mechanical Code.

Temperature Controls:

- ☐ Thermostats exist for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor is provided.

Heating and Cooling Equipment Sizing:

- ☐ Additional requirements for equipment sizing are included by an inspection for compliance with the International Mechanical Code.

Circulating Hot Water Systems:

- ☐ Circulating hot water pipes are insulated to R-2.
- ☐ Circulating hot water systems include an automatic or accessible manual switch to turn off the circulating pump when the system is not in use.

Heating and Cooling Piping Insulation:

- ☐ HVAC piping conveying fluids above 105 degrees F or chilled fluids below 55 degrees F are insulated to R-2.

Certificate:

- ☐ A permanent certificate is provided on or in the electrical distribution panel listing the predominant insulation R-values; window U-factors; type and efficiency of space-conditioning and water heating equipment.

NOTES TO FIELD: (Building Department Use Only)

2006 IECC Energy Efficiency Certificate

Insulation Rating	R-Value	
Ceiling / Roof	30.00	
Wall	13.00	
Floor / Foundation	30.00	
Ductwork (unconditioned spaces):	_____	
Glass & Door Rating	**U-Factor**	**SHGC**
Window	0.35	0.35
Door	0.28	NA
Heating & Cooling Equipment	**Efficiency**	
Forced Hot Air Furnace	92 AFUE	
Electric Central Air Conditioner	13 SEER	
Water Heater:_____	_____	

Name: _____ Date: _____

Comments:

bryant®
Heating & Cooling Systems

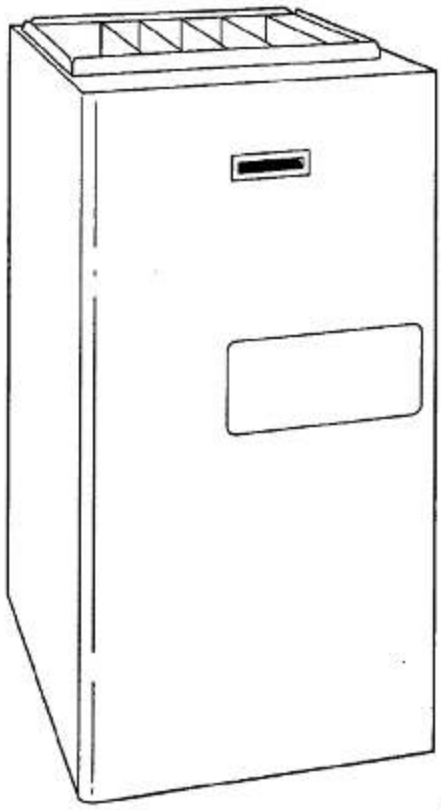
MODEL 340AAV, 350AAV, 352AAV, 355AAV CONDENSING GAS FURNACE

USER: Please read all instructions in the manual and retain all manuals for future reference.

NOTE TO INSTALLER:
This manual must be left with the equipment user.

⚠ WARNING:
FIRE OR EXPLOSION HAZARD
Failure to follow safety warnings exactly could result in serious injury, death, or property damage.

- **Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.**
- **WHAT TO DO IF YOU SMELL GAS**
  - **Do not try to light any appliance.**
  - **Do not touch any electrical switch; do not use any phone in your building.**
  - **Leave the building immediately.**
  - **Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.**
  - **If you cannot reach your gas supplier, call the fire department.**
- **Installation and service must be performed by a qualified installer, service agency or the gas supplier.**



A05085

Do not use this furnace if any part has been under water. A flood-damaged furnace is extremely dangerous. Attempts to use the furnace can result in fire or explosion. A qualified service agency should be contacted to inspect the furnace and to replace all gas controls, control system parts, electrical parts that have been wet or the furnace if deemed necessary.

⚠ WARNING:
CARBON MONOXIDE POISONING HAZARD
Carbon Monoxide is invisible, odorless, and toxic! Bryant Heating and Cooling Systems recommends a carbon monoxide alarm in your home, even if you do not own a gas appliance. Locate the carbon monoxide alarm in the living area of your home and away from gas appliances and doorways to attached garages. Follow the alarm manufacturer's instruction included with the alarm.

TABLE OF CONTENTS

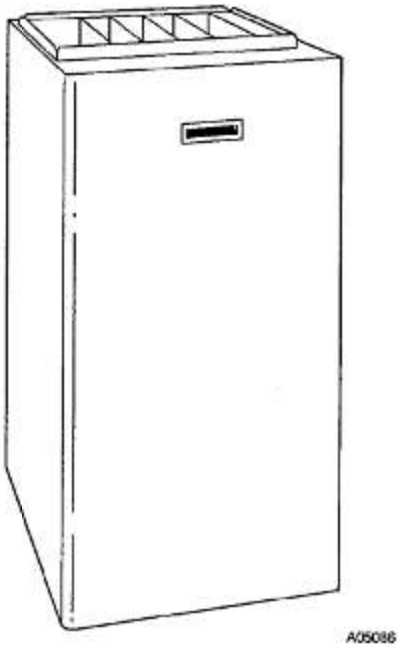
WELCOME TO A NEW GENERATION OF COMFORT

Congratulations! In light of rising energy costs, the Plus 90™, 340AAV, Plus90t™ and Plus 90i™ Multipoise, Gas-Fired, Condensing Furnaces are among the soundest investments today's homeowner can make.

Your new furnace is truly a triumph of technology in home heating. A revolutionary design employs 2 heat exchangers to "squeeze" out the maximum amount of heat from the fuel consumed. In fact, your new furnace is so efficient, over 90%* of the heat generated during combustion is captured and delivered inside your home. That is more than a 33%* increase in heating efficiency over conventional furnaces.

These are among the most energy-efficient furnaces you can buy today. They also are among the safest and most dependable. We are proud of the technological advances incorporated into the design of these furnaces. With only minimal care, your new furnace will deliver many years of money-saving home comfort and enjoyment. Spend just a few minutes with this manual to learn the operation of your new furnace and the small amount of maintenance it takes to help keep it operating at peak efficiency year after year.

* The output capacity and any representations of efficiency for this furnace are based on standard U.S. Department of Energy test procedures.

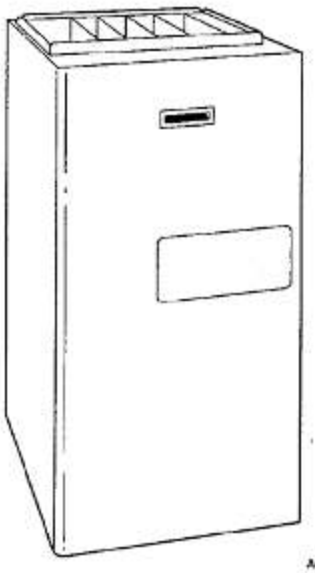


1

MODELS 340AAV (SHOWN) AND 350AAV FIXED-CAPACITY FURNACES

ENERGY STAR

As an ENERGY STAR® Partner, Bryant Heating & Cooling Systems has determined that this product meets the ENERGY STAR® guidelines for energy efficiency.

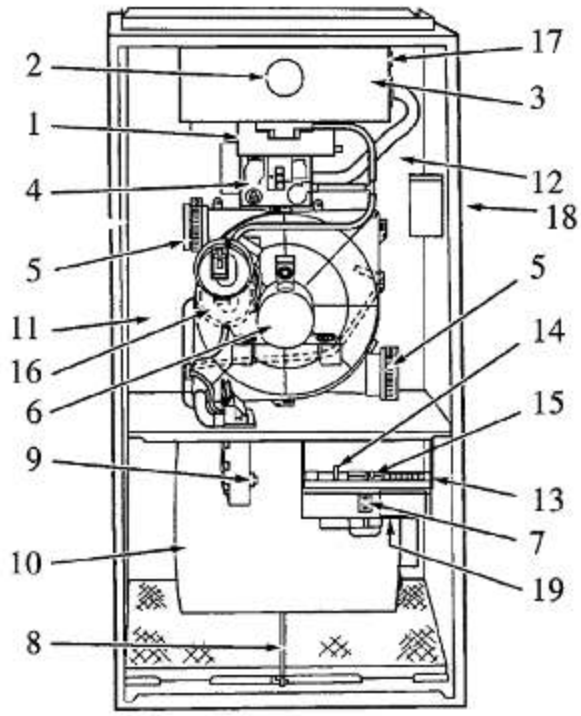


2

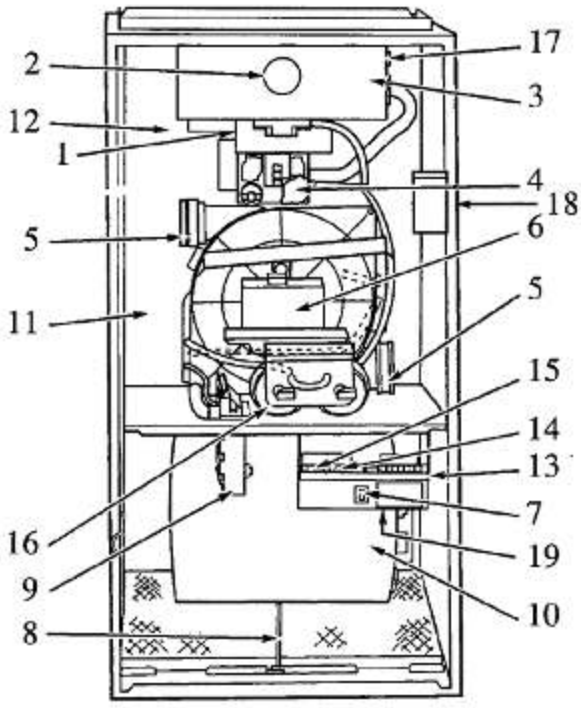
MODEL 355AAV VARIABLE-CAPACITY AND MODEL 352AAV TWO-STAGE FURNACES

FURNACE COMPONENTS

1. Combustion-air intake connection to ensure contaminant-free air (right or left side).
2. Burner sight glass for viewing burner flame.
3. Burner assembly (inside). Operates with energy-saving inshot burners and hot surface igniter for safe, dependable heating.
4. Redundant gas valve. Safe and efficient. Features 1 gas control with 2 internal shutoff valves. Valve appearance varies with furnace model.
5. Vent outlet. Uses PVC pipe to carry flue gas from the furnace's combustion system (right or left side).
6. Inducer motor. Pulls hot flue gases through the heat exchangers, maintaining negative pressure for added safety.
7. Blower access panel safety interlock switch.
8. Air filter and retainer (location in furnace may vary).
9. Condensate drain connection. Collects moisture condensed from burned gases for disposal into home drain system. (Location in furnace varies.)
10. Heavy-duty blower. Circulates air across the heat exchangers to transfer heat into the home.
11. Secondary condensing heat exchanger (inside). Wrings out more heat through condensation. Constructed with polypropylene-laminated steel to ensure durability.
12. Primary serpentine heat exchanger (inside). Stretches fuel dollars with the S-shaped heat-flow design. Solid construction of corrosion-resistant aluminized steel means reliability.
13. Furnace control board.
14. 3-amp fuse provides electrical and component protection.
15. Status code light emitting diode (LED) on furnace control board. Status code light is for diagnosing furnace operation and service requirements.
16. Pressure switch(es) ensure adequate flow of flue gas through furnace and out vent system.
17. Rollout switch (manual reset) to prevent overtemperature.
18. Junction box for 115-v electrical power supply. (May be located on right or left side)
19. Transformer (24v) behind furnace control board provides low-voltage power to furnace control board and thermostat.



MODELS 340AAV, 350AAV, AND 352AAV FURNACES (UPFLOW POSITION) 3



MODEL 355AAV FURNACE (UPFLOW POSITION) 4

SAFETY CONSIDERATIONS

Recognize safety information. This is the safety-alert symbol ⚠. When you see this symbol on the furnace and in instructions or manuals, be alert to the potential for personal injury.

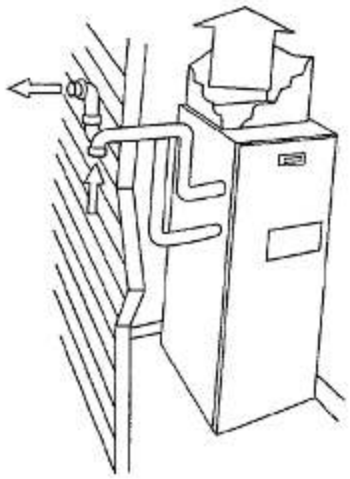
Understand the signal words DANGER, WARNING, CAUTION and NOTE. DANGER, WARNING and CAUTION are used with the safety-alert symbol. DANGER identifies the most serious hazards which **will** result in severe personal injury or death. WARNING signifies hazards which **could** result in personal injury or death. CAUTION is used to identify unsafe practices which **may** result in minor personal injury or product and property damage. NOTE is used to highlight suggestions which **will** result in enhanced installation, reliability, or operation.

To minimize the possibility of serious personal injury, fire, damage to your furnace, or improper operation, **carefully follow these safety rules:**

Your new gas furnace may have been installed in 1 of 2 ways, as a direct-vent (2-pipe) application or as a non-direct vent (1-pipe) application.

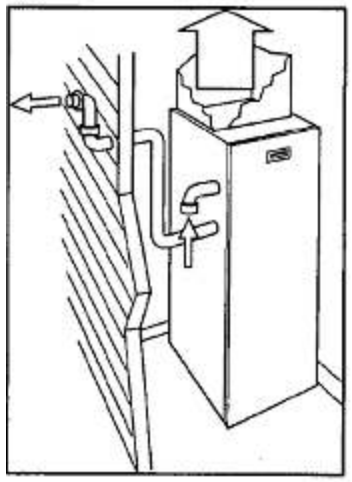
In a direct-vent (2-pipe) application, your furnace uses air from outside the home for combustion and vents flue gas to the outdoors. This type of application will have 2 pipes running from the furnace to the outdoors. (See Fig. 5.) In this application, the vent and air-intake pipes must terminate outside the structure and must not be obstructed in any way. Do not block or obstruct air openings on furnace or spaces around furnace.

In a non-direct vent (1-pipe) application, your furnace uses air from adjacent to the furnace for combustion and vents flue gas to the outdoors. This type of application will have only 1 pipe running from the furnace to the outdoors. (See Fig. 6) The other pipe will terminate in the same space as the furnace and is the source of combustion air for your furnace. Therefore, the furnace must not be enclosed in an airtight room or be sealed behind solid doors. It must have adequate airflow for efficient combustion and safe ventilation. Do not obstruct the combustion-air pipe in any way. The vent pipe must terminate outside the structure and must not be obstructed in any way. Do not block or obstruct air openings or space around furnace.



