BLOCK 665-[illegible] LOT 1 ADDRESS (SITE) Manholding Rd PERMIT NO. 1901-9[illegible]

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: VISITATION Church
2. Name of Owner in Fee: _____ Tel. (___) _____
   Address _____ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MANFREDI HOMECARE Tel. (908) 222-2500
   Address 289 Broadway - Long Branch NJ 07740
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Jaison de Queiroz Manfredi Homecare Tel. (908) 222-2500

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	$3600

STAIRWAY ELEVATOR

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			10/11/91	RL	10/16/91		JC

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 30		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 5		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 55		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS BR 10408683

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Harison de Queiroz, Manfredi Home care

Address 259 Broadway

Long Branch NJ 07740

Telephone (908) 222-2500

Signature Harison de Queiroz Date 10/10/91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 1/24/91
Control #
Permit # 1901-91

IDENTIFICATION Block 665 Lot 1

Work Site Location [illegible]

Owner in Fee [illegible]
Address [illegible]

Tele. ( ) [illegible]

Contractor [illegible]
Address [illegible]

Tele. ( ) [illegible]
Lic. No. or Bldrs. Reg. No. [illegible] Exp. Date 665 1
Federal Emp. No. [illegible]
or Social Security No. [illegible]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Heating Elevator

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 $ [illegible]

[illegible]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	[illegible]
Plumbing	[illegible]
Electrical	[illegible]
Fire Protection	[illegible]
Other	[illegible]
Other	[illegible]
DCA Training Fee	1/24/91 NO 5 00138005
Cert. of Occ.	20
Other	[illegible]
Total	[illegible]
Check No.	[illegible]
Cash	[illegible]
Collected By:	[illegible]

BUILDING 30.00
PLAN RVW 5.00
UCC 20.00
TOTAL 55.00
CHECK 55.00
CHANGE 0.00

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material, plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations, insulation installations.
4. Installation of all interior materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form 1709

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control # 1901-90
Permit #

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

Block 665-666 Lot 1
Work Site Location Church of Visitation
Mantoloking Rd.
Owner in Fee
Address

Tele. ( )
Contractor Manfredi Home care
Address 289 Broadway
Long Branch
Tele. (908) 222-2500
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	10/11/91	[signature]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 10-15-91			Other				
Approved By: [signature]			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

STAIRWAY ELEVATOR

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other ____
[ ] Demolition
[ ] Miscellaneous
[ ] Fence ____ Height
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1901-90

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

Block 665-666 Lot 1
Work Site Location Church of Visitation
MANTOLOKING RD.
Owner in Fee
Address
Tele. ( )
Contractor Manchi Home Care
Address 289 Broadway
Long Branch
Tele. (908) 222-2500
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

STAIRWAY-ELEVATOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/11/91	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only) FEE

$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

WARRANTY

These products are covered by a one year limited warranty. A copy of this warranty may be obtained free of charge from your dealer or AMERICAN STAIR-GLIDE Corporation.

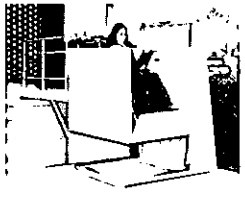
OTHER STAIRWAY LIFTS AVAILABLE FROM AMERICAN STAIR-GLIDE CORPORATION

GOLDEN-GLIDE™ Stairway Lift

The GOLDEN-GLIDE™ stairway lift provides people with floor-to-floor stairway accessibility on curved or spiral stairways. This side-ride lift also provides an impressive array of safety and convenience features as 'standard' equipment. And every track is custom-made to fit each customer's stairway design and individual needs.

SILVER-GLIDE™ Stairway Lift

THE SILVER-GLIDE™ stairway lift was designed primarily to provide stairway access on narrow or heavy-pedestrian-use 'straight' stairways. It features a fold-up seat and footrest with the side-ride position. And, because of its side-ride/fold-up design and narrow, close-to-the-wall track, it is also well suited to public building installations.

