BLOCK 902 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-1845

CONSTRUCTION PERMIT APPLICATION

CIP-CAB84

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

I. IDENTIFICATION

1. Proposed Work Site at: 500 mid streams Rd
2. Name of Owner in Fee: Brick Twp 30 E
   Tel. (732) 785-3000 e-mail _____
   Address 101 (street) New Jackson (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: HUTCHINSON
   Address 81 CHAPEL AVENUE CHERRY HILL, NJ 08034 e-mail _____
   PH: 856-429-6907 FAX: 856-429-4906
   NJ PLUMBING LIC.# 8311 GEO. HUTCHINSON III
   NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
   CHRIS DAVIS #9484 EXP 2015
   FEDERAL EMPLOYEE (NUMBER 223766259
   NJ HOME IMPROVEMENT LIC.# 13VH01747500
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Steve Hastings
   Tel. (609) 868-1081 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 84		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 20		
8. Subtotal	$		
9. State Permit Surcharge Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

- ☐ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building			1/21/15		02/02/15	KGK			
☑ Electrical	100		Mail In		2/5/15	TO			
☑ Plumbing	150				2-4-15				
☑ Fire Protection	4000				2/2/15				
☐ Elevator									
TOTAL COST	4250								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/25/2015
Control Number C-15-000364
Permit Number 15-1845
Permit Issue Date 6/15/2015
Certificate Number 15-1845

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 500 MIDSTREAMS RD. Brick Township, NJ Block: 902 Lot: 8 Qual:

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08724

Telephone:

Contractor Hutchinson

Address 621 Chapel Avenue Cherry Hill NJ 08034

Telephone: (856) 429-5807 Fax: (856) 429-4995

License Number or Builders Registration Number: 13VH01747500 6311 9484 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/25/2015

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (609) 868-1081

Signature Alex Nastuk

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/15/15
Control #
Date Issued
Permit # 15-1845

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

Block 902 Lot 8 Qualification Code
Work Site Location 500 Midstreams RC

Owner in Fee: Brick Twp BOE.
Tel. 732-285-3000 e-mail
Address 101 Hendricks (street, municipality, zip code)

Contractor: HUTCHINSON
Address 801 CHAPEL AVENUE, CHERRY HILL, NJ 08034
PH: 856-429-5807 FAX: 856-429-4996
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS CAMPBELL #9464 EXP 2015
FEDERAL EMPLOYEE NUMBER 223766253
NJ HOME IMPROVEMENT LIC.# 13VH01747500

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement
Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ✓ Approved by:
[✓] Fire Protection Plans Approved
Date 2/12/15 Approved by: RJO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2-12-15
Approved by: RR
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5-12-15
Approved by: CP

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			3/10/15	RJO
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/10/15	RJO
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.

Applicant/Contractor sign here: [signature]
Print name here: Steve Hastings
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove & replace
Water Supply Source 1 - 10 ton RTU.
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow) — Factory Install	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

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

U.C.C. F140 (rev. 02/11)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/15/15
Control #

Date Issued
Permit # 15-1845

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

Block 902 Lot 8 Qualification Code

Work Site Location 500 Midstreams RD

Owner in Fee: BRICK TWP BOE

Tel. 732-785-3000 e-mail

Address 101 Hendrickson Ave
street municipality zip code

Contractor: Hutchinson Plumbing Heating Cooling Tel. (856) 429-5807

Address 621 Chapel Avenue, Cherry Hill, NJ 08034 e-mail

Contractor License No. 6311 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH01747500

Federal Emp. ID No. 223766253 FAX: (856) 429-4995

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 150

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 2-4-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-11-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-10-15	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove & Replace 1-10 tank NO

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

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

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

Reorder from Prof Printing
856-429-8644

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/15/15
Control #
Date Issued
Permit # 15-1845

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

Block 902 Lot 9 Qualification Code

Work Site Location 500 Mad Streams NJ

Owner in Fee: BRICK TWP BOE.

Tel. (732) 785-3000 e-mail

Address 101 (street) New Monmouth (municipality) NJ

Contractor: SPOTLIGHT ELECTRIC, LLC Tel. (856) 429 3339

Address P.O BOX 425 HADDONFIELD, NJ 08033 e-mail

Contractor License No. 9484 Exp. Date 15

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

Federal Emp. ID No. FAX: (856) 429 9977

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: 6/12/2012

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	23.87	KW Elec. Sign/Outline Light 10 TOW 12V	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial-Underslab Utilities Approved Date: 2/5/15 Approved by:

[ ] Electric Plans Approved Date: Approved by:

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

SUBCODE APPROVAL for PERMIT Date: 2/5/15 Approved by:

SUBCODE APPROVAL for CERTIFICATE [ ] CO [ ] CCO [✓] CA Date: 8/10/15 Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/10/15	PSE
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)

To reorder call: ALLEGRA Marketing • Print • Mail (609) 390-1400

BUILDING SUBCODE
TECHNICAL SECTION

copy

Date Received / Control # 6/15/15

Date Issued / Permit # 15-1845

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

Block 10a Lot 8 Qualification Code

Work Site Location 500 mid Streams rd

Owner in Fee: Nick 4WP

Tel. (732) 785-3000 e-mail

Address 101 Hendrick Saw (street) (municipality)

Contractor: P. O. HUTCHINSON
621 CHAPEL AVENUE CHERRY HILL, NJ 08034
PH: 856-429-6607 FAX: 856-429-4905
NJ PLUMBING LIC.# 9311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS #9484 EXP: 2015
FEDERAL EMPLOYER NUMBER 223766253
NJ HOME IMPROVEMENT LIC.# 13VH01747500

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Steve Hastings

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove & Replace

1 - 10 ton R+U

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[✓] No Plans Required 02/02/15 KEH