5

- Keep the area around your furnace clear and free of combustible materials, gasoline, and other flammable liquids and vapors.
- Do not cover the furnace, store trash or debris near it, or in any way block the flow of fresh air to the unit.



6

7

In addition to the safety rules above, make sure that the following combustion-air requirements are met for non-direct vent applications:

- Combustion air must be clean and uncontaminated with chlorine or fluorine. These compounds are present in many products around the home, such as: water softener salts, laundry bleaches, detergents, adhesives, paints, varnishes, paint strippers, and plastics.
- Make sure the combustion air for your furnace does not contain any of these compounds. During remodeling be sure the combustion air is fresh and uncontaminated. If these compounds are burned in your furnace, the heat exchangers may deteriorate.
- A furnace installed in an attic or other insulated space must be kept free and clear of insulating material. Examine the furnace area when the furnace is installed or when insulation is added. Some insulation materials may be combustible.
- Should the gas supply fail to shut off or if overheating occurs, shut off the gas valve to the furnace before shutting off electrical supply.

This furnace contains SAFETY DEVICES which must be MANUALLY RESET. If the furnace is left unattended for an extended period of time, have it checked periodically for proper operation. This precaution will prevent problems associated with no heat, such as frozen water pipes, etc. See "Before You Request a Service Call" section in this manual.

⚠ WARNING

FIRE OR EXPLOSION HAZARD
Failure to follow this warning could result in fire, personal injury/death or property damage. Do not keep combustible materials, gasoline, and other flammable liquids or vapors around your furnace.

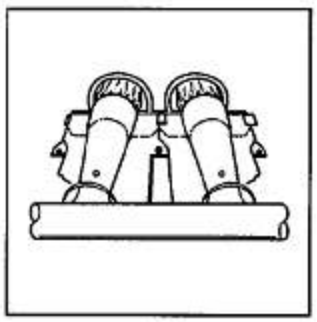
⚠ WARNING

FIRE AND UNIT OPERATION HAZARD

Failure to follow this warning could result in fire, personal injury/death or property damage. For proper and safe operation the furnace needs air for combustion and ventilation. Do not block or obstruct the openings on the furnace, air openings to the area in which the furnace is installed, and the space around the furnace.

Examine the furnace installation monthly to determine that:

1. All flue gas carrying areas external to the furnace (i.e. chimney, vent connector) are clear and free of obstructions.
2. The vent connector is in place, slopes upward and is physically sound without holes or excessive corrosion.
3. The return-air duct connection(s) is physically sound, is sealed to the furnace casing, and terminates outside the space containing the furnace.
4. The physical support of the furnace is sound without sagging cracks, gaps, etc. around the base.
5. There are no obvious signs of deterioration of the furnace.
6. The burner flames are in good adjustment. (See Fig. 8.)



8

STARTING AND SHUTTING DOWN YOUR FURNACE

Instead of a continuously burning pilot flame which wastes valuable energy, your furnace uses an automatic, hot surface ignition system to light the burners each time the thermostat starts your furnace.

9

Follow these important safeguards:

- Never attempt to manually light the burners with a match or other source of flame.
- Read and follow the operating instructions on inside of main furnace door, especially the item that reads as follows:

  Wait 5 minutes to clear out any gas. Then smell for gas, including near the floor. If you smell gas, **STOP!** Follow "B" in the safety information above on this furnace label. If you don't smell gas, go to the next step.

- If a suspected malfunction occurs with your gas control system, such as the burners not lighting when they should, refer to the shutdown procedures on inside of main furnace door, or in the "Shutting Down Your Furnace" section and call your dealer as soon as possible.

⚠ WARNING

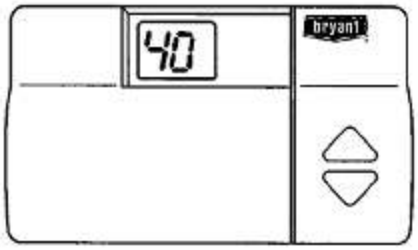
FIRE HAZARD

Failure to follow this warning could result in a fire or explosion, and personal injury/death or property damage. Should the gas supply fail to shut off or if overheating occurs, turn off the external manual gas valve to the furnace BEFORE turning off the electrical supply. (See Fig. 11.)

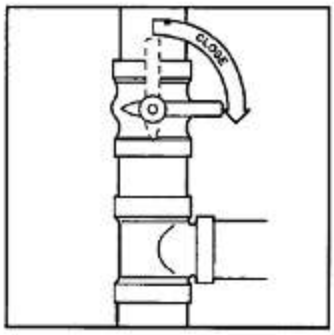
CHECK AIR FILTER: Before attempting to start your furnace, be sure the furnace air filter is clean and in place. See "Performing Routine Maintenance" section in this manual. Then proceed as follows:

STEPS FOR STARTING YOUR FURNACE

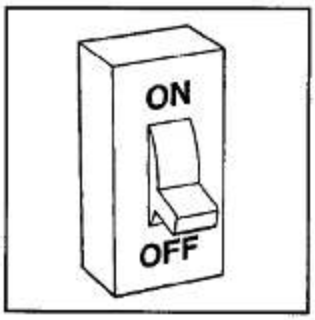
1. Set your room thermostat to the lowest temperature setting. (See Fig. 10.)



10



11

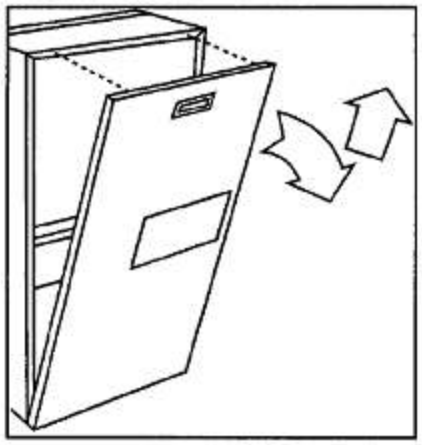


12

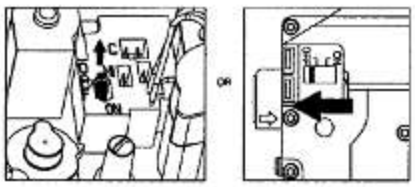
2. Close the external manual gas valve. (See Fig. 11.)
3. Turn OFF electrical supply to the furnace. (See Fig. 12.)
4. Remove main furnace door. (See Fig. 13.)
5. The gas valve will have a control switch to turn OFF or ON. Turn control switch on the gas control to the OFF position and wait 5 minutes. (See Fig. 14 or 15.) Then smell for gas, including near the

floor. If you smell gas, **STOP!** Follow "B" on furnace label. If you don't smell gas, go to next step.

6. After waiting 5 minutes, turn control switch on the gas valve to the ON position. (See Fig. 16 or 17.)
7. Replace main furnace door. (See Fig. 18.)

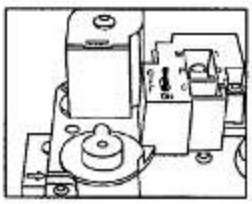


13



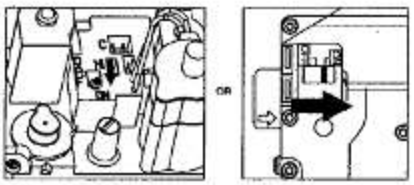
For 352AAV and 355AAV

14



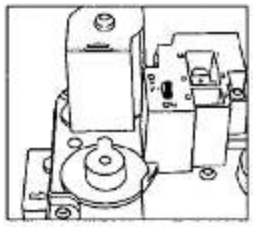
For 340AAV and 350AAV

15



For 352AAV and 355AAV

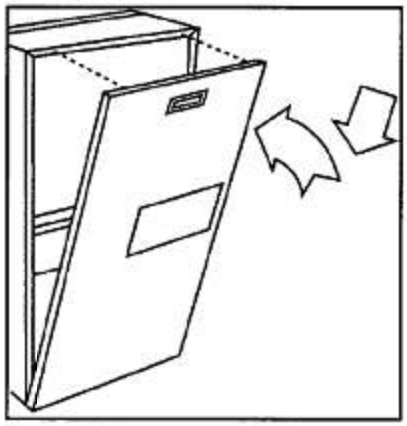
16



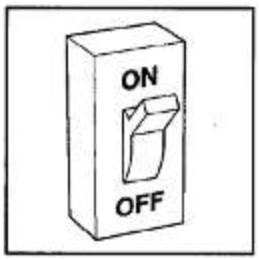
For 340AAV and 350AAV

17

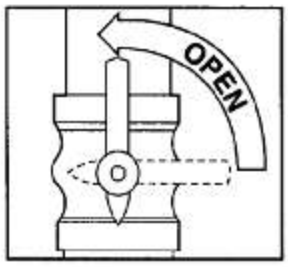
8. Turn ON electrical supply to the furnace and wait 1 minute. (See Fig. 19.)
9. Open the external manual gas valve. (See Fig. 20.)
10. Set room thermostat to a temperature slightly above room temperature. This will automatically signal the furnace to start.
11. When the furnace receives the start signal, the inducer is started. When the pressure switch senses that there is sufficient combustion air, the hot surface igniter is energized. After the hot surface igniter is heated for 17 seconds, the gas valve permits gas to flow to the main burners. After ignition and a time delay of about 60 sec, the furnace blower will start. Variable-capacity furnaces start at low speed until the control makes the necessary adjustments to operate the blower at either the low- or high-heat speed.



18



19



20

NOTE: If the burners fail to ignite after 4 attempts, the furnace control system will lock out. If lockout occurs, main burners fail to light, or blower does not come on, shut down the furnace and call your dealer for service.

12. Set your thermostat to the temperature that satisfies your comfort requirements.

    SUGGESTION: Setting the thermostat back a few degrees and compensating for the difference with warmer clothing can make a big difference in your fuel consumption. The few degrees at the top of your thermostat "comfort level" are the most costly degrees to obtain.

    When room temperature drops below the temperature selected on the thermostat, the furnace will be switched on automatically. When room temperature reaches the temperature selected on the thermostat, the furnace will be switched off automatically.

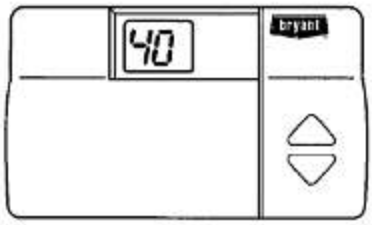
    Some thermostats have a FAN mode with 2 selections, AUTO and ON. When thermostat is set to AUTO, the furnace blower cycles on and off. In ON mode, the furnace blower runs continuously. Continuous fan keeps the temperature level in your home more evenly balanced. It also permits the indoor air to be continuously filtered. Fan On *Plus*™ –On all but the 340AAV, the blower speed can be increased or decreased if desired due to change of seasons, large gatherings in your home, etc. Simply change your FAN from ON to OFF (or AUTO depending on your thermostat), and then return to ON. The blower will switch to the next highest speed. There are at least 3 speeds to choose from. If the blower is running on its highest speed, a request to change will direct the blower to return to its lowest speed.

SHUTTING DOWN YOUR FURNACE

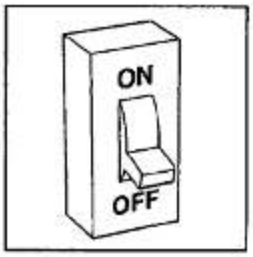
Should you need to shut down your furnace for service or maintenance, you will need to turn the furnace off.

The following procedures must be followed:

1. Set your room thermostat to the lowest temperature setting. (See Fig. 21.)

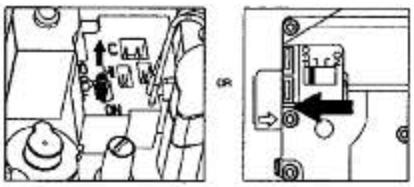


21



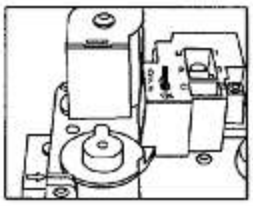
22

2. Close the external manual gas valve. (See Fig. 11.)
3. Turn off electrical supply to the furnace. (See Fig. 22.)
4. Remove main furnace door. (See Fig. 13.)
5. Turn switch on the gas valve to OFF position. (See Fig. 23 or 24.)



For 352AAV and 355AAV

23



For 340AAV and 350AAV

24

6. Replace main furnace door. (See Fig. 18.)
7. If the furnace is being shut down because of a malfunction, call your dealer as soon as possible.

⚠ CAUTION

UNIT AND PROPERTY DAMAGE

Failure to follow this caution may result in damage to the furnace and other property damage.

Furnace is not to be installed, operated, and then turned off and left turned off in an unoccupied structure during winter. (See "Heading South for the Winter?" procedures in maintenance section on page 9.)

PERFORMING ROUTINE MAINTENANCE

NOTE: The qualified installer or agency must use only factory-authorized replacement parts, kits, and accessories when modifying this product.

Installing and servicing of heating equipment can be hazardous due to gas and electrical components.

Only trained and qualified personnel should install, repair, or service heating equipment. Untrained personnel can perform basic maintenance functions such as cleaning and replacing air filters.

All other operations must be performed by trained and qualified service agency personnel. Observe safety precautions in this manual, on tags, and on labels attached to the furnace and other safety precautions that may apply.

With proper maintenance and care, your furnace will operate economically and dependably. Instructions for basic maintenance are found on this and the following pages. However, before beginning maintenance, follow these safety precautions:

⚠ WARNING

ELECTRICAL SHOCK HAZARD

Failure to follow this warning could result in personal injury/death.

Turn off electrical power supply to your furnace before removing the main furnace door to service or perform maintenance.

⚠ CAUTION

CUT HAZARD

Failure to follow this caution may result in minor personal injury.

Although special care has been taken to minimize sharp edges, be extremely careful when handling parts or reaching into the furnace.

FILTERING OUT TROUBLE

⚠ CAUTION

UNIT PERFORMANCE HAZARD

Failure to follow this caution may result in product damage.

Never operate your furnace without the air filter in place. Doing so may damage the furnace blower motor. An accumulation of dust and lint on internal parts of your furnace can cause a loss of efficiency.

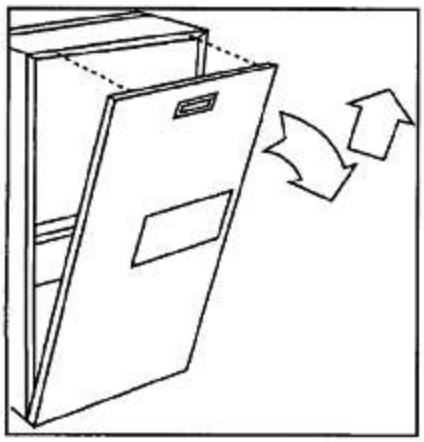
A dirty air filter will cause a loss of airflow in your duct system. When excessive loss of airflow occurs, the furnace may cycle on its safety controls. If this condition is left unattended, the furnace will eventually lock out. It is recommended that the furnace air filter be checked every 3 or 4 weeks and cleaned if necessary.

If installed with factory-specified disposable media filter, check or replace filter before each heating and cooling season. Replace media filter at least once a year.

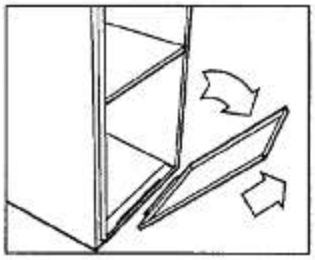
The air filter is normally located in the blower compartment (See Fig. 3 or 4.) or in the factory-supplied filter cabinet attached to the side or bottom of the

furnace casing. If air filter has been installed in another location, contact your dealer for instructions. To inspect, clean, and/or replace the air filter(s), follow these steps:

1. Turn off electrical supply to furnace. (See Fig. 22.)
2. Remove door/access panel
- AIR FILTER(S) LOCATED IN BLOWER COMPARTMENT
  a. Remove main furnace door. (See Fig. 25.)
  b. Remove blower access panel. (See Fig. 26.)
  NOTE: It will be necessary to remove 2 screws
- AIR FILTER LOCATED IN FILTER CABINET
  a. Remove filter cabinet door (See Fig. 27 and 28.)
  NOTE: It will be necessary to remove 1 thumbscrew
3. Remove air filter from furnace.
- AIR FILTER LOCATED IN BLOWER COMPARTMENT BOTTOM:
  a. Slide filter retainer sideways until it is free of latch. (See Fig. 29.)
  b. Slide air filter out of furnace. (See Fig. 30.)
- AIR FILTER(S) LOCATED IN BLOWER COMPARTMENT SIDE:
  a. Remove filter retainer from latch. (See Fig. 31.)
  b. Gently remove air filter and carefully turn the dirty side up (if dirty) to avoid spilling dirt from the filter. (See Fig. 32.)
- AIR FILTER LOCATED IN FILTER CABINET:
  a. Slide air filter out of furnace. Keep dirty side up (if dirty) to avoid spilling dirt. (See Fig. 33 and 34.)

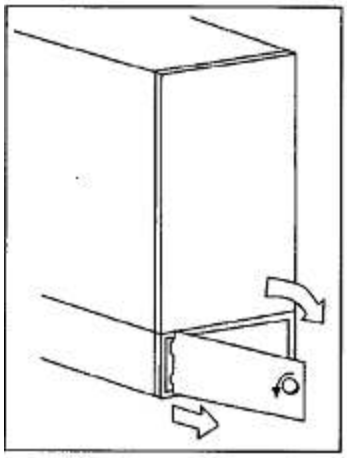


25



26

27



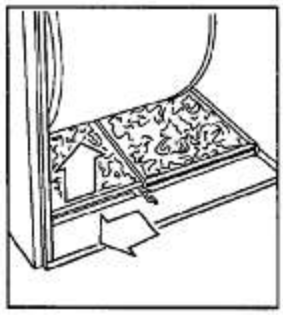
28

4. Inspect the filter. If torn, replace it.

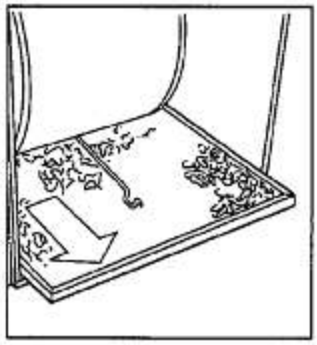
NOTE: If washable filter that was shipped with the furnace has been replaced by:

a. Factory specified disposable media filter – Do not clean. If dirty, replace only with media filter having the same part number and size. Install with airflow direction arrow pointing towards blower.

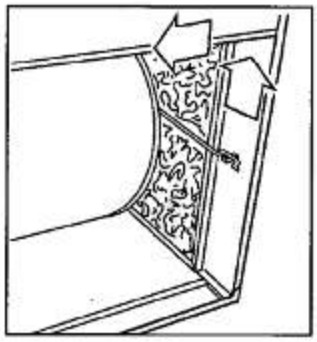
b. Electronic air cleaner (EAC) – Refer to EAC owner's Manual for maintenance information.



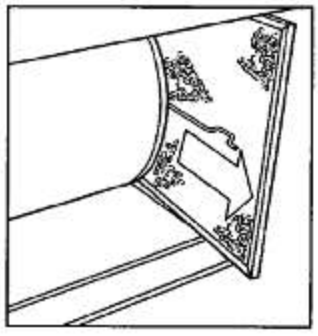
29



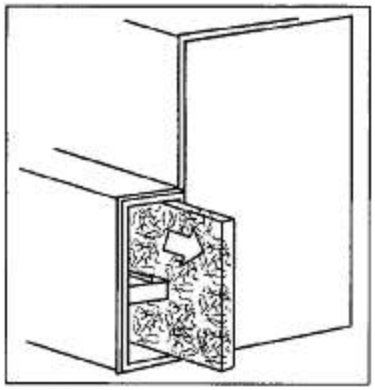
30



31



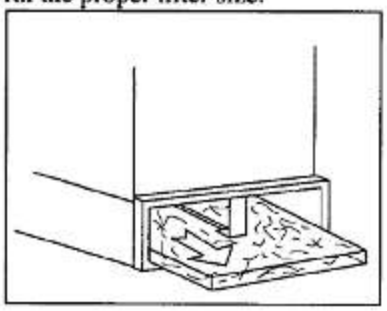
32



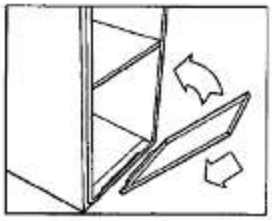
33

5. If washable filter, wash filter (if dirty) in sink, bathtub, or outside with a garden hose. Always use cold tap water. A mild liquid detergent may be used if necessary. Spray water through filter in the opposite direction of airflow. Allow filter to dry.
6. Reinstall clean air filter.
7. Reinstall filter retainer (for blower compartment locations only).
8. Replace blower access panel and main furnace door (See Fig. 35 and 36) or filter cabinet door (Fig. 37 and 38.)
9. Turn on electrical supply to furnace.

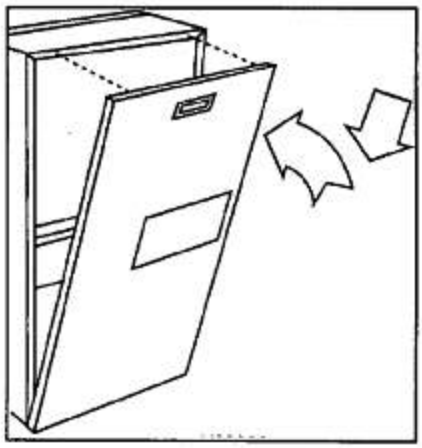
If your furnace air filter needs to be replaced, be sure to use a factory authorized filter of the same size that was originally supplied. Use the filter tables and compare your furnace size with the proper filter size.



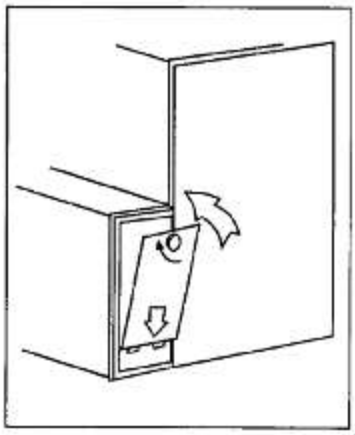
34



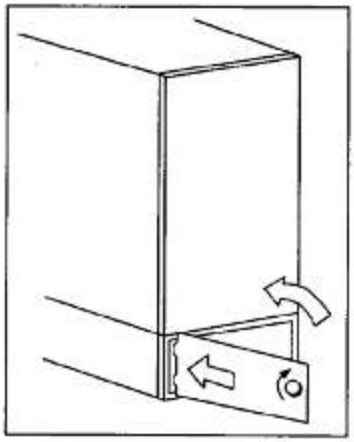
35



36



37



38

FURNACE AIR FILTER TABLE

AIR FILTER LOCATED IN BLOWER COMPARTMENT			
FURNACE CASING WIDTH (IN.)	FILTER SIZE (IN.)		FILTER TYPE
	Side Return† *	Bottom Return*	
17-1/2	(1) 16 x 25 x 1	(1) 16 x 25 x 1	Cleanable
21	(1) 16 x 25 x 1	(1) 20 x 25 x 1	Cleanable
24-1/2	(1 or 2) 16 x 25 x 1	(1) 24 x 25 x 1	Cleanable

AIR FILTER LOCATED IN FILTER CABINET:		
FILTER CABINET HEIGHT (IN)	FILTER SIZE (IN.)	FILTER TYPE
16	(1) 16 x 25 x 1* or (1) 16 x 25 x 4-5/16	Cleanable or Disposable
20	(1) 20 x 25 x 1* or (1) 20 x 25 x 4-5/16	Cleanable or Disposable
24	(1) 24 x 25 x 1* or (1) 24 x 25 x 4-5/16	Cleanable or Disposable

* Factory-provided with the furnace. Filters may be field modified by cutting filter material and support rods (3) in filters.

† Upflow only. Alternate sizes and additional filters may be ordered from your dealer.

⚠ WARNING

PERSONAL INJURY HAZARD
Failure to follow this warning could result in personal injury. Use care when cutting support rods in filters to protect against flying pieces and sharp rod ends. Wear safety glasses, gloves, and appropriate protective clothing.

COMBUSTION AREA AND VENT SYSTEM

Visually inspect the combustion area and vent system before each heating season. Make sure that all PVC pipes leading into the combustion area and vent are free from any cracks and sags.

⚠ WARNING

CARBON MONOXIDE POISONING HAZARD
Failure to follow this warning could result in personal injury or death.
If holes are found in the pipes or if any portion has become disconnected, toxic fumes can escape into your home. DO NOT OPERATE YOUR FURNACE. Call your dealer for service.

Also check the combustion-air intake and vent pipes on the outside of your home for blockage.

When dirt, soot, scale, or rust is allowed to build up, your furnace can suffer a loss of efficiency and perform improperly. Accumulations on the main burners can result in firing out of normal sequence. This delayed ignition creates an alarmingly loud sound.

⚠ CAUTION

UNIT OPERATION HAZARD
Failure to follow this caution may result in minor property damage.
If your furnace makes an especially loud noise when the main burners light, shut down your furnace and call your dealer.

To inspect the combustion area and vent system, you will need a flashlight. Refer to Fig. 3 or 4, and proceed as follows:

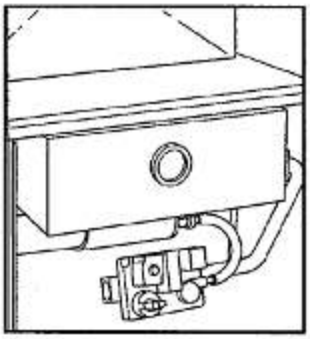
1. Turn off gas and electrical supplies to the furnace and remove the main furnace door. (See Fig. 11, 12, and 13.)
2. Remove burner enclosure front. (See Fig. 39 or 40.)

Inspect the gas burners, igniter area, and remainder of furnace for dirt, rust, soot, or scale.

⚠ WARNING

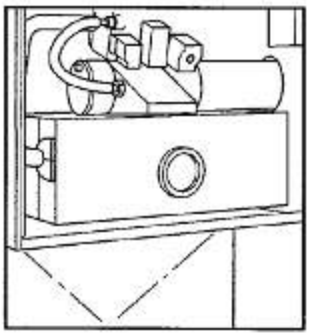
CARBON MONOXIDE POISONING HAZARD
Failure to follow this warning could result in personal injury or death.
If dirt, rust, soot, or scale accumulations are found, call your dealer. Do not operate your furnace.

3. Inspect the combustion-air and vent PVC pipes for sags, holes, cracks, water leaks, blockage or disconnections. Horizontal portions of pipes must slope downward toward furnace.



UPFLOW

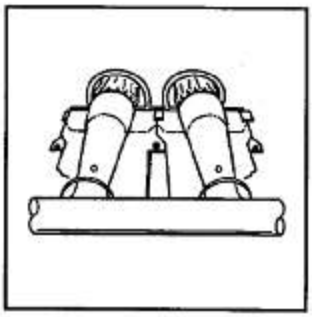
39



DOWNFLOW

40

4. Reinstall burner enclosure front.
5. If your furnace is free of the above conditions, replace main furnace door and turn on electrical and gas supplies to your furnace. (See Fig. 18, 19, and 20.)
6. Start the furnace and observe its operation. Watch the burner flames to see if they are clear blue, almost transparent. (See Fig. 41.) If you observe a suspected malfunction, or the burner flames are not clear blue, call your dealer.



41

HEADING SOUTH FOR THE WINTER?

DON'T FORGET YOUR FURNACE!

⚠ CAUTION

UNIT AND PROPERTY DAMAGE HAZARD
Failure to follow this caution may result in damage to the furnace and other property damage.
If the furnace is installed in an unconditioned space where the ambient temperatures may be 32°F or lower, freeze protection measures must be taken to prevent minor property or product damage.

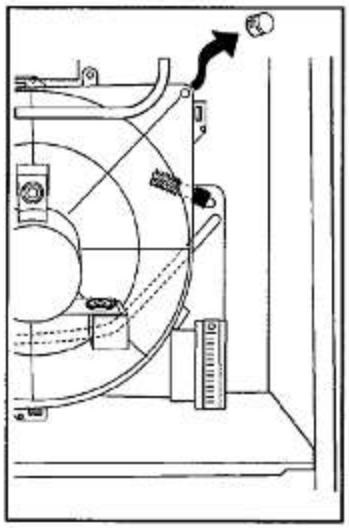
Since the furnace uses a condensing heat exchanger, some water will accumulate in the unit as a result of the heat transfer process. Therefore, once it has been operated, it cannot be turned off and left off for an extended period of time when temperatures will reach 32°F or lower unless winterized. Follow these procedures to winterize your furnace:

1. Obtain propylene glycol (RV/ swimming pool antifreeze or equivalent).

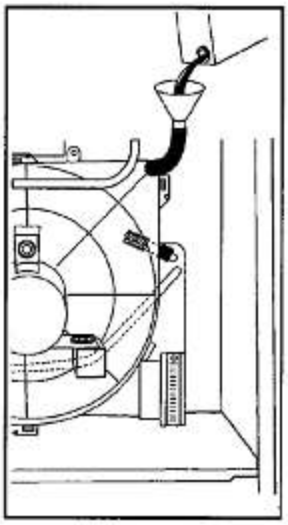
⚠ CAUTION

UNIT COMPONENT DAMAGE HAZARD
Failure to follow this caution may result in damage to the furnace and other property damage.
Do not use ethylene glycol (Prestone II anti-freeze coolant or equivalent). Failure of plastic components may occur.