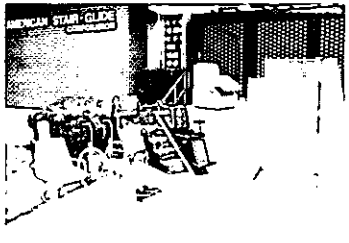


PORCH-LIFT® Low-Rise Platform Lifts

The PORCH-LIFT® low-rise platform lift is a vertical lift which provides access on short stairways — indoors or outdoors. Three designs are available: the revolutionary total-side-enclosure ENCLO-SURE™ lifts in three models; the 'standard' lifts (shown at left) in three models and the space-saving Model 41. Models vary in maximum lifting heights — up to 93".

AMERICAN STAIR-GLIDE Corporation manufactures and markets worldwide a full line of durable medical equipment — consisting of products that are designed to return to disabled and elderly individuals the means to be more mobile and independent . . . and thus, enjoy a more fulfilling lifestyle.

Pictured below are (left to right): TUBMATE® bath lift, LEVO™ STAND-UP® wheelchair, STAIR-GLIDE® stairway lift, EASY-LIFT® cushion lifting chair, and the PORCH-LIFT® low-rise platform lift. Information on any of these products is available from your dealer or AMERICAN STAIR-GLIDE Corporation.



AMERICAN STAIR-GLIDE CORPORATION
4001 East 138th Street, P.O. Box B
Grandview, MO 64030
Phone: (816) 763-3100

When you can't or shouldn't climb stairs...

Rely on the safe, economical STAIR-GLIDE® DELUXE Stairway Lift

More than thirty-five years ago, the STAIR-GLIDE® DELUXE stairway lift earned its "NUMBER ONE" standing by providing people who could no longer climb or descend stairs with a practical alternative to moving from their homes with stairs to one-story houses. And today it's still the stairway lift by which others are judged.

Attractive as any piece of furniture you'd choose to accent a room, the STAIR-GLIDE® DELUXE is made especially for use on a stairway. With a 12-inch-wide track that mounts easily without modifying your existing stairway, marring walls, woodwork, or stairs — and leaves ample room for people to also walk up and down the stairs.

And it's so simple to operate. Just fasten the seat belt . . . press the fingertip control to go up or down the stairway . . . release it to stop at any point . . . and press it again to continue or reverse your direction. The 'Call-Send' controls located on the top and lower landing also enable you to call or send the lift to any position along the stairway. And the seat swivels to aid you in getting on and off the lift. You're in complete control at all times.

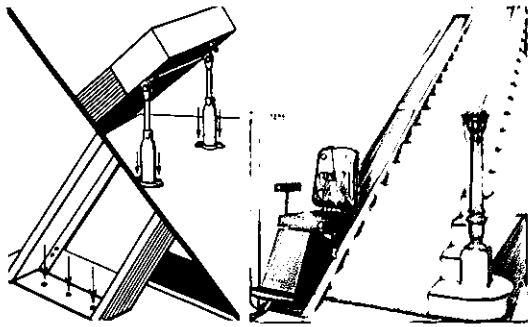
The unit is U.L. listed. Its 1/3 horsepower motor is located under the seat and is completely enclosed . . . resulting in years of quiet, clean and trouble-free operation.

It all adds up to this: the STAIR-GLIDE® DELUXE stairway lift, with its thirty-five-plus years of top performance, will prove to be just the lift you need to enjoy a more active, independent lifestyle. Without giving up the home you love.

EASY TO INSTALL

Both STAIR-GLIDE stairway lifts can be quickly and easily installed on either the right or left side of your stairway. The track is designed for straight stairways — however, it is adaptable to most situations. If you have questions concerning a specific installation, ask your dealer . . . or contact AMERICAN STAIR-GLIDE.

No special wiring is required to install the DELUXE — simply plug it in to a standard 120-volt receptacle and it's ready to serve you.



Track mounts at top and lower landing, resting on steps.

SWIVEL SEAT

The seat for both STAIR-GLIDE models rotates up to 180 degrees — enabling a rider to get on and off the unit safely and easily, facing away from the stairway.

OPTIONAL EQUIPMENT

- Double Arm Seat
- Special Width (18″) Cushion
- Key-Operated "Call-Send" Controls
- Key Lock on Unit Only
- Lever Control Switch
- Hand-Held Control Switch
- Foot "Call-Send" Switch
- Removable Second Armrest
- Large Footrest
- Custom Paint and Upholstery

TECHNICAL INFORMATION

Rated Load: 250 pounds

Speed: 20 feet per minute

Angle of Incline: Adjusts to operate on stairways with 30° to 45° angles.