[ ] All

[ ] Footings/Foundations

[ ] Structural/Framework

[ ] Exterior

[ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 02/02/15

Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 08/10/15

Approved by: KEH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/10/15	PM
Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 250

U.C.C. F110 (rev. 11/09)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7-24-15
Permit # 15-2442

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

Block 902.04 Lot 11 Qualification Code

Work Site Location 95 Nottingham Drive Brick 08724

Owner in Fee: Soll, Paul

Tel. e-mail

Address 95 Nottingham Drive (street) Brick (municipality) 08724 (zip code)

Contractor: ATLANTIC WATER PRODUCTS Tel. (609) 625-3337

Address 5045 BLACK HORSE PIKE e-mail adamsrainsoft@gmail.com
MAYS LANDING NJ 08330

Contractor License No. 36B100931900 Exp. Date 06/30/2017

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

Federal Emp. ID No. FAX: (609) 625-8956

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: John L Wehrum

Print name here: Joshua L. Wehrum

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER FILTRATION SYSTEM

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Water Filtration System	

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7-16-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-12-15
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-6-15	

U.C.C. F130 (rev. 11/09)
Internet version

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

2/17/15
Spoke to Tracey @ Lori J.

CONSTRUCTION PERMIT

Date Issued 6/15/15
Control # C-15-000364
Permit # 15-1845

IDENTIFICATION Block: 902 Lot: 8 Qualifier

Work Site Location: 500 MIDSTREAMS RD. Brick Township, NJ

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVE. BRICK NJ 08724

Telephone:

Contractor: Hutchinson
Address: 621 Chapel Avenue Cherry Hill NJ 08034

Telephone: (856) 429-5807
Lic. No. or Bldrs. Reg. No. 9484
Federal Employee. No.

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:
HVAC

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

Estimated Cost of Work $4,500

David F Newman Jr
Construction Official

2/13/15
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

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

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

HAS LICENSED

CHRISTOPHER R. DAVIS
310 Roberts Avenue
Haddonfield NJ 08033

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

34EI00948400
LICENSE/REGISTRATION/CERTIFICATION #

03/29/2012 TO 03/31/2016
VALID

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

GEORGE H. HUTCHINSON III
T/A HUTCHINSON P and H and COOL LLC
116 NO HADDON AVE - SUITE C
HADDONFIELD NJ 08033

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

05/01/2013 TO 06/30/2015
VALID

36BI00631100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Board of Exam. of Master Plumbers
P.O. Box 45503
Newark, NJ 07101

PLEASE DETACH HERE

HUTCHINSON
Mechanical Services

DATE: _____

THIS PERMIT IS FOR THE FOLLOWING:

NAME Midstreams Elementary

ADDRESS 500 midstreams rd

PLEASE USE THE SELF-ADDRESSED STAMPED ENVELOPE WHEN MAILING THE APPROVED PERMIT TO ME.

THANK YOU FOR YOUR COOPERATION.

SINCERELY,

STEVE HASTINGS

(609)-868-1081

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

Hutchinson Plumbing Heating Cooling LLC
Fred Hutchinson
621 Chapel Avenue
Cherry Hill NJ 08034

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

12/16/2013 TO 12/31/2014
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH01747500
LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Examiners of Heating, Ventilating,
Air Conditioning, and Refrigeration (HVACR) Contractors
124 Halsey Street, 6th Floor, Newark, NJ 07102

JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 47031
Newark, NJ 07101
973-504-6250

May 12, 2014

PETER HATTON
35 Aberdeen Drive
Sicklerville NJ 08081

Dear PETER HATTON,

The State Board of Examiners of Heating, Ventilating, Air Conditioning and Refrigeration (HVACR) Contractors has approved your application for a Master HVACR license. You are qualified for licensure by grandfathering, pursuant to N.J.A.C. 13:32A- 2.6, Issuance of license to individuals engaged in the practice for two (2) years preceding the application.

Please review and submit the following items required for your HVACR license, pursuant to N.J.A.C. 13:32A-2.4 Licensure and pressure seal:

- A **surety bond** in the sum of $3,000;
- A **certificate of general liability insurance** from an insurance company authorized and licensed to do business in New Jersey in the amount of $500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence or proof of self-insurance approved by the Department of Banking and Insurance, obtained by the applicant or the HVACR company or corporation, if the applicant will offer HVACR contracting services to the public, which includes instances when the applicant will act as a bona fide representative for a company or corporation;
- A **Federal Tax Identification number** for the HVACR business if the applicant will be engaging in the business of HVACR contracting, which includes instances when the applicant will act as a bona fide representative for a company or corporation;
- The **$160.00 initial licensing fee** as set forth in N.J.A.C. 13:32A-6.1; and
- The **$25.00 initial pressure seal fee** also set forth in N.J.A.C. 13:32A-6.1.
  The pressure seal shall remain the property of the State and shall be returned to the Board as guided within the regulations.

Please forward all documents and fees to the State Board of Examiners of Master HVACR Contractors at P.O. Box 47031, Newark, NJ 07101. Should you require any additional assistance in meeting these requirements, you may contact the Board Office at 973-504-6250.

Very truly yours,
The State Board of Examiners of
HVACR Contractors

Rosemarie S. Baccile
Acting Executive Director

rb

SUBMITTAL DATA

For: Approval

Order #: **Date:** 12/11/2014

Project: Midstreams Elementary

Project #:

Location:

Purchaser: Michelle Weiss
Hutchinson Mech

Submitter: Frank Fiore
York Int

NEW
UNIT
10 TON

1275 LBS

Date
12/11/2014
Project Name
Midstreams Elementary
Project Number
Client / Purchaser
Michelle Weiss

Submittal Summary Page

Qty	Tag #	Model #	Description
1		ZJ120N20V2FAA7	10 Ton, York Predator Single Packaged R-410A Air Conditioner, 12.0 EER / 12.2 IEER, Two Stage Cooling, 192 MBH Output Aluminized Steel, Two Stage Gas Heat, 3 HP High Static Belt Drive Blower, 2" Throwaway Filters, 208/230-3-60, Microchannel Condenser Coil, Composite Drain Pan • Dry Bulb Low Leak Economizer w/Barometric Relief and Hoods (Bottom or Horizontal End Return Only) • Return Air Smoke Detector (Bottom return only) • Phase Monitor • Simplicity® SE Controller with Discharge Air, Return Air, and Outside Air Sensor
1		2EC0402	Kit, Dual Enthalpy Field Installed (Includes both an Outdoor Air Enthalpy Sensor and a Return Air Enthalpy/Humidity Sensor)
1		CAM 2004127	adapter curb AAON RK10

Equipment start-up and commissioning by a factory trained technician is recommended.
Contact your supplying distributor or sales representative for additional information & guidance.

Predator Simplicity SE

Single Package R-410A Air Conditioner

Project Name: **Midstreams Elementary** | Unit Model #: **ZJ120N20V2FAA7**

Quantity: **1** | System: **ZJ120N20V2FAA7**

Cooling Performance	
Total capacity	131.4 MBH
Sensible capacity	96.7 MBH
Refrigerant type	R-410A
Efficiency (at ARI)	12.00 EER
Integrated eff. (at ARI)	12.80 IEER
Ambient DB temp.	93.2 °F
Entering DB temp.	80.0 °F
Entering WB temp.	67.0 °F
Leaving DB temp.	57.6 °F
Leaving WB temp.	56.6 °F
Part load efficiency	13.4 IPLV
Power input (w/o blower)	8.84 kW
Sound power	90 dB(A)

Gas Heating Performance	
Entering DB temp.	60 °F
Heating output capacity (Max)	192 MBH
Supply air	4000 CFM
Heating input capacity (Max)	240 MBH
Leaving DB temp.	104.4 °F
Air temp. rise	44.4 °F
SSE	80.0 %
Stages	2

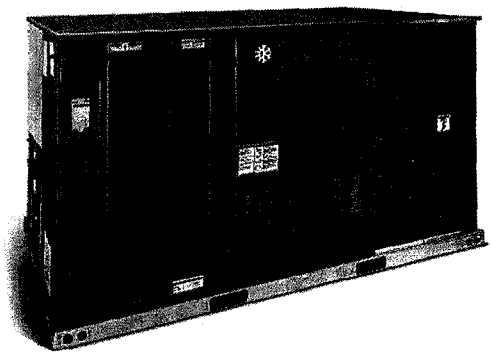
Supply Air Blower Performance	
Supply air	4000 CFM
Ext. static pressure	0.6 IWG
Unit static resistance	0.56 IWG
Blower speed	1176 RPM
Max BHP of Motor (including service factor)	3.45 HP
Duct location	Bottom
Motor rating	3.00 HP
Actual required BHP	2.92 HP
Power input	2.72 kW
Elevation	30 ft.
Drive type	BELT
Requires field-supplied drive	true

Electrical Data	
Power supply	230-3-60
Unit min circuit ampacity	51.7 Amps
Unit max over-current protection	60 Amps

Dimensions & Weight					
Hgt	51 in.	Len	89 in.	Wth	59 in.
Weight with factory installed options					1275 lbs.

Clearances					
Right	12 in.	Front	36 in.	Back	36 in.
Top	72 in.	Bottom	0 in.	Left	36 in.

Note: Please refer to the tech guide for listed maximum static pressures



10 Ton

- York Predator units are manufactured at an ISO 9001 registered facility and each rooftop is completely computer-run tested prior to shipment.

Unit Features

- Unit Cabinet Constructed of Powder Painted Steel, Certified At 1000 Hours Salt Spray Test (ASTM B-117 Standards)
- Through-the-Curb and Through-the-Base Utility Connections
- Full perimeter base rails with built in rigging capabilities
- Hinged Access Panels
- Slide-Out Condensate Drain Pan
- Scroll Compressors
- Two Stage Cooling
- Solid Core Liquid Line Filter Driers
- Microchannel Condenser Coil
- 192 MBH Output Aluminized Steel, Two Stage Gas Heat
- Unit Ships with 2" Throwaway Filters with a Standard Filter Rack that will Accept up to 4" Filters
- Replacement Filters: 4 - (24" x 20"). Unit accepts 2" or 4" wide filters.
- Single Point Power Connection
- Phase Monitor
- Return Air Smoke Detector
- Dry Bulb Low Leak Economizer w/Barometric Relief and Hoods (Bottom or Horizontal End Return Only)
- Short Circuit Current: 5kA RMS Symmetrical

Standard Unit Controller: Simplicity Control Board

- Safety Monitoring - Monitors the high and low-pressure switches, the freezestats, the gas valve, if applicable, and the temperature limit switch on gas and electric heat units. The unit control board will alarm on ignition failures, safety lockouts and repeated limit switch trips.

BAS Controller

- Simplicity SE Controller with Discharge Air, Return Air, and Outside Air Sensor

Warranty

- One (1) Year Limited Warranty on the Complete Unit
- Five (5) Year Warranty - Compressors
- Ten (10) Year Warranty - Aluminized Steel Tubular Heat Exchangers

Project Name: **Midstreams Elementary**

Unit Model #: **ZJ120N20V2FAA7**

Quantity: **1**

System: **ZJ120N20V2FAA7**

Factory Installed Options

ZJ120N20V2FAA7

Product Category:	**Z**	York Predator Single Packaged R-410A Air Conditioner
Product Identifier:	**J**	12.0 EER / 12.2 IEER
Nominal Cooling Capacity:	**120**	10 Ton Two Stage Cooling
Heat Type and Nominal Heat Capacity:	**N20**	192 MBH Output Aluminized Steel, Two Stage Gas Heat
Airflow:	**V**	3 HP High Static Belt Drive Blower Dry Bulb Low Leak Economizer w/Barometric Relief and Hoods (Bottom or Horizontal End Return Only) 2" Throwaway Filters
Voltage:	**2**	208/230-3-60
Installation Options:	**F**	Return Air Smoke Detector (Bottom return only)
Additional Options:	**AA**	Microchannel Condenser Coil Phase Monitor Simplicity® SE Controller with Discharge Air, Return Air, and Outside Air Sensor Composite Drain Pan
Product Generation:	**7**	

Field Installed Accessories

- 2EC0402 - Kit, Dual Enthalpy Field Installed (Includes both an Outdoor Air Enthalpy Sensor and a Return Air Enthalpy/Humidity Sensor) (1.0 lbs)

Predator Simplicity SE

Single Package R-410A Air Conditioner

Project Name: **Midstreams Elementary**

Unit Model #: **ZJ120N20V2FAA7**

Quantity: **1**

System: **ZJ120N20V2FAA7**

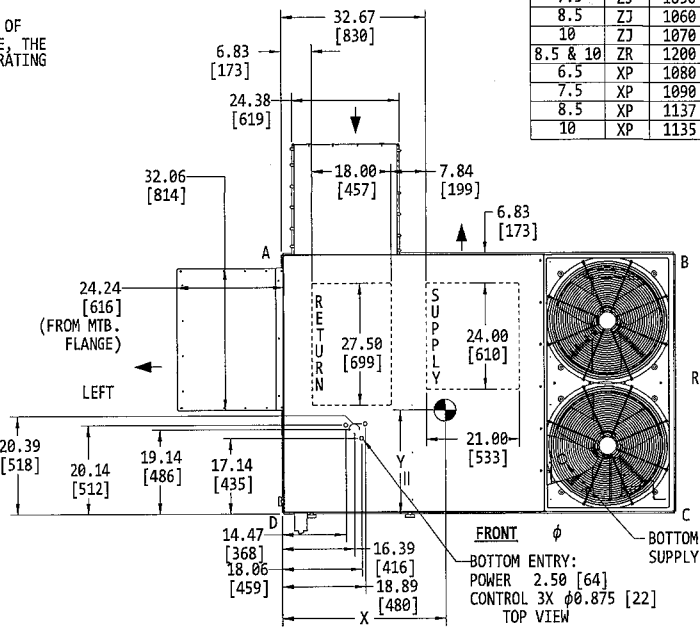
Consolidated Drawing

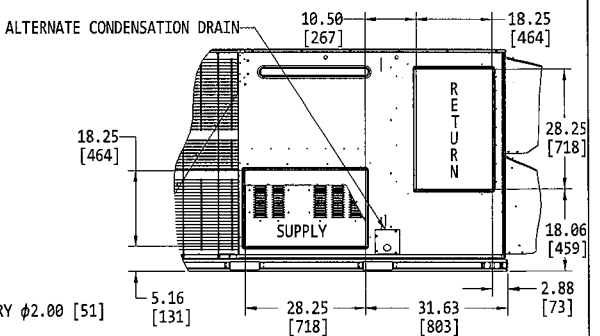
NOTES:
1. FOR OUTDOOR USE ONLY.
2. WEIGHTS SHOWN ARE FOR COOLING ONLY UNITS.
3. MIN. CLEARANCES TO BE:
   - RIGHT SIDE: 12 [305]
   - LEFT SIDE: 36 [915]
   - FRONT: 36 [915]
   - REAR: 36 [915]
   - TOP: 72 [1830]
   - BOTTOM: 0 [0]
4. TO REMOVE THE SLIDE-OUT DRAIN PAN, A REAR CLEARANCE OF 60 in (1525 mm) IS REQUIRED. IF SPACE IS UNAVAILABLE, THE DRAIN PAN CAN BE REMOVED THROUGH THE FRONT BY SEPARATING THE CORNER WALL.
5. FOR SMALLER SERVICE AND OPERATIONAL CLEARANCES CONTACT YOUR APPLICATION ENGINEERING DEPARTMENT.
6. DOWNFLOW DUCTS DESIGNED TO BE ATTACHED TO ACCESSORY ROOF CURB ONLY. IF UNIT IS MOUNTED SIDE SUPPLY, IT IS RECOMMENDED THAT THE DUCTS ARE SUPPORTED BY CROSS BRACES, AS DONE ON ACCESSORY ROOF CURBS.
7. SIDE DUCT FLANGES ARE 0.75" HIGH. BOTTOM DUCTS DO NOT HAVE FLANGES.
8. MINIMUM CONDENSATION TRAP HEIGHT SHALL BE 1.5 TIMES THE LOWEST NEGATIVE STATIC.
9. DIMENSIONS IN [ ] ARE IN MILLIMETERS OR KILOGRAMS.
10. OPTIONAL COIL GUARDS, POWER EXHAUST, GAS HEAT, ECONOMIZER, DISCONNECT SWITCH, CONVENIENCE OUTLET, AND BAROMETRIC RELIEF AND FRESH AIR HOODS SHOWN.
11. EXCEPT XP (HEAT PUMP) UNITS.

DIRECTION OF AIRFLOW

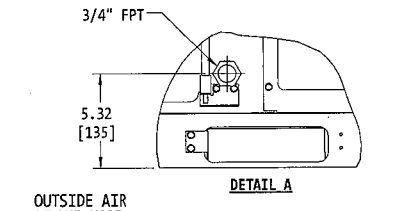
CENTER OF GRAVITY

TONNAGE	UNIT	OPERATING WEIGHT (LBS) (BASE UNIT)	CENTER OF GRAVITY LOCATION (BASE UNIT) X	Y	4 POINT CORNER LOADS (LBS) (BASE UNIT) A	B	C	D
8.5	ZF	1007 [458]	38 [965]	24 [610]	235 [107]	175 [79]	255 [116]	342 [155]
10	ZF	1103 [501]	38 [965]	24 [610]	257 [117]	192 [87]	279 [127]	375 [170]
8.5	ZH	1030 [467]	38 [965]	24 [610]	240 [109]	179 [81]	261 [118]	350 [159]
10	ZH	1090 [494]	38 [965]	24 [610]	254 [115]	189 [86]	276 [125]	371 [168]
6.5	ZJ	1030 [467]	39 [991]	25 [635]	245 [111]	191 [87]	260 [118]	333 [151]
7.5	ZJ	1050 [476]	39 [991]	25 [635]	250 [113]	195 [89]	265 [120]	340 [154]
8.5	ZJ	1060 [481]	38 [965]	24 [610]	247 [112]	184 [84]	268 [122]	360 [163]
10	ZJ	1070 [485]	39 [991]	24 [610]	245 [111]	191 [87]	278 [126]	357 [162]
8.5 & 10	ZR	1200 [544]	38 [965]	25.5 [648]	297 [135]	221 [100]	291 [132]	390 [177]
6.5	XP	1080 [490]	38 [965]	25 [635]	262 [119]	195 [89]	266 [121]	357 [162]
7.5	XP	1090 [494]	38 [965]	23 [584]	243 [110]	181 [82]	284 [129]	381 [173]
8.5	XP	1137 [516]	38 [965]	25.5 [648]	282 [128]	210 [95]	276 [125]	370 [168]
10	XP	1135 [515]	38 [965]	25.5 [648]	281 [127]	209 [95]	275 [125]	369 [167]

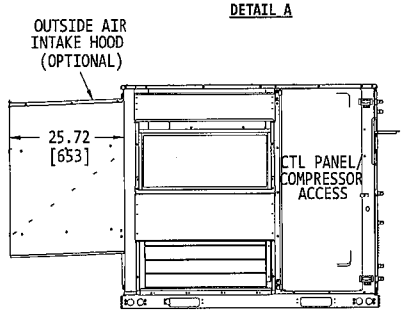




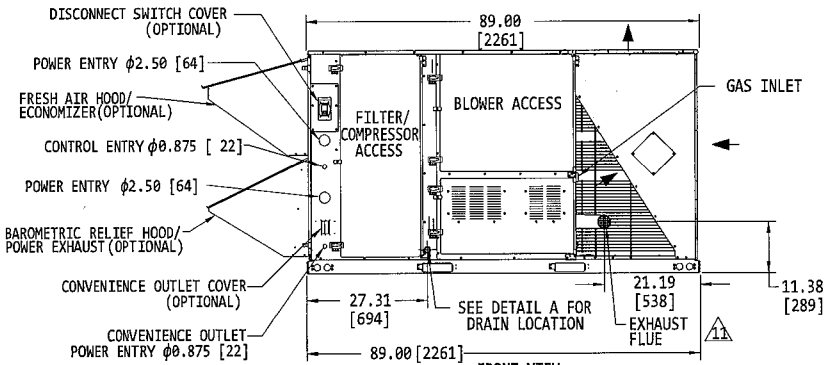
REAR (PARTIAL VIEW)
(INTAKE HOOD NOT SHOWN IN THIS VIEW)



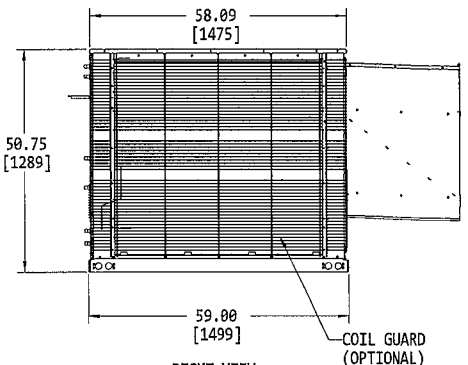
DETAIL A



LEFT VIEW

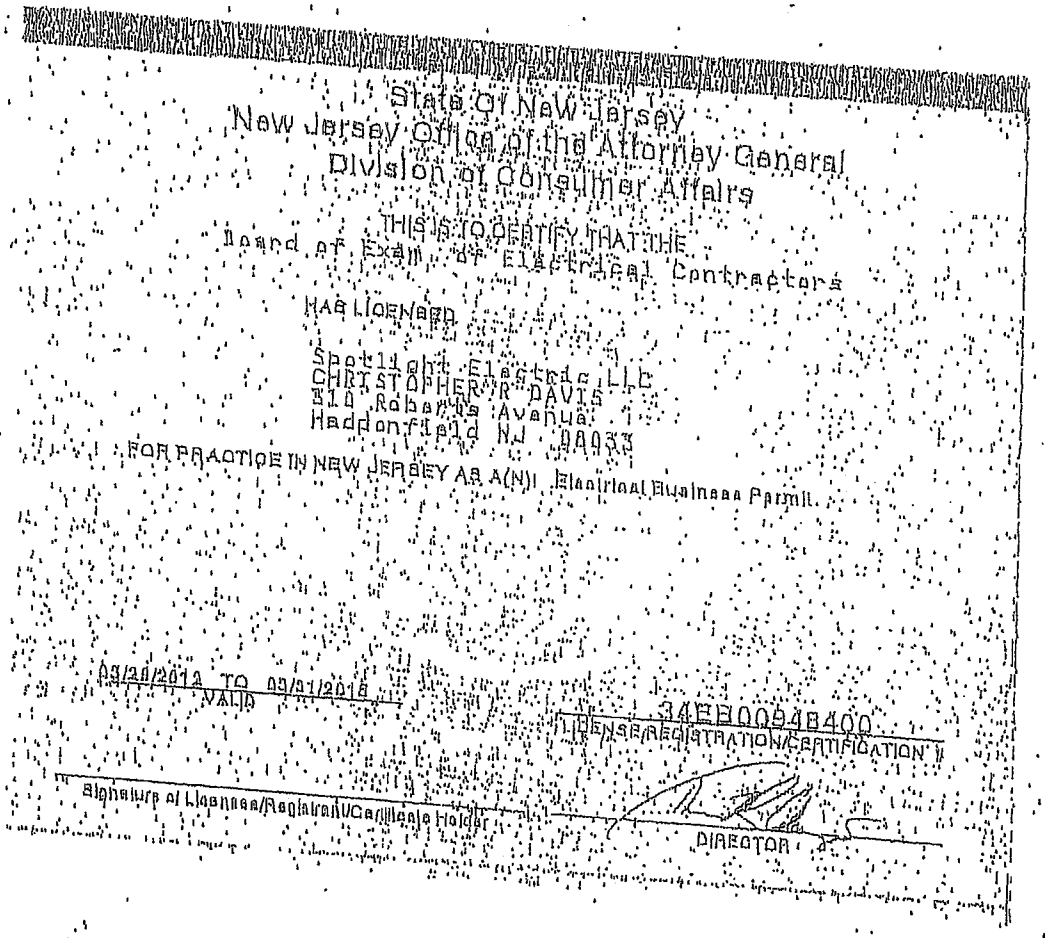


FRONT VIEW
(OPTIONAL FRONT COIL GUARD NOT SHOWN IN THIS VIEW)



RIGHT VIEW

Information is subject to change without notice. Check local codes.



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

THIS IS TO CERTIFY THAT THE

Board of Exam. of Electrical Contractors

HAS LICENSED

Spotlight Electric, LLC
CHRISTOPHER R DAVIS
110 Roberts Avenue
Haddonfield NJ 08033

FOR PRACTICE IN NEW JERSEY AS A(N) Electrical Business Permit

09/20/2012 TO 09/01/2016
VALID

34EB00948400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

Project Name: **Direct Install c/o 460V**
Purchaser: Hutchinson Mech
Submitter: Frank Fiore

Model #: **ZJ120C00N4AAA5**

Quantity: 1 Tag #:

System: **ZJ120C00N4AAA5**

Cooling Performance

Total capacity	130.0 MBH
Sensible capacity	96.0 MBH
Refrigerant type	R410A
Efficiency (at ARI)	12.20 EER
Integrated eff. (at ARI)	12.90 IEER
Ambient DB temp.	95 °F
Entering DB temp.	80 °F
Entering WB temp.	67 °F
Leaving DB temp.	57.9 °F
Leaving WB temp.	56.7 °F
Part load efficiency	13.4 IPLV
Power input (w/o blower)	9.00 kW
Sound power	90 dB(A)

Supply Air Blower Performance

Supply air	4000 CFM
Ext. static pressure	0.6 IWG
Unit static resistance	-0.25 IWG
Blower speed	976 RPM
Duct location	Bottom
Motor rating	3.00 HP
Actual required BHP	2.38 HP
Power input	2.22 kW
Elevation	0 ft.
Drive type	BELT

Electrical Data

Power supply	460-3-60
Min circuit ampacity	25.60 Amps
Max over-current protection	30 Amps

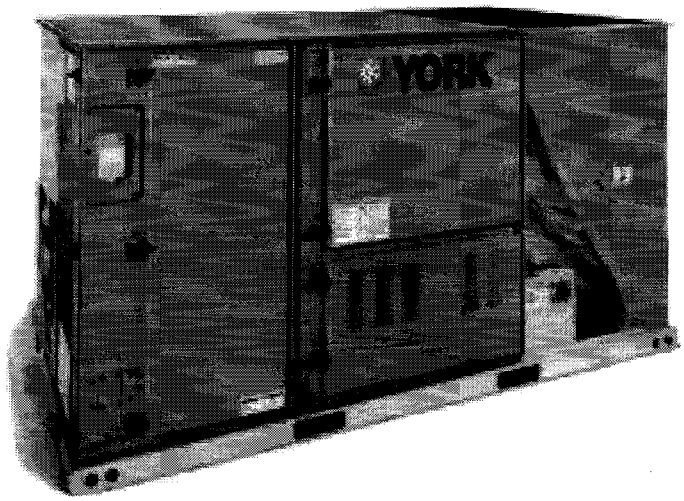
Dimensions & Weight

Hgt	51 in.	Len	89 in.	Wth	59 in.
Weight with factory installed options					1075 lbs.

Clearances

Right	12 in.	Front	36 in.	Back	36 in.
Top	72 in.	Bottom	0 in.	Left	36 in.

Made in USA



10 Ton

- YORK Predator units are manufactured at an ISO 9001 registered facility and each rooftop is completely computer-run tested prior to shipment.

STANDARD FEATURES

- Unit Cabinet Constructed of Powder Painted Steel, Certified At 1000 Hours Salt Spray Test (ASTM B-117 Standards).
- Scroll Compressors
- Through-the-Curb and Through-The-Base electrical and gas connections
- Standard 2" throwaway filter
- Either supply and/or return can be field converted from vertical to horizontal configuration without cutting panels.
- Full perimeter base rails with built in rigging capabilities.
- Liquid line filter-driers
- Phase Monitor
- Single point power connection
- Slide-out Condensate Drain Pan
- Slide-out Blower/ Motor Assembly
- Hinged Access Panels
- Microchannel aluminum tube/aluminum fin condenser

Standard Unit Controller: (Simplicity® Control Board)

- An integrated low-ambient control, anti-short cycle protection, lead-lag, fan on and fan off delays, low voltage protection, on-board diagnostic and fault code display.
- Safety Monitoring - Monitors the high and low-pressure switches, the freezestats, the gas valve, if applicable, and the temperature limit switch on gas and electric heat units. The unit control board will alarm on ignition failures, safety lockouts and repeated limit switch trips.

WARRANTY

- One (1) Year Limited Warranty on other parts.
- Five (5) Year Warranty - Compressors and Electric Heater Elements.
- Ten (10) Year Warranty - Aluminized and Stainless Steel Tubular Heat Exchangers.

YORK	***Predator*** **A/C Single Pkg, R410A**	Date: 1/17/2010 Order No:	Page: 28

Project Name:	**Direct Install c/o 460V**	Model #:	**ZJ120C00N4AAA5**
Purchaser:	Hutchinson Mech		, ,
Submitter:	Frank Fiore		, ,
Quantity: **1**	Tag #:		System: **ZJ120C00N4AAA5**

Factory Installed Options

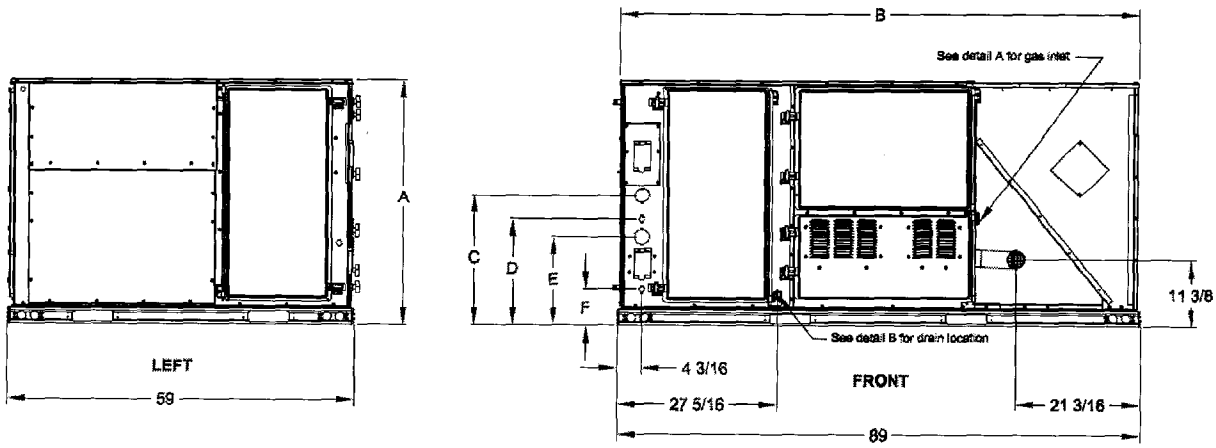
ZJ120C00N4AAA5

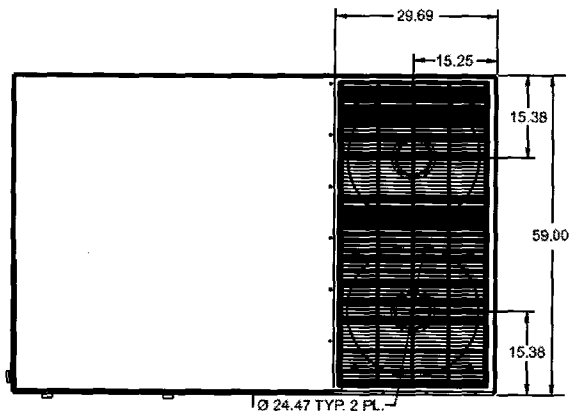
Product Category:	Z	Single Packaged R-410A Air Conditioner
Product Identifier:	**J**	Ultra Efficiency
Nominal Cooling Capacity:	120	10 Ton
Heat Type and Nominal Heat Capacity:	**C00**	No Factory Installed Heat
Airflow:	N	High Static Motor
Voltage:	**4**	460-3-60
Installation Options:	A	
Additional Options:	**AA**	
Product Generation:	5	5th Generation

Project Name: **Direct Install c/o 460V**
Purchaser: Hutchinson Mech
Submitter: Frank Fiore
Model #: **ZJ120C00N4AAA5**

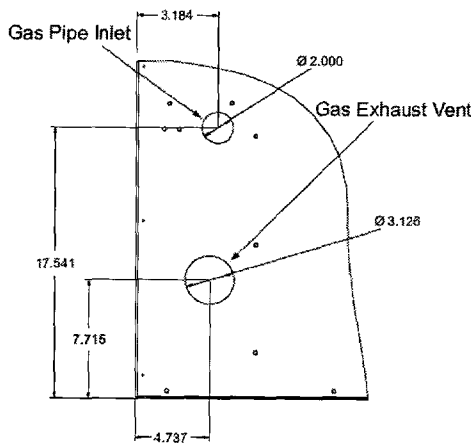
Quantity: **1** Tag #:
System: **ZJ120C00N4AAA5**

ZJ078-120 Unit Physical Dimensions



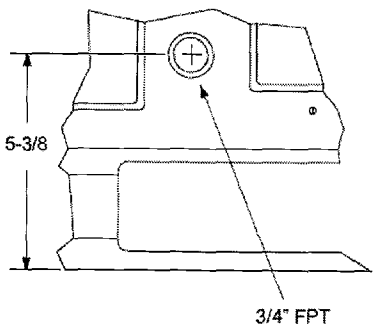


Detail A



50 3/4" CABINET

Detail B



ZH/ZJ037-150 Unit Physical Dimensions

Unit Model Number	Dimension (in.)					
	A	B	C	D	E	F
ZH037, 049, 061, 078, 090	42	89	22 1/8	18 3/16	15 3/16	6 3/16
ZH102, 120	50 3/4	89	30 3/16	24 3/16	17 3/16	6 3/16
ZH150	50 3/4	119 1/2	30 3/16	24 3/16	17 3/16	6 3/16
ZJ037, 049, 061	42	89	22 1/8	18 3/16	15 3/16	6 3/16
ZJ078, 090, 102, 120	50 3/4	89	30 3/16	24 3/16	17 3/16	6 3/16

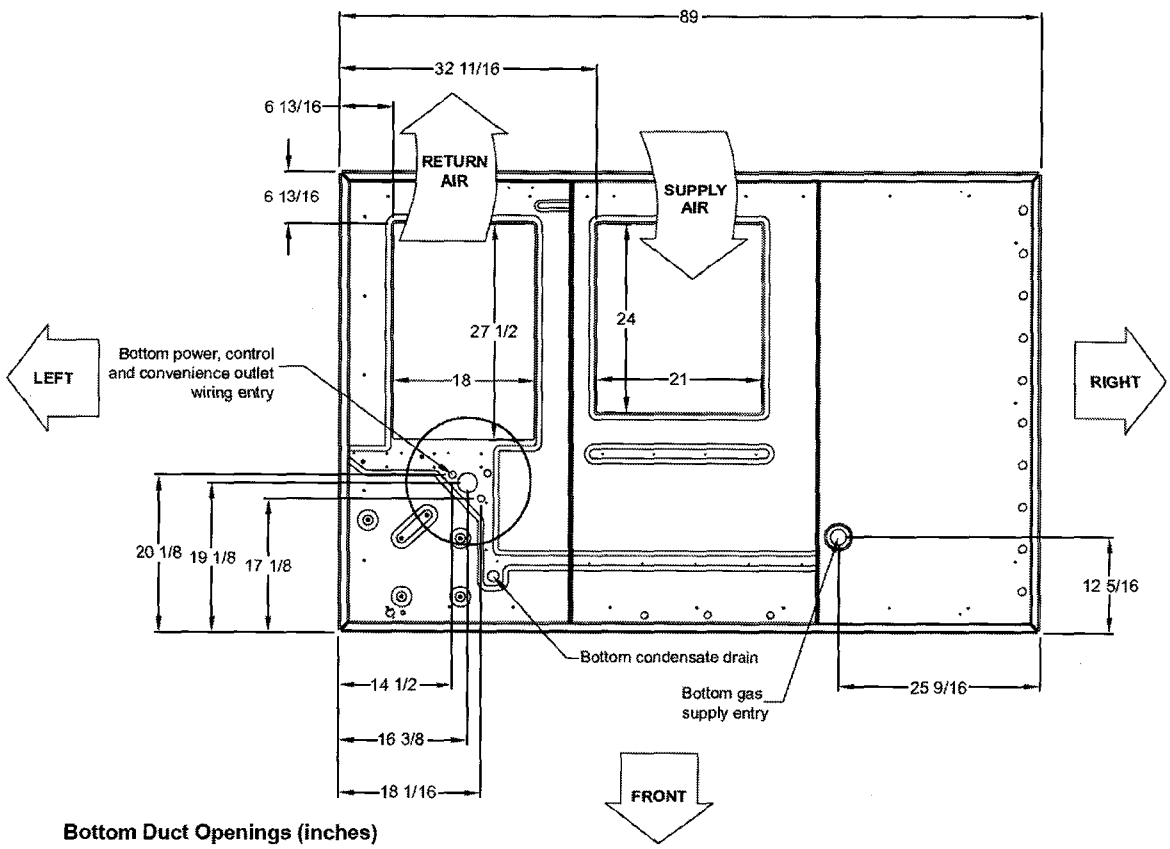
Project Name: **Direct Install c/o 460V**
Purchaser: Hutchinson Mech
Submitter: Frank Fiore

Model #: **ZJ120C00N4AAA5**

Quantity: **1** Tag #:

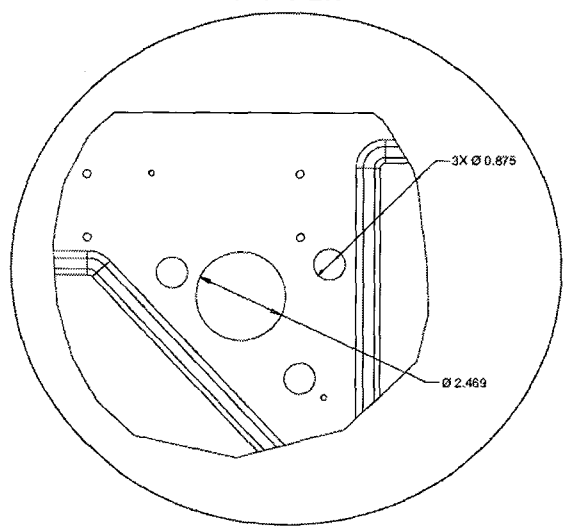
System: **ZJ120C00N4AAA5**

ZH/ZJ078-150 Bottom Duct Openings



Bottom Duct Openings (inches)

TOP VIEW



1/13/15 Spoke to Steve. needs building tech + loads for old + new. NP

2/17/15 - Spoke to Tracy @ Cont - & Advised permit ready no fees