BLOCK 702 / 11 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 249 Chambers Bridge Rd PERMIT NO. 16-1606

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII CLC-001734

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambers Bridge RD Brick
2. Name of Owner in Fee: Silvio Silvi (Rita Silvi) (Chocolate Rail)
   T [redacted] e-mail [redacted]
   Address 187 Rt 37 W Toms River NJ 08753 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Kingdom First Heating-Cooling Tel. (848) 223-2498
   Address 14 Wendy Ave e-mail _____
   Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 03/01/2017
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH08831000
   Federal Emp. ID No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical	100		
3. Plumbing	105		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	9-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 499		

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 _____

COMMERCIAL

IIa. PROPOSED WORK

Proposed to gas

- ☐ 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		MFF	4/14/16						
☑ Electrical					4/27/16	PJC			
☐ Plumbing					4.22.16				
☐ Fire Protection					4/26/16				
☐ Elevator									
TOTAL COST									

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

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 [signature] Date [illegible]6

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 Kingdom First Heating & Cooling LLC
Address 141 Wendy Lane
Toms River N.J. 08753
Telephone (848) 223-2498
Signature [signature]

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/6/2019
Control Number C-16-001734
Permit Number 16-1606
Permit Issue Date 5/13/2016
Certificate Number 16-1606

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. CHOCOLATE BELLS Brick Township, NJ Block: 702 Lot: 11 Qual:

Owner in Fee: TAFF, R TRUST & SILVI, S

Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755

Telephone:

Contractor KINGDOM FIRST HEATING & COOLING

Address 14 WENDY LANE TOMS RIVER NJ 08753

Telephone: (848) 223-2498 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GAS PIPING - ...CHOCOLATE BELL STORE - PROPANE TO GAS CONVERSION

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:

Daniel J. Newman Jr.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/6/2019

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
4/28/16	Called Nick. Ready for p/u	

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/13/16
Control #
Date Issued
Permit # 16-1606

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

Block 702 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge Road Brick N.J. 08724
(chocalate bell store 1&2)

Owner in Fee: Silvio Silvi

T [redacted] e-m [redacted]

Address 189 R137 West Toms River NJ 08753
street municipality zip code

Contractor: Kingdom First Heating & Cooling LLC Tel. (848) 223-2498

Address 14 Wendy lane e-mail Kingdomfirsthvac@gmail
Toms River N.J. 08753

Contractor License No. Exp. Date 03/01/2017

Home Improvement Contractor Registration No. or Exemption Reason 13VH08831300

Federal Emp. ID No. 475457341 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[Y] Electric Plans Approved SPECS
Date: 4/27/16 Approved by: PSC

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

SUBCODE APPROVAL for PERMIT
Date: 4/27/16
Approved by: P.C

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/29/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Furnace		8-15-16 MW		
Service 4-22-16 MW				
Final			4-26-16 MW	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Nicholas Healy

Print name here: Nicholas Healy

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace 2 furnaces like for like

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	
0		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	
W		KW Central A/C Unit	
2		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Furnace	

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

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

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

no access 2pm WR 8-15-16

4-25-19 WD access IM

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/13/16
Control #

Date Issued
Permit # 16-1606

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

Block 702 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge Road Brick N.J. 08724
(chocolate bell store 1&2)

Owner in Fee: Silvio Silvi

Tel. [redacted] e-mail [redacted]

Address 189 Rt 37 West Toms River NJ 08755
street municipality zip code

Contractor: Kingdom First Heating & Cooling L.L.C Tel. (848) 223-2498

Address 14 Wendy Lane e-mail Kingdomfirsthvac@gmail
Toms River N.J. 08753

Contractor License No. Exp. Date 03/01/2017

Home Improvement Contractor Registration No. or Exemption Reason 13VH08831300

Federal Emp. ID No. [redacted] FAX:

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 $ 2,200

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: 4-22-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-15-16
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			8-15-16	

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: Nicholas Healy

Print name here: Nicholas Healy

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
gas line condensate line OIL to GAS
2 furnace replacements 2 indoor coil replacments

QTY.	FIXTURE/EQUIPMENT	
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	COMMERCIAL 2-1" LINES
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other condensate	

FEE (Office Use Only)

$

Plan only

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.

CONSTRUCTION PERMIT

Date Issued 5/13/16
Control # C-16-001734
Permit # 16-1606

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. CHOCOLATE BELLS Brick Township, NJ
Owner in Fee: TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755
Telephone:

Contractor: KINGDOM FIRST HEATING & COOLING
Address: 14 WENDY LANE TOMS RIVER NJ 08753
Telephone: (848) 223-2498
Lic. No. or Bldrs. Reg. No. 13VH08831300 13VH08831300
Federal Employee. No. 13VH08831300

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:
GAS PIPING ...CHOCOLATE BELL STORE - PROPANE TO GAS CONVERSION

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 $4,700

Construction Official Date 5/13/16

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$150
Plumbing	$150
Fire Protection	$190
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$499
Check No.	1071
Cash/16	$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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/13/16
Control #

Date Issued
Permit # 16-1606

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

Block 702 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge Road Brick NJ 08724

(chocolate store 1&2) ~~house smoke~~ (sweet music room)

Owner in Fee: Silvio Silvi ~~chocolate~~ bella

Te [redacted] e-mail [redacted]

Address 189 Rt 37 West Toms River NJ 08755
street municipality zip code

Contractor: Kingdom First Heating & Cooling LLC Tel. (848) 223-2498

Address 14 Wendy Lane e-mail Kingdomfirsthvac@gmail

Toms River NJ 08753

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 03/01/2017

Home Improvement Contractor Registration No. or Exemption Reason 13VH08831300

Federal Emp. ID I [redacted] FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Modification to Existing OR [ ] Conversion OR [X] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 500

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/26/16
Approved by: LTO MFC
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-15-16
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			6/15/16	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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.

Applicant/Contractor sign here: Nicholas Healy

Print name here: Nicholas Healy

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source 2 furnace like for like
Method of Alarm/Suppression System Supervision

COMMERCIAL

	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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
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 [X] Gas [ ] Oil [ ] Solid	2	
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.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 702 LOT 11 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 249 CHAMBERS BRIDGE ROAD BRICK N.J. 08724

Owner in Fee SILVIO SILVI

Verifying Individual NICHOLAS HEALY Company KINGDOM FIRST HEATING & COOLING

Address 14 WENDY LANE (Street) TOMS RIVER (City) N.J. (State) 08753 (Zip Code)

Tel: 848) 223-2498 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	80% FURNACE	Oil / Gas / Other: GAS	110,000
Appliance 2:	90% FURNACE	Oil / Gas / Other: GAS	90,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Nicholas Healy 4-14-16
Signature Date

~~Oil to Oil~~ or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Nicholas Healy 4-14-16
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ _____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

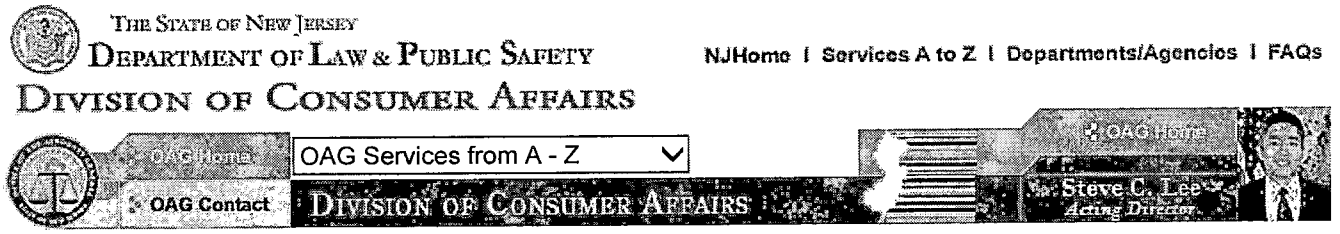
_____ _____
Signature Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)



License Information

Accurate as of April 18, 2016 11:30 AM

Return to Search Results

Name: Kingdom First Heating & Cooling LLC

Address: Toms River,NJ

Profession/License Type: Home Improvement Contractors,Home Improvement Contractor

License No: 13VH08831300

License Status: Active

Status Change Reason: License Issuance

Issue Date: 2/11/2016

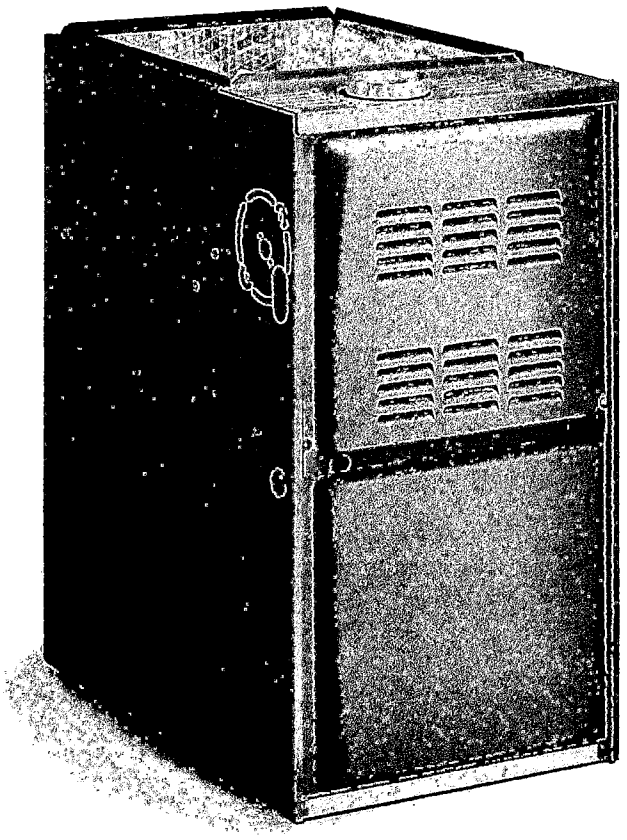
Expiration Date: 3/31/2017

For Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section (973) 424-8150 prompt #2. For consumers requiring information concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section (973) 424-8150 prompt #6.

80G1
PRODUCT SPECIFICATIONS

GAS FURNACE
SINGLE STAGE

FORM NO. 80G1-100 (10/2013)



CONFIGURATIONS
- Upflow / Horizontal
- Downflow

HEAT EXCHANGER DESIGN
- Crimped no-weld aluminized clam shell heat exchanger construction

CABINET DESIGN
- Compact 33" height
- Standardized widths for easy coil fit

AIR DELIVERY SYSTEM
- Multi-speed PSC blower motor
- Easily removable slide out blower design

CONTROLS
- Single stage gas valve
- Self diagnostics saving last 5 fault codes regardlesss of power interruption

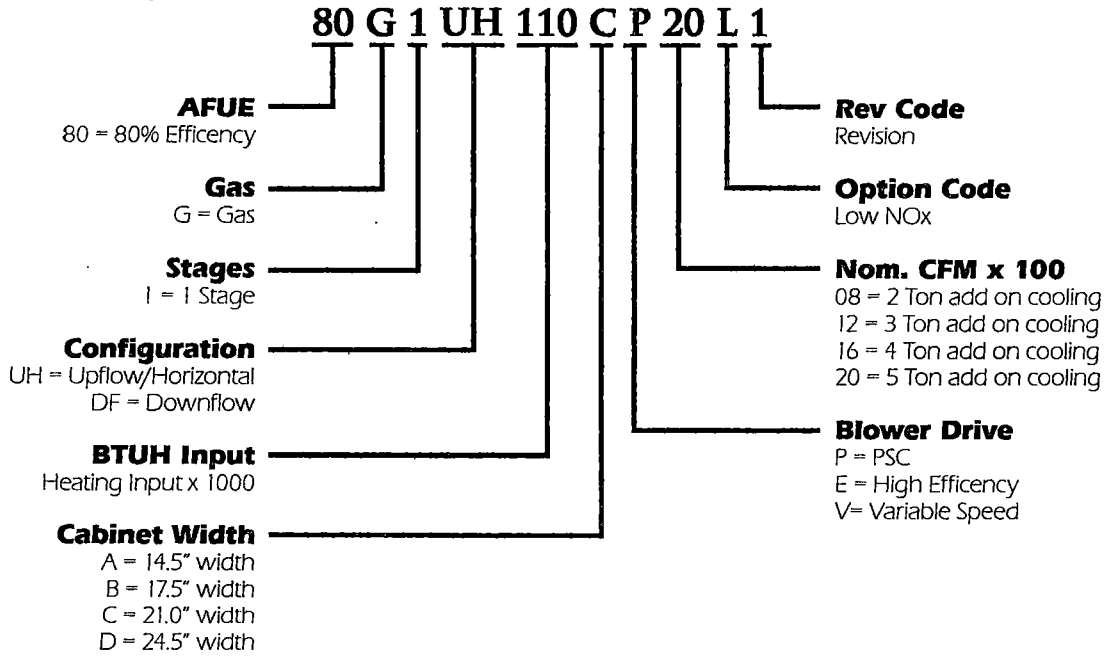
VENTING
- Rotatable draft inducer for venting flexibility

INSTALLATION FEATURES
- Left or right utility connections
- "L" designated models comply with California's
- South Coast Air Quality Managment district Low NOx requirements
- Removable floor base for bottom return air
- Zero step horizontal conversion

WARRANTY
10-Year limited parts warranty / lifetime heat exchanger warranty available. See limited warranty document for details.

Note: Not Sold In Canada

Model Number Guide



Physical and Electrical Data

	Model	Input (Btuh)	Output (Btuh)	AFUE (ICS) %	Nom. Cooling Capacity	Gas Inlet (in.)	Volts/ Hz/ Phase	Max. Time Delay Breaker or Fuse	Nominal F.L.A.	Trans. (V.A.)	Approx. Shipping Weight (lbs.)
Upflow / Horizontal	80G1UH045AP12	44,000	35,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	110
	80G1UH070AP08	66,000	54,000	80.0%	1.5 - 2	1/2	120-60-1	15	3.1	40	114
	80G1UH070AP12	66,000	54,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	119
	80G1UH090BP12	88,000	71,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	131
	80G1UH090BP16	88,000	71,000	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	183
	80G1UH110CP12	110,000	88,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	144
	80G1UH110CP16	110,000	89,000	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	151
	80G1UH110CP20	110,000	89,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	161
	80G1UH135DP20	132,000	107,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	174
	80G1UH045AP12L	44,000	35,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	110
	80G1UH070AP12L	66,000	54,000	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	119
UNIT# 2	80G1UH090BP16L	88,000	71,000	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	138
UNIT# 1	80G1UH110CP20L	110,000	89,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	161
Downflow	80G1DF 045 AP12	44,000	35,200	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	112
	80G1DF 070 AP12	66,000	52,800	80.0%	2 - 3	1/2	120-60-1	15	6.1	40	121
	80G1DF 090 BP16	88,000	70,400	80.0%	3 - 4	1/2	120-60-1	15	8.2	40	140
	80G1DF 110 CP20	110,000	88,000	80.0%	4 - 5	1/2	120-60-1	15	10	40	163

Note: For vent length and clearances to combustibles, please reference installation instructions.

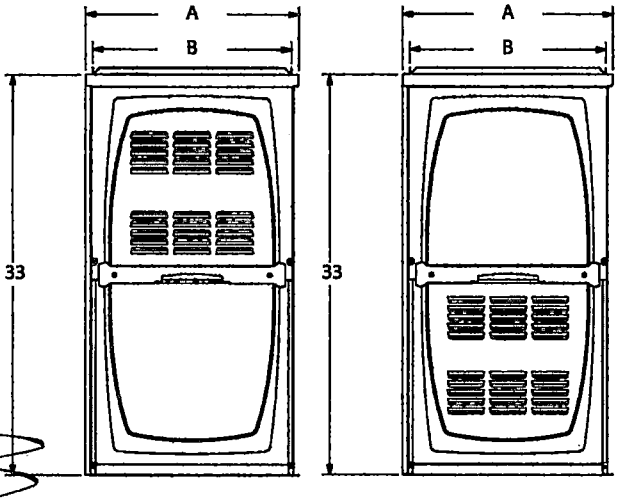
Blower Performance Data

	Model	Motor Size (hp)	Blower Size	Temp Rise (°F)	Blower Speed	CFM @ External Static Pressure - " w.c.							
						0.20	0.30	0.40	0.50	0.60	0.70	0.80	0.90
Upflow / horizontal	80G1UH045A12(L)	1/3 (4 spd)	10 x 8	15 - 45	High	1571	1527	1472	1399	1329	1223	1137	1020
					Med/High	1332	1314	1277	1233	1186	1136	1008	929
					Med	1115	1139	1127	1086	1050	994	926	819
					Low	950	952	944	924	887	842	783	648
	80G1UH070A08	1/5 (3 spd)	10 x 7	30 - 60	High	1113	1086	1045	1014	964	891	811	713
					Med/High	974	953	927	886	834	781	702	563
					Low	822	791	775	733	702	637	562	422
	80G1UH070A12(L)	1/3 (4 spd)	10 x 8	30 - 60	High	1579	1522	1479	1402	1338	1247	1158	1047
					Med/High	1357	1333	1300	1268	1205	1125	1045	942
					Med	1137	1131	1102	1080	1037	977	913	828
					Low	958	956	943	925	879	837	777	725
	80G1UH090B12	1/3 (4 spd)	10 x 9	25 - 55	High	1724	1683	1631	1535	1469	1363	1257	1158
					Med/High	1420	1410	1368	1314	1273	1183	1103	1002
					Med	1171	1168	1150	1126	1084	1022	935	817
					Low	973	978	957	927	908	840	784	680
	80G1UH090B16(L)	1/2 (4 spd)	10 x 10	25 - 55	High	1911	1840	1770	1663	1584	1469	1357	1198
					Med/High	1738	1707	1634	1560	1468	1364	1232	1121
					Med	1533	1502	1462	1408	1329	1262	1157	1019
					Low	1303	1304	1281	1225	1192	1116	1018	918
	80G1UH110C12	1/3 (4 spd)	10 x 10	45 - 75	High	1625	1605	1595	1550	1485	1385	1275	1040
					Med/High	1300	1290	1305	1260	1225	1145	1010	875
					Med	1045	1050	1045	1010	970	910	815	660
					Low	880	880	830	835	800	730	635	535
	80G1UH110C16	1/2 (4 spd)	10 x 10	25 - 55	High	2078	2017	1939	1848	1775	1679	1559	1425
					Med/High	1791	1746	1693	1635	1573	1469	1349	1192
					Med	1542	1547	1507	1472	1395	1322	1203	1060
					Low	1334	1333	1321	1293	1237	1172	1050	909
	80G1UH110C20(L)	3/4 (4 spd)	11 x 10	25 - 55	High	2420	2304	2247	2156	2067	1988	1890	1742
					Med/High	2230	2173	2113	2056	1985	1891	1764	1653
					Med	1987	1954	1901	1841	1800	1703	1618	1491
					Low	1796	1759	1715	1674	1616	1552	1465	1359
	80G1UH135D20	3/4 (4 spd)	11 x 11	30 - 60	High	2120	2042	1972	1863	1747	1618	1488	1336
					Med/High	2044	1948	1864	1790	1654	1563	1413	1312
					Med	1886	1817	1762	1672	1603	1461	1357	1228
					Low	1728	1664	1616	1526	1441	1366	1260	1136

Dimensions (in.)

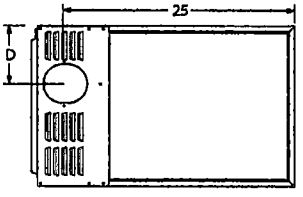
	Model	A	B	C	D
Upflow / Horizontal	80G1UH045AP12	14-1/2	13-3/8	13	4-3/4
	80G1UH070AP08	14-1/2	13-3/8	13	4-3/4
	80G1UH070AP12	14-1/2	13-3/8	13	4-3/4
	80G1UH090BP12	17-1/2	16-3/8	16	6-1/4
	80G1UH090BP16	17-1/2	16-3/8	16	6-1/4
	80G1UH110CP12	21	19-3/8	19-1/2	8
	80G1UH110CP16	21	19-3/8	19-1/2	8
	80G1UH110CP20	21	19-3/8	19-1/2	8
	80G1UH135DP20	24-1/2	23-3/8	23	9-3/4
	80G1UH045AP12L	14-1/2	13-3/8	13	4-3/4
	80G1UH070AP12L	14-1/2	13-3/8	13	4-3/4
	80G1UH090BP16L	17-1/2	16-3/8	16	6-1/4
	80G1UH110CP20L	21	19-3/8	19-1/2	8
Downflow	80G1DF 045 AP12	14-1/2	13-3/8	13	4-3/4
	80G1DF 070 AP12	14-1/2	13-3/8	13	4-3/4
	80G1DF 090 BP16	17-1/2	16-3/8	16	6-1/4
	80G1DF 110 CP20	21	19-7/8	19-1/2	8

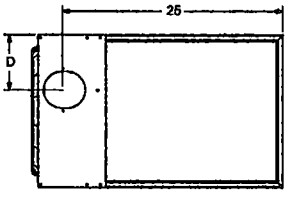
Front View



Top View

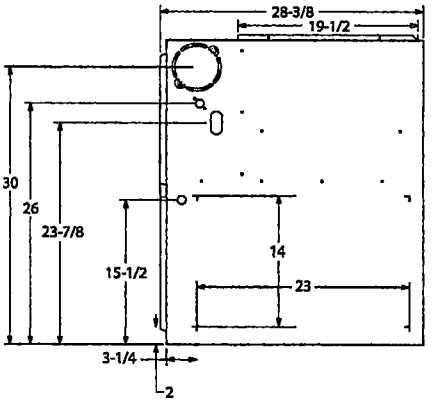
Upflow / Horizontal



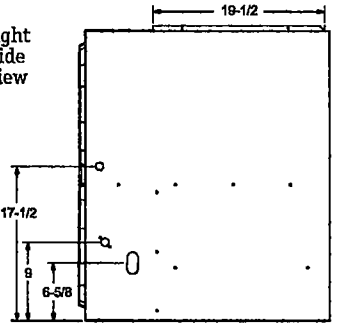


Downflow

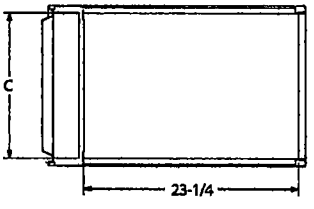
Right Side View

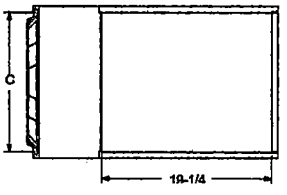


Right Side View



Bottom View





Bottom View

Accessory List

Catalog Number	Description
	External Filter Rack kits
1.841018	1 Pack (16x25)
1.841039	10 Pack (16x25)
	Natural to LP Kits
72W47	1-Stage - 80
	Return Air Base
68W61	14.5", A Width
68W62	17.5", B Width
68W63	21.0", C Width
68W64	24.5", D Width
	Downflow Combustible Flooring Base
11M59	14.5", A Width
11M60	17.5", B Width
11M61	21.0", C Width
	Night Service Kits
68W80	Single Stage
	Horizontal Suspension Kit
51W10	80% & 90% Kit

Note: For vent length and clearances to combustibles, please reference installation instructions.

ALLIED Air Enterprises

1-800-448-5872

Form No. 80G1-100 (10/2013)

Printed in the U.S.A.