BLOCK 702 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 249 Chambers Bridge Rd PERMIT NO. 15-2129

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-15-003049

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

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambers Bridge Rd.
2. Name of Owner in Fee: Actions Playhouse (SLCUA)
   Te [redacted] e-mail _____
   Address 249 Chambers Bridge Rd. (street) Brick (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Toms River Heating & AC. Tel. (732) 244-2880
   Address 40 Corporate Circle e-mail INFO@TRHAC.com
   Toms River NJ. 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-2651591 FAX: (732) 244-2889
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun Mike Boavida
   Tel. (732) 244-2880 FAX: (732) 244-2885

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		100 ✓	
3. Plumbing		100 ✓	
4. Fire Protection		90 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		4	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MFF	6/22/15						
☑ Electrical	20				6/25/15	TC			
☑ Plumbing	1000				6-25-15	[illegible]			
☑ Fire Protection	1000				[illegible]				
☐ Elevator									
TOTAL COST	2280								

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

COMMERCIAL

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/11/2015
Control Number C-15-003049
Permit Number 15-2129
Permit Issue Date 7/6/2015
Certificate Number 15-2129

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. 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: [redacted]

Contractor Toms River Heating & Air Conditioning

Address 400 CORPORATE CR. TOMS RIVER NJ 08755 - 4993

Telephone: (732) 244-2880 Fax: (732) 929-8909

License Number or Builders Registration Number: 13VH00881700 Federal Emp. Number: 22-2651591

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FURNACE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/11/2015

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name TOMS River Heating + A.C.

Address 400 Commanche Circle

Toms River NJ 08755

Telephone (732) 244. 1880

Signature _____ (agent)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/6/15
Control #
Date Issued
Permit # 15-2129

Themed Perth Cert 732-604-1922 www.njwindowsandcert...

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 RD.

Owner in Fee: ADAMS DI ...NSE (SILV) Broadway Bound Sobs

Te[redacted] e-mail

Address 249 CHAMBERS BRIDGE RD. BRICK (street, municipality, zip code)

Contractor: TOMS RIVER HEATING ETC Tel. 732 244 2880

Address 400 CORPORATE CIRCLE e-mail
TOMS RIVER NJ 08755

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-2651591 FAX: (732) 244-2889

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______

Constr. Class: Present ______ Proposed ______

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

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

Location: STORAGE RM

Total Cost of Fire Protection Work $ 1000

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: 7/1/15 Approved by: LTC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7-1-15
Approved by: (initials)
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-28-15
Approved by: KC

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			7/27/15	(initials)
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7/27/15	(initials)
Other				

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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 sign/Contractor sign and seal here: (signature)

Print name here: JOHN HOOK

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Furnace (propane)
Water Supply Source
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		
Suppression Systems		
Fire Pump ____ GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid (PROPANE)	1	
Fireplace Venting/Metal Chimney		
Other		

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

Ref. No: G 277406551 Reorder call: (732) 534-3000

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/6/15
Control #
Date Issued
Permit # 52129

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 RD.

Owner in Fee: ACTONS PLAY HOUSE

Tel. [redacted] e-mail

Address 249 CHAMBERS BRIDGE RD BRICK NJ
(street) (municipality) (zip code)

Contractor: ACR ELECTRICAL SERVICES Tel. (732) 244-2880

Address 400 CORPORATE CIRCLE e-mail
TOMS RIVER NJ 08753

Contractor License No. 5188 Exp. Date 3-31-18

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

Federal Emp. ID No. 22-3240431 FAX: (732) 244-2889

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: CHARLES HENNINGER

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Propane furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
	1	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	90M BTU	furnace -	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 6/23/15 Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/23/15
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/27/15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/27/15	TO
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/16/15
Date Issued / Permit # 15-2129

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 RD.

Owner in Fee: ACTORS PLAY HOUSE

Tel. [redacted] e-mail

Address 249 CHAMBERS BRIDGE RD (street) BRICK (municipality) NJ (zip code)

Contractor: TOMS RIVER HEATING + AC Tel. (732) 244-2899

Address 400 COMMERCIAL CIRCLE e-mail

TOMS RIVER NJ 08753

Contractor License No. Exp. Date

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

Federal Emp. ID No. 22-2651591 FAX: (732) 244-2899

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 $ 1000 -

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: 6-25-15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 7-29-15

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			7-29-15	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-29-15	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature / Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace PROPANE FURNACE

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
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
1	~~Other~~ FURNACE
	Other

COMMERCIAL

90 MBH

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F130 (rev. 12/07)

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

[redacted]

Date Issued 7/6/15

[redacted]

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

TOMS RIVER SHEET METAL CO., INC.
Mel Petty
400 Corporate Cir
Toms River NJ 08755-4993

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

02/11/2015 TO 03/31/2016
VALID

13VH00881700
LICENSE/REGISTRATION/CERTIFICATION #

Denise Schreiner
Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
TOMS RIVER SHEET METAL CO., INC.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/11/2015 TO 03/31/2016
VALID
SIGNATURE

PLEASE DETACH HERE -
IF YOUR LICENSE/REGISTRATI
CERTIFICATE ID CARD IS LO
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE -

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

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

HAS LICENSED

Cris J. Schremmer
400 Corporate Circle
Toms River NJ 08755

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

10/30/2014 TO 06/30/2016
VALID

19HC00125800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

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

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

HAS LICENSED

Ronald M. Petty
400 Corporate Circle
Toms River NJ 08755

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

10/30/2014 TO 06/30/2016
VALID

19HC00125700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Ronald M. Petty
Master HVACR Contractor

10/30/2014 TO 06/30/2016
VALID

SIGNATURE

ACTING DIRECTOR

19HC00125700
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

BLOCK 702 LOT 11 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 249 CHAMBERS BRIDGE RD. BRICK

Owner in Fee ACORNS PLAYHOUSE (S/GA)

Verifying Individual JOHN HOVIC Company TOMS RIVER HEATING & AC

Address 401 CORPORATE CIRCLE TOMS RIVER NJ 08753
Street City State Zip Code

Tel: (732) 244.2800 Fax: (732) 244.2819

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [✓] Other PROPANE TO PROPANE

Existing Vent/Chimney: Size _____

- [X] "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:	FURNACE	Oil / Gas / Other PROPANE	88,000
Appliance 2:		Oil / Gas / Other	
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.

_____ Signature _____ Date

PROPANE

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.

[signature] Signature 6/22/15 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 APPLICATIC
FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPE
TION.

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.

RESIDENTIAL REPLACEMENT OF FURNACE/BOILER
(IN LIEU OF MANUAL S)

BOILER REPLACEMENT

OLD BTU INPUT_____OUTPUT_____ I=B=R OUTPUT_____

NEW BTU INPUT_____OUTPUT_____ OUTPUT_____

FURNACE REPLACEMENT

OLD BTU INPUT 88,000 OUTPUT 71,000

NEW BTU INPUT 88,000 OUTPUT 71,000

PROPANE

A/C REPLACEMENT

OLD UNIT ~~N/A~~ BTU

NEW UNIT_____BTU

AND/OR

HEAT LOSS/HEAT GAIN

IF YOU DON'T HAVE OLD UNIT SPECIFICATIONS, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN (MANUAL J & MANUAL S)

IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN

WE ALSO WILL NEED
COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE/BOILER /AC UNIT
(NOT THE INSTALLATION GUIDE)

CHIMNEY CERTIFICATION (CANNOT BE CERTIFIED BY HOMEOWNER)

SPECIFICATIONS

Gas Heating Performance	Model No.	ML180UH 045P24A	ML180UH 045P36A	ML180UH 070P24A	ML180UH 070P36A	ML180UH 090P36B
	Model No. - Low Nox	---	ML180UH 045XP36A	---	ML180UH 070XP36A	---
	[1] AFUE	80%	80%	80%	80%	80%
	Input - Btuh	44,000	44,000	66,000	66,000	88,000
	Output - Btuh	35,000	35,000	54,000	54,000	71,000
	Temperature rise range - °F	20 - 50	15 - 45	30 - 60	30 - 60	25 - 55
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 7	10 x 8	10 x 7	10 x 8	10 x 9
	Motor output - hp	1/5	1/3	1/5	1/3	1/3
	Tons of add-on cooling	2 - 3	2 - 3	1.5 - 2	2 - 3	2 - 3
	Air Volume Range - cfm	345 - 1130	650 - 1670	420 - 1160	785 - 1650	680 - 1795
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase				
	Blower motor full load amps	3.1	6.1	3.1	6.1	6.1
	Maximum overcurrent protection	15	15	15	15	15
Shipping Data	lbs. - 1 package	105	110	114	119	131

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

Gas Heating Performance	Model No.	ML180UH 090P48B	ML180UH 110P48C	ML180UH 110P60C	ML180UH 135P60D
	Model No. - Low Nox	ML180UH 090XP48B	---	ML180UH 110XP60C	---
	[1] AFUE	80%	80%	80%	80%
	Input - Btuh	88,000	110,000	110,000	132,000
	Output - Btuh	71,000	89,000	89,000	107,000
	Temperature rise range - °F	25 - 55	25 - 55	25 - 55	30 - 60
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 10	10 x 10	11-1/2 x 10	11 x 11
	Motor output - hp	1/2	1/2	1	1
	Tons of add-on cooling	3 - 4	3 - 4	4 - 5	4 - 5
	Air Volume Range - cfm	920 - 2160	910 - 2170	1355 - 2715	1380 - 2810
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase			
	Blower motor full load amps	8.2	8.2	10	11.5
	Maximum overcurrent protection	15	15	15	15
Shipping Data	lbs. - 1 package	183	151	161	174

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

AHRI CERTIFIED™ www.ahridirectory.org

DESIGN CERTIFIED

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.