BLOCK 1170.02 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-3448

CONSTRUCTION PERMIT APPLICATION C-17-004110

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

I. IDENTIFICATION

1. Proposed Work Site at: 107 John Street Brick NJ 08724
2. Name of Owner in Fee: Amaro
   Tel. [redacted] e-mail _____
   Address 107 John Street (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Air Experts, Inc Tel. (732) 681-9090
   Address 727C 17th Ave e-mail _____
   Lake Como, NJ 07719
   License No. OR, if new home, Builder Reg. No. 19HC00123400 Exp. Date 06/30/2018
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223324128 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____ ✓
6. Responsible Person in Charge once Work has Begun Michael Bondurant
   Tel. (732) 681-9090 FAX: (732) 280-2213

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal Mech	200 ✓		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee 2	$ 12 / 75		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 437		

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 a/c + rep furnace) ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical		CW	9/12/17		9-28-17	MW			
☐ Plumbing					10.4.17	[illegible]			
☐ Fire Protection									
☐ Elevator		Eng Exempt			9/25/17	ECC			
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Present Select Group

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 8/08)

RECEIVED AUG 21 2017 BUILDING

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/15/2017
Control Number C-17-004110
Permit Number 17-3448
Permit Issue Date 10/17/2017
Certificate Number 17-3448

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 107 JOHN ST. Brick Township, NJ Block: 1170.02 Lot: 2 Qual:

Owner in Fee: AMARO, JULIO C

Owner Address: 107 JOHN ST BRICK NJ 08724

Telephone: [redacted]

Contractor AIR EXPERTS INC

Address 727C 17TH AVE LAKE COMO NJ 07719- - 3077

Telephone: (732) 681-9090 Fax: (732) 280-2213

License Number or Builders Registration Number: 19hc00123400 36 BI01250400 13VH01546400 Federal Emp. Number: 22-3324128

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: ALTERATION - RESIDENTIAL ...NEW A/C & REPLACE FURNACE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/15/2017

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Michael Bondurant

Address 727C 17th Ave

Lake Como, NJ 07719

Telephone 732 681 9090

Signature Michael Bondurant

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-17-01270
DATE ISSUED 10/17/17

BLOCK: 1170.02 LOT: 2 QUALIFIER: — SITE ADDRESS: 107 John Street Brick

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Amaro
COMPLETE ADDRESS: 107 John Street Brick NJ 08724
PHONE #: [redacted] EMAIL: _____

2. NAME OF APPLICANT: Air Experts Inc.
APPLICANT ADDRESS: 727 C 17th Avenue Lake Como NJ 07719
PHONE # 732-681-9090 EMAIL: Sales@airexpertsnj.com

3. RESPONSIBLE PERSON FOR WORK: Michael Bondurant
PHONE# 732-681-9090 FAX# 732-280-2213

4. SIGNATURE OF APPLICANT: Michael Bondurant

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: SFR
PROPOSED USE SFR

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 HVAC

DESCRIPTION: Install condenser

ZONING REVIEW:
DATE REVIEWED: 9-21-17 DATE DENIED: _____ DATE APPROVED: 9-21-17 INITIALS: _____

(SEE BACK PAGE)

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____
PERMIT #: _____

BLOCK: 1170.02 LOT: 2 ADDRESS: 107 John Street Brick

RECEIVED
SEP 11 2017
BUILDING

IDENTIFICATION:

1. WORK SITE ADDRESS: 107 John Street Brick
2. NAME OF OWNER IN FEE: Amaro
   ADDRESS: 107 John Street PHONE # [redacted]
   Brick NJ 08724 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: Air Experts Inc.
   ADDRESS: 727-C 17th Ave. PHONE #: (732) 681-9090
   Lake Como NJ 07719 FAX #: (732) 280-2213
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # ( ) _____
5. RESPONSIBLE PERSON FOR WORK: Michael Bondurant
   ADDRESS: 727-C 17th Avenue Lake Como NJ 07719

PHONE #: (732) 681-9090 FAX #: (732) 280-2213 E-MAIL: sales@airexpertsnj.com

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ _____
OTHER _____:	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER Install Condenser
LENGTH: 28-1/4 WIDTH: 28-1/4 HEIGHT: 37-1/4

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: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1170.02 Lot 2 Qualification Code

Work Site Location 107 John Street
Brick NJ 08724

Owner in Fee: Amaro

Tel. [redacted] e-mail

Address 107 John Street (street) Brick (municipality) 08723 (zip code)

Contractor: Air Experts Inc. Tel. (732) 681-9090

Address 727C 17th Avenue e-mail sales@airexpertsnj.com
Lake Como NJ 07719

Contractor License No. 19HC00123400 Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] *No Plans Required*
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10.4.17
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 12-6-17
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL	11-30-17		12-5-17	

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to file this application.

Sign here:

Print name here: Michael Bondurant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace furnace and install condenser

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	

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

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

Block 1170.02 Lot 2 Qualification Code

Work Site Location 107 John Street

Owner in Fee: Amaro, Julio

Tel. [redacted] e-mail

Address 107 John Street Brick NJ 08724
street municipality zip code

Contractor: Wireman Electric LLC Tel. (732) 370-4567

Address 44 Lexington Road Howell NJ 07731 e-mail wiremanelectricllc@hotmail.com

Contractor License No. 14746B Exp. Date 3/31/2018

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

Federal Emp. ID No. 27-4584144 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] Plans Required Prospect

[ ] Partial -Underslab Utilities Approved

Date: 9-28-17 Approved by: MM

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9/28/17

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/6/17

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	PS 11/30/17		12-5-17	MM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

11/30/17 - NO ENTRY. 10:15 AM RE

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ref. No: G 277406550

A.G.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of the owner of record and an authorized representative of the) applicant for this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [redacted]

Print name here: Damian Lech

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reconnect Furnace, Connect A/C

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	
1	6	KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
3		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	$

Reorder call: (732) 534-3000

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1170.02 Lot 2 Qualification Code

Work Site Location 107 John Street
Brick NJ 08724

Owner in Fee: Amaro

Tel. [redacted] e-mail

Address 107 John Street (street) Brick (municipality) 08724 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail
Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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 Bondurant

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace furnace install condenser

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 Condenser	
1	Furnace	
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

U.C.C. F130 (rev. 11/09)
internet version

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

CONSTRUCTION PERMIT

Date Issued 10/17/17
Control # C-17-004110
Permit # 17-3448

IDENTIFICATION Block: 1170.02 Lot: 2 Qualifier
Work Site Location: 107 JOHN ST, Brick Township, NJ
Owner in Fee AMARO, JULIO C
107 JOHN ST BRICK NJ 08724
Telephone: [redacted]

Contractor AIR EXPERTS INC
Address 727C 17TH AVE, LAKE COMO NJ 07719- - 3077
Telephone: (732) 681-9090
Lic. No. or Bldrs. Reg. No. 13VH01546400 36 BI01250400
Federal Employee. No. 22-3324126 13VH01546400

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:
ALTERATION - RESIDENTIAL ...NEW A/C & REPLACE 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 $6,000

D. Navarro Jr. 10/4/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other / LEAD	$200.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$362
Check No.	10573
Cash	$0
Credit	$0
Collected By	

+75 437

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

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

ELEC $150.00
MECH $200.00
DCA $12.00
ZPA $75.00
TOTAL $437.00 - CK

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.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 10/17/17
Application Number: ZA-17-01209
Application Date: 9/19/2017
Project Number:
Permit Number: ZP-17-0270
Fee: $75.00

Zoning Permit

Worksite Location: **107 JOHN ST.**
Brick Township, NJ 08724

Block: **1170.02**
Lot: **2**
Qualifier:
Zone: **R-7.5**

Owner: **AMARO, JULIO C**
Address: **107 JOHN ST**
BRICK, NJ 08724

Applicant: **AIR EXPERTS INC**
Address: **727C 17TH AVE**
LAKE COMO, NJ 07719--07719-

Application Approved Date: 9/21/2017

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

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:
Air-Conditioner Condenser Unit - Installation of a A/C condensing unit.

The A/C must be setback at least 25' from the front property line, 6' from the side property line, and 15' from the rear property line.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 9/21/2017 Date

Sean Kinnevy, Zoning Officer — 9/21/17 **Date**

FOR REPLACEMENT FURNACE

Submit B.T.U. Input **AND** Output of both New **AND** Old Units.

OLD B.T.U.'s 70000 **INPUT** 56000 **OUTPUT**

NEW B.T.U.'s 70000 **INPUT** 67200 **OUTPUT**

A/C REPLACEMENT

OLD UNIT_____**BTU**

NEW UNIT _____**BTU**

And/Or

Heat Loss for New Unit

***If you do not have the Old BTU and New BTU of units, a heat loss is REQUIRED.

***If the New Unit BTU's are less than the Old Unit BTU's, a heat loss is REQUIRED.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 11701.02 LOT 2 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 107 John ST. Bricke, NJ 08724

Owner in Fee MR. AMORO

Verifying Individual Michael Bondurant Company AIR EXPERTS

Address 727 C 17TH AVE LAKE COMO NJ 07719
Street City State Zip Code

Tel: (732) 681-9090 Fax: (732) 280-2213

Check the Appropriate Box(es):

Type of Replacement:
- ☐ Oil to Gas Conversion
- ☐ Gas to Oil Conversion
- ☑ Gas Appliance Replacement
- ☐ Oil to Oil Replacement
- ☐ Other _____

Existing Vent/Chimney: Size _____
- ☐ "B" Label Vent
- ☐ "L" Label Vent
- ☐ Flexible Liner
- ☐ Power Vent/Exhauster
- ☐ Chimney-Interior
- ☐ Chimney-Exterior
- ☐ Masonry Chimney-Tile Lined
- ☐ Masonry Chimney-Unlined
- ☑ Other PVC - Direct Vent

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	70,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ _____
Signature Date

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] 8-10-17
Signature Date

~~**Verification Not Submitted:**~~

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

_____ _____
Signature Date

FOR MINOR AND 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.

SPECIFICATIONS

General Data	**Model No.**	**All Regions**	---	---	---	---	**14ACX-041**
		North / South Regions	**14ACXS018**	**14ACXS024**	**14ACXS030**	**14ACXS036**	---
		Southwest Region	**14ACX-018**	**14ACX-024**	**14ACX-030**	**14ACX-036**	---
		Nominal Tonnage	1.5	2	2.5	3	3.5
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8
[1] Refrigerant (R-410A) furnished			4 lbs. 13 oz.	5 lbs. 6 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.	10 lbs. 1 oz.
Outdoor Coil	Net face area sq. ft.	Outer coil	13.22	16	21	21	21
		Inner coil	---	---	---	---	20.25
		Tube diameter - in.	5/16	5/16	5/16	5/16	5/16
		Number of rows	1	1	1	1	2
		Fins per inch	26	26	26	26	22
Outdoor Fan		Diameter - in.	18	22	22	22	22
		Number of blades	3	3	3	3	4
		Motor hp	1/10	1/6	1/6	1/6	1/4
		Cfm	2290	3160	3160	3160	3600
		Rpm	1075	825	825	825	825
		Watts	160	215	215	215	310
Shipping Data - lbs. 1 package			138	158	171	177	209

ELECTRICAL DATA

		Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
		[2] Maximum overcurrent protection (amps)	20	25	25	30	35
		[3] Minimum circuit ampacity	12.4	15.0	17.1	18.6	22.6
Compressor		Rated load amps	9.4	11.2	12.9	14.1	16.7
		Locked rotor amps	56.6	60.8	64	77	79
		Power factor	0.96	0.97	0.98	0.98	0.97
Condenser Fan Motor		Full load amps	0.7	1.0	1.0	1.0	1.7
		Locked rotor amps	1.3	1.9	1.9	1.9	3.2

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		**93M04**	•	•	•	•	
		Factory					•
Compressor Hard Start Kit		**10J42**	•			•	
		88M91		•	•		•
Compressor Low Ambient Cut-Off Switch		**45F08**	•	•	•	•	•
Compressor Sound Cover		**27W55**	•	•	•	•	
		27W56					•
Compressor Time-Off Control		**47J27**	•	•	•	•	•
Freezestat	3/8 in. tubing	**93G35**	•	•	•	•	•
	5/8 in. tubing	**50A93**	•	•	•	•	•
Indoor Blower Off Delay Relay		**58M81**	•	•	•	•	•
Loss of Charge Switch Kit		**84M23**	•	•	•	•	•
[4] Low Ambient Kit (Fan Cycling)		**34M72**	•	•	•	•	•
Refrigerant Line Sets	L15-41-20, L15-41-30, L15-41-40, L15-41-50		•	•	•		
	L15-65-30, L15-65-40, L15-65-50					•	•
Unit Stand-Off Kit		**94J45**	•	•	•	•	•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

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

[2] HACR type circuit breaker or fuse.

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

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

SPECIFICATIONS

General Data	Model No.	All Regions	- - -	- - -	- - -	- - -	14ACX-041
		North / South Regions	14ACXS018	14ACXS024	14ACXS030	14ACXS036	- - -
		Southwest Region	14ACX-018	14ACX-024	14ACX-030	14ACX-036	- - -
		Nominal Tonnage	1.5	2	2.5	3	3.5
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8
[1] Refrigerant (R-410A) furnished			4 lbs. 13 oz.	5 lbs. 6 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.	10 lbs. 1 oz.
Outdoor Coil	Net face area sq. ft.	Outer coil	13.22	16	21	21	21
		Inner coil	- - -	- - -	- - -	- - -	20.25
		Tube diameter - in.	5/16	5/16	5/16	5/16	5/16
		Number of rows	1	1	1	1	2
		Fins per inch	26	26	26	26	22
Outdoor Fan		Diameter - in.	18	22	22	22	22
		Number of blades	3	3	3	3	4
		Motor hp	1/10	1/6	1/6	1/6	1/4
		Cfm	2290	3160	3160	3160	3600
		Rpm	1075	825	825	825	825
		Watts	160	215	215	215	310
Shipping Data - lbs. 1 package			138	158	171	177	209

ELECTRICAL DATA

		Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
		[2] Maximum overcurrent protection (amps)	20	25	25	30	35
		[3] Minimum circuit ampacity	12.4	15.0	17.1	18.6	22.6
Compressor		Rated load amps	9.4	11.2	12.9	14.1	16.7
		Locked rotor amps	56.6	60.8	64	77	79
		Power factor	0.96	0.97	0.98	0.98	0.97
Condenser Fan Motor		Full load amps	0.7	1.0	1.0	1.0	1.7
		Locked rotor amps	1.3	1.9	1.9	1.9	3.2

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	•	•	•	•	
		Factory					•
Compressor Hard Start Kit		10J42	•			•	
		88M91		•	•		•
Compressor Low Ambient Cut-Off Switch		45F08	•	•	•	•	•
Compressor Sound Cover		27W55	•	•	•	•	
		27W56					•
Compressor Time-Off Control		47J27	•	•	•	•	•
Freezestat	3/8 in. tubing	93G35	•	•	•	•	•
	5/8 in. tubing	50A93	•	•	•	•	•
Indoor Blower Off Delay Relay		58M81	•	•	•	•	•
Loss of Charge Switch Kit		84M23	•	•	•	•	•
[4] Low Ambient Kit (Fan Cycling)		34M72	•	•	•	•	•
Refrigerant Line Sets	L15-41-20, L15-41-30, L15-41-40, L15-41-50		•	•	•		
	L15-65-30, L15-65-40, L15-65-50					•	•
Unit Stand-Off Kit		94J45	•	•	•	•	•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

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

[2] HACR type circuit breaker or fuse.

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

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

SPECIFICATIONS

		Model No.	EL296UH045XE36B	EL296UH070XE36B	EL296UH090XE48C
Gas Heating Performance		[1] AFUE	96%	96%	96%
	High Fire	Input - Btuh	44,000	66,000	88,000
		Output - Btuh	43,000	64,000	84,000
		Temperature rise range - °F	30-60	35-65	40-70
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	Low Fire	Input - Btuh	29,000	43,000	57,000
		Output - Btuh	28,000	42,000	55,000
		Temperature rise range - °F	20 - 50	25 - 55	30 - 60
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9
High static - in. w.g.			0.5	0.5	0.5
Connections in.		Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2
		Gas pipe size IPS	1/2	1/2	1/2
		Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4
		with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
		with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
Indoor Blower		Wheel nominal diameter x width - in.	10 x 8	10 x 8	10 x 10
		Motor Type	DC Brushless	DC Brushless	DC Brushless
		Motor output - hp	1/2	1/2	3/4
		Tons of add-on cooling	1.5 - 3	1.5 - 3	2.5 - 4
		Air Volume Range - cfm	520 - 1345	550 - 1380	760 - 1740
Electrical Data		Voltage	120 volts - 60 hertz - 1 phase		
		Blower motor full load amps	6.8	6.8	8.4
		Maximum overcurrent protection	15	15	15
Shipping Data		lbs. - 1 package	129	133	159

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

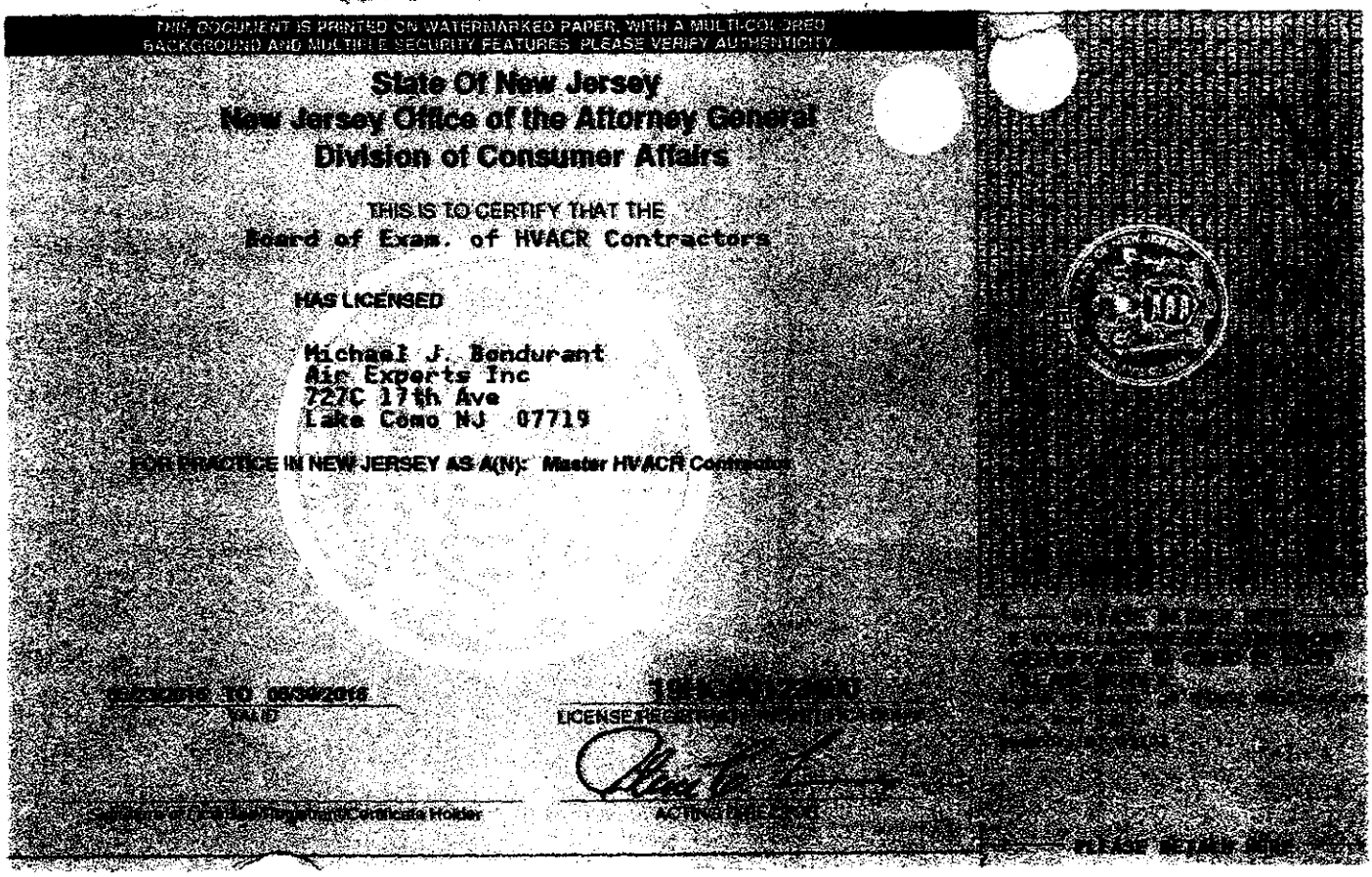
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

		Model No.	EL296UH110XE60C	EL296UH135XE60D
Gas Heating Performance		[1] AFUE	96%	96%
	High Fire	Input - Btuh	110,000	132,000
		Output - Btuh	106,000	127,000
		Temperature rise range - °F	40-70	45-75
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0
	Low Fire	Input - Btuh	72,000	86,000
		Output - Btuh	70,000	84,000
		Temperature rise range - °F	30-60	35-65
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	1.7 / 4.9	1.7 / 4.9
High static - in. w.g.			0.5	0.5
Connections in.		Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2
		Gas pipe size IPS	1/2	1/2
		Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4
		with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
		with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
Indoor Blower		Wheel nominal diameter x width - in.	11-1/2 x 10	11-1/2 x 10
		Motor Type	DC Brushless	DC Brushless
		Motor output - hp	1	1
		Tons of add-on cooling	3 - 5	3.5 - 5
		Air Volume Range - cfm	1055 - 2220	1260 - 2405
Electrical Data		Voltage	120 volts - 60 hertz - 1 phase	
		Blower motor full load amps	10.9	10.9
		Maximum overcurrent protection	15	15
Shipping Data		lbs. - 1 package	174	189

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.



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

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

HAS LICENSED

Michael J. Bondurant
Air Experts Inc
727C 17th Ave
Lake Como NJ 07719

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

EXPIRES TO 05/31/2016
VALID

LICENSE/REGISTRATION

Signature of Licensee/Registrant/Certificate Holder

ACTIVE