2. Turn off electrical supply to the furnace. (See Fig. 22.)
3. Remove main furnace door. (See Fig. 25.)
4. Remove upper inducer housing drain connection cap. (See Fig. 42.)
5. Connect field-supplied 1/2-in. ID tube to upper inducer housing drain connection.
6. Insert field-supplied funnel into tube.



42



43

7. Pour 1 quart of antifreeze into funnel/tube. Antifreeze should run through inducer housing, overfill condensate trap, and flow into open field drain. (See Fig. 43.)
8. Remove funnel and tube from inducer housing and replace drain connection cap and clamp.
9. Replace main furnace door. (See Fig. 36.)
10. Propylene glycol need not be removed before restarting furnace.

A CHECK-UP CHECKLIST

Your furnace represents an important investment in your family's comfort and your home's value. To keep it performing properly and to prevent future problems, have a trained service specialist give your furnace a professional check-up annually. The following checklist can be used as a guideline to proper service:

- Inspect all flue gas passages, burners, heat exchangers, coupling box(es), and inducer assembly.
- Inspect all combustion-air and vent piping inside structure and pipe terminations outside the structure.
- Check gas pipes leading to and inside of your furnace for leaks.
- Inspect and clean the blower motor and wheel.

NOTE: The inducer and blower motors are pre-lubricated and require no additional lubrication. These motors can be identified by the absence of oil ports on each end of the motor.

- Inspect and change or clean air filter(s) if necessary.
- Inspect all supply- and return-air ducts for obstructions, air leaks, and insulation. Remedy any problem when necessary.
- Inspect the return-air duct connection(s) at the furnace to ensure it is physically sound, sealed to the furnace casing, and terminates outside the space containing the furnace.
- Inspect electrical wiring, connections, and components for loose connections.
- Perform an operational checkout to determine whether your furnace is working properly and if it requires adjustments.
- Inspect all condensate drain tubes and condensate trap assembly for leaks. The condensate removal system should be cleaned annually by a qualified service agency. Refer to the Service and Maintenance Instructions for further information.
- Examine the physical support of the furnace. The support should be sound with no cracks, sagging, gaps, etc. around the base.
- Check furnace for any obvious signs of deterioration.

BEFORE YOU REQUEST A SERVICE CALL

If your furnace is not operating or not performing properly, you may save the expense of a service call by checking a few things yourself before calling for service.

FOR INSUFFICIENT AIRFLOW:

- Check for dirty air filter(s).
- Check for blocked return-air or supply-air grilles throughout your home. Ensure they are open and unobstructed.

If problem still exists, call your dealer for service.

IF FURNACE FAILS TO OPERATE:

Follow this checklist step by step, advancing to the next step only if furnace fails to start.

- Check thermostat for proper temperature. Is thermostat set above room temperature?
- Is thermostat set to HEAT?
- Check fuses and circuit breakers. Is electrical supply on?
- Is manual shutoff valve in gas supply pipe in open position? (Follow start-up procedures if you open gas valve.)

NOTE: Turn off electrical supply before continuing with checklist.

- Is control switch on gas valve in ON position? (Follow start-up procedures if you must reset switch to ON position.)
- Check manual reset flame rollout switch located on the burner box in combustion area. (See Fig. 3 or 4.) If furnace has experienced high temperature conditions, this switch will shut off the furnace. Reset it by pushing the button on the switch. If it trips again, shut down the furnace and call for service. See "Shutting Down Your Furnace" section in this manual.
- Check for obstructions around the vent termination outside the structure.

If your furnace still fails to operate, call your service representative.

For your convenience, record the furnace product and serial numbers on back page. Should you ever require service, you will have ready access to the information needed by your service representative.

This furnace has a light emitting diode (LED) status code display to aid the installer, service technician, or homeowner while installing or servicing the unit. The LED code can be seen by removing the access door and viewing LED through the view port in the blower access panel.

INSTALLATION DATA

Date Installed _____

Dealer Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

FURNACE

Product No. _____

Model No. _____

Serial No. _____

AIR CONDITIONER OR HEAT PUMP

OUTDOOR UNIT:

Product No. _____

Model No. _____

Serial No. _____

INDOOR COIL:

Product No. _____

Model No. _____

Serial No. _____

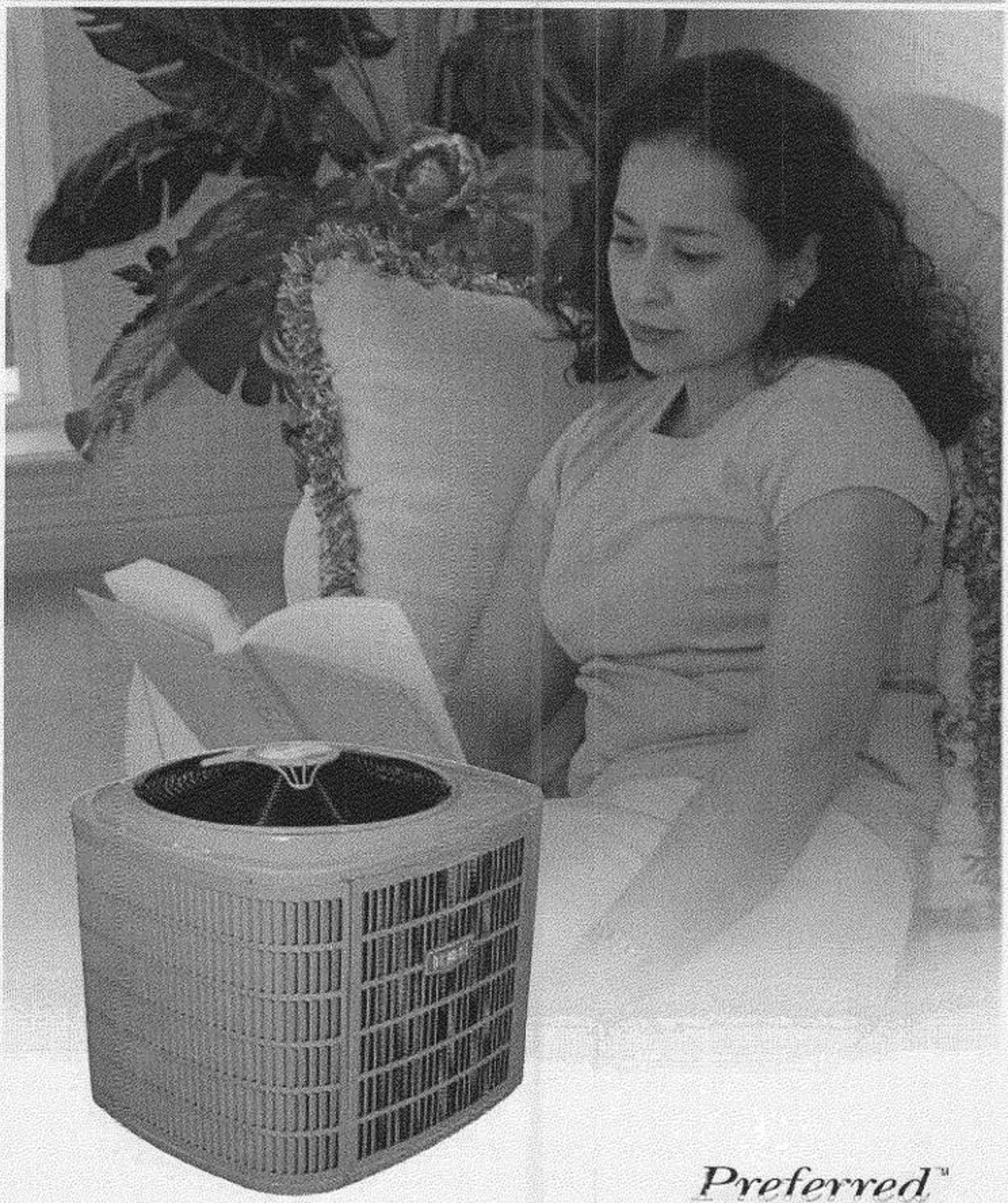
bryant®
Heating & Cooling Systems

Printed in U.S.A. Cancels: OM05-45 Catalog No. OM05-46 8-05

bryant

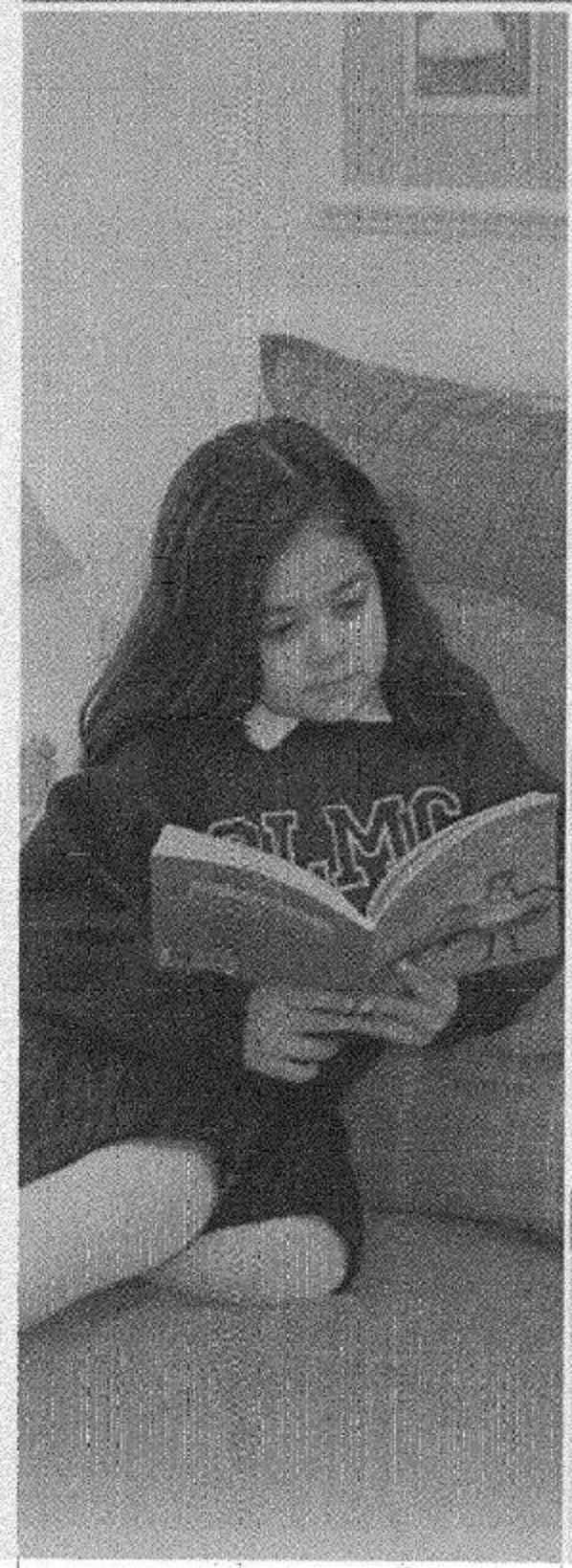
Air Conditioner with Puron® Refrigerant

MODEL 16A



Preferred™ SERIES

Preferred Comfort and



Bryant: An American Tradition

Since 1904, Bryant has built a tradition of comfort by doing whatever it takes to deliver products of superior quality and performance. Thanks to the commitment and dedication of our development and manufacturing teams, homeowners nationwide have learned to rely on Bryant for trusted and reliable indoor comfort solutions. Today, as U.S. homeowners focus more on environmental issues and value for the money, Bryant offers an excellent choice for indoor cooling: the Model 163A Air Conditioner with Puron® Refrigerant.

The Bryant Model 163A provides worry-free comfort that won't deplete the Earth's ozone layer. It delivers 13.0 SEER cooling efficiency. And it does it all as quietly as the refrigerator in your kitchen. Designed, built

and backed by the most trusted name in the business, and installed by your trusted and professional Bryant dealer, the Model 163A Air Conditioner with Puron Refrigerant provides comfort you can enjoy every cooling season.

Get Comfortable with Environmentally Sound Operation

With the Model 163A, you join the growing ranks of homeowners who choose environmentally sound Puron® Refrigerant. It's an important consideration because Freon®-22*, the refrigerant most commonly used in evaporator coils, is gradually being phased out of existence due to concern over the Earth's ozone layer. As supplies dwindle, costs to service air conditioners using Freon-22 may rise dramatically. By choosing the Model 163A with Puron Refrigerant now, you are helping preserve the ozone layer while protecting yourself from potentially expensive service costs down the road.

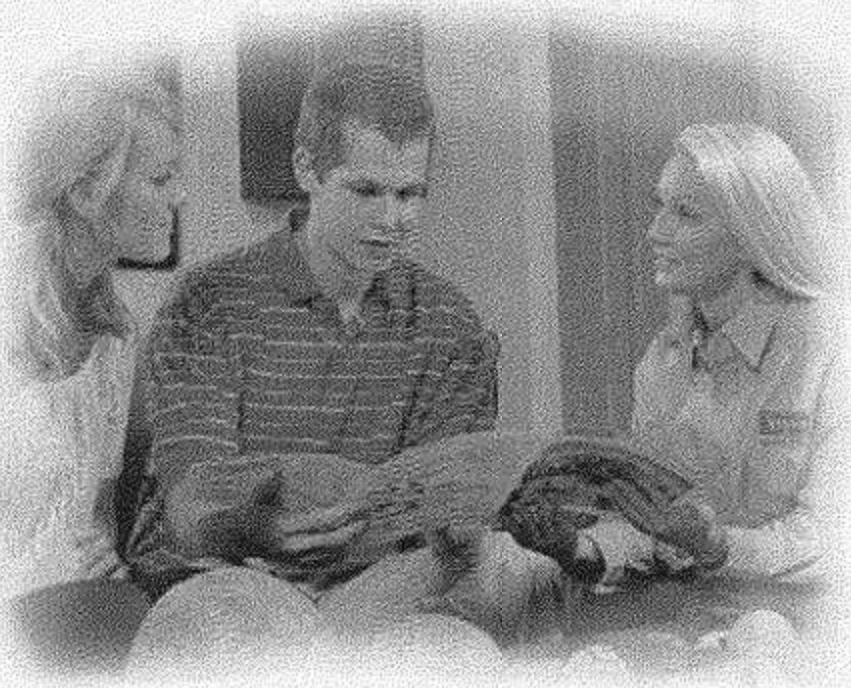
Quietly Efficient, Reliably Comfortable

Relaxing in the comfort of your home is easy with the Model 163A because this is one quiet air conditioner. Our 5-point AeroQuiet II™ System design keeps operational sound to a minimum. Featuring forward-swept fan blades, compressor sound blanket and split post compressor grommets, the Model 163A operates as low as 67 dBA. And when the electric bill arrives, you'll still be happy because this air conditioner saves money compared to an older model you may be replacing.

In addition, Bryant's Model 163A delivers the peace of mind that comes with choosing a system developed by a company known for its commitment to customer satisfaction. From initial design through product testing and an assembly process that includes our 5-step, 100% run test, we go beyond the industry's expectations for quality and reliability to be sure that every unit we make measures up to even tougher standards – yours.

*The registered owner of Freon is E. I. Dupont de Nemour & Co.

...ant Reliability.



Warranty

Bryant Model 163A provides dependability backed by written warranty protection. The condenser is protected by a 10-year limited warranty. The entire system is covered by a 5-year limited warranty. Extended warranties are also available. Ask your trusted Bryant dealer for details.

Performance

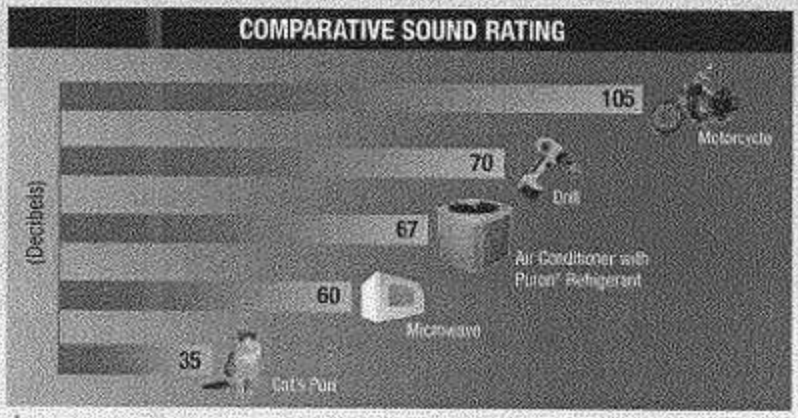
COOLS

13 SEER

Puron®
the environmentally sound refrigerant

Elevate Your Comfort with Evolution

The Model 163A is your trusted source for comfort during the cooling season. For enhanced control over temperature, humidity, air quality, fan speed and ventilation, add a variable speed furnace or air coil and our Evolution™ Control to create a Bryant Evolution™ System. As a part of this remarkable system, Perfect Humidity™ improves your comfort by providing up to 3⌀ times the humidity control of standard air conditioner systems.



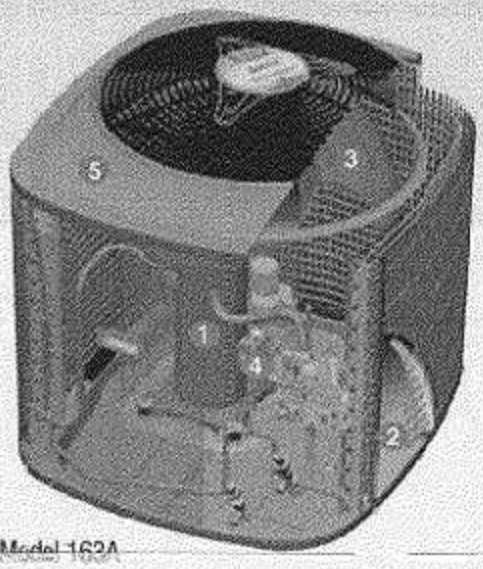
A *The Model 163A operates at sound levels as low as 67 dBA, about the same as your kitchen refrigerator.*

Great Looks, Even Better Durability

The Model 163A leads the field with an attractive, durable cabinet on the outside and rugged components on the inside. The DuraGuard Plus™ protection package with baked-on powder paint and our patented DuraFlow™ louvered coil guard not only look great, but protect the coil from damage from rocks, sticks, acorns and lawn equipment and more. Inside, copper and aluminum components and protective features assure solid performance season after season.

The optional Comfort-Link™ Control is smart, easy to use and economical. It is your simple source of precision temperature, humidity and indoor air quality.

Home Comfort Components



Model 163A

PURON® REFRIGERANT
Bryant's environmentally sound refrigerant keeps you cool without depleting the Earth's ozone layer.

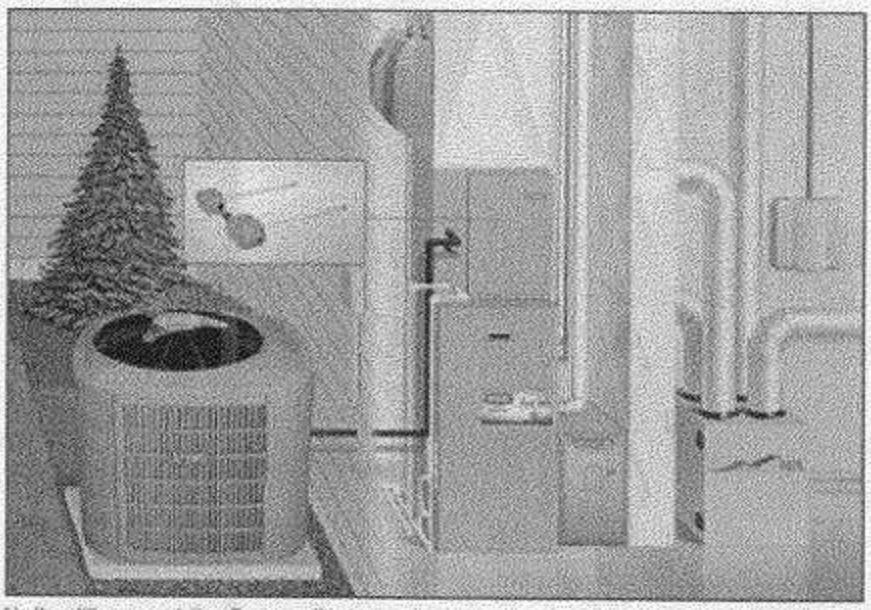
1 ENVIRONMENTALLY SOUND, EXTRA-EFFICIENT
Our scroll compressor is designed for use with Puron® Refrigerant to provide quiet, smooth-operating comfort and years of environmentally sound, trouble-free performance.

2 RELIABLE PERFORMANCE
Bryant's Microtube™ Technology refrigeration system with copper tube/aluminum fin coil maximizes transfer of heat outside your home to ensure cooling efficiency. Coil materials and design minimize chances for rust and corrosion for lasting performance.

3 QUIET OPERATION
AeroQuiet II™ System optimizes airflow and incorporates sound-absorbing materials for minimal vibration and reduced sound. The five keys to this system include AeroQuiet top, integrated fan motor and forward-swept fan blade, sound hood and split-post compressor grommets.

4 LASTING COMFORT
High- and low-pressure switches and the filter drier protect the unit's most important single component: the compressor.

5 BUILT TO LAST
Bryant's protection package ensures lasting durability and good looks. Three key elements to this package include galvanized steel cabinet, louvered coil guard and baked-on powder paint.



Air Conditioner and Gas Furnace System

bryant WEATHERMASTER

Comfort & Cooling Systems

A Member of the United Technologies Corporation Family. Stock Symbol UTX.

01-8163-220-25

7310 West Morris Street, Indianapolis, IN 46231

Visit our website at www.bryant.com

Before purchasing this appliance, please read the important energy cost and efficiency information available from your dealer.

Manufacturer reserves the right to discontinue, or change, at any time, specifications or designs without notice and without incurring obligations.

Printed on recycled paper.

ENERGY GUIDE

Annual Energy Efficiency Rate (EER)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 05-16-08

Date Issued
Permit # PF-13165

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community DR
BRICK, NJ. 08723

Owner in Fee: RON HANKINS

Tel. (908) 413 4926 e-mail nmh1024@verizon.net

Address 437 S Community DR BRICK 08723
street municipality zip code

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Single Family Utility Co. JCP&L

Est. Cost of Elec. Work $ 1400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5-15-08
Approved by: VR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/15/08	VR
Barrier-Free				

Dates (Month/Day)

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

DESCRIPTION OF WORK
Addition to single family home

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
13		Receptacles	
8/10		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		CEILING FAN	
		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		GAS FURNACE DIRECT REPLACE	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # PF-13605

05-16-08

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

Block 563 Lot 68 Qualification Code

Work Site Location 437 S Community DR
BRICK, NJ. 08723

Owner in Fee: RON Hankins

Tel. (908) 413 4926 e-mail nmh1024@verizon.net

Address 437 S Community DR (street) BRICK (municipality) 08723 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Single Family Utility Co. JCP&L

Est. Cost of Elec. Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5-15-08
Approved by: VR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/15/08	
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

DESCRIPTION OF WORK
Addition to single family home

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
13		Receptacles	
8/10		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		CEILING FAN	
		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		GAS FURNACE DIRECT REPLACE	

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

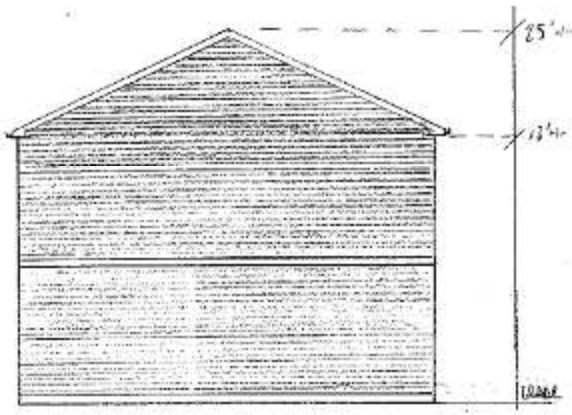
Elevations

Ron Hankins
437 Community Dr
Brick, NJ 08723

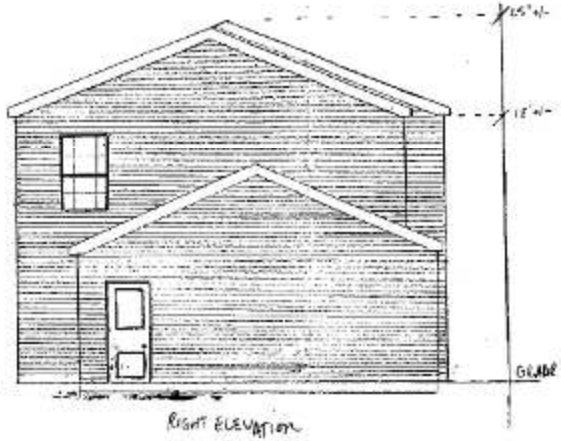
Ron Hankins

5 15 08

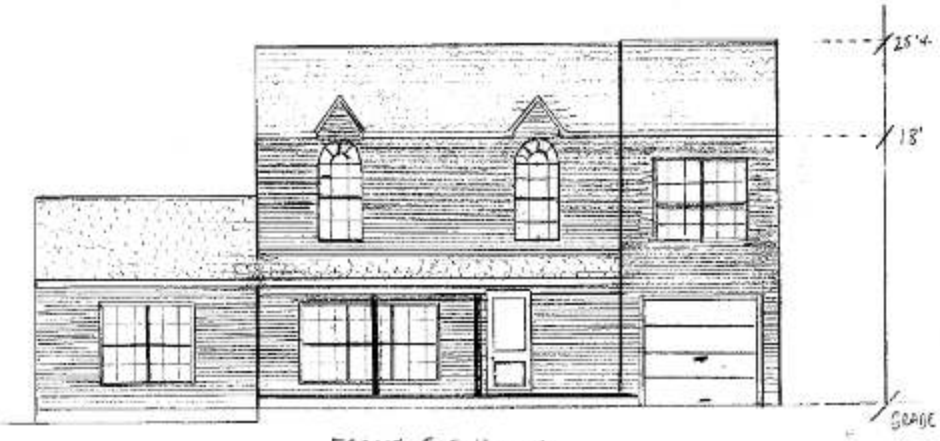
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 03 2008



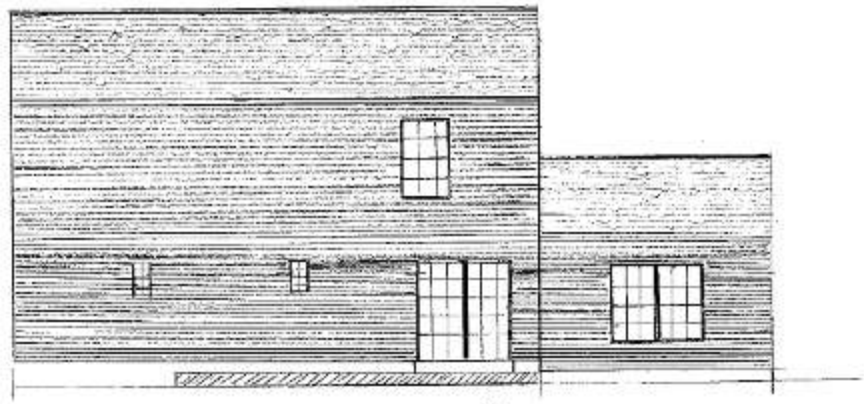
LEFT ELEVATION



RIGHT ELEVATION



FRONT ELEVATION



5-1508

ROOFING + FOUNDATION A2

ADDITION FOR:
ROY HANKINS
1137 S COMMUNITY DR
BRICK, NJ 08723

15'4"

12'0"

12'0"

D1
A10

PERMANENT ATTACHED
FOUNDATION VENT

24"x24" concrete footing
w/ 16"x16" CMU PIER

1'4"

1'4"

8"

8"

6'8"

6'8"

18"