Maximum Travel: STAIR-GLIDE® DELUXE — 30 ft.; OUTDOOR — 35 ft.

Seat Unit: Seat is 15½ inches wide, 16¼ inches deep. Seat, back and armrest are padded and upholstered in WALNUT Naugahyde® brand material.

Drive: Utilizing a right-angle reduction gear, the motorized chair climbs and descends on a moving drum-and-chassis mounted steel cable.

Track: Rigid extruded aluminum alloy with wood-grained Masonite® insert for DELUXE, aluminum insert for OUTDOOR. Track is mounted at the top and lower landing — and rests on the steps.

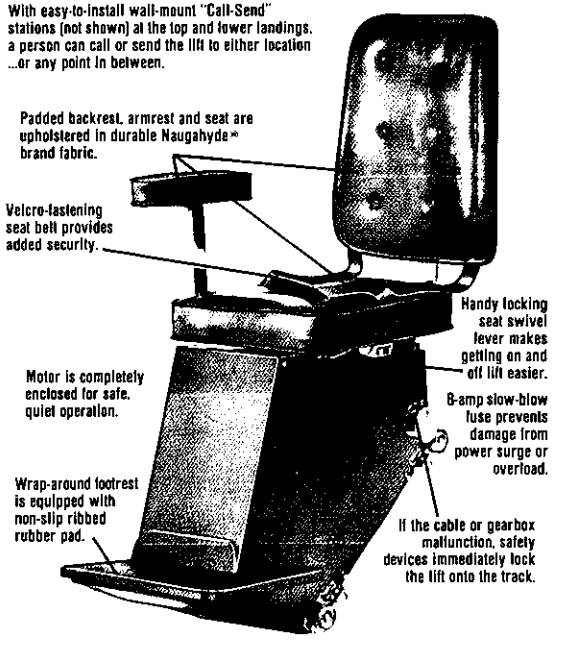
Controls: Up/down constant-pressure switch. Key-lock ('standard' on OUTDOOR; 'optional' on DELUXE). Release lever for swivel-seat. "Call-Send" stations with up/down constant-pressure switch (and 'standard' key-lock on OUTDOOR only) for top and lower landings.

Safety Features: Exceeds the requirements – A17.1 for Inclined Stairway Lifts — of the American National Standards Institute. "Aircraft quality" steel cable. Slack cable safety device locks unit onto track if cable malfunctions; overspeed safety device does likewise if gear malfunctions. Upper, lower, and final limit switches with positive and accurate stops at top and lower landings. Constant-pressure pushbuttons on unit and Call-Sends. Self-sustaining gear box. Emergency override toggle switch on lift. Seat belt. Motor totally enclosed.

Color of Unit: Upholstery - Walnut; Base - Walnut; Track - Gold/Walnut woodgrain on DELUXE, Gold/Walnut on OUTDOOR.

Power Supply: 120 volt A.C. single-phase. A nearby standard household electrical outlet near top or bottom of stairway is all that is necessary. We recommend an OUTDOOR unit be wired through conduit directly into its own separate fuse or circuit.

ALL THESE COMFORT, DURABILITY, AND CONVENIENCE FEATURES ARE 'STANDARD' EQUIPMENT . . .



For outdoor accessibility, rely on the STAIR-GLIDE® OUTDOOR Stairway Lift

This rugged lift and its all-aluminum track are completely weatherproof. Though the lift is similar to the DELUXE in appearance, its heavy duty 1/2 horsepower motor is located on the top landing. A unique heating system keeps the motor operating efficiently in cold weather. And an economical 24 volt electrical wiring system is also standard equipment.

A clear vinyl cover is provided to protect the seat when the unit is not being used.

OPTIONAL EQUIPMENT

- Double Arm Seat
- Special Width (18″) Cushion
- Lever Switch
- Hand-Held Switch
- Removable Second Armrest
- Large Footrest
- Custom Paint and Upholstery