



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.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



CONSTRUCTION PERMIT APPLICATION

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

C-21-003292

I. IDENTIFICATION

1. Proposed Work Site at: 437 South Community Dr

2. Name of Owner in Fee: Daniel Araque

Tel. _____ e-mail _____

Address 437 South Community Dr

street _____ municipality _____ zip code _____

3. Ownership in Fee: Public ☒ Private _____

4. Principal Contractor: Joe Paine Cooling & Heating Tel. 732-232-6547

Address 832 Downey Ave e-mail Superduct61@AOL.com

Brick NJ 08723

License No. OR, if new home, Builder Reg. No. 19HC00047300 Exp. Date 6-30-22

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 86-1956573 FAX: 732-920-6131

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Joe Paine

Tel. 732-232-6547 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>150</u> ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices <u>Mechanical</u>	\$ <u>200</u> ✓		
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>15</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>365</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☒ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)							
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection
<u>8,000</u>	<u>MFF</u>	<u>8/30/21</u>					
<u>250</u>							
<u>300</u>							

TOTAL COST \$0

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

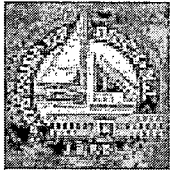
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____
- Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/28/2021
Control Number C-21-003292
Permit Number 21-2639
Permit Issue Date 10/06/2021
Certificate Number 21-2639

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 437 S. COMMUNITY DR. Brick Township, NJ Block: 563 Lot: 68 Qual: _____
Owner in Fee: ARAQUE, DANIEL
Owner Address: 437 S COMMUNITY DR BRICK NJ 08723
Telephone: [REDACTED]
Contractor JOSEPH PAINO
Address 832 DOWNEY AVE BRICK NJ 08723
Telephone: (732) 232-6547 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Conditions to be met:

Daniel Newman Jr

Construction Official

Date Printed: 10/28/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____

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ELECTRICAL 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 563 Lot 68 Qualification Code _____

Work Site Location 437 Community Dr
Brick NJ 08723

Owner in Fee: Daniel Araque

Tel. _____ e-mail _____

Address 437 Community Dr Brick 08723

Contractor: Joe Paino Cooling & Heating Tel. (732) 232-6547

Address 832 Downey Ave e-mail Superduct61@Aol.com
Brick NJ 08723

Contractor License No. 19HC00047300 Exp. Date 6-30-22

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

Federal Emp. ID No. 86-1956573 FAX: (732) 920-6131

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 250

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
☐ No Plans Required		Rough			
☐ Partial - Underslab Utilities Approved		Barrier-Free			
Date:	Approved by:	Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date:	Approved by:	Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date:	Approved by:	Final	<u>10-18-21</u>	<u>10-22-21</u>	<u>10</u>
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
☐ CO ☐ CCO ☒ CA		Temp. Cut-in-Card Date Issued			
Date:	Approved by:	Final Cut-in-Card Date Issued			
<u>10-25-21</u>		Annual Pool Inspection			
<u>WN</u>		Date of Grounding and Bonding Certification			

9-11 no entry 10-18-21

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Joe Paino

☐ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Connect Furnace & AC Condenser

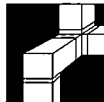
QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____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

50 amp Furnace

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



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 563 Lot 68 Qualification Code _____

Work Site Location 437 South Community Dr
Brick NJ 08723

Owner in Fee: Daniel Araque

Tel. _____ e-mail _____

Address 437 Community Dr Brick 08723

Contractor: Joe Pains Cooling and Heating Tel. 732 232-6547

Address 832 Downey Ave e-mail Superduct61@aol.com
Brick NJ

Contractor License No. 19HC00047300 Exp. Date 6-30-22

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 86-1956573 FAX: 732 920-6131

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work \$ 8,000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: _____ Failure _____ Approval _____ Initial _____
[] Mechanical Plans Approved	Water Heater _____
Date: _____ Approved by: _____	Appliance _____
Joint Plan Review Required:	Chimney/Vent _____
[] Bldg. [] Elec. [] Plumb. [] Fire.	Piping _____
[] Elev.	Tank _____
SUBCODE APPROVAL for PERMIT	Cooling/AC _____
Date: _____	Generator _____
Approved by: _____	Fireplace _____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert. _____
[X] CA [] CCG	Other _____
Date: <u>10-26-21</u>	Other _____
Approved by: <u>WJH</u>	Final <u>10-16-21 WJV</u>

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor
sign and seal here:

Print name here:

☒ Licensed Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Furnace and
Air Conditioning System

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

\$

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other A/C

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 10/10/21
Control # C-21-003292
Permit # 51-2639

IDENTIFICATION Block: 563 Lot: 68 Qualifier _____
Work Site Location: 437 S. COMMUNITY DR. Brick Township, NJ Contractor JOSEPH PAINO
Owner in Fee ARAQUE, DANIEL Address 832 DOWNEY AVE BRICK NJ 08723
437 S COMMUNITY DR BRICK NJ 08723 Telephone: (732) 232-6547
Telephone: _____ Lic. No. or Bldrs. Reg. No. 19HC00047300
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:

REPLACEMENT A/C. REPLACEMENT HOT AIR FURNACE

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 \$8,250

Daniel F. Korman
Construction Official

8/30/21
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$200.00
DCA Training Fee	\$15
CO Fee	
Other	\$0
Total	\$365
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

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

JOSEPH PAINO
832 DOWNEY AVE
BRICK NJ 08723

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

06/09/2020 TO 06/30/2022

VALID

19HC00047300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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

06/09/2020 TO 06/30/2022

VALID

19HC00047300

LICENSE/REGISTRATION/CERTIFICATE #

SIGNATURE

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 _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 437 South Community Dr Brick, NJ
Owner in Fee Daniel Arague
Verifying Individual Joe Paine Company Joe Paine Cooling & Heating
Address 832 Downey Ave Brick NJ 08723
Tel: (732) 232-6547 Fax: (732) 920-6131

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☒ Power Vent/Exhauster

Size

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Appliance 1: Furnace Type Furnace Fuel Type Oil / Gas / Other: BTU Rating (input/hour)
Appliance 2: _____ Oil / Gas / Other: 84,000
Appliance 3: _____ Oil / Gas / Other: _____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____
Material of Liner: Stainless Steel Aluminum
Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
Length of Connector: _____ Vent Connector Rise: _____
How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☒ Other: Direct Vent

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 _____

Date 8-26-21

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.

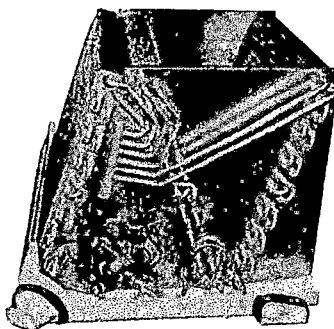
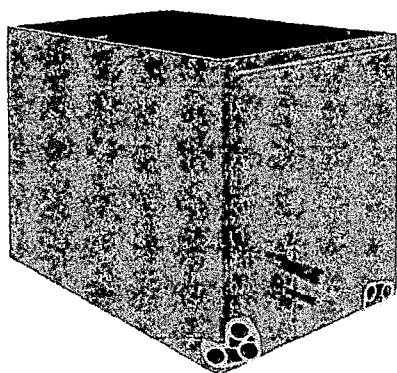


Indoor Coils
RCF Series

Cased/Uncased Coils For Gas And Oil Furnaces

RCF- Series

featuring Industry Standard R-410A
Refrigerant
Airflow Capacity
600-1,900 CFM [283-897 L/s]



(TXV Metering Device Shown)

- Ruud® Indoor Furnace cased coils and replacement uncased coils are designed for use with Ruud outdoor units and are available for vertical upflow or downflow, and horizontal left or horizontal right airflow. When matched with Ruud outdoor units, the coils provide a nominal capacity range from 18,000 BTU/HR [5.24 kW] to 60,000 BTU/HR [17.6 kW].
- Constructed of aluminum fins bonded to internally grooved aluminum tubing.
- Coils are tested at the factory with an extensive refrigerant leak check.
- Coils have copper sweat refrigerant connections.
- Feature two sets of 3/4" [14.1 mm] N.P.T. Condensate drain connections for ease of connection.
- Chatleff metering device connections, at inlet and outlet of TXV or EEV and equalizer connections (TXV only).
- Approved for system application with variety of Ruud outdoor units.
- Condensate drain pan is constructed of high grade, heat resistant, corrosion free thermal-set material.
- Compatible with Germicidal Light System (UV resistant)
- Bi-Directional airflow eliminates the need to switch any internal components from horizontal left to right.
- Unique drain pan design maximizes application flexibility and condensate removal.
- N-Coil design maximizes performance and minimizes height required at installation.
- Coils are AHRI certified for system application with a variety of Ruud outdoor units.

Table 1: Coil Specifications/Airflow Pressure Drop

Coil Model (-)CF	Approx. Design Cooling Air Flow Range CFM [L/s]	Face Area Sq. Ft. [m²]	Fins Per Inch / Rows Deep	Width	Nominal Capacity	Wet Coil Static Pressure Drop (Inches W.C.) [kPa] @ CFM [L/s] – (Coil Only)													
						600 [283]	700 [330]	800 [378]	900 [425]	1000 [472]	1100 [519]	1200 [566]	1300 [614]	1400 [661]	1500 [708]	1600 [755]	1700 [802]	1800 [850]	1900 [897]
RCF2414STAM	600/900 [283/425]	4.56 [0.42]	16/2	14	1.5 – 2	0.165	0.209	0.262	0.325	—	—	—	—	—	—	—	—	—	
RCF2417STAM RCF2417SEAM	600/900 [283/425]	4.56 [0.42]	16/2	17		0.120	0.157	0.199	0.246	—	—	—	—	—	—	—	—	—	
RCF2417MTAM	600/900 [283/425]	5.70 [0.52]	16/2			0.113	0.145	0.181	0.222	—	—	—	—	—	—	—	—	—	
RCF3617STAM RCF3617SEAM	700/1300 [330/614]	5.70 [0.52]	16/2	2.5 – 3	0.113	0.145	0.181	0.222	0.266	0.315	0.368	—	—	—	—	—	—		
RCF2421MTAM RCF2421MEAM	600/900 [283/425]	5.70 [0.52]	16/2		21	1.5 – 2	0.113	0.145	0.181	0.222	—	—	—	—	—	—	—	—	
RCF2421HTAM	600/900 [283/425]	5.70 [0.52]	16/2			0.113	0.145	0.181	0.222	—	—	—	—	—	—	—	—	—	
RCF3621STAM RCF3621SEAM	700/1300 [330/614]	5.70 [0.52]	16/2	2.5 – 3	24	0.113	0.145	0.181	0.222	0.266	0.315	0.368	—	—	—	—	—	—	
RCF3621MTAM RCF3621MEAM	700/1300 [330/614]	8.55 [0.79]	16/2			0.062	0.086	0.112	0.140	0.170	0.202	0.236	—	—	—	—	—	—	
RCF3621HTAM	700/1300 [330/614]	7.60 [0.70]	13/3			0.106	0.125	0.146	0.169	0.194	0.221	0.251	—	—	—	—	—	—	
RCF4821MTAM	1100/1800 [519/850]	7.60 [0.70]	13/3	3.5 – 4	24	0.062	0.086	0.112	0.140	0.170	0.202	0.236	0.272	0.309	0.349	0.391	0.434	0.480	
RCF4821STAM	1100/1800 [519/850]	8.55 [0.79]	16/2			0.062	0.086	0.112	0.140	0.170	0.202	0.236	0.272	0.309	0.349	0.391	0.434	0.480	0.527
RCF6021STAM RCF6021SEAM RCF6021MTAM RCF2421UEAM	1400/1600 [661/755]	7.60 [0.70]	13/3			2 – 5	0.036	0.050	0.065	0.081	0.098	0.117	0.137	0.158	0.180	0.203	0.228	0.254	—
RCF3624MTAM	700/1300 [330/614]	8.55 [0.79]	16/2	2.5 – 3	24	0.062	0.086	0.112	0.140	0.170	0.202	0.236	0.272	0.309	—	—	—	—	—
RCF3624HTAM	700/1300 [330/614]	9.98 [0.93]	14/3			0.036	0.050	0.065	0.081	0.098	0.117	0.137	0.158	0.180	—	—	—	—	—
RCF4824STAM	1100/1800 [519/850]	8.55 [0.79]	16/2			3.5 – 4	0.062	0.086	0.112	0.140	0.170	0.202	0.236	0.272	0.309	0.349	0.391	0.434	0.480
RCF4824HTAM	1100/1800 [519/850]	9.98 [0.93]	14/3	0.036	0.050		0.065	0.081	0.098	0.117	0.137	0.158	0.180	0.203	0.228	0.254	0.281	—	
RCF6024STAM RCF6024MEAM	1400/1800 [661/755]	9.98 [0.93]	14/3	5	24	0.036	0.050	0.065	0.081	0.098	0.117	0.137	0.158	0.180	0.203	0.228	0.254	0.281	—
RCF6024HTAM	1400/1800 [661/755]	9.98 [0.93]	14/3			0.036	0.050	0.065	0.081	0.098	0.117	0.137	0.158	0.180	0.203	0.228	0.254	0.281	—

Important Note: Gas furnace heating CFM can exceed the design cooling CFM. Ductwork and coil selection must accommodate the higher of the cooling or gas heating CFM to prevent furnace limit tripping, excessive noise, and coil freeze-up.

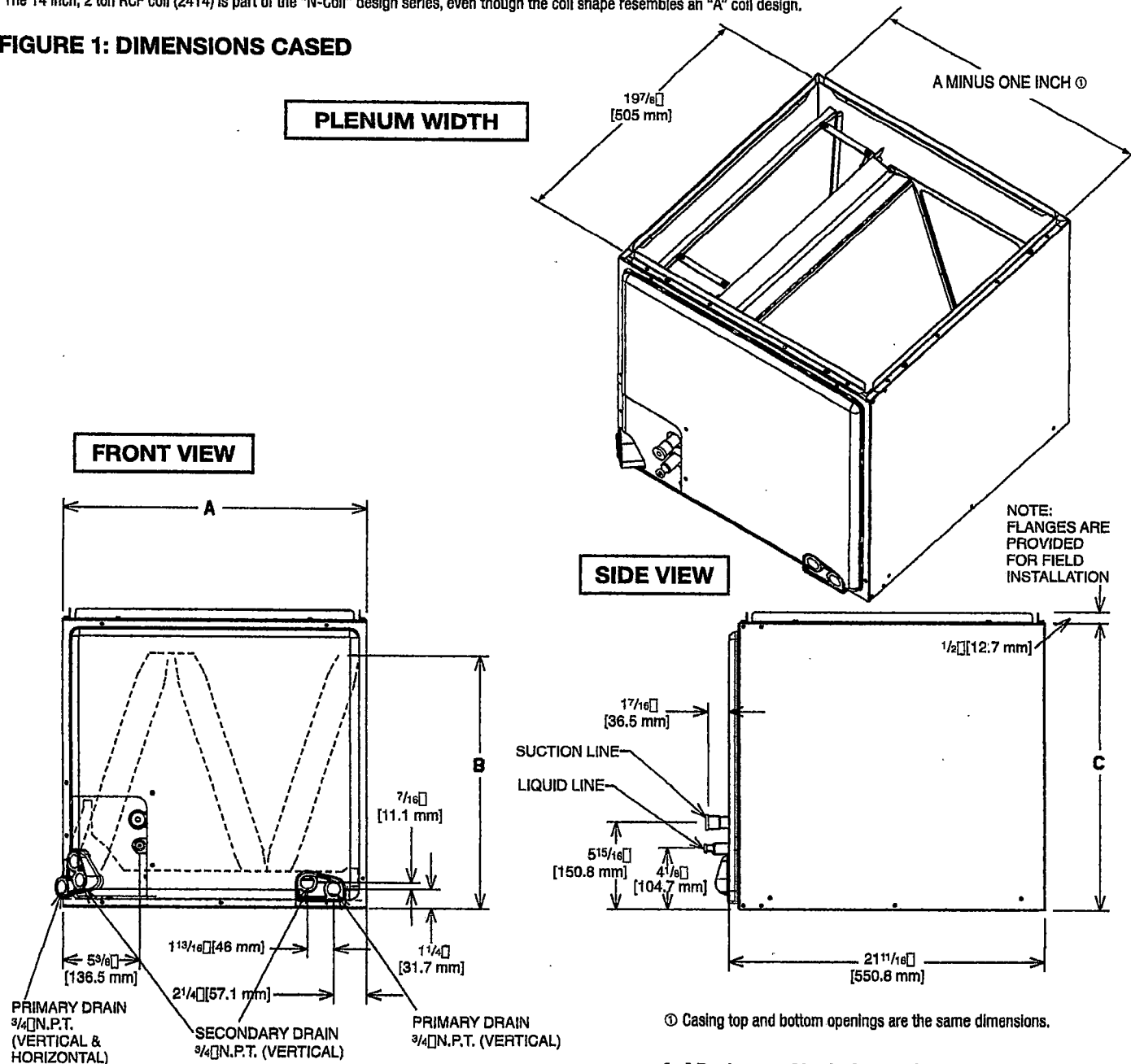
[] Designates Metric Conversions

Table 3: Cased Coil Dimensions and Weights

Coil Model RCF	Connections		Cased Coil Dimensions (in) (mm)			Weight	
	Sweat (in.) (mm)		A	B	C	Coil Weight (lbs.) [Kg.]	Shipping Weight (lbs.) [Kg.]
	Liquid	Suction					
	I.D.	I.D.					
2414ST	3/8 [9.53]	3/4 [19.05]	14 [356]	21 [533]	23 3/16 [584]	43 [19]	47 [21]
2417SP/2417ST/2417SE	3/8 [9.53]	3/4 [19.05]	17 1/2 [445]	14 1/2 [368]	20 [508]	43 [19]	48 [22]
2417MT/2417HT/3617ST/3617SP/3617SE	3/8 [9.53]	3/4 [19.05]	17 1/2 [445]	17 7/8 [454]	20 [508]	49 [22]	54 [24]
2421MT/2421HT/3621ST/3621SP/2421ME/3621SE	3/8 [9.53]	3/4 [19.05]	21 [533]	17 1/2 [445]	20 [508]	51 [23]	60 [27]
3621MT/4821ST/4821SP/3621ME	3/8 [9.53]	3/4 [19.05]	21 [533]	25 3/8 [657]	28 1/2 [721]	71 [32]	78 [35]
2421UE/3621HT/4821MT/6021ST/6021SE/6021MT	3/8 [9.53]	7/8 [22.23]	21 [533]	32 [813]	34 1/2 [876]	76 [34]	86 [39]
3624MT/4824ST/4824ST	3/8 [9.53]	3/4 [19.05]	24 1/2 [622]	25 3/8 [645]	32 1/2 [826]	83 [37]	93 [42]
3624HT/4824HT/6024ST/6024HT/6024ME	3/8 [9.53]	3/4 [19.05]	24 1/2 [622]	30 1/4 [768]	32 1/2 [826]	100 [45]	108 [48]

*The 14 inch, 2 ton RCF coil (2414) is part of the "N-Coil" design series, even though the coil shape resembles an "A" coil design.

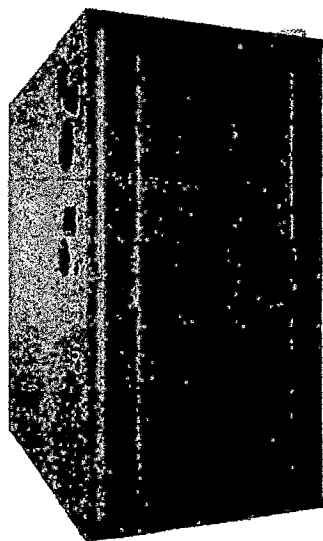
FIGURE 1: DIMENSIONS CASED





GAS FURNACES
R92P SERIES

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

RELY ON RUUD.™

FORM NO. G22-336 REV. 1

Physical Data and Specifications—Upflow Models

U.S. and Canadian Models

MODEL NUMBERS	R92PA0401317MSA	R92PA0601317MSA	R92PA0701317MSA	R92PA085121MSA	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 [38.71]	112,000 [32.82]
HEATING CAPACITY BTU/HR [kW]	39,060 [11.45]	52,080 [15.26]	65,100 [19.67]	78,120 [22.89]	91,140 [36.00]	104,160 [30.52]
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
MOTOR FULL LOAD AMPS	4.0	6.8	6.8	8.3	8.3	8.3
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]
RETURN AIR CABINETS (OPT.) RXGR- FILTER SIZE [mm]	C17B (2) 12" x 16" [305 x 406]	C17B (2) 12" x 16" [305 x 406]	C17B (2) 12" x 16" [305 x 406]	C21B (2) 12" x 20" [305 x 508]	C21B (2) 12" x 20" [305 x 508]	C24B (2) 24" x 16" [609 x 406]
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.

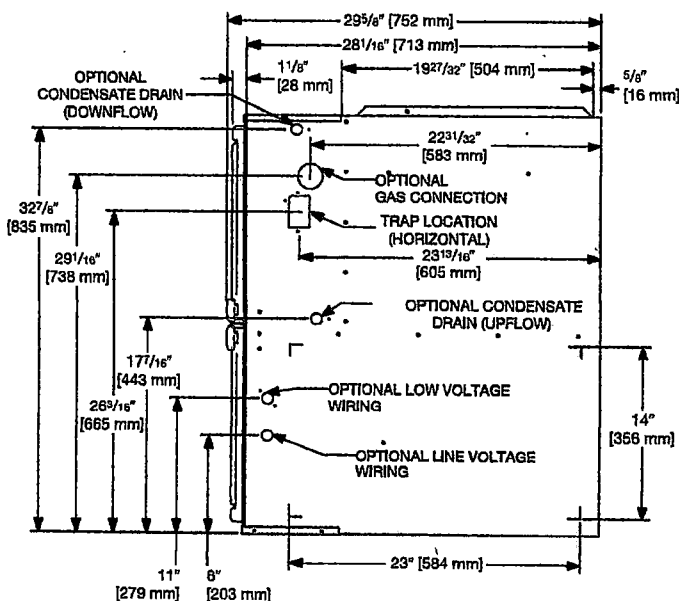
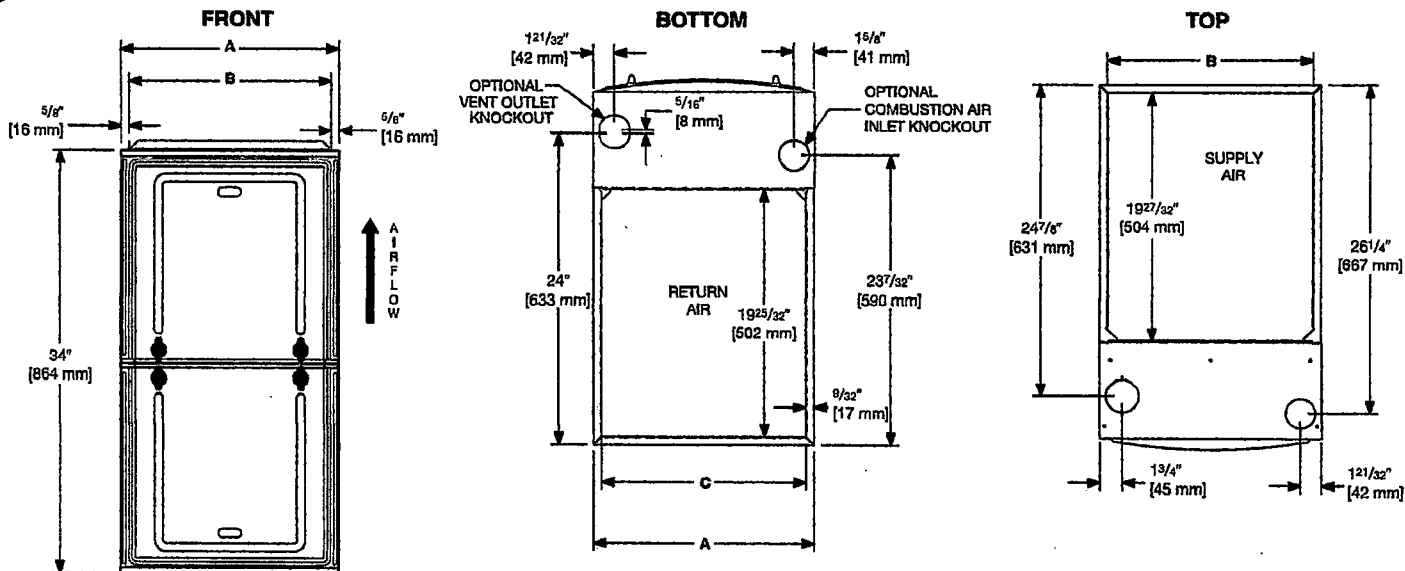
② Canadian installations only.

③ In accordance with D.O.E. test procedures.

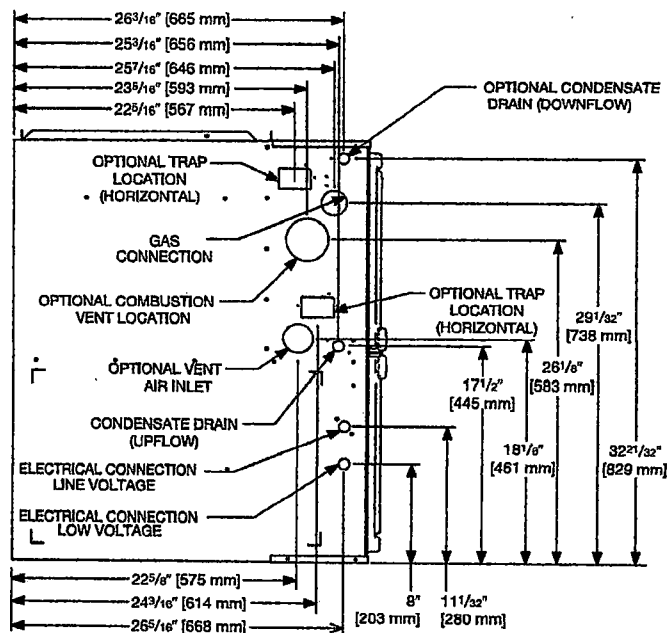
*S=Standard Models

NOTE: Standard model complies with California low nox requirements.

[] Designates Metric Conversions



RIGHT SIDE



LEFT SIDE

UNIT DIMENSIONS (CLEARANCE TO COMBUSTIBLES)

MODEL R92P	LEFT SIDE	MINIMUM CLEARANCE (IN.) [mm]					SHIP WGT. (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]	17 1/2 [445]	16 17/64 [413]	16 13/64 [412]
060	0	0	0	1 [25]	2 [51]	0	128 [58]	17 1/2 [445]	16 17/64 [413]	16 13/64 [412]
070	0	0	0	1 [25]	2 [51]	0	132 [60]	17 1/2 [445]	16 17/64 [413]	16 13/64 [412]
085	0	0	0	1 [25]	2 [51]	0	147.5 [67]	21 [533]	19 49/64 [502]	19 45/64 [500]
100	0	0	0	1 [25]	2 [51]	0	152 [69]	21 [533]	19 49/64 [502]	19 45/64 [500]
115	0	0	0	1 [25]	2 [51]	0	165 [75]	24 1/2 [662]	23 17/64 [591]	23 13/64 [589]

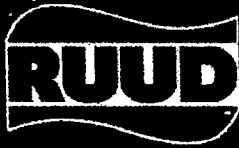
*A service clearance of at least 24" is recommended in front of all furnaces
Supply and return depicted as upflow configuration.
Flange configuration will vary depending on installation orientation.

[] 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 [0.2]	0.2 [0.5]	0.3 [0.7]	0.4 [1.0]	0.5 [1.2]	0.6 [1.5]	0.7 [1.7]	0.8 [1.9]
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 [508]	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]

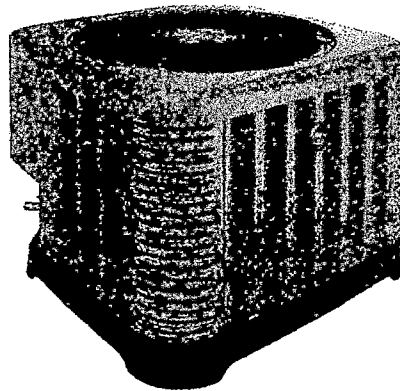
*Factory setting for heat all grey cells are valid heating settings. Do not use speed tabs and/or static pressure which do not fall into the grey cells on this table.
NOTE: Unit tested without filters.

[] Designates Metric Conversions



Air Conditioners
RA13 Series

Ruud Achiever® Series Air Conditioners

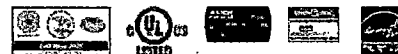


RA13 Series

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

■ RusOne™ Expanded Valve Space – 3"-4"-5" service valve space – provides a minimum working area of 27-square inches for easier access

■ RusOne™ 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.

Rely on Ruud.™

FORM NO. A22-221 REV. 5

Physical Data

PHYSICAL DATA							
Model No.	RA1318A	RA1324A	RA1330A	RA1336A	RA1342A	RA1348A	RA1360A
Nominal Torque	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							
Outdoor Coil	Scroll						
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

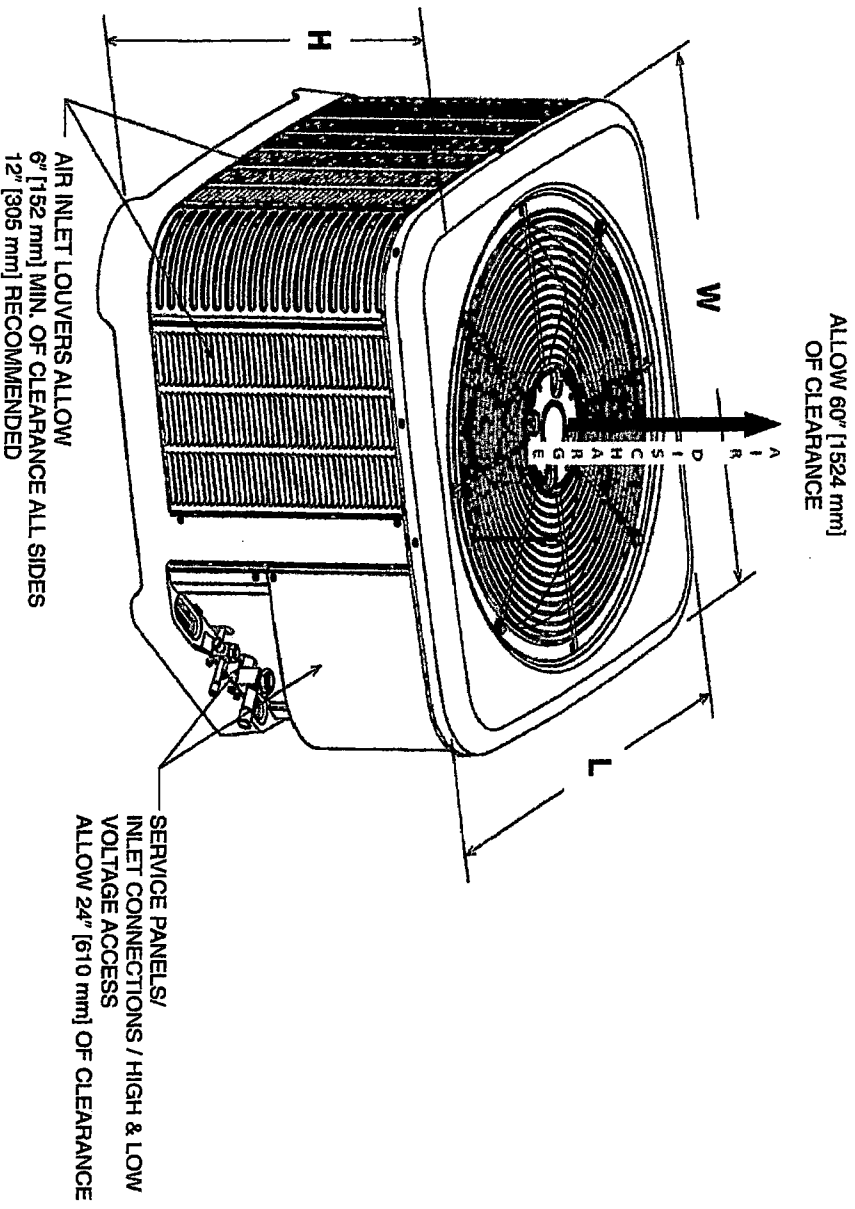
¹Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the installation instructions for information about set length and additional refrigerant charge required.

²1-POL type circuit breaker of fuse.

³Refer to National Electrical Code manual to determine wire, fuse and disconnect size requirements.

Unit Dimensions

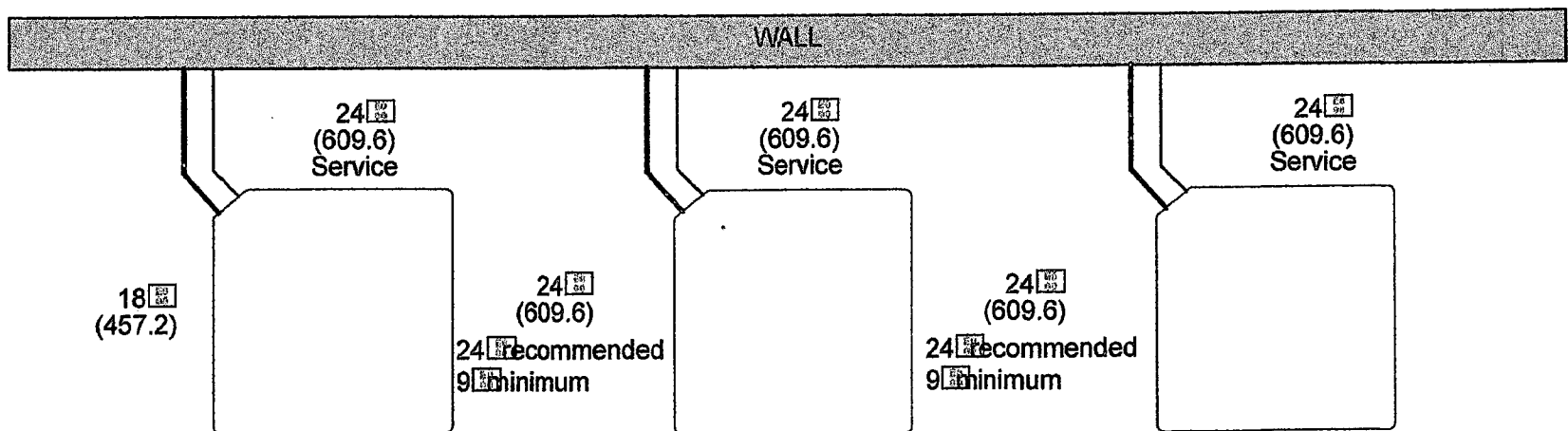
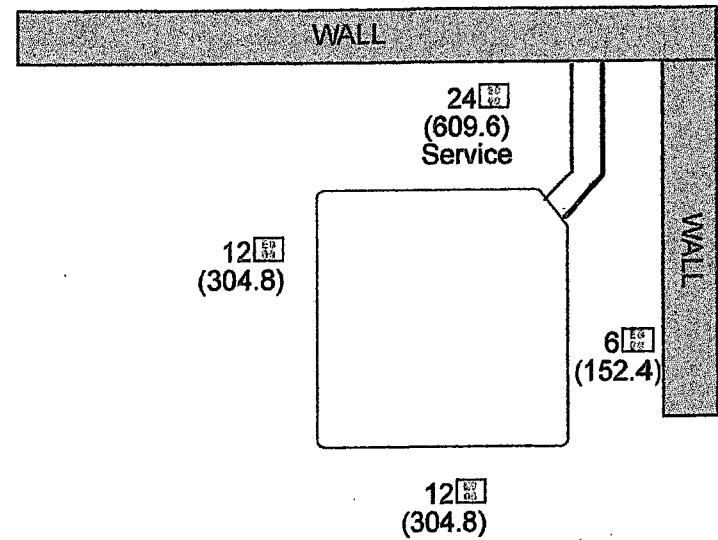
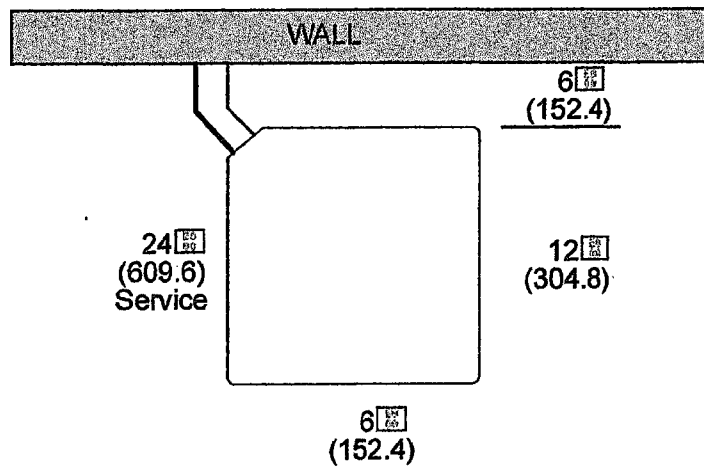
MODEL NO.	OPERATING				SHIPPING			
	H (Height) INCHES	L (Length) mm	W (Width) mm	H (Height) mm	L (Length) INCHES	W (Width) INCHES	H (Height) mm	L (Length) mm
PA1318	27	686	29.75	755	28.75	730	32.38	822
PA1324	25	636	29.75	755	26.75	679	32.38	822
PA1330	25	636	29.75	755	26.75	679	32.38	822
PA1336	27	686	29.75	755	28.75	730	32.38	822
PA1342	31	787	29.75	755	32.75	831	32.38	822
PA1348	27	686	33.75	857	28.75	730	36.38	924
PA1360	31	787	35.75	908	32.75	831	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.

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