BLOCK 1170.04 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 128 John St PERMIT NO. 12-0649

CONSTRUCTION PERMIT APPLICATION

C12-000691

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

I. IDENTIFICATION

1. Proposed Work Site at: 128 John St
2. Name of Owner in Fee: Collis
   Tel. ([redacted]) e-mail N/A
   Address Same as Above
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: AJ Perri Tel. (732) 982-8700
   Address 1138 Pine Brook Road, e-mail _____
   Tinton Falls, NJ 07724
   License No. OR, if new home, Builder Reg. No. 13VH00346300 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 36-4276609-7 FAX: (732) 982-8715
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Greg Johnston
   Tel. (732) 720-2116 (Kristy) FAX: (____)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40.-		
2. Electrical	50.-		
3. Plumbing	45.-		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	11.-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 146.-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MAR 05 2012							
☒ Electrical	1,400				3-8-12	DT			
☒ Plumbing	1,400			3-6-12	03.13.12	PT			
☒ Fire Protection	4,200				3-7-12	DB			
☐ Elevator									
TOTAL COST	7,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

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

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

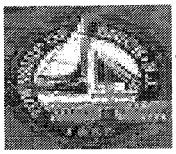
D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/13/2017
Control Number C-12-000691
Permit Number 12-0649
Permit Issue Date 3/20/2012
Certificate Number 12-0649

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 128 JOHN ST. Brick Township, NJ Block: 1170.04 Lot: 3 Qual:

Owner in Fee: COLLIS, BRIAN M & DIANE E

Owner Address: 128 JOHN ST BRICK NJ 08724

Telephone: [redacted]

Contractor AJ PERRI INC

Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700 Fax: (732) 982-8715

License Number or Builders Registration Number: 19HC00103100 34EB01783000 12566 Federal Emp. Number: 36-4726097

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: FURNACE Replacement

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:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Greg Jonnston

Address 1138 Pine Brook Rd.
Tinton Falls, NJ 07724
1-800-287-2184
36-427609-7

Telephone ( )

Signature Greg Johnston

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

125348

Date Received / Control # 3/20/12

Date Issued / Permit # 12-0649

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

Block 1170.04 Lot 3 Qualification Code

Work Site Location 128 John St Brick 08724

Owner in Fee: Collis

Tel. [redacted] e-mail N/A

Address Same as above

Contractor: A.J. Perri, Inc. (street) (municipality) Tel. (732) 982-8700 (zip code)

Address 1138 Pine Brook Road e-mail

Tinton Falls, NJ 07724

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 36-427609-7 FAX: (732) 982-8715

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 4,200

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:

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. Wesley Johnston

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

replace gas furnace

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		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	45
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] ~~No~~ Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 3-21-12 Approved by: [signature]

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 3-21-12

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 4-16-12

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			4/13/12	RSD
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/13/12	RSD
Other				

AJ 023 Rev 05 10

PLUMBING SUBCODE
TECHNICAL SECTION

125348

Date Received 3/20/12
Control #

Date Issued 12-0649
Permit #

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

Block 1170.04 Lot 3 Qualification Code

Work Site Location 128 John St
Brick 08724

Owner in Fee: Collis

Tel. [redacted] ail N/A

Address same as above
street municipality zip code

Contractor: MICHAEL J. PERRI T/A AJ PERRI, INC. Tel. (732) 689-6488

Address 9 JOHNSON STREET e-mail
MONMOUTH BEACH, NJ 07750

Contractor License No. 12566 Exp. Date

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

Federal Emp. ID No. FAX: (732) 982-8715

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 03/13/12 Approved by: BA
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-13-12
Approved by: BA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 4-17-12
Approved by: BA

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			04/13/12	BA

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace gas furnace

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 gas furnace 80/92.8	
	Other	

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

Called in 3/14/12

CONSTRUCTION PERMIT

Date Issued 3/20/12
Control # C-12-000691
Permit # 12-06049

IDENTIFICATION Block: 1170.04 Lot: 3 Qualifier
Work Site Location: 128 JOHN ST. Brick Township, NJ

Owner in Fee: COLLIS, BRIAN M & DIANE E
128 JOHN ST BRICK NJ 08724

Telephone: [redacted]

Contractor: AJ PERRI INC
Address: 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700
Lic. No. or Bldrs. Reg. No. 12323
Federal Employee. No. 36-4726097

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:
FURNACE Replacement

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

Estimated Cost of Work $7,000

Construction Official

Date 3-14-12

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$146
Check No.	5089
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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.

03/20/12 11:14AM 00155881304
XXD2 SERV.002
#0649
ELEC $40.00
PLBG $50.00
FIRE $45.00
DCA $11.00
CHECK $146.00

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.

C-C C-1 125348 NJAC 5:23 Code NC

ELECTRICAL SUBCODE
TECHNICAL SECTION

125348

Date Received / Control # 3/20/12

Date Issued / Permit # 12-0649

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

Block 1170.04 Lot 3 Qualification Code

Work Site Location 128 JOHN ST
Brick 08724

Owner in Fee: Collis

Tel. ([redacted]) e-mail N/A

Address Same as above
street municipality zip code

Contractor: RCLE Inc. Tel. (732) 982-8700

Address 9 Ellis Court e-mail
Monmouth Beach, NJ 07750

Contractor License No. Electric License # 7654 Exp. Date

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

Federal Emp. ID No. FAX: (732) 982-8715

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

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: 3-30-12
Approved by: (DCT)

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-17-12
Approved by: JD

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/13/12	JTC
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace gas furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	80K	BTU gas furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

AJ 019A 4 10

A.J. PERRI INC.
HEATING ■ COOLING ■ PLUMBING

Plumbing License #12566 • NJ Contractors License #03463

FUEL FIRED EQUIPMENT REPLACEMENT FORM

ADDRESS: 128 JOHN ST.

BLOCK: 1170.04 LOT: 3

System #1

EXISTING EQUIPMENT MODEL NUMBER: COLEMAN 9

EXISTING EQUIPMENT INPUT BTU'S: 95,000

EXISTING EQUIPMENT OUTPUT BTU'S: 76,000

REPLACEMENT EQUIPMENT MODEL NUMBER: 59TN6080

REPLACEMENT EQUIPMENT INTPUT BTU'S: 80,000

REPLACEMENT EQUIPMENT OUTPUT BTU'S: 76,800

System #2

EXISTING EQUIPMENT MODEL NUMBER: _____

EXISTING EQUIPMENT INPUT BTU'S: _____

EXISTING EQUIPMENT OUTPUT BTU'S: _____

REPLACEMENT EQUIPMENT MODEL NUMBER: _____

REPLACEMENT EQUIPMENT INTPUT BTU'S: _____

REPLACEMENT EQUIPMENT OUTPUT BTU'S: _____

DATE: _____

SIGNED: _____

1138 Pine Brook Road, Tinton Falls, NJ 07724 • 732-982-8700 • 1-800-287-2164 • Fax: 732-982-8717 • ajperr

Fax-732-982-8715 128348 3/8/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 128 JOHN ST BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1170.04 Lot: 3 Qual:
128 JOHN ST.
Permit Number: Control Number: C-12-000691
Last Submit Date: Tuesday, March 06, 2012

Date: Tuesday, March 06, 2012

Dear COLLIS, BRIAN M & DIANE E,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

Sincerely,

Robert Wannlund, Subcode Official

129348

A.J. PERRI INC.
AIR CONDITIONING & HEATING

1138 Pine Brook Rd.
Tinton Falls, NJ 07724
Phone: 732-982-8700 EX: 110
Fax: 732-982-8717

FAX

To: Robert Wennlund
From: Kristy Macri
Fax: 732-262-2941
Date: 3/12/12
Phone:
Pages: 2
Re: 128 John Street
CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Here is a copy of the Fuel Fired Replacement Form that indicates b.tu. input and output of both new and old units.

RESUBMIT

SUBCODES P

DATES 3/12/12

fax-732-982-8715 3/8/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 128 JOHN ST BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1170.04 Lot: 3 Qual:
128 JOHN ST.
Permit Number: Control Number: C-12-000691
Last Submit Date: Tuesday, March 06, 2012

Date: Tuesday, March 06, 2012

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Sincerely,

Robert Wennlund

Robert Wennlund, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	4218
DESTINATION ADDRESS	97329828715
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/08 15:28
USAGE T	00'21
PGS.	1
RESULT	OK

Fax-732-982-8715 3/8/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 128 JOHN ST BRICK, NJ 08724 CC:

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Robert Wennlund

Robert Wennlund, Subcode Official

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1170.04 LOT 3 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 128 Johnstreet

Owner in Fee Collis

Verifying Individual Ted Kaczor Company A.J. Perri, Inc.

Address 1138 Pine Brook Road (Street) Tinton Falls (City) NJ (State) 07724 (Zip Code)

Tel: (732) 720-2116 Fax: (732) 982-8715

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[X] Gas Appliance Replacement

Existing Vent/Chimney: Size 5"

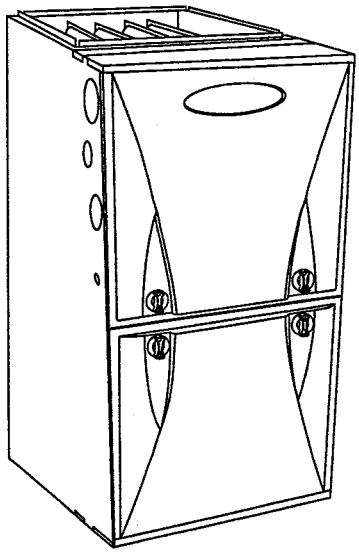
[X] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined

59TN6A80

59TN6A
Infinity® Two-Stage, Variable Speed 4-Way Multipoise Condensing Gas Furnace Series 100

Carrier
turn to the experts

Product Data



A11263

The 59TN6A Multipoise Variable-Speed Condensing Gas Furnace features the two-stage Infinity® System. The Comfort Heat Technology® two-stage gas system is at the heart of the comfort provided by this furnace, along with the variable-speed ECM blower motor, and two-speed inducer motor. With an Annual Fuel Utilization Efficiency (AFUE) of up to 96.7%, the Infinity two-stage gas furnace provides exceptional savings when compared to a standard furnace. This Infinity Gas Furnace also features 4-way multipoise installation flexibility, and is available in four model sizes. The 59TN6A can be vented for direct vent/two-pipe, ventilated combustion air, or single-pipe applications. A Carrier Infinity Control and Infinity Air Conditioner or Heat Pump can be used to form a complete Infinity System. All units meet California Air Quality Management District emission requirements. All sizes are design certified in Canada.

STANDARD FEATURES

- Infinity® System; compatible with single- and multiple-zone Infinity systems
- Quiet operation. Compare for yourself at HVACpartners.com
- Ideal height 35-in. (889 mm) cabinet: short enough for taller coils, but still allows enough room for service
- Infinity Features—match with the Infinity Control for Infinity System benefits
- Integral part of the Ideal Humidity System® Technology
- Silicon Nitride Power Heat™ Hot Surface Igniter
- SmartEvap™ technology helps control humidity levels in the home when used with a compatible humidity control system
- ComfortFan™ technology allows control of continuous fan speed from a compatible thermostat
- External Media Filter Cabinet included
- 4-way multipoise design for upflow, downflow or horizontal installation, with unique vent elbow and optional through-the-cabinet downflow venting capability
- Variable-Speed blower motor, two-speed inducer motor, and two-stage gas valve
- Self-diagnostics and extended diagnostic data through the Advanced Product Monitor (APM) accessory or Infinity User Interface
- Adjustable blower speed for cooling, continuous fan, and dehumidification
- Aluminized-steel primary heat exchanger
- Stainless-steel condensing secondary heat exchanger
- Propane convertible (See Accessory list)
- Factory-configured ready for upflow applications
- Fully-insulated casing including blower section
- Convenient Electronic Air Cleaner and Humidifier connections
- Direct-vent/sealed combustion, single-pipe venting or ventilated combustion air
- Installation flexibility: (sidewall or vertical vent)
- Residential installations may be eligible for consumer financing through the Retail Credit Program

LIMITED WARRANTY*

- 10 year parts and lifetime heat exchanger limited warranty to the original purchaser upon timely registration.
- Limited warranty period is five years for parts and twenty years for the heat exchanger if not registered within 90 days of installation.†

* For owner occupied, residential applications.

†Jurisdictions where warranty benefits cannot be conditioned on registration will receive registered limited warranty benefits.

INFINITY SERIES IdealHumidity ComfortHeat ENERGY STAR

AHRI CERTIFIED

Use of the AHRI Certified ™ Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.

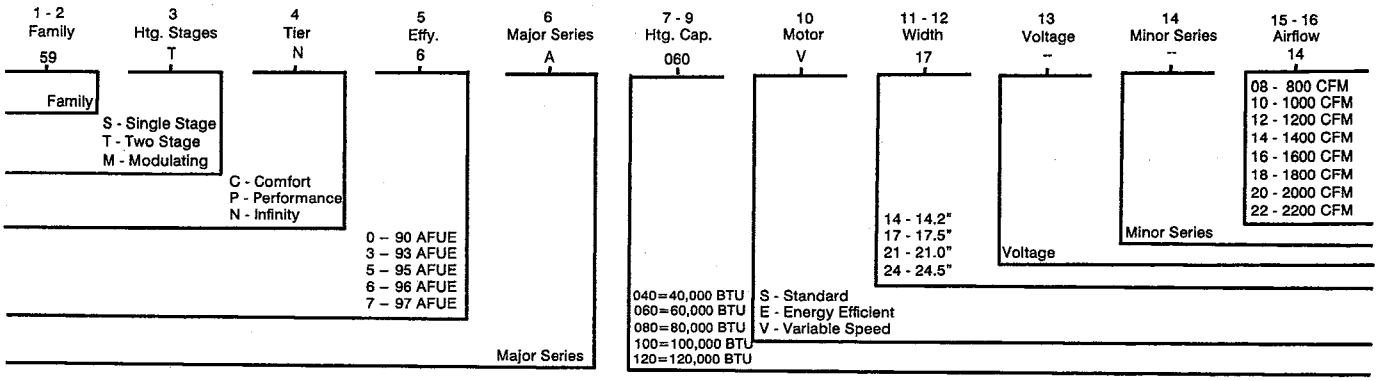
Certified System ISO 9001

Always Ask For FACTORY AUTHORIZED PARTS

SPECIFICATIONS

Heating Capacity and Efficiency			060-14	080-14	100-20	120-22
Input	High Heat	(BTUH)	60,000	80,000	100,000	120,000
	Low Heat	(BTUH)	39,000	52,000	65,000	78,000
Output	High Heat	(BTUH)	58,000	78,000	98,000	117,000
	Low Heat	(BTUH)	37,000	50,000	63,000	76,000
Efficiency	AFUE % (ICS)		96.3	96.2	96.7	96.7
Certified Temperature Rise Range °F (°C)		High Heat	35 - 65 (19-36)	40 - 70 (21-38)	45 - 75 (25-41)	45 - 75 (25-41)
		Low Heat	30 - 60 (17-33)	30 - 60 (17-33)	30 - 60 (17-33)	30 - 60 (17-33)
Airflow Capacity and Blower Data			**060-14**	**080-14**	**100-20**	**120-22**
Certified External Static Pressure (in. w.c.)		Heating	0.12	0.15	0.20	0.20
		Cooling	0.5	0.5	0.5	0.5
Airflow Delivery @ Rated ESP (CFM)		High Heat	1075	1500	1515	1820
		Low Heat	855	1060	1335	1640
		Cooling	1335	1375	2030	2185
Cooling Capacity (tons) @ 400, 350 CFM/ton		400 CFM/ton	3	3.5	5	5.5
		350 CFM/ton	3.5	4	5.5	6
Direct-Drive Motor Type			Electronically Commutated Motor (ECM)			
Direct-Drive Motor HP			1/2	1/2	1	1
Motor Full Load Amps			7.7	7.7	12.8	12.8
RPM Range			300 - 1300			
Speed Selections			Variable (Communicating)			
Blower Wheel Dia x Width		in.	11 x 8	11 x 8	11 x 10	11 x 11
Air Filtration System			Factory Supplied Media Cabinet Field Supplied Filter			
Filter Used for Certified Watt Data			KGAWF1306UFR	KGAWF1306UFR	KGAWF1406UFR	KGAWF1506UFR
Electrical Data			**060-14**	**080-14**	**100-20**	**120-22**
Input Voltage		Volts-Hertz-Phase	115-60-1			
Operating Voltage Range		Min-Max	104-127			
Maximum Input Amps		Amps	9.7	9.7	14.8	14.8
Unit Ampacity		Amps	12.7	12.7	19.2	19.2
Minimum Wire Size		AWG	14	14	12	12
Maximum Wire Length @ Minimum Wire Size		Feet	29	29	30	30
		(M)	(8.8)	(8.8)	(9.1)	(9.1)
Maximum Fuse/Ckt Bkr (Time-Delay Type Recommended)		Amps	15	15	20	20
Transformer Capacity (24vac output)			40 VA			
External Control Power Available		Heating	24.3 VA			
		Cooling	34.6 VA			
Controls			**060-14**	**080-14**	**100-20**	**120-22**
Gas Connection Size			1/2" - NPT			
Burners (Monoport)			3	4	5	6
Gas Valve (Redundant)		Manufacturer	White Rogers™			
		Minimum Inlet Gas pressure (in. W.C.)	4.5			
		Maximum Inlet Gas pressure (in. W.C.)	13.6			
Gas Conversion Kit - Natural to Propane			KGANP5201VSP			
Gas Conversion Kit - Propane to Natural			KGAPN4401VSP			
Manufactured (Mobile) Home Kit			*not approved for MH use*			
Ignition Device			Silicon Nitride			
Limit Control			180	170	160	160
Heating Blower Control (Heating Off-Delay)			Adjustable: 90, 120, 150, 180 seconds			
Cooling Blower Control (Time Delay Relay)			90 seconds			
Communication System			Infinity; Infinity Zoning			
Thermostat Connections			W2, Y1, DHUM, G, COM 24V, W/W1, Y/Y2, R			
Accessory Connections			EAC (115vac); HUM (24vac); 1-stg AC (via Y/Y2)			

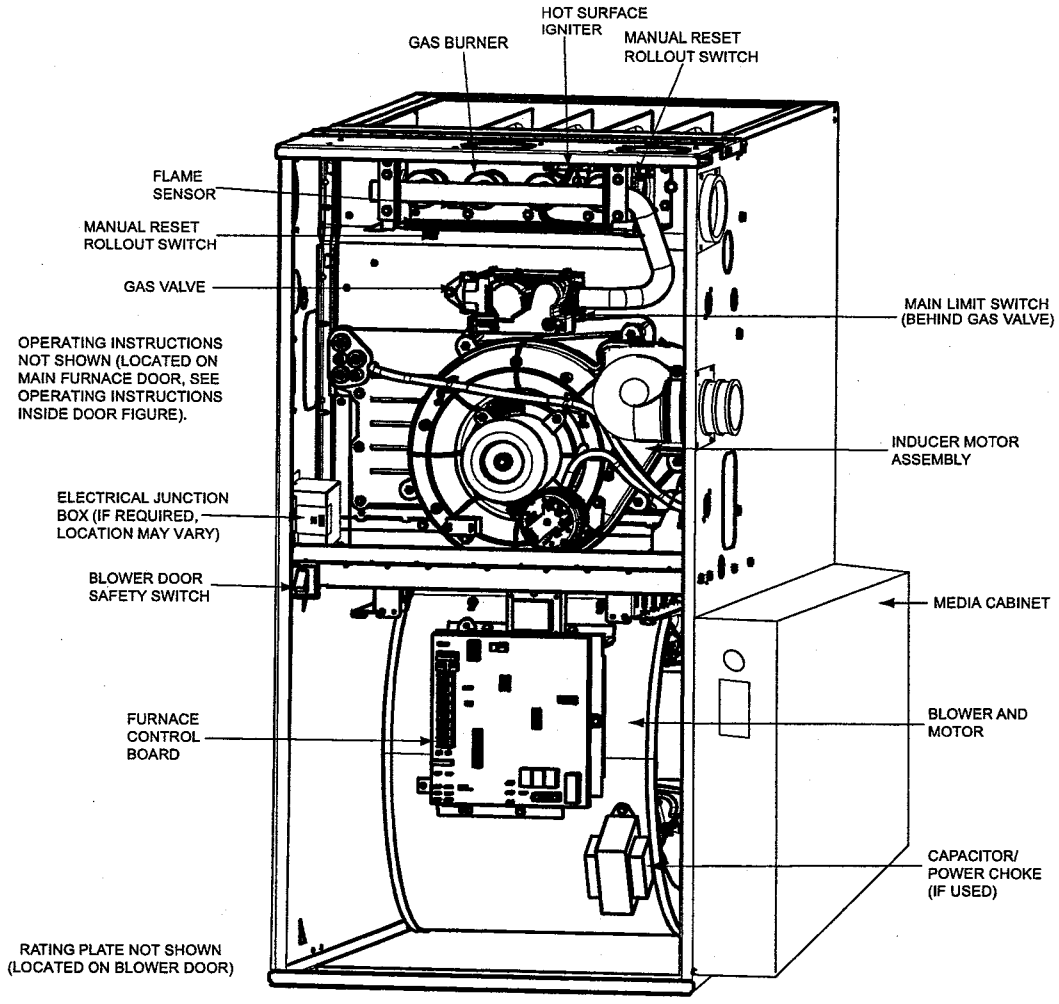
MODEL NUMBER NOMENCLATURE



Not all familes have these models.

A11160

FURNACE COMPONENTS



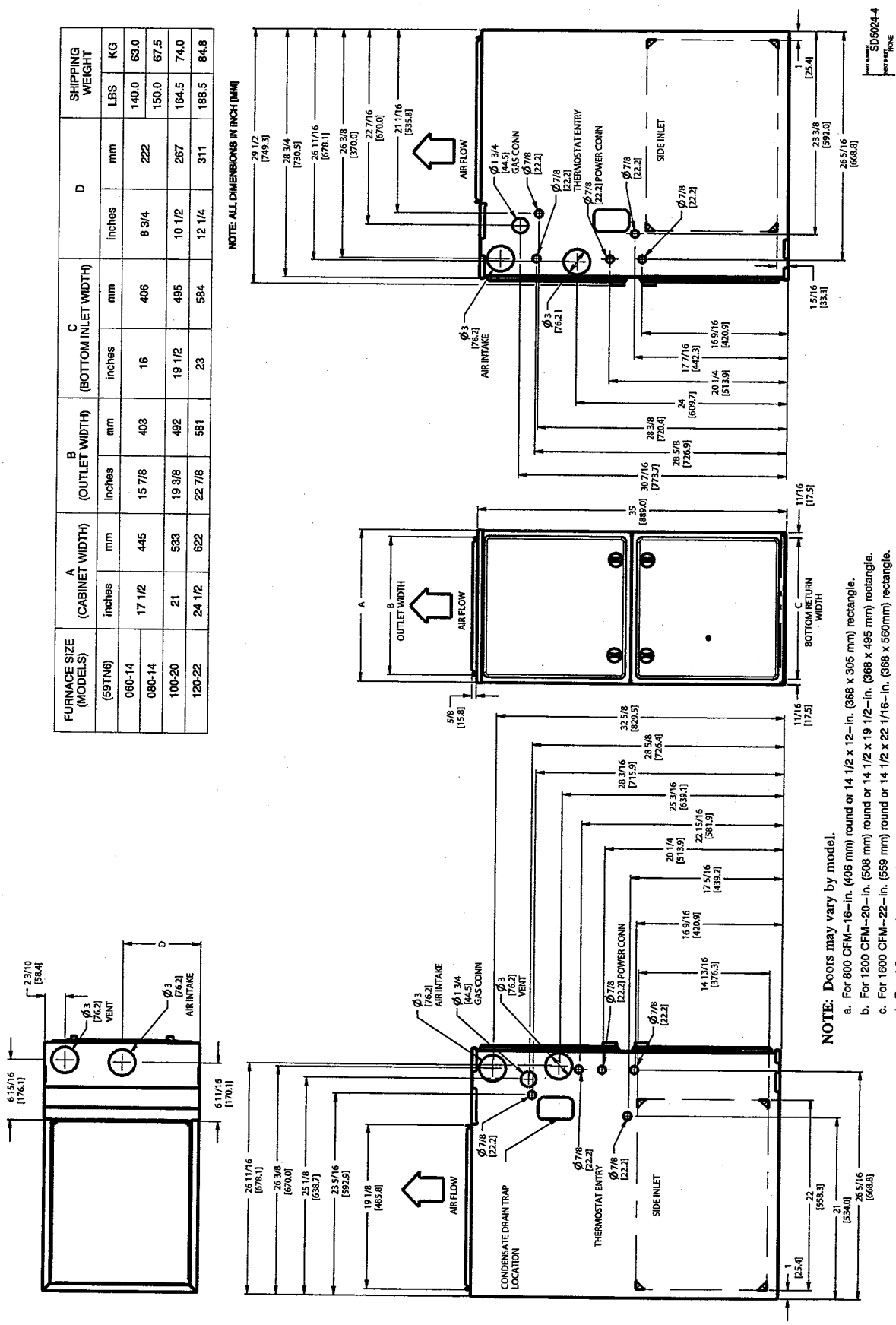
REPRESENTATIVE DRAWING ONLY, SOME MODELS MAY VARY IN APPEARANCE.

A11408

DIMENSIONAL DRAWING

FURNACE SIZE (MODELS)	A (CABINET WIDTH)		B (OUTLET WIDTH)		C (BOTTOM INLET WIDTH)		D		SHIPPING WEIGHT	
(59TN6)	inches	mm	inches	mm	inches	mm	inches	mm	LBS	KG
060-14	17 1/2	445	15 7/8	403	16	406	8 3/4	222	140.0	63.0
080-14									150.0	67.5
100-20	21	533	19 3/8	492	19 1/2	495	10 1/2	267	164.5	74.0
120-22	24 1/2	622	22 7/8	581	23	584	12 1/4	311	188.5	84.8

NOTE: ALL DIMENSIONS IN INCH [MM]



NOTE: Doors may vary by model.

a. For 800 CFM–16–in. (406 mm) round or 14 1/2 x 12–in. (368 x 305 mm) rectangle.
b. For 1200 CFM–20–in. (508 mm) round or 14 1/2 x 19 1/2–in. (368 x 495 mm) rectangle.
c. For 1600 CFM–22–in. (559 mm) round or 14 1/2 x 22 1/16–in. (368 x 560mm) rectangle.
d. For airflow requirements above 1800 CFM, see Air Delivery table in these installation instructions for specific use of single side inlets. The use of both side inlets, a combination of 1 side and the bottom, or the bottom only return air openings may be required for airflow requirements above 1800 CFM at 0.5 in. W.C. E.S.P.

A11519