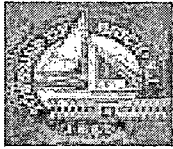


CONSTRUCTION PERMIT APPLICATION 118-00000

C-19-000087

U.C.C. F100-1 (rev. 8/08)

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/22/2019
Control Number C-19-000087
Permit Number 19-0168
Permit Issue Date 1/18/2019
Certificate Number 19-0168

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1682 LAURELTON ST Brick Township, NJ Block: 835 Lot: 1.01 Qual: _____
Owner in Fee: BEHR, WILLIAM J
Owner Address: 1682 LAURELTON ST BRICK NJ 08724
Telephone: [REDACTED]
Contractor AIR EXPERTS INC
Address 727C 17TH AVE LAKE COMO NJ 07719- - 3077
Telephone: (732) 681-9090 Fax: (732) 280-2213
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3324128
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: ALTERATION - RESIDENTIAL - ...COMBI UNIT

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name Michael Bondurant

Address 727C 17th Ave

Lake Como, NJ 07719

Telephone (732) 681-9090

Signature 

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



MECHANICAL INSPECTION TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

1/18/19
19-0168

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

Block 835 Lot 1.01 Qualification Code _____
Work Site Location 1682 Laurelton Street
Brick, NJ 08724

Owner in Fee: Behr

Tel. _____ e-mail _____

Address 1682 Laurelton St Brick 08724
street municipality zip code

Contractor: Air Experts Inc. Tel. (732) 681-9090

Address 727C 17th Avenue e-mail sales@airexpertsnj.com

Lake Como NJ 07719

Contractor License No. 19HC00123400 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. MECHANICAL CHARACTERISTICS

Use Group Present: _____ Proposed: _____

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

Type: [] Hydronic [] Hot Air

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

Estimated Cost of Mechanical Work \$ 2500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

[] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-10-19

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CA [] CCO

Date: 2-21-19

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other FINAL

DATES

Failure Approval Initial

2-5-19 2-21-19 WPM

2-21-19 W

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here

Walter R Winston Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE BOILER WITH COMBI

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

\$ _____

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

5

Hand-drawn diagram of a building layout with dimensions and labels:

- Top Section:** A horizontal line labeled "12 FT 1/2\"".
- Left Side (Top to Bottom):**
 - A vertical line labeled "3 FT 1/2\"".
 - A small square labeled "155K".
 - A label "COMBI." with an arrow pointing to the square.
- Right Side (Top to Bottom):**
 - A label "65K STOVE" with an arrow pointing to a square.
 - A vertical line labeled "4 FT 1/2\"".
 - A vertical line labeled "3 FT 1/2\"".
- Bottom Section:**
 - A horizontal line labeled "3 FT 1/4\"".
 - A vertical line labeled "3 FT 1/2\"".
 - A small square labeled "35K".
 - A label "DRAIN" with an arrow pointing to the square.
 - A horizontal line labeled "5 FT 1/4\"".
 - A vertical line labeled "5 FT 1/4\"".
 - A small square labeled "5 FT 1/4\"".
 - A label "METER" with an arrow pointing to the square.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 835 Lot 1.01 Qualification Code _____

Work Site Location 1682 Laurelton Street
Brick, NJ 08724

Owner in Fee: Behr

Tel. _____ e-mail _____

Address 1682 Laurelton St. Brick
street municipality zip code

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com
Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1500.

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[X] No Plans Required <i>per Specs</i>		Rough	_____	_____	_____
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: <u>1-11-19</u>		Final	_____	_____	_____
Approved by: <u>WZ</u>		Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____	_____	_____
Date: <u>2/5/19</u>		Annual Pool Inspection	_____	_____	_____
Approved by: <u>[Signature]</u>		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 sign/Contractor sign and seal here: [Signature]

Print name here: Michael Bondurant

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE BOILER WITH COMBI

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
0	_____	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	_____
1	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

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



CONSTRUCTION PERMIT

Date Issued 1/18/19
Control # 1C-19-000087
Permit # 19-0168

IDENTIFICATION Block: 835 Lot: 1.01 Qualifier _____
Work Site Location: 1682 LAURELTON ST Brick Township, NJ Contractor AIR EXPERTS INC
Address 727C 17TH AVE LAKE COMO NJ 07719 - 3077
Owner in Fee BEHR, WILLIAM J
1682 LAURELTON ST BRICK NJ 08724 Telephone: (732) 681-9090
Lic. No. or Bldrs. Reg. No. 13VH01546400 19hc00123400 36
Telephone: _____ Federal Employee No. 523324128 13VH01546400

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - RESIDENTIAL COMBI UNIT

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

Estimated Cost of Work \$4,000

Construction Official [Signature]

Date 1/14/19

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$283
Check No.	11854
Cash	\$0
Credit	\$0
Collected By	[Signature]

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.

