

BLOCK

844

LOT

1

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

08-0296



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1699 WEST PRINCETON RD

2. Name of Owner in Fee: SALIC-RECHARGE LLC
 Tel. (732) 236-6112 e-mail _____
 Address 420 RIVA AVE MILLENIA NJ 08850
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: DIAMANTE GENERAL CONSTRUCTION Tel. (732) 266-3839
 Address 62 MILLER RD CRAWFORD NJ e-mail _____
 License No. OR, if new home, Builder Reg. No. 13VH03323600 Exp. Date 12-31-07
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03323600
 Federal Emp. ID No. 22-3574581 FAX: (732) 274-0582

5. Architect or Engineer 3D ARCHITECTURE Contact BILL DORAN
 Address 26 DUNDIE RD KENDALL PARK NJ e-mail _____
 Tel. (732) 297-8467 FAX: (732) 297-8477

6. Responsible Person in Charge once Work has Begun CHRISTOPHER GALBAVALA SR.
 Tel. (732) 266-2839 FAX: (732) 274-0582

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>86</u>		
2. Electrical	\$ <u>35</u>		
3. Plumbing		<u>90</u>	
4. Fire Protection		<u>90</u>	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>8</u>		<u>2</u>
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$ <u>35</u>	<u>4</u>	
11. Cert. of Occupancy			
12. Other <u>24+GP</u>	\$ <u>60</u>	<u>18</u>	
13. TOTAL	\$ <u>244</u>		<u>62.00</u>

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>1</u>	
2. Height of Structure	<u>16 ft</u>	ft.
3. Area - Largest Floor	<u>413</u>	sq. ft.
4. New Building Area	<u>413</u>	sq. ft.
5. Volume of New Structure	<u>3201</u>	cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed		sq. ft.
8. Flood Hazard Zone		
9. Base Flood Elevation		ft.
10. Wetlands	yes _____ no _____	
11. Max. Live Load		
12. Max. Occupancy Load		

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☒ Plumbing
- ☒ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
20,000	<u>8</u>	<u>11/5/07</u>		<u>2-7-08</u>	<u>MM</u>	<u>6-4-08</u>	
2500				<u>1300</u>	<u>MM</u>	<u>5-26-08</u>	
2000			<u>1-16-07</u>	<u>3</u>	<u>MM</u>	<u>6-4-08</u>	
1000				<u>3/12/08</u>	<u>MM</u>	<u>revised for SPD 6-30-08</u>	
	<u>Em</u>	<u>11/5/08</u>		<u>1/15/08</u>	<u>MM</u>		

TOTAL COSTS

25,500.00

III. PLAN REVIEW (optional)

DO YOU WANT:

- 1.
- ☐
- Partial Releases

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

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

Left message
3/18/087C
550
45101
50
2
52



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/21/2008
Control Number C-07-005385
Permit Number 08-0296
Permit Issue Date 02/12/2008
Certificate Number 08-0296

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 1699 W. PRINCETON AVE. Brick Township, NJ Block: 844 Lot: 1 Qual: _____
Owner in Fee: HAMILTON, HALL & BERNICE D
Owner Address: 1699 W. PRINCETON AVE. BRICK NJ 08724
Telephone: [REDACTED]
Contractor: DIAMANTE GENERAL CONSTRUCTION INC
Address: 62 MILLER ROAD CRANBURY NJ 08512
Telephone: (732) 266-3839 Fax: (732) 274-0582
License Number or Builders Registration Number: 13VH03323600 Federal Emp. Number: 22-3574581

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 BATHROOM, LIVING ROOM, GARAGE

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

Date Printed: 10/21/2008

U.C.C. F260 (rev. 08/05)

Fee: \$35.00

Check Number: 1054

Collected By: Inspection Account

Page 1

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name CHRISTOPHER GERBANK SR.

Address 62 MILLER RD

CRANFORD, NJ 08512

Telephone (732) 266-3839

Signature _____

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



ELECTRICAL SUBCODE TECHNICAL SECTION



08 DATES
4-5-08

Date Received
Control #
Date Issued
Permit #
08-0296
2-12-08

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

Block 244 Lot 1 Qualification Code 28850
Work Site Location 1609 West Princeton Ave
Owner in Fee SALE RITE HOMELLC
Address 410 TRAIL AVE MILLBURN NJ 08850

Contractor Central Electrical LLC
Address 10 Blinn St Side III
Tel (732) 694-0050 FAX (732) 694-9110
Contractor License No. 1021919
Federal Emp. No. 205633644

B. ELECTRICAL CHARACTERISTICS

Use Group Present ATD MTLU6AL
[] Pole/Pad # [] Temporary [] Other WIRING
Building Occupied as UTILITY CO.
Est. Cost of Elec. Work \$ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required			Type: <u>ROUGH</u>	Failure <u>3/14/08</u> Approval <u>3/18/08</u>
Joint Plan Review Required:			Barrier-Free	
[] Building [] Plumbing			Trench	
[] Fire [] Elevator			Temp. Serv.	
☒ Elec. Plans Approved			Constr. Serv.	
Date: <u>1-30-08</u>			TCO	
Approved by: <u>MM</u>			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
[] CO [] CCO <u>DATA</u>			Final Cut-in-Card Date Issued	
Date: <u>6-20-08</u>			Annual Pool Inspection	
Approved by: <u>MM</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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
23		Lighting Fixtures
18		Receptacles
9		Switches
3		Detectors
1		Light Poles
1		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

42

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 1/4 HP	
KW Transformer/Generator	
AMP Service <u>200</u>	
AMP Subpanels <u>200</u>	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

Relocate

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



all fixtures.)

4 Gold = Applicant Copy

2 Canary = Office Copy

- ① 3/14/08 RW INCOMPLETE +
 - ② ALL ROOMS 1 1/2 FROM FLOOR OR SLAB.
 - ③ KITCHEN ~~Φ~~ INC NOT PERMITTED ON SMALL APPLIANCE CIRCUIT.
 - ④ FILE FOR ALL WORK
 - ⑤ WATER H-C JUMP TO 35 4 AWG CU HAS 6 AWG CU.
 - ⑥ CALL ALL TIE-GAS WHEN READY. ~~SS~~
- 3/21/08 RW IN NEW ADDITION AND ALL NEW WALLS APPROVED - KITCHEN WEST. ABOVE CORRECTED. REST OF HOUSE EXISTING AND FALLS UNDER REHAB SUB CODE. ~~SS~~ STILL FILE FOR ALL WORK - # 4 ABOVE ~~SS~~
- 3/21/08 SEE ATTACHED TECH COPY. LOOKS LIKE TOM FAILED RW ON 3/19/08 FOR WIRING EXISTING AND PROTECTED UNDER REHAB SUBCODE ~~SS~~ RW AGAIN SCHEDULED TODAY + STILL APPROVED. ~~SS~~ TB RW APPROVED. ~~SS~~

↑ ⑥ tech

3/14/08

- ① - Maria Pope Cholasisco - Alt 6' - two hands
- ② - Maria Pope in ASPE -
- ③ - no Maria in ASPE - D.W.
- ④ - no Maria in ASPE

① tech

PERMIT # 080296

1644 V. Princeton

LOT: 1 BLOCK: 844

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:	2. SILL PLATES:	3. BEAM POCKETS:	4. COLUMNS:
BOLTS ☒	☒ SIZE	☐ BEARING/SHIMS	☐ SIZED PER PLAN
☒ SPACING	☒ GRADE, SPECIES	☐ TERMITE PROTECTION OR CLEARANCE	☐ ATTACHMENT/PLATES
☒ SIZE	☒ TREATMENT	☐ LAPS	☐ SPACING/LOCATION
STRAPS ☐	☒ SILL SEALER	☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)	☐ PAINT/COATING
☐ SPACING (PER MANUFACTURER'S SPECS)	☒ TERMITE PROTECTION		
☐ SIZE			

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:	2. GIRDERS AND BEAMS:	3. FLOOR JOIST:	
1 ST ☒ 2 ND ☐ 3 RD ☐ FLOOR	☒ SIZED PER PLAN	1 ST ☒ 2 ND ☐ 3 RD FLOOR	
☒ SIZE	☒ TYPE	☒ SIZED PER PLAN	
☒ GRADE, SPECIES	☒ GRADE, SPECIES	☒ GRADE, SPECIES	
☒ SINGLE OR DOUBLE	☒ LOCATION AND RELATION TO THE PLAN	☒ PRE-ENGINEERED COMPONENTS AS SPECIFIED	
☐ PRE-ENGINEERED PER MANUFACTURER'S SPECS	☒ NAILING	☒ BEARING	
☐ FACTURER'S SPECS	☒ ATTACHMENT SCHEDULE	☒ NAILING	
☐ CANTILEVERS AS PER DESIGN	☒ BEARING	☒ BRIDGING	
	☒ LAPPING	☒ CUTTING AND NOTCHING (AS PER CODE)	
		☒ POINT LOADS - SUPPORTED AS PER PLAN	
		☒ SPAN HANGERS	
		☒ HEADERS	
		☒ FRAMED OPENINGS	

4. FLOORING, SHEATHING, OR DECKING:	5. STAIR ATTACHMENT:
1 ST ☐ 2 ND ☐ 3 RD FLOOR	1 ST ☒ 2 ND ☐ 3 RD FLOOR
MATERIAL ☒ 1 ☐ 2 ☐ 3 ☐ PANEL SPAN, THICKNESS	☒ 1 ☐ 2 ☐ 3 ☐ BEARING
	☒ 1 ☐ 2 ☐ 3 ☐ NAILING

SPECIAL REQUIREMENTS
☐ 1 ☐ 2 ☐ 3 ☐ EDGE BLOCKING (IF REQUIRED)
☒ 1 ☐ 2 ☐ 3 ☐ GAPPING
☒ 1 ☐ 2 ☐ 3 ☐ LAYOUT

I hereby certify that I inspected this building, signed 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: 3-26-08

Building Inspector Initials: [Signature] Date: [Signature]



BUILDING 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 844 Lot 1 Qualification Code ALL
Work Site Location 1699 WEST CHICKADEE AVE
Owner In Fee SALE RITE HOMELLC
Address 4808 RIVA AVE MILLERSVILLE 08850

Tel. [REDACTED]
Contractor WILLIAM WENDEL CONSTRUCTION
Address 62 MILLER RD
CLARK TOWNSHIP NJ 08512
Tel. (732) 266-3839 FAX (732) 274-0582
Contractor License No. or Builder Registration No. 13VH03323600
Federal Emp. No. 22-3574581

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure
☒ All	<u>2-15-08</u>	<u>W</u>	Footing	<u>*2/25/08 W</u>
☐ Footing			Footing Bonding	<u>*2/25/08 W</u>
☐ Foundation			Foundation + Balance of Footing	<u>*2/25/08 W</u>
☐ Frame			Slab	<u>*2/25/08 W</u>
☐ Other			Truss Sys./Bracing	<u>*2/25/08 W</u>
Joint Plan Review Required:			Barrier-Free	<u>*2/25/08 W</u>
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	<u>*2/25/08 W</u>
SUBCODE APPROVAL			Finishes - Base Layer	<u>*2/25/08 W</u>
☐ CO ☐ CCO ☐ CA	<u>6-4-08</u>	<u>CA</u>	Finishes - Final	<u>*2/25/08 W</u>
Date:	<u>6-4-08</u>		Energy	<u>*2/25/08 W</u>
Approved by:	<u>W</u>		Mechanical	<u>*2/25/08 W</u>
			TCO	<u>*2/25/08 W</u>
			Other	<u>*2/25/08 W</u>
			Final	<u>*2/25/08 W</u>
			Barrier-Free	<u>*2/25/08 W</u>

B. BUILDING CHARACTERISTICS

Use Group Present 1 Proposed 1
Constr. Class Present 1 Proposed 1
No. of Stories 1
Height of Structure 16 Ft.
Area - Largest Floor 413 Sq. Ft.
New Bldg. Area/All Floors 413 Sq. Ft.
Volume of New Structure 3201 Cu. Ft.
Total Land Area Disturbed 3201 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 29,000
2. Rehabilitation \$ 29,000
3. Total (1+2) \$ 58,000

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION
BATHROOM - LEVELLER ROOM -
GARAGE.

See Plans Marked Revised

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☒ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

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

U.C.C. #110
(rev. 07/03)

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

Date Received 08-02-08
Control # 2-12-08
Date Issued
Permit #

PERMIT # 080296

LOT: 1 BLOCK: 844

G. WALL FRAMING

1. EXTERIOR WALL FRAMING:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE
☒	☒	☒	SPACE
☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES
☒	☒	☒	JACK STUD BEARING
☒	☒	☒	TOP PLATES
☒	☒	☒	NAILING
☒	☒	☒	LAPS
☒	☒	☒	RAFTER TIES
☒	☒	☒	HURRICANE STRAPS (AS REQUIRED)

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. INTERIOR LOAD-BEARING WALLS:

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

3. INTERIOR NON-LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE
☒	☒	☒	SPACE
☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	FIRE BLOCKING
☒	☒	☒	HEADER SIZES
☒	☒	☒	TOP PLATE NAILING

4. SOLID SAWN ROOF FRAMING:

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

☒	☒	SIZE
☒	☒	GRADES, SPECIES
☒	☒	LAYOUT
☒	☒	SPACING
☒	☒	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:

☒	☒	PANEL SPAN, THICKNESS
☒	☒	SPECIAL REQUIREMENTS
☒	☒	GAPING
☒	☒	LAYOUT
☒	☒	CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

☒	☒	PANEL SPAN, THICKNESS
☒	☒	SPECIAL REQUIREMENTS
☒	☒	BLOCKING, EDGE (IF REQUIRED)
☒	☒	CLIPS (IF REQUIRED)
☒	☒	GAPING
☒	☒	LAYOUT

SHEATHING, FRT - ROOF

☒	☒	FOUR FEET FROM FIREWALL
☒	☒	NONCORROSIVE FASTENERS

[Signature]

3/21/08 w- Feed Reg-

1) Ground Frozen/16 blankets-

2) Note:

Existing Foundation has no Feeding - architect to design repair
3/21/08 w- Feed App-

1) Existing ~~Foundation~~ underpinned in 3' Segments separated with
3' of virgin soil. First of 2 pours-

3/28/08 w- SL Reg- ~~3/28~~

1) Nails throughout

6" on edges / top + bottom plates
8" in field

Reg Frame: Rethrows not permitted to sit on plywood-

3/20/08 w- Frame Appl. }

1) No Dyer yet run @ this time

* Note: By Final:

1.7m cent needed for existing ~~7/0~~ 4 ft is
not covered -
3/25/08 w- By Final

③ Tech

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK: 844.00 LOT: 1
SITE ADDRESS: 1699 W. Princeton Ave.
CONTROL #: 07-005385 WORK TYPE: 1st story addition/ attached garage
APPLICANT: Diamante General Construction PHONE # 732-266-3839
APPLICANT ADDRESS: 62 Miller Rd. CITY/STATE/ZIP: Cranbury, NJ 08512

MANDATORY DEVELOPER FEES

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

The estimated equalized assessed value:

Residential \$62,560.00
Commercial

01/09/2008
Date

The final equalized assessed value at the above referenced site is:

Residential \$48,200.00
Commercial

09/09/2008
Date

Prel. Fee (Res) \$312.80
Prel. Fee (Comm) \$0.00
Waiver Fee(Res. Only)

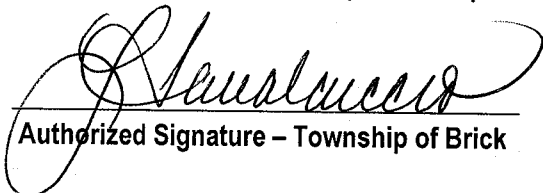
Final Fee (Res) \$169.20
Final Fee (Comm) \$ -

Check # 1047
Date Paid 01/15/2008
Paid by Cont.

Check # 1156
Date Paid 10/01/2008
Paid by Cont.

Total Fee Paid (Res) \$ 482.00
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



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received Update 08-03-2004
Date Issued
Control #
Permit #

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that the above is a true and correct copy of the record and am authorized to make this application and perform the work listed herein application.

08-001101

Block 844 Lot 1 Qualification Code _____

Work Site Location 1699 WEST PALMISTON AVE

Owner in Fee: SAVE - PLTE HOMES LLC

Tel. _____

Address 420 PVA AVE MILTON NJ 08850

Contractor: Central Electrical Inc Tel. (732) 694-0050

Address 10 Alvin St Side III e-mail _____

Contractor License No. 102449 Exp. Date 3-09

Federal Emp. ID No. 20-56033644 FAX: (732) 694-9110

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. P&E

Est. Cost of Electrical Works 480

JOB SUMMARY (Office Use Only)

PLAN REVIEW No Plans Required Date Initial _____

Joint Plan Review Required: _____

[] Building [] Plumbing _____

[] Fire [] Elevator _____

[] Elec. Plans Approved _____

Date: 3-28-08 _____

Approved by: [Signature] _____

SUBCODE APPROVAL [] CO [] CCO [] CA _____

Date: 5-20-08 _____

Approved by: [Signature] _____

Applicant's Signature/Contractor's Signature _____
[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITEDATA

QTY. SIZE ITEMS

- 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	1	7.5
Storage 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 \$	

1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy



**ELECTRICAL
SUBCODE**

TECHNICAL SECTION

Date Received 3/26/08
Date Issued
Control #
Permit # 08-0296 + D

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

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

Applicant's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

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 UV 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

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 3/12/08
Date Issued
Control #
Permit # 08-02946+B

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

Block 844 Lot 1 Qualification Code _____
Work Site Location 1699 WEST PARKETON AVE.
Owner in Fee: SAVE-RITE HOMES LLC.
Tel. (732) 236-6112 e-mail _____
Address 420 RWP PWC e-mail _____
Contractor: Central Electrical Inc. Tel. (732) 653-0050
Address 10 Alvin Ct Suite 111 e-mail _____
Contractor License No. 10249A Exp. Date 3-09
Federal Emp. ID No. 205633644 FAX: (732) 659 4110
B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed X
☐ Pole/Pad # _____ ☐ Temporary SEWER
Building Occupied as RESIDENTIAL HOME Utility Co. JCP&L
Est. Cost of Electrical Work \$ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
Date	Initial	Date (Month/Day)	Approval
☒ No Plans Required			
Joint Plan Review Required:			
☐ Building	☐ Plumbing	Rough	
☐ Fire	☐ Elevator	Barrier-Free	
☐ Elec. Plans Approved		Trench	
Date: <u>3/18/08</u>		Temp. Serv.	
Approved by: <u>W</u>		Constr. Serv.	
		TCO	
		Other	
		Service	
		Final	
		Barrier-Free	
SUBCODE APPROVAL			
☐ CO	☒ CCO	Temp. Cut-in-Card Date Issued	
Date: <u>6/20/08</u>		Final Cut-in-Card Date Issued	
Approved by: <u>W</u>		Annual Pool Inspection	
		Date of Grounding and Bonding Certification	

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or) 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 ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
		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 1/4+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

FEE (Office Use Only)

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

1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy

Work Proposal

Date: 4.9.08 445761
Dealer name: Chim-Cheree Chimney Sweep
Street: 210 Drum Point Rd., Brick, NJ 08723
City, State, Zip: 732-920-8770 • Fax 732-920-5486
Phone: Certified #309/C-Det. 173
Home Improvement Contractor
13VH01355400

SUBMITTED TO:

Name: Save Rita Albert
Street: 1699 West Princeton Ave.
City, State, Zip: Brick, NJ 08724
Phone: 732.236.6112

E-mail: _____
Job Location: _____

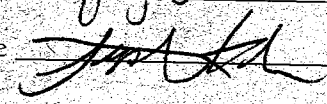
JOB DESCRIPTION:

Sweep \$110.⁰⁰ (Reg. \$150.⁰⁰), crack magic \$75.⁰⁰
Raise stone 2 bricks and repair firebox near wall. \$650.⁰⁰
Set top damper \$385.⁰⁰. Replace B-vent flashing
and storm collar. Set firestop for B vent \$350.⁰⁰

TERMS OF PROPOSAL:

Amount \$ \$1570.⁰⁰ Proposal good for _____ days.

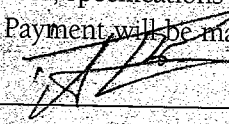
Terms of payment: Balance due upon
completion of job.

Authorized signature: 

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Property owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

ACCEPTANCE OF PROPOSAL:

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature: 

Date of acceptance: 4.9.08

FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

3/12/08
68-02966A

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

Block 244 Lot 1 Qualification Code 1

Work Site Location 1699 West Pardon Ave

Brick Twp.

Owner in Fee SAVE RITE HOME LLC

Address 420 RIVA AVE MILLICENT NJ 08852

Tel (732) 2366112

Contractor Central Electrical Inc

Address 10 Alvin St Suite 111

East Brunswick NJ 08816

Tel (732) 694 0050 FAX (732) 694-9110

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

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

Fire Alarm Contractor No. 102498

Federal Emp. No. 20 5633642

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: ☐ New or ☐ Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ Flammable or ☐ Combustible Capacity

Total Cost of Fire Protection Work \$ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☒ Fire Plans Approved

Date: 3/12/08

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ LCCQ ☐ CA

Date: 3/28/08

Approved by: [Signature]

INSPECTIONS	Dates (Month/Day)	Approval	Initial
Type: Alarm System		<u>3/28/08</u>	<u>[Signature]</u>
Suppression Sys.			
Standpipe			
Fire Pump			
Pre-Eng. System			
Mechanical			
Smoke Control			
TCO			
Flam/Combust Tanks			
Fireplace Venting			
Final			
Other			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent or owner of record and authorized to make this application. [Signature]
Applicant's Signature/Contractor's Signature

☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☒ System

☐ 110V Interconnected

☐ CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances ☒ Gas or ☐ Oil

Fireplace Venting/Metal Chimney

NUMBER

FEE (Office Use Only)

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

CHIMNEY SERVICE REPORT

890377

SERVICE PROVIDER:

Chim-Cheree Chimney Sweep
210 Drum Point Rd., Brick, NJ 08723
732-920-8770 • Fax 732-920-5486
Certified #309/C-Det. 173
Home Improvement Contractor
13VH01355400

CUSTOMER:

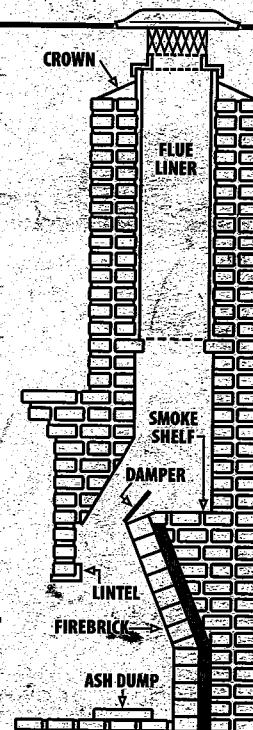
Name Saverite, Albert
 Address 1699 W. Princeton Ave.
 City Brick State NJ Zip 08724
 Phone [REDACTED]
 E-mail [REDACTED]

Technician Michael + Matt
 Service date 4.15.08 Time 9-11

Directions to home Raise stone chesse / out
firebox brick + Replace w/ solid

SYSTEM INFORMATION

Fireplaces, Number of..... 1
 Construction..... ☒ Masonry ☐ Factory-built ☐ Modular
 Fireplace opening sizes..... 1. " x " 2. " x " 3. " x "
 Heating Appliances, Number of.....
 Type..... ☐ Insert ☐ Freestanding ☐ Furnace ☐ _____
 Fuel..... ☐ Wood ☐ Coal ☐ Gas ☐ Oil ☐ _____
 Chimney
 Construction..... ☐ Factory-built ☒ Masonry ☐ Other
 Chimney height..... feet
 Liner..... ☒ Flue tile ☐ Stainless ☐ Cast ☐ Unlined
 Flue sizes..... ☐ 8" x 8" ☒ 8" x 13" ☐ 13" x 13" ☐ 8" x 17" ☐ 13" x 17"
☐ 6" Round ☐ 8" Round ☐ _____
 Last cleaned..... year(s) ago ☐ Never ☐ Unknown



NOTES

Removed stone chimney top and pillars. Installed new brick
pillars to proper height and reinstalled stone top. Layed new
cement crown. Removed rotted brick from back wall of fireplace and
replaced with new brick.

ANNUAL INSPECTION

The National Fire Protection Association (NFPA) recommends annual inspection of all fireplaces, chimneys, and vents. The next inspection of your system is scheduled for: _____

CUSTOMER VERIFICATION

This report is the result of a visual inspection done at the time of cleaning. It is intended as a convenience to our customer, not as certification of fire worthiness or safety. Since conditions of use and hidden construction defects are beyond our control, no warranty is made for the safety or function of any appliance and none is to be implied.

I have read this form and understand the apparent condition of my fireplace, appliance, chimney, and/or vent system. Furthermore, I understand the limitations of this report as given in the paragraph above.

Customer Signature [Signature] Date 4.16.08

INVOICE / RECEIPT

DESCRIPTION

PRICE

check # 1094

1/2 100.00
less est fee 100.00
1# 1090
SWEEPS PERFORMED TO NFPA 211
LEVEL 1 INSPECTION
100.00
1470.00

1570

100

1470.00

Subtotal

Total

Balance Due



FIRE PROTECTION 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 844 Lot 1 Qualification Code 1

Work Site Location 1699 WEST PLACETON

Owner in Fee SAVE RTE HOMES

Address 420 RIVA AVE
MILTON NJ 08850

Tel (732) 236-6112

Contractor DAMANTE GENERAL CON. INC

Address 62 MILTON RD

Tel (732) 266-3831 FAX (732) 274-0582

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

Fire Alarm Contractor No. 22-3574581

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: ☐ New or ☐ Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ Flammable or ☐ Combustible Capacity

Total Cost of Fire Protection Work \$ 80

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature



Date Received
Control #
Date Issued
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110V Interconnected

☐ CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horns/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

CO₂ Suppression

Foam Suppression

update 08-08-09

08-001101

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

CHIMNEY SERVICE REPORT

893195

SERVICE PROVIDER:

Chim-Cheree Chimney Sweep
210 Drum Point Rd., Brick, NJ 08723
732-920-8770 • Fax 732-920-5486
Certified #309/C-Det. 173
Home Improvement Contractor
13VH01355400

CUSTOMER:

Name Saverite Albert
 Address 1699 W. Princeton Ave
 City Brick NJ Zip 08724
 Phone [REDACTED]
 E-mail [REDACTED]

Technician Carl / Stephen Huber
 Service date 4.9.08 Time NOONISH

Directions to home Sweep, crack magic, raise
stone 2 bricks, firebox repair, top damper
Replace B-vent flashing + storm
firestop for B-vent collar

SYSTEM INFORMATION

Fireplaces, Number of one
 Construction ☒ Masonry ☐ Factory-built ☐ Modular
 Fireplace opening sizes 1. " x " 2. " x " 3. " x "

Heating Appliances, Number of
 Type 125K B.F. 33K P.3 ☐ Insert ☐ Freestanding ☒ Furnace ☒ Boiler

Fuel 7" B-Vent ☒ Wood ☐ Coal ☒ Gas ☐ Oil ☐

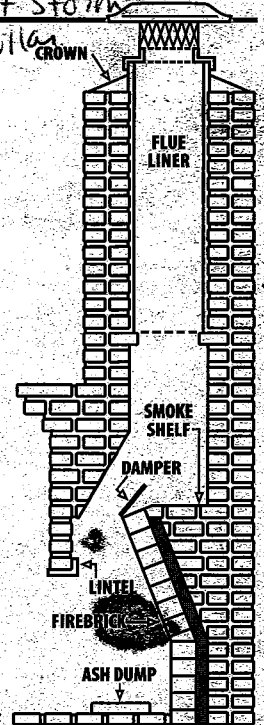
Chimney

Construction ☐ Factory-built ☐ Masonry ☐ Other
 Chimney height 14 feet
 Liner ☒ Flue tile ☐ Stainless ☐ Cast ☐ Unlined
 Flue sizes DEAD ☒ 8" x 8" ☒ 8" x 13" ☐ 13" x 13" ☐ 8" x 17" ☐ 13" x 17"
☐ 6" Round ☐ 8" Round ☐
 Last cleaned year(s) ago ☐ Never ☐ Unknown

COMMENTS

Sweep fireplace. used cable whip to power sweep.

Set Top Mount Damper (Note: Returning to Do Rear firebox wall repair
extend Stone Kap Taller to vent properly). Repaired Heater flue so proper clearances
are met, supported. Crack at exterior brickwork above roof sealed.
Total work cost \$1570.- Deposit Received \$100- Bal due upon masonry
repairs completed will be \$1470-



ANNUAL INSPECTION

The National Fire Protection Association (NFPA) recommends annual inspection of all fireplaces, chimneys, and vents. The next inspection of your system is scheduled for:

CUSTOMER VERIFICATION

This report is the result of a visual inspection done at the time of cleaning. It is intended as a convenience to our customer, not as certification of fire worthiness or safety. Since conditions of use and hidden construction defects are beyond our control, no warranty is made for the safety or function of any appliance and none is to be implied.

I have read this form and understand the apparent condition of my fireplace, appliance, chimney, and/or vent system. Furthermore I understand the limitations of this report as given in the paragraph above.

Customer Signature [Signature] Date 4/9/08

INVOICE / RECEIPT

DESCRIPTION	PRICE
<u>Repair Quoted</u>	<u>1570 -</u>
<u>Deposit</u>	<u>100 -</u>
<u>Bal. Due ON Completion</u>	<u>\$1470 -</u>

**SWEEPS PERFORMED TO NFPA-211
 LEVEL 1 INSPECTION ONLY**

Subtotal

Total



PERMIT UPDATE

Date Update Issued 4/15/2008
Control # C-08-001249
Permit # 08-0296+D

IDENTIFICATION Block: 844 Lot: 1 Qualifier _____
Work Site Location: 1699 W. PRINCETON AVE. Brick Township, NJ Contractor DIAMANTE GENERAL CONSTRUCTION INC
Address 62 MILLER ROAD CRANBURY NJ 08512
Owner in Fee HAMILTON, HALL & BERNICE D
1699 W. PRINCETON AVE. BRICK NJ 08724 Telephone: (732) 266-3839
Telephone: _____ Lic. No. or Bids. Reg. No. 13VH03323600
Federal Employee No. 22-3574581

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:

SUBPANEL

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 \$1,500

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$50
Plumbing	_____	\$0
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$2
CO Fee	_____	
Other	_____	\$0
Total	_____	\$52
Check No.	_____	1093
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	Inspection Account

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.



PERMIT UPDATE

Date Update Issued 4/15/2008
Control # C-08-001101
Permit # 08-0296+C

IDENTIFICATION Block: 844 Lot: 1 Qualifier _____
Work Site Location: 1699 W. PRINCETON AVE. Brick Township, NJ Contractor DIAMANTE GENERAL CONSTRUCTION INC
Address 62 MILLER ROAD CRANBURY NJ 08512
Owner in Fee HAMILTON, HALL & BERNICE D
1699 W. PRINCETON AVE. BRICK NJ 08724 Telephone: (732) 266-3839
Lic. No. or Bldrs. Reg. No. 13VH03323600
Telephone: _____ Federal Employee No. 22-3574581

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:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS

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 \$500

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$55
Plumbing	\$0
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$101
Check No.	1093
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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:

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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.



PERMIT UPDATE

Date Update Issued 3/19/2008
Control # C-08-000959
Permit # 08-0296+B

IDENTIFICATION Block: 844 Lot: 1 Qualifier
Work Site Location: 1699 W. PRINCETON AVE. Brick Township, NJ Contractor DIAMANTE GENERAL CONSTRUCTION INC
Address 62 MILLER ROAD CRANBURY NJ 08512
Owner in Fee HAMILTON, HALL & BERNICE D
1699 W. PRINCETON AVE. BRICK NJ 08724 Telephone: (732) 266-3839
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 13VH03323600
Federal Employee No. 22-3574581

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:

ELECTRICAL ALTERATIONS, SERVICE

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 \$1,800

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$60
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$62
Check No.	1073
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.

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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:

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

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



PERMIT UPDATE

Date Update Issued 3/12/2008
Control # C-07-005385+A
Permit # 08-0296+A

IDENTIFICATION Block: 844 Lot: 1 Qualifier
Work Site Location: 1699 W. PRINCETON AVE. Brick Township, NJ Contractor DIAMANTE GENERAL CONSTRUCTION INC
Owner in Fee HAMILTON, HALL & BERNICE D Address 62 MILLER ROAD CRANBURY NJ 08512
1699 W. PRINCETON AVE. BRICK NJ 08724 Telephone: (732) 266-3839
Telephone: [REDACTED] Lic. No. or Bids. Reg. No. 13VH03323600
Federal Employee No. 22-3574581

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:

FIRE ALTERATIONS, GAS PIPING, PLUMBING ALTERATIONS BATHROOM, LEVENLLV
RROOM, CARAGE

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$3,000

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$90
Fire Protection	\$90
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$184
Check No.	1070
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.

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☐ 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



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

Block 844 Lot 1699 Qualification Code West Princeton Ave.
Work Site Location BELOK TOP NJ.
Owner in Fee JANE RITE HOMELIC about
Address 480 BURN AVE HUNTER NJ 08850

Tel [REDACTED]
Contractor Central Plumbing LLC
Address 10 ALVIN ST Suite 111
EAST BRUN NJ 08816
Tel (732) 698-0050 FAX (732) 698-9110
Contractor License No. BT-10019
Federal Emp. No. 20-5633623

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Public Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
☐ No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Slab				
☐ Building ☐ Electric		Rough				
☐ Fire ☐ Elevator		Water				
☐ Plumbing Plans Approved		Sewer				
Date: _____		Fixtures				
Approved by: _____		Gas Equipment				
SUBCODE APPROVAL		Gas Piping				
☐ CO ☐ CCO ☐ CA		LP Gas Tank				
Date: _____		Fuel Oil Piping				
Approved by: _____		Solar				
		TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
Applicant's Signature/Contractor's Seal and Signature
Licensed Plumbing Contractor ☐ Exempt Applicant

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

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

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

34" O.K.

EXISTING PLUMBING FIXTURES

BLOCK 8.44 LOT 1

1699 WEST PRINCETON RD

1. 1. KITCHEN SINK
2. 1. WASHING MACHINE
3. 1 TUB
4. 1 TOILET
5. 1 BATHROOM SINK
6. ~~4~~ 3 HOSE BIBS
7. 1 HOT WATER HEATER
8. 1 BOILER

2 -7
2
4
3.5

16.5
17.5

CONTROL NUMBER C07-005395

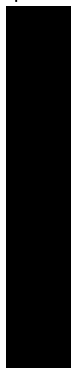
TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

*-
Revised
3/11/08

ADDRESS OF APPLICATION: 1699 W. Princeton Ave

DATE REVIEWED: 1-16-08

REVIEWED BY: (KCN) @815

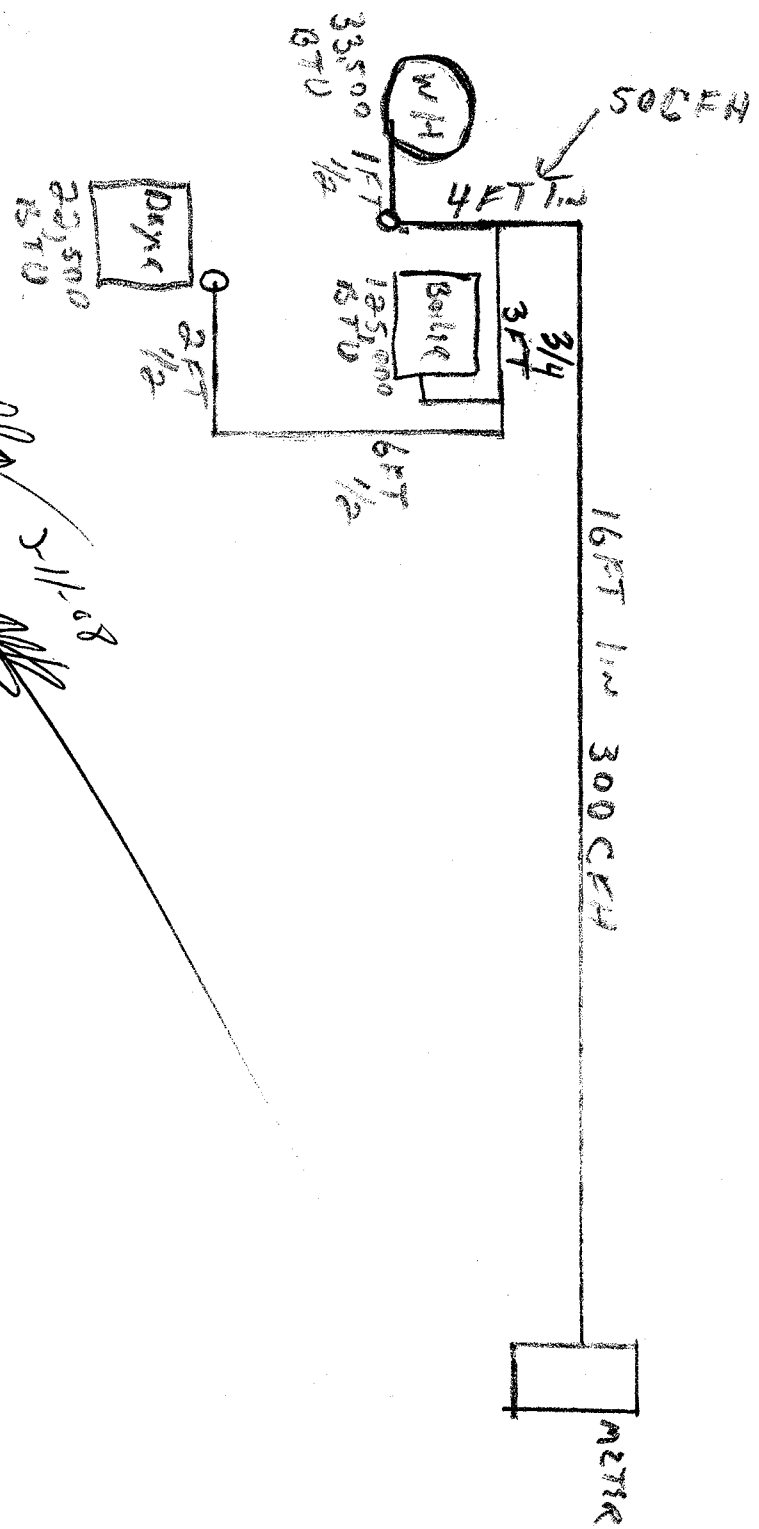
CONTACT CALLED/FAXED: Bill Doran (Frank) 

1- No Plan w/ SD & Co locations -
1 each RA 1 Hour my intermedd show or plan

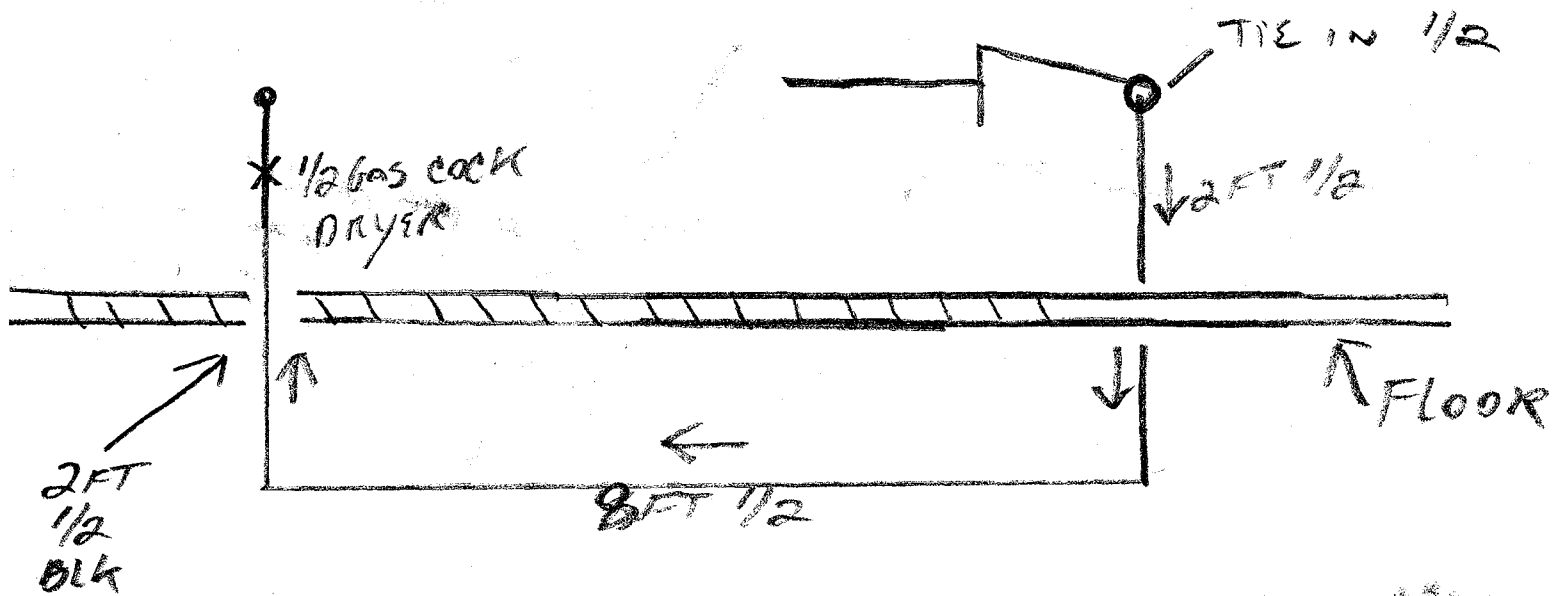
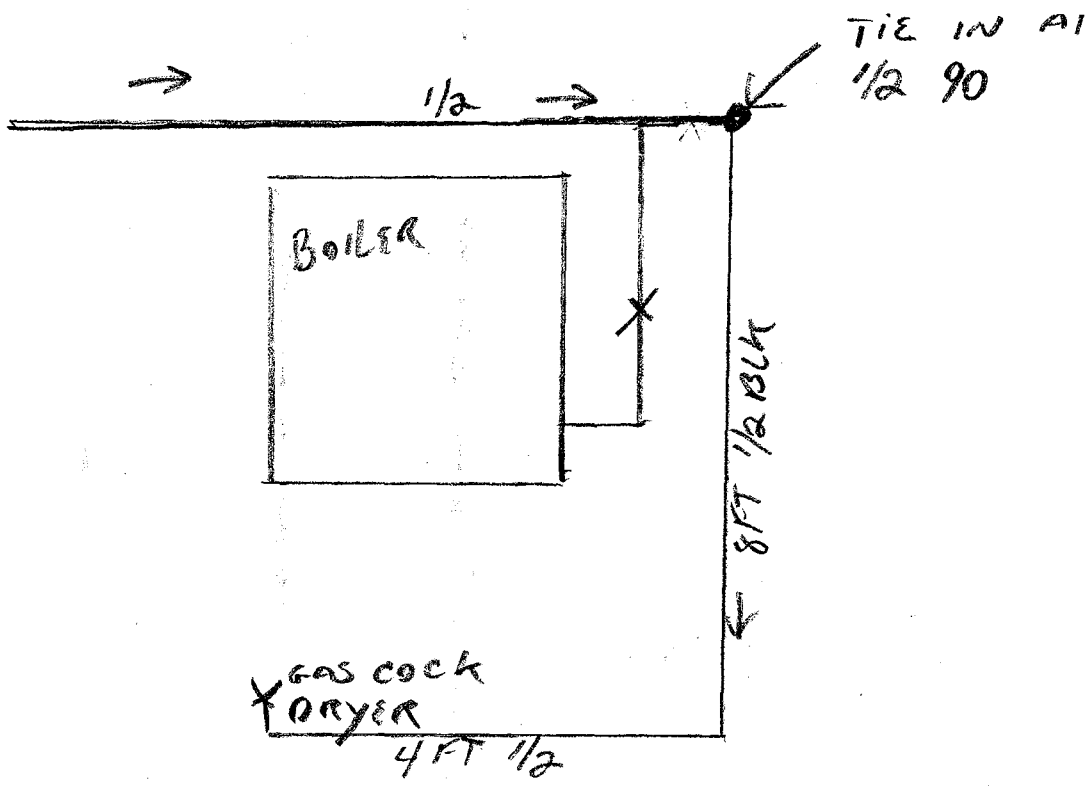
20 FT 1/2 PIPE - 350 CFH
 20 FT 1/2 PIPE 92 CFH

TOTL 442 CFH
 TOTL 18100 BTU'S

181 CFH



QJG
 2-11-08



$\frac{1}{2}$ Gas Piping For moving DRYER To OTHER WALL

☐ Building

☐ Electrical

☐ Fire

☒ Plumbing

CONTROL NUMBER 005385

TOWNSHIP of BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1699 W Princeton Ave.

DATE REVIEWED: 1-16-08

REVIEWED BY: Bernie

CONTACT CALLED / FAXED: 732-698-0050

A gas drawing is needed, dryer being moved.

*Roller up
plans
1/16/08*



CONSTRUCTION PERMIT

Date Issued 2/12/2008
Control # C-07-005385
Permit # 08-0296

IDENTIFICATION Block: 844 Lot: 1 Qualifier _____
Work Site Location: 1699 W. PRINCETON AVE. Brick Township, NJ Contractor DIAMANTE GENERAL CONSTRUCTION INC
Address 62 MILLER ROAD CRANBURY NJ 08512
Owner in Fee HAMILTON, HALL & BERNICE D
1699 W. PRINCETON AVE. BRICK NJ 08724 Telephone: (732) 266-3839
Telephone: _____ Lic. No. or Bids. Reg. No. 13VH03323600
Federal Employee No. 22-3574581

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:

RESIDENTIAL ADDITION BATHROOM, LEVENLLV RROM, CARAGE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$22,500

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$86
Electrical	\$55
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	\$35.00
Other	\$60
Total	\$244
Check No.	1054
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.

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- ☐ 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.

Jan 30 2008 11:57

Land Use/ Bldg Dept Fax: 732-262-8954

** Transmit Conf. Report **

P.1

T.2.1	Check condition of remote fax.	7322740582
-------	--------------------------------	------------

Bldg

Elect

Fire

Plumbing

(Please mark suit)

CONTROL NUMBER 5385

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1699 West Princeton

DATE REVIEWED: 1-30-08

REVIEWED BY: FM

CONTACT CALLED/FAXED: 732-274-0582 @ 10:4

- ① Section 109 A-3 (Section Thru Additi
New Rafters Sitting on Existing Ai
What will be done To Support Ex
- ② Provide Narrow Wall Bracing Detail
Garage wall @ Opening For Ga
- ③ No weld Details when Angle - C Sh
meet, is plate edge welded, plug weld

Frank/plan review template

**Township of Brick
Zoning Permit**

Approved: Tuesday, January 08, 2008 **Number:** 2008-12

Block 844 **Lot** 1-7 **Zone:** R-7.5

Property Address: 1699 West Princeton Avenue

Applicant: Albert Hage Boutros

Property Owner: Albert Hage Boutros

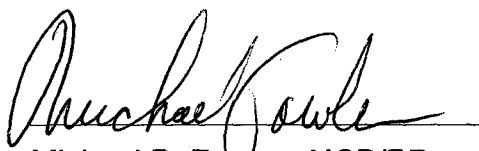
Existing Use: Single Family Residential

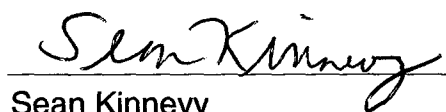
Proposed Use: Single Family Residential

Proposed Construction: One story addition 16.08' x 25.66', 16' high.
Attached garage 12' x 22', 16' high.

Conditions: The addition and garage must be set back at least 25 feet from the front property lines and 6 feet from the side property lines.
A deed consolidating Lots 1 through 7 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

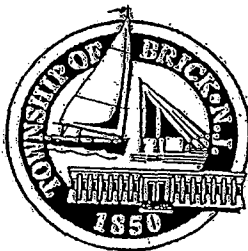
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel J. Kelly, Mayor

Township Council:

Stephen C. Acropolis - President
Ruthanne Scaturro - Vice President
Anthony Matthews
Kathy M. Russell
Joseph Sangiovanni
Michael A. Thulen, Sr.
Dan Toth



Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

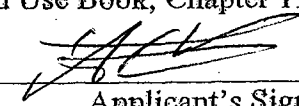
Date: 11-2-07

Block: 844 Lot: 1

Property Address: 1699 WEST PILMINGTON AVE

I, ALBERT HAGE-BOUTER of 420 RIVA AVE MIDDLETOWN NJ 08850
(name) (address)

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


Applicant's Signature

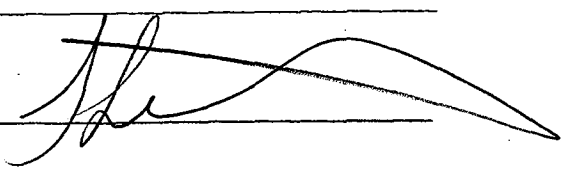
The following shall be submitted with this request:

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: 1/15/08

Signed: 

Rejected on: _____

Signed: _____

Comments:



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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Diamante General Construction Inc.
Christopher Gerbaval
62 Miller Road
Cranbury NJ 08512

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

12/19/2006 TO 12/31/2007
VALID

13VH03323600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR



REScheck Software Version 4.0.1 Compliance Certificate

Project Title: Addition to the residence at West Princeton avenue

Report Date: 10/30/07

Data filename: U:\Albert.rck

Energy Code: 2006 IECC
Location: Point Pleasant (Ocean), New Jersey
Construction Type: Single Family
Building Orientation: Bldg. faces 45 deg. from North
Conditioned Floor Area: 413 ft²
Glazing Area Percentage: 13%
Heating Degree Days: 5294
Climate Zone: 4

Construction Site:
1699 West Princeton avenue
brick, NJ

Owner/Agent:
1699 West Princeton avenue
Brick, NJ

Designer/Contractor:
William Doran
3D Architecture
26 Dundee Road
Kendall Park, NJ 08824
732-297-8467
Bill@3darchitects.net

Summary: Details on equipment, performance, E.C., Better Than Code

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss:	413	0.0	30.0		13
Wall 1: Wood Frame, 16" o.c.: Orientation: Back	248	0.0	13.0		17
Window 1: Vinyl Frame:Double Pane: SHGC: 0.24 Orientation: Back	15			0.350	5
Door 1: Glass: SHGC: 0.17 Orientation: Back	58			0.320	19
Wall 2: Wood Frame, 16" o.c.: Orientation: Right Side	259	0.0	13.0		25
Wall 3: Wood Frame, 16" o.c.: Orientation: Left Side	37	0.0	13.0		4
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space:	413	0.0	30.0		12
Crawl 1: Masonry Block with Empty Cells: Wall height: 4.0' Depth below grade: 2.0' Insulation depth: 0.0' Inside below-grade depth: 0.0'	84	0.0	0.0		36
Furnace 1: Forced Hot Air: 92 AFUE					
Air Conditioner 1: Electric Central Air: 13 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 REScheck Version 4.0.1 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Name - Title

Signature

Date



REScheck Software Version 4.0.1 Inspection Checklist

Date: 10/30/07

Ceilings:

- ☐ Ceiling 1: Flat Ceiling or Scissor Truss, R-30.0 continuous insulation

Comments: _____

Above-Grade Walls:

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

Comments: _____

- ☐ Wall 2: Wood Frame, 16" o.c., R-13.0 continuous insulation

Comments: _____

- ☐ Wall 3: Wood Frame, 16" o.c., R-13.0 continuous insulation

Comments: _____

Windows:

- ☐ Window 1: Vinyl Frame:Double Pane, 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: Glass, U-factor: 0.320

Comments: _____

Floors:

- ☐ Floor 1: All-Wood Joist/Truss:Over Unconditioned Space, R-30.0 continuous insulation

Comments: _____

Floor insulation is installed in permanent contact with the underside of the subfloor decking.

Crawl Space Walls:

- ☐ Crawl 1: Masonry Block with Empty Cells, 4.0' ht / 2.0' bg / 0.0' ext. insul / 0.0' inside bg depth, R-0 (uninsulated)

Comments: _____

Exposed earth in unvented crawl space foundations is covered with a continuous vapor retarder. All joints of the vapor retarder are overlapped by 6 inches and are sealed or taped with edges extending at least 6 inches up the stem wall and securely attached.

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 are insulated to R-8.
- ☐ Ducts in floor trusses are insulated to 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
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Ceiling / Roof 30.00

Wall 13.00

Floor / Foundation 30.00

Ductwork (unconditioned spaces):

Glass & Door Rating	U-Factor	SHGC
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Window 0.35 0.24

Door 0.32 0.17

Heating & Cooling Equipment	Efficiency
-----------------------------	------------

Forced Hot Air Furnace 92 AFUE

Electric Central Air Conditioner 13 SEER

Water Heater:

Name: _____ Date: _____

Comments:

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: 1699 WEST PHILLETON AVE.

Block: 844 Lot: 1

Contractor: DIAMANTE GENERAL CONSTRUCTION INC.

Contractor's Address: 62 MILLER RD CRANFORD, NJ 08512

Type of Construction (minor, new home): ADDITION

Type of Debris (shingles, siding, wood, etc.): SHINGLES, WOOD, SIDING, SHEATHING

Party responsible for removal: J.I.S. CO. INC., JAMESBURG, NJ

Dumpster size: 30 YARD

Destination of debris: DRI TRANSFER, SOMERSET, NJ

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.

[Signature]
Signature

11-2-07
Date

CHRISTOPHER GRABAM
Print Name

Rely On
RUUD™ Air Conditioning
Model UAPL-JEZ
Model UANL-JEZ

Life is fast...

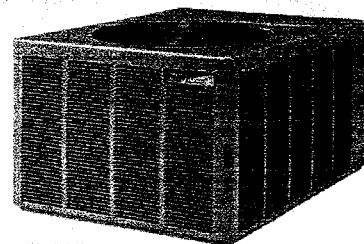
*... spend it
doing the things
you like to do.*

Your life stays in motion. Yet you stay in total control. Cool and calm at the center of any storm, completely at home in your environment.

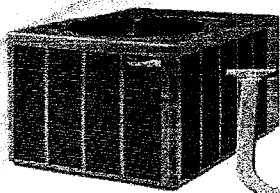
You've made the right choices – and they're working for you. The world outside will keep spinning, but your world, you control.

You can rely on life to hand you something exciting and new every day. Rely on Ruud® Ultra® Series to keep the comfort coming home.

featuring **R-410A**



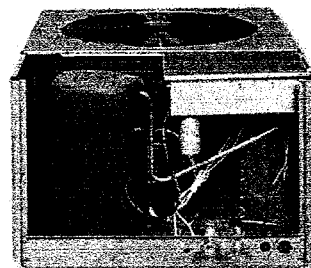
RUUD **ULTRA**
Series
13 & 14 SEER
equipped with the
Comfort Control System™

**RUUD****ULTRA**
Seriesfeaturing **R-410A****13 & 14 SEER**equipped with
the **Comfort Control System™****Take a look inside...**

Want to learn more about how your home's heating and cooling system operates? Take the interactive Ruud Virtual Home Comfort Tour online at Ruudac.com/VirtualTour.

Features and Benefits:

Comfort Control System™



The Comfort Control System provides:

- **On-Board Diagnostics** - The Ruud exclusive 7-Segment LED Display on the control board quickly and accurately shows your contractor the source of system malfunctions. This feature aids the contractor in servicing or repairing your unit, saving you time and money.
- **Fault Recall** - Even if there is a power failure, this feature will retain the system's "operation history" and will display it on the control board for quick and easy viewing during service calls.
- **Active Protection** - This feature monitors your system to prevent the compressor from operating when potentially harmful conditions are detected.
- **Increased Reliability** - The thermostat communication capability can alert you to any necessary service requirements, giving you peace of mind that your home comfort is guaranteed.

Heart & Scroll

The heart of your condensing unit is the compressor. That's why every Ruud unit features a Scroll® Compressor – widely recognized as the industry leader for performance and durability.

Humidity Control

When matched with an *Ultra Series* Air Handler, the system adjusts airflow to help control humidity for unsurpassed comfort in the cooling mode.

Durable Cabinet

Our galvanized steel cabinet protects your Ruud unit from the elements, helping reduce maintenance expense.

Low Corrosion and Sound

A special base pan elevates the unit off the pad and away from corrosive condensation. More quiet performance and lower vibration levels also result.

Fan-tastic

Our motor mount prevents damage to your fan motor – extending its service life and providing quiet operation and improved efficiency.

www.ruudac.com

Ruud Air Conditioning Division
5600 Old Greenwood Road • Fort Smith, AR 72908
1-800-848-RUUD

Ruud also manufactures commercial air conditioning products, as well as residential and commercial water heater products.
Printed in the U.S.A. 8/07 DC Form No. M22-2031 Rev. 3

Warranty Information

Ruud supports its equipment with strong warranties and reliable, professional service. That's why Ruud backs the *Ultra Series* 14-SEER UAPL- JEZ and 13-SEER UANL- JEZ Condensing Units with a generous 10-year limited compressor warranty, and a 5-year limited warranty on all other parts. In addition, a 5-year conditional unit replacement warranty is provided. See the Ruud *Ultra Series* Warranty Card for complete details.



Protection You Can Count On

While your Ruud equipment is incredibly reliable and covered by an outstanding warranty, you can extend your warranty coverage with Protection Plus® extended service protection. Then you can relax and enjoy the comfort of your Ruud Condensing Unit – without worrying about the cost of parts or labor for unexpected repairs. Ask your dealer about the variety of Protection Plus plans now available. For more information, call 1-877-276-4294 or visit www.protectionplusonline.com.



KwikComfort® Financing

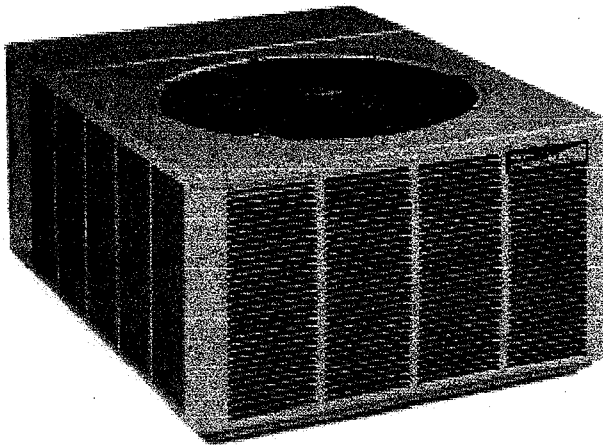
Ask your Ruud dealer **KWIK COMFORT FINANCING** about *KwikComfort*® Financing, the easy and convenient way to finance everything associated with your Ruud equipment – your original equipment, all subsequent service, Protection Plus® extended service protection, and even the comfort options you might choose to add later.



(14 SEER & 13 SEER
IN CERTAIN
MATCHED SYSTEMS)



CONDENSING UNITS



RUUD
ULTRA
Series

UAPL- JEZ

14 SEER Models

Efficiencies up to 16.00 SEER

Nominal Sizes 1½ to 5 Tons

[5.28 kW] to [17.6 kW]

Seven Models

Cooling Capacities

18,200 to 59,500 BTU/HR

[5.33 kW] to [17.44 kW]

UANL- JEZ

13 SEER Models

Nominal Sizes 2 to 5 Tons

[7.03 kW] to [17.6 kW]

Six Models

Cooling Capacities

23,200 to 62,000 BTU/HR

[6.80 kW] to [18.17 kW]

Equipped with **Comfort Control System™**

- Increased Reliability
- On-Board Diagnostics
- Fault Recall
- Active Protection™

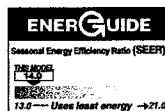
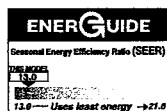


The Ruud *Ultra® Series* High Efficiency UAPL- JEZ and UANL- JEZ Condensing Units were designed with performance in mind. These units offer comfort, energy conservation and dependability for single, multi-family and light commercial applications.

These units also contain the most advanced alternate refrigerant which contains no chlorofluorocarbons (CFCs), or hydrochlorofluorocarbons (HCFCs), or other compounds that may leak from air-conditioning systems and potentially harm the protective ozone layer of the Earth's atmosphere.

The Ruud *Ultra® Series* UAPL- JEZ and UANL- JEZ Condensing Units are the result of an ongoing development program for improved efficiencies. These units are flexible enough to achieve up to 16.00 SEER in specific match-ups, continuing a tradition of high efficiency.

- The *Comfort Control System™* provides on-board diagnostics and fault history for condensing units with single-phase compressors by detecting system and electrical problems without adding sensors. It can also communicate "fault codes" to enabled "L terminal" thermostats. The integrated diagnostics with *Active Protection™* prevents compressor operation when potentially harmful conditions are detected.
- 7-Segment LED Display is exclusive only to Ruud products. The information-display quickly and accurately shows technicians the source of malfunctions.
- Five-year conditional unit replacement warranty.
- Compressor sound blanket is standard to provide quiet operation.
- Attractive, louvered wrap-around jacket protects the coil from yard hazards and weather extremes. Top grille is steel reinforced for extra strength. Cabinet is powder painted for all-weather protection.
- Air is discharged upward away from bushes and shrubs. The discharge pattern of the top grille provides minimum air restriction.
- Combination Grille/Motor Mount secures the motor to the underside of the discharge grille. The grille protects the motor windings and bearings from rain and snow.
- Removable top grille provides access to the condenser fan motor and condenser coil.
- Single speed 8-pole fan motor designed for low speed, quiet, energy-saving operation.
- All models meet or exceed a 1000-hour salt spray test per ASTM B117 Standard Practice for Operating Salt Spray Testing Apparatus.



14 SEER MODELS &
13 SEER MODELS

(IN CERTAIN MATCHED SYSTEMS)



FEATURES & BENEFITS OF THE COMFORT CONTROL SYSTEM™

- The Ruud exclusive 7-Segment LED Display easily shows system operating status codes and diagnostic codes.

- A Sealed Switch replaces the standard



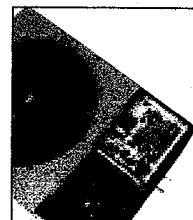
contactor and features optical control and latching mechanism. The sealed switch prevents infiltration of insects and dust. A minimal switching arc, by the optical control, offers greater reliability. The latching mechanism consumes less power while reducing chatter.



- The Status Indication and System Diagnostics feature thermostat communication capability, built-in diagnostics, high & low voltage monitoring and high & low pressure switch monitoring. The thermostat communication capability alerts the homeowner to any necessary service requirements. Faster, more accurate service is provided by the built-in diagnostics, by providing the HVAC professional with dependable information. With the high and low voltage monitoring feature, the control provides alerts for out-of-range conditions. In addition, high and low pressure-switch monitoring prevents the system from operating outside of its normal parameters.



- The fault recall feature will allow for the last six fault-codes to be displayed, and will retain these codes even if power failure occurs.
- Built-in short-cycle protection allows the compressor to restart easily without oil removal.
- A 30-second minimum run-time for every compressor call enables the oil return to the compressor.
- Active Protection monitors the system to prevent nuisance lockouts and prevents compressor operation when potentially harmful conditions are detected.
- The compressor and fan are controlled independently, which reduces the starting load and light dimming.
- A push-button is offered to operate the compressor and fan for 5 seconds to allow for an operation check.
- In order to save time and money, replacement automotive fuses can be utilized instead of replacing the entire control board.

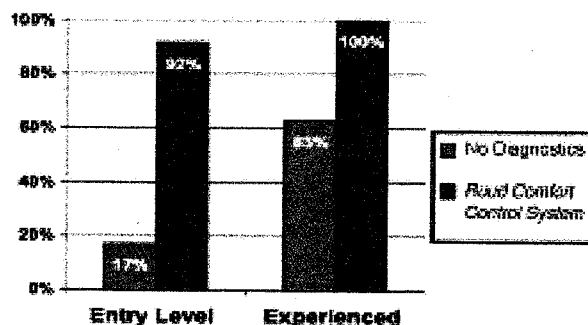


STANDARD FEATURES

UAPL- JEZ/UANL- JEZ Condensing Units

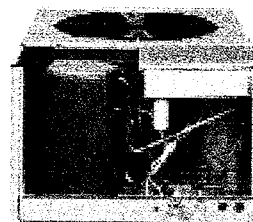
1. This unit contains a special scroll compressor that is designed specifically to operate with R-410A refrigerants and polyolester (POE) oils. The compressor is hermetically sealed and incorporates internal high temperature motor overload protection and durable insulation on the motor windings. It is externally mounted on rubber grommets to reduce vibration and noise.
2. Scroll compressor is hermetically sealed and incorporates internal high temperature motor overload protection, and durable insulation on the motor windings. It is externally mounted on rubber grommets to reduce vibration and noise.
3. Compressors have an internal pressure relief assembly to protect against excessive pressure differential.
4. All refrigerant connections are on the exterior of the unit, located close to the ground for neat appearing installations.
5. Cabinet is constructed of powder painted galvanized steel. The full wrap-around louvered grille protects the coil from damage.
6. Enhanced compressor sound blanket is standard.
7. Copper tube—aluminum fin coils are used on all models.
8. The control box is located in the top corner of the cabinet providing for easy access through a service panel.
9. Service valves are standard on all models.
10. Field connections for power and control wiring are kept separate.
11. Every unit is factory charged and run-tested.
12. Separate compressor compartment for easy service access.
13. Drawn, painted base pan for extra corrosion resistance and sound reduction.
14. The UAPL- JEZ and UANL- JEZ have a 10 year limited compressor warranty, plus a 5 year conditional unit replacement warranty.
15. Hard Start Kits—Standard on all JEZ models.
16. Control Box Cover.
17. Automatic reset high and low pressure controls are standard on all JEZ models.
18. Liquid line filter drier is standard on all models (shipped – not installed).

Problem-Solving Accuracy



SCROLL® COMPRESSOR

The scroll compressor is the key to efficiency for this Ruud model. It's the latest in high-efficiency compressor technology. The advanced scroll compressor offers low noise and vibration characteristics and features tolerance to liquid refrigerant and system contamination. The scroll compressor also has low start torque, eliminating start problems in the field. And its unique design enables the UAPL- JEZ and UANL- JEZ condensing units to perform efficiently, quietly and dependably.



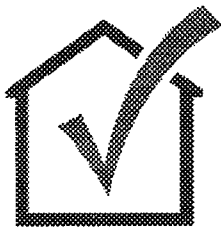
All controls and compressor are accessible for servicing by removal of the service panel.

Performance Data @ ARI Standard Conditions—Cooling: UAPL- JEZ (continued)

Outdoor Unit UAPL-	Model Numbers Indoor Coil and/or Air Handler	80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating dB	Indoor CFM [L/s]
		Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
024JEZ	RCFL-H*2414A*	24,000 [7.0]	17,400 [5.1]	6,600 [1.9]	12.05	14.00	72	800 [378]
	RCFL-H*2417A* (UGFD-06?MCK?)	24,400 [7.1]	17,650 [5.2]	6,750 [2.0]	12.85	15.00	72	800 [378]
	RCFL-H*2417A* (UGFD-07?MCK?)	24,400 [7.1]	17,700 [5.2]	6,700 [2.0]	12.95	15.00	72	800 [378]
	RCFL-H*2417A* (UGGD-06?MCK?)	24,400 [7.1]	17,750 [5.2]	6,650 [1.9]	13.15	15.50	72	800 [378]
	RCFL-H*2417A* (UGGD-07?MCK?)	24,400 [7.1]	17,750 [5.2]	6,650 [1.9]	13.05	15.00	72	800 [378]
	RCFL-H*2417A* (UGJD-06?MCK?)	24,400 [7.1]	17,750 [5.2]	6,650 [1.9]	13.15	15.50	72	800 [378]
	RCFL-H*2417A* (UGJD-07?MCK?)	24,400 [7.1]	17,750 [5.2]	6,650 [1.9]	13.05	15.00	72	800 [378]
	RCFL-H*2417A* (UGLR-07?AMK?)	24,600 [7.2]	17,800 [5.2]	6,800 [2.0]	13.35	15.50	72	800 [378]
	RCFL-H*2417A* (UGPR-05?BMK?)	24,400 [7.1]	17,700 [5.2]	6,700 [2.0]	12.95	15.00	72	775 [366]
	RCFL-H*2417A* (UGPR-07?AMK?)	24,600 [7.2]	17,800 [5.2]	6,800 [2.0]	13.25	15.50	72	800 [378]
	RCHL-24A2	22,200 [6.5]	15,350 [4.5]	6,850 [2.0]	11.20	13.00	72	800 [378]
	17AHBA24HM (RCHL-24A2)	22,400 [6.6]	15,500 [4.5]	6,900 [2.0]	12.20	14.50	72	825 [389]
	17AHBL24HM (RCHL-24A2)	22,600 [6.6]	15,850 [4.6]	6,750 [2.0]	12.30	14.50	72	800 [378]
	UBHK-17 (RCHL-24A2)	22,800 [6.7]	16,000 [4.7]	6,800 [2.0]	12.65	15.00	72	800 [378]
	UBHP-17 (RCHL-24A2)	22,400 [6.6]	15,500 [4.5]	6,900 [2.0]	12.20	14.50	72	825 [389]
	RCHL-24A2 (UGFD-06?MCK?)	22,600 [6.6]	15,800 [4.6]	6,800 [2.0]	12.20	14.50	72	800 [378]
	RCHL-24A2 (UGFD-07?MCK?)	22,600 [6.6]	15,850 [4.6]	6,750 [2.0]	12.35	14.50	72	800 [378]
	RCHL-24A2 (UGGD-06?MCK?)	22,800 [6.7]	15,950 [4.7]	6,850 [2.0]	12.55	14.50	72	800 [378]
	RCHL-24A2 (UGGD-07?MCK?)	22,800 [6.7]	15,900 [4.7]	6,900 [2.0]	12.40	14.50	72	800 [378]
	RCHL-24A2 (UGJD-06?MCK?)	22,800 [6.7]	15,950 [4.7]	6,850 [2.0]	12.55	14.50	72	800 [378]
	RCHL-24A2 (UGJD-07?MCK?)	22,800 [6.7]	15,900 [4.7]	6,900 [2.0]	12.40	14.50	72	800 [378]
	RCHL-24A2 (UGLR-07?AMK?)	22,800 [6.7]	16,000 [4.7]	6,800 [2.0]	12.70	15.00	72	800 [378]
	RCHL-24A2 (UGPR-05?BMK?)	22,600 [6.6]	15,850 [4.6]	6,750 [2.0]	12.30	14.50	72	775 [366]
	RCHL-24A2 (UGPR-07?AMK?)	22,800 [6.7]	15,950 [4.7]	6,850 [2.0]	12.60	15.00	72	800 [378]
	RCQD-2417A*	24,200 [7.1]	18,000 [5.3]	6,200 [1.8]	12.10	14.50	72	800 [378]
	RCQD-2417A* (UGFD-06?MCK?)	24,200 [7.1]	18,000 [5.3]	6,200 [1.8]	12.90	15.50	72	800 [378]
	RCQD-2417A* (UGFD-07?MCK?)	24,200 [7.1]	18,000 [5.3]	6,200 [1.8]	13.00	15.50	72	800 [378]
	RCQD-2417A* (UGJD-06?MCK?)	24,400 [7.1]	18,150 [5.3]	6,250 [1.8]	13.20	16.00	72	800 [378]
	RCQD-2417A* (UGJD-07?MCK?)	24,400 [7.1]	18,200 [5.3]	6,200 [1.8]	13.10	15.50	72	800 [378]
	RCQD-2417A* (UGPL-05?BMK?)	24,200 [7.1]	18,000 [5.3]	6,200 [1.8]	13.00	15.50	72	775 [366]
	RCQD-2417A* (UGPL-07?BRK?)	24,400 [7.1]	18,150 [5.3]	6,250 [1.8]	13.30	16.00	72	800 [378]
	RCQD-2417A* (UGPR-05?BMK?)	24,200 [7.1]	18,000 [5.3]	6,200 [1.8]	13.00	15.50	72	775 [366]
	RCQD-2417A* (UGPR-07?AMK?)	24,400 [7.1]	18,150 [5.3]	6,250 [1.8]	13.30	16.00	72	800 [378]
	17AHS24AU (RCSL-A*2417A*)	24,200 [7.1]	17,550 [5.1]	6,650 [1.9]	12.40	14.50	72	800 [378]
	17AHL24HM (RCSL-H*2417A*)	24,600 [7.2]	17,900 [5.2]	6,700 [2.0]	13.65	15.50	72	775 [366]
	17AHS24HM (RCSL-H*2417A*)	24,200 [7.1]	17,550 [5.1]	6,650 [1.9]	12.40	14.50	72	800 [378]
	UHKL-HM2417 (RCSL-H*2417A*)	24,800 [7.3]	17,950 [5.3]	6,850 [2.0]	13.30	15.50	72	850 [401]
	UHLL-HM2417 (RCSL-H*2417A*)	24,600 [7.2]	17,900 [5.2]	6,700 [2.0]	13.65	15.50	72	775 [366]
	UHSL-HM2417 (RCSL-H*2417A*)	24,200 [7.1]	17,550 [5.1]	6,650 [1.9]	12.40	14.50	72	800 [378]
030JEZ	RCFL-H*3617A*+RXMD-C04	28,400 [8.3]	21,050 [6.2]	7,350 [2.2]	12.00	14.00	73	950 [448]
	RCFL-A*3617B* (UGFD-07?MCK?)	29,000 [8.5]	21,450 [6.3]	7,550 [2.2]	12.40	14.50	73	1,000 [472]
	RCFL-A*3617B* (UGGD-06?MCK?)	29,000 [8.5]	21,450 [6.3]	7,550 [2.2]	12.45	14.50	73	1,000 [472]
	RCFL-A*3617B* (UGPR-05?BMK?)	28,800 [8.4]	21,400 [6.3]	7,400 [2.2]	12.30	14.50	73	1,000 [472]
	RCFL-A*3617B* (UGPR-07?AMK?)	29,000 [8.5]	21,550 [6.3]	7,450 [2.2]	12.65	14.50	73	1,000 [472]
	RCFL-A*3617B*+RXMD-C04	28,400 [8.3]	21,050 [6.2]	7,350 [2.2]	12.00	14.00	73	950 [448]
	RCFL-A*3621B* (UGFD-07?MCK?)	29,000 [8.5]	21,450 [6.3]	7,550 [2.2]	12.45	14.50	73	1,000 [472]
	RCFL-A*3621B* (UGGD-06?MCK?)	29,000 [8.5]	21,500 [6.3]	7,500 [2.2]	12.50	14.50	73	1,000 [472]
	RCFL-A*3621B* (UGPR-05?BMK?)	29,000 [8.5]	21,450 [6.3]	7,550 [2.2]	12.35	14.50	73	1,000 [472]
	RCFL-A*3621B* (UGPR-07?AMK?)	29,000 [8.5]	21,550 [6.3]	7,450 [2.2]	12.70	14.50	73	1,000 [472]
	RCFL-A*3621B* (UGPR-07?BRQ?)	29,400 [8.6]	21,700 [6.4]	7,700 [2.3]	13.15	15.50	73	1,000 [472]
	RCFL-A*3621B*+RXMD-C04	28,400 [8.3]	21,050 [6.2]	7,350 [2.2]	12.00	14.00	73	950 [448]
	RCFL-H*3617A* (UGFD-07?MCK?)	29,000 [8.5]	21,450 [6.3]	7,550 [2.2]	12.40	14.50	73	1,000 [472]
	RCFL-H*3617A* (UGGD-06?MCK?)	29,000 [8.5]	21,450 [6.3]	7,550 [2.2]	12.45	14.50	73	1,000 [472]
	RCFL-H*3617A* (UGJD-06?MCK?)	29,000 [8.5]	21,450 [6.3]	7,550 [2.2]	12.45	14.50	73	1,000 [472]
	RCFL-H*3617A* (UGPR-05?BMK?)	28,800 [8.4]	21,400 [6.3]	7,400 [2.2]	12.30	14.50	73	1,000 [472]
	RCFL-H*3617A* (UGPR-07?AMK?)	29,000 [8.5]	21,550 [6.3]	7,450 [2.2]	12.65	14.50	73	1,000 [472]

① Highest sales volume tested combination required by D.O.E. test procedures.

[] Designates Metric Conversions



REScheck Software Version 4.0.1 Compliance Certificate

Project Title: Addition to the residence at West Princeton avenue

Report Date: 10/30/07

Data filename: U:\Albert.rck

Energy Code: 2006 IECC
Location: Point Pleasant (Ocean), New Jersey
Construction Type: Single Family
Building Orientation: Bldg. faces 45 deg. from North
Conditioned Floor Area: 413 ft²
Glazing Area Percentage: 13%
Heating Degree Days: 5294
Climate Zone: 4

Construction Site:
1699 West Princeton avenue
brick, NJ

Owner/Agent:
1699 West Princeton avenue
Brick, NJ

Designer/Contractor:
William Doran
3D Architecture
26 Dundee Road
Kendall Park, NJ 08824
732-297-8467
Bill@3darchitects.net

Compliance Passes on equipment performance 5.3% Better Than Code

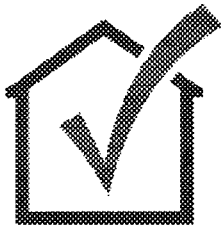
Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss:	413	0.0	30.0		13
Wall 1: Wood Frame, 16" o.c.: Orientation: Back	248	0.0	13.0		17
Window 1: Vinyl Frame:Double Pane: SHGC: 0.24 Orientation: Back	15			0.350	5
Door 1: Glass: SHGC: 0.17 Orientation: Back	58			0.320	19
Wall 2: Wood Frame, 16" o.c.: Orientation: Right Side	259	0.0	13.0		25
Wall 3: Wood Frame, 16" o.c.: Orientation: Left Side	37	0.0	13.0		4
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space:	413	0.0	30.0		12
Crawl 1: Masonry Block with Empty Cells: Wall height: 4.0' Depth below grade: 2.0' Insulation depth: 0.0' Inside below-grade depth: 0.0'	84	0.0	0.0		36
Furnace 1: Forced Hot Air: 92 AFUE					
Air Conditioner 1: Electric Central Air: 13 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 REScheck Version 4.0.1 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Name - Title

Signature

Date



REScheck Software Version 4.0.1 Inspection Checklist

Date: 10/30/07

Ceilings:

- ☐ Ceiling 1: Flat Ceiling or Scissor Truss, R-30.0 continuous insulation

Comments: _____

Above-Grade Walls:

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

Comments: _____

- ☐ Wall 2: Wood Frame, 16" o.c., R-13.0 continuous insulation

Comments: _____

- ☐ Wall 3: Wood Frame, 16" o.c., R-13.0 continuous insulation

Comments: _____

Windows:

- ☐ Window 1: Vinyl Frame:Double Pane, 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: Glass, U-factor: 0.320

Comments: _____

Floors:

- ☐ Floor 1: All-Wood Joist/Truss:Over Unconditioned Space, R-30.0 continuous insulation

Comments: _____

Floor insulation is installed in permanent contact with the underside of the subfloor decking.

Crawl Space Walls:

- ☐ Crawl 1: Masonry Block with Empty Cells, 4.0' ht / 2.0' bg / 0.0' ext. insul / 0.0' inside bg depth, R-0 (uninsulated)

Comments: _____

Exposed earth in unvented crawl space foundations is covered with a continuous vapor retarder. All joints of the vapor retarder are overlapped by 6 inches and are sealed or taped with edges extending at least 6 inches up the stem wall and securely attached.

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.