D2
A10

typical of
EXISTING
STRUCTURE

REMOVE EXISTING CMU
FOR MECHANICAL
FLUES + VENTILATION
ROOF TO REMAIN
UNDISTURBED

BRACE EXISTING
HOUSE + BRICK
(2) #4 REBAR
AT LOCATION OF
NEW + EXISTING
FOOTING

1 PROPOSED ADDITION

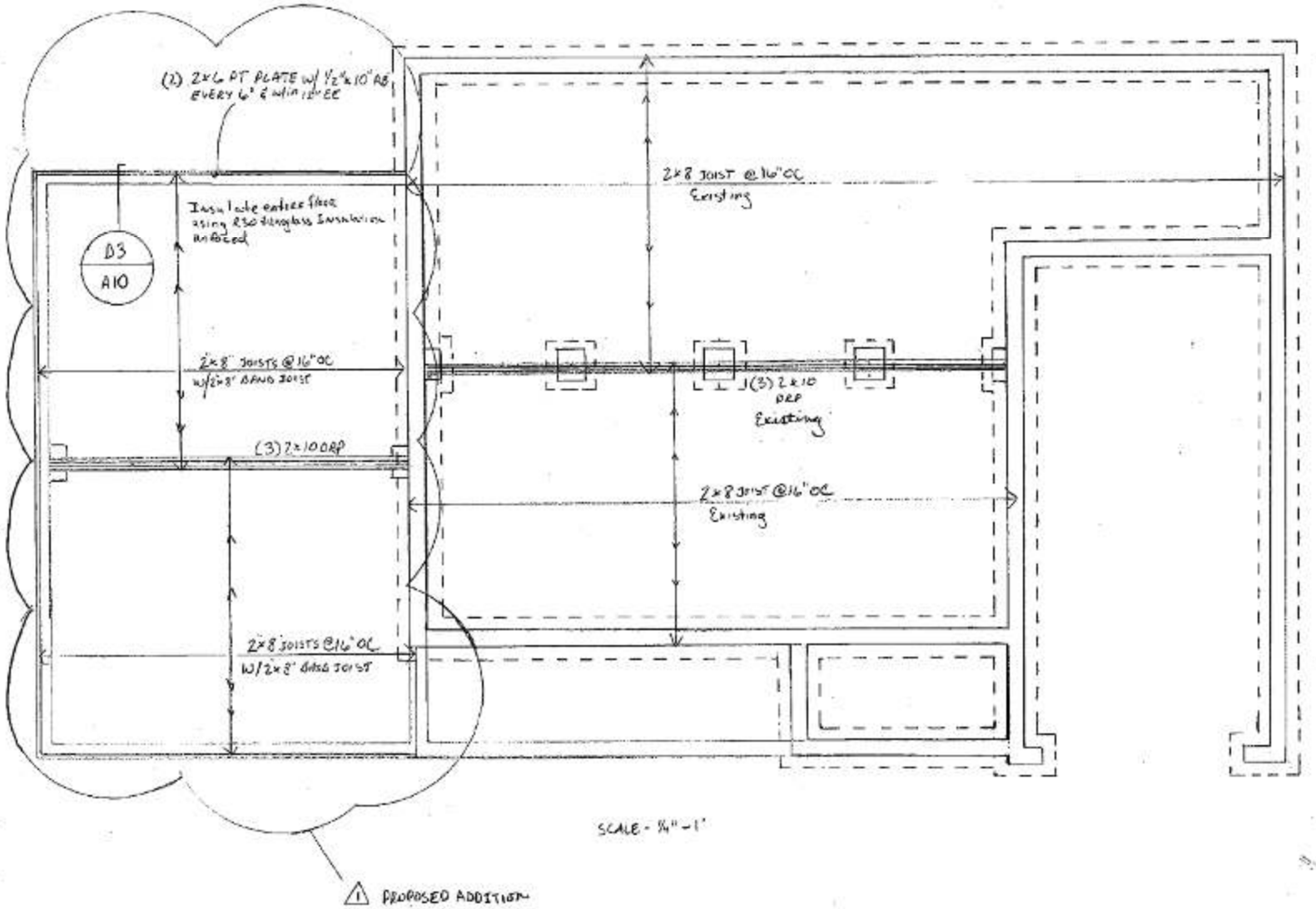
SCALE = 1/4" = 1'

5-15-08 MM

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 03 2008

5-15-08 MM

FIRST FLOOR JOIST A3



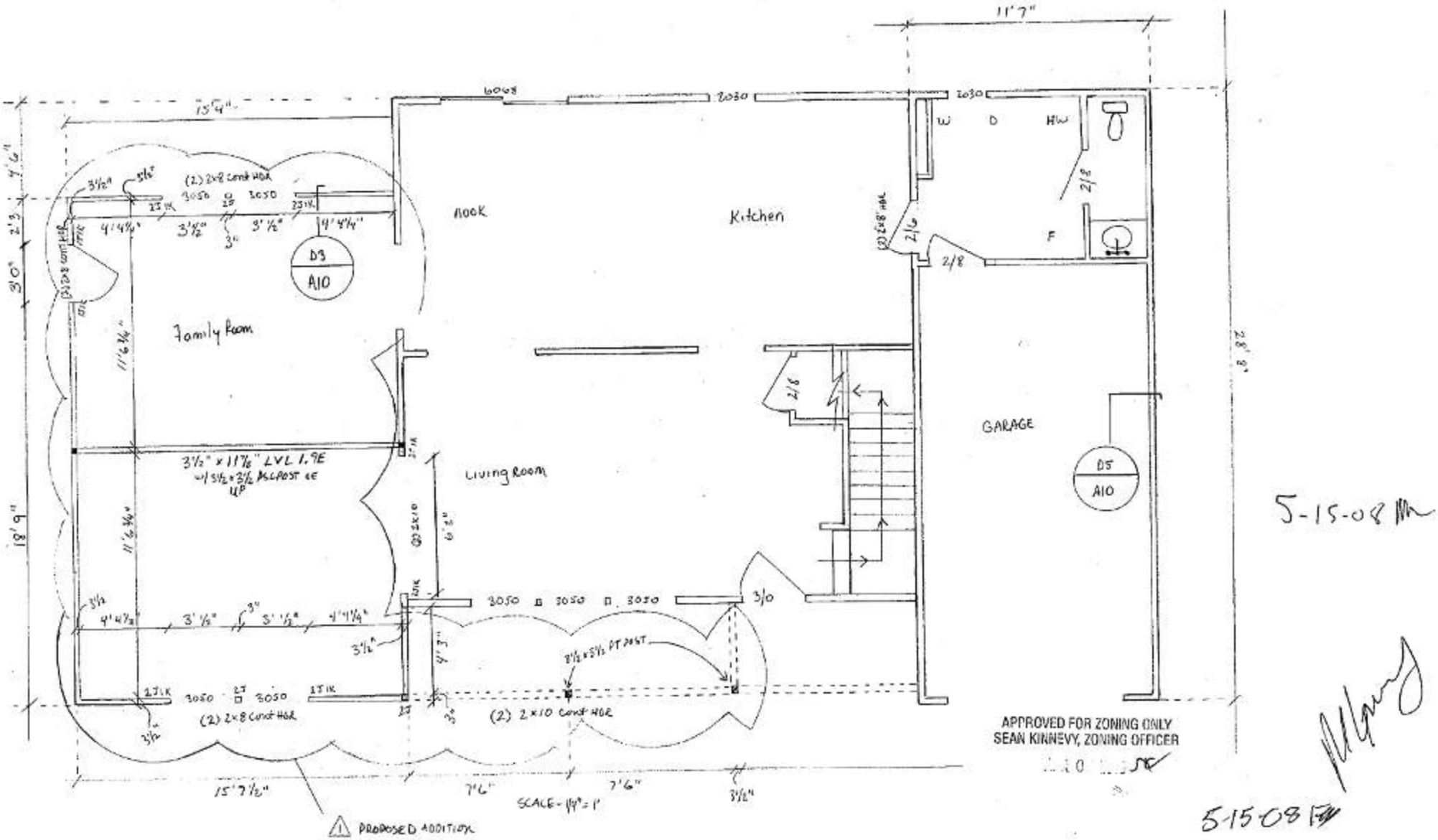
ADDITION FOR:
RON HANKINS
457 S COMMERCE DR.
BRECKENRIDGE 80423

5-15-08

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 03 2008

5-15-08

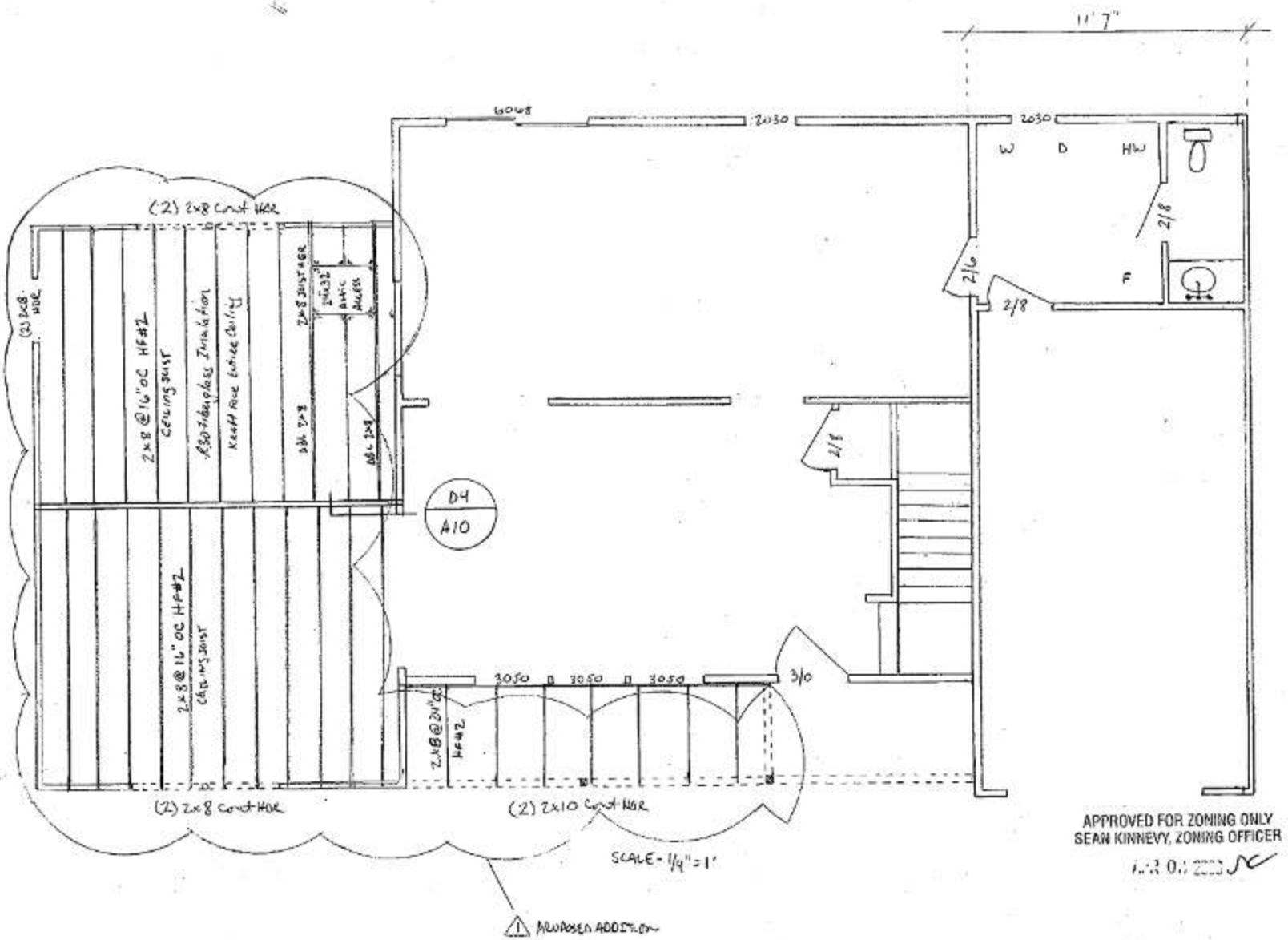
FIRST FLOOR WALLS A4



5-15-08

5-15-08

FIRST FLOOR CEILING A5

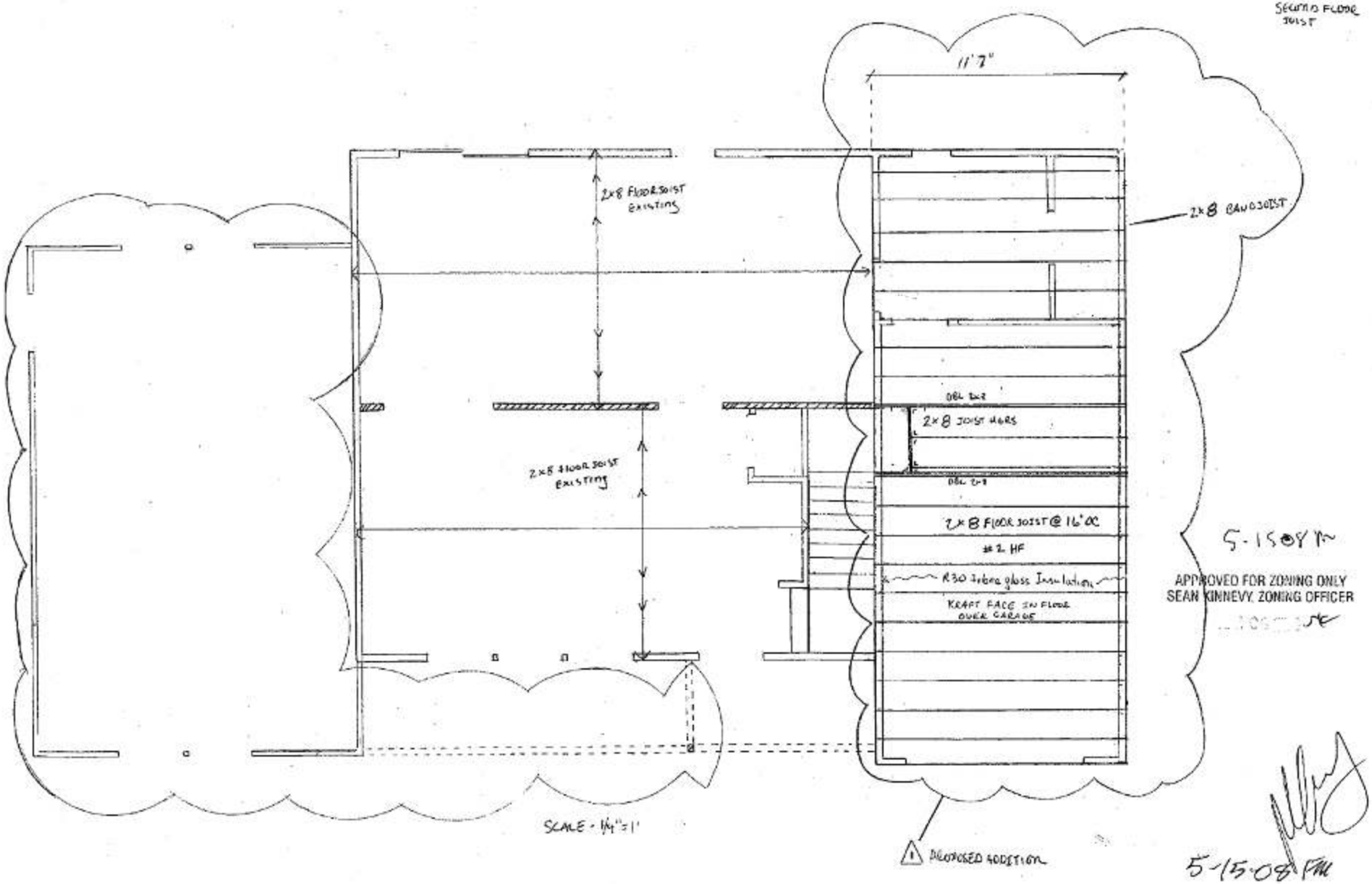


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
[illegible] 2008 SK

5-15-08 VM

5-15-08 VM

SECOND FLOOR JOIST A6

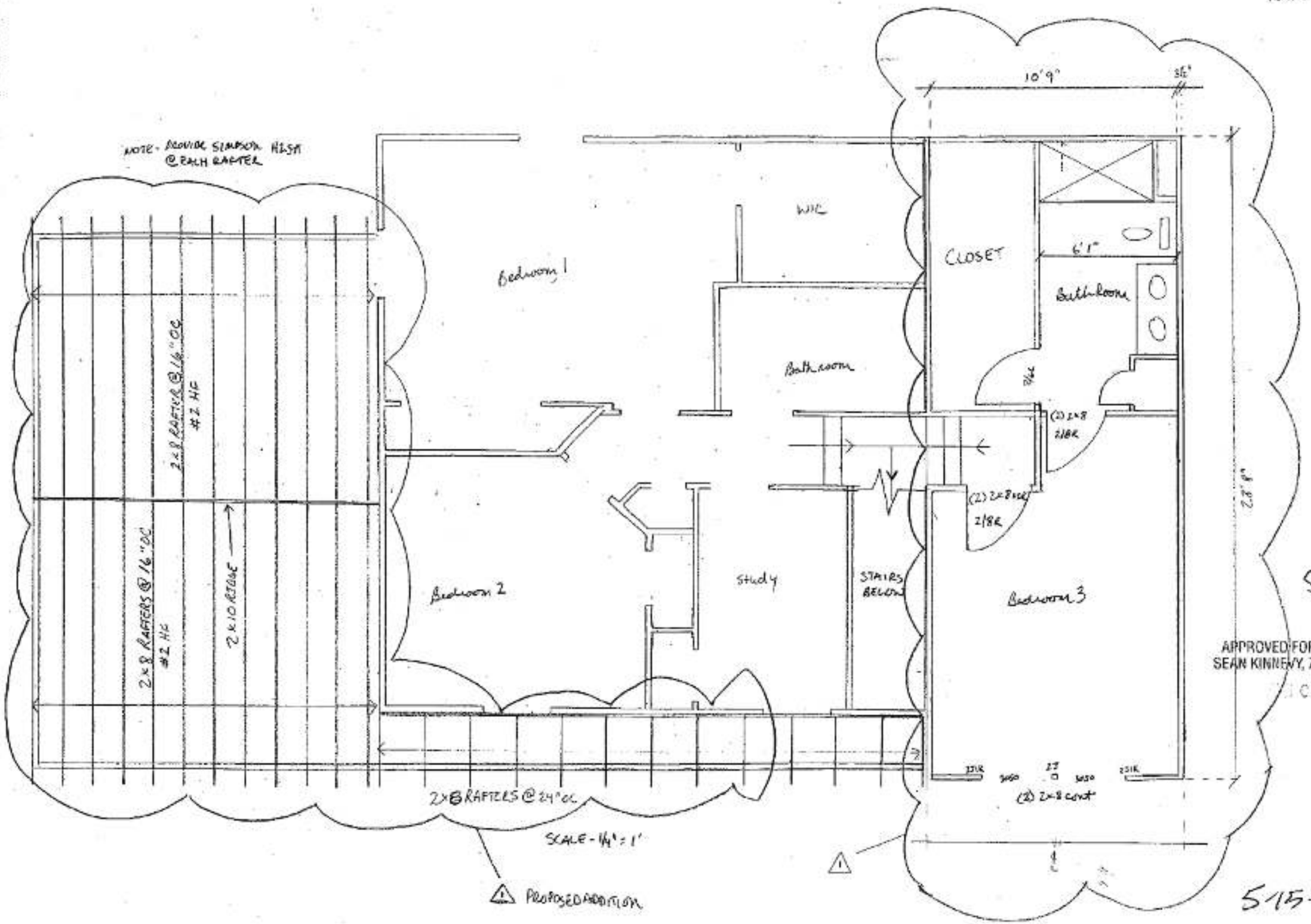


5-15-08

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

5-15-08 PM

SECOND FLOOR PLAN A7

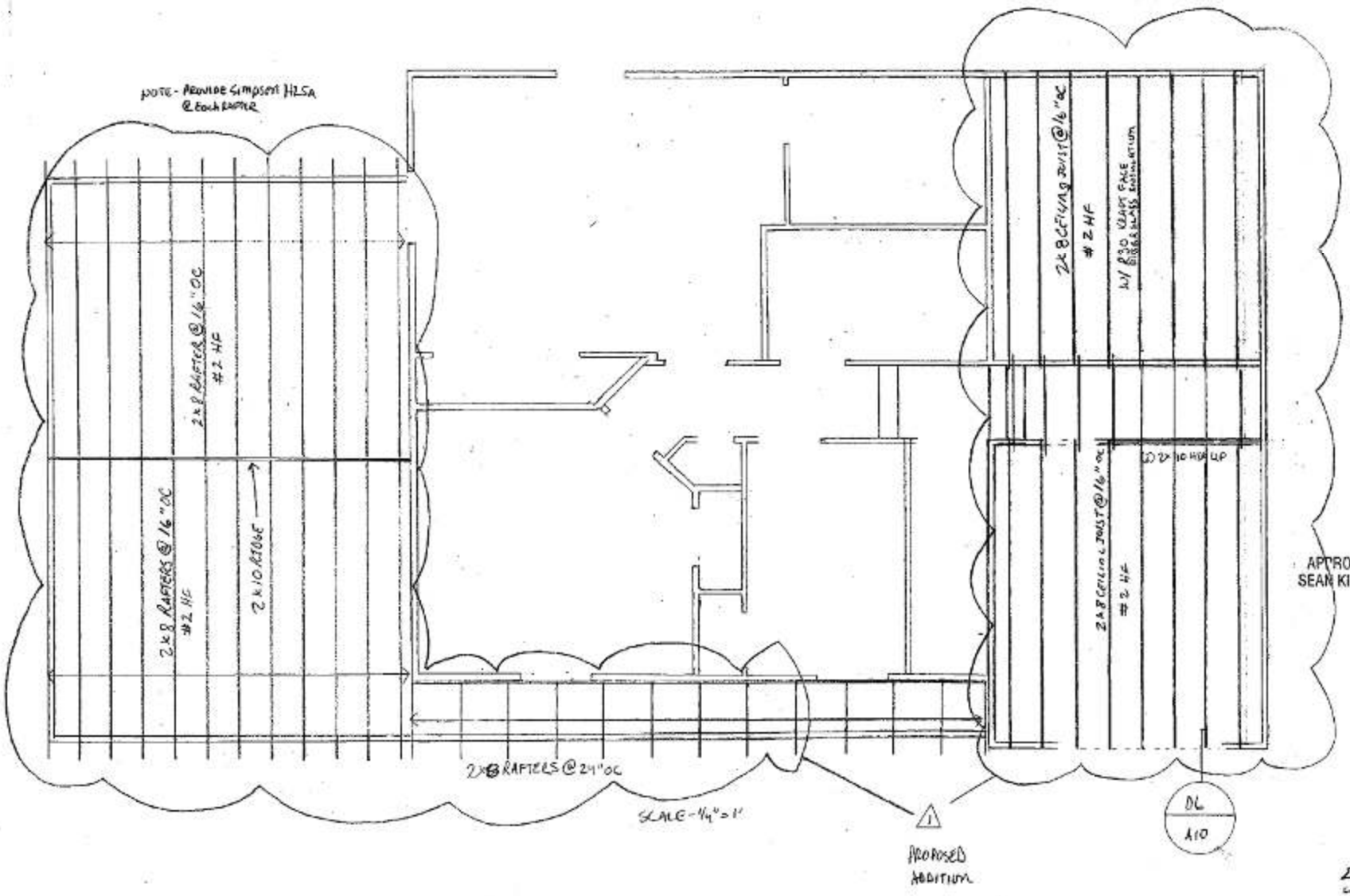


5-15-08 PM

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

5/15-08 PM

SECOND FLOOR CEILING PLAN A8

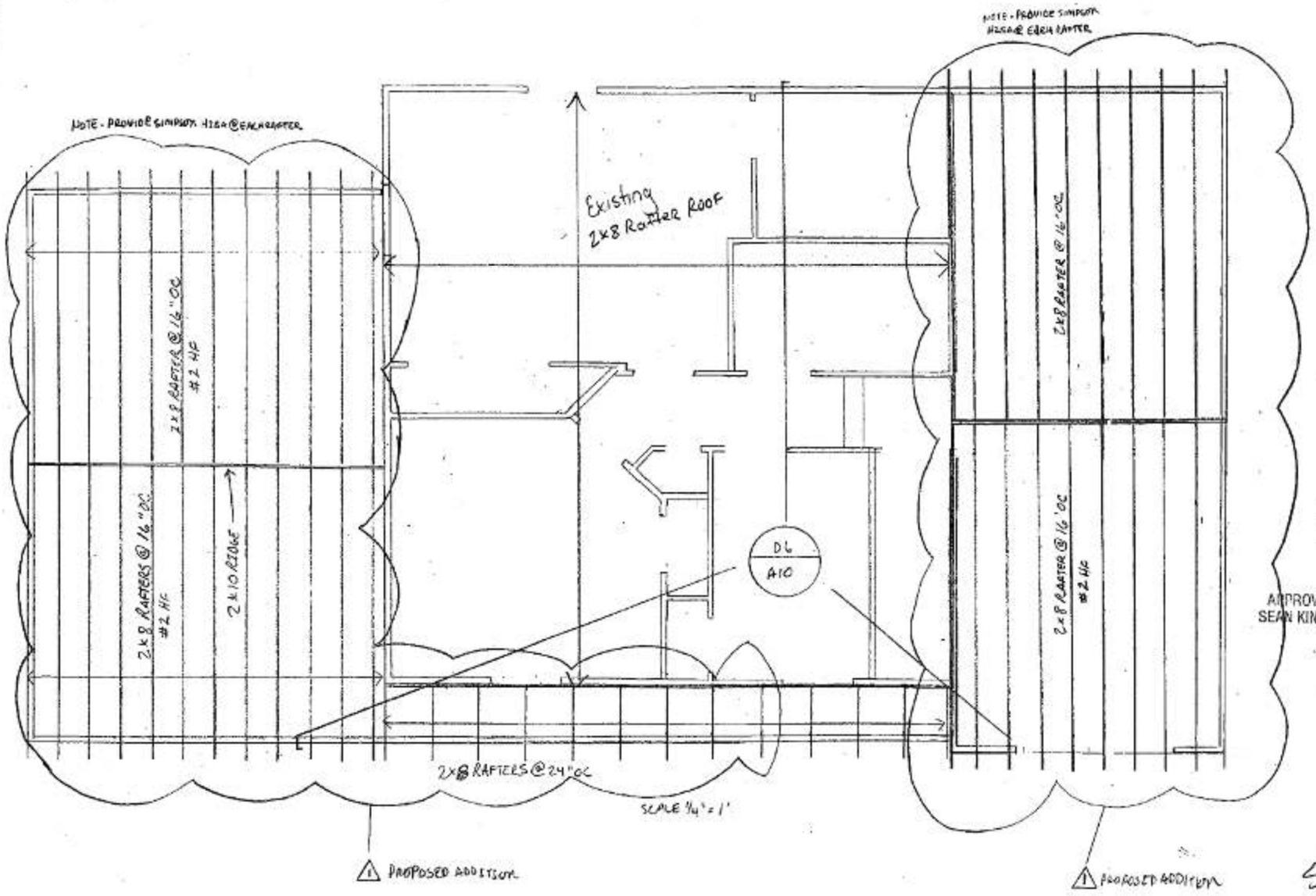


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 03 2008

5-15-08

Roof Framing Plan A9

Note - 2x4 Collar ties to be installed 32" OC w/ 3 - 8d (2½" x .113") nails @ EE



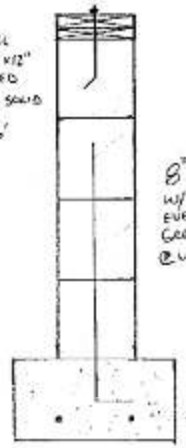
5-15-08 MM

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
...10 ...SK

5-15-08 FM

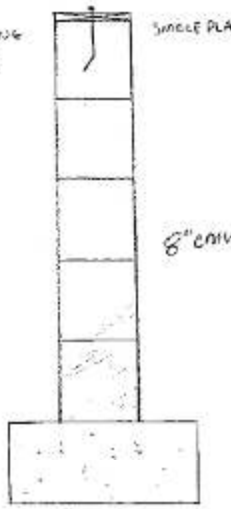
DETAILS A10

NEW FOOTING/FOUNDATION TYPICAL



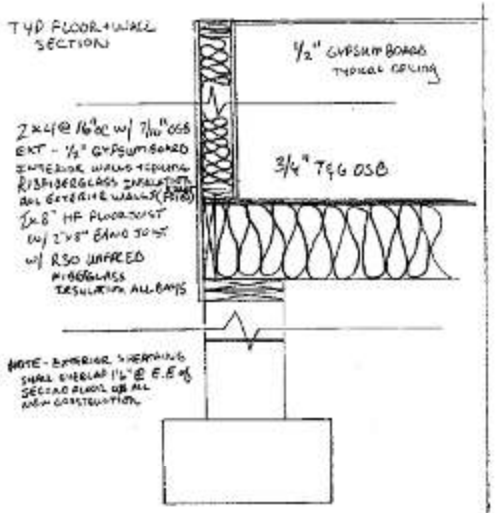
D1 1" = 1'

EXISTING FOOTING + FOUNDATION TYPICAL



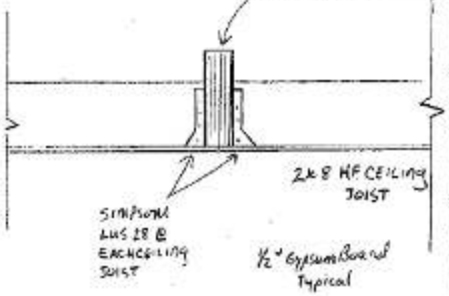
D2 N.T.S

TYP FLOOR+WALL SECTION

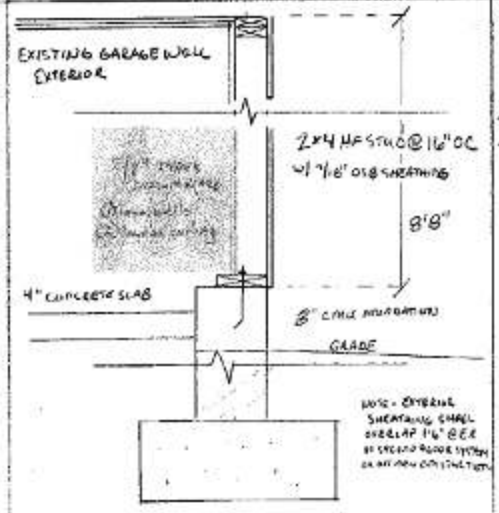


D3 NTS

NEW CEILING FAMILY ROOM

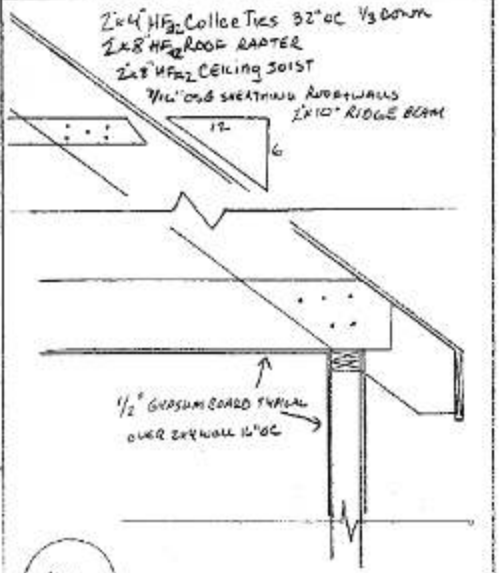


D4 NTS



8"x20" CONCRETE FOOTING

D5 NTS



D6 ROOF/CEILING CONSTRUCTION DETAIL

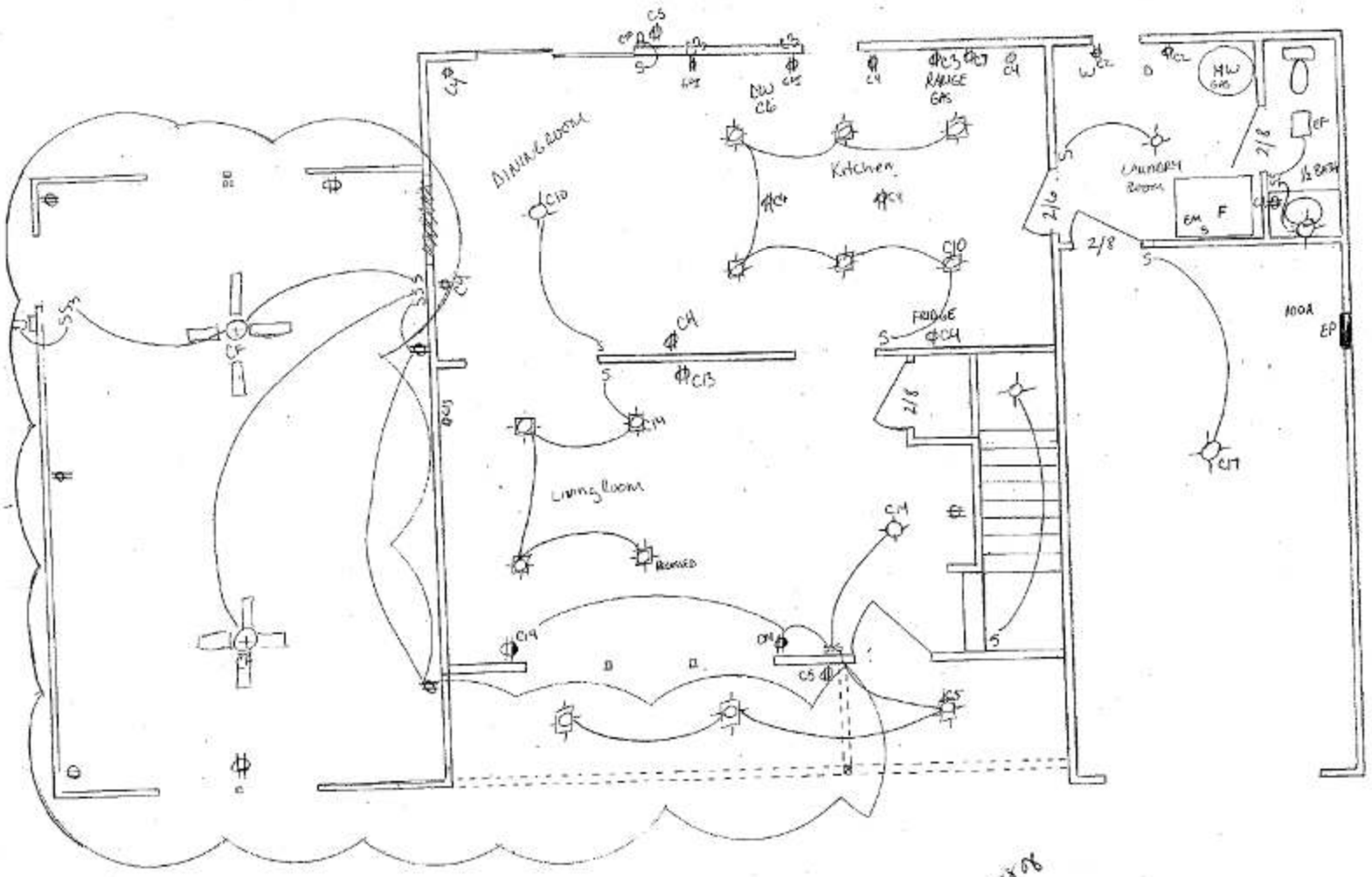
5-15-08

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

5-15-08

FIRST FLOOR E1

Ron Hankins
437 S Community Dr
Brick NJ 08723



5A receptacles

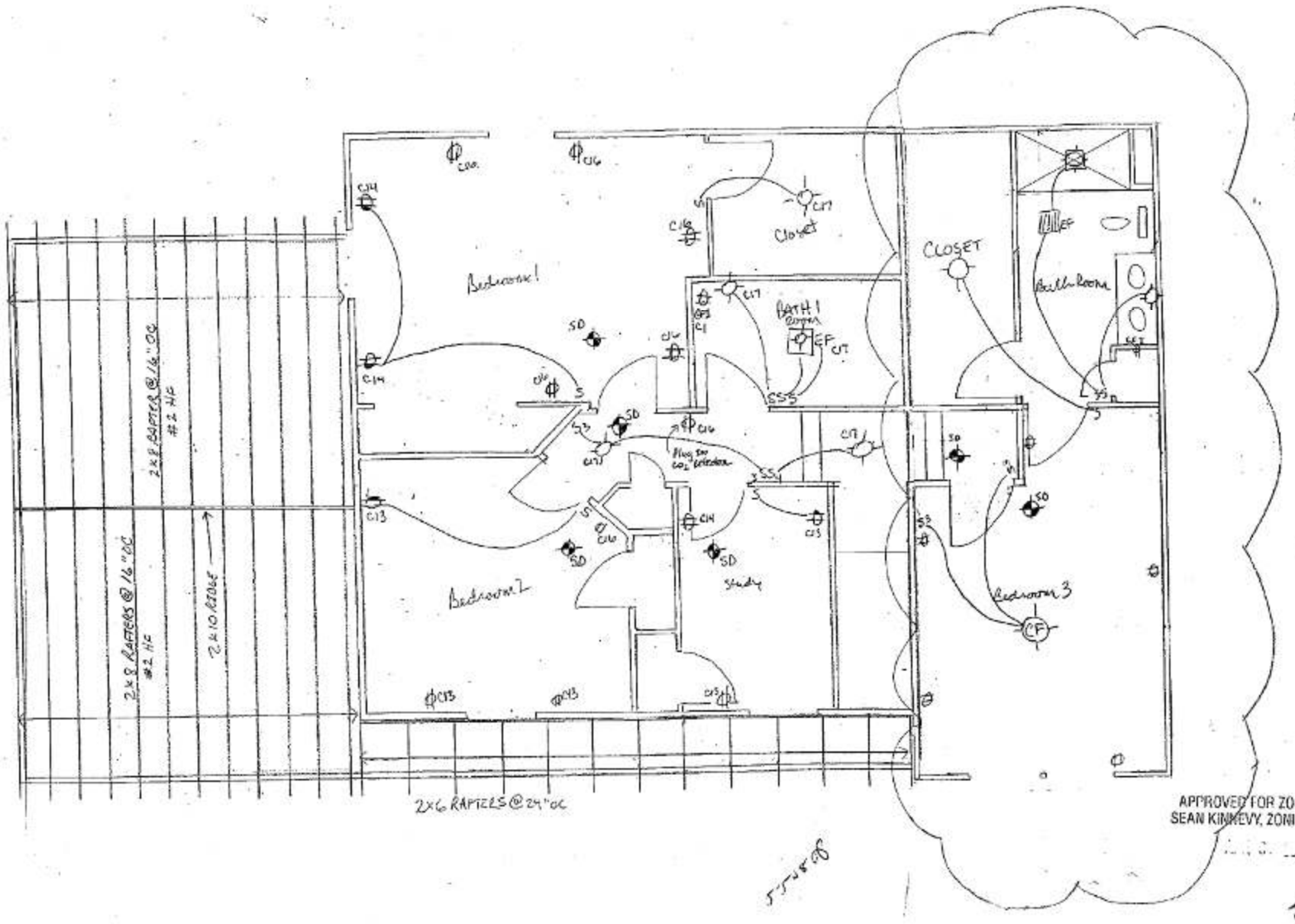
5-15-08 Wm

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

5-15-08

5-15-08

Second Floor E2



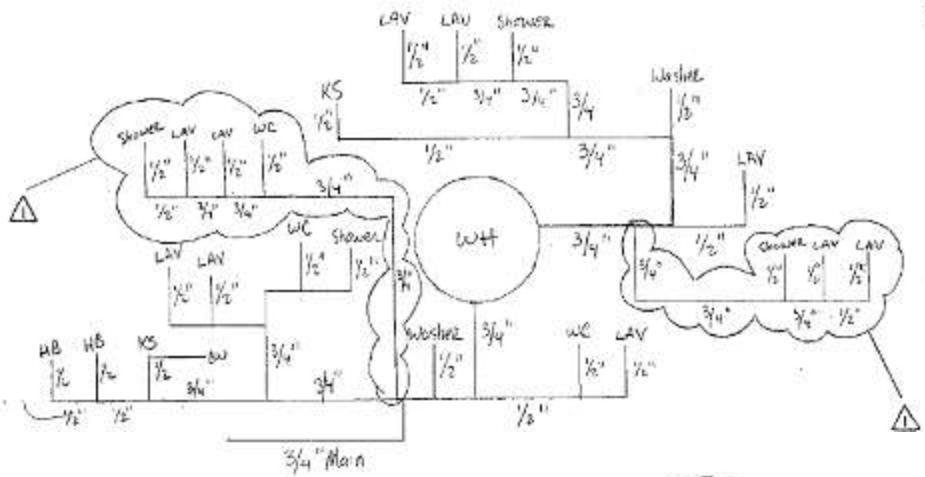
Ron Hankins
437 Scommunity Dr
Beckmo 08723

5-15-08 m

APPROVED FOR ZONING ONLY
SEAN KINKEVY, ZONING OFFICER

5-15-08

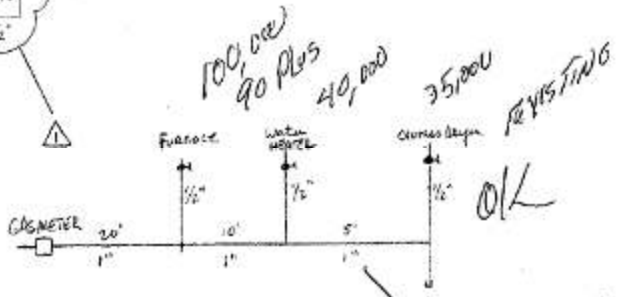
5-15-08



Domestic Water Supply

Existing Fixture List

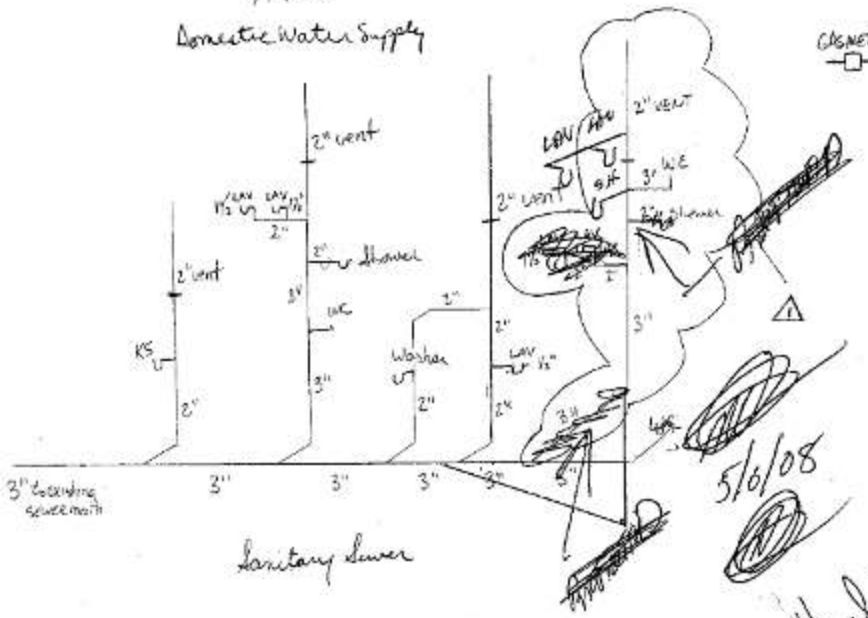
KS - Kitchen Sink	①
DW - Dishwasher	①
Washer	①
LAVATORY	①
WC - WATERCLOSET	②
HB - HOSE BIB	②
Shower	①



Gas Riser Diagram

O/K

B.T.U.'S ?



Sanitary Sewer

5/6/08

Ron Hankins
437 S Community Dr
Brick, NJ 08723

5-15-08 WA

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

5-15-08