Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 821 LOT 21 QUALIFICATION CODE _____ ADDRESS (SITE) 1613 Rt 88 PERMIT NO. 20-2837

CONSTRUCTION PERMIT APPLICATION

C20-00272

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

I. IDENTIFICATION

1. Proposed Work Site at: 1613 NJ-88 Brick Township N.J. 08724
2. Name of Owner in Fee: 1613 Route 88 Realty LLC
   Tel. 845 558-5879 e-mail josh@mbhealthcare.com
   Address 1593 Route 88 Brick Township N.J. 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Fairway management Tel. 732-814-8966
   Address 441 Rose ct. Lakewood NJ. 08701 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH10706900 Exp. Date 3/31/21
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 84-1887911 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Jay Schwartz
   Tel. 732-814-8966 FAX: _____
   Tel. Josh 845-558-5879

MB Healthcare Service

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1500 ✓	150 ✓	
2. Electrical	120 ✓	240 ✓	150 ✓
3. Plumbing	189 ✓	340 ✓	
4. Fire Protection	116 ✓	280 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	23 ✓	92 ✓	4 ✓
10. Subtotal	$ 115		
11. Cert. of Occupancy	150 ✓		
12. Other	ENG 200 ✓		
13. TOTAL	$ 588	1232	154 ✓

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	500 ✓
4. New Building Area	sq. ft.	1000
5. Volume of New Structure	CO cu. ft.	
6. Max. Live Load		25
7. Max. Occupancy Load	37 Building Total / 30 area of work	4
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 ____		

+C +D 150 100 4 304

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					11/04/20	MEL			
☒ Electrical		9/1/20			9-21-2020	MM			
☐ Plumbing					11-23-20	LD			
☐ Fire Protection					11/12/20	SD			
☐ Elevator		ENG	9/14/20		9/15/20	KJD			
TOTAL COST	$0								

FOR OFFICE USE ONLY (Optional)

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: B
3. Change in Use Group, Indicate Present: B

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/13/2021
Control Number C-20-002872
Permit Number 20-2837
Permit Issue Date 11/25/2020
Certificate Number 20-2837

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 1613 ROUTE 88 Brick Township, NJ Block: 821 Lot: 21 Qual:
Owner in Fee: PANGERSAN, LLC%DR. P MISKIN
Owner Address: 633 ROUTE 37 WEST TOMS RIVER NJ 08755
Telephone: (845) 558-5879
Contractor FAIRWAY MANAGEMENT
Address 441 ROSE COURT LAKEWOOD NJ 08701
Telephone: (732) 814-8966 Fax: Federal Emp. Number:
License Number or Builders Registration Number:

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: TENANT FIT UP - ...MB HEALTHCARE SERVICE

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: 10/13/2021

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

Fee: $150.00
Check Number: 5
Collected By: Christopher Winters

MB Healthcare Services

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11/25/20

Date Issued Permit # 20-2837

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 NJ-88 Brick Township N.J. 08724

Building Owner 1613 Route 88 Realty LLC.
Address 1593 Route 88 Brick Township N.J. 08724

Tel. ( )
Contractor Fairway Management LLC
Address 441 Rose ct. Lakewood N.J. 08701

Tel. (732) 814-8966 FAX ( )
Contractor License No. or Builder Registration No. 13VH10706900
Federal Emp. No 84-1887911

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All — 11/04/20 — KEL
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Subcode ~~Joint~~ Plan Review ~~Required~~: App'l 11/04/20 KEL
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 09/13/21
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			12-21-20	SZ
Footing Bonding				
Foundation				
Slab				
Frame			04/09/21	KEL
Truss Sys./Bracing				
Barrier-Free				
Insulation			04/29/21	KEL
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final	7-7-21	7-21-21 NG 8-22-21	9-13-21	KEL
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present V-B Proposed V-B
No. of Stories 2
Height of Structure 30 Ft. Ft.
Area—Largest Floor 2192 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Distributed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 100,000
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Renovations
- flooring
- Paint
- Ceiling
- framing

COMMERCIAL

TYPE OF WORK

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

FEE (Office Use Only)

$

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

U.C.C. F110
(rev. 07/03)

1. White = Inspector Copy
2. Canary = Office Copy
3. Pink = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/2/21
Control #
Date Issued
Permit # 20-2831+A

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

Block 821 Lot 21 Qualification Code
Work Site Location 1613 Rt 88, Brick Township, NJ 08724

Owner in Fee: 1613 Route 88 Realty LLC
Tel. (845) 558-5879 e-mail josh@mbhealthcare.com
Address 1593 Rt. 88 (street) Brick (municipality) 08724 (zip code)
Contractor: Fairway Managment LLC Tel. (732) 814-8966
Address 441 Rose Ct. Lakewood NJ 08701 e-mail josh@mbhealthcare.com

Contractor License No. or Builder Registration No. 13VH10706900 Exp. Date 03/31/2021
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 84-188791 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	03/24/21	KAS
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: 03/24/21
Approved by: KAS
SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 09/13/21
Approved by: KAS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			04/09/21	KAS
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	7-7-21	8-23-21	9-03-21	KAS
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
No. of Stories 2
Height of Structure 30 ft.
Area — Largest Floor 2,192 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present V-II Proposed V-B
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Rehabilitation $ 400
3. Total (1+ 2) $ 400

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Sign here:
Print name here: Josh Vann

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Changes to existing permit:
-Changed door swing direction on both ground floor bathrooms, and made some minor adjustments to the bathroom configurations
-Adjusted position of 2 walls on ground floor
-Optional demo of a single window on ground floor
-Adjusted position of 2 walls on second floor, and changed door location
-Changed all ceilings from drop ceiling to GWB

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

FEE (Office Use Only)
$

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

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

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

4/22/21 MD

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 1613 Rt 88

PERMIT NUMBER 20-2837 BLOCK 821 LOT 21

~~OWNER~~ Final

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) one emergency light not working
2) Conference Room Table Blocking egress
3) Access panel @ HVAC lower level

TCO Requires All Disciplines either Pass or OK a TCO

Engineering Required For TCO also

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 8.23.21 INSPECTOR JCC

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update 4/13/21

Date Received 4/23/21
Control #
Date Issued
Permit # 20-28376

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88, Brick, NJ

Owner in Fee: 1613 Rt 88 Realty LLC

Tel. 845 558-5879 e-mail Josh@mshealthcare.com

Address 1593 Rt 88 (street) Brick (municipality) 08724 (zip code)

Contractor: TruPower Electric & Security Tel. (732) 534-5831

Address 7 Rivka Ln e-mail Kaila@trupowernj.com
Lakewood, NJ 08701

Contractor License No. 34EI01826800 Exp. Date 03/31/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 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

[X] No Plans Required 4-22-21 WM

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 4-22-21
Approved by: WM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Print name here: Mordechai Strom

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Low Voltage Data Points

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

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

U.C.C. F120 (rev. 01/21)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 20-23-1-1

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

Block 821 Lot 21 Qualification Code _____

Work Site Location 1613 Route 88 Brick NJ 08724

Owner in Fee: 1613 Route 88 Realty Llc

Tel. _____ e-mail _____

Address 1613 Route 88 (street) Brick NJ (municipality) 08724 (zip code)

Contractor: Tru Power Electric & Security Tel. (732) 534-5831

Address 7 Rivka Lane Lakewood NJ 08701 e-mail mordy@trupowernj.com

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 821557406 FAX: (732) 730-5478

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B1 Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 60

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: _____

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: Mordechai Strom

Print name here: Mordechai Strom

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

DESCRIPTION OF WORK: Basement Renovations / commercial space

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v	1	
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	1	
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		
Fireplace Venting/Metal Chimney		
Other _____		
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit Update

Date Received 8/6/21
Control # E-20-00287-2+C
Date Issued
Permit # 20-2837+C

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 ROUT 88 BRICK NJ

Owner in Fee: 1613 ROUTE 88 REALTY LLC

Tel. (845) 558-5879 e-mail JOSH@MBHEALTHCARE.COM

Address 1613 Rt 88

Contractor: FAIRWAY MANAGEMENT LLC. Tel. (551) 999-4521
(street / municipality / zip code)

Address 441 ROSE ST LAKEWOOD NJ 08701 e-mail EFFY@FAIRWAYMANAGE.COM

Contractor License No. or Builder Registration No. 13VH10706900 Exp. Date 03/31/21

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

Federal Emp. ID No. 84-1887911 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	8-16-21	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 8-16-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9-23-21	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 10,000

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: NCTE

Print name here: EFFY DEUTSCH

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Basement
Flooring
Drop ceiling
Paint

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

FEE (Office Use Only)
$

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

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

MB Healthcare Services

ELECTRICAL SUBCODE
TECHNICAL SECTION

on Rough look at notes on page E1. note 4, 5, 6 F.

Date Received 11/25/20
Control #
Date Issued
Permit # 20-2837

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 NJ-88, Brick Township, NJ 08724

Owner in Fee: 1613 Route 88 Realty LLC

Tel. e-mail

Address 1593 Route 88 (street) Brick Township (municipality) NJ 08724 (zip code)

Contractor: Trupower Electric & Security Tel. (732) 534-5831

Address 7 Rivka Ln, Lakewood, NJ 08701 e-mail Mordy@trupowernj.com

Contractor License No. 34EI01826800 Exp. Date 03/12/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 821557406 FAX: (732) 730-5478

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 21,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mordechai Strom

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Interior Renovations

QTY.	SIZE	ITEMS	FEE (Office Use Only)
146		Lighting Fixtures	
69		Receptacles	
26		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
4		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
245		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
245	245	Add to Home Run	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 9-21-2020 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9-21-2020
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-7-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	4/9/21		4/13/21	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			7-2-21	
Other				
Service				
Final	6-25-21		7-26-21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/2/21
Control #
Date Issued
Permit # 20-2837-A

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Route 88

Owner in Fee: 1613 Route 88 Realty LLC

Tel. 845 559-5879 e-mail josh@mbheatherhcare.com

Address 1593 Rt 88 (street) Brick (municipality) 08724 (zip code)

Contractor: Tru Power Electric & Security Tel. (732) 534-5831

Address 7 Rivka Lane Lakewood NJ 08701 e-mail mordy@trupowernj.com

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 821557406 FAX: (732) 730-5478

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date 1-28-21 Approved by: VM

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-28-21

Approved by: VM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7-27-21

Approved by: VM

INSPECTIONS	Type:	Failure	Failure	Approval	Initial
	Rough	4-9-21		4-13-21	SW
	Barrier-Free				
	Trench				
	Temp. Serv.				
	Constr. Serv.				
	TCO				
	Other				
	Service				
	Final			7-26-21	SW
	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:

Print name here: Mordechai Strom

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Lighting and Receptacle Quantity Update

QTY.	SIZE	ITEMS	FEE (Office Use Only)
31		Lighting Fixtures	
30		Receptacles	
10		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
75		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	
2	6	KW Central A/C Unit	
2	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
4	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update 4/13/21

Date Received 4/23/21
Control #
Date Issued
Permit # 20-28376

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88, Brick, NJ

Owner in Fee: 1613 Rt 88 Realty LLC

Tel. 845 558-5879 e-mail Josh@jmshealthcare.com

Address 1593 Rt 88 (street) Brick (municipality) 08724 (zip code)

Contractor: TruPower Electric & Security Tel. (732) 534-5831

Address 7 Rivka Ln e-mail Kaila@trupowernj.com

Lakewood, NJ 08701

Contractor License No. 34EI01826800 Exp. Date 03/31/2023 ✓

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 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

[X] No Plans Required 4-22-21 VM

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-22-21

Approved by: VM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7.27.21

Approved by: VM

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-26-21	VM
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:

Print name here: Mordechai Strom

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Low Voltage Data Points

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

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/26/21
Control #
Date Issued
Permit # 20-2837-EC
Fee $

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Route 88 Brick NJ 08724

Owner in Fee: 1613 Route 88 Realty Llc

Tel. e-mail

Address 1613 Route 88 (street) Brick NJ (municipality) 08724 (zip code)

Contractor: Tru Power Electric & Security Tel. (732) 534-5831

Address 7 Rivka Lane Lakewood NJ 08701 e-mail mordy@trupowernj.com

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 821557406 FAX: (732) 730-5478

B. ELECTRICAL CHARACTERISTICS

Use Group Present B1 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 8-9-21 Approved by: VM

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

SUBCODE APPROVAL for PERMIT
Date: 8-9-21
Approved by: VM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-14-21
Approved by: VM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
~~Other~~			9-13-21	AV
Service				
Final			9-13-21	AV
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:

Print name here: Mordechai Strom

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Basement Renovations (commercial space

QTY.	SIZE	ITEMS	FEE (Office Use Only)
32		Lighting Fixtures	
		Receptacles	
		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
8		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
41 39		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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.

Update 8/26/21

9/23/21

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

Update
Permit #20-2021-A

20-2021-A

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88

Owner in Fee: 1613 Route 88 Realty LLC

Tel. 848-261-2433 e-mail

Address 1613 Rt 88 (street) Brick (municipality) 08724 (zip code)

Contractor: South Pole Heating and Cooling Tel. 732-813-4822 x 1

Address 111 Clifton Ave, Suite 4 e-mail service@southpolehvac.com

Contractor License No. 19HC00279800 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 81-2186883 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Aryeh Weinstein

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install Fujitsu 1 ton ductless unit for conference room.

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 9-13-21

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9-13-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-30-21
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final ~~9-30-21~~			9-30-21	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

No addendum

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.

MB Healthcare Services

11/25/20
20-2837

Date Received
Control #
Date Issued
Permit #

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 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88
Brick

Owner in Fee: 1613 Rabe 88 Realty LLC
1593 Route 88 Brick Township 08724

Tel. ( ) e-mail

Address East Coast Plumbing & Heating
1970 Swarthmore Ave - #3 Lakewood, NJ 08701
street municipality zip code

Contractor: 732-785-1088 Tel. ( )

Address License 9944 Exp. 6/30/21 e-mail info@eastcoastplumbingnj.com
Fed ID # 22-3315720

Contractor License No. Exp. Date

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 4" Public Sewer Private Septic

Water Service Size 3/4 Public Water Private Well

Est. Cost of Plumbing Work $ 3000

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: Michael Gesualdo

Print name here: Michael Gesualdo

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ACCORDING TO ARCHITECTICAL PLANS

	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
4	Lavatory	
	Shower	
	Floor Drain	
1	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	
	Other	

COPY

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

JOB SUMMARY (Office Use Only)

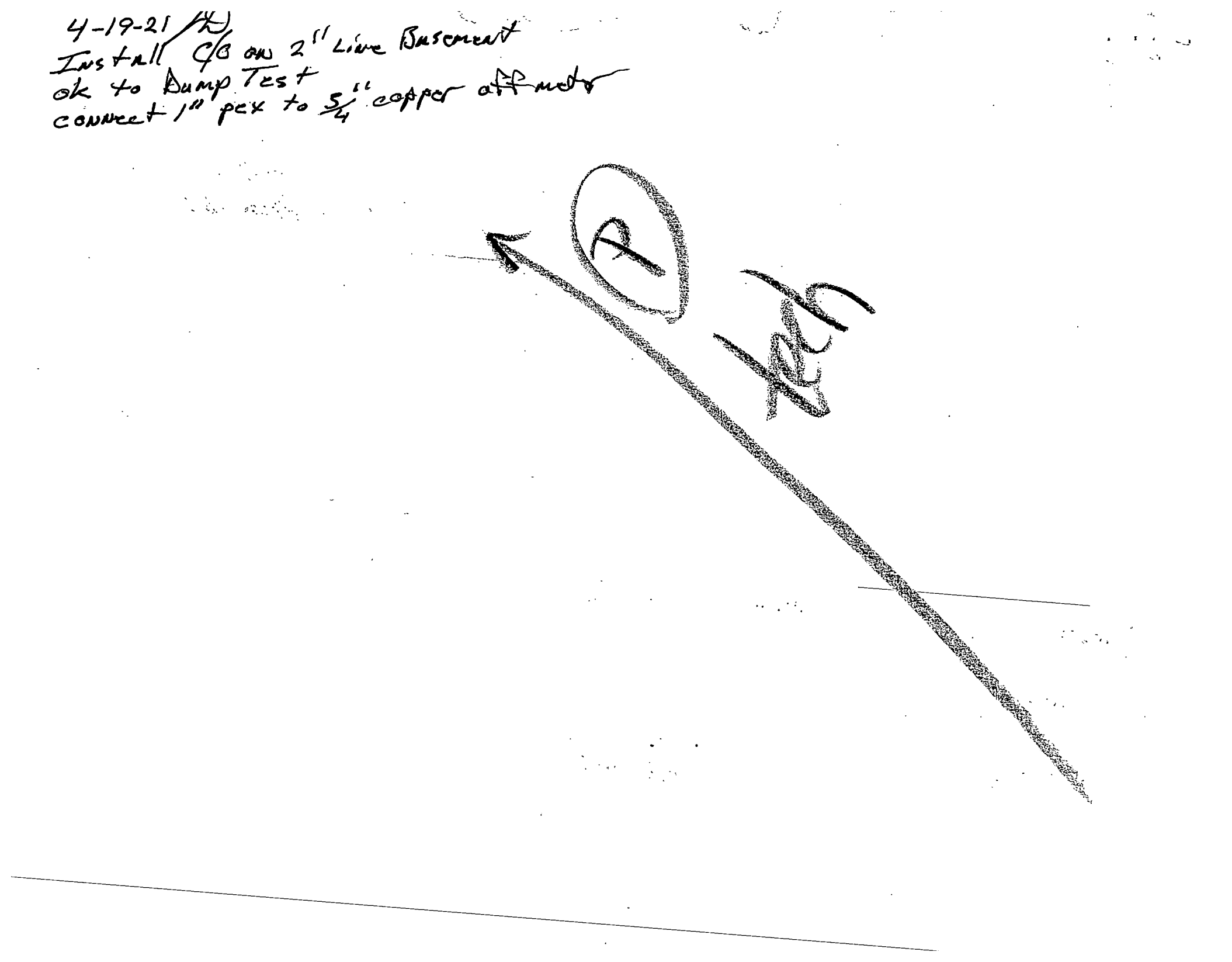
PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 11-23-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-23-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 10-1-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
~~Slab~~ Partial Rough			9-19-21	
Rough	9-19-21		9-7-21	WM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 60 days			9-13-21	
Final			9-30-21	

4-19-21 (HJ)
Install C/O on 2" Line Basement
ok to Dump Test
connect 1" pex to 5/4" copper after meter



PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/22/21
Control #
Date Issued
Permit # 20-983 PLB

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88

Owner in Fee: 1613 Route 88 Realty LLC

Tel. 848-261-2433 e-mail

Address 1613 Rt 88 (street) Brick (municipality) 08724 (zip code)

Contractor: South Pole Heating and Cooling Tel. 732 813-4822 ext 1

Address 111 Clifton Ave, Unit 4, Lakewood e-mail service@southpolehvac.com

Contractor License No. 19HC00279800 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason -

Federal Emp. ID No. 81-2186883 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R5/ B Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 17,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 2-14-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-14-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 10-1-21
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			9-23-21	
Final			9-23-21	

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: Aryeh Weinstein

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement: Install 80K BTU gas furnace at 92% with 5 ton cooling and ductwork to first floor
Replacement: Install 80K BTU gas furnace at 92% with 5 ton cooling and ductwork to second floor
~~[illegible] 80K BTU electric [illegible] unit~~

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

2 furnace, coil, condensers
~~1 ductless mini split~~

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

1/22/21 JM

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/2/21
Control #
Date Issued
Permit # 20-2837+A

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88, Brick Township, NJ 08724

Owner in Fee: 1613 Route 88 Realty LLC

Tel. (845) 558-5879 e-mail josh@mbhealthcare.com

Address 1593 Rt. 88 (street) Brick (municipality) 08724 (zip code)

Contractor: East Coast Plumbing & Heat Tel. 732 [illegible] - 1088

Address 1970 Swarthmore Ave e-mail info@eastcoastplumbing.com

Lakewood NJ 08701

Contractor License No. 9944 Exp. Date 6/30/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3315720 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 2-14-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-14-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 10-1-21
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			9-13-21	
TCO			9-30-21	
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: Michael Fasano

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Changes to existing permit- bathrooms reconfigured

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

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

11/22/21

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

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 1613 Rt. 88

PERMIT NUMBER 20-2437/+A BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building __X__ Plumbing ____ Electric ____ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Install High Level AC coil switch on Secondary Drains @ HVAC 2nd unit Existing UNITS IN Basement.
2) Update Permit 1 mini split in Conference Room
3) Fill 1" space on Laundry sink to wall.
4) missing Escutions on WC 2nd Floor

TCO 10 days 9-13-21
Sign off IN Office when PD

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 8-23-21 INSPECTOR _____

PLUMBING SUBCODE
TECHNICAL SECTION

8/26/21

Date Received
Control #

Date Issued
Permit #

Update
Permit #20-00371A

9/23/21

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88

Owner in Fee: 1613 Route 88 Realty LLC

Tel. 848-261-2433 e-mail

Address 1613 Rt 88 (street) Brick (municipality) 08724 (zip code)

Contractor: South Pole Heating and Cooling Tel. 732 813-4822 ext 1

Address 111 Clifton Ave, Unit 4, Lakewood e-mail service@southpolehvac.com

Contractor License No. 19HC00279800 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason -

Federal Emp. ID No. 81-2186883 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 9-20-21 via m
[ ] 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: 9-20-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 10-1-21
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			9-30-21	

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: Aryeh Weinstein

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Fujitsu 1 ton ductless unit for conference room.

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

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

U.C.C. F130 (rev. 10/17)
Internet version

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

MB Healthcare Services — B — 4384 + basement (2652) — occup 30 (6/26/20) — ex 7/24 x3

Date Received / Control # 11/25/20

Date Issued / Permit # 20-2837

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

Block 821 Lot 21 Qualification Code ____

Work Site Location 1613 Rt 88, Brick Township, NJ 08724

Owner in Fee: 1613 Route 88 Realty LLC 347-263-3471

Tel. (845) 558-5879 e-mail josh@mbhealthcare.com

Address 1593 Rt. 88 (street) Brick (municipality) 08724 (zip code)

Contractor: Trupower Electric & Security Tel. (732) 534-5831

Address 7 Rivka Ln, Lakewood NJ 08701 e-mail mordy@truepowernj.com

Elect. Lic. 34EI01826800

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

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

Fire Alarm Contractor No. ____ Exp. Date ____

Home Improvement Contractor Registration No. or Exemption Reason ____

Federal Emp. ID No. 821557406 FAX: ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present ____ Proposed ____

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

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

Location: ____

Total Cost of Fire Protection Work $ 200.

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: 11/30/20

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/2/21

Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12-21-21	RM
Other: Rough	7-21		4-9-21	RM

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: Mordech Strom

Print name here: Mordechai Strom

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Ex. sign/ emer. lig	15	
TOTAL	15	
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		
Fireplace Venting/Metal Chimney		
Other ____		

COMMERCIAL

- Fire Extings ✓
- Basement? ✓

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/25
Control #
Date Issued
Permit # 20-28344

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

Block 821 Lot 21 Qualification Code

Work Site Location 1613 Rt 88

Owner in Fee: 1613 Route 88 Realty LLC

Tel. 848-261-2433 e-mail

Address 1613 Rt 88 Brick 08724
street municipality zip code

Contractor: South Pole Heating and Cooling Tel. (732) 813-4822

Address 111 Clifton Ave, Unit 4, Lakewood e-mail Service@southpolehvac.co

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 812186883 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

Fuel Type: [X] Gas [ ] Oil [X] 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:

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:

Print name here: Aryeh Weinstein

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

DESCRIPTION OF WORK: Replacement: Install 80K BTU gas furnace at 92% with 5 ton cooling and ductwork to first floor
Replacement: Install 80K BTU gas furnace at 92% with 5 ton cooling and ductwork to second floor

Water Supply Source

Method of Alarm/Suppression System Supervision ~~NEW: Install 12K BTU electric wallace unit~~

	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 $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 1/27/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting		7-21-21	7-21-21	PTV
Final				
Other				

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.

1/27/21

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 9/17/21 MFF OK Per MUA on 10-12-21 MFF			
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
Passed 9/1/21 rec'd in bldg. 9/3/21 MFF			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

INSPECTOR: GREG RIELLY

JOB: COMMERCIAL SECTION: LAURELTON

TYPE OF WORK: PARKING LOT UPGRADES PERMIT #: 20-2857

WEATHER / TEMP: CLOUDY 77°F

DATE: 9/1/21

INSPECTION: FINAL C.O. (1 MONTH FOLLOW-UP)

LOCATION: 1613 ROUTE 88

BLOCK: 8.21 LOT: 21

ENGINEERING RECOMMENDATIONS FOR CERTIFICATION OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on-going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey / Elevation Certificate	N/A	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS
- ☐ $50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, October 07, 2021 2:09 PM
To: Matthew Fagen; Susan Stanisz
Subject: 1613 ROUTE 88 MB HEALTHCARE

We were out there & they are ok to CO.

SUSAN M. STANISZ
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

APPLICATION FOR CERTIFICATE

Date Received 09/04/2020
Date Permit Issued 11/25/2020
Control # C-20-002872
Permit # 20-2837
Date Issued

IDENTIFICATION

Block 821 Lot 21 Qualifier

Work Site Location 1613 ROUTE 88 Brick Township, NJ

Owner in Fee PANGERSAN, LLC%DR. P MISKIN
633 ROUTE 37 WEST TOMS RIVER NJ 08755

Telephone (845) 558-5879

Contractor FAIRWAY MANAGEMENT
Address 441 ROSE COURT LAKEWOOD NJ 08701

Telephone (732) 814-8966
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ 124200
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP ...MB HEALTHCARE SERVICE

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

FUJITSU

Halcyon

Submittal Data: 12RL2 — **12,000 BTU Heat Pump System**

Inverter Driven Heat Pump

Job Name:_____ Date:_____

Location:_____ Approval:_____

Engineer:_____ Construction:_____

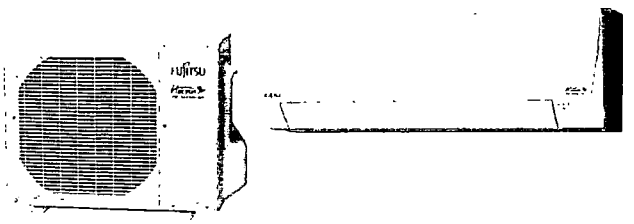
Submitted to:_____ Unit #:_____

Submitted by:_____ Drawing #:_____

Reference:_____

General Features

- Refrigerant Type R410A.
- Wireless remote controller
- Automatic airflow adjustment
- Auto/Cool/Dry/Fan/Heat modes
- Program timer
- Powerful mode
- 5- Years Parts, 7-Years Compressor Warranty (See Warranty Statement for details)



Model Information

Outdoor	AOU12RL2
Indoor	ASU12RL2

Electrical — 115 V AC 1ph-60Hz

Available Voltage Range	103.5 - 126.5 V +/- 10%
Max Fuse Size	20 A
Max Operating Current	
Indoor	1.0 A
Outdoor	15.0 A
Input Power	
Cooling	1.20 kW
Heating	1.21 kW
Running Current	
Cooling	10.9 A
Heating	11.0 A

Capacity

Nominal Cooling	12,000 Btu/h
Min-Max Cooling	3,100 – 12,500 Btu/h
Nominal Heating	14,000 Btu/h
Min-Max Heating	3,100 – 16,000 Btu/h

Compressor — Rotary x1

Motor Output	700 W
Refrigerant	R410a
Charge	1 lbs. 12 oz.
Oil	VG74

Fan Motor

Type: DC (condenser)	Propeller x 1
Type: DC (evaporator)	Cross flow x1
Motor Output (condenser)	23 W
Motor Output (evaporator)	28 W

Heat Exchanger

Condenser	
(H x W x D) in. (mm)	19-27/32 x 24-3/32 x 23 / 32/19-27/32 x 25-9/32 x 23/32 (504x650x18.2/504x64218.2)
Fin Pitch	18 FPI
Rows x Stages	2 x 24
Pipe Type (Material)	Grooved H-Pin (Copper)
Type (Material)	Corrugate (Aluminum)

Operation Temperature Range

Cooling	15°F to 115°F (-10°C - 46°C)
Heating	15°F to 75°F (-10°C - 24°C)

Efficiency

SEER	16.0
EER (cooling)	10.0
COP (heating)	11.55
HSPF (heating)	9.0

Enclosure

Material	Painted galvanized steel
Color	
Condenser	Beige (10 YR 7.5/1.0 NN)
Evaporator	White

Sound Pressure Level

Outdoor (max)	48 dB(A)
Indoor (max)	43 dB(A)

Dimensions

H x W x D	
Outdoor in. (mm)	21-1/4 x 26 x 11-11/32 in. (540x660x290)
Indoor in. (mm)	10-3/32 x 24 x 13/16 x 25/32 (256x630x20)

Connection Pipe

Liquid	Ø1/4 in. (Ø6.35 mm)
Gas	Ø3/8 in. (Ø9.52 mm)
Method (Liquid/Gas)	Flare
Max Length {(Pre-charge)}	66 ft. (20 m) {(49 ft.) (15 m)}
Max Height Difference	49 ft. (15 m)

Weight

Outdoor	69 lbs. (31 kg)
Indoor	16 lbs. (7 kg)

Safety Devices

Circuit Protection	
Current fuse (main printed circuit board)	25A/250V / 3.15A/250V / 3.15A/250V
Fan Motor Protection	
Terminal protection program	Off: 302°F (150°C) On: 248°F (120°C)
Compressor Protection	
Terminal protection program (comp. temp.)	Off: 230°F (110°C) On: After 7 minutes

Note: Specifications are based on the following conditions.
Cooling: Indoor temperature of 80°F (26.7°C) DB 67°F (19.44°C) WB, and outdoor temperature of 95°F (35°C) DB 75°F (23.9°C) WB.
Heating: Indoor temperature of 70°F (21.11°C) DB 59°F (15.°C) WB, and outdoor temperature of 47°F (8.33°C) DB 43°F (6.11°C) WB.
Pipe length: 24ft. 7in. (7.5m). Height difference: 0ft. (0m) (Outdoor unit : indoor unit)

7 Year Compressor 5 Year Parts WARRANTY

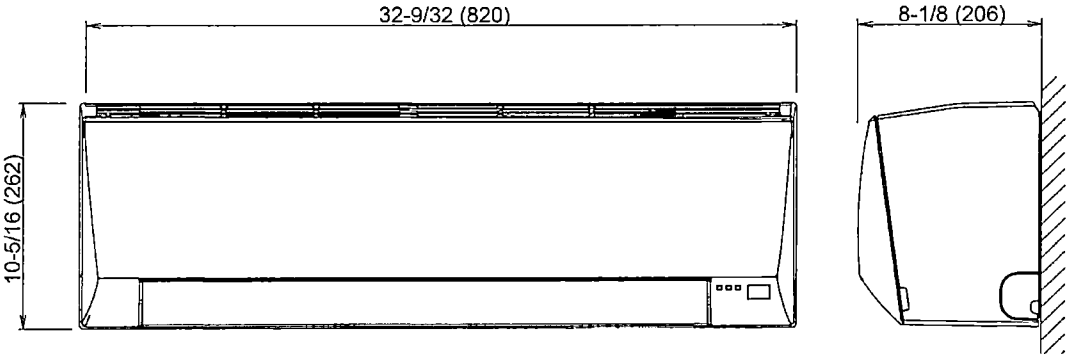
Fujitsu General America, Inc
353 Route 46 West
Fairfield, NJ 07004
Toll Free: 1-888-888-3424
Fax: (973) 836-0447
www.fujitsugeneral.com

FUJITSU

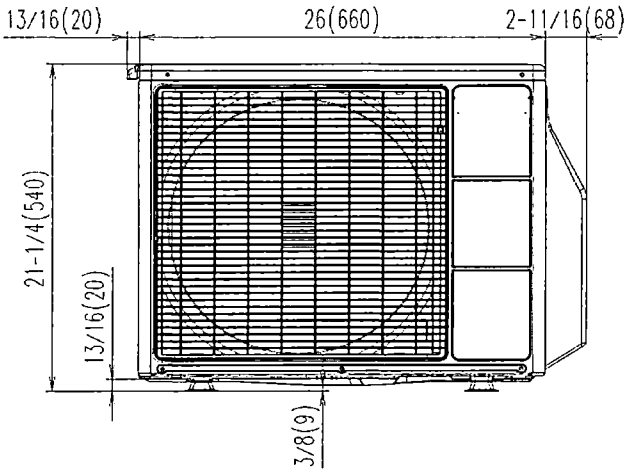
Halcyon

Dimensions: 12RL2

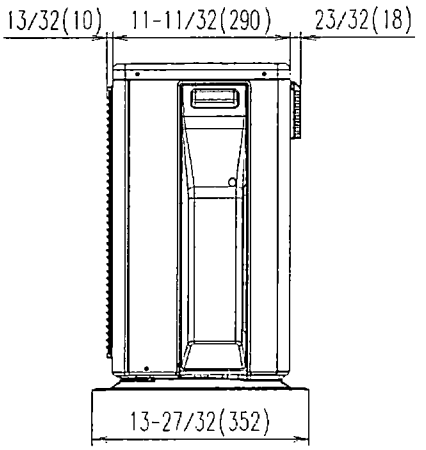
[Unit: in. (mm)]



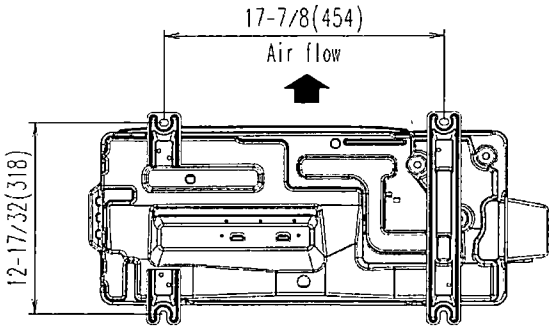
Top view



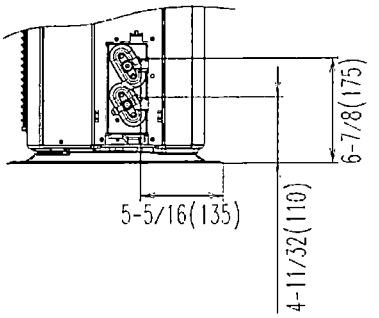
Front view



Side view



Bottom view



FUJITSU

Fujitsu General America, Inc.
353 Route 46 West
Fairfield, NJ 07004
Toll Free: 1-888-888-3424
Fax: (973) 836-0447
www.fujitsugeneral.com

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Aryeh Weinstein
120 Caranetta Drive
Lakewood NJ 08701

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

05/19/2020 TO 06/30/2022
VALID

Signature of Licensee/Registrant/Certificate Holder

19HC00279800
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
Aryeh Weinstein
Master HVACR Contractor

05/19/2020 TO 06/30/2022
VALID

SIGNATURE

19HC00279800
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

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

PLEASE DETACH HERE

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 821 LOT: 21 ADDRESS: 1613 Rt 88, Brick NJ 08724

IDENTIFICATION:

1. WORK SITE ADDRESS: 1613 Rt 88, Brick NJ 08724
2. NAME OF OWNER IN FEE: 1613 Route 88 Realty LLC

   ADDRESS: 1593 Route 88 Brick NJ 08724 PHONE #: (___) 347-263-3471

   _____ FAX #: (___) _____
3. PRINCIPAL CONTRACTOR: Fairway Managment LLC

   ADDRESS: 441 Rose Ct PHONE #: (___) 732-814-8966

   _____ FAX #: (___) _____
4. ARCHITECT OR ENGINEER: Gut & Vann Architecture and Consulting

   ADDRESS: 1777 Avenue of the States PHONE: # (___) 732-806-0073
5. RESPONSIBLE PERSON FOR WORK: Chaim Engel

   ADDRESS: 14 Riverside Ct, Lakewood NJ 08701

PHONE #: (___) 347-263-3471 FAX #: (___) _____ E-MAIL: chaim@dynamicdesignassoc.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☑ OTHER New split unit

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: 9/1/21 INITIALS: EC

PERMIT UPDATE

Date Update Issued 9/23/21
Control # C-20-003265+D
Permit # 20-2837+D

IDENTIFICATION Block: 821 Lot: 21 Qualifier
Work Site Location: 1613 ROUTE 88 Brick Township, NJ
Owner in Fee PANGERSAN, LLC%DR. P MISKIN
633 ROUTE 37 WEST TOMS RIVER NJ 08755
Telephone: (845) 558-5879

Contractor FAIRWAY MANAGEMENT
Address 441 ROSE COURT LAKEWOOD NJ 08701
Telephone: (732) 814-8966
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
TENANT FIT UP ...MB HEALTHCARE SERVICE - UPDATE +D - INSTALL NEW MINISPLIT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$304
Check No.	0191
Cash	$0
Credit	$0
Collected By	MA

+75
379

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 $2,250

D. Wingham Jr. 9/21/21
Construction Official Date

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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-21-01357
DATE ISSUED 9/23/21

BLOCK: 821 LOT: 21 QUALIFIER: _____ SITE ADDRESS: 1613 Route 88 Brick NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: 1613 Route 88 Realty LLC
   COMPLETE ADDRESS: 1593 Route 88 Brick NJ 08724
   PHONE # 347-263-3471 EMAIL: chaim@dynamicdesignassoc.com
2. NAME OF APPLICANT: Chaim Engel c/o 1613 Route 88 Realty LLC
   APPLICANT ADDRESS: 1593 Route 88 Brick NJ 08724
   PHONE # 347-263-3471 EMAIL: chaim@dynamicdesignassoc.com
3. RESPONSIBLE PERSON FOR WORK: Chaim Engel
   PHONE# 347-263-3471 FAX# Email:chaim@dynamicdesignassoc.com
4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Office Use
PROPOSED USE No change- office use

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: New split unit

ZONING REVIEW:
REVIEWED: 9-1-21 DATE DENIED: _____ DATE APPROVED: 9-1-21 INTLS: _____

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 9/23/21
Application Number: ZA-21-01333
Application Date: 9/1/2021
Project Number:
Permit Number: 27-21-01357
Fee: $75.00

Zoning Permit

Worksite **1613 ROUTE 88**
Location: **Brick Township, NJ 08724**

Owner: **1613 ROUTE 88 REALTY LLC**
Address: **1613 ROUTE 88**
BRICK, NJ 08724

Applicant: **1613 ROUTE 88 REALTY LLC**
Address: **1613 ROUTE 88**
BRICK, NJ 08724

Block: **821** Lot: **21** Qualifier: _____ Zone: **B-1**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Professional Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Professional Offices**

Work Description:

Air-Conditioner Condenser Unit - Install Mini - split A/C

The A/C must be setback at least 30' from the front property line, 10' from the side and 20' from the rear property line.

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 9/1/2021

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer

9/1/2021
Date

PERMIT UPDATE

Date Update Issued 8/26/11
Control # C-20-002872+C
Permit # 20-2837+C

IDENTIFICATION Block: 821 Lot: 21 Qualifier

Work Site Location: 1613 ROUTE 88 Brick Township, NJ

Owner in Fee: PANGERSAN, LLC%DR. P MISKIN
633 ROUTE 37 WEST TOMS RIVER NJ 08755

Telephone: (845) 558-5879

Contractor: FAIRWAY MANAGEMENT
Address: 441 ROSE COURT LAKEWOOD NJ 08701

Telephone: (732) 814-8966
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP ...MB HEALTHCARE SERVICE ...UPDATE +C - BASEMENT FLOORING; LIGHTING; DROP CEILING

PAYMENTS (Office Use Only)

Building	$500
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$25
CO Fee	
Other	$0
Total	$675
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $13,000

Construction Official

Date 8/26/11

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 4/12/24
Control # C-20-002872+B
Permit # 20-2837+B

IDENTIFICATION Block: 821 Lot: 21 Qualifier

Work Site Location: 1613 ROUTE 88 Brick Township, NJ

Owner in Fee: PANGERSAN, LLC%DR. P MISKIN
633 ROUTE 37 WEST TOMS RIVER NJ 08755

Telephone: (845) 558-5879

Contractor: FAIRWAY MANAGEMENT
Address: 441 ROSE COURT LAKEWOOD NJ 08701

Telephone: (732) 814-8966
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT UP ...MB HEALTHCARE SERVICE - UPDATE +B - LOW VOLTAGE DATA

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 $2,000

D Mannion jr 4/22/24
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$154
Check No.	CHQ1
Cash	$0
Credit	$0
Collected By	

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.

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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.

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

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

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Kaitlin Carusc
Acting Directo

License Information

Accurate as of April 13, 2021 11:14 AM

Return to Search Results

Name: MORDECHAI M STROM

Address: Lakewood,NJ

Profession/License Type: Electrical Contractors,Electrical Contractor

License No: 34EI01826800

License Status: Active

Status Change Reason: License Issuance

Issue Date: 6/9/2017

Expiration Date: 3/31/2024

NO Board Actions. For more information contact New Jersey State Board of Examiners of Electrical Contractors (973)504-6410

Documents

No Public Documents

PERMIT UPDATE

Date Update Issued 4/1/2021
Control # C-20-002872+A
Permit # 20-2837+A

IDENTIFICATION Block: 821 Lot: 21 Qualifier

Work Site Location: 1613 ROUTE 88 Brick Township, NJ

Owner in Fee: PANGERSAN, LLC%DR. P MISKIN
633 ROUTE 37 WEST TOMS RIVER NJ 08755

Telephone: (845) 558-5879

Contractor: FAIRWAY MANAGEMENT
Address: 441 ROSE COURT LAKEWOOD NJ 08701

Telephone: (732) 814-8966
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☑ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT UP ...MB HEALTHCARE SERVICE - UPDATE +A - PLAN REVISIONS & HVAC

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 $48,400

Daniel J. Newman Jr. 4-1-21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$540
Plumbing	$200
Fire Protection	$250
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$92
CO Fee	
Other	$0
Total	$1,232
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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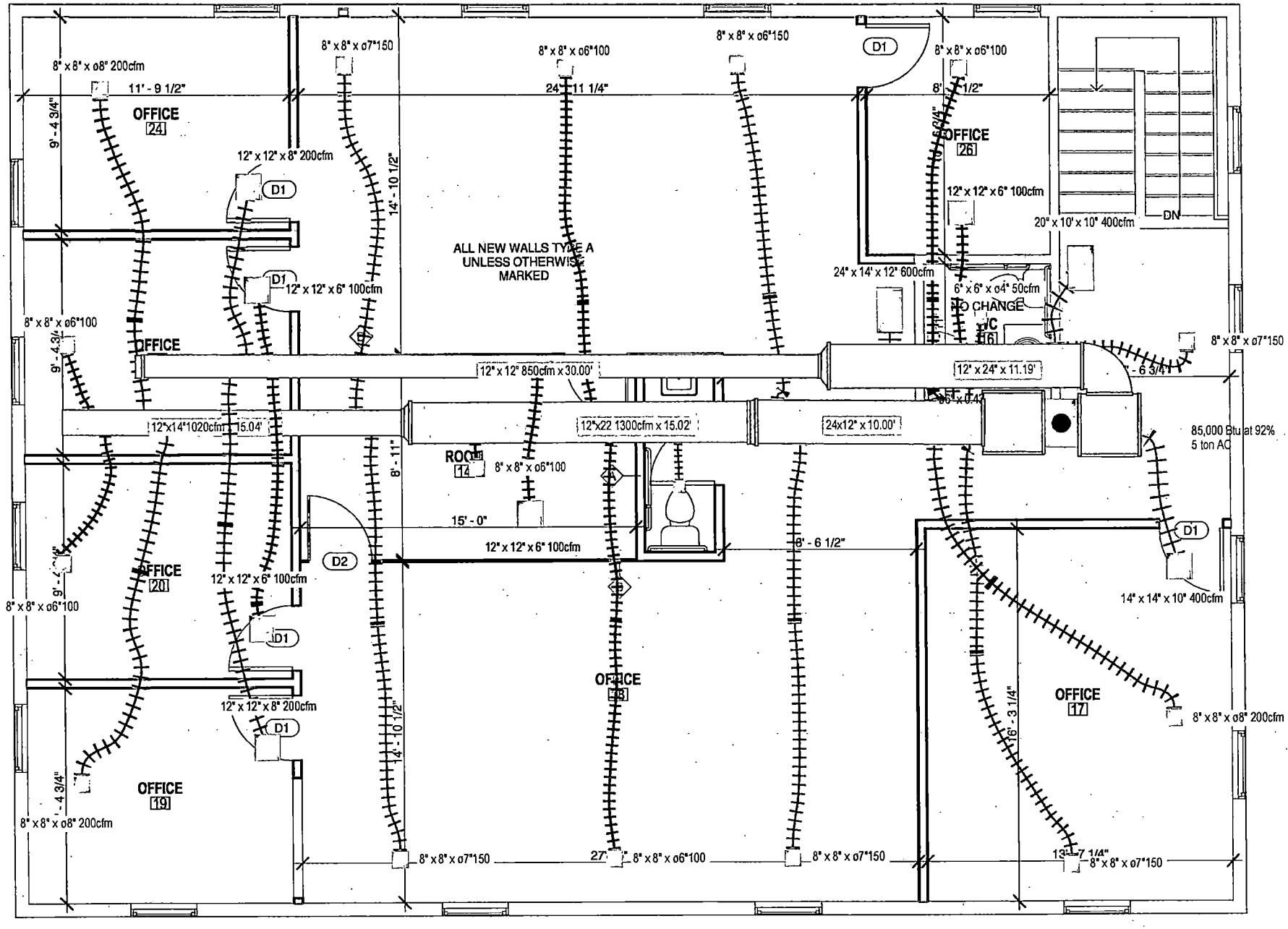
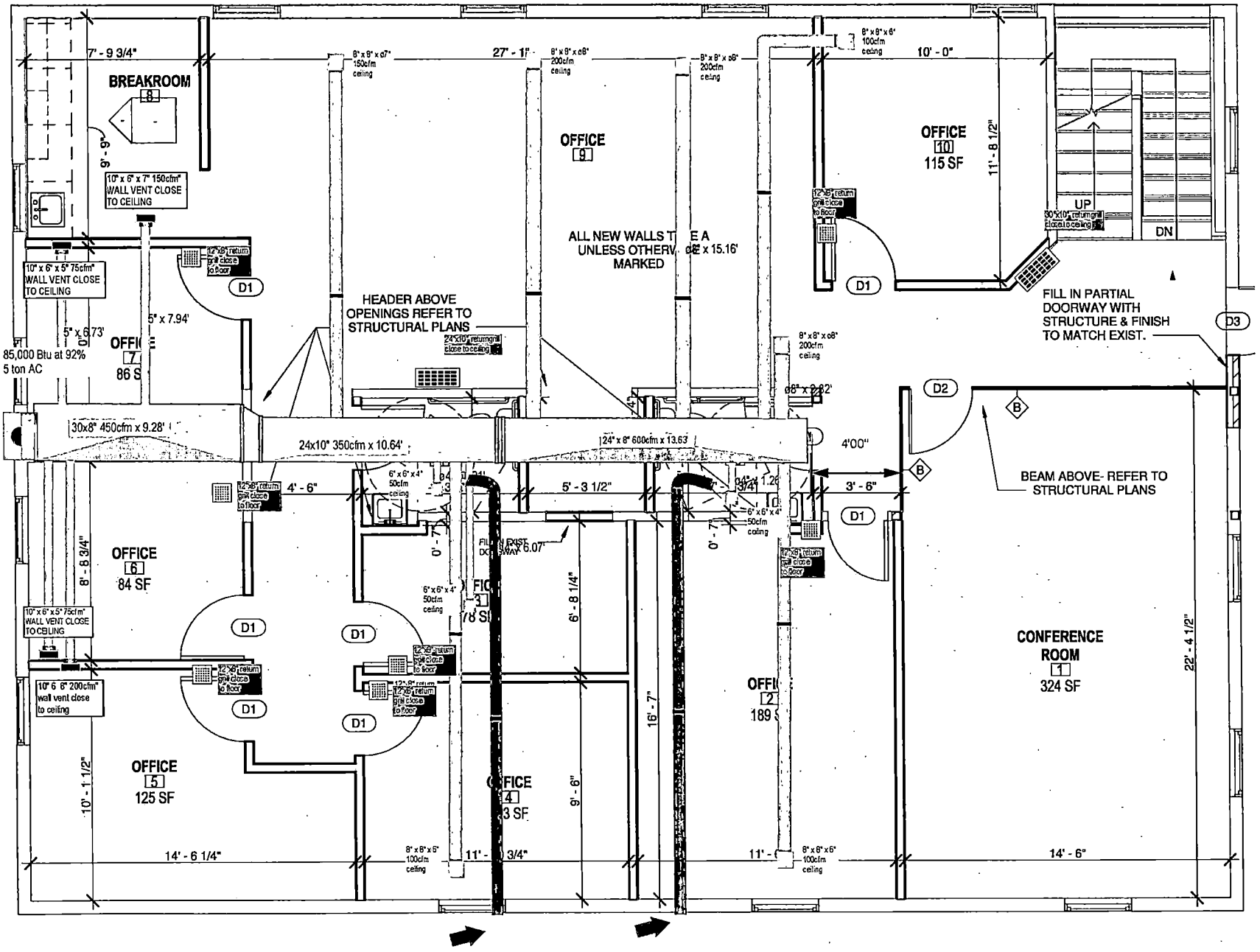
If you do not understand any of this information, please ask.


8" x 8" x ø8" 200cfm
11' - 9 1/2"
OFFICE
24
9' - 4 3/4"
8" x 8" x ø7"150
12" x 12" x 8" 200cfm
D1
14' - 10 1/2"
8" x 8" x ø6"100
24' - 11 1/4"
8" x 8" x ø6"150
D1
8" x 8" x ø6"100
8' - 1/2"
OFFICE
26
6' - 6 3/4"
12" x 12" x 6" 100cfm
20" x 10' x 10" 400cfm
DN
ALL NEW WALLS TYPE A
UNLESS OTHERWISE
MARKED
24" x 14' x 12" 600cfm
6" x 6" x ø4" 50cfm
NO CHANGE
D1
12" x 12" x 6" 100cfm
8" x 8" x ø6"100
OFFICE
9' - 4 3/4"
12" x 12" 850cfm x 30.00'
12" x 24" x 11.19'
8" x 8" x ø7"150
6' - 6 3/4"
ø6" x 0'4"
12"x14"1020cfm 15.04'
12"x22 1300cfm x 15.02'
24x12" x 10.00'
85,000 Btu at 92%
5 ton AC
ROOM
14
8" x 8" x ø6"100
8' - 1"
15' - 0"
12" x 12" x 6" 100cfm
6' - 6 1/2"
D1
14" x 14" x 10" 400cfm
D2
12" x 12" x 6" 100cfm
OFFICE
20
8" x 8" x ø6"100
D1
OFFICE
18
OFFICE
17
12" x 12" x 8" 200cfm
D1
14' - 10 1/2"
18' - 3 1/4"
8" x 8" x ø8" 200cfm
OFFICE
19
8" x 8" x ø8" 200cfm
8" x 8" x ø7"150
27' - 8" x 8" x ø6"100
8" x 8" x ø7"150
13' - 7 1/4"
8" x 8" x ø7"150

First Floor


BREAKROOM
8
OFFICE
9
OFFICE
10
115 SF
OFFICE
7
86 S
OFFICE
6
84 SF
OFFICE
5
125 SF
OFFICE
4
3 SF
OFFI
2
189
CONFERENCE ROOM
1
324 SF
7' - 9 3/4"
27' - 1"
10' - 0"
11' - 8 1/2"
9' - 9"
10" x 6" x 7" 150cfm" WALL VENT CLOSE TO CEILING
10" x 6" x 5" 75cfm" WALL VENT CLOSE TO CEILING
85,000 Btu at 92%
5 ton AC
5" x 7.94'
5" x 6.73'
ALL NEW WALLS T E A
UNLESS OTHERV E x 15.16'
MARKED
HEADER ABOVE OPENINGS REFER TO STRUCTURAL PLANS
FILL IN PARTIAL DOORWAY WITH STRUCTURE & FINISH TO MATCH EXIST.
BEAM ABOVE- REFER TO STRUCTURAL PLANS
30x8" 450cfm x 9.28'
24x10" 350cfm x 10.64'
24" x 8" 600cfm x 13.63
4'00"
3' - 6"
5' - 3 1/2"
4' - 6"
8' - 8 3/4"
6' - 8 1/4"
16' - 7"
22' - 4 1/2"
10' - 1 1/2"
9' - 6"
14' - 6 1/4"
11' - 3/4"
14' - 6"
UP
DN
D1
D2
D3
B
12"x8" return grill close to floor
8" x 8" x 6" 100cfm ceiling
8" x 8" x 7" 150cfm ceiling
8" x 8" x 8" 200cfm ceiling
6" x 6" x 4" 50cfm ceiling
10" 6 6" 200cfm" wall vent close to ceiling
24"x10" return grill close to ceiling
30"x10" return grill close to ceiling

FUJITSU

SUBMITTAL 12RL2

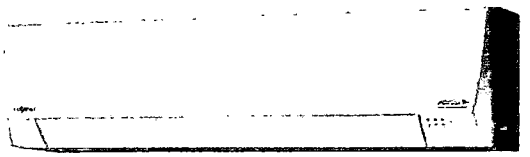
Halcyon

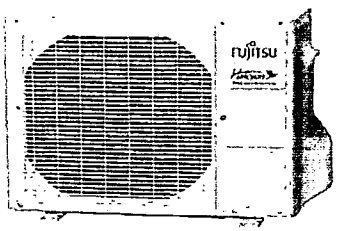
12,000 BTU Inverter Driven Heat Pump

Job Name _____ Date _____
Location _____ Approval _____
Engineer _____ Construction _____
Submitted To _____ Unit No _____
Submitted By _____ Drawing No _____
Reference _____

PRODUCT FEATURES

- Wireless remote controller
- Automatic airflow adjustment
- Auto/Cool/Dry/Fan/Heat/modes
- 24 Hr. timer
- Powerful mode
- Auto changeover





MODEL NUMBERS			
Indoor Unit			ASU12RL2
Outdoor Unit			AOU12RL2
System			12RL2
EFFICIENCIES			
SEER			16
EER			10
HSPF			9
COP			11.55
OUTDOOR TEMPERATURE OPERATION RANGE			
Cooling	°F(°C)		15 to 115 (-10 to 46)
Heating			15 to 75 (-10 to 24)
CAPACITIES			
Cooling	Rated	BTU/hW	12,000
	Min.–Max.		3100 - 12500
Heating	Rated		14,000
	Min.–Max.		3100 - 16000
LINESET REQUIREMENTS			
Connection Method			Flare
Liquid	in (mm)		Ø1/4 in (Ø6.35)
Gas			Ø3/8 in (Ø9.52)
Pre-Charge Length	ft (m)		49 (15)
Minimum Length			10 (3)
Maximum Length			66 (20)
Max. Height Diff.			49 (15)
INDOOR DIMENSIONS & WEIGHT			
Net (H x W x D)	in		10 - 5/16 × 32 - 9/32 × 8 - 1/8
	mm		262 × 820 × 206
Gross (H x W x D)	in		10 - 11/32 × 34 - 1/4 × 12 - 29/32
	mm		263 × 870 × 328
Net Weight	lb (kg)		16 (7)
Gross Weight			20 (9)
OUTDOOR DIMENSIONS & WEIGHT			
Net (H x W x D)	in		21-1/4 x 26 x 11-11/32
	mm		(540x660x290)
Gross (H x W x D)	in		24x31x16
	mm		(610x787x406
Net Weight	lb (kg)		69
Gross Weight			72

Warranty Information

7 Year Compressor, 5 Year Parts out-of-the-box Warranty

10 Year Compressor, 10 Year Parts Warranty when registered within 30 days of installation in a residence

12 Year Compressor, 12 Year Parts Warranty when registered within 30 days of installation in a residence, and installed by a Fujitsu Elite contractor

ACCESSORIES

UTY-TTRX
FJ-IR-WIFI-1NA

Intertek

Indoor Unit ETL#: 3170288
Outdoor Unit ETL#: 91987

Due to continuous product improvements, specifications are subject to change without notice. Please log in to the Fujitsu Portal for the most up-to-date documentation https://portal.fujitsugeneral.com

FUJITSU

SUBMITTAL 12RL2

Halcyon

12,000 BTU Inverter-Driven Heat Pump

FAN DATA				
Indoor Unit Airflow Rate	Cooling	High	CFM (m3/h)	424 (720)
		Medium		353 (600)
		Low		250 (425)
		Quiet		191 (325)
	Heating	High		436 (740)
		Medium		353 (600)
		Low		265 (450)
		Quiet		191 (325)
Outdoor Unit Airflow Rate	Cooling			1078 (1830)
	Heating			942 (1600)

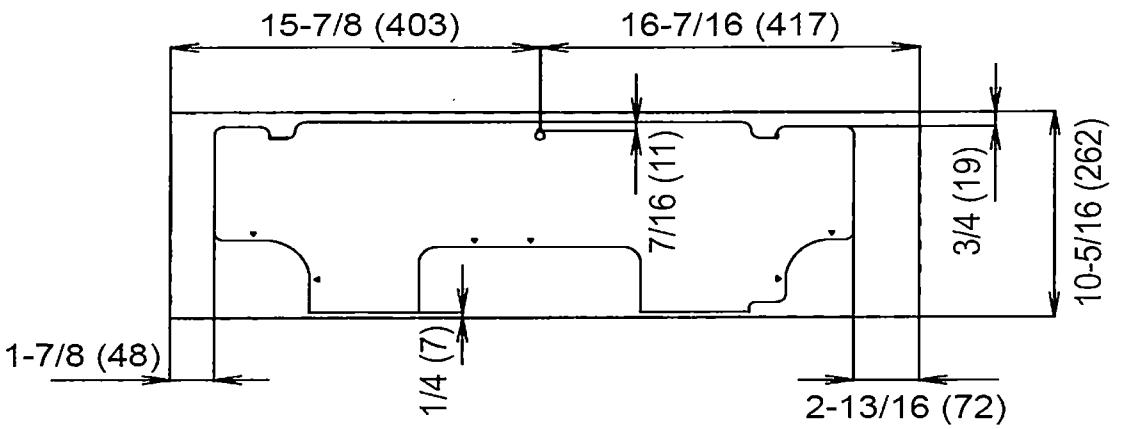
SOUND PRESSURE				
Indoor Unit	Cooling	High	dB (A)	43
		Medium		38
		Low		33
		Quiet		23
	Heating	High		43
		Medium		38
		Low		33
		Quiet		23
Outdoor Unit	Cooling			51
	Heating			51

REFRIGERANT		
Type		R410A
Charge	lb oz	7 lb 12oz
	g	800
Oil Type		POE (RB68)

ELECTRICAL SPECIFICATIONS				
Voltage/Frequency/Phase				115V~ 60Hz
Voltage Range				103.5 - 126.5V
Current	Cooling	Rated	A	10.9
	Heating	Rated		11
Maximum Operating Current		Cooling		13
		Heating		15
Starting Current				11
MCA				15
Maximum Circuit Breaker				20
Input Power	Cooling	Rated	kW	1.2
		Min.–Max.		0.23 - 1.44
	Heating	Rated		1.21
		Min.–Max.		0.21 - 1.66
Power Factor	Cooling		%	96
	Heating			96

OTHER			
Moisture Removal		pints/h (L/h)	3.8(1.8)
Energy Star			No
Drain hose	Material		0
	Size	in (mm)	Ø 1 (25) (I.D.), Ø 1-1/16 (26.6)
Operation range	Cooling	°F (°C)	64 to 90 (18 to 32)
		%RH	80 or less
	Heating	°F (°C)	60 to 88 (16 to 30)

Wall Bracket Data:



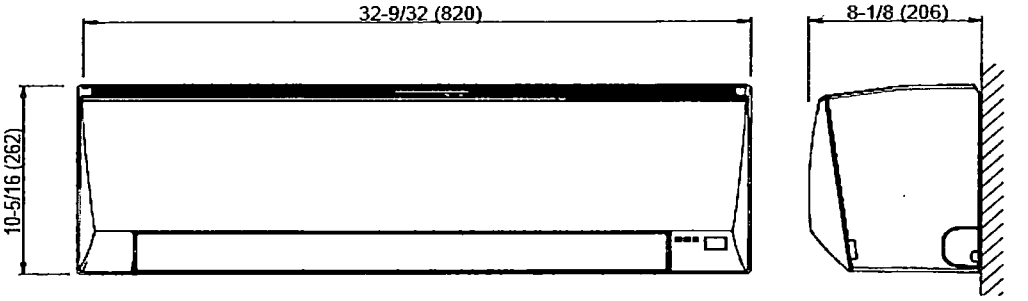
Note: Specifications are based on the following conditions:
Cooling: Indoor temperature of 80°F (26.7°C) DB/67°F (19.4°C) WB, and outdoor temperature of 95°F (35°C) DB/75°F (23.9°C) WB. Heating: Indoor temperature of 70°F (21.1°C) DB/60°F (15.6°C) WB, and outdoor temperature of 47°F (8.3°C) DB/43°F (6.1°C) WB. Pipe length: 25ft. (7.5m), Height difference: 0ft. (0m) (Outdoor unit – indoor unit).

12,000 BTU Inverter Driven Heat Pump

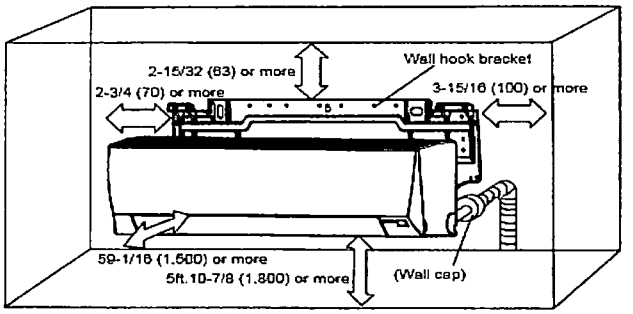
DIMENSIONS

Units: In. (mm)

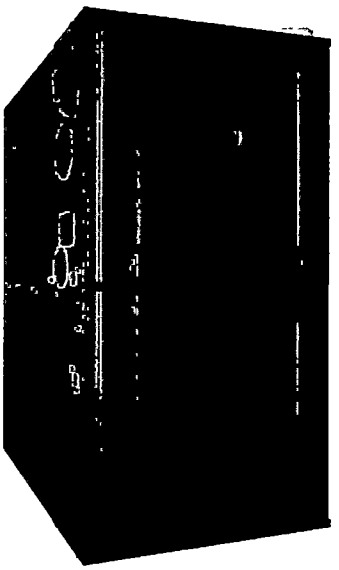
Unit : in. (mm)



■ INSTALLATION PLACE



Ruud *Achiever*® Series Multi position Gas Furnaces



R92P- Series

92% A.F.U.E.†
Input Rates from 40 to 115 kBTU
[11.72 to 33.71 kW]

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- 92% residential gas furnace CSA certified
- 4 way multi-poise design
- PlusOne™ Diagnostics 7-Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- PlusOne™ Water Management System with patented Blocked Drain Sensor
- Heat exchanger is removable for improved serviceability. Aluminized steel primary and stainless steel secondary construction provide maximum corrosion resistance and thermal fatigue reliability.
- Low profile "34 inch" cabinet ideal for space constrained installations.
- Blower Shelf design – serviceable in all furnace orientations
- Pre marked hoses – insures proper system drainage
- Vent with 2" or 3" PVC
- Replaceable Collector box
- Hemmed edges on cabinet and doors
- Quarter turn fasteners for tool less access
- Integrated control boards feature dip switches for easy system set up
- Self priming condensate trap

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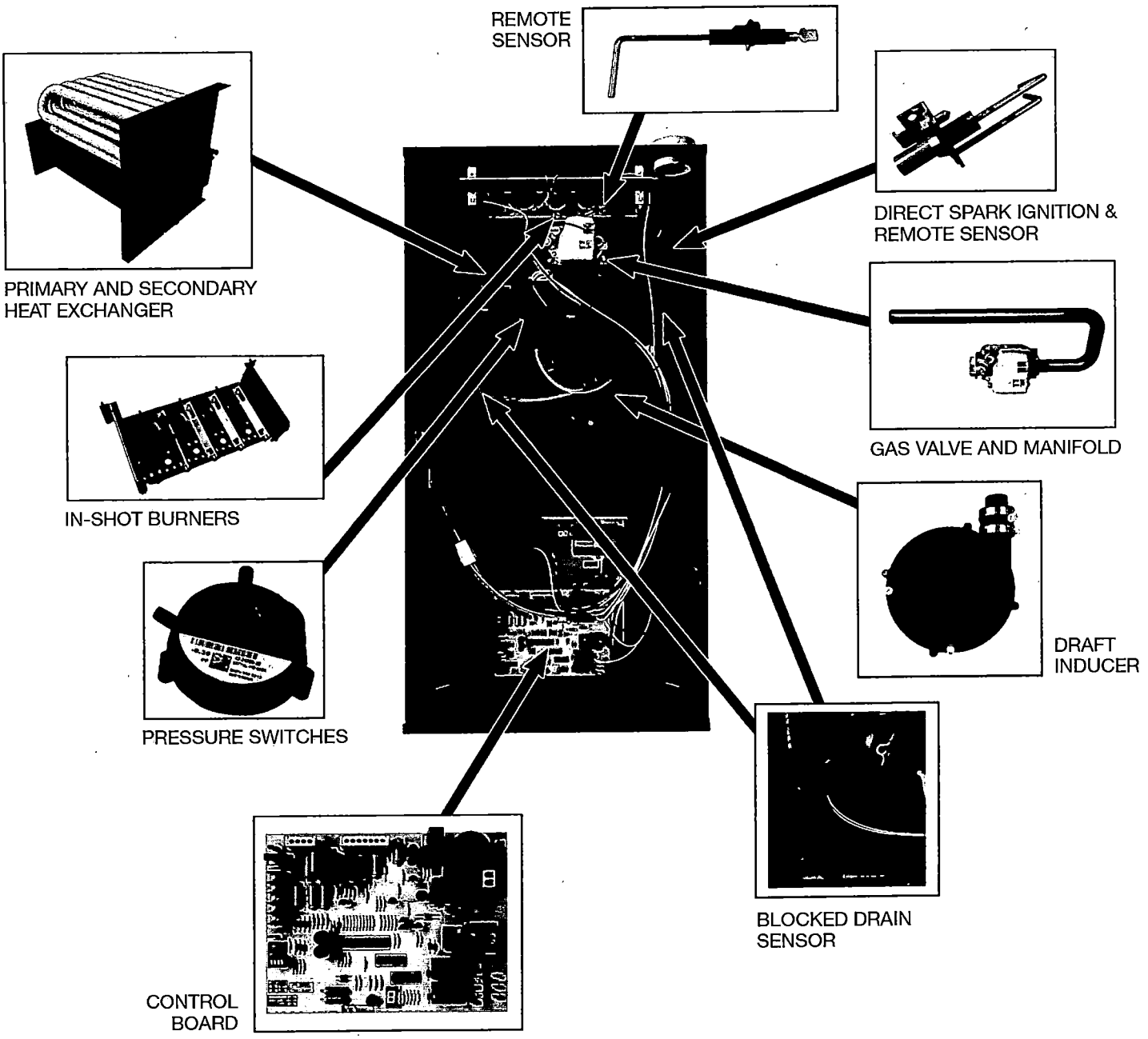


STANDARD EQUIPMENT

Completely assembled and wired; blocked drain sensor, 7 segment LED and marked hoses; heat exchanger; primary: aluminized steel, secondary: 29-4C stainless steel; induced draft; pressure switches; redundant main gas control; blower compartment door safety switch; solid state time on/off blower control; limit controls; manual shut-off valve; 100% safety lock out; cool fan off delay; field selectable heat fan off delay; one hour automatic retry; power and self-test diagnostics; flame sense current diagnostics; electronic air cleaner connections; twinning (built-in) features; humidifier connections; humidifier on/off delay; low speed continuous fan option; single speed option for heating and cooling applications; transformer; direct drive, multi-speed blower motor. (Please note: a thermostat is not included as standard equipment.)

OPTIONAL EQUIPMENT

Side and bottom filter racks; return air cabinet for all sizes.

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

All models can be converted by a qualified distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form.

WARNING

THIS FURNACE IS NOT APPROVED
OR RECOMMENDED
FOR USE IN MOBILE HOMES

Physical Data and Specifications—Upflow Models

U.S. and Canadian Models

MODEL NUMBERS	R92PA0401317MSA	R92PA0601317MSA	R92PA0701317MSA	R92PA0851521MSA	R92PA1001521MSA	R92PA1151524MSA
HIGH FIRE INPUT BTU/HR [kW] ①	42,000 [12.31]	56,000 [16.41]	70,000 [20.50]	84,000 [24.61]	98,000 [28.72]	112,000 [32.82]
HEATING CAPACITY BTU/HR [kW]	39,000 [11.43]	52,000 [15.24]	65,000 [19.05]	78,000 [22.86]	91,000 [26.67]	104,000 [30.48]
HIGH ALTITUDE OUTPUT 10% DERATE [kW] ②	35,154 [10.30]	46,872 [13.74]	58,590 [17.17]	70,308 [26.60]	82,026 [24.03]	93,744 [27.47]
BLOWER (D x W) [mm]	11 x 7 [279 x 178]	11 x 8 [279 x 203]	11 x 8 [279 x 203]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 11 [279 x 279]
MOTOR H.P. [W]– TYPE	1/4 [187]-4-PSC	1/2 [373]-4-PSC	1/2 [373]-4-PSC	3/4 [559]-4-PSC	3/4 [559]-4-PSC	3/4 [559]-4-PSC
MIN. CIRCUIT AMPACITY	8	11	11	13	13	13
MIN. OVERLOAD PROTECTION DEVICE	15	15	15	15	15	15
MAX. OVERLOAD PROTECTION DEVICE	15	15	15	20	20	20
HEATING SPEED	MED-HIGH	MED-HIGH	MED-HIGH	MED-HIGH	MED-HIGH	MED-HIGH
COOLING SPEED	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
MINIMUM EXT. STATIC PRESSURE (IN. W.C.) [kPa]	.18 [.045]	.20 [.050]	.23 [.057]	.28 [.070]	.28 [.070]	.28 [.070]
MAXIMUM EXT. STATIC PRESSURE (IN. W.C.) [kPa]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]
HEATING CFM @ .2" [.049 kPa] W.C. E.S.P. [L/s]	1049 [494]	1139 [537]	1211 [571]	1704 [804]	1748 [825]	1750 [825]
COOLING CFM @ .5" [.124 kPa] W.C. E.S.P. [L/s]	1121 [528]	1232 [581]	1318 [622]	1742 [822]	1782 [841]	1934 [912]
TEMPERATURE RISE-HIGH FIRE RANGE IN DEGREES °F [°C]	25 - 55 [14 -31]	35 - 65 [19 - 36]	40 - 70 [22 - 39]	35 - 65 [19 - 36]	35 - 65 [19 - 36]	45 - 75 [25 - 42]
APPROX. SHIPPING WEIGHT (LBS.) [kg]	123.5 [56]	128 [58]	132 [60]	147.5 [67]	152 [69]	165 [75]
AFUE ③	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

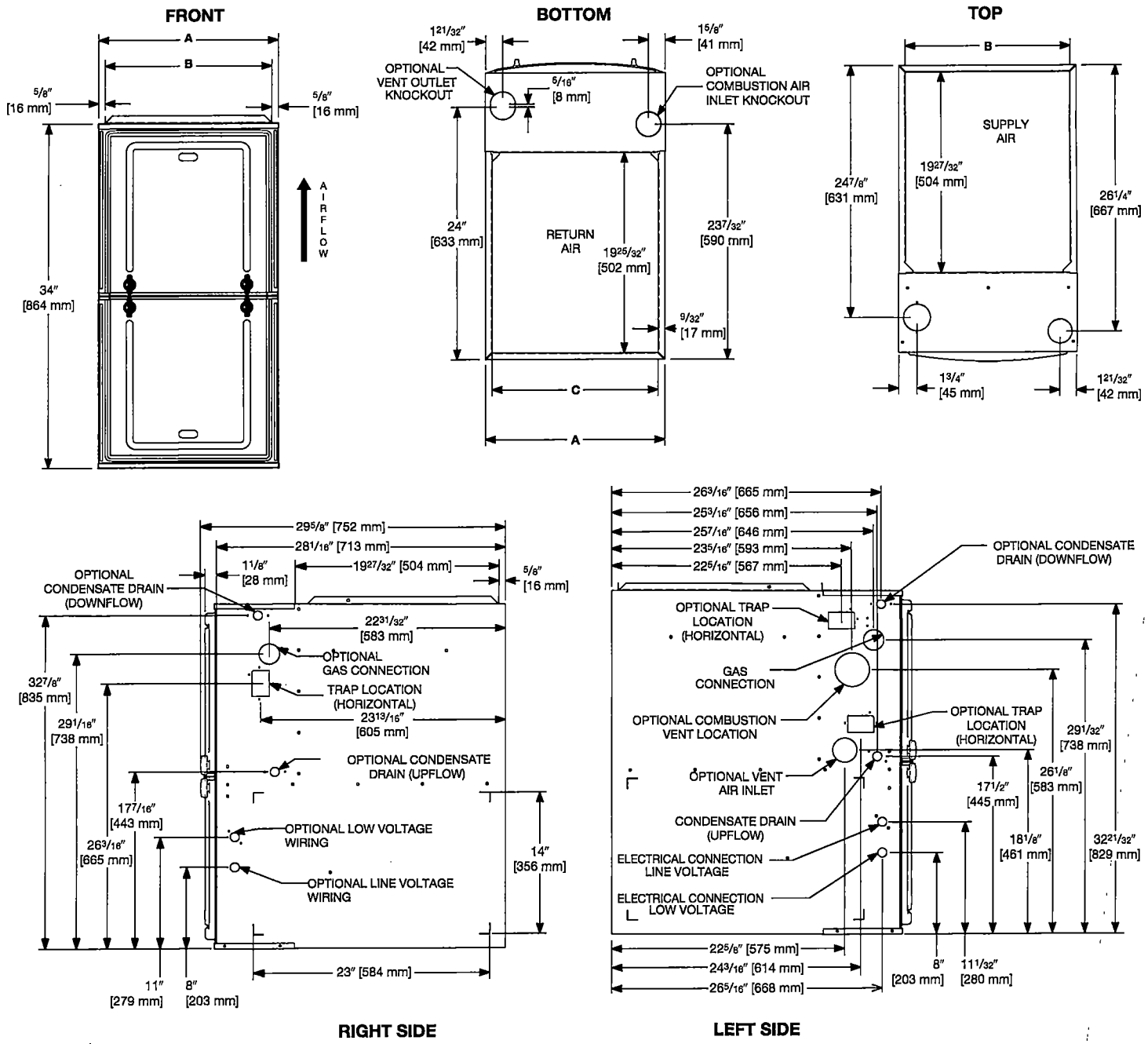
NOTES: All models are 115V, 60HZ, 1 phase Gas connection size for all models is 1/2" [13 mm] N.P.T.
① Installation instructions for high altitude derate.
② Canadian installations only.
③ In accordance with D.O.E. test procedures.
*S=Standard Models
NOTE: Standard model complies with California low nox requirements.

[ ] Designates Metric Conversions

Model Number Identification

R	92	P	A	—	040	1	3	17	M	S	A
Ruud	Series 92% Efficient	Motor - PSC	Design Series A = 1st Design		Input BTU/HR 040 = 42,000 [12.31 kW] 060 = 56,000 [16.41 kW] 070 = 70,000 [20.51 kW] 085 = 84,000 [24.62 kW] 100 = 98,000 [28.72 kW] 115 = 112,000 [32.82 kW]	Stage - Single	Airflow 3 - Up to 3 Tons 5 - Up to 5 Tons	Cabinet Width 17 = 17.5" 21 =21.0" 24 =24.5"	Configuration - Multi-Position	S = Standard	Revision - Marketing (A - First Time Release)

[ ] Designates Metric Conversions



UNIT DIMENSIONS (CLEARANCE TO COMBUSTIBLES)

MODEL R92P	LEFT SIDE	MINIMUM CLEARANCE (IN.) [mm]					SHIP WGTS. (LBS.) [kg]	FLANGE DIMENSIONS		
		RIGHT SIDE	BACK	TOP	FRONT	VENT		A	B	C
040	0	0	0	1 [25]	2 [51]	0	123.5 [56]	171/2 [445]	1617/64 [413]	1613/64 [412]
060	0	0	0	1 [25]	2 [51]	0	128 [58]	171/2 [445]	1617/64 [413]	1613/64 [412]
070	0	0	0	1 [25]	2 [51]	0	132 [60]	171/2 [445]	1617/64 [413]	1613/64 [412]
085	0	0	0	1 [25]	2 [51]	0	147.5 [67]	21 [533]	1949/64 [502]	1945/64 [500]
100	0	0	0	1 [25]	2 [51]	0	152 [69]	21 [533]	1949/64 [502]	1945/64 [500]
115	0	0	0	1 [25]	2 [51]	0	165 [75]	241/2 [662]	2317/64 [591]	2313/64 [589]

*A service clearance of at least 24" is recommended in front of all furnaces
Supply and return depicted as upflow configuration.
Flange configuration will vary depending on installation orientation.

[ ] Designates Metric Conversions

MODEL	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN [kPa]							
				0.1 [.02]	0.2 [.05]	0.3 [.07]	0.4 [.10]	0.5 [.12]	0.6 [.15]	0.7 [.17]	0.8 [.19]
R92PA 0401317	11 x 7 [279 x 178]	1/4 [187]	LOW	732 [345]	695 [328]	669 [316]	639 [301]	605 [285]	547 [258]	512 [242]	487 [230]
			MED-LO	875 [413]	845 [399]	820 [387]	792 [374]	766 [361]	726 [342]	659 [311]	605 [286]
			MED-HI*	1073 [506]	1049 [495]	1004 [474]	975 [460]	943 [445]	900 [425]	864 [408]	798 [376]
			HIGH	1279 [603]	1239 [584]	1213 [572]	1174 [554]	1121 [529]	1069 [504]	1033 [487]	980 [462]
R92PA 0601317	11 x 8 [279 x 203]	1/2 [373]	LOW	830 [392]	793 [374]	755 [356]	705 [333]	654 [308]	599 [283]	544 [257]	496 [234]
			MED-LO	940 [443]	908 [428]	875 [413]	821 [387]	766 [361]	710 [333]	653 [308]	584 [275]
			MED-HI*	1168 [551]	1139 [537]	1109 [523]	1060 [500]	1010 [476]	942 [444]	874 [412]	802 [378]
			HIGH	1421 [670]	1385 [653]	1349 [636]	1291 [609]	1232 [581]	1147 [541]	1062 [501]	976 [460]
R92PA 0701317	11 x 8 [279 x 203]	1/2 [373]	LOW	852 [402]	827 [390]	802 [378]	752 [355]	701 [331]	662 [312]	623 [294]	580 [274]
			MED-LO	986 [465]	955 [450]	923 [435]	883 [417]	843 [398]	790 [373]	737 [348]	686 [324]
			MED-HI*	1238 [584]	1211 [571]	1183 [558]	1139 [537]	1094 [516]	1036 [489]	978 [461]	897 [423]
			HIGH	1493 [704]	1452 [685]	1410 [665]	1364 [643]	1318 [622]	1257 [593]	1195 [564]	1084 [511]
R92PA 0851521	11 x 10 [279 x 254]	3/4 [559]	LOW	1313 [619]	1275 [601]	1236 [583]	1221 [576]	1184 [558]	1141 [538]	1098 [518]	1053 [497]
			MED-LO	1488 [702]	1452 [685]	1415 [667]	1384 [653]	1328 [626]	1279 [603]	1229 [580]	1170 [552]
			MED-HI*	1732 [817]	1704 [804]	1676 [791]	1630 [769]	1579 [745]	1498 [707]	1417 [668]	1343 [633]
			HIGH	1983 [935]	1929 [910]	1874 [884]	1810 [854]	1742 [822]	1663 [784]	1583 [747]	1477 [697]
R92PA 1001521	11 x 10 [279 x 254]	3/4 [559]	LOW	1329 [627]	1313 [619]	1296 611]	1260 [594]	1224 [577]	1171 [552]	1117 [527]	1049 [495]
			MED-LO	1535 [724]	1498 [707]	1461 [689]	1422 [671]	1382 [652]	1325 [625]	1268 [598]	1203 [567]
			MED-HI*	1796 [847]	1748 [825]	1700 [802]	1656 [781]	1612 [760]	1536 [725]	1460 [689]	1370 [646]
			HIGH	2019 [952]	1961 [925]	1903 [898]	1843 [869]	1782 [841]	1687 [796]	1592 [751]	1489 [702]
R92PA 1151524	11 x 11 [279 x 279]	3/4 [559]	LOW	1249 [589]	1234 [582]	1219 [575]	1183 [558]	1146 [541]	1112 [525]	1078 [508]	1017 [480]
			MED-LO	1440 [679]	1429 [674]	1417 [668]	1381 [651]	1344 [634]	1313 [619]	1281 [604]	1221 [576]
			MED-HI*	1770 [835]	1750 [825]	1730 [816]	1696 [800]	1662 [784]	1611 [760]	1559 [735]	1463 [690]
			HIGH	2123 [1001]	2077 [980]	2031 [958]	1983 [935]	1934 [912]	1856 [875]	1777 [838]	1665 [785]

*Factory setting for heat all grey cells are valid heating settings. Do not use speed tabs and/or static pressure which do not fall into the grey cells on this table.
NOTE: Unit tested without filters.

[ ] Designates Metric Conversions

VENT TERMINATION KITS: =

RXGY-E02: Vertical/Horizontal Concentric Vent Termination Kit 2" Pipe (US Only)

RXGY-E02A: Vertical/Horizontal Concentric Vent Termination Kit 2" Pipe (US & Canadian)

RXGY-E03: Vertical/Horizontal Concentric Vent Termination Kit 3" Pipe (US Only)

RXGY-E03A: Vertical/Horizontal Concentric Vent Termination Kit 3" Pipe (US & Canadian)

RXGY-G02: Direct Vent Furnace Side Wall Vent 2" or 3" (US Only)

RXGY-D05: Combustion Air Drain Kit 2"

RXGY-D06: Combustion Air Drain Kit 3"

NEUTRALIZER KIT: RXGY-A01
(Replacement Cartridge 54-22120-01)

EXTERNAL BOTTOM FILTER (UPFLOW/HORIZONTAL) RACK: RXGF-CB

EXTERNAL SIDE (UPFLOW) FILTER RACK: RXGF-CD

EXTERNAL (DOWNFLOW) FILTER RACK: RXGF-CC

FILTER RACK FILTER SIZES* INCHES [mm]			
MODEL	RXGF-CB (UPFLOW/ HORIZONTAL)	RXGF-CD (UPFLOW)	RXGF-CC (DOWNFLOW)
R92PA040	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	14 x 20 [356 x 508]
R92PA060	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	14 x 20 [356 x 508]
R92PA070	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	14 x 20 [356 x 508]
R92PA085	19¼ x 25 [489 x 635]	15¾ x 25 [400 x 635]	14 x 20 [356 x 508]
R92PA100	19¼ x 25 [489 x 635]	15¾ x 25 [400 x 635]	14 x 20 [356 x 508]
R92PA115	22¾ x 25 [578 x 635]	15¾ x 25 [400 x 635]	14 x 20 [356 x 508]

INDOOR COIL CASINGS

MODEL NUMBER
RXBC-D17A1
RXBC-D21A1
RXBC-D21B1
RXBC-D24A1

FOR HIGH ALTITUDES:

NOTE: For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may **NOT** be used for U.S. installations. See installation instructions as appropriate orifice change is required.

L.P. CONVERSION KIT: RXGJ-FP33

CONDENSATE PUMP KIT: PROSTOCK & 1PCB151TUL

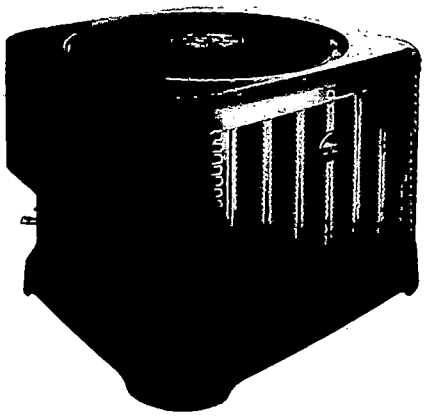
DOWNFLOW/HORIZONTAL CONVERSION KIT: RXGY-CK

DOWNFLOW/HORIZONTAL LEFT ZERO CLEARANCE CONVERSION KIT: RXGY-ZK

COMBUSTIBLE FLOOR BASE: RXGC-B17
RXGC-B21
RXGC-B24

[ ] Designates Metric Conversions

Ruud *Achiever*® Series Air Conditioners



RA13 Series

Efficiencies 13-15.5 SEER/11.5-13 EER
Nominal Sizes 1½ to 5 Ton [5.28 to 17.6 kW]
Cooling Capacities 17.3 to 60.5 kBTU
[5.7 to 17.7 kW]

"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet Energy Star. Ask your Contractor for details or visit www.energystar.gov."

- New composite base pan – dampens sound, captures louver panels, eliminates corrosion and reduces number of fasteners needed
- Powder coat paint system – for a long lasting professional finish
- Scroll compressor – uses 70% fewer moving parts for higher efficiency and increased reliability
- Modern cabinet aesthetics – increased curb appeal with visually appealing design
- Curved louver panels – provide ultimate coil protection, enhance cabinet strength, and increased cabinet rigidity
- Optimized fan orifice – optimizes airflow and reduces unit sound
- Rust resistant screws – confirmed through 1500-hour salt spray testing
- PlusOne™ **Expanded Valve Space** – 3"-4"-5" service valve space – provides a minimum working area of 27-square inches for easier access
- PlusOne™ **Triple Service Access** – 15" wide, industry leading corner service access – makes repairs easier and faster. The two fastener removable corner allows optimal access to internal unit components. Individual louver panels come out once fastener is removed, for faster coil cleaning and easier cabinet reassembly
- Diagnostic service window with two-fastener opening – provides access to the high and low pressure.
- External gauge port access – allows easy connection of "low-loss" gauge ports
- Single-row condenser coil – makes unit lighter and allows thorough coil cleaning to maintain "out of the box" performance
- 35% fewer cabinet fasteners and fastener-free base – allow for faster access to internal components and hassle-free panel removal
- Service trays – hold fasteners or caps during service calls
- QR code – provides technical information on demand for faster service calls
- Fan motor harness with extra long wires allows unit top to be removed without disconnecting fan wire.

TABLE OF CONTENTS

Standard Feature Table

STANDARD FEATURES							
Feature	18	24	30	36	42	48	60
R-410a Refrigerant	√	√	√	√	√	√	√
Maximum SEER	15.1	15.0	15.5	15.1	14.5	14.5	14.0
Maximum EER	12.5	12.5	13.0	12.5	12.0	12.0	11.5
Scroll Compressor	√	√	√	√	√	√	√
Field Installed Filter Drier	√	√	√	√	√	√	√
Front Seating Service Valves	√	√	√	√	√	√	√
Internal Pressure Relief Valve	√	√	√	√	√	√	√
Internal Thermal Overload	√	√	√	√	√	√	√
Long Line capability	√	√	√	√	√	√	√
Low Ambient capability with Kit	√	√	√	√	√	√	√
3-4-5 Expanded Valve Space	√	√	√	√	√	√	√
Composite Basepan	√	√	√	√	√	√	√
2 Screw Control Box Access	√	√	√	√	√	√	√
15" Access to Internal Components	√	√	√	√	√	√	√
Quick release louver panel design	√	√	√	√	√	√	√
No fasteners to remove along bottom	√	√	√	√	√	√	√
Optimized Venturi Airflow	√	√	√	√	√	√	√
Single row condenser coil	√	√	√	√	√	√	√
Powder coated paint	√	√	√	√	√	√	√
Rust resistant screws	√	√	√	√	√	√	√
QR code	√	√	√	√	√	√	√
External gauge ports	√	√	√	√	√	√	√
Service trays	√	√	√	√	√	√	√

√ = Standard

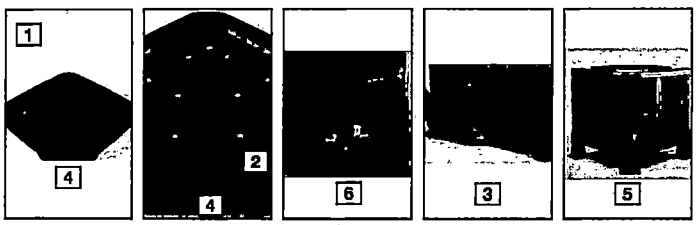
Available SKUs

Available Models	Description
RA1318AJ1NA	*Achiever*® Series 1 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1324AJ1NA	*Achiever*® Series 2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1330AJ1NA	*Achiever*® Series 2 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1336AJ1NA	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1342AJ1NA	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1348AJ1NA	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1360AJ1NA	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1318AJ1NB	*Achiever*® Series 1 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1324AJ1NB	*Achiever*® Series 2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1330AJ1NB	*Achiever*® Series 2 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1336AJ1NB	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1342AJ1NB	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1348AJ1NB	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1360AJ1NB	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1336AC1NB	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1342AC1NB	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1348AC1NB	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1360AC1NB	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1336AD1NB	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60
RA1342AD1NB	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60
RA1348AD1NB	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60
RA1360AD1NB	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60

Introduction to RA13 Air Conditioner

The RA13 is our 13 SEER air conditioner and is part of the Ruud air conditioner product line that extends from 13 to 20 SEER. This highly featured and reliable air conditioner is designed for years of reliable, efficient operation when matched with Ruud indoor aluminum evaporator coils and furnaces or air handler units with aluminum evaporators.

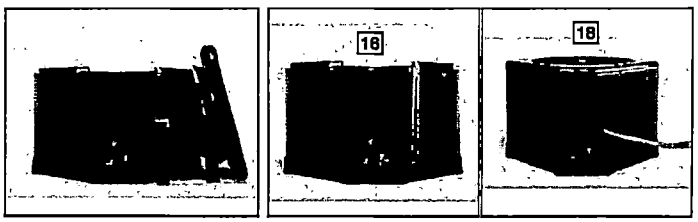
Our unique composite base ([1]) reduces sound emission, eliminates rattles, significantly reduces fasteners, eliminates corrosion and has integrated brass compressor attachment inserts ([2]). Furthermore it has incorporated into the design, water management features, means for hand placement ([3]) for unit maneuvering, screw trays ([4]) and inserts for lifting off unit pad. ([5])



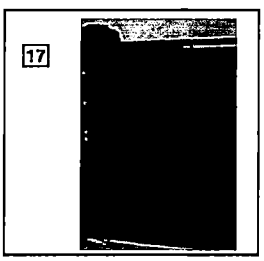
Service Valves ([6]) are rigidly mounted in the composite base with 3" between suction and discharge valves, 4" clearance below service valves and a minimum of 5" above the service valves, creating industry leading installation ease. The minimum 27 square-inches around the service valves allows ample room to remove service valve schrader prior to brazing, plenty of clearance for easy brazing of the suction and discharge lines to service valve outlets, easy access and hookup of low loss refrigerant gauges ([7]), and access to the service valve caps for opening. For applications with long-line lengths up to 250 feet total equivalent length, up to 200 feet condenser above evaporator, or up to 80 feet evaporator above condenser, the long-line instructions in the installation manual should be followed.

Controls are accessed from the corner of the unit by removing only two fasteners from the control access cover, revealing the industry's largest 15" wide and 14" tall control area ([8]). With all this room in the control area the high voltage electrical whip ([9]) can easily be inserted through the right size opening in the bottom of the control area. Routing it leads directly to contractor lugs for connection. The low voltage control wires ([10]) are easily connected to units low voltage wiring. If contactor or capacitor ([11]) needs to be replaced there is more than adequate space to make the repair. Furthermore, if high pressure and low pressure model was not purchased but is desired to be installed in the field, the service window ([12]) can be removed by removing two screws, to access the high and low side schrader fittings for easy field installation. The entire corner can be removed providing ultimate access to install the high and low pressure switch. ([13])

If in the rare event, greater access is needed to internal components, such as the compressor, the entire corner of the unit can be removed along with the top cover assembly to have unprecedented access to interior of the unit ([14]). Extra wire length is incorporated into each outdoor fan and compressor so top cover and control panel can be positioned next to the unit. With minimal effort the plug can be removed from the compressor and the outdoor fan wires can be removed from the capacitor to allow even more uncluttered access to the interior of the unit ([15]). Outdoor coil heights range from as short as 22" to 28", aiding access to the compressor. Disassembly to this degree and complete reassembly only takes a first time service technician less than 10 minutes. ([15])

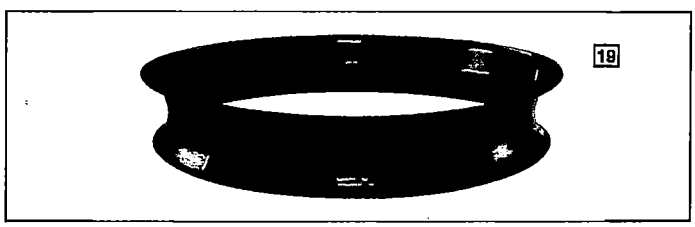


All units utilize strong formed louver panels which provide industry leading coil protection. Louver removal for coil cleaning is accomplished by removing one screw and lifting the panel out of the composite base pan. ([17]) All RA13 units utilize single row coils ([16]) making cleaning easy and complete, restoring the performance of the air conditioner back to out of the box performance levels year after year.

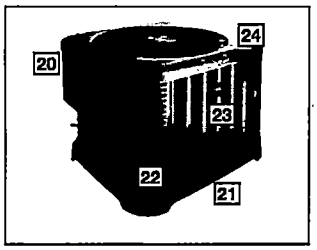


The outdoor fan motor has sleeve bearings and is inherently protected. The motor is totally enclosed for maximum protection from weather, dust and corrosion. Access to the outdoor fan is made by removing four fasteners from the fan grille. The outdoor fan can be removed from the fan grille by removing 4 fasteners in the rare case outdoor fan motor fails.

Each cabinet has optimized composite ([19]) fan orifice assuring efficient and quiet airflow.

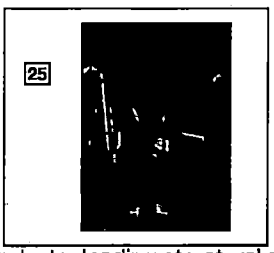


The entire cabinet has powder post paint ([20]) achieving 1000 hour salt spray rating, allowing the cabinet to retain its aesthetics throughout its life.



Scroll compressors with standard internal pressure relief and internal thermal overload are used on all capacities assuring longevity of high efficient and quiet operation for the life of the product.

Each unit is shipped with filter drier for field installation and will trap any moisture or dirt that could contaminate the refrigerant system.



All cabinets have industry leading structural strength due to the composite base pan ([21]), interlocking corner post ([22]), formed curved louver panels ([23]) and drawn top cover ([24]) making it the most durable cabinet on the market today.

Each RA13 capacity has undergone rigorous psychometric testing to assure performance ratings of capacity, SEER and EER per AHRI Standard 210/240 rating conditions. Also each unit bears the UL mark and each unit is certified to UL 1995 safety standards.

Each unit has undergone specific strain and modal testing to assure tubing ([25]) is outside the units natural frequency and that the suction and discharge lines connected to the compressor withstand any starting, steady state operation or shut down forces imposed by the compressor.

All units have been sound tested in sound chamber to AHRI 270 rating conditions, and A-weighted Sound Power Level tables produced, assuring units have acceptable noise qualities (see page 9). Each unit has been ran in cooling operation at 95°F and 82°F and sound ratings for the RA13 range from as low as 73 dBA to 79 dBA.

All units have been ship tested to assure units meet stringent "over the road" shipping conditions.

As manufactured all units in the RA13 family have cooling capability to 55 °F. Addition of low ambient control will allow the unit to operate down to 0°F. Factory testing is performed on each unit. All component parts meet well defined specification and continually go through receiving inspections. Each component installed on a unit is scanned, assuring correct component utilization for a given unit capacity and voltage. All condenser coils are leak tested with pressurization test to 550#'s and once installed and assembled, each units' complete refrigerant system is helium leak tested. All units are fully charged from the factory for up to 15 feet of piping. All units are factory run tested. The RA13 has a 10-year conditional compressor and parts warranty (registration required).

Optional Accessories
(Refer to accessory chart for model #)

Compressor Crankcase Heater
Protects against refrigerant migration that can occur during low ambient operation

Compressor Sound Cover
- Reinforced vinyl compressor cover containing a 1½ inch thick batt of fiberglass insulation
- Open edges are sealed with a one-inch wide hook and loop fastening tape

Compressor Hard Start Kit
- Single-phase units are equipped with a PSC compressor motor, this type of motor normally does not need a potential relay and start capacitor
- Kit may be required to increase the compressor starting torque, in conditions such as low voltage

Low Ambient Kit
- Air conditioners operate satisfactorily in the cooling mode down to 55°F outdoor air temperature without any additional controls
- This Kit can be added in the field enabling unit to operate properly down to 0° in the cooling mode
- Crankcase heater and freezestat should be installed on compressors equipped with a low ambient kit

3"/6"/12"
- Gray high density polyethylene feet are available to raise unit off of mounting surface away from moisture

Low Pressure
- Can be added in field enabling the unit to shut off compressor on loss of charge

NOTE: Unit can be purchased with high and low pressure installed at factory. (Refer to SKU list)

High Pressure
- Can be added in field enabling unit to shut off compressor if unit loses outdoor fan operation.

NOTE: Unit can be purchased with high and low pressure installed at factory. (Refer to SKU list)

Decorative Top
- Can be installed on fan grille

Air Conditioners*

R	A	13	24	A	J	1	N	A	*
Brand	**Product Category**	**SEER**	**Capacity BTU/HR**	**Major Series***	**Voltage**	**Type**	**Controls**	**Minor Series****	**Option Code**
Ruud	A - Air Conditioners	13 - 13 SEER 14 - 14 SEER 16 - 16 SEER 17 - 17 SEER 20 - 20 SEER	18 - 18,000 [5.28 kW] 24 - 24,000 [7.03 kW] 30 - 30,000 [8.79 kW] 36 - 36,000 [10.55 kW] 42 - 42,000 [12.31 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	A - 1st Design	J - 1ph, 208-230/60 C - 3ph, 208-230/60 D - 3ph, 460/60	1 - Single-stage 2 - Two-stage V - Inverter	C - Communicating N - Non-Communicating	A - 1st Design	N/A

*See page 3 for available SKU's.

Heat Pumps (For Reference)**

R	P	14	24	A	J	1	N	A	*
Brand	**Product Category**	**SEER**	**Capacity BTU/HR**	**Major Series***	**Voltage**	**Type**	**Controls**	**Minor Series****	**Option Code**
Ruud	P - Heat Pump	13 - 13 SEER 14 - 14 SEER 15 - 15 SEER 17 - 17 SEER 20 - 20 SEER	18 - 18,000 [5.28 kW] 24 - 24,000 [7.03 kW] 30 - 30,000 [8.79 kW] 36 - 36,000 [10.55 kW] 42 - 42,000 [12.31 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	A - 1st Design	J - 1ph, 208-230/60 C - 3ph, 208-230/60 D - 3ph, 460/60	1 - Single-stage 2 - Two-stage V - Inverter P - Piston	C - Communicating N - Non-Communicating	A - 1st Design	N/A

Furnace Coils (For Reference)**

R	C	F	24	17	S	T	A	M	C	A	*
Brand	**Product Category**	**Type**	**Capacity BTU/HR**	**Width**	**Efficiency**	**Metering Device**	**Major Series***	**Orientation**	**Casing**	**Minor Series****	**Option Code**
Ruud	C - Evap Coil	F - Furn Coil H - Air-Handler Coil	24 - 24,000 [7.03 kW] 36 - 36,000 [10.55 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	S- Standard Eff. M- Mid Eff. H- High Eff.	T-TXV E-EEV P-Piston	A - 1st Design	M - Multipoise V - Vertical only/ convertible H - Ded. Horizontal only	C - Cased U - Uncased	A - 1st Design	N/A

**Model number ID's are for reference only. See available SKU page of applicable spec sheet for table of available SKU's for a specific model.

[ ] Designates Metric Conversions

90%+ AFUE Gas Furnaces (For Reference)**

R	96	V	A	70	2	3	17	M	S	A
Brand	**Series**	**Motor**	**Major Rev**	**Input BTU/HR**	**Stages**	**Air Flow**	**Cabinet Width**	**Configuration**	**Nox**	**Minor Rev**
Ruud	90 - 90 AFUE 92 - 92 AFUE 95 - 95 AFUE 96 - 96 AFUE 97 - 97 AFUE	V - Variable speed T - Constant Torque (X-13) P - PSC	A - 1st Design	040 - 42,000 [12.31 kW] 060 - 56,000 [16.41 kW] 070 - 70,000 [20.51 kW] 085 - 84,000 [24.62 kW] 100 - 98,000 [28.72 kW] 115 - 112,000 [32.82 kW]	1 - Single-stage 2 - Two-stage M - Modulating	3 - up to 3 ton 5 - 3 1/2 up to 5 ton	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	M - Multi	X - Low Nox S - Standard	A - 1st Design

80% AFUE Gas Furnaces (For Reference)**

R	80	2	V	A	075	3	17	M	S	A
Brand	**Series**	**Stages**	**Motor**	**Major Rev**	**Input BTU/HR**	**Air Flow**	**Cabinet Width**	**Configuration**	**Nox**	**Minor Rev**
Ruud	80 - 80+ AFUE	1 - Single-stage 2 - Two-stage	V - Variable speed T - Constant Torque (X-13) P - PSC premium S - PSC standard	A - 1st Design	050 - 50,000 [15 kW] 075 - 75,000 [22 kW] 100 - 100,000 [29 kW] 125 - 125,000 [37 kW] 150 - 150,000 [44 kW]	3 - up to 3 ton 4 - 2 1/2 to 4 ton 5 - 3 1/2 up to 5 ton	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	M - Multi D - Down Z - Down & zero clearance down flow	X - Low Nox S - Standard	A - 1st Design

Air Handlers (For Reference)**

R	H	1	T	36	17	S	T	A	N	A	A	000	*
Brand	**Product Category**	**Stages of Airflow**	**Motor Type**	**Capacity BTU/HR**	**Width**	**Coil Size**	**Metering Device**	**Major Series***	**Controls**	**Voltage**	**Minor Series****	**Factory Heat Cap**	**Option Code**
Ruud	H - Air Handler	1 - Single-Stage 2 - Two-Stage M - Modulating	V - Variable Speed T - Constant Torque P - PSC	24 - 24,000 [7.03 kW] 36 - 36,000 [10.55 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	S - Standard Eff. M - Mid Eff. H - High Eff.	T - TEV E - EEV P - Piston	A - 1st Design	C - Communicating N - Non-comm	A - 1ph, 115/60 J - 1ph, 208-240/60 D - 3ph, 480/60	A - 1st Design	00 - no factory heat with option code	*TBD

**Model number ID's are for reference only. See available SKU page of applicable spec sheet for table of available SKU's for a specific model.

[ ] Designates Metric Conversions

Physical Data

PHYSICAL DATA							
Model No.	**RA1318A**	**RA1324A**	**RA1330A**	**RA1336A**	**RA1342A**	**RA1348A**	**RA1360A**
Nominal Tonnage	1.5	2.0	2.5	3.0	3.5	4.0	5.0
Valve Connections							
Liquid Line O.D. – in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Suction Line O.D. – in.	3/4	3/4	3/4	3/4	7/8	7/8	7/8
Refrigerant (R410A) furnished oz.[1]	50	60	72	86	105	106	148
Compressor Type	Scroll						
Outdoor Coil							
Net face area – Outer Coil	5.9	9.1	9.1	12.1	14.2	14.8	18.8
Net face area – Inner Coil	—	—	—	—	—	—	—
Tube diameter – in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Number of rows	1	1	1	1	1	1	1
Fins per inch	22	18	22	22	22	22	22
Outdoor Fan							
Diameter – in.	20	20	20	20	20	24	26
Number of blades	2	2	3	3	2	3	2
Motor hp	1/8	1/8	1/4	1/4	1/8	1/6	1/5
CFM	2038	2325	2795	2900	2465	4145	3870
RPM	1075	1075	1075	1075	1075	850	820
watts	144	137	189	186	175	279	233
Shipping weight – lbs.	127	129	140	164	195	202	235
Operating weight – lbs.	120	122	133	157	188	195	228

Electrical Data

Line Voltage Data (Volts-Phase-Hz)	**208/230-1-60**	**208/230-1-60**	**208/230-1-60**	**208/230-1-60**	**208/230-1-60**	**208/230-1-60**	**208/230-1-60**
Maximum overcurrent protection (amps)[2]	20	25	30	35	40	50	60
Minimum circuit ampacity[3]	13	15	18	23	24	29	35
Compressor							
Rated load amps	9.7	11.2	12.8	16.7	17.9	21.8	26.4
Locked rotor amps	46	60.8	64	83.9	112	117	134
Condenser Fan Motor							
Full load amps	0.7	0.7	1.3	1.3	0.7	1	1.2
Locked rotor amps	1.3	1.3	2.5	2.6	1.3	2	2
Line Voltage Data (Volts-Phase-Hz)	—	—	—	**208/230-3-60**	**208/230-3-60**	**208/230-3-60**	**208/230-3-60**
Maximum overcurrent protection (amps)[2]	—	—	—	20	30	30	35
Minimum circuit ampacity[3]	—	—	—	15	18	19	22
Compressor							
Rated load amps	—	—	—	10.4	13.2	13.7	16
Locked rotor amps	—	—	—	73	88	83.1	110
Condenser Fan Motor							
Full load amps	—	—	—	1.3	0.7	1	1.3
Locked rotor amps	—	—	—	2.6	1.3	2.2	2.0
Line Voltage Data (Volts-Phase-Hz)	—	—	—	**480-3-60**	**480-3-60**	**480-3-60**	**480-3-60**
Maximum overcurrent protection (amps)[2]	—	—	—	15	15	15	15
Minimum circuit ampacity[3]	—	—	—	8	8	9	11
Compressor							
Rated load amps	—	—	—	5.8	6.0	6.2	7.8
Locked rotor amps	—	—	—	38	44	41	52
Condenser Fan Motor							
Full load amps	—	—	—	.6	.3	.6	.6
Locked rotor amps	—	—	—	2.5	.9	1.6	1.1

[1]Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the installation instructions for information about set length and additional refrigerant charge required.
[2]HACR type circuit breaker of fuse.
[3]Refer to National Electrical Code manual to determine wire, fuse and disconnect size requirements.

Accessories

Model No.		RA1318	RA1324	RA1330	RA1336	RA1342	RA1348	RA1360
Compressor crankcase heater*		44-17402-44	44-17402-44	44-17402-44	44-17402-44	44-17402-45	44-17402-45	44-17402-45
Low ambient control		RXAD-A08	RXAD-A08	RXAD-A08	RXAD-A08	RXAD-A08	RXAD-A08	RXAD-A08
Compressor sound cover		68-23427-26	68-23427-26	68-23427-26	68-23427-26	68-23427-25	68-23427-25	68-23427-25
Compressor hard start kit		SK-A1	SK-A1	SK-A1	SK-A1	SK-A1	SK-A1	SK-A1
Compressor time delay		RXMD-B01	RXMD-B01	RXMD-B01	RXMD-B01	RXMD-B01	RXMD-B01	RXMD-B01
Low pressure control		RXAC-A07	RXAC-A07	RXAC-A07	RXAC-A07	RXAC-A07	RXAC-A07	RXAC-A07
High pressure control		RXAB-A07	RXAB-A07	RXAB-A07	RXAB-A07	RXAB-A07	RXAB-A07	RXAB-A07
Liquid Line Solenoid (24 VAC, 50/60 Hz)	Solenoid Valve	200RD2T3TVLC	200RD2T3TVLC	200RD2T3TVLC	200RD2T3TVLC	200RD2T3TVLC	200RD3T3TVLC	200RD3T3TVLC
	Solenoid Coil	61-AMG24V	61-AMG24V	61-AMG24V	61-AMG24V	61-AMG24V	61-AMG24V	61-AMG24V
Liquid Line Solenoid (120/240 VAC, 50/60 Hz)	Solenoid Valve	200RD2T3TVLC	200RD2T3TVLC	200RD2T3TVLC	200RD2T3TVLC	200RD2T3TVLC	200RD3T3TVLC	200RD3T3TVLC
	Solenoid Coil	61-AMG120/240V	61-AMG120/240V	61-AMG120/240V	61-AMG120/240V	61-AMG120/240V	61-AMG120/240V	61-AMG120/240V
Top Cap w/Label		91-101123-21	91-101123-21	91-101123-21	91-101123-21	91-101123-21	91-101123-21	91-101123-21
Heat Pump Riser 6 in.		686020	686020	686020	686020	686020	686020	686020

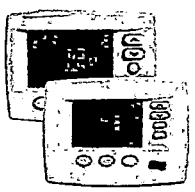
*Crankcase Heater recommended with Low Ambient Kit.

Weighted Sound Power Level (dBA)

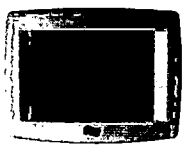
Model	Sound Power Level [dB(A)]	RA13 Sound Power Level							
		Full Octave Linear Sound Power Level dB - Center Frequency - Hz							
		125	250	500	1000	2000	4000	6300	8000
RA1318	71.9	52.1	58.3	61.5	61.1	57.0	54.2	51.0	48.7
RA1324	75.5	55.4	60.3	64.7	66.4	62.6	58.0	54.3	52.4
RA1330	73.6	49.7	62.6	64.6	63.1	60.3	54.8	49.4	47.6
RA1336	72.4	55.1	60.2	62.6	63.3	58.1	53.4	51.3	52.0
RA1342	72.7	48.9	56.1	62.9	62.2	61.1	55.2	51.9	50.2
RA1348	75.8	51.4	59.6	65.2	65.9	64.3	58.5	55.2	53.7
RA1360	77.7	51.7	60.9	66.9	70.4	63.5	57.4	55.4	53.8

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI)

Thermostats

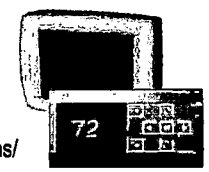


200-Series *
Programmable



300-Series *
Deluxe
Programmable

400-Series *
Special Applications/
Programmable



500-Series *
Communicating/
Programmable

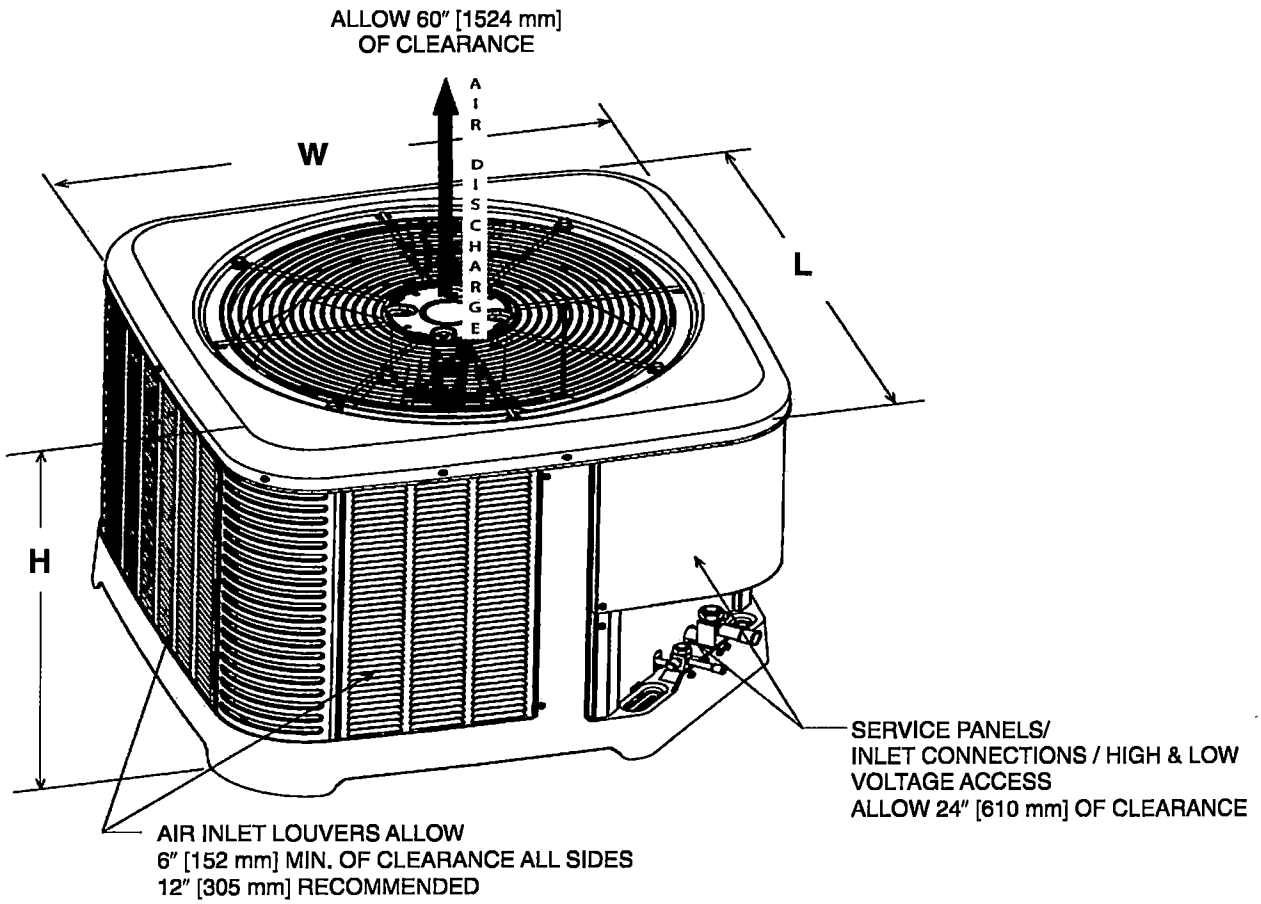
Brand		Descripter (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
UHC	-	TST	213	UN	MS
UHC=Ruud		TST=Thermostat	200=Programmable 300=Deluxe Programmable 400=Special Applications/ Programmable 500=Communicating/ Programmable	GE=Gas/Electric UN=Universal (AC/HP/GE) MD=Modulating Furnace DF=Dual Fuel CM=Communicating	SS=Single-Stage MS=Multi-Stage

** Photos are representative. Actual models may vary.*

For detailed thermostat match-up information, see specification sheet form number T22-001.

Unit Dimensions

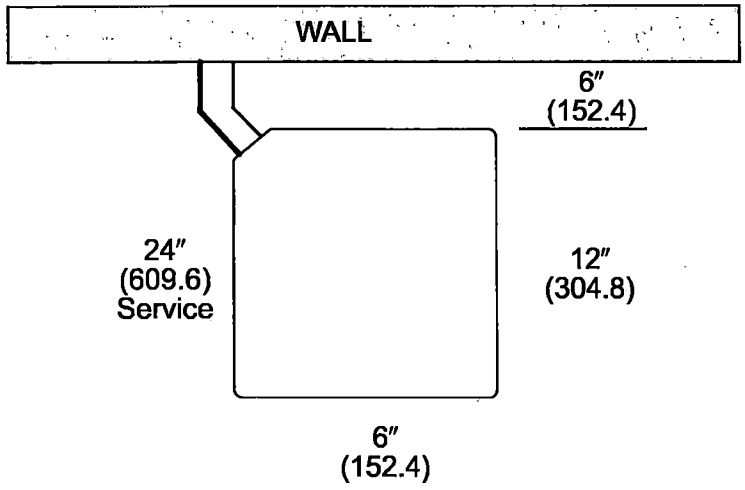
MODEL NO.	OPERATING						SHIPPING					
	H (Height)		L (Length)		W (Width)		H (Height)		L (Length)		W (Width)	
	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm
RA1318	27	685	29.75	755	29.75	755	28.75	730	32.38	822	32.38	822
RA1324	25	635	29.75	755	29.75	755	26.75	679	32.38	822	32.38	822
RA1330	25	635	29.75	755	29.75	755	26.75	679	32.38	822	32.38	822
RA1336	27	685	29.75	755	29.75	755	28.75	730	32.38	822	32.38	822
RA1342	31	787	29.75	755	29.75	755	32.75	831	32.38	822	32.38	822
RA1348	27	685	33.75	857	33.75	857	28.75	730	36.38	924	36.38	924
RA1360	31	787	35.75	908	35.75	908	32.75	831	38.38	974	38.38	974

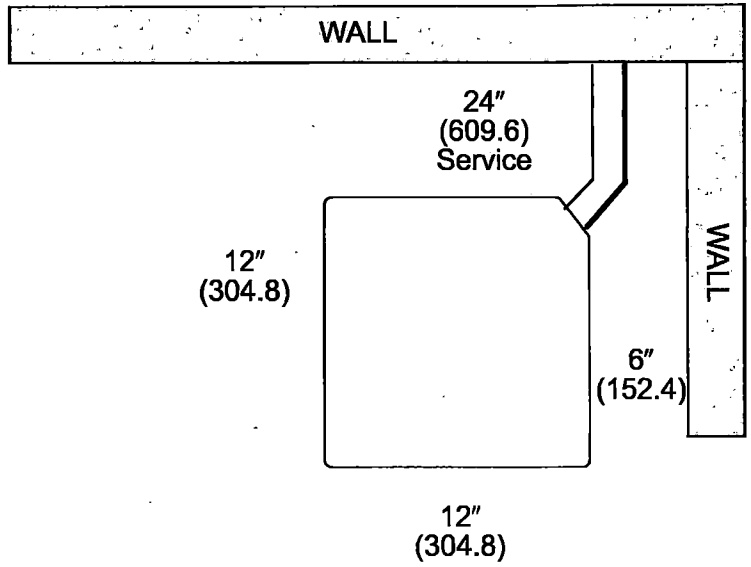


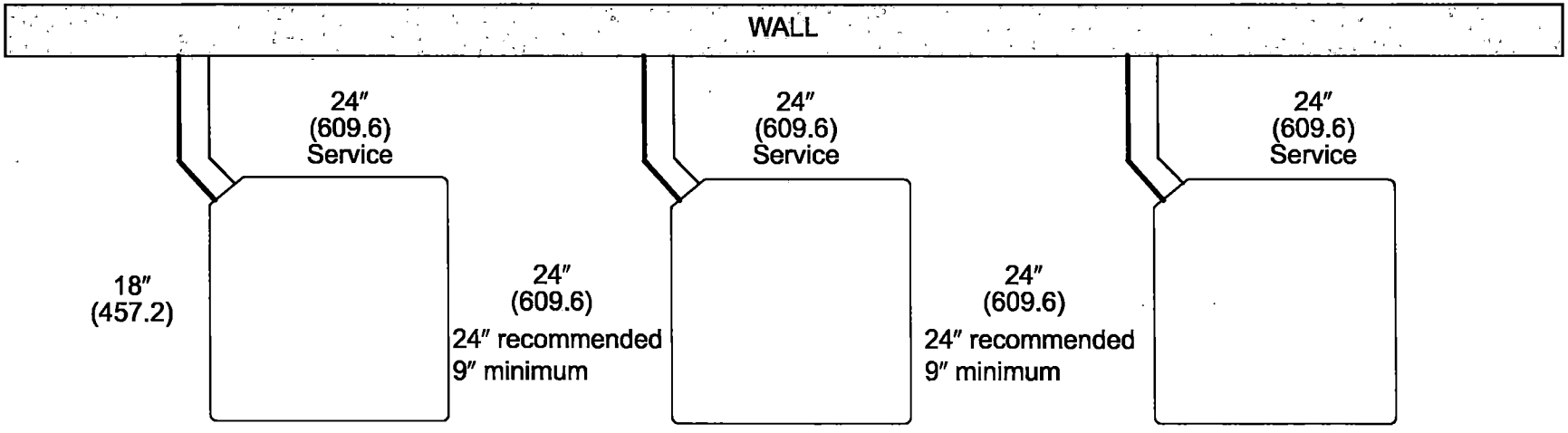
[ ] Designates Metric Conversions

ST-A1226-02-00

CLEARANCES







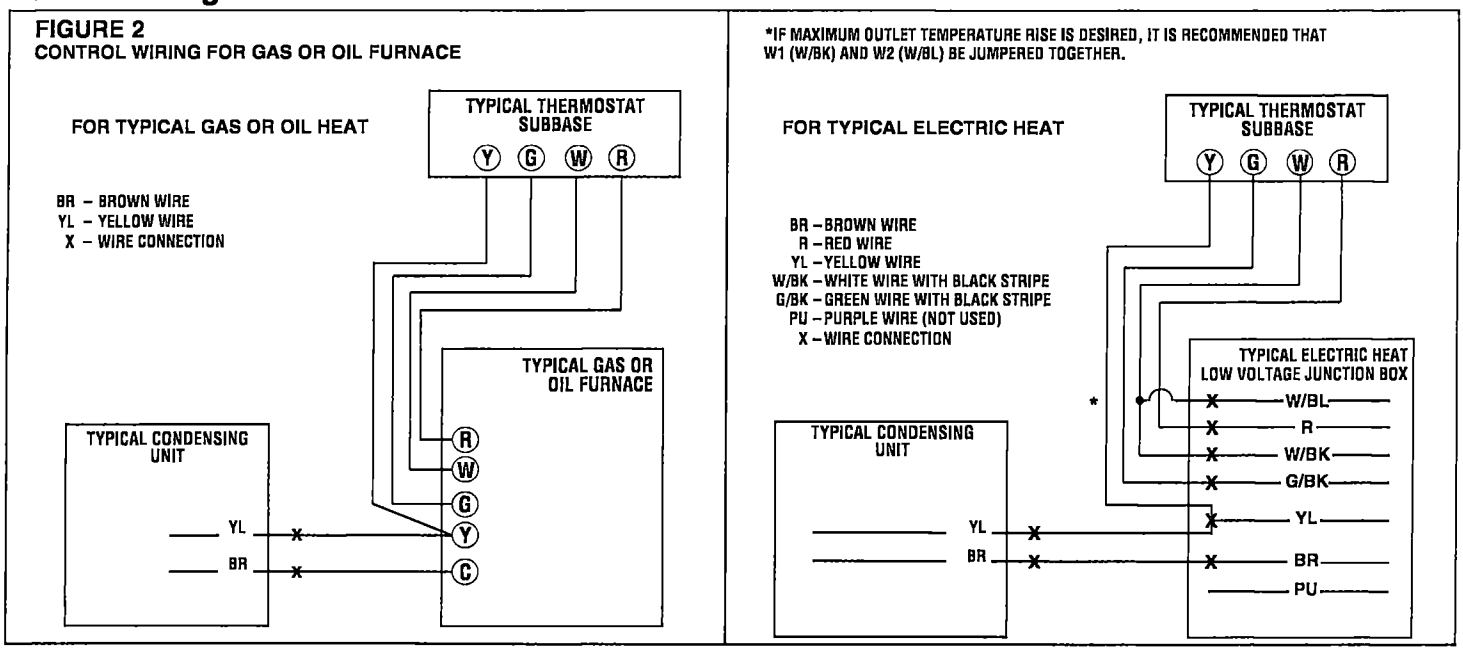
NOTE: NUMBERS IN () = mm

IMPORTANT: When installing multiple units in an alcove, roof well or partially enclosed area, ensure there is adequate ventilation to prevent re-circulation of discharge air.

ST-A1225-01-00

Control Wiring

FIGURE 2
CONTROL WIRING FOR GAS OR OIL FURNACE



Application Guidelines

1. Intended for outdoor installation with free air inlet and outlet. Outdoor fan external static pressure available is less than 0.01 -in. wc.
2. Minimum outdoor operation air temperature for cooling mode without low-ambient operation accessory is 55°F (12.8°C).
3. Maximum outdoor operating air temperature is 125°F (51.7°C).
4. For reliable operation, unit should be level in all horizontal planes.
5. Use only copper wire for electric connections at unit. Aluminum and clad aluminum are not acceptable for the type of connector provided.
6. Do not apply capillary tube indoor coils to these units.
7. Factory – supplied filter drier must be installed.

GUIDE SPECIFICATIONS

General

System Description

Outdoor-mounted, air-cooled, split-system air conditioner composite base pan unit suitable for ground or rooftop installation. Unit consists of a hermetic compressor, an air-cooled coil, propeller-type condenser fan, suction and legend line service valve, and a control box. Unit will discharge supply air upward as shown on contract drawings. Unit will be used in a refrigeration circuit to match up to a coil unit.

Quality Assurance

- Unit will be rated in accordance with the latest edition of AHRI Standard 210.
- Unit will be certified for capacity and efficiency, and listed in the latest AHRI directory.
- Unit construction will comply with latest edition of ANSI/ASHRAE and with NEC.
- Unit will be constructed in accordance with UL standards and will carry the UL label of approval. Unit will have c-UL-us approval.
- Unit cabinet will be capable of withstanding ASTM B117 1000-hr salt spray test.
- Air-cooled condenser coils will be leak tested at 150 psig and pressure tested at 550 psig.
- Unit constructed in ISO9001 approved facility.

Delivery, Storage, and Handling

- Unit will be shipped as single package only and is stored and handled per unit manufacturer's recommendations.

Warranty (for inclusion by specifying engineer) — U.S. and Canada only.

Products

Equipment

Factory assembled, single piece, air-cooled air conditioner unit. Contained within the unit enclosure is all factory wiring, piping, controls, compressor, refrigerant charge R-410A, and special features required prior to field start-up.

Unit Cabinet

- Unit cabinet will be constructed of galvanized steel, bonderized, and coated with a powder coat paint.
- All units constructed with louver coil protection and corner post. Louver can be removed by removing one fastener per louver panel.

AIR-COOLED, SPLIT-SYSTEM AIR CONDITIONER
RA13
1-1/2 TO 5 NOMINAL TONS

Fans

- Condenser fan will be direct-drive propeller type, discharging air upward.
- Condenser fan motors will be totally enclosed, 1-phase type with class B insulation and permanently lubricated bearings. Shafts will be corrosion resistant.
- Fan blades will be statically and dynamically balanced.
- Condenser fan openings will be equipped with coated steel wire safety guards.

Compressor

- Compressor will be hermetically sealed.
- Compressor will be mounted on rubber vibration isolators.

Condenser Coil

- Condenser coil will be air cooled.
- Coil will be constructed of aluminum fins mechanically bonded to copper tubes.

Refrigeration Components

- Refrigeration circuit components will include liquid-line shutoff valve with sweat connections, vapor-line shutoff valve with sweat connections, system charge of R-410A refrigerant, and compressor oil.
- Unit will be equipped with filter drier for R-410A refrigerant for field installation.

Operating Characteristics

- The capacity of the unit will meet or exceed _____ Btuh at a suction temperature of _____ °F/°C. The power consumption at full load will not exceed _____ kW.
- Combination of the unit and the evaporator or fan coil unit will have a total net cooling capacity of _____ Btuh or greater at conditions of _____ CFM entering air temperature at the evaporator at _____ °F/°C wet bulb and _____ °F/°C dry bulb, and air entering the unit at _____ °F/°C.
- The system will have a SEER of _____ Btuh/watt or greater at DOE conditions.

Electrical Requirements

- Nominal unit electrical characteristics will be _____ v, single phase, 60 hz. The unit will be capable of satisfactory operation within voltage limits of _____ v to _____ v.
- Nominal unit electrical characteristics will be _____ v, three phase, 60 hz. The unit will be capable of satisfactory operation within voltage limits of _____ v to _____ v.
- Unit electrical power will be single point connection.
- Control circuit will be 24v.

Special Features

- Refer to section of this literature identifying accessories and descriptions for specific features and available enhancements.

GENERAL TERMS OF LIMITED WARRANTY*

Ruud will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

***For complete details of the Limited and Conditional Warranties, including applicable terms and conditions, contact your local contractor or the Manufacturer for a copy of the product warranty certificate.**

Conditional Parts
(Registration Required) ..... Ten (10) Years

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Aryeh Weinstein
120 Caranetta Drive
Lakewood NJ 08701

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

05/19/2020 TO 06/30/2022
VALID

Signature of Licensee/Registrant/Certificate Holder

19HC00279800
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
Aryeh Weinstein
Master HVACR Contractor

05/19/2020 TO 06/30/2022
VALID

SIGNATURE

19HC00279800
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

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

Board of Examiners of HVACR Contract
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 821 LOT 21 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1613 Rt 88

Owner in Fee 1613 Route 88 Realty LLC

Verifying Individual Aryeh Weinstein Company South Pole Heating and Cooling

Address 111 Clifton Ave. Unit 4 (Street) Lakewood (City) NJ (State) 08701 (Zip Code)

Tel: (732) 813-4822 Fax: ( ) _____

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] 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:	furnace	Oil / Gas / Other: gas	80K
Appliance 2:	furnace	Oil / Gas / Other: gas	80K
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

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 Jan 12/21 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 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.

CONSTRUCTION PERMIT

Date Issued 11/25/20
Control # C-20-002872
Permit # 20-2837

IDENTIFICATION Block: 821 Lot: 21 Qualifier
Work Site Location: 1613 ROUTE 88 Brick Township, NJ
Owner in Fee PANGERSAN, LLC%DR. P MISKIN
633 ROUTE 37 WEST TOMS RIVER NJ 08755
Telephone: (845) 558-5879

Contractor FAIRWAY MANAGEMENT
Address 441 ROSE COURT LAKEWOOD NJ 08701
Telephone: (732) 814-8966
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP ...MB HEALTHCARE SERVICE

PAYMENTS (Office Use Only)

Building	$4,500
Electrical	$420
Plumbing	$189
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$236
CO Fee	$150.00
Other	$200
Total	$5,811
Check No.	5
Cash	$0
Credit	$0
Collected By	CW

+75
5886

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 $124,200

D. [illegible] 11/24/20
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

11/25/20 [illegible]

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER **1613 Route 88 LLC** DATE **11/23/20**

PROPERTY ADDRESS **1613 Route 88** BLOCK **821** LOT **21**

ZONING _____ USE GROUP R5

CONTRACTOR **East Coast Plumbing** LICENSE # REGISTRATION **9944**

WATER MAIN SIZE 1" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	4	(2.5)	10	( )	
4. LAVATORY	4	(1)	4	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK	1	(1.5)	1.5	( )	
8. SERVICE SINK	1	(3)	3	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
TOTALS			18.5		

GALLONS PER MINUTE 12.7

SIZE of SERVICE 3/4

DATE: 11/23/20 APPROVED BY: _____

* * * Communication Result Report (Nov. 23. 2020 9:59AM) * * *

1)
2)

Date/Time: Nov. 23. 2020 9:58AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
8582	Memory TX	BTMUA FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER 1613 Route 88 LLC DATE 11/23/20

PROPERTY ADDRESS 1613 Route 88 BLOCK 521 LOT 21

ZONING _____ USE GROUP R5

CONTRACTOR East Coast Plumbing LICENSE # REGISTRATION 9944

WATER MAIN SIZE 1" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	4	(2.5)	10	( )	
4. LAVATORY	4	(1)	4	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK	1	(1.5)	1.5	( )	
8. SERVICE SINK	1	(3)	3	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		18.5		

GALLONS PER MINUTE 12.7

SIZE of SERVICE 3/4

DATE: 11/23/20 APPROVED BY: [signature]

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, November 19, 2020

To: FAIRWAY MANAGEMENT
441 ROSE COURT
LAKEWOOD, NJ 08701

RE: Plumbing Subcode
Block: 821 Lot: 21 Qual:
1613 ROUTE 88
Permit Number: Control Number: C-20-002872
Last Submit Date: Tuesday, November 10, 2020

Dear FAIRWAY MANAGEMENT,

The following comments were made during the Plan Review process:
Provide more details of the new second floor bathroom dimensions. Bathroom added to second floor adjacent to the conference room does not appear to be accessible.

IBC 2018 1109.2 Toilet and bathing facilities. Each toilet room and bathing room shall be accessible. Where a floor level is not required to be connected by an accessible route, the only toilet rooms or bathing rooms provided within the facility shall not be located on the inaccessible floor. Except as provided for in Sections 1109.2.2 and 1109.2.3, at least one of each type of fixture, element, control or dispenser in each accessible toilet room and bathing room shall be accessible.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit
Plumbing
11/20/2020
MFF

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-20-01351
DATE ISSUED 11/25/20

BLOCK: 821 LOT: 21 QUALIFIER: _____ SITE ADDRESS: 1613 Route 88 Brick NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: 1613 Route 88 Realty LLC
COMPLETE ADDRESS: 1593 Route 88 Brick NJ 08724
PHONE # 845-558-5879 EMAIL: josh@mbhealthcare.com

2. NAME OF APPLICANT: 1613 Route 88 Realty LLC
APPLICANT ADDRESS: 1593 Route 88 Brick NJ 08724
PHONE # 845-558-5879 EMAIL: josh@mbhealthcare.com

3. RESPONSIBLE PERSON FOR WORK: Chaim Engel
PHONE# 347-263-3471 FAX# Email:chaim@dynamicdesignassoc.com

4. SIGNATURE OF APPLICANT: Chaim Engel

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Office Use
PROPOSED USE ~~No change- office use~~ MB Healthcare Services LLC

BOARD APPROVAL: ____ PB ____ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Interior reconfiguration of existing office space Tenant Fit Up.

ZONING REVIEW:
DATE REVIEWED: 9-14-20 DATE DENIED: _____ DATE APPROVED: 9-14-20 INTLS: _____

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 11/25/20
Application Number: ZA-20-01116
Application Date: 9/8/2020
Project Number:
Permit Number: ZP-20-01351
Fee: $75.00

Zoning Permit

Worksite **1613 ROUTE 88**
Location: **Brick Township, NJ 08724**

Owner: **1613 Route 88 Realty LLC**
Address: **1593 Route 88**
Brick , NJ 08724

Applicant: **1613 Route 88 Realty LLC**
Address: **1593 Route 88**
Brick , NJ 08724

Block: **821** Lot: **21** Qualifier: _____ Zone: **B-1**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Professional Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical Offices MB Healthcare Services, LLC**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior reconfigeration of office space for "MB Healthcare Services LLC."

Additional Zoning permit is required for additional work or signage.

Application Approved Date: 9/14/2020

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer

9/14/2020
Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 821 **LOT** 21 **ADDRESS** 1613 Rt 88

IDENTIFICATION:

1. WORK SITE ADDRESS 1613 Rt 88
2. APPLICANT Josh Vann
3. NAME OF OWNER IN FEE 1613 Rt 88 Realty LLC
   ADDRESS 1593 Rt 88 Brick NJ
   PHONE 8455585879 EMAIL josh@mbhealthcare.com
4. PRINCIPAL CONTRACTOR Fairway Management LLC
   ADDRESS 441 Rose Ct Lakewood NJ 08701
   PHONE 7329148866 EMAIL J
5. ARCHITECT OR ENGINEER Nafeyi Gut
   ADDRESS 58 Claridge Dr Jackson NJ 08527
   PHONE 732-806-0073 EMAIL
6. RESPONSIBLE PERSON FOR WORK Josh Vann
   ADDRESS 1593 Rt 88 Brick NJ
   PHONE 8455585579 EMAIL josh@mbhealthcare.com

FEE SUMMARY:

APPLICATION FEE	$
REVIEW FEE	$ 200.00
INSPECTION FEE	$
OTHER	$
BOND(S)	$
TOTAL	$ 200.00

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

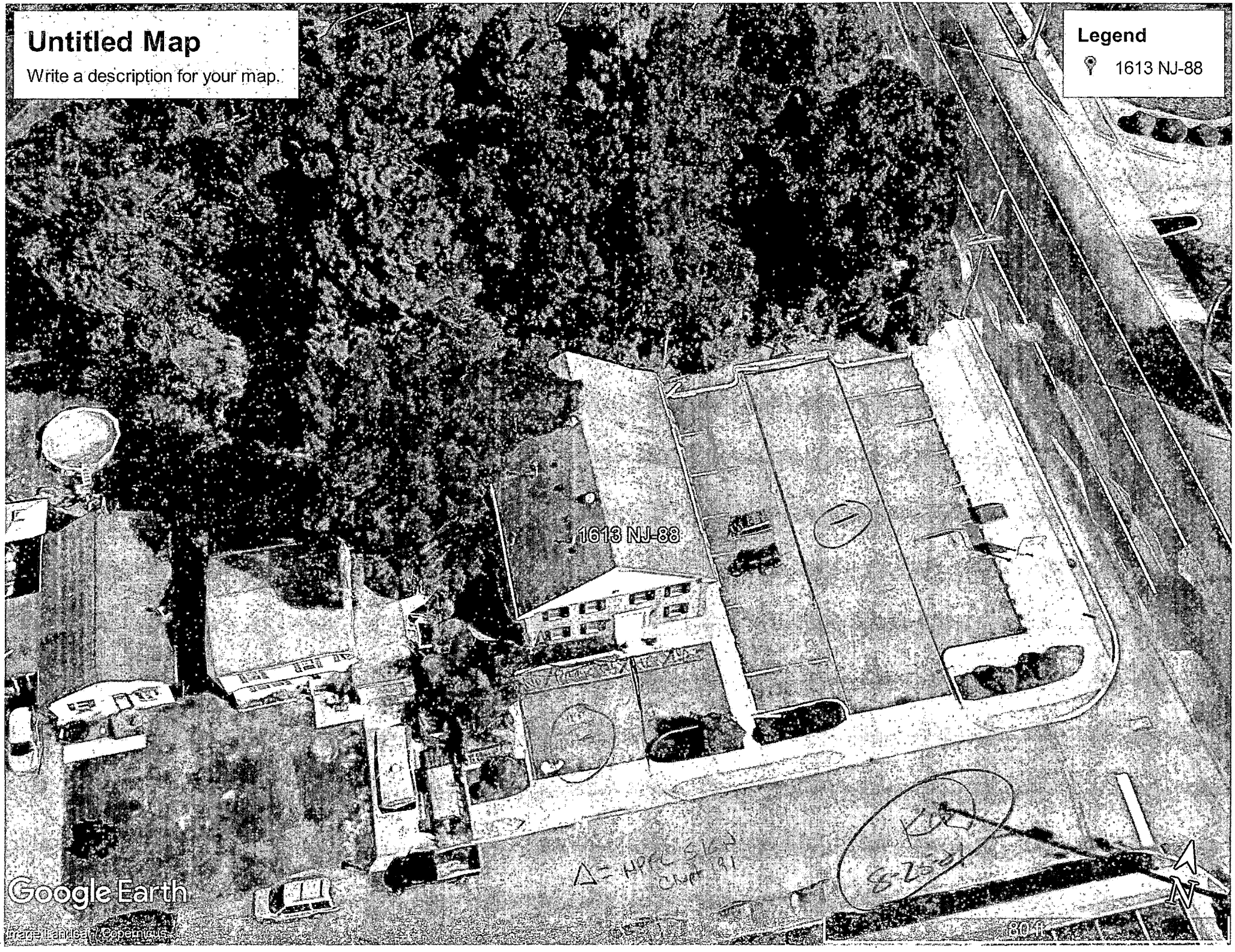
☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☑ DESCRIPTION Tenant Fit-out

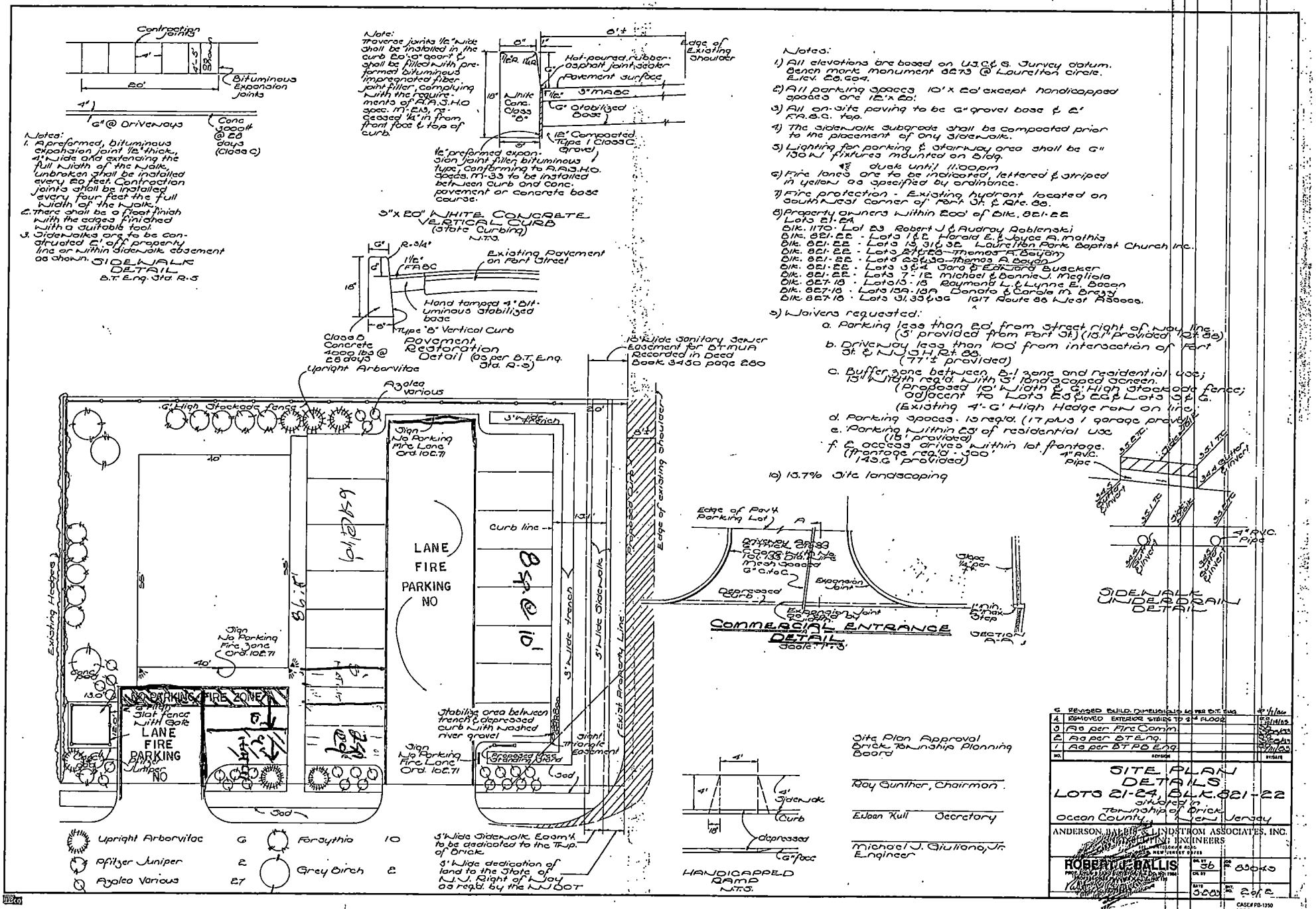
ENGINEERING REVIEW:

DATE RECEIVED 9/14/20 DATE REJECTED _____ DATE APPROVED 9/15/20 INITIALS KJ

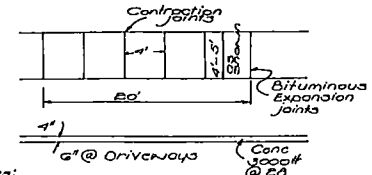

Untitled Map
Write a description for your map.
Legend
1613 NJ-88
1613 NJ-88
Google Earth
Image Landsat / Copernicus
80 ft
N


Google Earth Pro
File Edit View Tools Add Help
Search
1613 New Jersey 88, Brick Township, NJ
Search
Get Directions History
1613 NJ-88
Places
My Places
Sightseeing Tour
Make sure 3D Buildings layer is checked
Temporary Places
Layers
Primary Database
New Layers
Photos
3D Buildings
Weather
Gallery
More
Borders and Labels (Outdated)
Places (Outdated)
Roads (Outdated)
Terrain
1613 NJ-88
51 ft
1985
Google Earth
Imagery Date: 9/20/2010 40°04'38.13" N 74°08'11.44" W elev -34 ft eye alt 261 ft

16 PARKING STALLS — 1 MUST BE A VAN ACCESSIBLE W/ ACCESS AISLE



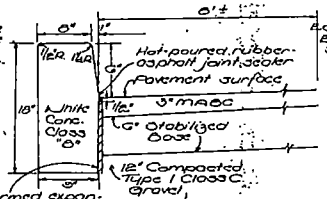
8:30 — 9:30 MEETING 81 F. Sun



Notes:
1. A preformed, bituminous expansion joint ½" thick, 4" wide and extending the full width of the walk, unbroken shall be installed every 20 feet. Contraction joints shall be installed every four feet the full width of the walk.
2. There shall be a float finish with the edges finished with a suitable tool.
3. Sidewalks are to be constructed 2' off property line or within sidewalk easement as shown.

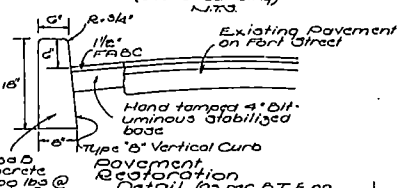
SIDEWALK DETAIL
B.T. Eng. Std. R-5

Note:
Traverse joints ½" wide shall be installed in the curb 20-0" apart & shall be filled with pre-formed bituminous impregnated fiber joint filler, complying with the requirements of A.A.S.H.O. spec. M-213, 73 - recessed ¼" in from front face & top of curb.



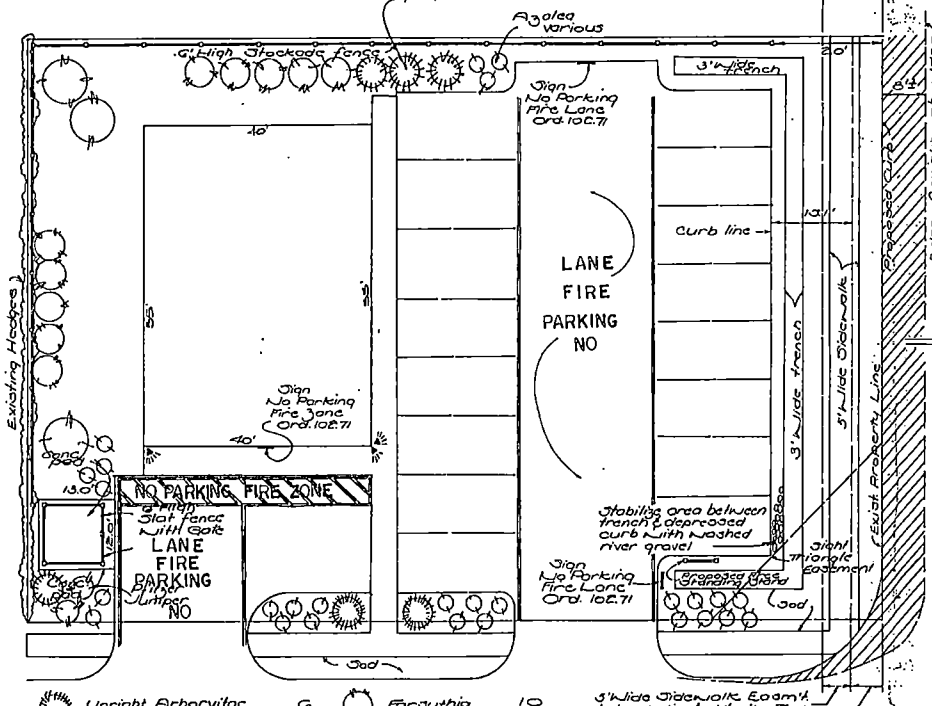
½" preformed expansion joint filler bituminous type, conforming to A.A.S.H.O. specs. M-33 to be installed between curb and Conc. pavement or concrete base course.

6"x 30" WHITE CONCRETE VERTICAL CURB
(State Curbing)
N.T.S.



Pavement Restoration Detail (as per B.T. Eng. Std. R-5)

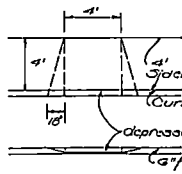
Notes:
1) All elevations are based on U.S.C.&G. Survey datum. Bench mark monument BC 73 @ Lauralton Circle. Elev. 28.694.
2) All parking spaces 10' x 20' except handicapped spaces are 12' x 20'.
3) All on-site paving to be 6" gravel base & 2" F.A.B.C. top.
4) The sidewalk subgrade shall be compacted prior to the placement of any sidewalk.
5) Lighting for parking & stairway area shall be 6" 150 W fixtures mounted on bldg. @ dusk until 11:00pm
6) Fire lanes are to be indicated, lettered & striped in yellow as specified by ordinance.
7) Fire protection - Existing hydrant located on South West corner of Fort St. & Rte. 88.
8) Property owners within 200' of Blk. 821-22
Lots 21-24
Blk. 1170 - Lot 29 Robert J & Audrey Rablenski
Blk. 821-22 - Lots 1 & 2 Harold E. & Joyce A. Mathis
Blk. 821-22 - Lots 15, 31 & 35 Lauralton Park Baptist Church Inc.
Blk. 821-22 - Lots 27 & 28 Thomas A. Boyan
Blk. 821-22 - Lots 29 & 30 Thomas A. Boyan
Blk. 821-22 - Lots 3 & 4 Jora & Edajora Buecker
Blk. 821-22 - Lots 7-12 Michael & Bonnie J. Meglicla
Blk. 827-18 - Lots 13-18 Raymond L. & Lynne E. Boggan
Blk. 827-18 - Lots 19A & 19B Renata & Carole M. Brady
Blk. 827-18 - Lots 31, 33 & 35 1617 Route 88 West Asbecon.
9) Waivers requested:
a. Parking less than 20' from street right of way line. (3' provided from Fort St.) (13.1' provided from 88)
b. Driveway less than 100' from intersection of Fort St. & NJSH Rt. 88. (77'± provided)
c. Buffer zone between B-1 zone and residential use; 10' width req'd. with 3' landscaped screen. (Proposed 10' width & 6' High Stockade fence) adjacent to Lots 29 & 30 Lots 3 & 4. (Existing 4'-6' High Hedge row on line)
d. Parking spaces - 19 req'd. (17 plus 1 garage provided)
e. Parking within 50' of residential use (18' provided)
f. 2 access drives within lot frontage. (Frontage req'd - 300' 143.6' provided)
10) 13.7% Site landscaping



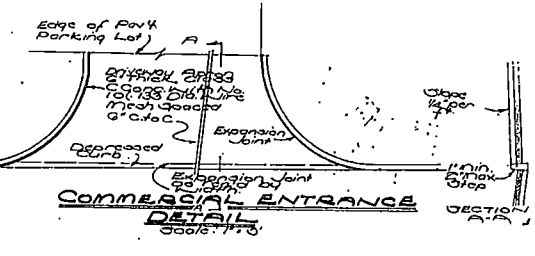
Upright Arborvitae	6	Forsythia	10
Pfitzer Juniper	2	Grey Birch	2
Azalea Various	27		

3' Wide Sidewalk Easement to be dedicated to the Twp. of Brick.

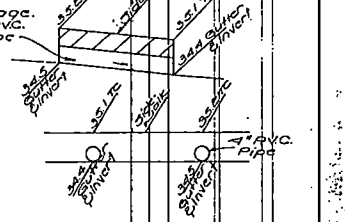
3' Wide dedication of land to the State of N.J. Right of Way as req'd. by the NJDOT



HANDICAPPED RAMP
N.T.S.



COMMERCIAL ENTRANCE DETAIL
Scale: 1"=1'-0"



SIDEWALK UNDERDRAIN DETAIL

Site Plan Approval
Brick Township Planning Board

Roy Gunther, Chairman

EJoan Kull Secretary

Michael J. Giuliano, Jr.
Engineer

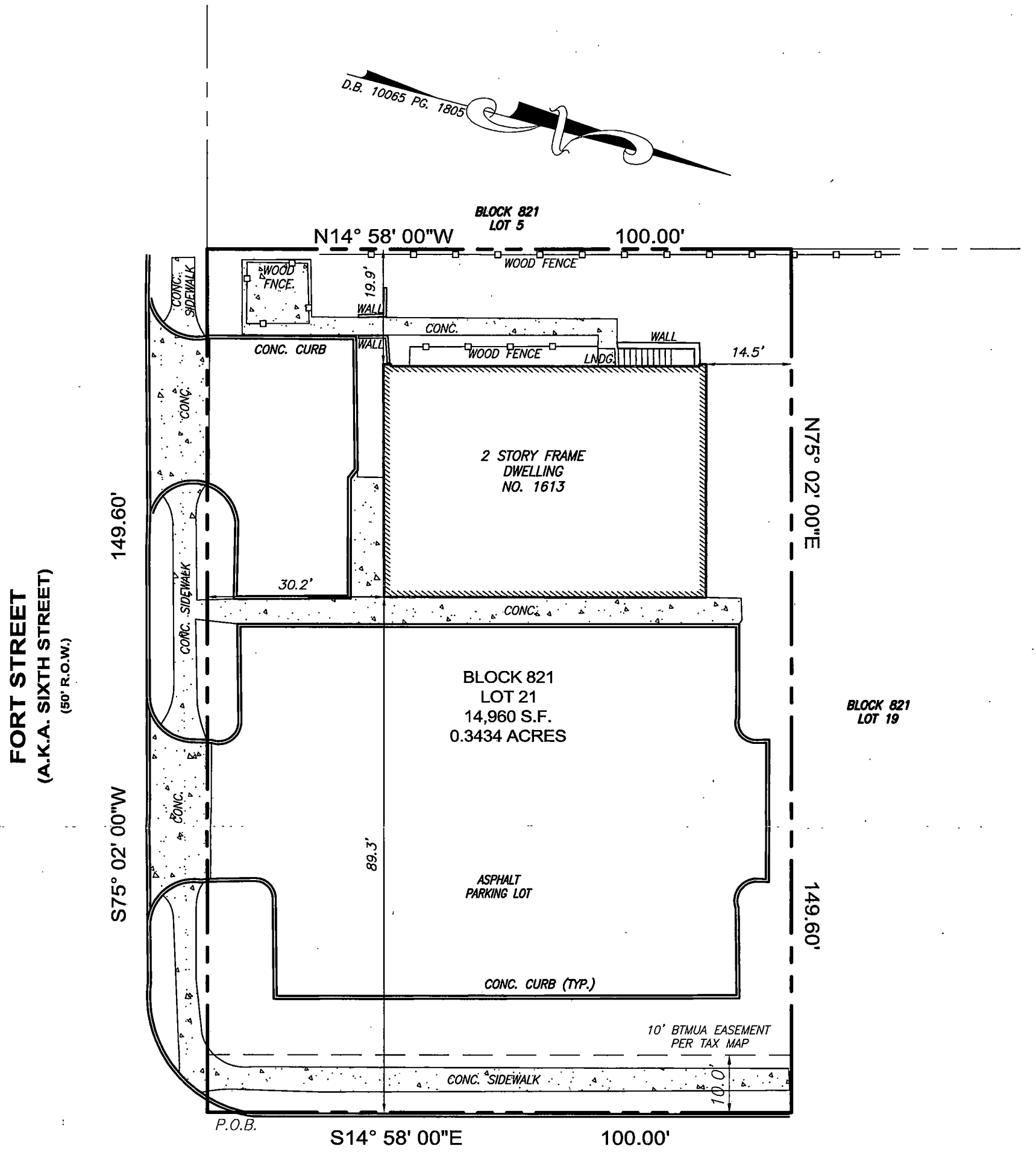
No.	Revised Build Dimensions as per B.T. Eng.	Date
4	Removed Exterior Steps to 1st Floor	9/11/85
3	As per Fire Comm	8/26/85
2	As per B.T. Eng.	7/26/85
1	As per B.T. & B. Eng.	7/22/85
No.	Revision	Date

SITE PLAN DETAILS
LOTS 21-24, BLK. 821-22
situated in
Township of Brick
Ocean County, New Jersey

ANDERSON, BALLIS & LINDSTROM ASSOCIATES, INC.
CONSULTING ENGINEERS
ROBERT D. BALLIS
PROFESSIONAL ENGINEER & LAND SURVEYOR
NEW JERSEY CERTIFICATE NO. 11564

DR. BY	SB
CH. BY	
DATE	3-85
JOB NO.	850410
SHT. NO.	2 of 2

CASE# PB-1350
L03 BR P2 10300604



NEW JERSEY STATE HIGHWAY ROUTE 88

(A.K.A. OCEAN AVENUE)

(R.O.W. VARIES)

APPROVED FOR ZONING
9-14-20 Trevor A Bykowsky
CHRIS ROMANO, ZONING OFFICER

NOTE: INFORMATION TO PREPARE THIS PLAN WAS OBTAINED FROM THE FOLLOWING SOURCES:

1. BRICK TOWNSHIP TAX ASSESSORS OFFICE
2. OCEAN COUNTY RECORDER OF DEEDS
3. LOCATION OF IMPROVEMENTS BASED ON ACTUAL FIELD SURVEY PERFORMED ON 07/06/2020 BY NEW LINES ENGINEERING AND SURVEY OF LAKEWOOD, NJ.
4. VERTICAL AND HORIZONTAL DATUM IS ASSUMED
5. A PLAN ENTITLED, " LAURELTON PARK, LAURELTON - OCEAN COUNTY, NEW JERSEY", FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON SEPTEMBER 25, 1929 AS MAP NUMBER A-328

PROPERTY CORNERS NOT SET PER WRITTEN CONTRACTUAL AGREEMENT.

CERTIFIED TO: ..... AND ANY INSURER OF TITLE RELYING HEREON.

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT FOR SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSURER OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY. BUILDING OFFSET DISTANCES SHOWN ARE FOR THE PURPOSE OF CHECKING COMPLIANCE WITH ZONING AND DEED RESTRICTIONS ONLY. NO LIABILITY WILL BE ACCEPTED IF THESE DISTANCES ARE USED FOR ANY OTHER PURPOSE. PROPERTY CORNERS NOT SET UNLESS INDICATED.

0 20
GRAPHIC SCALE: 1"=20'

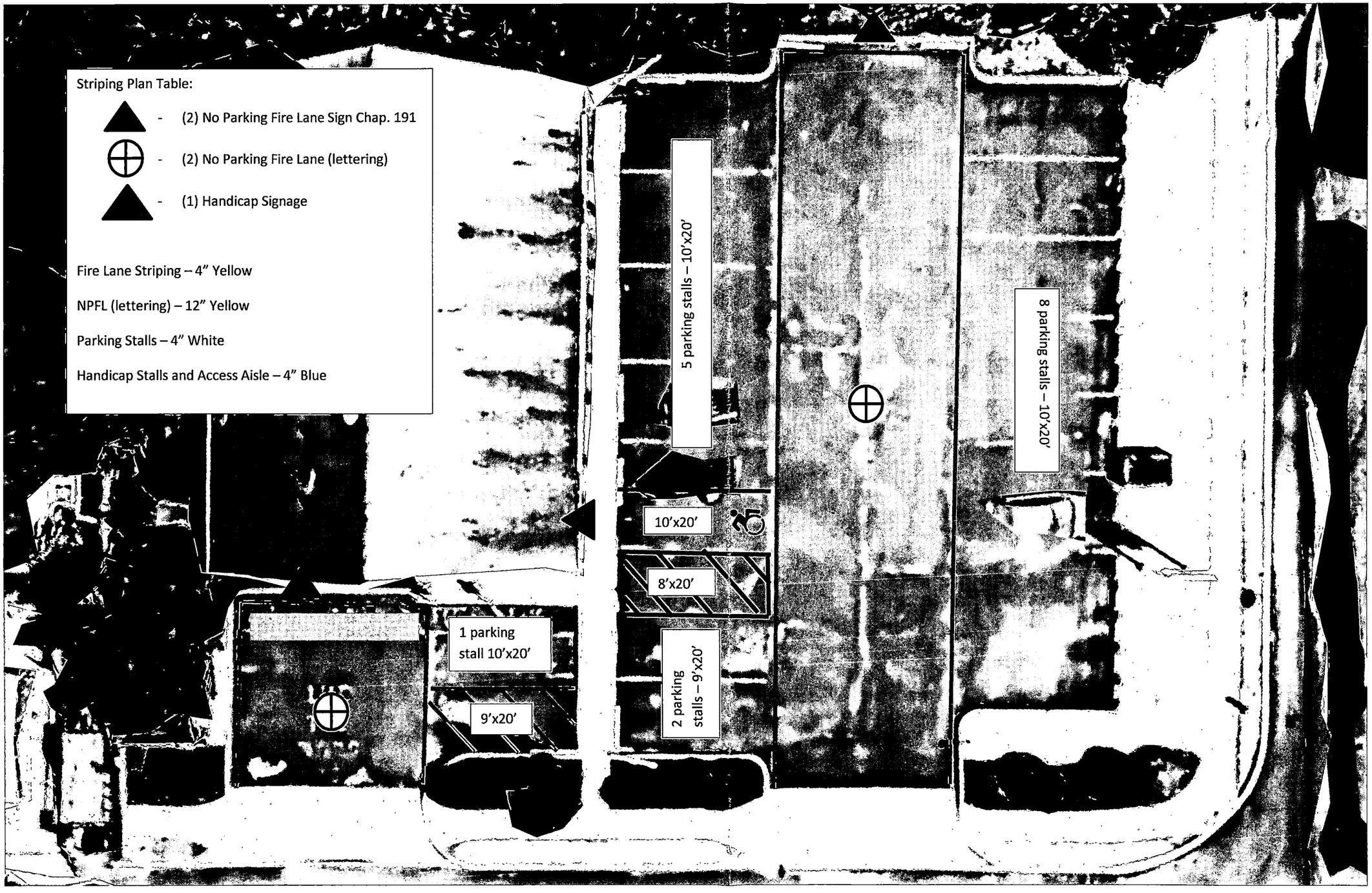
SURVEY OF PROPERTY
BLOCK 821 - LOT 21
1613 N.J.S.H. ROUTE 88
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

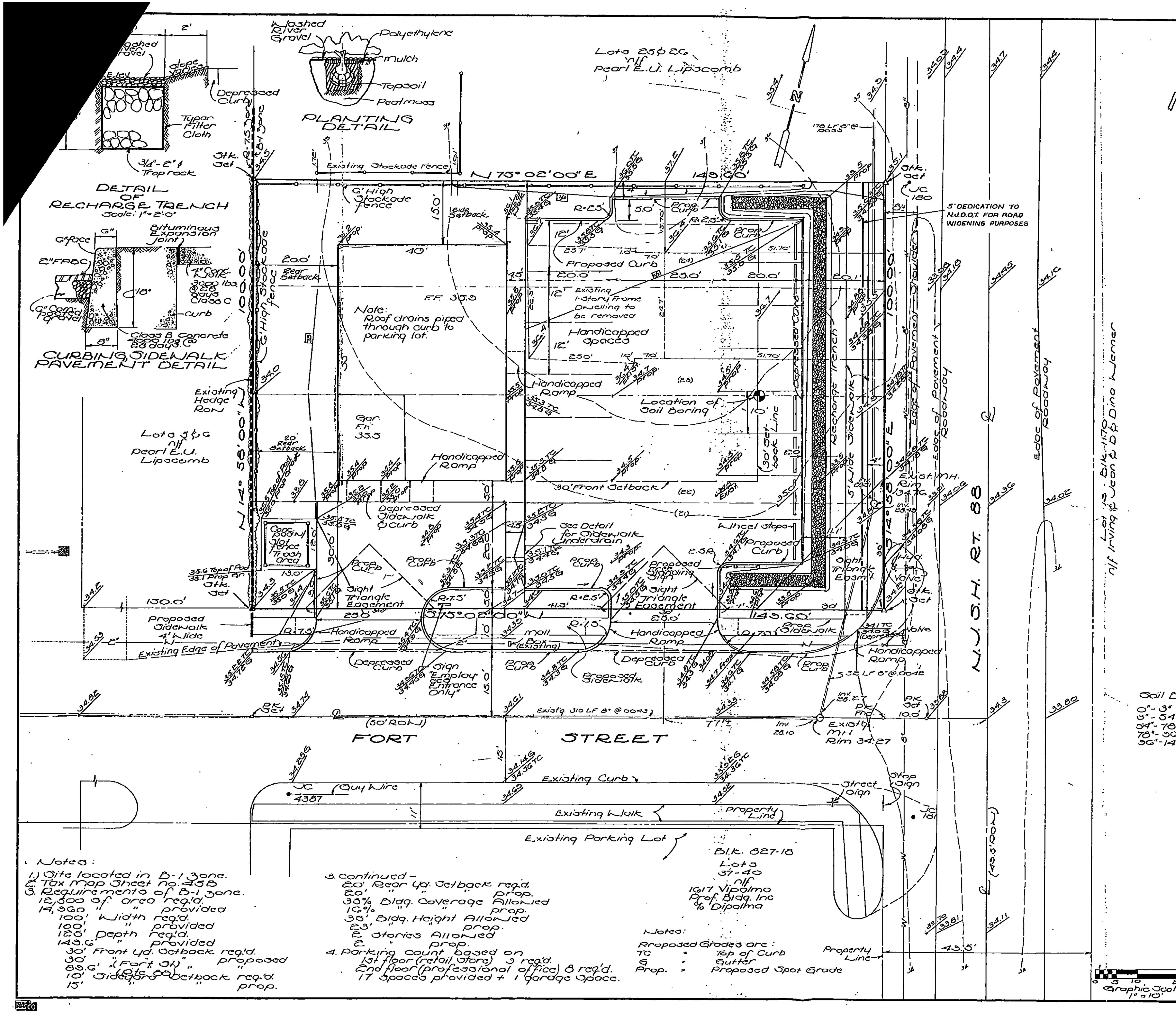
NEWLINES ENGINEERING & SURVEY
CERTIFICATE #24GA28264200
CERTIFICATE OF AUTHORIZATION #24GA28264200
315 Monmouth Ave.
Suite 205
Lakewood, New Jersey 08701
Phone (732) 994-4900
Fax (732) 886-2001

CHRISTOPHER J. BOUFFARD, P.L.S.
LICENSED PROFESSIONAL LAND SURVEYOR
STATE OF NEW JERSEY LICENSE NO.37576
DATE

PROJECT NO.	20222
DRAWN BY	SD
SCALE	1"=20'
DATE	07-08-2020
SHEET	1 OF 1

Z:\2020\20222-MV HEALTHCARE-1613 RT 88\SURVEY\CAD\20222-SURVEY-2020-0708.DWG


Striping Plan Table:
- (2) No Parking Fire Lane Sign Chap. 191
- (2) No Parking Fire Lane (lettering)
- (1) Handicap Signage
Fire Lane Striping – 4" Yellow
NPFL (lettering) – 12" Yellow
Parking Stalls – 4" White
Handicap Stalls and Access Aisle – 4" Blue
5 parking stalls – 10'x20'
8 parking stalls – 10'x20'
10'x20'
8'x20'
1 parking stall 10'x20'
9'x20'
2 parking stalls – 9'x20'



Notes:
1.) Site located in B-1 Zone.
2. Tax Map Sheet No. 45B
3. Requirements of B-1 Zone.
12,500 sf area req'd.
14,960 " " provided
100' Width req'd.
100' " provided
125' Depth req'd.
149.6 " provided
30' Front Yd. Setback req'd.
30' " (Fort St.) " proposed
85.6' " (Rt. 88) "
10' Sideyard Setback req'd.
15' " " prop.

3. Continued -
20' Rear Yd. Setback req'd.
20' " " prop.
35% Bldg. Coverage Allowed
16% " " prop.
35' Bldg. Height Allowed
23' " prop.
2 Stories Allowed
2 " prop.
4. Parking count based on
1st floor (retail store) 9 req'd.
2nd floor (professional office) 8 req'd.
17 Spaces provided + 1 garage space.

Notes:
Proposed Grades are:
TC - Top of Curb
G - Gutter
Prop. - Proposed Spot Grade

We hereby certify that we are the record holders of title to the property shown on this map and consent to the site plan as shown hereon.

John Kropke Eleanor Kropke
409 New York Blvd.
Sea Girt, N.J. 08750

Acknowledged before me this (?) day May 1983.
Marguerite A. Stiles
Notary Public of New Jersey
My Commission expires Aug. 2, 1983.

I hereby certify that this map and survey has been made under my supervision.
Robert J. Ballis, N.J. P.E. & L.S. 7966

Site Plan Approval
Brick Twp. Planning Board

date

Roy Gunther - Chairman
E. Joan Kull - Secretary
Michael J. Giuliano, Jr. Engineer

RECEIVED JAN 7 1985

OCEAN COUNTY PLANNING BOARD FINAL SITE PLAN APPROVAL

Soil Boring Log
0"-3" Top Soil
3"-54" Fine yellow sand
54"-78" Moist fine yellow sand
78"-96" Moist, fine cream sand & gravel
96"-144" Very moist yellow sand

No.	Revision	By/Date
4	Rev. Bldg. as per B.T. Engineering Dept.	12/29/83
3	REMOVED EXTERIOR STAIRS TO 2nd FLOOR.	10/4/83
2	As per BTPB Engineer	7/11/83
1	As per Planning Board Engineer	6/5/83

SITE PLAN
LOTS 21 THRU 24
BLOCK 821-22
situated in
Township of Brick
Ocean County New Jersey

ANDERSON, BALLIS & LINDSTROM ASSOCIATES, INC.
CONSULTING ENGINEERS
321 MANTOLOKING ROAD, BRICK, NEW JERSEY 08723

ROBERT J. BALLIS
PROF. ENGR. & LAND SURVEYOR, N.J. LIC. NO. 7966
PROFESSIONAL PLANNER N.J. LIC. NO. 126

Dr. By: Sb
Job No.: 83043
Date: 4/18/83
Sht. No.: 1 of 2

CASE# PB-1350
LDS BR PZ 10500504