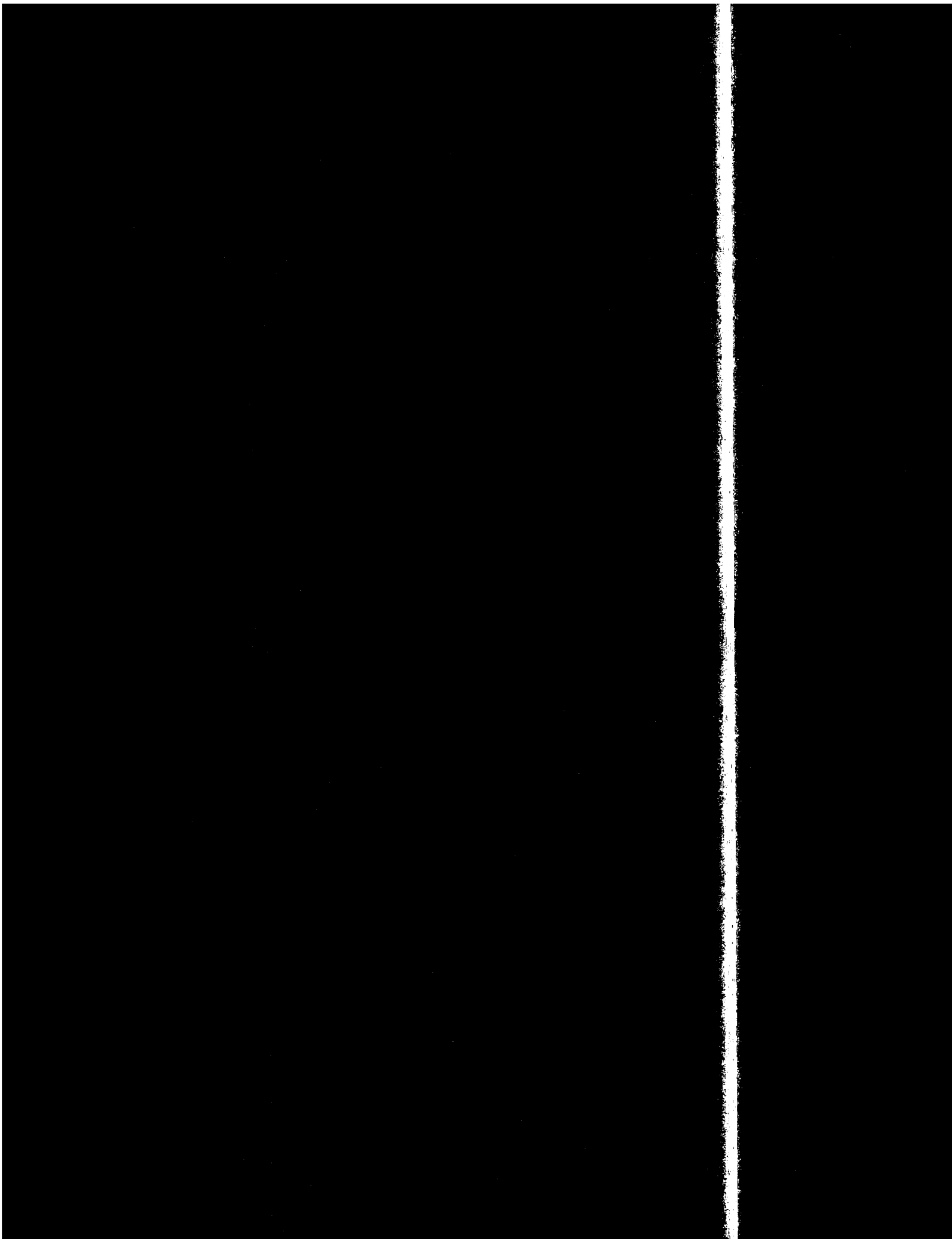
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

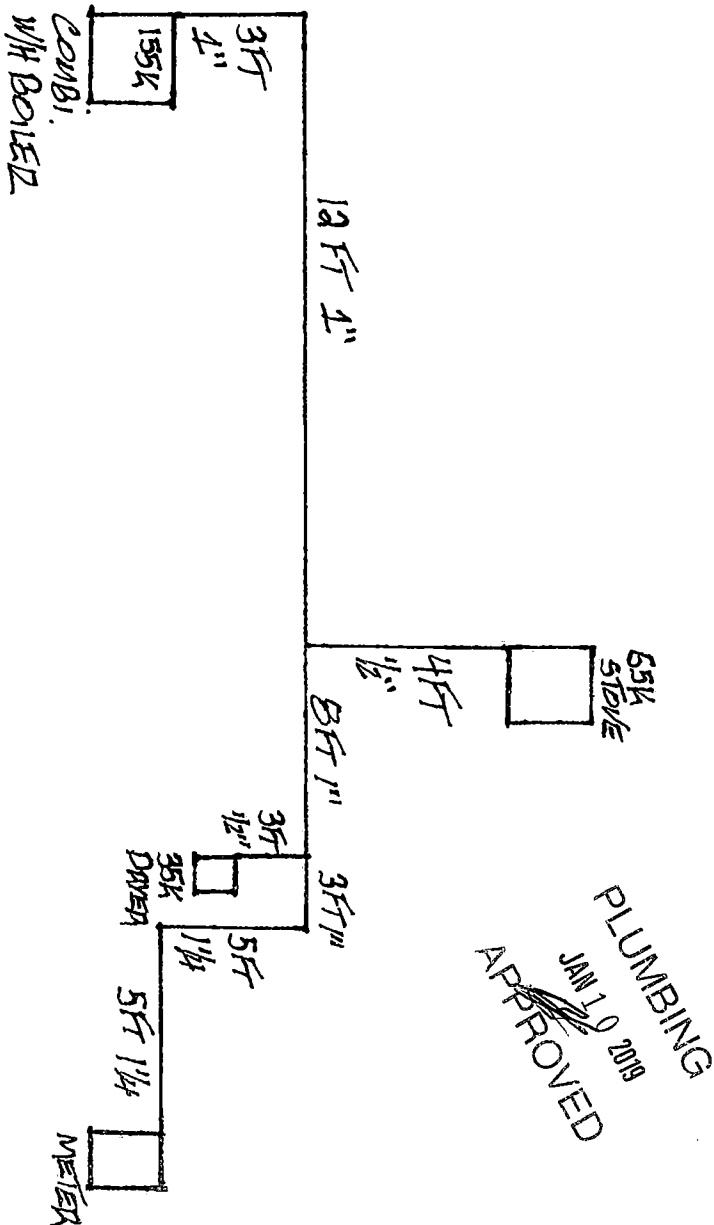
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

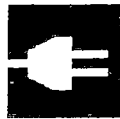


GAS FIRE RISER DIAGRAM 1682 LAURETTO ST.





ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 835 Lot 1.01 Qualification Code _____

Work Site Location 1682 Laurelton Street
Brick, NJ 08724

Owner in Fee: Behr

Tel. _____ e-mail _____

Address 1682 Laurelton St. Brick
street municipality zip code

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required per Specs

[] 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: 1-11-19

Approved by: WV

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 _____

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 sign/Contractor sign and seal here: [Signature]

Print name here: Michael Bondurant

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE BOILER WITH COMBI

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

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



MECHANICAL INSPECTION TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

1/18/19
19-0168

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

Block 835 Lot 1.01 Qualification Code _____
Work Site Location 1682 Laurelton Street
Brick, NJ 08724
Owner in Fee: Behr
Tel. _____ e-mail _____
Address 1682 Laurelton St Brick 08724
street municipality zip code
Contractor: Air Experts Inc. Tel. (732) 681-9090
Address 727C 17th Avenue e-mail sales@airexpertsnj.com
Lake Como NJ 07719
Contractor License No. 19HC00123400 Exp. Date 06/30/2020
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. MECHANICAL CHARACTERISTICS

Use Group Present: _____ Proposed: _____
Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement
Type: [] Hydronic [] Hot Air
Fuel Type: [] Gas [] Oil [] Electric [] Solar [] Other _____

Estimated Cost of Mechanical Work \$ 2500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
[] Mechanical Plans Approved		Gas Piping				
Date: _____ Approved by: _____		Appliance				
Joint Plan Review Required:		Chimney/Vent				
[] Bldg. [] Elec. [] Plumb. [] Fire.		Oil Piping				
[] Elev.		Oil Tank				
SUBCODE APPROVAL for PERMIT		LPG Tank				
Date: <u>1-10-19</u>		Hydronic Piping				
Approved by: _____		Fireplace				
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.				
[] CA [] CCO		Other _____				
Date: _____						
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Walter R Winston Jr.

Print name here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE BOILER WITH COMBI

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Generator
_____	Other _____

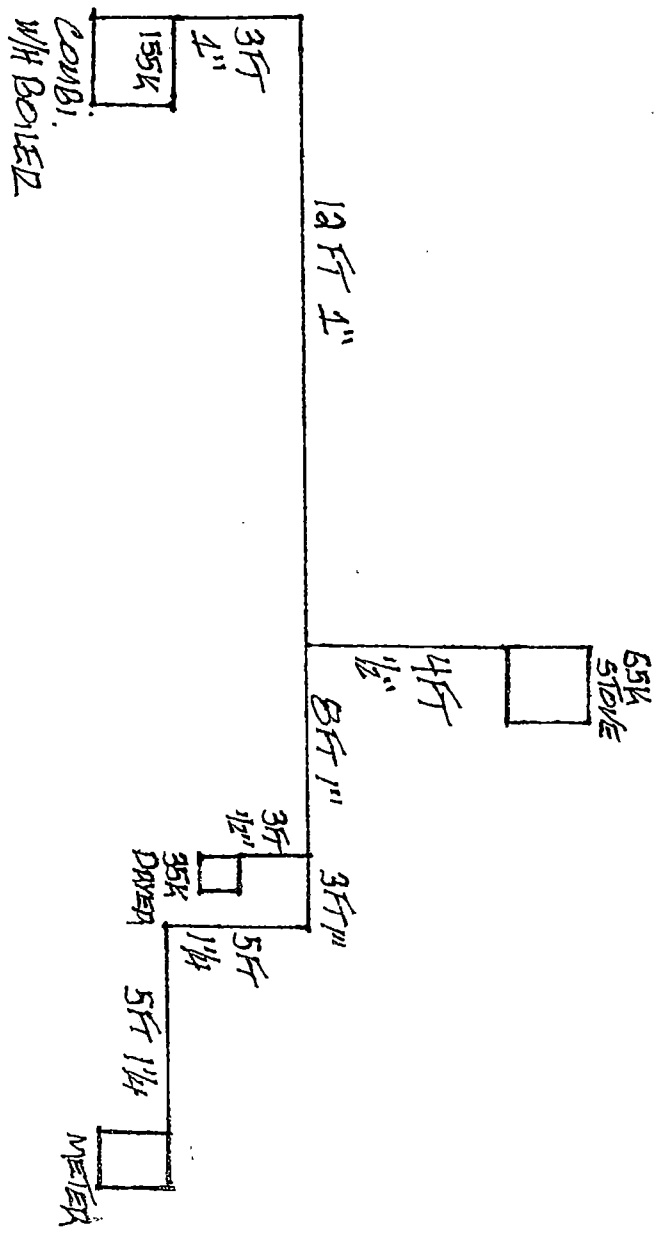
FEE (Office Use Only)

\$ _____

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

GAS PIPER RISER DIAGRAM
1682 LAURETIA ST.

40



PLUMBING
JAN 10 2019
APPROVED

FOR REPLACEMENT FURNACE

Submit B.T.U. Input **AND** Output of both New **AND** Old Units.

