

BLOCK 848 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) W- 1715 Princeton Ave PERMIT NO. 12-3560



CONSTRUCTION PERMIT APPLICATION

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

C12-003692

I. IDENTIFICATION

1. Proposed Work Site at: 1715 Princeton Ave Bricktown, NJ 08724

2. Name of Owner in Fee: Robin Dalton

Tel. [REDACTED] e-mail _____

Address same

3. Ownership in Fee: Public _____ Private ☒ municipality _____ zip code _____

4. Joe Hurley Inc. (732) 660-1600 Tel. () _____
1311 Allaire Avenue Ocean, NJ 07712 e-mail _____
HIC #: 13VH00872000
Fed Emp. ID #: 223237676 Exp. Date _____

xemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (732) 660-1111

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun BEN HARRINGTON
Tel. (732) 660-1600 FAX: (732) 660-1111

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical	\$	<u>48-5</u>	
3. Plumbing	\$	<u>90-5</u>	<u>60-5</u>
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$	<u>13-</u>	<u>1-</u>
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$	<u>213-</u>	<u>61-</u>

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)

☐ Building

☒ Electrical

☒ Plumbing

☒ Fire Protection

☐ Elevator

FOR OFFICE USE ONLY (Optional)							
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection	Re-viewer
<u>200.00</u>		<u>OCT 05 2012</u>					
<u>6463.00</u>			<u>10-9-12</u>	<u>10-9-12</u>	<u>JS</u>		
<u>1500.00</u>				<u>10-10-12</u>	<u>JS</u>	<u>10/17/12</u>	
<u>8163.00</u>							

TOTAL COST 8163.00

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/07/2014
Control Number C-12-003692
Permit Number 12-3560
Permit Issue Date 12/08/2012
Certificate Number 12-3560

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1715 W. PRINCETON AVE. Brick Township, NJ Block: 848 Lot: 26 Qual: _____
Owner in Fee: DALTON, DAVID & ROBYN A
Owner Address: 1715 W PRINCETON AVE BRICK NJ 08724
Telephone: [REDACTED]
Contractor: JOE HURLEY INC
Address: 1311 ALLAIRE AVE OCEAN NJ 07712
Telephone: (732) 660-1600 Fax: (732) 660-1111
License Number or Builders Registration Number: 13VH00872000 Federal Emp. Number: 223237676

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BOILER, CHIMNEY LINER Replace

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 _____

Date Printed: 01/07/2014 U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

Rx 28 1 346 1425



ELECTRICAL SUBCODE
TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION - WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE: CA#45 UTILITY DIG NO.: 1-800-272-1000.

Block 848 Lot 26 Qualification Code 75

Work Site Location 1715 West Pineston Ave

BRICKTOWN, NJ 08714

Contractor in Charge [Redacted] e-mail [Redacted]

Address SAME

Contractor: JOE HURLEY INC municipality ocean, NJ 07112

Address 1311 Allaire Ave e-mail [Redacted]

Contractor License No. [Redacted] Exp. Date 12/31/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13N H00872000

Federal Emp. ID No. 22 323 7674 FAX: 732 660-1111

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed [Redacted] Other [Redacted]

Building Occupied as [Redacted] Temporary [Redacted] Other [Redacted]

Est. Cost of Elec. Work \$ 200 Utility Co. [Redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[] Partial - Underslab Utilities Approved
[] Electric Plans Approved
[] Approved by: [Redacted]
Date: [Redacted]
Joint Plan Review Required:
[] Bldg. [] Plumb. [] Fire. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10-9-12
Approved by: J.S.
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: 12/16/13
Approved by: 5316
INSPECTIONS
Type: [Redacted] Failure [Redacted] Approval [Redacted] Initial [Redacted]
Rough [Redacted]
Barrier-Free [Redacted]
Trench [Redacted]
Temp. Serv. [Redacted]
Constr. Serv. [Redacted]
TCO [Redacted]
Other [Redacted]
Service [Redacted]
Final [Redacted]
Barrier-Free [Redacted]
Temp. Cut-in-Card Date Issued 7-5-13
Final Cut-in-Card Date Issued 12-16-13
Annual Pool Inspection 5316
Date of Grounding and Bonding Certification [Redacted]

