BLOCK ~~30~~ 524 LOT 7,8,9+10 ADDRESS (SITE) 445 Central Ave PERMIT NO. 3027-94

RECEIVED
SEP 22 1994

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: 445 CENTRAL AVE

2 Name of Owner in Fee: RUDOLF DUKE Te [redacted]

Address 445 (Street) CENTRAL BRICK (municipality) 08723 (zip code)

3 Ownership in Fee: Public _____ Private X

4 Principal Contractor: OWNER Tel. (____) _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

5 Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person In Charge of Work OWNER Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 165 —	35 —	
2. Electrical		35 —	
3. Plumbing	25 —		
4. Fire Protection	79 —		
5. Other			
6. Subtotal	$ 269 —	reinstate permit	
7. Less 20% for State Plan Review	27 —		
8. Subtotal	$		
9. DCA Training Fee	16		
10. Subtotal	$ 35 —		
11. Cert. of Occupancy			
12. Other ZPA + P.P	30.00		
13. TOTAL	$ 377 —		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	1
2. Height of Structure	20 ft.	26
3. Area—Largest Floor	1200 sq. ft.	
4. Building Area—All Floors	609 sq. ft.	625
5. Volume of Structure	7612 cu. ft.	9888
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

Addition

	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	$7,000

OPTIONAL (for office use only)

Plans Rec'd. By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[illegible]	9/22/94		10/11/94	[illegible]	11/15/01		OK
			10-11-94 10/12/94	[illegible]	4/26/96 1/27/95		[illegible]
[illegible]	9/28/94		9/28/94	[illegible]			

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:

UCC Form L 100A

electrical + bldg. Veteran 477-1466

LDS BR 10206283

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. (X) 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 R Rubin Date Sept 24, 1994

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 Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☐ Other								
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.I. - EXEMPT

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			

0010
3027*#
BLOCK 524 # 0.00
LOT 7 # 0.00
BUILDING 35.00
ELETRIC* 35.00
TOTAL 70.00
CHECK 70.00
CHANGE 0.00
NO. 5 0012A005 10:40

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/17/2000
Control #
Permit # 94-3027+A
Permit Issued 10/20/1994

UCC NEW JERSEY
PERMIT UPDATE

04/17/00

IDENTIFICATION Block 524 Lot 7 Qual

Work Site Location 445 CENTRAL AVE
REINSTATE BLDG/ELECTRIC
Owner in Fee DUKE, RUDOLF
Address SAME
BRICK NJ 08723
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
REINSTATE OLD PERMIT PER JOE CURRIAZZA

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	70
Check No.	614
Cash	
Collected By	LRT

Estimated Cost of Work $ 200

J. Curriazza Jr.
Construction Official

04/17/2000
Date

U.C.C. 7190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/17/2000
Date Issued 04/17/2000
Control #
Permit # 94-3027+A

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

Block 524 Lot 7 Qual

Work Site Location 445 CENTRAL AVE

REINSTATE BLDG/ELECTRIC

Owner in Fee DUKE, RUDOLF

Address SAME

BRICK, NJ 08723-

Tele [redacted]

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

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

REINSTATE OLD PERMIT PER JOE CURRIAZZA

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 1-3-01
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final 9/18/00				
BarrierFree				

Joe Patalen

SMOKE DET OUT

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 100
2. Alteration $ 0
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/20/94
Date Issued
Control #
Permit # 3024-94

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

Block ~~30~~ 524 Lot 7,8,9 & 10
Work Site Location 445 CENTRAL AVE
BRICK 08723
Owner in Fee RUDOLF DUKE
Address SAME AS ABOVE

Tele. [redacted]
Contractor OWNER
Address SAME

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:	Failure	Failure	Approval	Initial
[ ] No Plans Req.	10/17/94	[illegible]					
[✓] All			Footing			10/27/94	[illegible]
[✓] Footing			Foundation			11/4/94	[illegible]
[ ] Foundation			Slab				
[ ] Frame			Frame			2-3-95	[illegible]
[ ] Other			Insulation			2-6-95	[illegible]
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories 1
Height of Structure 20 Ft.
Area—Largest Floor ~~232~~ 625 Sq. Ft.
New Bldg. Area/All Floors ~~547~~ 625 Sq. Ft.
Volume of New Structure ~~4376~~ 7812 Cu. Ft.
Total Land Area Disturbed ~~547~~ 625 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7,000
2. Alteration $
3. Total (1+2) $ 7,000

C. CERTIFICATION IN LIEU OF OATH

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

X [signature]
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

(adding laminated Beam & 2 piers under existing wall, 32" deep footing)
Adding 3 B.R. & will be removing partition walls in existing house when new addition is done & they will bring in for permit update - existing bedrooms will no longer exist when new are completed.

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[X] Roofing
[X] Siding
[ ] Fence ______ Height (6' or over)
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-110B

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/20/94
Date Issued
Control #
Permit # 3024-94

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

Block ~~23~~ 524 Lot 7,8,9&10
Work Site Location 445 CENTRAL AVE
BRICK 08723
Owner in Fee RUDOLF DUKE
Address SAME AS ABOVE

Te[redacted]
Address SAME

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:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	10/17/94	R	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				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories 1
Height of Structure 20 Ft.
Area—Largest Floor ~~832~~ 625 Sq. Ft.
New Bldg. Area/All Floors ~~[illegible]~~ 625 Sq. Ft.
Volume of New Structure ~~[illegible]~~ 7812 Cu. Ft.
Total Land Area Disturbed ~~[illegible]~~ 625 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7000
2. Alteration $
3. Total (1+2) $ 7,000

C. CERTIFICATION IN LIEU OF OATH

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

X R. Duke
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Adding 3 B.R. & (adding laminated beam & 2 piers under existing wall 32" deep footing) will be removing partition walls in existing house when new addition is done & they will ~~[illegible]~~ for permit update - existing bedrooms will no longer exist when new add. completed.

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[X] Roofing
[X] Siding
[ ] Fence ______ Height (6' or over)
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # JAN 25 95 0 0 0 5 9 2
Permit #

Brick

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

Block 524 Lot 7-10
Work Site Location 445 Central Ave
Brick, NJ 08723
Owner in Fee Rudolf H Duke Duke
Address same

Tele. ( )
Contractor same
Address
Tele. [redacted]
Lic. No.
Federal Emp. No. or Social Security N [redacted]

3

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed addition
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1/31/95	BK
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/5/96	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

PAR window sticker

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
4		Fixtures (1)	
21		Receptacles (2)	
8		Switches (3)	
33		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
4		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
1	1 Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	

Paid [ ] Check # 711
Collected by:

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 40.—

U.C.C. Form F-1206 RF

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

USC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/17/2000
Date Issued 04/17/2000
Control #
Permit # 94-3027+A

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

Block 524 Lot 7 Qual
Work Site Location 445 CENTRAL AVE
REINSTATE BLDG/ELECTRIC
Owner in Fee DUKE, RUDOLF
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO
Date: 1/8/2000
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1/31/05	BK
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			1/5/01	BB

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

PER WINDOW STICKER

9/18/00 OVER I

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other REINSTATE	35
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/17/2000
Date Issued 04/17/2000
Control #
Permit # 94-3027+A

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

Block 524 Lot 7 Qual
Work Site Location 445 CENTRAL AVE
REINSTATE BLDG/ELECTRIC
Owner in Fee DUKE, RUDOLF
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other REINSTATE	35
		Other	0

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ 35
DCA Training Fee $ 0

Paid [ ] Check #
Collected by:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # JAN 25 95 0 0 0 5 9 2
Permit #

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

Block 524 Lot 7 - 10
Work Site Location 445 Central Ave
Brick, NJ 08723
Owner in Fee Rudolf H Duke Duke
Address SAME

Tele. ( )
Contractor SAME
Address
Tele. [redacted]
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed addition
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

T. Duke
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
4		Fixtures (1)	
21		Receptacles (2)	
8		Switches (3)	
33		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
4		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
1	1. Kw	Generators	
	___ Amp	Service Entrance	
		Other	

Paid [ ] Check # 711
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40. -

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/20/94
Date Issued
Control #
Permit # 3027-94

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

Block ~~30~~ 524 Lot 7,8,9 & 10
Work Site Location 445 CENTRAL AVE

Owner in Fee RUDOLF DUKE
Address SAME

Tele. [redacted]
Contractor OWNER
Address

Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other Combustible air
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. [ ] Elevator
[X] Fire Plans Approved
Date: ~~9~~ 10-18-94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 4/26/96
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			4/26/96	
Mechanical				
TCO				
Other				
Other				
Other			8/15/95 not Ready Cancelled	

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.

X
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 RE IPC	4	46
Heat Detectors Battery Backup		
TOTAL	4	
Stand Pipes interconnected		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
(Gas) or Oil Fired Appliance	1	33
OTHER		

Administrative Surcharge $ 79 —
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/20/94
Date Issued
Control #
Permit # L 30274-94

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

Block 30 524 Lot 7,8,9 & 10
Work Site Location 445 CENTRAL AVE
Owner in Fee RUDOLF DUKE
Address SAME
Tele. [redacted]
Contractor OWNER
Address
Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar Combustible air
[ ] Other
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. [ ] Elevator
[X] Fire Plans Approved
Date: 9/ 10-18-94
Approved by:
SUBCODE APPROVAL:
[ ] CO [X] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test	9/	9/		
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.

X [signature]
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	609	455
Smoke Detectors PC Battery backup	4	46
Heat Detectors		
TOTAL	4	
Stand Pipes interconnected		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
(Gas) or Oil Fired Appliance	1	33
OTHER		
Administrative Surcharge		$ 79.-
Minimum Fee		$
DCA Training Fee		$
TOTAL FEE		$

Paid [ ] Check #
Collected by:

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/20/94
Date Issued
Control #
Permit # 3027-94

gas to gas

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

Block 524 Lot 7, 8, 9, 10
Work Site Location 445 CENTRAL AVE
BRICK
Owner in Fee ~~SAME~~ RUDOLF DUKE
Address SAME
[redacted]
Tele.
Contractor
Address
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/12/94
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 1-27-95

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
10	~~Active Solar System~~ Vent	10
1	Other furnace	15

Administrative Surcharge $ 25
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/20/94
Date Issued
Control #
Permit # 3027-94

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

Block 524 Lot 7, 8, 9, 10
Work Site Location 445 CENTRAL AVE
BRICK
Owner in Fee ~~SAME~~ RUDOLF DUKE
Address SAME
[redacted]
Tele.
Contractor OWNER
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/12/94
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) Ja + Ja

NO.	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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
2	~~Active Solar System~~ Vent	10
1	Other furnace	15

Administrative Surcharge $ 25
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Sept. 27, 1994 09/94 Z 0002

Block 524 **Lot** 7 **Zone** R-7.5

Property Address: 445 Central Ave., Cedarwood Park

Owner: Victoria & Rudolf Duke **(Phone)** [redacted]

Applicant: Victoria Duke **(Phone)**

Use: Single-family dwelling

Proposed Construction (if any): 25' by 25' addition - 625 square feet - Three bedrooms.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kierney

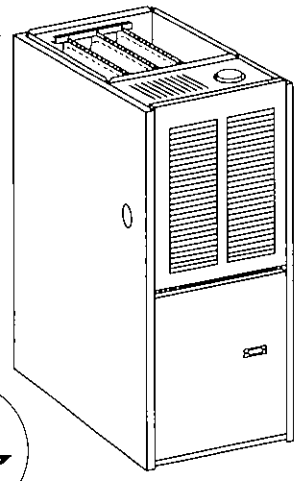
Land Use Officer

Comfortmaker®
Air Conditioning & Heating

CGNI Series
SPECIFICATIONS
Deluxe High Efficiency Gas Fired
Upflow/Horizontal Furnace

STANDARD FEATURES
- A.G.A. DESIGN CERTIFIED
- CGA APPROVED
- CATEGORY I VERTICAL VENTING
- SINGLE PIPE HORIZONTAL VENTING
- FULLY ASSEMBLED AND PREWIRED
- INDUCED DRAFT POWER VENTOR
- THERMALLY LINED ONE PIECE STEEL CABINET
- RPJ II ALUMINIZED STEEL HEAT EXCHANGER
- BLOCKED FLUE SAFETY SWITCH
- TOTAL FURNACE CONTROL WITH BLOWER SWITCHING, 100% SAFETY SHUT-OFF, MULTI-TRY DIRECT IGNITION, DIAGNOSTIC LIGHT, AND T1 TIMER FEATURE
- HUMIDIFIER AND ELECTRONIC AIR CLEANER TERMINALS
- 24 VOLT TRANSFORMER
- MULTI-SPEED DIRECT DRIVE MOTOR
- LARGE PERMANENT FILTER WITH FILTER RACK
- 5 YEAR MOTOR AND CONTROL WARRANTY (LIMITED)
- 25 YEAR HEAT EXCHANGER WARRANTY (LIMITED)

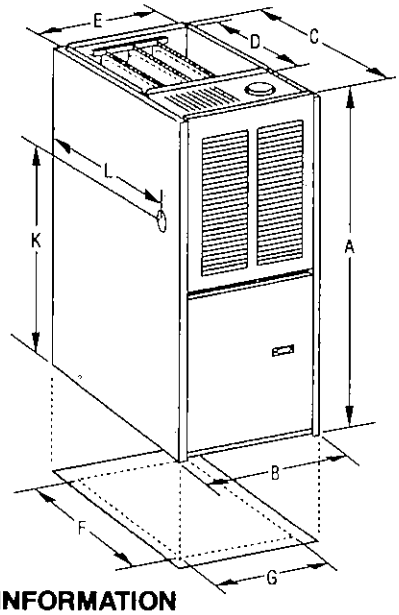
RPJ II

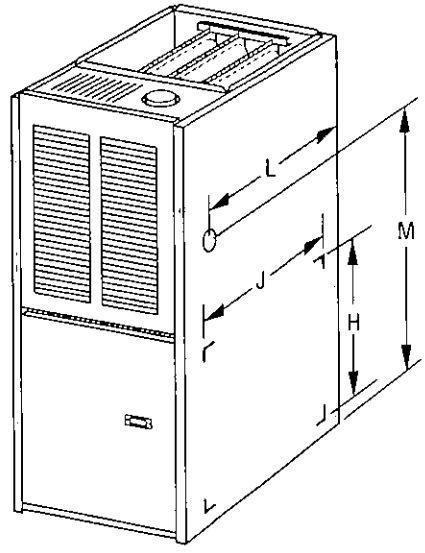


DESIGN AMERICAN GAS ASSOCIATION CERTIFIED

APPROVED

WARRANTIES: (LIMITED)
Standard warranties of motor and controls are extended for a period of 5 years. Furnace Heat Exchangers are warranted for a period of 25 years against defects in workmanship or material. Limited warranties applicable to this equipment are set forth in the manufacturer's published warranty statement, which is available from our office (address on this literature) and from local distributors of our products in your area (see your phone directory).





DIMENSIONAL INFORMATION

MODEL GNI	CABINET			SUPPLY AIR		RETURN AIR BOTTOM		RETURN AIR SIDE		GAS CONNECTION		
	A	B	C	D	E	F	G	H	J	K	L	M
045A012	40	15½	28½	18½	14	23⅛	12⅝	12¼	22½	28¼	26	23⅞
060A012	40	15½	28½	18½	14	23⅛	12⅝	12¼	22½	28¼	26	23⅞
080A012	40	19⅛	28½	18½	17⅝	23⅛	14¾	14½	22½	28¼	26	23⅞
080A016	40	19⅛	28½	18½	17⅝	23⅛	14¾	14½	22½	28¼	26	23⅞
100A016	40	22¾	28½	18½	21¼	23⅛	18¾	17	22½	28¼	26	23⅞
100A020	40	22¾	28½	18½	21¼	23⅛	18¾	17	22½	28¼	26	23⅞
120A020	40	22¾	28½	18½	21¼	23⅛	18¾	17	22½	28¼	26	23⅞

1136 Heil-Quaker Boulevard, LaVergne, TN 37086

7612-069

REVISED: AUGUST, 1993
SUPERSEDES: FEBRUARY, 1993

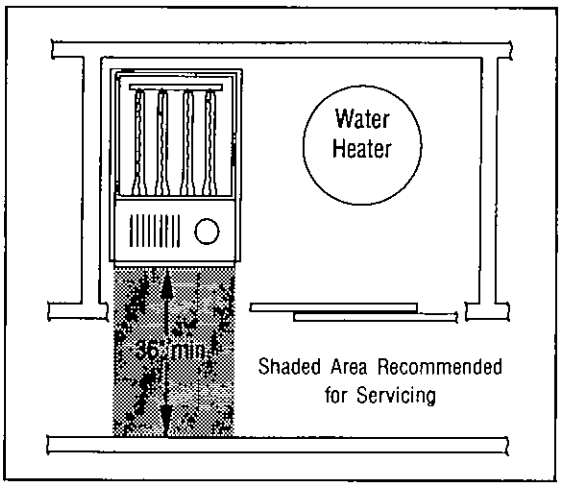
SPECIFICATION AND INFORMATION

MODEL		045A012	060A012	080A012	080A016	100A016	100A020	120A020
ELECTRICAL SPECIFICATION	VOLTAGE (NAME PLATE)	115 / 120V						
	MIN./MAX. VOLTAGE	102 / 132V						
	MINIMUM CKT. AMPACITY	10.3	10.3	10.3	14.5	14.5	20	20
	MAX. OVERCURRENT PROTECTION	15	15	15	20	20	25	25
HEATING① PERFORMANCE	INPUT BTUH	45,000	60,000	80,000	80,000	100,000	100,000	120,000
	OUTPUT BTUH	36,000	48,000	65,000	64,000	80,000	80,000	96,000
	AFUE % (ICS) ELEC. IGN.	80.5	80.5	80.5	80.5	80.4	80.4	80.5
	CALIFORNIA SEASONAL EFF	73.0	73.4	76.7	74.4	75.1	75.1	75.8
MOTOR AND BLOWER INFORMATION	MOTOR TYPE/NO. OF SPEEDS	PSC / DIRECT DRIVE / 3					PSC / 4	
	MOTOR HP/RPM	1/3 / 1075	1/3 / 1075	1/3 / 1075	1/2 / 1075	1/2 / 1075	3/4 / 1075	3/4 / 1075
	MOTOR FLA/LRA②	6.9 / 11.8	6.9 / 11.8	5/4 / 8.6	10.3 / 13.6	10.3 / 13.6	14.9 / 28.1	14.9 / 28.1
	BLOWER TYPE/QTY.	DIRECT DRIVE / 1						
	BLOWER WHEEL SIZE (DxW)	10 x 6	10 x 8	10 x 10	10 x 10	10 x 10	12 x 12	12 x 12
AIR DELIVERY③	HI SPEED 0.5 ESP (CFM) SIDE / BOTTOM	1156 / 1188	1360 / 1334	1191 / 1131	1522 / 1543	1585 / 1641	2065 / 2050	1953 / 1935
	LO SPEED 0.5 ESP (CFM) SIDE / BOTTOM	740 / 746	769 / 755	858 / 815	1285 / 1341	1366 / 1406	1457 / 1506	1243 / 1294
	TEMP RISE RANGE F DEG	25-55	35-65	30-60	35-65	30-60	40-70	40-70
HEAT EXCHANGER	TYPE	RPJ II						
	MATERIAL CONSTRUCTION	ALUMINIZED STEEL						
	NO. OF CELLS	2	3	4	4	5	5	6
PIPING INFORMATION	GAS CONNECTION SIZE	1/2 INCH						
	VENT SIZE OPENING DIA. (IN) HORIZONTAL	3						
IGNITION SYSTEM	TYPE	INTEGRATED HSI / BLOWER CONTROL						
	IGNITION SEQUENCE	SEVEN TRY						
	FLAME PROVING INTERVAL	7 SECOND						
	SENSOR TYPE	FLAME RECTIFICATION						
BURNER INFORMATION	TYPE/MAT. CONSTR.	INSHOT / ALUMINIZED						
	BTUH CAPACITY PER BURNER	22,500	20,000					
	NO. OF BURNER ASSM.	2	3	4	4	5	5	6
GENERAL INFORMATION	AIR FILTER TYPE	WASHABLE						
	AIR FILTER SIZE	14 x 25 x 1	14 x 25 x 1	16 x 25 x 1	16 x 25 x 1	20 x 25 x 1	20 x 25 x 1	20 x 25 x 1
	QUANTITY	1	1	1	1	1	1	1
	SHIPPING WEIGHT LBS.	127	129	159	159	177	179	179
	NET WEIGHT LBS.	122	124	154	154	172	174	174

①CAPACITY AND EFFICIENCY RATINGS IN ACCORDANCE WITH D.O.E. TEST PROCEDURES.
②FLA BASED ON HIGHEST RATED AMPS FOR MOTORS APPROVED. FOR ACTUAL FLA REFER TO THE MOTOR NAME PLATE.
③REFER TO BLOWER CHART FOR COMPLETE BLOWER INFORMATION.
④REFER TO VENT TABLES IN INSTALLATION INSTRUCTIONS FOR VENT CONNECTION DIAMETER SIZE. IN MOST CASES A 3"-4" OR 3"-5" INCREASER WILL BE REQUIRED AT DISCHARGE VENTOR ASSEMBLY.

CLEARANCE DATA

SERVICE ACCESSIBILITY CLEARANCE



RECOMMENDED CLEARANCE TO COMBUSTIBLE MATERIALS FOR GNI		
	UPFLOW	HORIZONTAL
REAR	0 INCHES	0 INCHES
FRONT (LOUVERED DOOR)①	6 INCHES	6 INCHES
TOP OF PLENUM	1 INCH	1 INCH
TOP OF FURNACE⑤	6 INCHES②	6 INCH
SIDES	0 INCHES	0 INCHES③
SINGLE WALL VENT	6 INCHES	6 INCHES
DOUBLE WALL VENT	1 INCH	1 INCH
THERMO PLASTIC VENT④	3 INCHES	3 INCHES

①SERVICE ACCESS SHALL TAKE PRECEDENCE OVER CLEARANCE TO COMBUSTIBLE MATERIALS
②RECOMMENDED FOR PROPER VENTILATION
③A MINIMUM OF 3 INCHES IS RECOMMENDED FOR INSTALLATION OF GAS PIPING. SIDES IN HORIZONTAL POSITION SAME AS SIDES IN UPFLOW. SIDES ARE SURFACES ADJACENT TO FRONT LOUVER DOOR
④USE THERMOPLASTIC PIPE ONLY, WHEN HORIZONTALLY VENTING
⑤FLUE OUTLET PANEL

CONTINUING ENGINEERING RESEARCH RESULTS IN STEADY IMPROVEMENT. THEREFORE, THESE SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE. ALWAYS CONSULT EQUIPMENT NAMEPLATE FOR EXACT ELECTRICAL REQUIREMENTS.

GNI BLOWER PERFORMANCE DATA (Side Return)

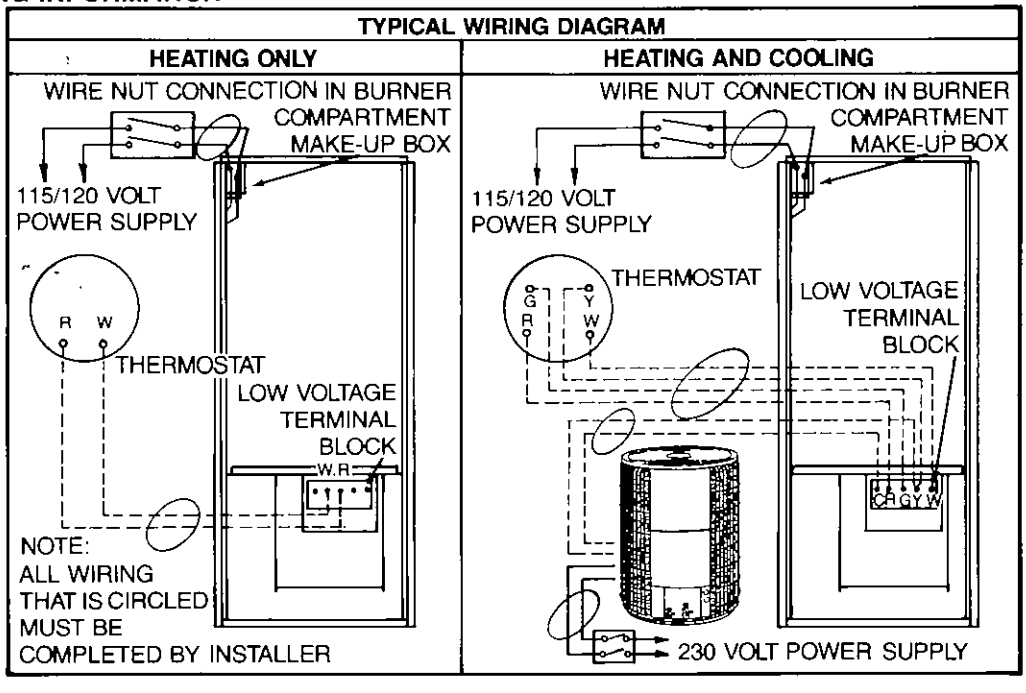
MODEL	WHEEL SIZE	MOTOR H.P.	SPEED	CFM						
				0.10	0.20	0.30	0.40	0.50	0.60	0.70
045A012	10x6	1/3	Low	769	765	760	750	740	705	680
			Med	1128	1100	1076	1042	1007	955	910
			High	1383	1325	1265	1205	1156	1095	1031
060A012	10x8	1/3	Low	764	770	774	772	769	755	721
			Med	1171	1165	1159	1135	1118	1070	1032
			High	1562	1510	1466	1405	1360	1280	1207
080A012	10x10	1/3	Low	1067	1020	984	921	858	780	701
			Med	1231	1180	1125	1080	1027	938	850
			High	1432	1390	1334	1266	1191	1092	1028
080A016	10x10	1/2	Low	1531	1470	1422	1370	1285	1205	1128
			Med	1708	1640	1574	1488	1399	1315	1236
			High	1841	1755	1678	1598	1522	1430	1334
100A016	10x10	1/2	Low	1590	1535	1479	1419	1386	1285	1203
			Med	1722	1669	1609	1540	1473	1398	1316
			High	1859	1785	1710	1650	1585	1500	1421
100A020*	12x12	3/4	Low	1611	1575	1532	1480	1457	1395	1327
			Med Low	1816	1765	1733	1670	1619	1560	1488
			Med High	2005	1960	1923	1860	1805	1750	1681
			High	2250	2205	2158	2110	2065	1995	1922
120A020*	12x12	3/4	Low	1357	1325	1290	1270	1243	1225	1195
			Med Low	1542	1525	1503	1480	1464	1430	1401
			Med High	1709	1750	1761	1740	1710	1650	1602
			High	2073	2040	2014	1975	1953	1885	1827

*2 SIDED RETURN AIR

GNI BLOWER PERFORMANCE DATA (Bottom Return)

MODEL	WHEEL SIZE	MOTOR H.P.	SPEED	CFM						
				0.10	0.20	0.30	0.40	0.50	0.60	0.70
045A012	10x6	1/3	Low	804	795	786	765	746	725	699
			Med	1179	1150	1121	1080	1046	1000	937
			High	1417	1360	1307	1250	1188	1120	1051
060A012	10x8	1/3	Low	764	775	783	765	755	725	696
			Med	1187	1170	1154	1132	1107	1052	1010
			High	1555	1510	1453	1396	1334	1270	1187
080A012	10x10	1/3	Low	1013	965	935	875	815	741	665
			Med	1169	1121	1068	1026	975	890	807
			High	1360	1320	1267	1200	1131	1038	976
080A016	10x10	1/2	Low	1563	1501	1459	1390	1341	1255	1171
			Med	1709	1650	1591	1508	1443	1365	1271
			High	1804	1748	1697	1620	1543	1450	1347
100A016	10x10	1/2	Low	1607	1550	1516	1460	1406	1330	1258
			Med	1765	1700	1630	1570	1510	1425	1344
			High	1919	1855	1771	1705	1641	1555	1459
100A020*	12x12	3/4	Low	1674	1640	1601	1534	1508	1405	1335
			Med Low	1842	1775	1723	1650	1583	1601	1439
			Med High	2087	1950	1867	1780	1720	1670	1590
			High	2332	2265	2191	2130	2047	1980	1906
120A020*	12x12	3/4	Low	1420	1390	1359	1324	1294	1235	1187
			Med Low	1568	1535	1493	1460	1428	1390	1352
			Med High	1791	1740	1705	1660	1625	1570	1511
			High	2155	2100	2047	1995	1935	1870	1811

TYPICAL WIRING INFORMATION



FILTER REQUIREMENTS (HEATING AND COOLING)①

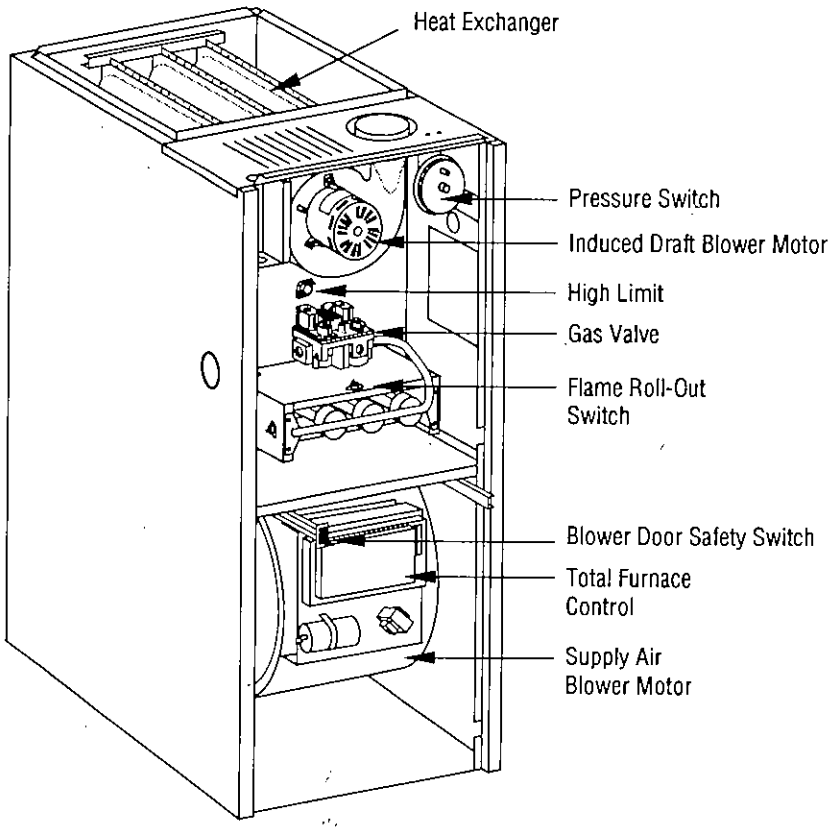
MODEL NO. GNI	FACTORY SUPPLIED EXTERNAL SIDE OR INTERNAL BOTTOM FILTER RACK	OPTIONAL FILTER KITS
		EXTERNAL STAND-OFF FILTER RACK KIT
045A012	(1) 14 x 25 x 1	—
060A012	(1) 14 x 25 x 1	—
080A012	(1) 16 x 25 x 1	—
080A016	(1) 16 x 25 x 1	—
100A016	(1) 20 x 25 x 1②	8G05016
100A020	(1) 20 x 25 x 1②	8G05016
120A020	(1) 20 x 25 x 1②	8G05016

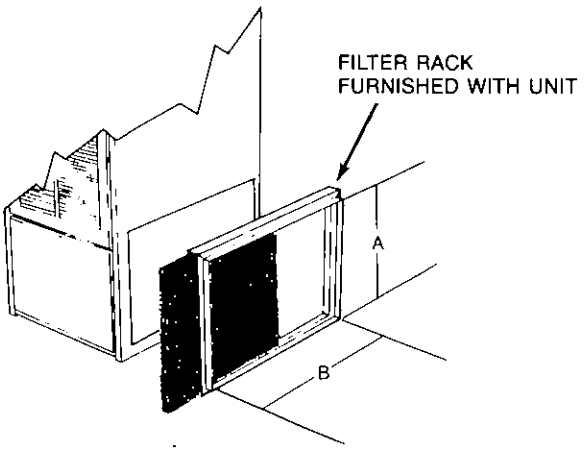
① FILTERS ARE RATED AT 520 FPM OR MORE (WASHABLE TYPE).
② FOR SIDE RETURN APPLICATIONS OVER 1700 CFM, USE 20 x 25 STANDOFF FILTER RACK KIT.

ACCESSORIES

DESCRIPTION	PART NUMBER	SHIP WT. LBS.	WHERE USED
HIGH ALTITUDE KIT (NAT. GAS)	8G07914	1	ALL NAT. GAS UNITS
NAT. TO LPG. CONVERSION AND HIGH ALTITUDE KIT	8G07915	1	ALL NAT. GAS UNITS
STAND-OFF FILTER RETURN KIT LESS FILTER	8G05016	10	GNI 100, 120

SPECIAL FEATURES





FLANGE DIMENSION OF FILTER RACK FURNISHED WITH UNIT

MODEL	DIMENSION	
	A	B
GNI045	12¼	22½
GNI060	12¼	22½
GNI080	14½	22½
GNI100	18½	22½
GNI120	18½	22½

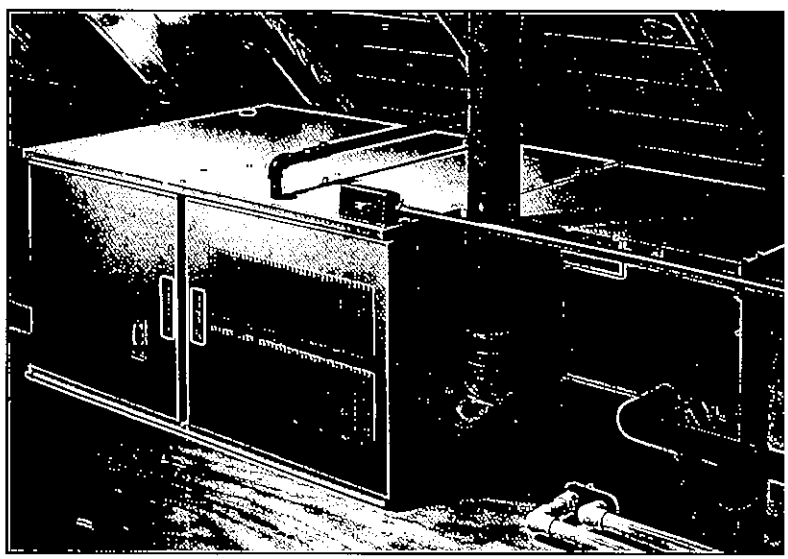
A Name You Can Be Comfortable With

Quality endures. The Comfortmaker brand name is heir to a long history of manufacturing the finest in heating and cooling equipment. In fact, our heritage can be traced back nearly 100 years, to the founding of a furnace company in Saint Louis in 1900. We've been working hard to make people more comfortable ever since!

Today, the Comfortmaker name is a member of the Inter-City Products Corporation (USA) family of brands. Inter-City Products is one of the largest manufacturers of residential heating and cooling equipment in North America. So you can purchase your Comfortmaker home comfort products with confidence, knowing they are backed by the resources of a world-class company.

Comfortmaker®
Air Conditioning & Heating

High Efficiency/Low Profile Gas Furnace— A Powerful Furnace In A Small Package

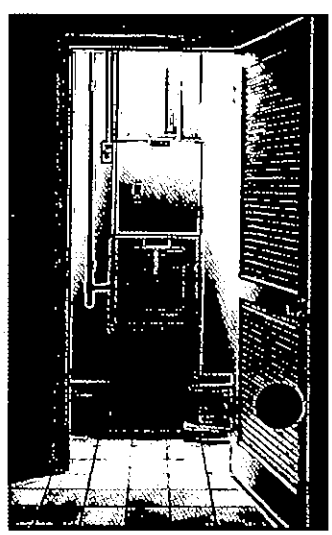


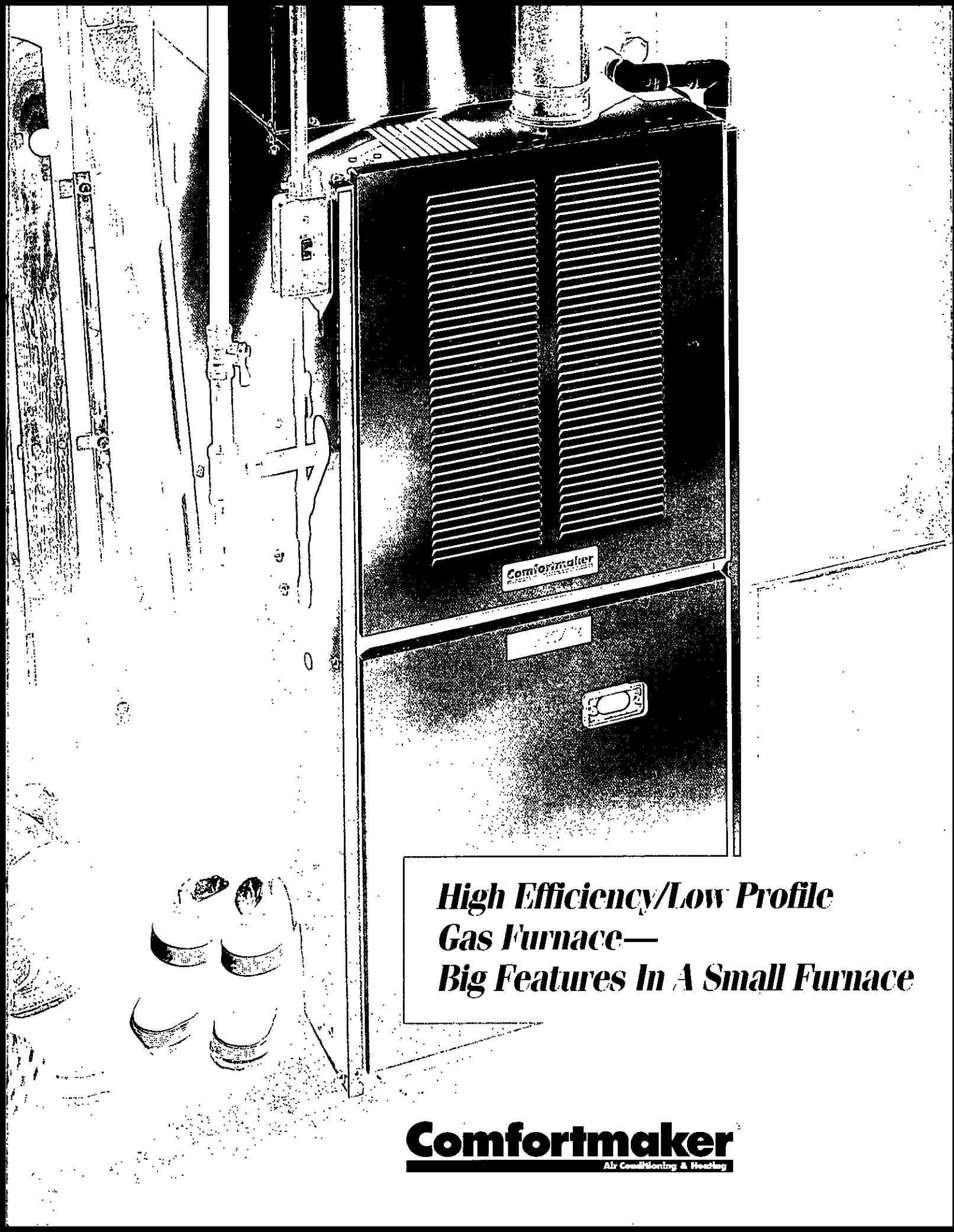
The Height Of Efficiency

A Comfortmaker High Efficiency/Low Profile gas furnace is only 40 inches tall. But don't let the compact size fool you. This powerful little furnace has everything it takes to keep your home warm and cozy all winter long. And energy efficiencies as high as 80% AFUE could mean substantial reductions in your heating bills—month after month!

Go With The Flow

The Comfortmaker High Efficiency/Low Profile gas furnace is available in three models. An upflow configuration (GUI) is designed for homes with basements or main-floor closet installations. A downflow (GDI) is also ideal for closet installations. And our new multi-position model (GNJ) can be installed standing up or on its side—making it just right for installation in an attic or crawlspace. A variety of airflow configurations, coupled with the compact size, gives these units the ability to go where no gas furnace has gone before.





High Efficiency/Low Profile Gas Furnace— Big Features In A Small Furnace

Comfortmaker

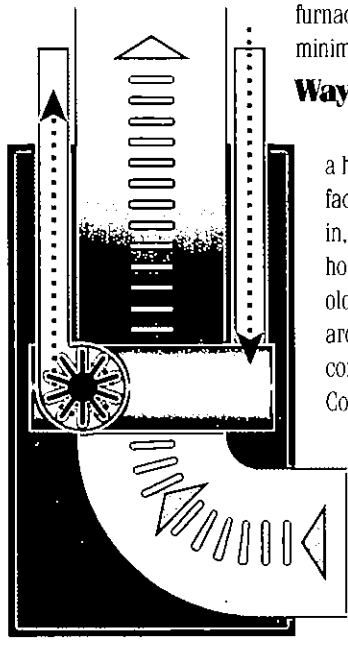
Air Conditioning & Heating

How To Buy A New Heating System

If you're like most people, your home is your biggest investment. And a new heating system is a big investment in your home! So we offer the following information to help you with your buying decision.

The Heating Process

A gas furnace ignites natural or propane gas and uses it to heat a heat exchanger. A blower draws in air and passes it over the heat exchanger, which warms the air. This warm air is then circulated through ducts to heat your home, while exhaust vapors from fuel combustion are vented outside.



Energy Ratings

Gas furnace efficiency is rated by using the "Annual Fuel Utilization Efficiency," also known as the "AFUE." Because some of the heating potential of natural gas or propane is lost during furnace operation, no furnace is considered 100% energy efficient. The AFUE percentage tells you the amount of fuel burned that actually goes toward heating your home on an annual basis. The most efficient furnaces carry the highest AFUE ratings and can offer the most energy savings, depending on local fuel costs and climate.

Federal Minimum Efficiency Standards

Beginning in 1992, Federal Government regulations set minimum efficiency standards for a variety of home heating and cooling products, including gas furnaces. Furnaces currently being manufactured must achieve energy efficiencies of 78% AFUE or higher. Rest assured, all of today's Comfortmaker gas furnaces meet or exceed Department of Energy minimum efficiency standards.

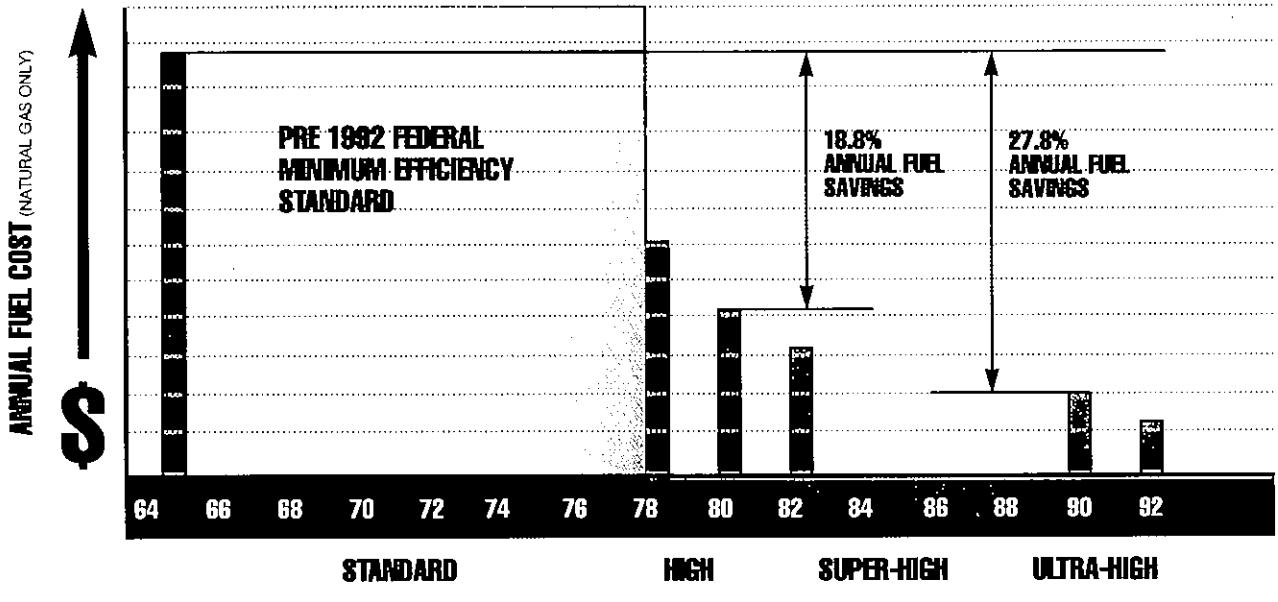
Ways To Save

The amount of money you can save with a higher efficiency furnace depends on several factors, including the part of the country you live in, local utility rates, and the construction of your home. If your furnace is 10 to 15 years old or older, its energy-efficiency rating is probably around 65% AFUE. Depending on operating conditions, installing a high efficiency Comfortmaker furnace now could mean big savings on your monthly utility bills for years to come!

Added Comfort

Want to make your home even more comfortable? Add an electronic air cleaner, humidifier, or electrostatic filter when your new furnace is installed. These devices can greatly improve indoor air quality—including the removal of many allergy-causing particles—and give you maximum control of the humidity level in your home.

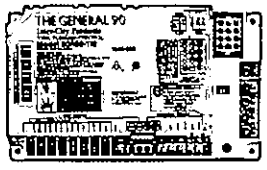
HOW MUCH CAN I SAVE?



Annual fuel costs are based on a furnace operating at the national average of 2080 hours/year and are meant to be used for relative % energy savings as AFUE increases, and are not to be used for actual energy cost calculations.

In Control

The General 90 Total Furnace Control is another Comfortmaker product innovation you'll find on every High Efficiency/Low Profile gas furnace. It places all furnace controls and electrical connections into one simple package, for easy installation and speedy service. Plus, the unique LED diagnostic display directs the service technician to the trouble-spot if problems ever arise. And our multi-position model features an enhanced General 90 with pre-wired connections for a humidifier and electronic air cleaner!



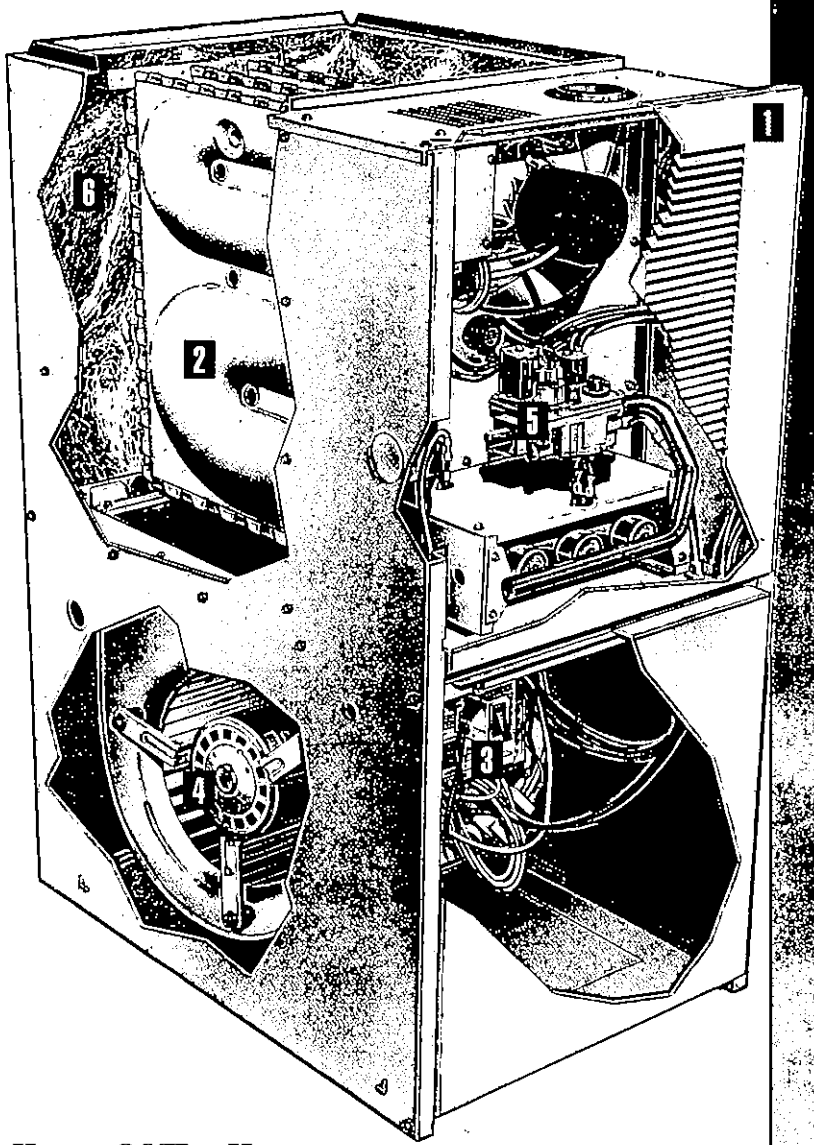
We Stand Behind It

The Comfortmaker brand is well-known for quality. And when you build better heating and cooling equipment, you back it better, too. So every Comfortmaker High Efficiency/Low Profile gas furnace is covered by a 20 year limited warranty on the heat exchanger and a 1 year limited warranty on all other parts—see published warranty for complete details. Get the big time comfort and energy efficiency your home deserves, with a Comfortmaker High Efficiency/Low Profile gas furnace.

MODEL SPECIFICATIONS

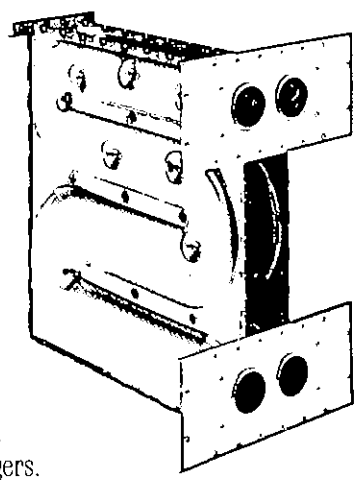
MODEL	INPUT CAPACITY (BTUH)	AFUE	COOLING CAPACITY (TONS)	DIMENSIONS H x W x D (INCHES)
GUI050A012	50,000	80.0	1½–3	40 x 15½ x 28½
GUI075A012	75,000	80.0	2–3	40 x 15½ x 28½
GUI075A016	75,000	80.0	2½–4	40 x 19⅛ x 28½
GUI100A012	100,000	80.0	2–3	40 x 19⅛ x 28½
GUI100A016	100,000	80.0	2½–4	40 x 19⅛ x 28½
GUI100A020	100,000	80.0	3½–5	40 x 22¾ x 28½
GUI125A020	125,000	80.0	3½–5	40 x 22¾ x 28½
GUI150A020	150,000	80.0	3½–5	40 x 22¾ x 28½
GDI050A012	50,000	80.0	1½–3	40 x 15½ x 28½
GDI075A012	75,000	80.0	2–3	40 x 15½ x 28½
GDI075A016	75,000	80.0	2½–4	40 x 19⅛ x 28½
GDI100A012	100,000	80.0	2–3	40 x 19⅛ x 28½
GDI100A016	100,000	80.0	2½–4	40 x 19⅛ x 28½
GDI100A020	100,000	80.0	3½–5	40 x 22¾ x 28½
GDI125A020	125,000	80.0	3½–5	40 x 22¾ x 28½
GDI150A020	150,000	80.0	3½–5	40 x 22¾ x 28½
GNJ050A012	50,000	80.0	1½–3	40 x 15½ x 28½
GNJ075A012	75,000	80.0	2–3	40 x 15½ x 28½
GNJ075A016	75,000	80.0	2½–4	40 x 19⅛ x 28½
GNJ100A012	100,000	80.0	2–3	40 x 19⅛ x 28½
GNJ100A016	100,000	80.0	2½–4	40 x 19⅛ x 28½
GNJ100A020	100,000	80.0	3½–5	40 x 22¾ x 28½
GNJ125A020	125,000	80.0	3½–5	40 x 22¾ x 28½
GNJ150A020	150,000	80.0	3½–5	40 x 22¾ x 28½

AFUE ratings indicate maximum energy efficiencies. Continuing research and development results in steady improvement—specifications subject to change without notice. Ask dealer for important energy cost and efficiency information before purchasing any major appliance.



Heart Of The Heat

The heat exchanger is the heart of any furnace, and our High Efficiency/Low Profile series has a great one: the remarkable RPJ® II non-welded heat exchanger. Most heat exchangers are assembled with welds, which are prone to cracking when the heat exchanger expands and contracts during normal heat-up and cool-down cycles. The patented process used to create the RPJ II heat exchanger replaces welds with an industrial crimping process that produces a far more reliable seal. And because it's made of aluminized steel, the RPJ II heat exchanger resists the corrosion that plagues less-advanced heat exchangers.



Illustrations and photographs in this brochure are only representative. Some product models may vary.

Quality—Inside And Out

1. *Space Saving Low Profile Design allows these models to fit where other gas furnaces won't. Plenty of room for installation of high efficiency cooling coils to further enhance system efficiency.*

2. *RPJ II Heat Exchanger is built from durable aluminized steel. Provides superior heat transfer and reliability. Non-welded construction eliminates potential weld-cracking problems and reduces heat-up and cool-down noise.*

3. *General 90 Total Furnace Control places all furnace control functions in one simple package for quick installation and easy service. Built-in LED diagnostic display actually allows furnace to troubleshoot itself if there's ever a problem.*

4. *Multiple Speed Blower operates quietly, ensures proper airflow throughout the home, even when central air conditioning is added.*

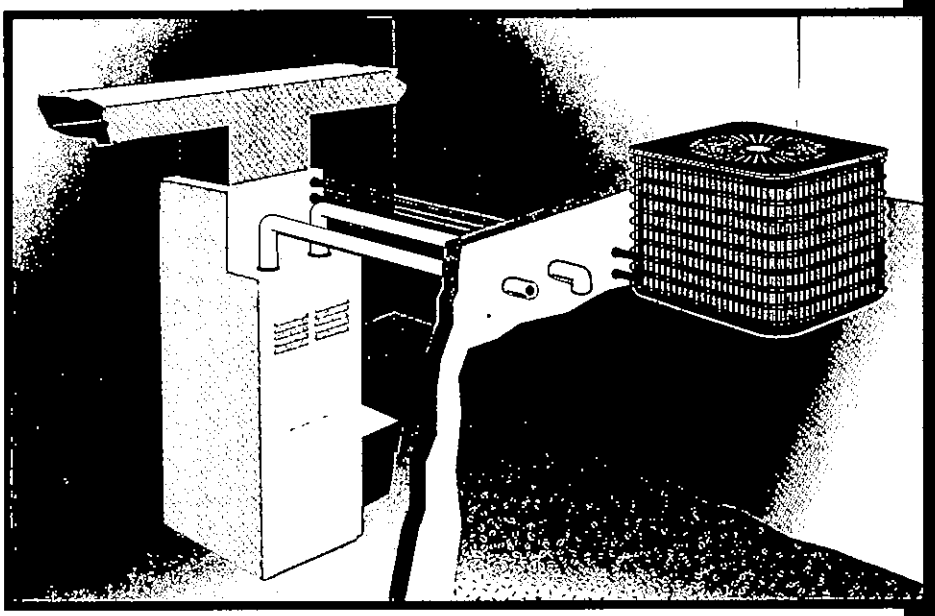
5. *Redundant Gas Valve ensures reliable burner gas regulation and shut-off.*

6. *Fully-Insulated, Reinforced Steel Cabinet prevents heat leakage, and reduces operating noise. Tough acrylic paint is electrostatically-applied over galvanized steel for added durability.*

- *External Filter Rack makes air filter extremely easy to locate and change. Simply slide old filter out and slide new one in whenever filter replacement is necessary.*

Years Of Comfort, Seasons Of Savings

The Comfortmaker brand offers a complete line of home heating and cooling equipment. From gas and oil furnaces, to air conditioners, to heat pumps, to indoor coils and blowers, we've got whatever it takes to keep you comfortable. And it's all backed by the strength of Inter-City Products—one of the largest manufacturers of residential heating and cooling products in North America! Wherever you live, whatever your needs, count on high quality, high efficiency Comfortmaker products and your local dealer to make your home a castle filled with comfort.



Pairing your new Comfortmaker gas furnace with a Comfortmaker central air conditioner and matching indoor coil provides you with total year-round comfort and maximizes energy savings. Ask your dealer for complete details today!

WHEN YOU WANT HIGH QUALITY HOME COMFORT, ASK FOR IT BY NAME.

Comfortmaker
Air Conditioning & Heating

P.O. Box 6005
11333 Hall Quarter Blvd.
LaVergne, TN 37086

All systems tested and listed by the appropriate testing agencies.

GUI/GDI/GNJ Series

Part No. 7506-102 Printed 6/94

BLOCK 524

LOT 7-10

DATE 9/28/94

PLUMBING & MECHANICAL CHECK LIST

9-30-94 CALLED PT

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

Form 5007 (Rev. 4/93)

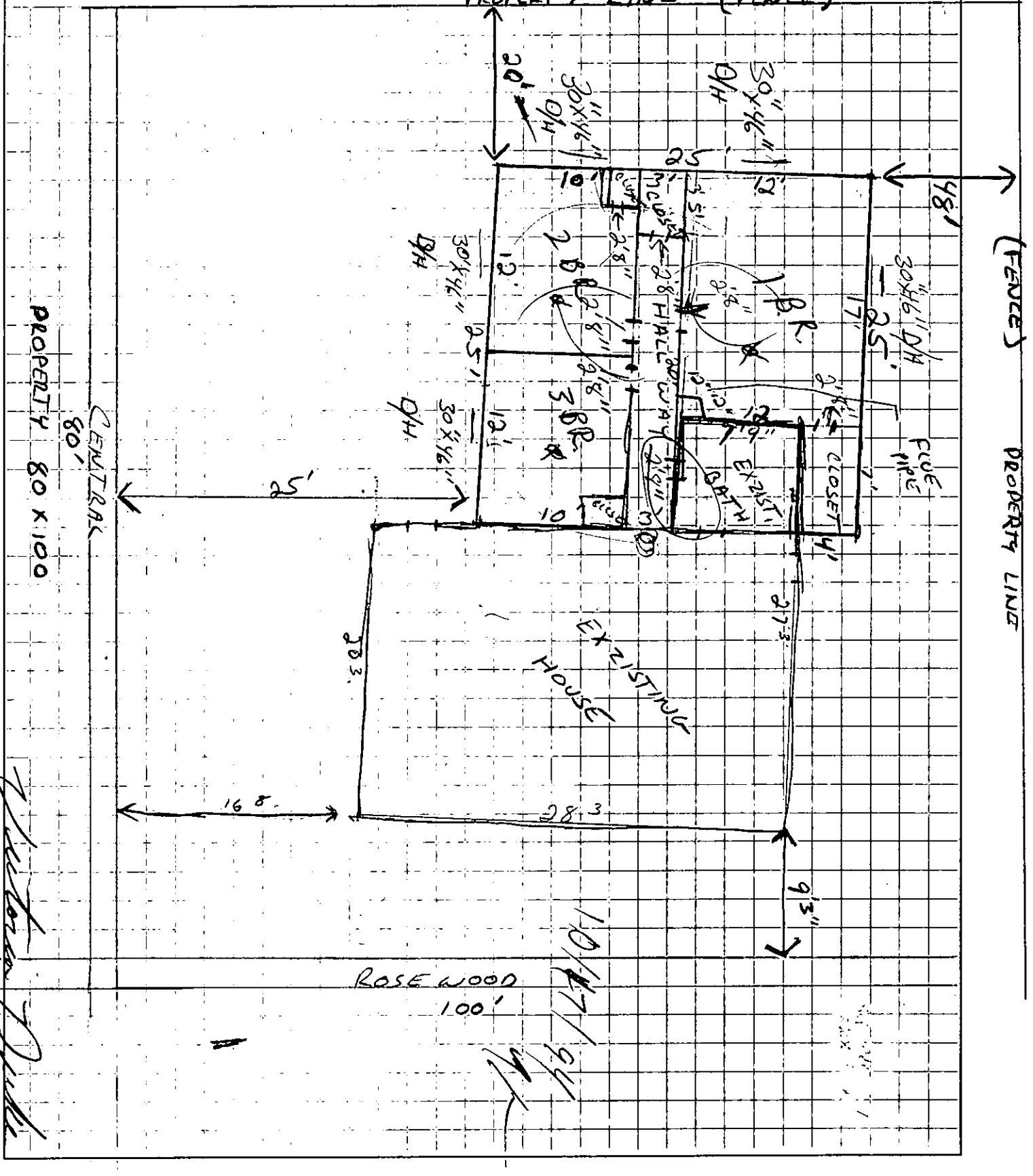
Raytheon
Engineers & Constructors

GENERAL COMPUTATION SHEET

CALCULATION SET NO.	REV.	COMP. BY	CHK'D BY
PRELIM. / FINAL / VOID	0	DATE	DATE
SHEET OF		DATE	DATE
J.O.			

PROJECT _____

SUBJECT _____



TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Municipal Engineer
(908) 477-3000, Ext. 273

TO: Municipal Engineer. DATE: Sept 22 1994

I Rudolf Duke of 445 Central Ave
(Name - Please Print) (Address)

The property _____ is located
_____ is not located in a flood zone.

BLOCK: 30 LOT: 78, 9&10

Request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Phone No. 477-1466

R Duke
Signed by Applicant

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

Approved Date: _____ By _____

Rejected Date: _____ By _____

Remarks: _____

190-31. Plot plan (Added 12-28-80 by Ord. No. 354-2P-80; amended 6-12-84 by Ord. No. 354-2XXX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications:

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

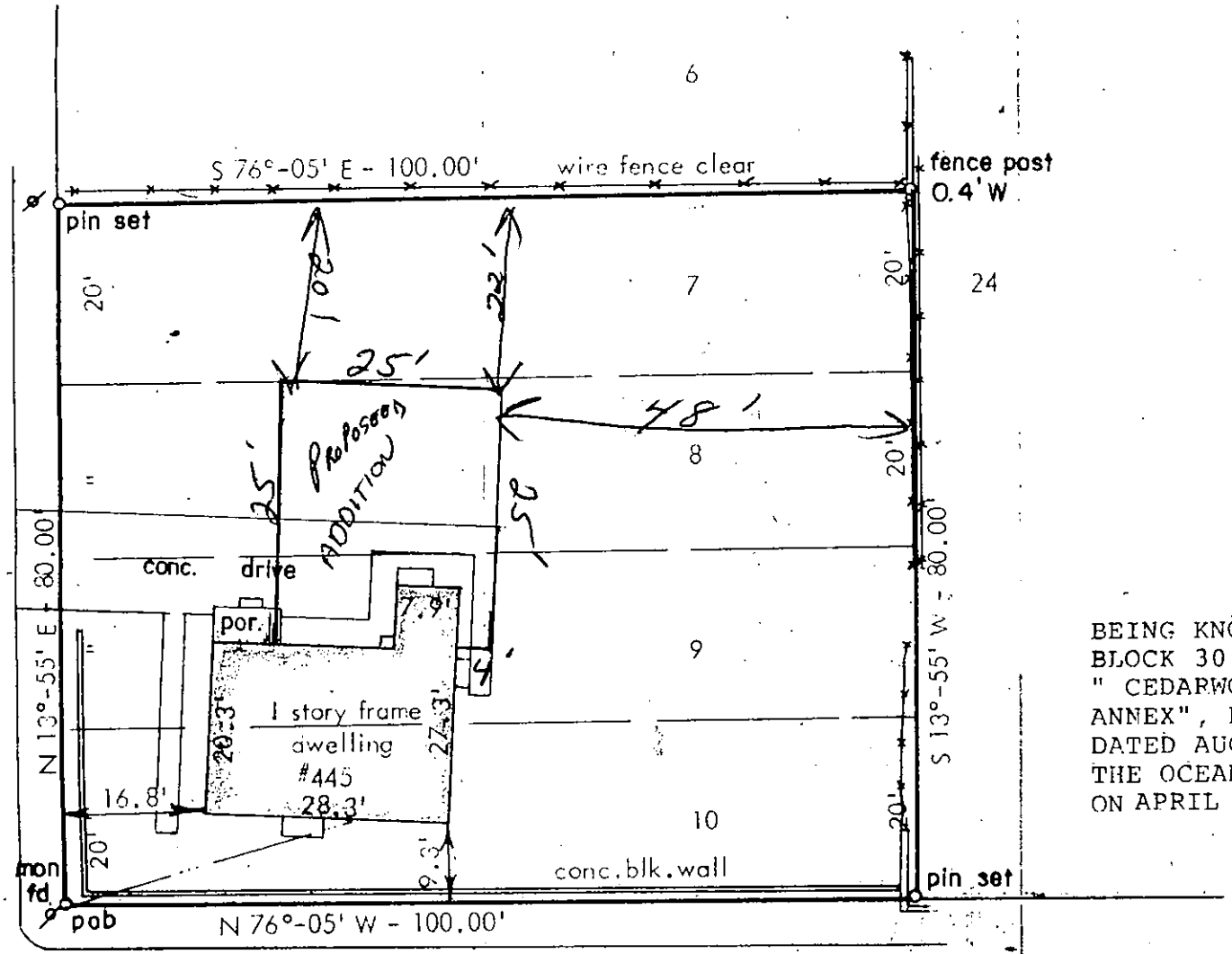
B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

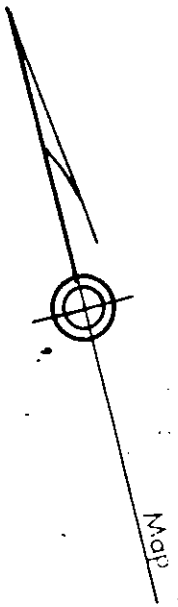
(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) A Site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

C. Petitions for plot plan exemptions are to be made to the Township Engineer in writing.





BEING KNOWN AS LOTS 7,8,9 AND 10, BLOCK 30 AS SHOWN ON MAP ENTITLED, " CEDARWOOD PARK,SUBDIVISION C-ANNEX", BRICK TOWNSHIP,OCEAN CO.,N. DATED AUGUST 22,1929 AND FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON APRIL 15,1942 AS MAP NO. B-315..

CERTIFIED TO: RUDOLF H.DUKE,JR. & VICTORIA DUKE,HIS WIFE,RONALD KING AND BARBARA KING,AS MORTGAGEES, COMMONWEALTH LAND TITLE INSURANCE COMPANY & SAMUEL M.MORRIS,ESQ.

SURVEY OF PROPERTY

BRICK TOWNSHIP OCEAN COUNTY N.J.
SCALE 1"= 20' APRIL 12,1989

LIC. NO. 15106

WALTER J. PARTINGTON
LICENSED LAND SURVEYOR

OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED FOR ESTABLISHING PROPERTY LINES.

This certification is made only to named parties for purchase and/or mortgage of herein delineated property by named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose

APPLICANT RUDOLF-DOKE

LOCATION: LOT 78910 BLOCK 30 STREET CENTRAL SECTION CEDAR WOOD

TYPE: ADDITION

PERMIT # _____

TYPE ROOFING Asphalt Strip Shingle

RAFTER SIZE AND SPACING 2x6 16" O.C.

ROOF SHEATHING 1/2 Ply CDX

CEILING JOIST SIZE AND SPACING 2x6 16" O.C.

TYPE SIDING Vinyl

WALL SHEATHING Plywood 1/2 CDX

TYPE WINDOWS HURD

WALL FRAMING SIZE AND SPACING 2x4 16" O.C.

CEILING INSULATION -R 30

WALL INSULATION -R 13

FLOOR INSULATION -R ~~R19~~

SUB-FLOOR 3/4" Plywood

FLOOR JOIST SIZE AND SPACING 2x8 16" O.C.

GIRDER 2x8

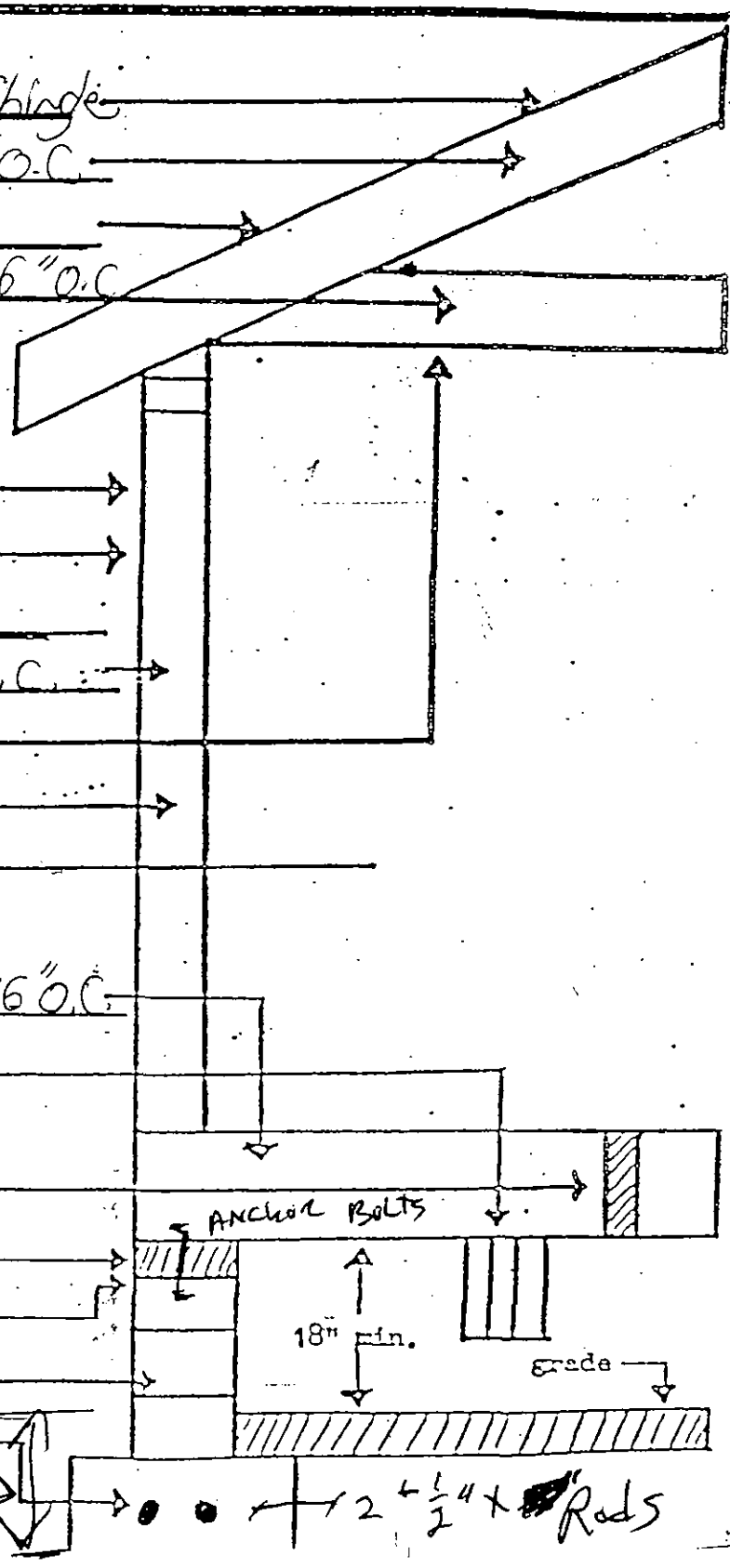
BRIDGING 1x3 Spruce

SILLPLATE 2x6 CCA

TERMITE SHIELD Sill Sealer

BLOCK FOUNDATION 8" x 16"

FOOTING 8" x 16"



L&H Plumbing and Heating Supplies, Inc.
Air Conditioning • Well • Pump & Irrigation Equipment

MAIN OFFICE:
190 OBERLIN AVENUE N.
LAKEWOOD, NEW JERSEY 08701

FAX # (908) 905-9628
(908) 905-1000

Dear Customer:

Enclosed is the Load Calculation Report you requested. L&H Plumbing and Heating Supplies, Inc. is happy to provide this as a service to you, our valued customer.

This report was prepared using A.C.C.A. Manual–J 7th edition data, an approved industry standard for residential load applications. As such, we feel confident that the results in this report are as accurate as is reasonably possible.

If you have any questions regarding this report or need any other assistance, please feel free to contact L&H Plumbing and Heating Supplies' Technical Services Department at 908/905-1000.

Thank you for your continued patronage.

Sincerely,

L&H Plumbing and HeatingSupplies, Inc.
Technical Services Staff

Computed results are estimates, since building construction and operating conditions are subject to variation.

S/N 2453 RIGHT-J SHORT FORM 10/05/94

Job #: 229547/RUDY DUKE
For: FIGNER, WILLIAM C. (F304)
1251 CAPSTAN DRIVE
FORKED RIVER NJ 08731
(908) 971-1849

By: L & H PLUMBING & HEATING SUPPLIES INC.
190 OBERLIN AVE. NORTH
LAKEWOOD NJ 08701
(908)905-1005

	Htg	Clg
Outside db	0	95
Inside db	70	75
Design TD	70	20
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	31
Const. Quality		a
# of Fireplaces		0

HEATING EQUIPMENT

Make	COMFORTMAKER, BURNHAM	
Model	WEIL McLAIN, SLANT FIN	
Type	OR AIR PRO.	
Efficiency / HSPF	0.0	
Heating Input	0	Btuh
Heating Output	0	Btuh
Heating Temp Rise	0	Deg F
Actual Heating Fan	920	CFM
Htg Air Flow Factor	0.024	CFM/Btuh

COOLING EQUIPMENT

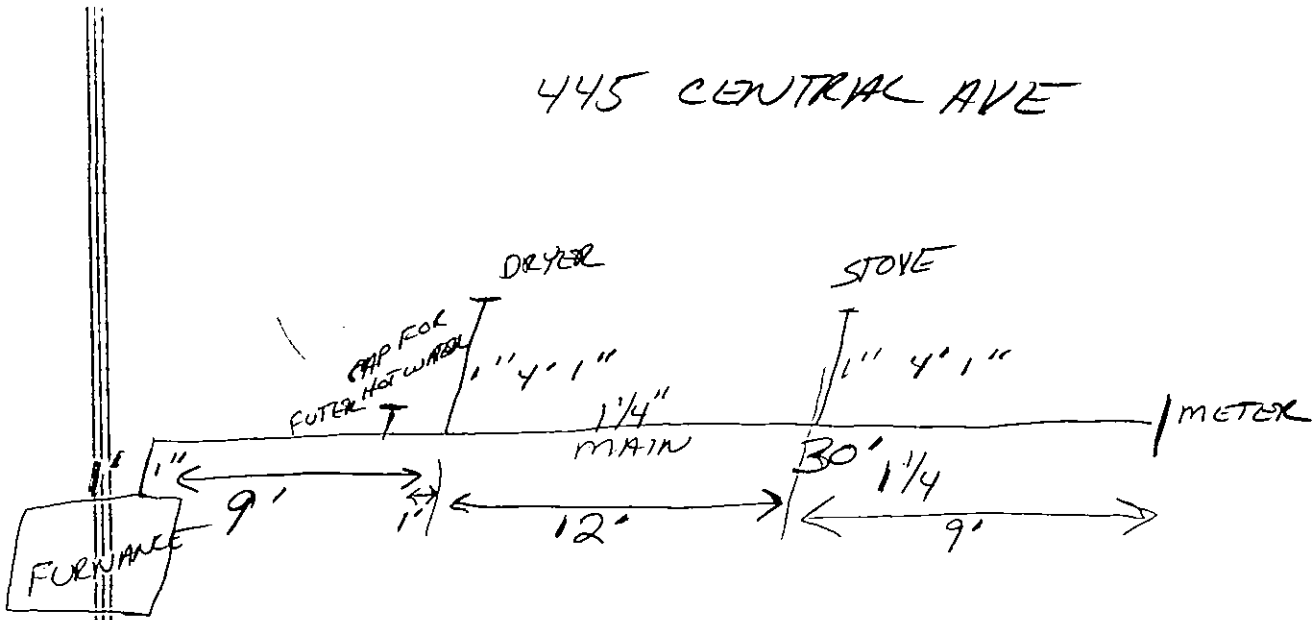
Make	COMFORTMAKER OR AIR PRO	
Model		
Type	10.0 S.E.E.R. MIN.	
COP/EER/SEER	0.0	
Sensible Cooling	0	Btuh
Latent Cooling	0	Btuh
Total Cooling	0	Btuh
Actual Cooling Fan	920	CFM
Clg Air Flow Factor	0.040	CFM/Btuh

Space Thermostat HONEYWELL

Load Sensible Heat Ratio 88

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
MAS BED	216	5944	2739	145	109
MAS CLOSET	35	819	267	20	11
BATH	64	344	107	8	4
KITCHEN	156	5062	3526	124	140
ROOM ?	72	4532	2532	111	100
LIVING ROOM	378	12660	9723	310	385
BED 3	88	2658	1689	65	67
BED 2	120	5038	2440	123	97
HALLWAY/CLOSET	75	533	177	13	7
Entire House	1204	37589	23200	920	920
Ventilation Air		0	0		
Equip. @ 1.00 RSM			23200		
Latent Cooling			3075		
TOTALS	1204	37589	26275	920	920

445 CENTRAL AVE



30' 1¼ MAIN

30#

Victoria Duke

Form 5007 (Rev. 4/93)

Raytheon
Engineers & Constructors

GENERAL COMPUTATION SHEET

CALCULATION SET NO.			REV.	COMP. BY	CHK'D BY
PRELIM.	FINAL	VOID	0	DATE	DATE
SHEET OF				DATE	DATE
J.O.					

PROJECT _____

SUBJECT Heat Loss Survey

① CATLOG specifications

② GAS: piping Black pipe

Length 30' x 1¼"

Size 1¼" main with 1" feeders

③ Appliance Rating

Dryer Input B.T.U./HR 18,000

Stove Input B.T.U./HR 47,000

Furnace Input B.T.U./HR 100,00

1" FEEDER LINE

TO FURNANCE, STOVE & DRYER.

APPLICANT RUDOLF-DOKE

LOCATION: LOT 7&8&10 BLOCK 30 STREET CENTRAL SECTION CEDAR GROVE

TYPE: ADDITION

PERMIT # _____

TYPE ROOFING Asphalt Strip Shingle

RAFTER SIZE AND SPACING 2x6 16" O.C.

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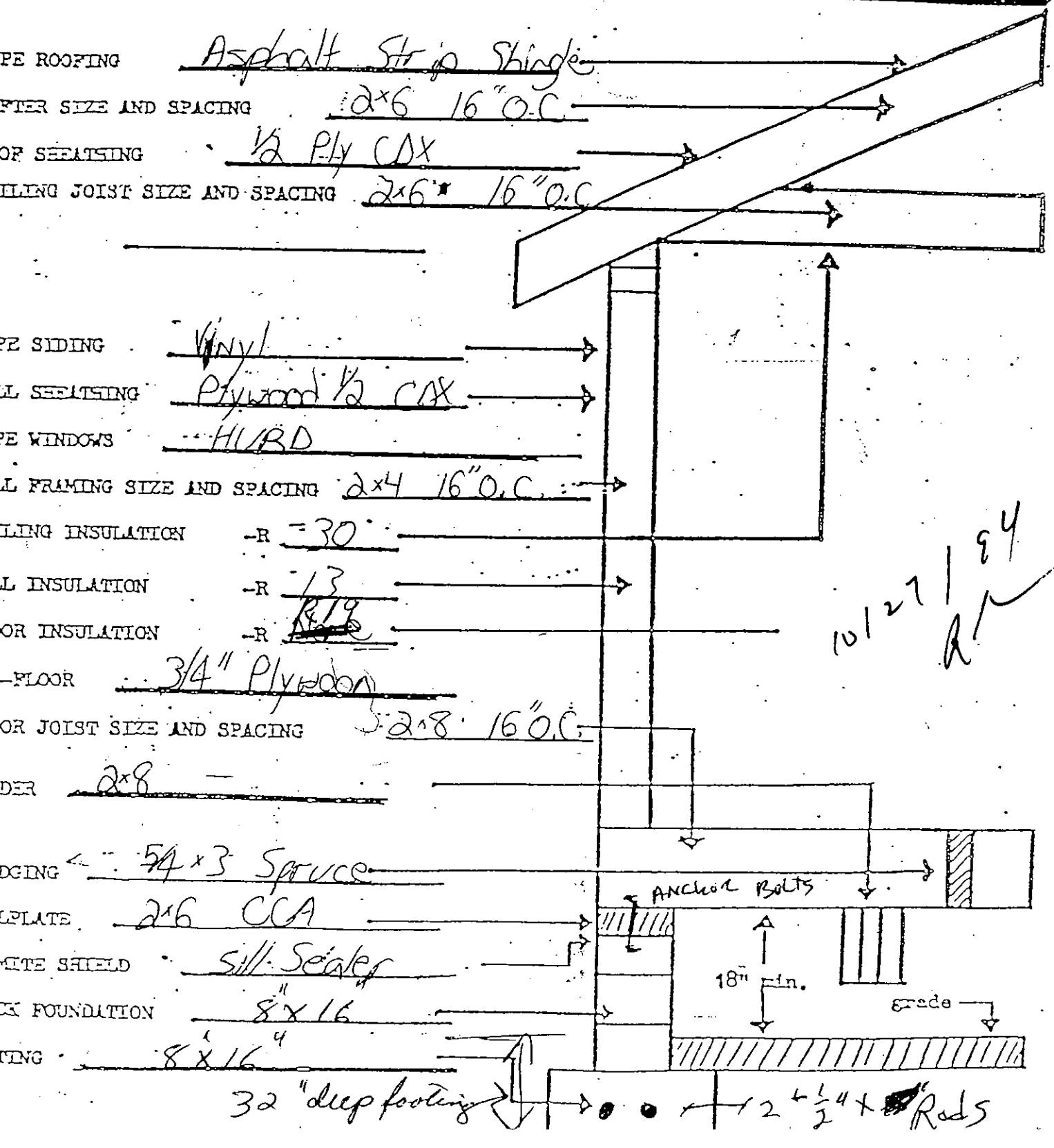
10/27/94



Form 5007 (Rev. 4/93)

Raytheon
Engineers & Constructors

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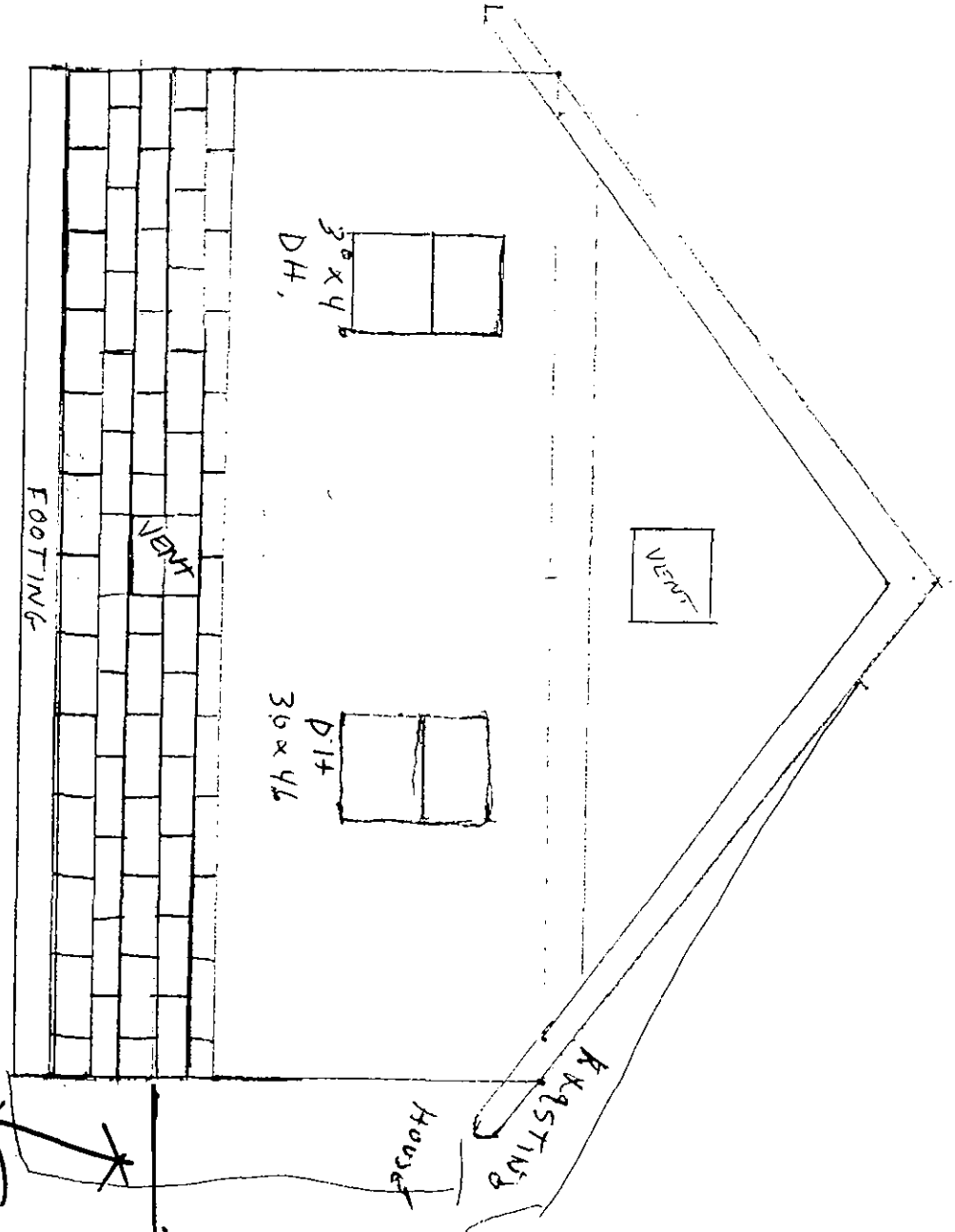
PROJECT _____

SUBJECT _____



SIDE VIEW

Form 5007 (Rev. 4/93)

Raytheon
Engineers & Constructors

GENERAL COMPUTATION SHEET

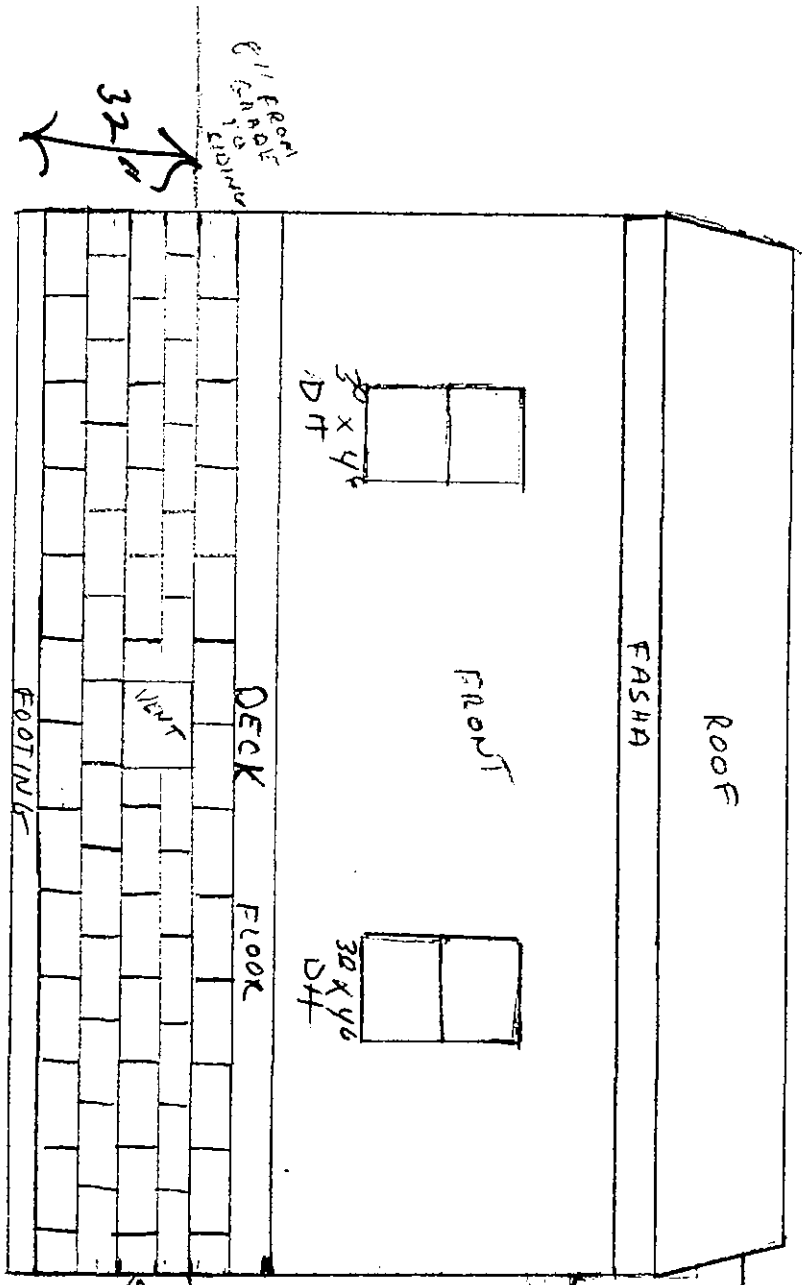
CALCULATION SET NO.			REV.	COMP. BY	CHK'D BY
PRELIM.	FINAL	VOID	0	DATE	DATE
				DATE	DATE

SHEET OF

J.O.

PROJECT _____

SUBJECT _____



FRONT VIEW

Christian Duke

Form 5007 (Rev. 4/93)

Raytheon
Engineers & Constructors

GENERAL COMPUTATION SHEET

CALCULATION SET NO.			REV.	COMP. BY	CHK'D BY
PRELIM.	FINAL	VOID	0	DATE	DATE
SHEET OF				DATE	DATE
J.O.					

PROJECT

SUBJECT