OLD B.T.U.'s	INPUT	OUTPUT
	155K	124K
NEW B.T.U.'s	INPUT	OUTPUT
	155K	124K

A/C REPLACEMENT

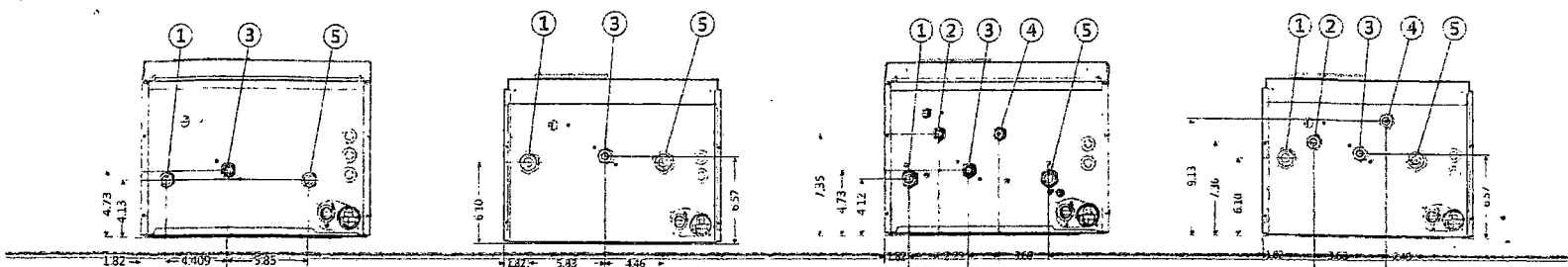
OLD UNIT	_____	BTU
NEW UNIT	_____	BTU

And/Or

Heat Loss for New Unit

***If you do not have the Old BTU and New BTU of units, a heat loss is REQUIRED.

***If the New Unit BTU's are less than the Old Unit BTU's, a heat loss is REQUIRED.

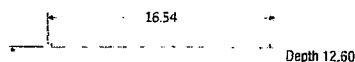


Heating Only Bottom (80/120)

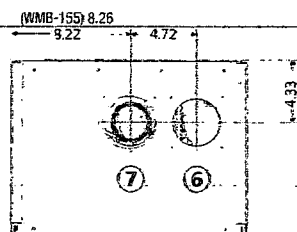
Heating Only Bottom (155)

Combi Bottom (80/120)

Combi Bottom (155)



Front (80/120/155)



Top (80/120/155)

Connections (NPT/inches)		
	80/120	155
1 Heating system supply tapping	3/4"	1"
2 Domestic hot water outlet	3/4"	3/4"
3 Gas connection	1/2"	1/2"
4 Domestic cold water supply	3/4"	3/4"
5 Heating system return tapping	3/4"	1"
6 Combustion air connection	3"	3"
7 Flue outlet connection	3"	3"

Domestic Hot Water Flow Rate (Based on 70°F temperature rise)	
Model ¹	Gallons per minute
WMB-80C	2.0
WMB-120C	3.2
WMB-155C	4.0

		Efficiency		AHRI Certified Ratings							
Model		Max.	Min.	DOE heating capacity MBH ²	Seasonal efficiency AFUE %	Net water rating MBH ³	Vent/air pipe size (Inches) ⁴	Vent material	Boiler water content (Gallons)	Approx. shipping weight (Lbs.)	
HEAT ONLY	WMB-80	80	8	73	92.4	63	2 or 3	PVC, CPVC, PP, SS	.45	61	
	WMB-120	120	12	109	92.2	95	2 or 3	PVC, CPVC, PP, SS	.55	64	
	WMB-155	155	15.5	143	94.4	124	3	PVC, CPVC, PP, SS	.65	67	
COMBI	WMB-80C	80	8	73	92.4	63	2 or 3	PVC, CPVC, PP, SS	.53	70	
	WMB-120C	120	12	109	92.2	95	2 or 3	PVC, CPVC, PP, SS	.63	77	
	WMB-155C	155	15.5	143	94.4	124	3	PVC, CPVC, PP, SS	.75	87	

¹Natural gas field convertible to LP with optional kit.

²Based on standard test procedures prescribed by the United States Department of Energy. MBH refers to thousands of Btu per hour.

³Net AHRI ratings are based on net installed radiation of sufficient quantity for the

requirement of the building and nothing needs to be added for normal piping and pick-up. Ratings are based on piping and pick-up allowance of 1.15. An additional allowance should be made for unusual piping and pick-up loads.

⁴Boilers must be vented directly to the outdoors. See boiler manuals for details.

STANDARD EQUIPMENT:

- Stainless Steel heat exchanger
- Mounting bracket and hardware
- Spark ignition
- Outdoor sensor
- Honeywell control
- T & P gauge
- 3-prong cover cord

- Water treatment inhibitor and test kit
- Condensate drain
- Relief valve
- 3-in-1 Vent adapter
- Low NOx SCAG-15 compliant

COMBI MODELS:

- DHW flat plate heat exchanger
- 3-speed circulator

OPTIONAL EQUIPMENT:

- Propane conversion kit
- Concentric vent kit
- Condensate neutralizer

WARRANTY:

- 10 year limited warranty heat exchanger for residential use
- 5 year limited warranty heat exchanger for commercial use
- 2 year limited warranty all other parts