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: BEN HADJERINCARD
[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RE-CONNECT BOILER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

1 120V BOILER RE-CONN

To reorder call: ALLEGRA
Marketing - Print - Mail
(formerly OCS Printing)
(609) 390-1400 or order online
www.AllegraMarketing.com
Administrative Surcharge \$ [Redacted]
Minimum Fee \$ [Redacted]
State Permit Surcharge Fee \$ [Redacted]
TOTAL FEE \$ [Redacted]

12-8-12

12-35628



PLUMBING SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

12-8-12

Date Issued
Permit #

12-356044

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

Block 848 Lot 2C Qualification Code _____

Work Site Location 1715 Princeton Ave

Bricktown NJ 08144

Owner in Fee Robin Vinton

Tel. _____ e-mail _____

Address Same Municipality Princeton Zip code _____

Contractor Bruce Devours Fine Line Pkg Tel. (732) 770-6796

Address 1676 Highway 33 e-mail _____

Freeland NJ 07728 Exp. Date 6-30-13

Contractor License No. 9824

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

Federal Emp. ID No. _____ 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 \$ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underlaid Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 10-9-12

Approved by: 21

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 12-10-13

Approved by: 21

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

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: Bruce Devours

Print name here: Bruce Devours

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL BACKFLOW

PREVENTOR

QTY. _____ 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 _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrapp _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 848 Lot 26 Qualification Code _____

Work Site Location 1715 West Princeton Ave

Owner in Escrow Blacktown NJ 08814

Tel. _____ e-mail _____

Address Same

Contractor: Joe Hurley Inc Municipality Atlantic Tel. (732) 660-1600 Zip code 08512

Contractor License No. _____ Exp. Date 12/31/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00872000

Federal Emp. ID No. 223237676 FAX: (732) 660-1111

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 \$ 6063

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab			
☐ Partial - Underslab Utilities Approved		Rough			
Date: _____	Approved by: _____	Water			
☐ Plumbing Plans Approved	Date: <u>12/17/12</u>	Sewer			
Joint Plan Review Required:		Fixtures			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Equipment			
SUBCODE APPROVAL FOR PERMIT	Date: <u>12-18-12</u>	Gas Piping			
Approved by: _____	<u>2</u>	LP Gas Tank			
SUBCODE APPROVAL FOR CERTIFICATE		Fuel Oil Piping			
☐ CO ☐ CCO ☐ CA		Solar			
Date: <u>12-10-13</u>		TCO			
Approved by: <u>2</u>		Final			

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: BEN HARRINGTON

[] Licensed Plumbing Contractor [x] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK REPLACE BOILER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler <u>90/100/120</u>	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Graesetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>FUEL COND. DRAIN</u>	

Date Received 12-8-12
Control # 12-3560
Date Issued
Permit #



PERMIT UPDATE

12-8-12
Date Update Issued
Control # C-12-003692+A
Permit # +A

12-3560+A

IDENTIFICATION Block: 848 Lot: 26 Qualifier
Work Site Location: 1715 W. PRINCETON AVE. Brick Township, NJ Contractor: JOE HURLEY INC
Owner in Fee: DALTON, DAVID & ROBYN A Address: 1311 ALLAIRE AVE OCEAN NJ 07712
1715 W PRINCETON AVE BRICK NJ 08724 Telephone: (732) 660-1600
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 13VH00872000
Federal Employee No. 223237676

I am 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:

BACKFLOW PREVENTER/LAWN SPRINKLER

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

Estimated Cost of Work \$400

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$61
Check No.	2322
Cash	\$0
Credit	\$0
Collected By	

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.



CONSTRUCTION PERMIT

Date Issued 12-8-12
Control # C-12-003692
Permit # _____

IDENTIFICATION Block: 848 Lot: 26 Qualifier _____
Work Site Location: 1715 W. PRINCETON AVE. Brick Township, NJ Contractor JOE HURLEY INC
Address 1311 ALLAIRE AVE. OCEAN NJ 07712
Owner in Fee DALTON, DAVID & ROBYN A
1715 W PRINCETON AVE. BRICK NJ 08724 Telephone: (732) 660-1600
Lic. No. or Bldrs. Reg. No. 13VH00872000
Federal Employee No. 223237676

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:

Boiler, CHIMNEY LINER Replace

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

Estimated Cost of Work \$7,763

[Signature]
Construction Official

10-18-12
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$70
Fire Protection	\$90
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$13
CO Fee	
Other	\$0
Total	\$213
Check No. <u>2268</u>	
Cash	\$0
Credit	\$0
Collected By	

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.

HEATING ♦ COOLING ♦



SHEETMETAL ♦ AIR CLEANERS

October 25, 2012

TO WHOM IT MAY CONCERN:

INCLUDED WITH THIS LETTER IS A CHECK FOR PERMITS AND A STAMPED SELF
ADDRESSED ENVELOPE FOR RETURN OF PERMITS.

Dalton
1715 West Princeton Avenue
Brick, NJ 08724
BLK 848 LOT 26

THANK YOU IN ADVANCE

BEN HARRINGTON

INSTALLATION MANAGER

1311 Allaire Avenue ♦ Ocean, New Jersey 07712 ♦ (732) 660-1600 ♦ Fax (732) 660-1111
License # 13VH00872000 ♦ www.joehurleyinc.com

NJCEP Comfort Partners Design Heat Load Worksheet

Comfort Partners Design Heat Load Worksheet

Version 1.1

1	Customer name:	Robin Dalton		
2	Customer address:	1715 West Princeton Ave		
3	City:	Bricktown	Weather Source:	Long Branch
4	Job Number:			
5	Customer telephone:	Home: 908-783-7221	Other:	
6	General dwelling description:			
7	Stories above grade	1 Story		
8	Shielding	Normal		
9	Heated floor area:	1,035		
10	Outside design temp.(ODT), [1% Table]	13		
11	Volume of conditioned area (Building Envelope)	12,680		
12	Estimated/Actual CFM50	2,800	ACH	0.72
13	Design temperature (DTD) = Dwelling temp. - ODT =	57		

Existing Equipment	
Type:	Furnace w/AC
Make:	American Standard
Model:	GP4 100
BTU Input:	125,000
BTU Output:	100,000
Efficiency %:	
Reason:	Efficiency

Insulation Default Table - BPI	
Type	R-Value
Cellulose Loose	3.70
Cellulose Dense	3.20
Fiberglass Batt New	3.20
Fiberglass Batt Good	2.50
Fiberglass Batt Fair	1.80
Fiberglass Batt Poor	0.70
Fiberglass Loose	2.80
Rockwool	3.00
Vermiculite	2.70

	Transmission	Area(sq.ft)	/	R-Value	=	Btu/Fhr
	Surface	Framing Type	Sq. Ft	R-Value Installed	% of Load	Btu/Fhr
14	Attic Space #1		810	10.00	7%	81.0
15	Attic Space #2					
16	Attic Space #3					
17	Attic Space #4					
18	Attic Space #5					
19	Sidewall Space #1		1,035	4.00	21%	258.8
20	Sidewall Space #2					
21	Sillbox (Rim/Band Joist)		114	7.00	1%	16.3
22	Slab-On Grade (lin. ft.)		60	1.00	5%	60.0
23	Foundation		770	7.00	9%	110.0
24	Foundation		1,035	3.95	22%	262.0
25	Foundation					
26	Floor - Above Unconditioned Space		510	2.00	11%	127.5
27	Floor - Above Ambient		300	4.00	3%	37.5
28	Floor - Above Ambient			2.00		
29	Window		110	1.75	5%	62.9
30	Window			2.17		
31	Window					
32	Door		20	3.85	0%	5.2
33	Door		20	2.56	1%	7.7
34	Door		36	2.86	1%	12.6
			Total Calculated Heat Loss Factor		86%	1,041.5

Wall Structure Defaults	
Frame Type	R-Value
2x4 Minimum	4.00
2x4 w/R5 FG Batt	7.52
2x4 w/R8 FG Batt	8.33
2x4 w/R8 FG Batt+R2	10.63
2x4 w/R11 FG Batt	10.31
2x4 w/R11 FG Batt+R2	11.63
2x4 w/R11 FG Batt+R5	14.71

Foundation Wall Types	
Type	R-Value
Block - 2' depth	1.99
Block - 4' depth	2.62
Block - 6' depth	3.95
Block - 8' depth	
Solid - 2' depth	3.70
Solid - 4' depth	4.60
Solid - 6' depth	6.40
Solid - 8' depth	

35 Heating Duct - Ambient		4.2	
36 Heating Duct - Unheated		4.2	
37 Ventilation (Total cfm capacity)		0.432	
38 Infiltration	0.018	12,680	0.72
Distribution, Ventilation, and Infiltration Heat Loss Factor		14%	163.5

Window & Door Default Table	
Frame Type	R-Value
Win. Wood - Single	1.11
Win. Wood - Single w/storm	1.75
Win. Wood - Double	1.75
Win. Wood - Triple	2.38
Win. Vinyl - Double	1.75
Win. Vinyl - Double Low-E	1.89
Win. Metal - Single	0.79
Win. Metal - Double	1.15
Win. Metal w/thermal break	1.54
Door - Wood	2.56
Door - Wood w/Storm	3.85
Door - Metal Foam Core	2.86
Door - Metal Foam w/Storm	4.76

Grand total=heat loss coefficient(HLC) 1,205.0

Heating Btu Output Capacity Needed 68,683

Maximum Btu Output Capacity 78,986

BTU's/sq. ft.* 66.4

This is intended for Heating System replacements only. Use an approved ACCA Manual J software for sizing Air Conditioning Systems and Manual S for equipment selection.

Slant/Fin LYNX

**Modulating Condensing Gas Boiler
with optional Domestic Hot Water Generator**

Standard Equipment

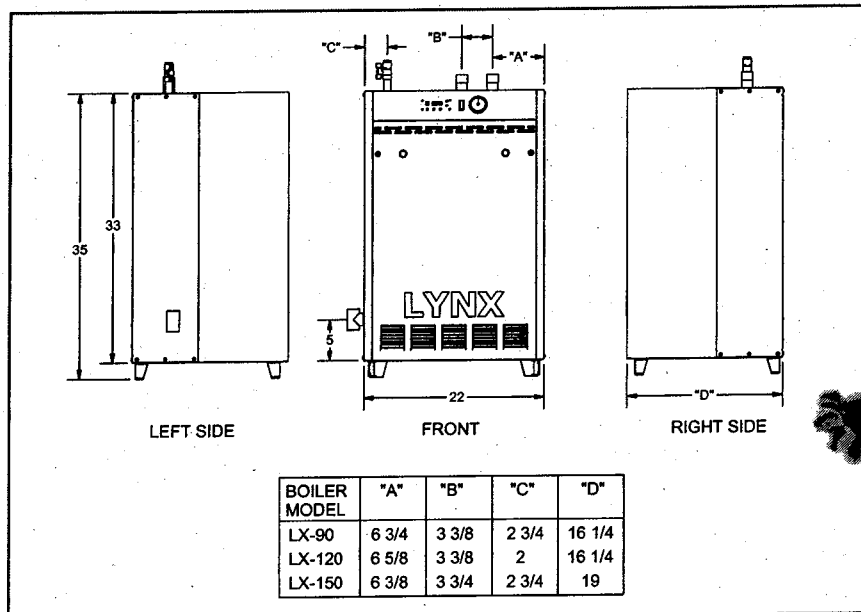
Pre-assembled cast-aluminum
mono block heat exchanger
Pre-assembled jacket
Woven metal fiber pre-mix burner
Combination blower, gas valve and venturi
Integrated boiler control with built-in diagnostics
Direct spark ignition system

Pressure gauge
Outdoor Sensor
Pressure relief valve (ASME)†
Grundfos or Taco circulator
Drain cock
Built-in condensate drain and trap
Vent and air intake terminal

Wall mounting kit
Optional- 409999 Rhogard Anti-freeze
For propane, specify when ordering.

With Combi-Boiler

Brazed Plate heat exchanger
Flow Switch
Built in taco 0011 Circulator



Model	AFUE	Input Max Btuh	Input Min Btuh	D.O.E. Heating Capacity	Net I=B+R Output	Exhaust Vent	Air Intake	Water Volume	Supply & Return Piping	Gas Pipe	Dimensions	Dry Boiler Weight
LX-90	95%	90,000	25,000	100,000	70,900	3" Schedule 40 PVC, CPVC or SS	3" Schedule 40 PVC, CPVC or SS	0.4 Gal	1" NPT (Male)	1/2 NPT (Female)	35" H 22" W 16.25" D	118 lbs.
LX-120	95%	120,000	30,000	106,000	92,000	3" Schedule 40 PVC, CPVC or SS	3" Schedule 40 PVC, CPVC or SS	0.6 Gal	1" NPT (Male)	1/2 NPT (Female)	35" H 22" W 16.25" D	125 lbs.
LX-120CB												147 lbs.
LX-150	95%	150,000	37,500	133,000	116,000	3" Schedule 40 PVC, CPVC or SS	3" Schedule 40 PVC, CPVC or SS	1.1 Gal	1" NPT (Male)	1/2 NPT (Female)	35" H 22" W 19" D	140 lbs.
LX-150CB												162 lbs.



U.S.A.
Slant/Fin Corporation • 100 Forest Drive
Greenville, NY 11548 • 516-484-2600
www.slantfin.com

Canada
Slant/Fin LTD/LTEE • 6450 Northam Drive
Mississauga, Ontario L4V 1H9 • 905-677-8400
www.slantfin.ca

Model ALK Aluminum Chimney Liner Kits

3" Kits		
Model #	Part #	Description
3ALK15	582948	3" x 15' Kit Aluminum
3ALK25	582949	3" x 25' Kit Aluminum
3ALK35	582950	3" x 35' Kit Aluminum

4" Kits		
Model #	Part #	Description
4ALK15	582951	4" x 15' Kit Aluminum
4ALK25	582952	4" x 25' Kit Aluminum
4ALK35	582953	4" x 35' Kit Aluminum

5" Kits		
Model #	Part #	Description
5ALK15	582954	5" x 15' Kit Aluminum
5ALK25	582955	5" x 25' Kit Aluminum
5ALK35	582956	5" x 35' Kit Aluminum

5.5" Kits		
Model #	Part #	Description
55ALK25	582957	5.5" x 25' Kit Aluminum
55ALK35	582958	5.5" x 35' Kit Aluminum

6" Kits		
Model #	Part #	Description
6ALK25	582959	6" x 25' Kit Aluminum
6ALK35	582960	6" x 35' Kit Aluminum

7" Kits		
Model #	Part #	Description
7ALK25	582961	7" x 25' Kit Aluminum
7ALK35	582962	7" x 35' Kit Aluminum

8" Kits		
Model #	Part #	Description
8ALK25	582963	8" x 25' Kit Aluminum
8ALK35	582964	8" x 35' Kit Aluminum

10' Insulated Sleeves		
Model #	Part #	Description
4ALK-FS	582992	Flexi-Sleeve 3" - 4"
5ALK-FS	582993	Flexi-Sleeve 5"
6ALK-FS	582994	Flexi-Sleeve 5.5" - 6"
7ALK-FS	582995	Flexi-Sleeve 7"
8ALK-FS	582996	Flexi-Sleeve 8"

Extension Kits		
Model #	Part #	Description
3ALKE10	582965	3" x 10' Ext Kit
4ALKE10	582966	4" x 10' Ext Kit
5ALKE10	582967	5" x 10' Ext Kit
55ALKE10	582968	5.5" x 10' Ext Kit
6ALKE10	582969	6" x 10' Ext Kit
7ALKE10	582970	7" x 10' Ext Kit
8ALKE10	582971	8" x 10' Ext Kit

Flex Connectors		
Model #	Part #	Description
3ALK-FC	582972	3" Flex Connector
4ALK-FC	582973	4" Flex Connector
5ALK-FC	582974	5" Flex Connector
55ALK-FC	582975	5.5" Flex Connector
6ALK-FC	582976	6" Flex Connector
7ALK-FC	582977	7" Flex Connector
8ALK-FC	582978	8" Flex Connector

Pull-Downs		
Model #	Part #	Description
3FX-PD	582985	3" Pull-Down
4FX-PD	582986	4" Pull-Down
5FX-PD	582987	5" Pull-Down
55FX-PD	582988	5.5" Pull-Down
6FX-PD	582989	6" Pull-Down
7FX-PD	582990	7" Pull-Down
8FX-PD	582991	8" Pull-Down

Model ALK Aluminum Chimney Liner Kits

- Kits include flexible length, round top, flashing, mortar guard.
- Standard kit lengths of 25' and 35'.
- Available in 3", 4", 5", 6", 7" and 8" diameters in both kits and 10' extensions.
- 10' insulated sleeve has tough polyethylene exterior.
- Extension kit includes Flexi-Liner with attached connector and fastener package.
- Pull-downs stretch and lead the Flexi-Liner down the chimney assist in pulling insulated sleeve over liner.

Specifications:

Liner Material
Aluminum 3003, 2-ply (0.005" each)

Maximum Flue Gas Temperature
470°F

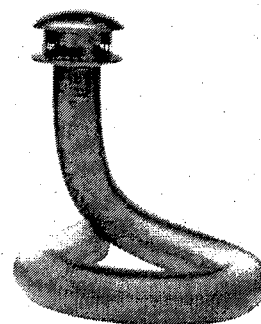
Available Size Range
3" to 8" diameter

Standard Kit Lengths
25' and 35'

Stretch Ratio
5:1 (approximate)

Clearances
0" between liner and chimney interior
0" between combustible materials and chimney exterior

Warranty
Lifetime warranty



Distributed by

Hart & Cooley
install confidence

Hart & Cooley, Inc. 800.433.6341 p
5030 Corporate Exchange Blvd. SE 616.656.8200 p
Grand Rapids, MI 49512 800.223.8461 f
info@hartandcooley.com 616.656.6399 f
www.hartandcooley.com



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 848 LOT 26 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 1715 Princeton Ave Bricktown, NJ 08724
Owner in Fee Robin Dalton
Verifying Individual Ben Harrington Company JOE HURLEY INC
Address 1311 ALLAIRE AVE OCEAN NJ 07712
Tel: (732) [REDACTED] City _____ State _____ Zip Code _____
Fax: (732) 660-1111

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 8X8

- ☐ "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 _____
Appliance 1: WATER HEATER Oil / Gas / Other: _____ BTU Rating (input/hour) 40,000
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: HART & COOLEY Model: 4ALK25 UL Listing: UL-1777

Material of Liner: Stainless Steel _____ Aluminum X
Size of Appliance Vent: 4 Size of Liner: 4 Height of Chimney: 20'
Length of Connector: 5' Vent Connector Rise: 1'
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 _____

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 _____ 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 [Signature] Date 10-1-12

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 EMERGENCY 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.

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
BRUCE DEVROUS
Master Plumber



06/30/2011 TO 06/30/2013
VALID

SIGNATURE

36B100982400

ACTING DIRECTOR

Licensed Registration/Certificate #

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

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Joe Hurley, Inc.
Joe Hurley
P O Box 636
Oakhurst NJ 07755-0636

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

11/07/2011 TO 12/31/2012
VALID

13VH00872000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

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

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE