BLOCK 1170.06 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 151 JOHN ST PERMIT NO. 05-4192

Called 10/3/05 Left V.M.

CONSTRUCTION PERMIT APPLICATION

05-158510

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

I. IDENTIFICATION

1. Proposed Work Site at: 151 JOHN ST BRICK
2. Name of Owner in Fee: PATRICK LAUDISI Tel. (732) 929-9255
   Address 592 NORTH END AVE (street) TOMS RIVER (municipality) 08753 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: PATRICK LAUDISI Tel. (732) 929-9255
   Address _____ Cell 732-773-3920
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun PATRICK LAUDISI
   Tel. (732) 929-9255/773-3920 FAX: (732) 288-1240

Rip out Sheetrock / New Insulation / Windows
Interior doors (Will update for Plumbing & Fire)

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	528	HA
2.	Electrical		80	40
3.	Plumbing		151	
4.	Fire Protection		180	
5.	Elevator Devices			
6.	Subtotal	$	31	
7.	Less 20% for State Plan Review		20	
8.	Subtotal	$		
9.	State Permit Fee Surcharge		3	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	*Other*			
13.	TOTAL	$	643	333 + 40

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ a. Repair									
	☐ *b. Alteration*									
	☐ c. Renovation									
	☒ d. Reconstruction					10/03/05	KEA	5/11/06		
						10-4-05		6/7/06		
						10/25/05		10/9/06		
						10/5/05	MRL	6/7/06		
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ ~~Electrical~~									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of *dwelling units*:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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

LDS BR-B 10676420

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(e)1.vii:

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. (X) Building C.2. (X) Fire Protection

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

D. (X) 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 Patrick Loudesto Date 9-5-05

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. 5:32-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	07/05/2006
Tracking Number	C-05-138510
Permit Number	05-4192
Permit Issue Date	10/19/2005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 151 JOHN ST. Brick Township, NJ Block: 1170.06 Lot: 1 Qual:

Owner in Fee: PATRICK LAUDISI

Owner Address: 592 NORTHEND AVENUE TOMS RIVER NJ 08753

Telephone: (732) 929-9255

Contractor PATRICK LAUDISI

Address 592 NORTHEND AVENUE TOMS RIVER NJ 08753

Telephone: 732-929-9255 Fax:

License Number or Builders Registration Number: Federal Emp. 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: ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S) RIP OUT SHEETROCK-NEW INSULATION/NEW WINDOWS/NEW INTERIOR DOORS & EXTERIOR DOORS/NEW SHEETROCK

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: 2029
Collected By: Ann Marie Hanlon

Date Printed: 07/05/2006

CONSTRUCTION PERMIT

Date Issued 10/19/2005
Control # C-05-138510
Permit # 05-4192

IDENTIFICATION Block: 1170.06 Lot: 1 Qualifier

Work Site Location: 151 JOHN ST. Brick Township, NJ

Owner in Fee PATRICK LAUDISI
Address 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: (732) 929-9255

Contractor PATRICK LAUDISI
Address 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: 732-929-9255
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S) RIP OUT SHEETROCK-NEW INSULATION/NEW WINDOWS/NEW INTERIOR DOORS & EXTERIOR DOORS/NEW SHEETROCK

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $25,400

Construction Official

10/19/2005
Date

PAYMENTS (Office Use Only)

Building	$528
Electrical	$80
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$35
CO Fee	
Other	$0
Total	$643
Check No.	2029
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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.

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.

PERMIT UPDATE

Date Update Issued 06/15/2006
Control # C-06-102515
Permit # 05-4192+C

IDENTIFICATION Block: 1170.06 Lot: 1 Qualifier

Work Site Location: 151 JOHN ST. Brick Township, NJ

Owner in Fee: PATRICK LAUDISI
Address: 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: (732) 929-9255

Contractor: PATRICK LAUDISI
Address: 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: (732) 929-9255
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

AIR CONDITIONER RIP OUT SHEETROCK-NEW INSULATION/NEW WINDOWS/NEW INTERIOR DOORS & EXTERIOR DOORS/NEW SHEETROCK

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

Estimated Cost of Work $50

Construction Official

06/15/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	2183
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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.

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.

PERMIT UPDATE

Date Update Issued 11/17/2005
Control # C-05-139504
Permit # 05-4192+B

IDENTIFICATION Block: 1170.06 Lot: 1 Qualifier

Work Site Location: 151 JOHN ST. Brick Township, NJ

Owner in Fee: PATRICK LAUDISI
Address: 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: (732) 929-9255

Contractor: PATRICK LAUDISI
Address: 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: (732) 929-9255
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS RIP OUT SHEETROCK-NEW INSULATION/NEW WINDOWS/NEW INTERIOR DOORS & EXTERIOR DOORS/NEW SHEETROCK

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

Estimated Cost of Work $100

Construction Official

11/17/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	2046
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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.

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.

PERMIT UPDATE

Date Update Issued 10/26/2005
Control # C-05-139091
Permit # 05-4192+A

IDENTIFICATION Block: 1170.06 Lot: 1 Qualifier

Work Site Location: 151 JOHN ST. Brick Township, NJ

Owner in Fee: PATRICK LAUDISI
Address: 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: (732) 929-9255

Contractor: PATRICK LAUDISI
Address: 592 NORTHEND AVENUE TOMS RIVER NJ 08753
Telephone: 732-929-9255
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FIRE ALTERATIONS, PLUMBING ALTERATIONS RIP OUT SHEETROCK-NEW INSULATION/NEW WINDOWS/NEW INTERIOR DOORS & EXTERIOR DOORS/NEW SHEETROCK

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

Estimated Cost of Work $2,075

Construction Official

10/26/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$180
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$333
Check No.	2035
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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.

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/19/05
Permit # 05-4192

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

Block 1170.06 Lot 1 Qualification Code
Work Site Location 151 JOHN ST
BRICK NJ.
Owner in Fee PATRICK CAUDISI
Address 592 NORTH END AVE
TOM RIVER
Tel. (732) 929-9255 - 773.3920
Contractor PATRICK CAUDISI
Address
Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required.		
[X] All	10/03/05	KEL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-11-06
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			11/28/05	JC
Truss Sys./Bracing				
Barrier-Free				
Insulation			12-7-05	JC
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5-10-06	JC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 22000
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RIP OUT SHEETROCK - REPLACE ELECTRICAL & PLUMBING - HVAC NEW INSULATION, NEW WINDOWS NEW INTRIOR DOORS & FXT NEW SHEETROCK - DOORS - NEW FIXTURES REHAB BATHROOM - NEW WINDOW OPENINGS TO COMPLY W/ REHAB SUBCODE, NO OTHER STRUCTURAL WORK.

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 10/19/05
Permit # 05-492

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

Block 1170.06 Lot 1 Qualification Code

Work Site Location 151 JOHN ST
BRICK NJ

Owner in Fee PATRICK LAUDISI

Address 592 N. RND AVE
TOMS RIVER NJ. 08753

Tel (732) 929-9255 732-773-3920 CELL

Contractor ADL ELECTRIC INC

Address 141 LILAC DR
BRICK NJ

Tel (732) 785-5762 FAX (732) 785-5763

Contractor License No. 4185

Federal Emp. No. 22-3779285

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3400.00

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
13		Lighting Fixtures	
34		Receptacles	
25		Switches	
4		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	
1	4.8	KW Elec. Water Heater	
1	1.6	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	2.4	KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service SEPARATE	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10 5 05
Approved by: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6 7 06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			11	OK WM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	5-10-06		6 7 06	TO
Barrier-Free				

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

5-10-06 GROUND ROD LOCATION
JUMP WATER HOT & COLD
SINGLE RECEPTACLE WASHER & HOT WATER HEAT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/17/05
Control # 05-419216
Date Issued
Permit # 05-139504

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

Block 1176.06 Lot _____ Qualification Code _____

Work Site Location 151 JOHN ST
BRICK NJ. 08753

Owner in Fee PATRICK LAUDISI

Address 592 N END AVE
TOMS RIVER N.J. 08753

Tel (732) 773-3920

Contractor ADL ELECTRIC

Address 141 LILAC DR
BRICK N.J.

Tel (732) 785-5762 FAX (732) 785-5763

Contractor License No. 4185

Federal Emp. No. 22-3779285

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	
4		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	
1		KW Elec. Sign/Outline Light	
		_____	
		_____	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11/30/1
Approved by: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [~~TCA~~
Date: 6/06/
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	5-10-06		6706	TO
Barrier-Free				

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

5-10-06

Single Receptacle washer in basement
Single Receptacle Hot water vent
9 Rough Rod Location
Jump Hot + Cold water

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UPDATE 05-4142-FP
DATE 10/19/05
INITIALED BY
FOR

Date Received 10-26-05
Control # 139091

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 1170.06 Lot 1 Qualification Code

Work Site Location 151 JOHN ST
BRICK N.J.

Owner in Fee PATRICK CAUDISI

Address 592 NORTH END AVE
TOMS RIVER N.J. 08753

Tel (732) 929-9255 732-773-3920

Contractor PATRICK CAUDISI

Address

Tel ( ) FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [✓] New OR [ ] Existing [ ] HVAC

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

[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[4] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	45
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		
Fired Appliances [4] Gas or [ ] Oil	3	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 10-24-05

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 6-7-06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			6-7-06	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	Stocked		6-7-06	
Other				

1) Direct vent to close to window
2) ~~Need to attach to bed~~
3) Need combo unit on hall - 10 ft from bed
AS PER PLAN.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/21/2005
Control # C-05-139091
Date Issued 10/26/2005
Permit # 05-4192+A

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

Block 1170.06 Lot 1 Qualification Code

Work Site Location: 151 JOHN ST. Brick Township, NJ

Owner in Fee: PATRICK LAUDISI

Address 592 NORTHEND AVENUE TOMS RIVER NJ

Tel. (732) 929-9255

Contractor: KIMBALL PLUMBING & HEATING

Address 555 MARTIN RD TOMS RIVER NJ

Tel. 732/270-4140 Fax.

Contractor License No. 9394

Federal Employee No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,975

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Slab				
Rough			11/14/05	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			11/14/05	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
0	Urinal/Bidet	$0
1	Bath Tub	$10
0	Lavatory	$0
0	Shower	$0
0	Floor Drain	$0
1	Sink	$10
1	Dishwasher	$10
0	Drinking Fountain	$0
1	Washing Machine	$10
2	Hose Bibb	$20
1	Water Heater	$40
0	Fuel Oil Piping	$0
4	Gas Piping	$40
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$3
TOTAL FEE	$153

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

5/10/06

(1) - A.O SMITH HW.A - CALL CO. ON 3" VENT NEED SCH 40 - 2665 AVE

(2) - A/C CONDENSATE 90 PLUS UNIT - 3/8" TO OUTSIDE

(3) - BACKWATER VALVE ON WASHER

(4) - BATHROOM FIXTURES BE ABOVE AT SAME LOCATION.

PLUMBING SUBCODE
TECHNICAL SECTION

UPDATE 05-4179 T N
DATE 10/19/05
INITIALED BY
FOR Alteration

3035

Date Received
Control #

Date Issued
Permit #

05-4179 T N
10-26-05
C05-139091

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

Block 1170.06 Lot 1 Qualification Code
Work Site Location 151 JOHN ST
BRICK N.J.
Owner in Fee PATRICK LAUDISI
Address 592 N FINDAY
TOMS RIVER N.J. 08753
Tel (732) 773-3920 732-929-9255
Contractor KIMBALL PLG. & HEATING
Address 555 MARTIN Rd. TOMS RIVER N.J. 08753
Tel (732) 270-4140 FAX (732) 270-2171
Contractor License No. 9396
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer Private Septic
Water Service Size 3/4" Public Water Private Well
Est. Cost of Plumbing Work $ 1,975.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10/25/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ]-CA
Date: 6-9-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			11/14/05	
Water				
Sewer				
Fixtures	5/10/06		6/7/06	
Gas Equipment	5/10/06		6/7/06	
Gas Piping			11/14/05	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6/7/06	

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.

Gary E. Kimball
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
~~4~~ 4	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

called 10/26 JM
Total $333.

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

3/4" WATER

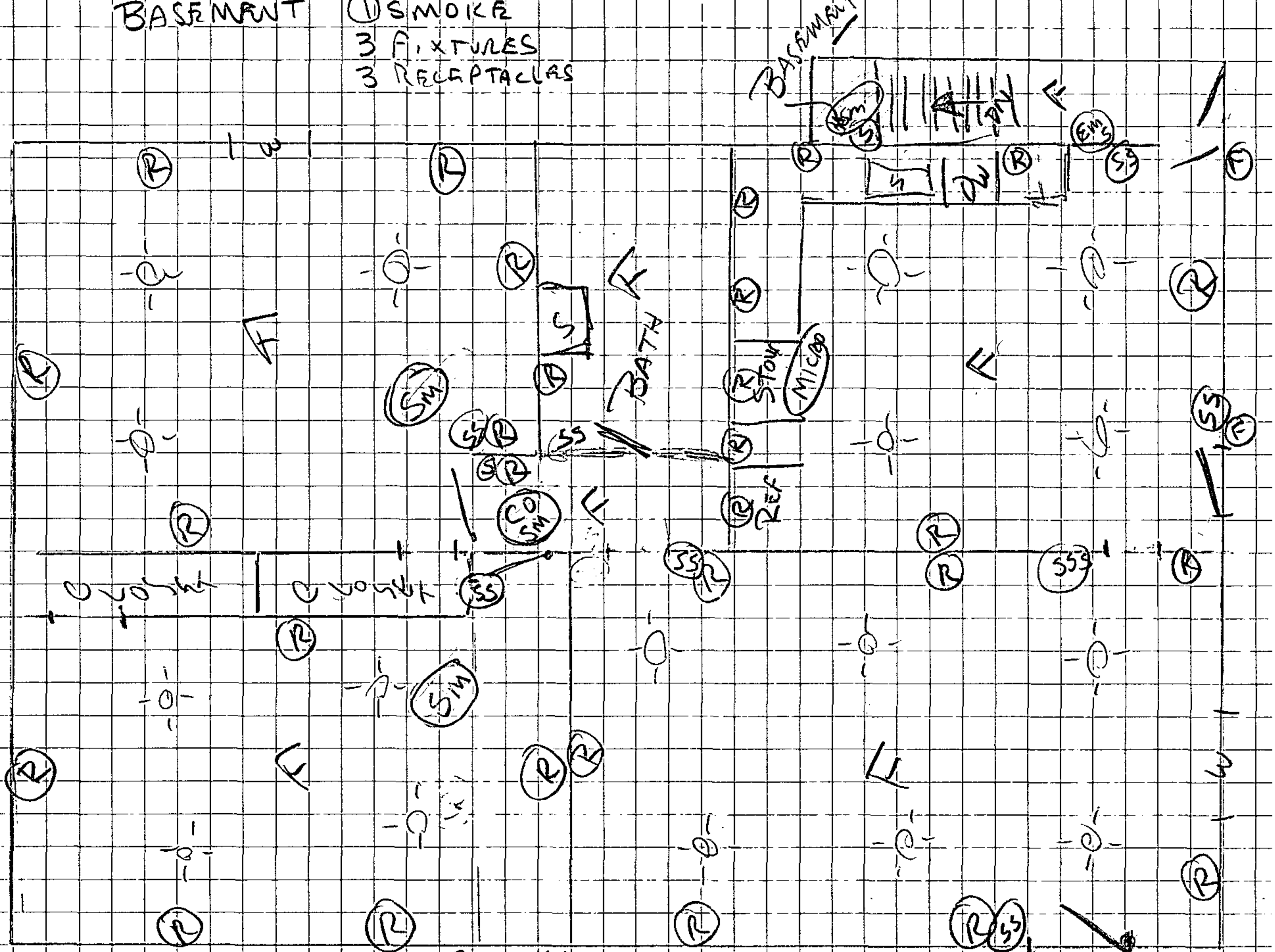
U.C.C. F130 (rev. 01/04)

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

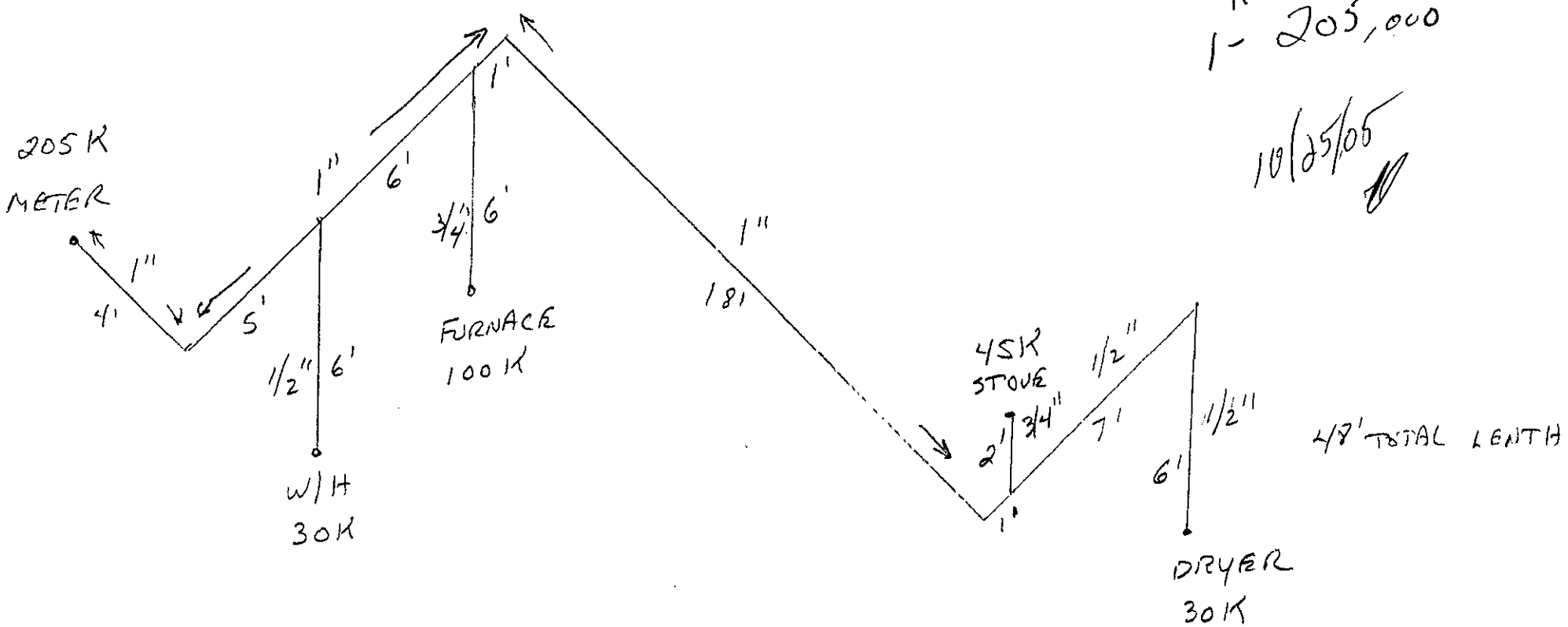
Mary E. Rumbold

10/25/01

BASEMENT ① SMOKE
3 FIXTURES
3 RECEPTACLES



BR1	6R	2S	KIT	9R	6S	34R
BR2	5R	2S	LR	7R	7S	
B	1R	2S	OUT	2R		
HALL	1R	1S	BASE	3R	3S	



50' Max.

1" - 205,000

10/25/05

47'-8" TOTAL LENGTH

Goodman
Air Conditioning & Heating

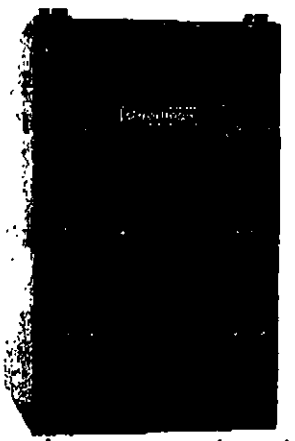
I would like information

Home | About Goodman | Product Information | Heating & Cooling 101 | Locate a Dealer | Warranty

Home > Product Information > Product Specifications

GMS9/GCS9 *Series 93% AFUE Single-, Multi-Speed*

Split System Air Conditioners
Through-the-Wall Air Conditioners
Split System Heat Pumps
Gas Furnaces
GMV9/GCV9 Series 93% AFUE :
GMS9/GCS9 Series 93% AFUE :
GMV8 Series 80% AFUE :
GMS8/GDS8 Series 80% AFUE :
GHS8 Series 80% AFUE :
Air Handlers
Packaged Air Conditioners
Packaged Heat Pumps
Packaged Gas/Electric
Coils
Indoor Air Quality
Quietflex - Flex Duct
50 Hertz Specification Sheets
Product / Warranty Registration
What Is EnergyStar?



Printer Friendly Version

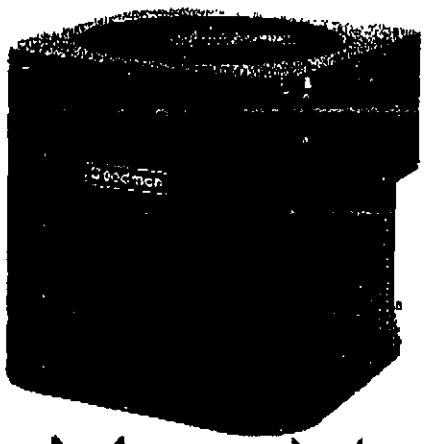
Product Specifications

Product Warranty

The Goodman® GMS9/GCS9 Single-Multi-Speed Gas Furnaces feature a aluminized-steel tubular heat exchan energy-efficient Hot Surface Ignition These furnaces are run-tested for he combination heating/cooling applicati corrosion-resistant, painted steel cab units can be installed in a variety of lo

- Corrosion-resistant, aluminize tubular heat exchanger and st steel recuperative coil for maxi efficiency
- Designed for multi-position ins GMS9: upflow, horizontal right GCS9: downflow, horizontal ri
- Energy-saving, reliable Hot Su Ignition system, featuring a No Igniter with patented adaptive algorithm to maximize igniter li
- Aluminized-steel inshot burner
- Energy-saving PSC, multi-spe drive blower motor
- Quiet, corrosion-resistant, indu blower assembly
- Integrated furnace control with diagnostics
- Low-voltage terminal blocks
- Multiple flame roll-out switches door safety switch, outlet air-lir and pressure switch for proof combustion air
- 40VA transformer for heating a conditioning control service
- Combination redundant gas va regulator
- Top venting is standard; altern flue/vent located on right side
- All models comply with Californ Standards
- Suitable for direct vent (2-pipe direct vent (1-pipe) application
- Foil-face insulation lines the he exchanger compartment
- Coil and furnace fit flush for ea installation
- Convenient left or right connec

CKL *Series* 10 SEER 1½ to 5 Ton



The Goodman® CKL Air Conditioner features an attractive louvered metal guard that protects the coil from damage and strengthens the unit. Designed for ground-level or rooftop mount, the raised base pan elevates the unit above the slab for excellent water drainage. A polyester powder-paint finish provides premium durability and improved UV protection.

- Energy-efficient compressor with internal pressure release valve
- Copper tube/aluminum fin coil
- Totally enclosed, permanently lubricated condenser motor with a 3-bladed fan
- 1½- to 5-ton models are charged with R-22 for 15' of refrigerant lines
- High-capacity, steel-cased liquid line filter drier
- Brass liquid and suction service valves mounted at a 45° angle with sweat connections and service ports
- Heavy-gauge G-90 galvanized steel cabinet with appliance-quality polyester powder-paint finish with 500-hour salt-spray approval
- Attractive Architectural Gray paint finish

Printer Friendly Version

Product Brochure

Product Specifications

Product Warranty

Model	Nominal Cooling Capacity (BTUH)	Voltage-Phase	Maximum Overcurrent Device (amps)	Dimensions W x D x H	Service Valve		Ship Weight (lbs)
					Liquid	Suction	
CKL18-1D/-1L	18,000	208/230-1	20	23"x 23"x 24"	3/8"	3/4"	125
CKL24-1K/-1L	24,000	208/230-1	20	23"x 23"x 24"	3/8"	3/4"	127
CKL30-1G/-1L	29,000	208/230-1	30	23"x 23"x 24"	3/8"	3/4"	130
CKL36-1H/-1L	35,000	208/230-1	40	23"x 23"x 26-1/2"	3/8"	3/4"	142
CKL36-1K/-1L	35,000	208/230-1	40	23"x 23"x 29"	3/8"	3/4"	142
CKL42-1B/-1L	41,000	208/230-1	40	23"x 23"x 31-1/2"	3/8"	7/8"	160
CKL49-1A/-1L	47,000	208/230-1	40	29"x 29"x 29"	3/8"	7/8"	176
CKL60-1/-1L	57,000	208/230-1	50	29"x 29"x 31-1/2"	3/8"	7/8"	208
CKL62-1/-1L	62,000	208/230-1	60	29"x 29"x 39"	3/8"	7/8"	256
CKL36-3K/-3L	35,000	208/230-3	20	23"x 23"x 26-1/2"	3/8"	3/4"	142
CKL49-3A/-3L	47,000	208/230-3	30	29"x 29"x 29"	3/8"	7/8"	176
CKL60-3/-3L	57,000	208/230-3	30	29"x 29"x 31-1/2"	3/8"	7/8"	208
CKL60-4/-4L	57,000	460-3	15	29"x 29"x 31-1/2"	3/8"	7/8"	208

NOTE: The "L models are painted in Architectural Gray. All other models are painted in Bahama Beige.

gas and electric service
- Bottom or side air inlet (GMS9
- Removable, solid bottom (GM
- Heavy-gauge, reinforced, fully steel cabinet with durable, bak enamel, Architectural Gray pai

Model	Rated Heating Input (BTUH)	Rated Heating Output (BTUH)	Available Cooling @ 0.5" ESP (tons)	Dimensions W x D x H
GMS90453BXA	46,000	42,800	3.0	17-1/2" x 28" x 40"
GMS90703BXA	69,000	64,400	3.0	17-1/2" x 28" x 40"
GMS90904CXA	92,000	86,000	4.0	21" x 28" x 40"
GMS91155DXA	115,000	106,500	5.0	24-1/2" x 28" x 40"
GCS90453BXA	46,000	42,800	3.0	17-1/2" x 28" x 40"
GCS90703BXA	69,000	64,400	3.0	17-1/2" x 28" x 40"
GCS90904CXA	92,000	86,000	4.0	21" x 28" x 40"
GCS91155DXA	115,000	106,500	5.0	24-1/2" x 28" x 40"