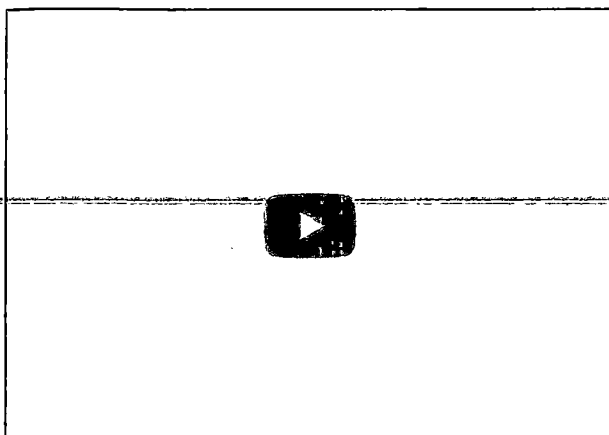
In the interest of continual improvement in product and performance, Weil-McLain reserves the right to change specifications without notice.

AHRI CERTIFIED



DOE





Product Video Disclaimer: "PED is not responsible for any variances from the product in this video and the item you purchase. Please review all product specs prior to purchase."

Features

Over the last 130 years, Weil-McLain has built a reputation of designing some of the most reliable boilers in the marketplace. Their dedication to producing long-lasting heating solutions is seen in every boiler they make. Weil-McLain's AquaBalance™ Combi hot water boiler is a highly efficient and reliable solution to both space heating and domestic hot water needs. Using condensing technology, the AquaBalance™ will reuse heat that escapes from conventional boilers, providing greater efficiency. Simple design along with Honeywell® controls make the AquaBalance™ easy to install and easy to use. With a 92.4% AFUE, Low Nox certification, and a 10:1 turndown ratio, the AquaBalance™ WMB-80C makes comfort and efficiency more accessible than ever before.

High Efficiency Heating and Hot Water

- Weil-McLain's rigorous standards of boiler efficiency are clearly shown in the AquaBalance™ Combi line. The WMB-80C combines space heating and domestic hot water production, boasting an impressive 92.4% AFUE rating without compromising performance.

Easy Installation

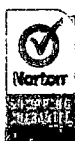
- The AquaBalance™ comes pre-wired with a plug-in ready electrical design. Fewer pipes and connection points streamline the installation process, allowing you to get the system up and running quickly.

Compact Design

- The AquaBalance's™ compact design is small enough to fit in a closet; a perfect solution for families living in smaller homes or apartments. It also features a heavy gauge insulated jacket to provide extremely quiet operation.

Outdoor Reset Control

- An outdoor reset sensor is included with every AquaBalance™ boiler. This sensor allows your boiler temperature to be adjusted relative to the temperature outside, eliminating excess energy use and guaranteeing comfort.



Contractor Friendly

Along with simple installation, the AquaBalance™ also features removable sides panels. This makes all of the internal components very accessible, allowing for quick and easy service.

General Information

Product Line	AquaBalance
Medium	Hot Water
Fuel Type	Natural Gas
Combustion Type	Condensing
Vent Type	Direct Vent
DHW Production	Yes
Modulating/Staging	Modulating
Mount Type	Wall
Minimum Altitude	0 Feet
Maximum Altitude	10000 Feet
Includes Pump	Yes
Assembly Type	Packaged
Gas Conversion Kit	Optional
UPC	0672619207622

Performance

Maximum Input Capacity	80000 BTU
Minimum Input Capacity	8000 BTU
DOE Heating Capacity	73000 BTU
Net I=B=R Capacity	63000 BTU
AFUE	92.4 %
Low NOx Emissions	Yes
Ultra Low NOx Emissions	Yes
Turndown Ratio	10:1

Electrical Data

Voltage	120 Volts
Phase	1
Frequency	60 Hz

Dimensions

Flue Connection Size	3 inches
Gas Connection Size	0.5 inches
Cold Water Inlet	0.75 inches
Hot Water Outlet	0.75 inches
Boiler Supply	0.75 inches
Boiler Return	0.75 inches
Product Height	27.36 inches
Product Width	16.54 inches

CA-20

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

Michael J. Bondurant
Air Experts Inc
727C 17th Ave
Lake Como NJ 07719

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

06/12/2018 TO 06/30/2020
VALID

19HC00123400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Michael J. Bondurant
Master HVACR Contractor

06/12/2018 TO 06/30/2020
VALID

SIGNATURE

19HC00123400

License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE