BLOCK 836 LOT 6 ADDRESS (SITE) 1688 W. Princeton Ave PERMIT NO. 27-93

RECEIVED
FEB 16 1993
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1688 W. Princeton Ave,
2. Name of Owner in Fee: Robert L. Nelson Sr [redacted]
   Address 1688 W. Princeton Ave (street) Brick Town (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: OWNER [redacted]
   Address SAME
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No [redacted]
5. Architect or Engineer OWNER Tel. ( ) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15 -		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review	5 ✓		
8. Subtotal	$		
9. DCA Training Fee	2 ✓		
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 42 ✓		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

REPLACE CHIMNEY (Fire Repair)

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	2000XX

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
AC	2/16/93		2/24/93	AC	4/20/93		JC

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

LDS BR 10410175

20F

UCC Form F 100A

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature Robert P. Gilson Date 2-16-93

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☑ Other Zoning	JK	2/10/79	chimney						
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 2/26/93
Control #
Permit # 271-93

IDENTIFICATION Block 536 Lot 6

Work Site Location 1655 W. Hurreton [illegible]

Owner in Fee R. Nelson Sr

Address [illegible]

Tele. ( ) [illegible]

Contractor Self

Address [illegible]

Tele. ( ) [illegible]

Lic. No. or Bldrs. Reg. No. [illegible] Exp. Date [illegible]

Federal Emp. No. [illegible]

or Social Security No. [illegible]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Replace Chimney (fire repair)

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 $ 2000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	15 6 #	.00
Plumbing	BUILDING	1[illegible].00
Electrical	PLAN RVW	.00
Fire Protection	D.C.A.	.00
Other	[illegible]	2[illegible].00
Other	TOTAL	4[illegible].00
DCA Training Fee	CHECK	4[illegible].00
Cert. of Occ.	CHANGE	.00
Other		
Total 2/26/93	[illegible]	11:35
Check No.	[illegible]	
Cash		
Collected By:		

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/26/93
Date Issued
Control #
Permit # 271-93

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

Block 536 Lot 6
Work Site Location ~~1488~~ 1483 W. Princeton Ave
Owner in Fee Robert L. Nelson Sr.
Address Same
Tele. ( ) [redacted]
Contractor Owner
Address
Tele ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2/26/93	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date. 4-30-93
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			3/4/93	JC
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 2000
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Chimney
See plans

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

(Office Use Only)
FEE
$ ____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/26/93
Date Issued
Control #
Permit # 271-93

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

Block 836 Lot 6
Work Site Location 9688 W. Princeton Ave
Owner in Fee Robert L. Nelson Sr. & Mrs.
Address [redacted]
Tele. ( )
Contractor Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	2/25/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 2000
3. Total (1+2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Chimney
Stepans

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

(Office Use Only)
FEE
$ _____

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

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BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/26/93
Date Issued
Control #
Permit # 271-93

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

Block 836 Lot 6
Work Site Location 1000 (11) Princeton Ave
Owner in Fee Robert L Nelson Jr.
Address same
Tele. ( ) [redacted]
Contractor Self
Address
Tele ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.	2/26/93						
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 2000
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Chimney
Repairs

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

(Office Use Only)
FEE
$

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

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
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.

Block 826 Lot 6
Work Site Location 1688 W. PRINCETON AVE
BRICK TOWN, N.J. 08724
Owner in Fee ROBERT L. NELSON SR
Address SAME
Tele. [redacted]
Contractor OWNER
Address SAME AS ABOVE
Tele. (____) ____
Lic. No. ____
Federal Emp. No. ____ or Social Security N [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[X] Other WOOD BURNING STOVE
Location: ____
Total Est. Cost of Fire Prot. Work $ ____ [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: ____
Approved by: ____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

Robert L Nelson Sr
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source ____
Method of Valve Supervision ____
Local Alarm Supervision ____
Central Supervision ____
Proprietary Supervision ____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER replace chimney		

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

U.C.C. Form F-140A
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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2 7 1 23
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.

Block 826 Lot 6
Work Site Location 1688 W. PRINCETON AVE
BRICK TOWN, N.J. 08724
Owner in Fee ROBERT L. NELSON SR
Address SAME
Tel [redacted]
Contractor OWNER
Address SAME AS ABOVE
Tele. ( ) [redacted]
Lic. No.
Federal Emp. No. or Social Security N [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[X] Other WOOD BURNING STOVE
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

Robert L Nelson Sr
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Application Review		
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
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.

Block 826 Lot 6
Work Site Location 1688 W. PRINCETON AVE
BRICK TOWN, N.J. 08724
Owner in Fee ROBERT L. NELSON SR
Address SAME
Tele [redacted]
Contractor OWNER
Address SAME AS ABOVE
Tele. ( ) [redacted]
Lic. No.
Federal Emp. No. or Social Security N

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[X] Other WOOD BURNING STOVE
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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.

Robert L Nelson Sr
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

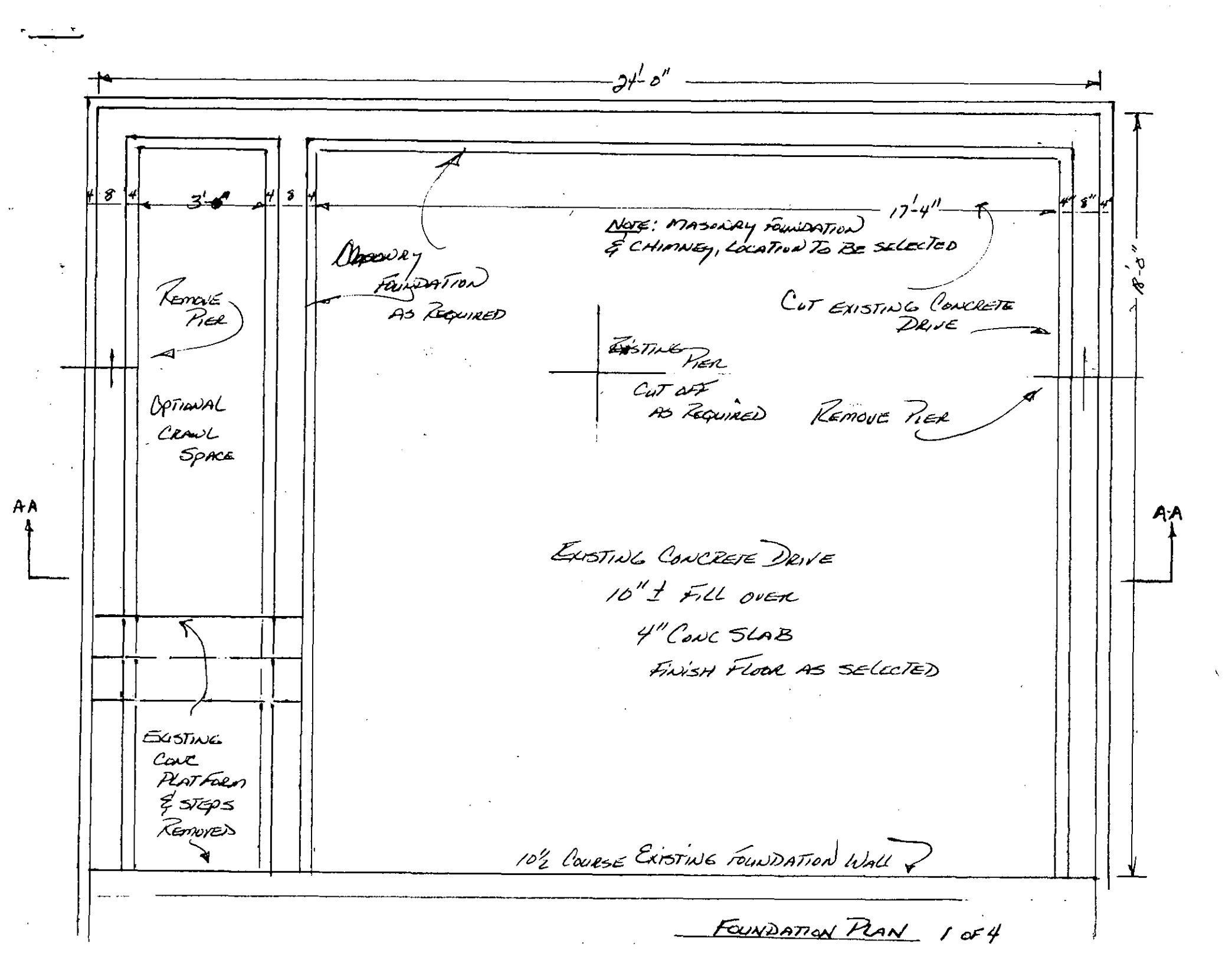
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

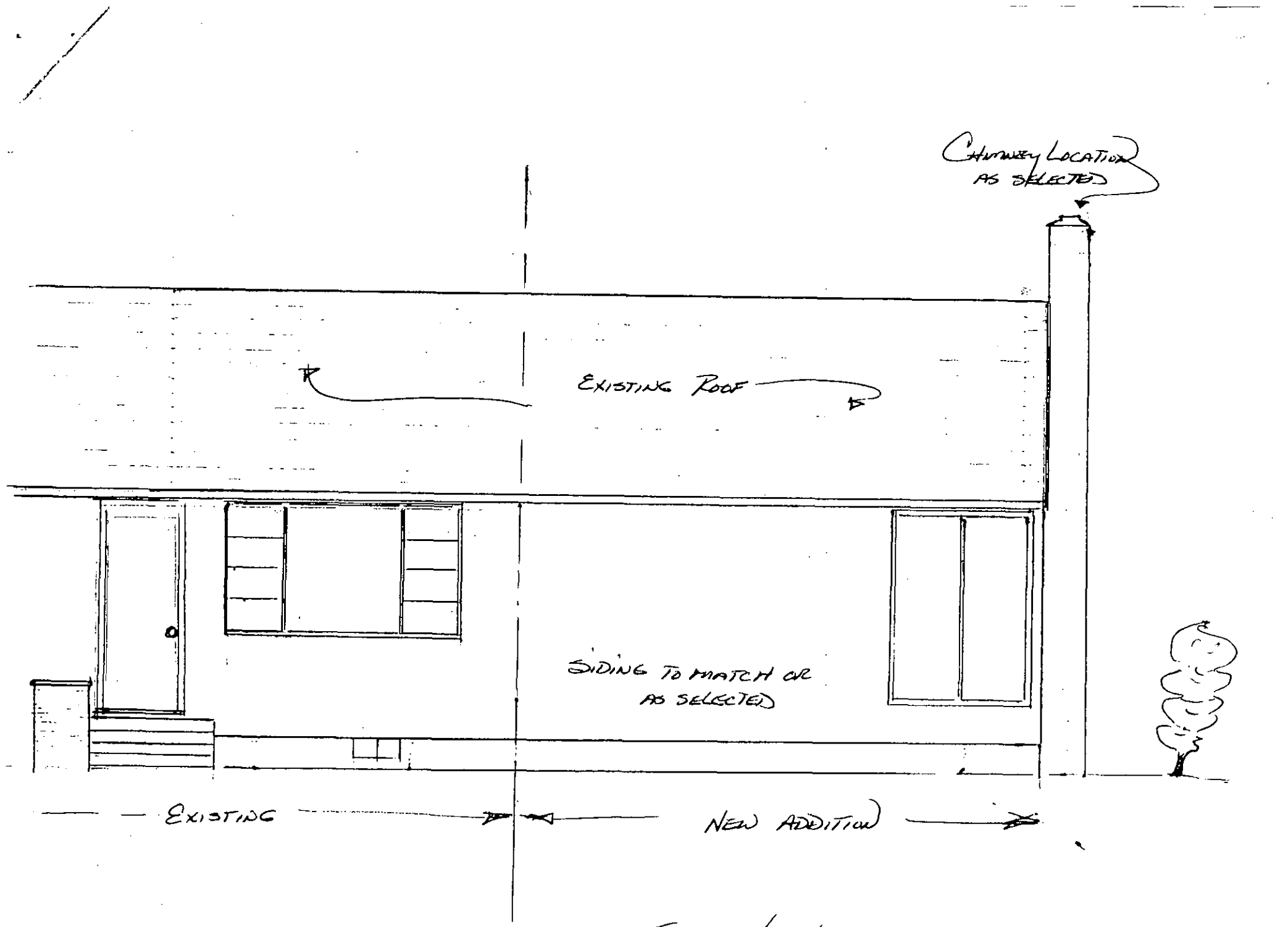
	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER APPLICATION FEE		

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

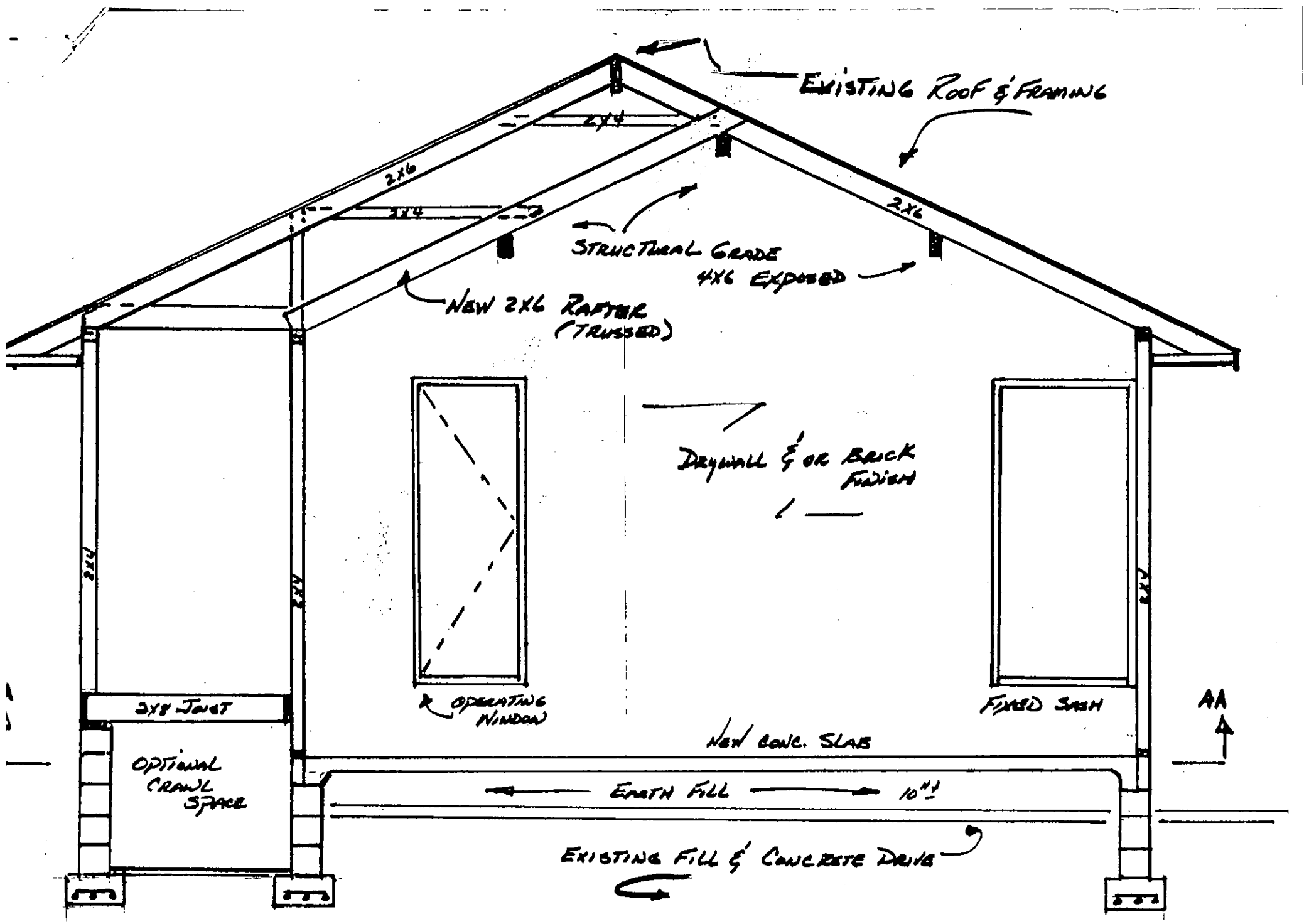
U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy



FOUNDATION PLAN 1 OF 4

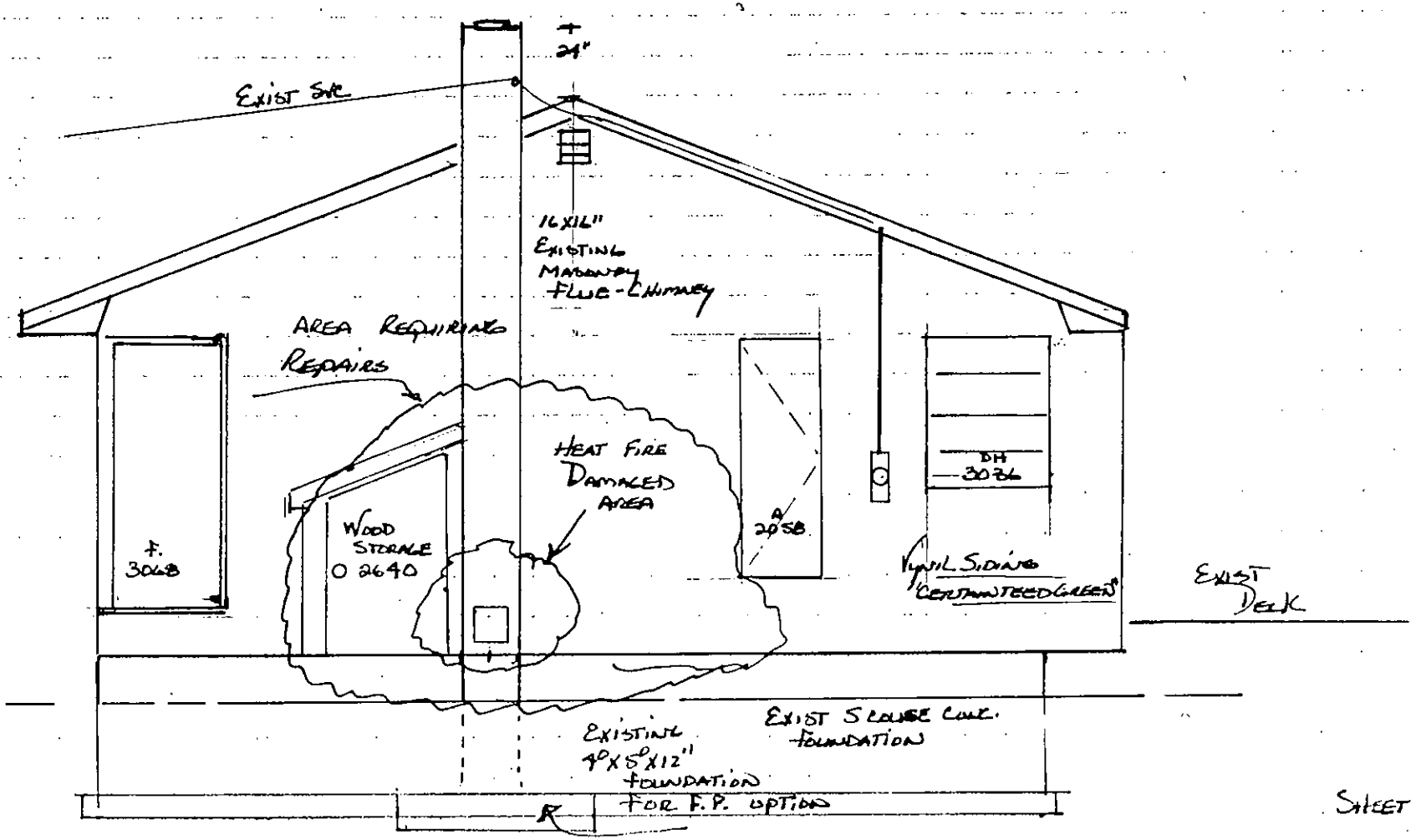

CHIMNEY LOCATION AS SELECTED
EXISTING ROOF
SIDING TO MATCH OR AS SELECTED
EXISTING
NEW ADDITION

FRONT VIEW



NOTE: INSULATION FULL THICK OF FRAMING MEMBER THRU-OUT.

DATE: 2-12-93
DWELLING 1688 W. PRINCETON AVE
BRICKTOWN
R.L. NELSON SR., OWNER
BLOCK 836 LOT 6



SHEET 1 of 3

Block 834

LOT 6

FOR Robert L. Alexander

SUBJECT Interior View Remedial Work Req'd SHEET 2 TOT. IN COMP 3

COMPUTER DATE 2-14 19 83 CHECKED BY 3/8" = 1'-0" DATE 19

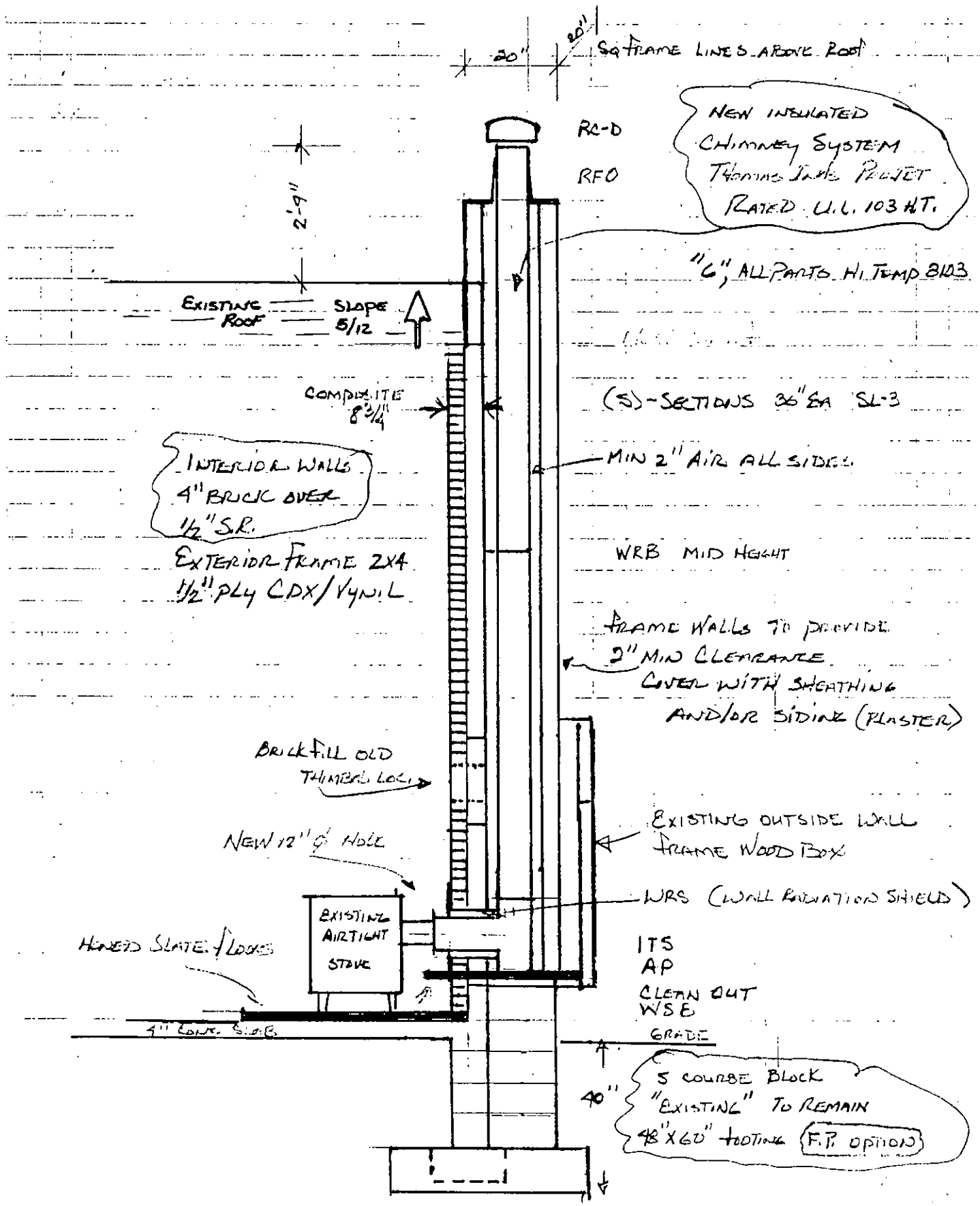
225

[redacted] Block 836

FOR Robert L. Nelson — Lot 6

SUBJECT Cross Section Req Remedial Work — SHEET 3 TOT. IN COMP. 3

COMPUTER ____ DATE 2-14 19 93 CHECKED BY 3/8" = 1'-0" DATE ____ 19 ____

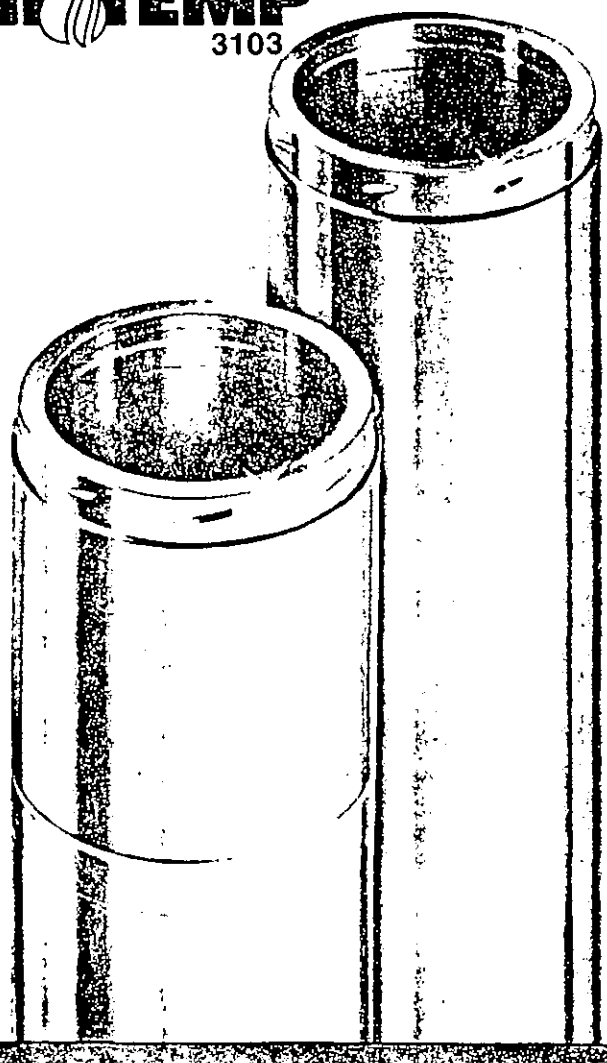


PRO-JET

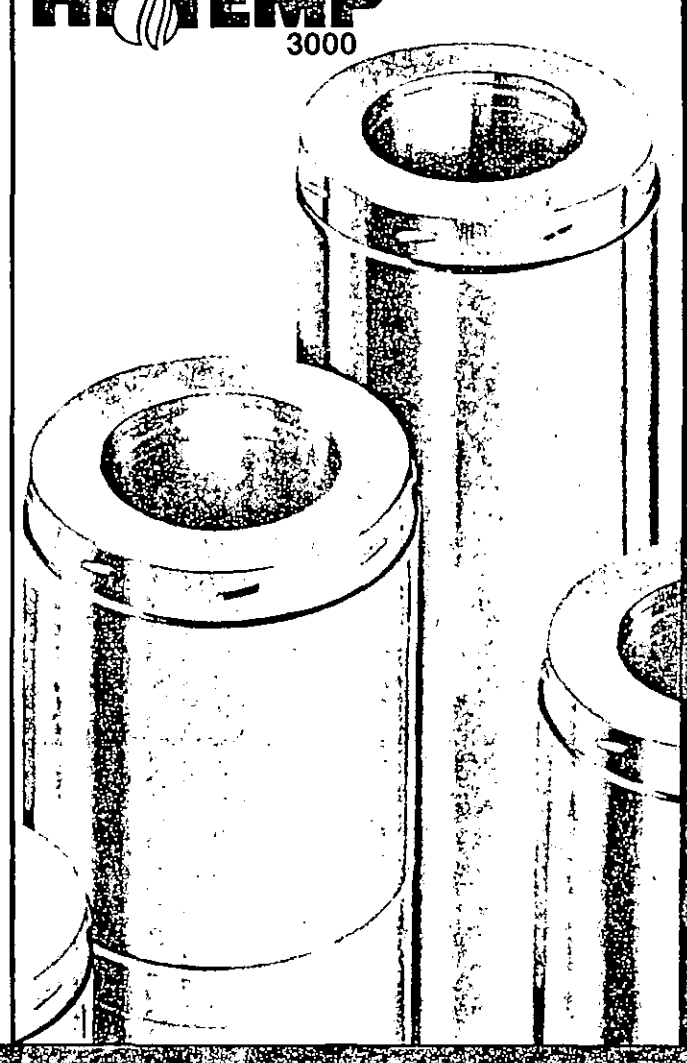
ENGINEERED INSULATED CHIMNEY SYSTEM

PRODUCT CATALOG

HI-TEMP 3103



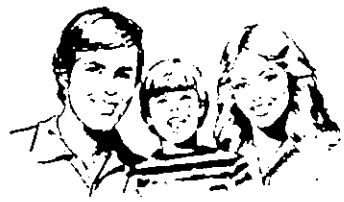
HI-TEMP 3000



THOMAS INDUSTRIES INC.

OLIVER-MACLEOD LIMITED

PRO-JET CHIMNEY SYSTEMS OFFER PROFITS AND SAVINGS!



Oliver-MacLeod Limited has been manufacturing quality chimney systems and fireplaces for nearly two decades. All components are engineered to precise manufacturers standards for easy installation and maximum performance.

The Pro-Jet System is a versatile unit with multi-fuel capabilities. It's manufactured with the highest quality heavy gauge stainless steel casing, dense inert fibre insulation and a combination of precision processing and traditional hand craftsmanship.

The Pro-Jet insulated chimney system provides an excellent, inexpensive and reliable means of directing the flue gases from a heating appliance to a safe termination point.

A 150 pound Pro-Jet chimney is as safe as or safer than a masonry chimney weighing 3000 pounds. It's more efficient and economical because the Pro-Jet system provides the same insulating value found in 23 inches of brick. Each Pro-Jet system is rigorously tested and approved for maximum efficiency and performance.

The Pro-Jet Solution:

There are two basic chimney standards in North America.

Canada — ULC — S629M requires that a chimney system be tested to withstand 1200°F (650°) on a continuous basis and is subsequently subjected to three 30 minute intervals of 2100°F (1150°C). An extremely rigorous test for which Pro-Jet Hi Temp 3000 has been designed.

U.S. — UL103H.T. requires that a chimney system be tested to withstand 1000°F (537°C) on a continuous basis and 2100°F (1150°C) for three 10 minute periods. To meet this difficult requirement our engineers developed Pro-Jet model Hi Temp 3103.

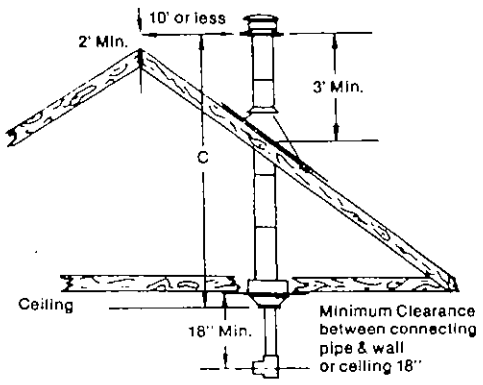
The Pro-Jet system is a versatile, energy-efficient unit which offers the progressive chimney dealer many opportunities for real profits in the growing fireplace and stove markets and real savings for customers.

DOES YOUR CUSTOMER HAVE A BUILDING PERMIT?

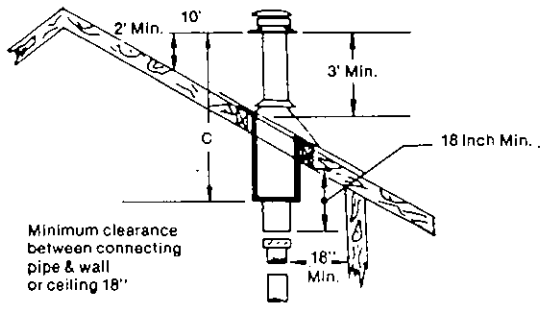
Before installing any chimney, it is important for your customer to get a building permit and arrange a building inspection. This will guarantee that the installation will be done properly and safely. This will also assure an inspection of the entire system once installation has been completed.

To help your customer determine the length of pipe required, you should know the following:

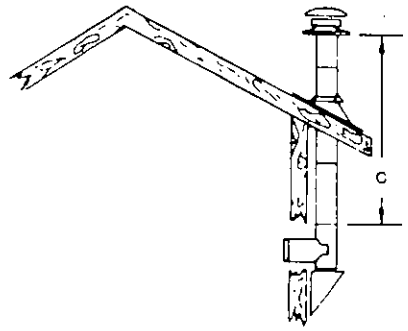
There are 3 basic Pro-Jet Chimney System Installations. Standard Installation, Open Beam Installation and Through-the-Wall Installation. The Oliver-MacLeod engineering department can provide assistance on all matters dealing with product application and system design. For customer convenience, an easy-to-follow installation guide is included with each Pro-Jet Insulated Chimney System Kit.



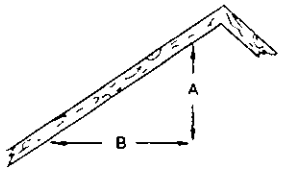
1 Standard Installation



2 Open Beam Installation



3 Through-the-Wall Installation



ROOF PITCH

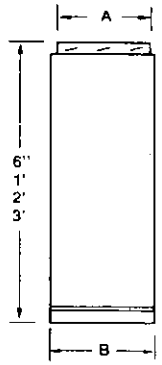
A. Roof Pitch is measured in 1/12 units (see drawing). If "A" is 4" when "B" is 12", then pitch is 4/12. Just measure 12" horizontally, and the vertical distance up to the top of the roof to get the proper fractions.

CHIMNEY HEIGHT

After your customer has determined what type of installation is required, calculate the "C" dimension from the appropriate installation diagram above to determine the number of chimney sections needed. The top of the chimney should extend at least 3 feet above the point where it comes through the roof and at least 2 feet above any surface or structure within a horizontal distance of 10 feet. Chimney sections are available in 6", 12", 24" and 36" lengths.

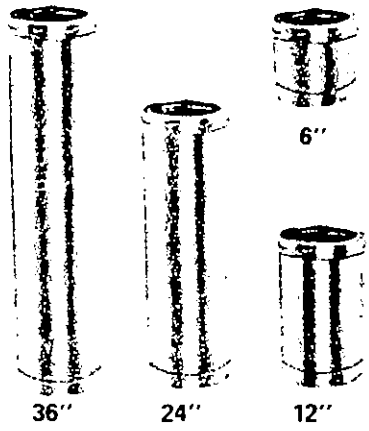
Warning: "Pro-Jet Insulated Chimney is not recommended for use with high sulphur coal as the heating fuel. The flue gas from such coal can cause excessive, corrosive action in the chimney, resulting in deterioration of the chimney and creating a serious fire hazard in and around the chimney structure. If such coal is used, there must be frequent inspection and cleaning of the chimney."

CHIMNEY LENGTHS



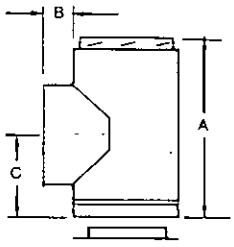
SL-1 SL-2 SL-3 SL-6"

Chimney sections in 6" to 8" flue sizes are produced in 6", 12", 24" and 36" lengths. All lengths have a high temperature insulation. Hi Temp 3000 listed to ULC S629M Hi Temp 3103 listed to UL103HT.

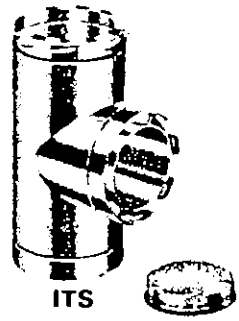


		HI TEMP 3103			HI TEMP 3000		
	A	6"	7"	8"	6"	7"	8"
	B	8	9	10	10 1/2	12	13
SL-6	Lbs.	4	4 1/2	5	5 1/2	6 3/4	7 1/2
SL-1	Lbs.	7	8	9	10 3/4	13 1/2	14 3/4
SL-2	Lbs.	14	16	17 1/2	21	26 3/4	29 1/4
SL-3	Lbs.	21	24	26 1/2	32	39 3/4	43 3/4

INSULATED TEE

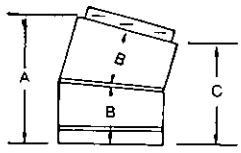


The insulated Tee is used to start the "through-the-wall" chimney installation on the outside wall by means of an anchor plate and wall support brackets. An insulated plug is provided for cleanout.



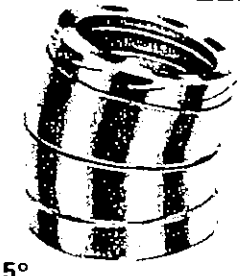
	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	18	18	18	18	18	19
B	3	3	3	3	3	3
C	9	9	9	11	11	11
Lbs.	14	16	17	18 1/2	23 1/2	26

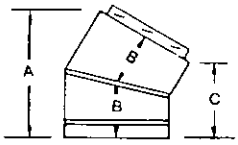
ELBOWS



The 15° and 30° elbows are used in pairs to obtain the required offsets. Chimney length(s) may be placed between elbows for greater lateral offset. Intermediate support should be used in ceiling or floor area above elbows.

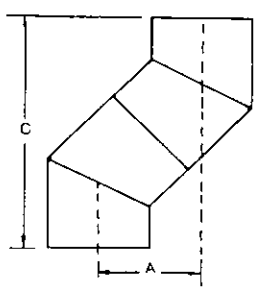
Maximum diagonal run is 6 ft.





HI TEMP 3103				HI TEMP 3000		
15°	6"	7"	8"	6"	7"	8"
A	9	9 1/2	9 1/2	8 1/2	8 5/8	9
B	4	4 1/4	4 1/4	4	4 1/8	3 1/2
C	7	7	6 3/4	6	5 3/4	5 3/4
Lbs.	4	5	5 1/2	8 1/2	9 3/4	10 1/2
30°	6"	7"	8"	6"	7"	8"
A	10	10 1/4	11	10 1/2	11 3/8	11 1/2
B	4 1/2	4 1/2	4 3/4	4 1/2	5	4 1/2
C	6 1/4	6 1/2	6	5 1/2	5 5/8	6
Lbs.	5	6	7	9 1/2	11	12 1/2

Offset Chart

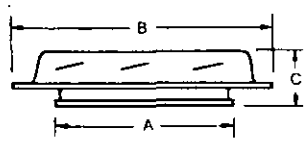


MEASUREMENTS IN INCHES
Tolerance ± 1 In.

Extension Length Inches		Numbers & Lengths of Chimney				15° Elbow		30° Elbow	
		6	12	24	36	A	C	A	C
6	0	0	0	0	0	1 3/4	14 3/4	4	15 1/4
	6	1	0	0	0	3	19 1/4	6 1/2	19 1/2
	12	0	1	0	0	4 1/2	25	9 1/2	24 3/4
	24	0	0	1	0	7 5/8	36 1/2	15 1/2	35
	36	0	0	0	1	10 7/8	48 1/4	21 1/2	45 1/2
	42	1	0	0	1	11 7/8	53	24	49 3/4
	48	0	0	2	0	13 7/2	48 1/2	27	55
	54	1	0	2	0	14 3/4	63 1/2	29 1/2	59 1/4
	72	0	0	0	2	23 3/4	82	39	75 3/4
7	0	0	0	0	0	1 5/4	14 1/2	4 1/4	16 1/4
	6	1	0	0	0	3	19 3/8	7 3/4	20 1/8
	12	0	1	0	0	4 5/8	25	9 3/4	25 1/2
	24	0	0	1	0	7 3/4	36 1/2	15 1/2	35 1/2
	36	0	0	0	1	10 3/4	48 1/4	21 1/2	46

Extension Length Inches		Numbers & Lengths of Chimney				15° Elbow		30° Elbow	
		6	12	24	36	A	C	A	C
7	42	1	0	0	1	12	53	24	48 1/8
	48	0	0	2	0	13 1/2	58 1/2	27 1/8	55 3/4
	54	1	0	2	0	14 7/8	63 1/2	29 1/2	60 1/2
	72	0	0	0	2	19 3/4	82	38 7/8	76 5/8
8	0	0	0	0	0	2	15	4 1/2	17
	6	1	0	0	0	3 1/4	19 1/2	6 3/4	20 3/4
	12	0	1	0	0	4 3/4	25 3/8	9 3/4	26 1/2
	24	0	0	1	0	7 3/4	37	15 3/4	36 3/4
	36	0	0	0	1	11	48 3/4	22 3/4	47 1/4
	42	1	0	0	1	12 1/8	53 1/4	24 5/8	51 7/8
	48	0	0	2	0	13 3/4	59	27 3/4	57
	54	1	0	2	0	15	63 1/2	29 3/4	60 7/8
	72	0	0	0	2	19 7/8	82 1/4	39 1/4	77 1/4

ANCHOR PLATE

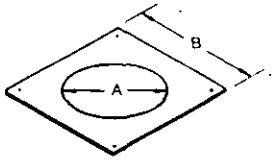


The Anchor Plate provides secure attachment to metal heat forms, boilers, masonry fireplaces, etc. It is also the base support for the Insulated Tee when used with wall support brackets.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	6	7	8	6	7	8
B	10	11	12	13	15	15
C	3	3	3	2	2	2

AP

INTERMEDIATE SUPPORT PLATE

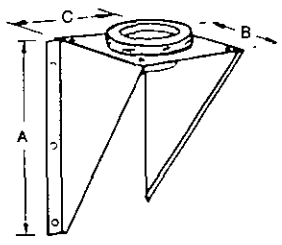


The Intermediate Support Plate is used in conjunction with the wall support brackets when elbows penetrate the wall diagonally. A support collar secures the chimney lengths or elbow in place immediately on top of the plate.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	8 1/8	9 1/8	10 1/8	10 5/8	12 1/8	13 1/8
B	12	12	13	13	15	15

ISP

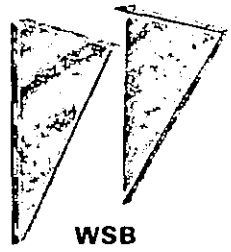
WALL SUPPORT BRACKETS



The Wall Support Bracket is used for base support or it may be used with an intermediate support plate for interim wall installation. Maximum length load is 35ft. of insulated chimney pipe.

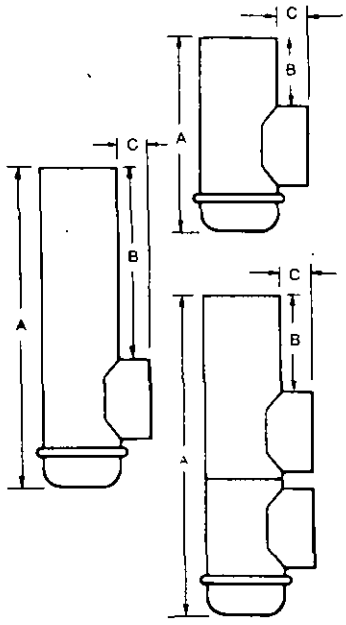
	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	18	20	22	22	25	25
B	10	11	12	13	15	15
C	10	11	12	13	15	15

Max. length load is 23' when using Hi Temp 3000.



WSB

BASE TEES

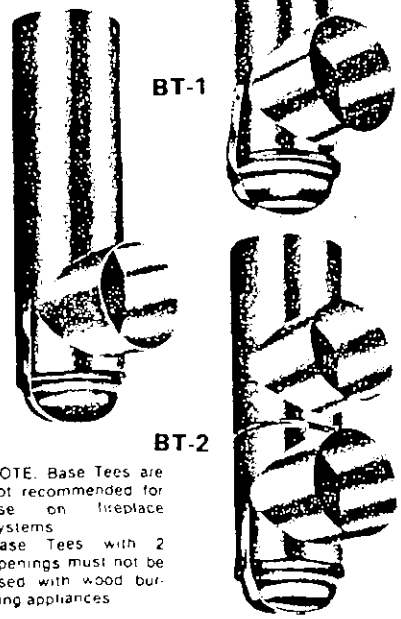


BT-1 and BT-2 are used to connect the appliance pipe to the flue and provide cleanout inspection. They are available with one or two openings in galvanized or stainless steel. Always state the opening size if other than flue size, especially on two opening tees where "A" measurements may be reduced considerably.

	6"	7"	8"
A	16	17	18
B	7	7	7
C	2 3/4	2 3/4	2 3/4

	6"	7"	8"
A	26 1/2	28 3/4	29 1/2
B	18 1/2	18 1/2	18 1/2
C	2 3/4	2 3/4	2 3/4

	6"	7"	8"
A	24	26	28
B	7	7	7
C	2 3/4	2 3/4	2 3/4



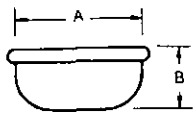
BT-1

BT1-L

BT-2

NOTE. Base Tees are not recommended for use on fireplace systems.
Base Tees with 2 openings must not be used with wood burning appliances.

BASE TEE CAPS



TC Replacement Caps for BT-1, BT-2, or BT1-L.

	6"	7"	8"
A	6	7	8
B	2 3/4	2 3/4	2 3/4

TC

SLIP CONNECTOR KIT

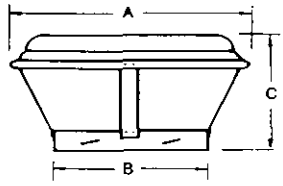
The Innovative design of the slip connector provides the ultimate in safety and appearance when connecting the stove pipe to the Insulated chimney. Available in kit form for use with the insulated tee or cathedral roof support.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	6 1/8	7 1/8	8 1/8	6 1/8	7 1/8	8 1/8
B	12"	12"	12"	12"	12"	12"

RAIN CAP

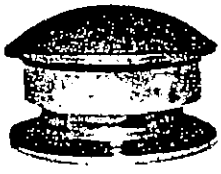
RC

Standard Cap keeps out rain and provides modern termination.



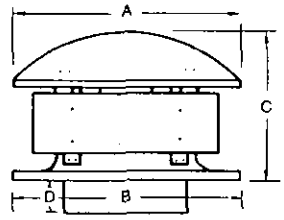
	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	12 7/8	13 7/8	14 7/8	N/A	N/A	N/A
B	8	9	10	N/A	N/A	N/A
C	6 1/2	6 3/4	6 3/4	N/A	N/A	N/A

DELUXE RAIN CAP



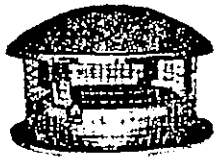
RC-D

The Deluxe Rain Cap has an attractive Top Cap and flared bottom skirt with wind shield to deflect above and below the smoke exit. Interchangeable between HT 3103 and HT 3000.



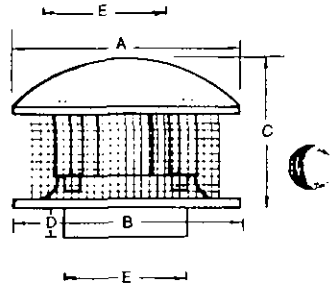
	6"	7"	8"
A	12 1/8	14 1/2	16 1/4
B	12 1/8	14	16
C	7 1/2	8 1/4	8 1/4
D	5/8	5/8	5/8
E	6	7	8

SPARK ARRESTOR RAIN CAP



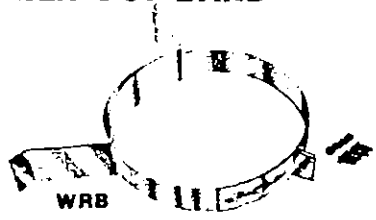
RCSA

The Spark Arrestor Rain Cap confines solid fuel sparks and excludes rain, leaves and birds. Interchangeable between HT 3103 and HT 3000.



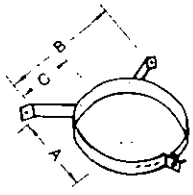
	6"	7"	
A	12 1/8	14 1/2	16 1/4
B	12 1/8	14	16
C	7 1/2	8 1/4	8 1/4
D	5/8	5/8	5/8
E	6	7	8

WALL/ROOF BAND



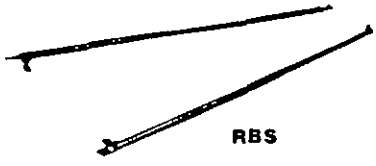
WRB

The Wall/Roof Band is used at 8' intervals to fasten and provide clearance of chimney on wall installation. Also doubles as a roof brace band.



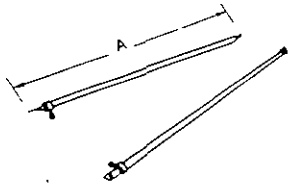
	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	6	6 1/2	7	7 1/4	8	8 1/2
B	8	9	10	11	11 7/8	11 7/8
C	4	4 1/2	5	5 1/2	5 15/16	5 15/16

ROOF BRACES



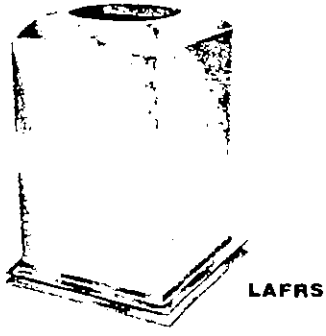
RBS

A Roof Brace is needed when more than 5' of chimney extends above the roof. These strong tubular braces adjust from 4' to 7'. Set includes two braces, band not included.



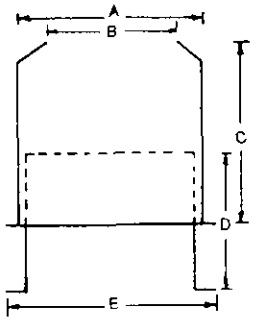
	6"	7"	8"
A	4' Min. to 7' Max.		

ATTIC INSULATION SHIELD



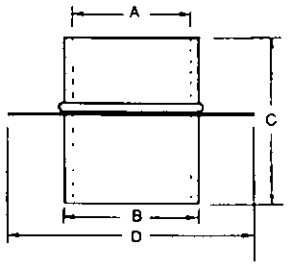
LAFRS

The attic insulation shield provides both the required firestopping at ceiling/attic level, while eliminating the possibility of insulation being placed against the chimney.



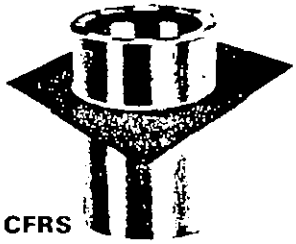
	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	11 3/8	12 3/8	13 3/8	14	15 1/2	16 1/2
B	8 1/8	9 1/8	10 1/8	10 5/8	12 1/8	13 1/8
C	19 1/4	19 1/4	19 1/4	18	18	18
D	12 7/8	12 7/8	12 7/8	12 7/8	12 7/8	12 7/8
E	14	15	16	16 1/2	18	19

CEILING RADIATION SHIELD

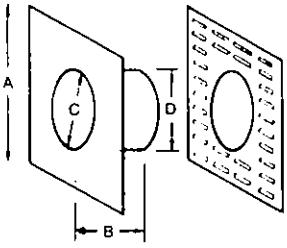


The Ceiling Firestop Radiation Shield incorporates both a firestop as well as a radiation shield to provide added protection at the ceiling level and, when inverted at the floor level.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	8 1/8	9 1/8	10 1/8	10 5/8	12 3/16	13 3/16
B	10	11	12	14	15 1/2	16 1/2
C	17	17	17	22 11/16	22 1/2	22 1/2
D	14	15	16	16 1/2	18	22

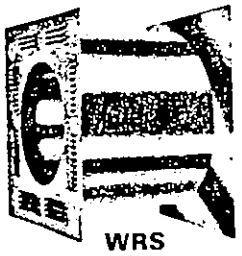


WALL RADIATION SHIELD

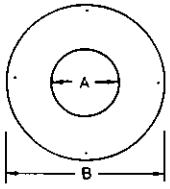


When an insulated tee passes through a combustible wall, a "Wall Radiation Shield" should be used. This assembly consists of a louvered firestop (outside wall) and the radiation shield itself. A trim collar (sold separately) provides the necessary trim inside the home.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	14	15	16	16	18	19
B	10	10	10	10	10	10
C	8 1/8	9 1/8	10 1/8	10 5/8	12 1/8	13 1/8
D	12	13	14	14	15 1/2	16 1/2

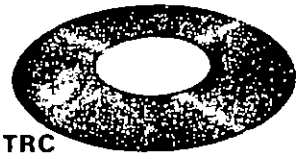


TRIM COLLAR

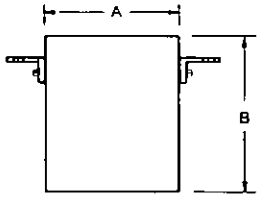


The Matte Black Collar provides finished appearance around the chimney in through-the-wall, or open beam installations.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	8 1/8	9 1/8	10 1/8	10 5/8	12 1/8	13 1/8
B	20 1/8	20 1/8	20 1/8	21	23	24 1/2



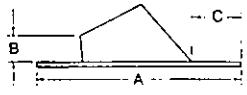
RAFTER (or roof) RADIATION SHIELD



The Rafter (or roof) Radiation Shield provides an added degree of safety when passing through the roof. Brackets on either side of the shield allow adjustable and easy fastening to the roof.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	10	11	13	12	15	16
B	11 7/8	11 7/8	11 7/8	11 7/8	11 7/8	11 7/8

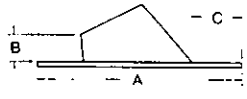
ADJUSTABLE ROOF FLASHING



This popular Roof Flashing adjusts for roof pitches from 1/12" to 7/12". Storm collar and a roll of caulking is included.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	24	26	26	26	26	26
B	7	7	7	7	7	7
C	4	4 1/2	3 7/8	3 7/8	4 1/2	5 1/2

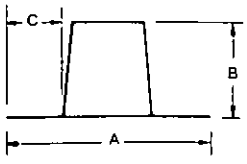
ADJUSTABLE ROOF FLASHING



This Roof Flashing adjusts for roof pitches 8/12" to 12/12". Higher pitched flashings and peak roof flashing also available. Storm collar and a roll of caulking is included.

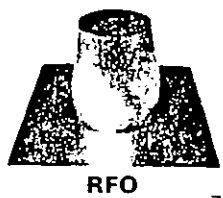
	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	32	32	32	32	32	32
B	7	7	7	7	7	7
C	4 1/2	4 1/4	2 3/4	3 1/2	3 1/4	1 3/4

FLAT ROOF FLASHING/0°



This Flat Roof Flashing is recommended for flat roof installation or low pitch roofs where a raised curb is utilized. Storm collar and a roll of caulking is included.

	HI TEMP 3103			HI TEMP 3000		
	6"	7"	8"	6"	7"	8"
A	20	21	22	22	22	26
B	12	12	12	12	12	12
C	4	4	4	4	4	5

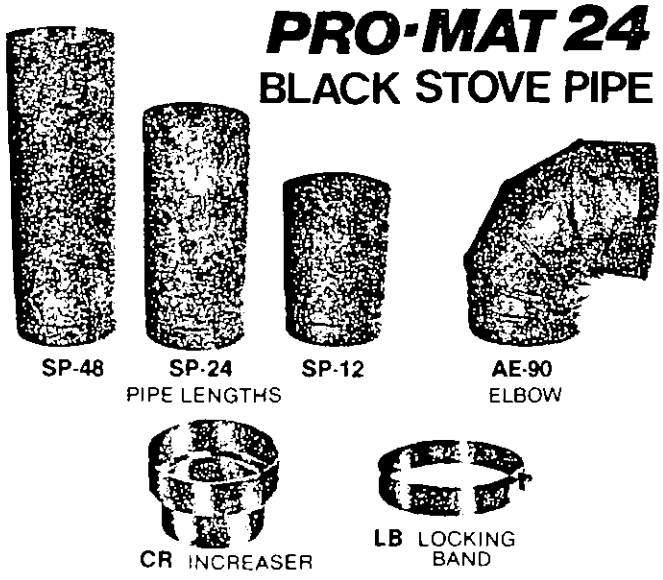


Specifications and illustrations listed in this catalogue may vary slightly.

PRO-JET CONVENIENT ASSEMBLY KITS

Consumers may have a difficult time trying to determine which system and components are best suited to their needs. As the dealer, you can help them select the system and installation they will need. You can then provide a convenient assembly kit with all the necessary lengths and components required for a quick, easy and safe installation. Each kit comes complete with an easy-to-follow installation guide, so that installation is a step-by-step approach.

PRO-MAT 24
BLACK STOVE PIPE



Professional engineered PRO-MAT 24 Matte Black Stove Pipe eliminates bleeding joints. Ordering the correct choice of stove pipe lengths will eliminate difficult cutting of pipe when installing and connecting to PRO-JET slip connector.

Increasers are available for those occasions when it is not possible to maintain the correct flue size. Pipe lengths are also manufactured in an economical 26 guage material. Consult your price list for details.

STEP-BY-STEP APPROACH

An easy-to-follow installation instruction guide is included in each Pro-Jet kit. Each guide features illustrations and step-by-step directions to assure an easy and proper installation.

Your customers need not worry about proper installation as long as they read the instructions carefully and follow them exactly. The installation guide offers many tips on how to care for the Pro-Jet System and how to get the most from a heating appliance.

INSTALLATION IS EASY

The Pro-Jet Insulated Chimney System is easy to install. Each chimney system component is designed to fit together perfectly and easily and can usually be installed in one day without the need of any special tools. It's a simple step-by-step approach.

SAFETY FIRST: Pro-Jet engineered insulated chimneys provide an excellent and inexpensive means of directing the flue gases to a safe termination point. The overall installation is up to your customer. Before selling or installing a Pro-Jet System, advise your customer to get a building permit. It is also important that your customer or the installer read the instructions carefully and follow them exactly.

Please advise your customer that any fire related damage to either the chimney or home could be the result of improper use and not a defective chimney. As with all heating appliances, a regular inspection and cleaning cycle should be determined. Improper care of the system will lead to creosote build-up in the chimney. Under certain environmental conditions the creosote could ignite and burn severely. This is defined as a chimney fire in which the chimney becomes a combustion chamber. NO RESIDENTIAL TYPE CHIMNEY IS INTENDED TO BE A COMBUSTION CHAMBER.

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