E

BLOCK 1170.07 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 165 Walter PERMIT NO. 11-1406

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C11-001513

Brick

I. IDENTIFICATION

1. Propsed Work Site at: 165 Walter Brick
2. Name of Owner in Fee: Real Te [redacted]
   Address 165 Walter (street) Brick (municipality) [redacted] (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Care Temp Heating & AC, LLC Tel. ( ) _____
   Address 1591 Route 37 West, Unit C6 Toms River, NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] 732-349-1448 / 732-349-6448 (Fax) FAX: ( ) _____
5. Architect or Engineer [redacted] Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Fred Paprocky
   Tel. (732) 349-1448 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		40 ✓	
3. Plumbing		50 ✓	
4. Fire Protection		45 ✓	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$	1	
11. Cert. of Occupancy		1	
12. Other			
13. TOTAL	$	136	

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	

II. PROPOSED WORK

OPTIONAL (for office use only)

	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		KD	5/3/11						
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection					5/6/11	RW			
6. ☐ Plumbing					05.09.11	PP			
7. ☐ Electrical					5/5/11	JS			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$200								

Called 05/10/11

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:

	All Units	Income-restricted
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

15373

U.C.C. F100-1 (rev. 12/03)

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. ( ) 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. 5:32-2.15(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 Care Temp Heating & AC, LLC

Address 1591 Route 37 West, Unit C6
Toms River, NJ 08753

Telephone ( ) 732-349-1448 / 732-349-6448 (Fax)

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/06/2011
Control Number C-11-001513
Permit Number 11-1406
Permit Issue Date 05/17/2011
Certificate Number 11-1406

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 165 WALTER RD. Brick Township, NJ Block: 1170.07 Lot: 10 Qual:

Owner in Fee: NEAL, RUTH CAROL

Owner Address: 165 WALTER RD. BRICK NJ 08724

Telephone:

Contractor CARE TEMP HEATING & AC, LLC

Address 1591 ROUTE 37 WEST UNIT C6 TOMS RIVER NJ 08753

Telephone: (732) 349-1448 Fax: (732) 349-6448

License Number or Builders Registration Number: 13VH02253000 Federal Emp. Number: 481-263535

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT HOT AIR FURNACE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/06/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 5/17/11
Control # C-11-001513
Permit # 11-1406

IDENTIFICATION Block: 1170.07 Lot: 10 Qualifier
Work Site Location: 165 WALTER RD. Brick Township, NJ
Owner in Fee: NEAL, RUTH CAROL
165 WALTER RD. BRICK NJ 08724
Telephone:

Contractor: CARE TEMP HEATING & AC, LLC
Address: 1591 ROUTE 37 WEST UNIT C6 TOMS RIVER NJ 08753
Telephone: (732) 349-1448
Lic. No. or Bldrs. Reg. No. 13VH02253000
Federal Employee. No. 481-263535

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT HOT AIR FURNACE

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 $590

Construction Official

5-10-11
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$136
Check No.	15842
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.

5/17/11 11:37AM 00558#60134
XX01 SERV.001
#1406
ELECTRIC 40.00
PLUMBING 50.00
FIRE 45.00
1.00
CK

☐ 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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/17/11

Date Issued / Permit # 11-1406

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

Block 1170.07 Lot 10 Qualification Code

Work Site Location 165 Walter Brick

Owner in Fee: Neal

Tel. [redacted] e-mail

Address 165 Walter (street) Brick (municipality) (zip code)

Contractor: Care Temp Heating & AC, LLC Tel. ( )

Address 1591 Route 37 West, Unit C6 e-mail

Toms River, NJ 08753

732-349-1448 / 732-349-6448 (Fax)

Contractor License No. 4812603535 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 250-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 05-09-11 Approved by: PA

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-10-11

Approved by: JO

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7-5-11

Approved by: Wem

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			7/11	MA

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: Fred Paprocky

Print name here: FRED PAPROCKY

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Replacement

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	
1	Gas Piping 75,000 FURNACE	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 570
Date Issued / Permit # 5/17/11 / 11-1406

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

Block 1170.07 Lot 10 Qualification Code

Work Site Location 165 Walter Brick

Owner [redacted]

Tel. [redacted] e-mail

Address 165 Walter (street) Brick (municipality) NJ (zip code)

Contractor: R.T. BROWN ELECTRICAL CONTRACTING INC. Tel. ( )

Address 69 East Lagoona Drive, Brick, NJ 08723 e-mail

Contractor License No. #10584 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 90-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] 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: 5/5/11
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/5/11 7-5-11
Approved by: JJ JJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-1-11	DD
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.

Robert T Brown
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: Furnace Replacement

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	75,000	BTU Furnace	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 5/17/11

Date Issued Permit # 11-1406

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

Block 1170.07 Lot 16 Qualification Code _____

Work Site Location 165 Water Brick

Owner in Fee: Noel

T [redacted] e-mail _____

Address 165 Water Brick
street municipality zip code

Contractor: Care Temp Heating & AC, LLC Tel. ( ) _____

Address 1591 Route 37 West, Unit C6 e-mail _____
Toms River, NJ 08753

732-349-1448 / 732-349-6448 (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. _____ Exp. Date _____

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

Federal Emp. ID No. 481243585 FAX: ( ) _____

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 $ 250

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 5/6/11 Approved by: KER

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-6-11

Approved by: KER

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [✓] CA

Date: 7-5-11

Approved by: KER

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			7-11	OB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7-11	OB
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Fred Fabrocki

Print name here: FRED FABROCKI [✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Replacement

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		CO detectors
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 $ _____

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 570

Date Issued 5/17/11
Permit # 11-1406

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

Block 1170.07 Lot 10 Qualification Code

Work Site Location 165 Walter Brick

Owner in Fee: Nash

Tel. [redacted] e-mail

Address 165 Walter (street) Brick (municipality) NJ (zip code)

Contractor: R.T. BROWN ELECTRICAL CONTRACTING INC. Tel. ( )

Address 69 East Lagoona Drive Brick, NJ 08723 e-mail

Contractor License No. #10584 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 90-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] 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:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5/5/11

Approved by: JJ

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Robert T. Brown

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Furnace Replacement

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	75,000 BTU	Furnace	

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

ACTION OFFICE SUPPLIES INC. (732) 494-3003

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 570
5/17/11

Date Issued
Permit # 11-1406

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

Block 1170.07 Lot 10 Qualification Code _____

Work Site Location 1105 Chester Brick

Owner [redacted] Mail

Tel. [redacted] e-mail _____

Address [redacted] Brick NJ
street municipality zip code

Contractor: R.T. BROWN ELECTRICAL CONTRACTING INC. Tel. ( ) _____

Address 69 East Lagoona Drive Brick, NJ 08723 e-mail _____

Contractor License No. License #10584 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 90

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] 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: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CAICAL
Date: 5/5/11
Approved by: RJ

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Robert T Brown
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Furnace Replacement

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	75,000	BTU Furnace	
		_____	

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

ACTION OFFICE SUPPLIES INC (732) 534-3000

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 5/17/11

Date Issued / Permit # 11-1406

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

Block 1110.07 Lot 16 Qualification Code

Work Site Location 165 Water Brick

Owner in Fee: Neal

Tel. 732) 840-2298 e-mail

Address 165 Water Brick

Contractor: Care Temp Heating & AC, LLC Tel. ( )

street 1591 Route 37 West, Unit C6 municipality Toms River, NJ 08753 zip code

Address 732-349-1448 / 732-349-6448 (Fax) e-mail

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. 24-1436585 FAX: ( )

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 $ 250

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date: 5/17/11 Approved by: RCW

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-6-11

Approved by: KER

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Jason Peachy

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Replacement

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		CO detector Rec'd
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	
Fireplace Venting/Metal Chimney		
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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/17/11
Control #
Date Issued
Permit # 11-1406

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

Block 1170.07 Lot 18 Qualification Code

Work Site Location 105 Church St

Owner in Fee:

Tel. ( ) 732-270-2278 e-mail

Address 105 Church St

Contractor: Care Temp Heating & AC, LLC
street 1591 Route 37 West, Unit C6 municipality Toms River, NJ 08753 zip code
Tel. ( )

Address e-mail
732-349-1448 / 732-349-6448 (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. Exp. Date

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

Federal Emp. ID No. 71-0793 FAX: ( )

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 $ 250

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 5/17/11 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/17/11
Approved by: [illegible]

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace replacement

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	
Fireplace Venting/Metal Chimney		
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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-5 5/17/11

Date Issued / Permit # 11-1406

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

Block 1170.07 Lot 10 Qualification Code

Work Site Location 1165 Winter Brick

Owner in Fee: Neal

Tel. (732) 840-2297 e-mail

Address 1165 Winter (street) Brick (municipality) (zip code)

Contractor: Care Temp Heating & AC, LLC Tel. ( )

Address 1591 Route 37 West, Unit C6 e-mail

Toms River, NJ 08753

732-349-1448 / 732-349-6448 (Fax)

Contractor License No. 1810203535 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 250-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 5.09.11 Approved by: PM

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-10-11

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: Heba Iskander

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Furnace Replacement

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	
1	Gas Piping 75,000 Furnace	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/17/11
Control #

Date Issued
Permit # 11-1406

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

Block 1170.07 Lot 10 Qualification Code

Work Site Location 1115

Owner in Fee:

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: Care Temp Heating & AC, LLC Tel. ( )

Address 1591 Route 37 West, Unit C6 e-mail
Toms River, NJ 08753
732-349-1448 / 732-349-6448 (Fax)

Contractor License No. 13VH05[illegible] Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 5.19.11 Approved by: PA
[ ] 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:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
1	Gas Piping 75,000 Furnace	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1170.07 LOT 10 PERMIT # _____

WORK SITE ADDRESS 165 Walter Brick

Applicant Neal

Certifying Individual Steel Paprocky Company Care Temp Heating & AC, LLC

Address 165 Walter (Street) Brick (City) NJ (State) _____ (Zip Code)

1591 Route 37 West, Unit C6
Toms River, NJ 08753
732-349-1448 / 732-349-6448 (Fax)

Tel. (732) 840-2298

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [✓] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [✓] Other Smoke

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Steel Paprocky 4-29-11
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

The Company That Cares
Care Temp L.L.C.
HEATING & AIR CONDITIONING
EMERGENCY # 732-657-TEMP
NJ Reg./License # 13VH02253000
1591 Route 37 W., Unit #C6, Toms River, NJ 08755

Ocean Co. 732-349-1448
Monmouth Co. 732-577-8367
Southern Ocean Co. 609-272-8367
Fax: 732-349-6448
Email: caretemp@verizon.net

Member NFIB
E.P.A. Certified
Member B.B.B.
Member A.C.C.A.
N.A.T.E. Certified
www.caretempheatingandac.com

165 Walter

New

Input 75,000 BTU

Output 60,000 BTU

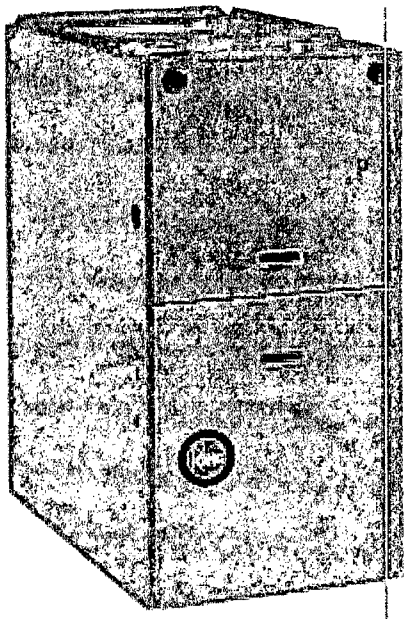
Existing

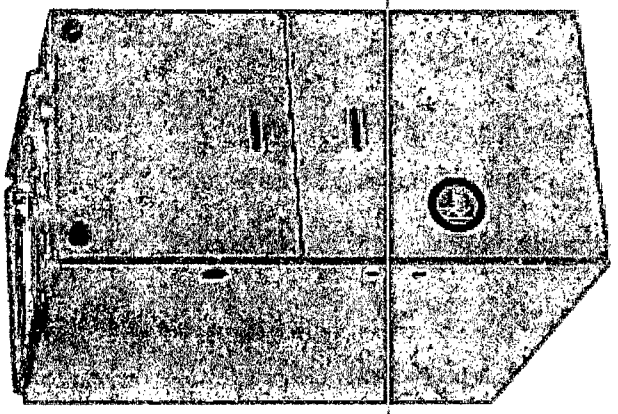
Input 75,000 BTU

Output 60,000 BTU

165 Walter

FORM NO. G11-495 REV. 2
Supersedes Form No. G11-495 Rev. 1





80% A.F.U.E.† UPFLOW/ HORIZONTAL GAS FURNACES

The Rheem Value Series line of upflow/horizontal gas furnaces are designed for utility rooms, closets, alcoves, or attics. **Because of the model's low-profile 34 inch [864 mm] height, the upflow model can also be used to satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by CSA International.

Features

- Unique solid door design leads to quiet operation.
- Patented heat exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" [864 mm] design is lighter and easier to handle, and leaves room for optional equipment.
- Convertible from upflow to horizontal left or right without field conversion.
- Left or right side gas and electric inlet connections allow quick and simple change.
- Direct spark ignition with remote sense, features a integrated board with an electronic air cleaner hookup.
- Prepaint galvanized steel cabinet.
- A slow-open gas valve and a specially designed draft inducer motor make it one of the quietest furnaces on the market today.
- Grab-holes in doors to aid in easy door removal and replacement.

A variety of cooling coils and plenums designed to use with Rheem Value Series gas furnaces are available as optional accessories.

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

RGPS- SERIES

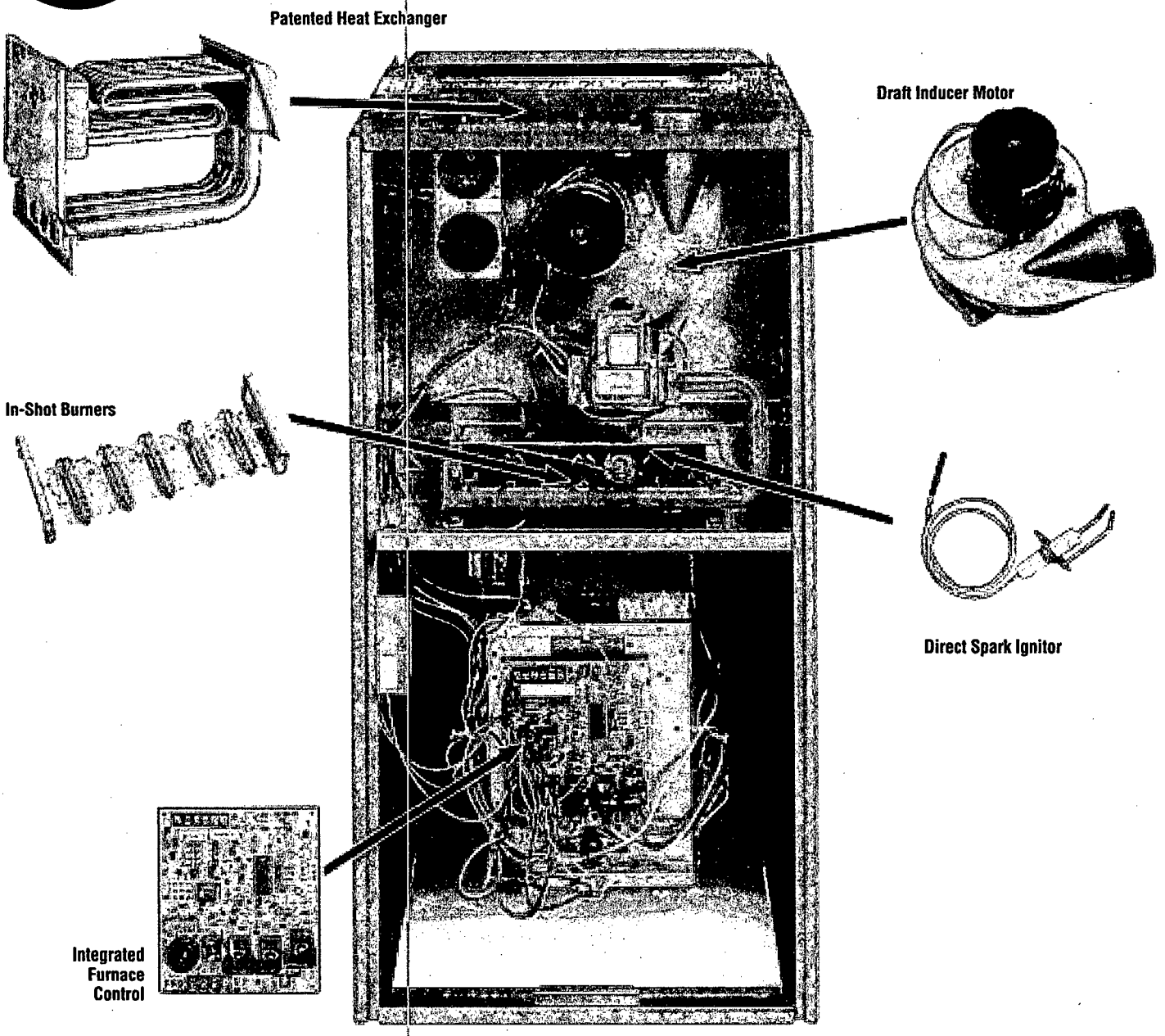
Models with Input Rates from 50,000 to 150,000 BTU/HR [15 to 44 kW]

ISO 9001:2008
Certificate Number: 30164

ENERGUIDE
Annual Fuel Utilization Efficiency - AFUE
THIS MODEL
80.0%
MID | HIGH
78% 82% 88% 97%

member gama

RHEEM 80% UPFLOW/HORIZONTAL GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics.

OPTIONAL EQUIPMENT

Twinning Kit

Side and bottom filter frame assembly. Return air cabinet for all sizes.

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

The complete terms of limited and other warranties are available at our sales office, or through local installer.

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

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

NOTE: For natural and L.P. (propane) gas models, standard hot surface ignition is 100% safety lockout type.

WARNING

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

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS

MODEL NUMBERS RGPS- SERIES	05EAUER 05NAUER	07EAMER 07NAMER	07EAMGR 07NAMGR	10EAMER	10EBRGR	10EBRJR 10NBRJR	12EARJR	15EARJR
Input-BTU/Hr [kW] ②	50,000 [15]	75,000 [22]	75,000 [22]	100,000 [29]	100,000 [29]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	41,000 [12]	60,000 [18]	60,000 [18]	80,000 [23]	80,000 [23]	80,000 [23]	99,000 [29]	119,000 [35]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P.–Speed– PSC Type [W]	1/2-4-PSC [373]	1/2-3-PSC [373]	1/2-3-PSC [373]	1/2-3-PSC [373]	1/2-3-PSC [373]	3/4-3-PSC [560]	3/4-3-PSC [560]	3/4-3-PSC [560]
Motor Full Load Amps	6.8	5.8	7.9	7.1	7.9	9.5	9.5	9.5
Heating Speed	Med-Low	Med	Med	Med	Med	Low	Low	Low
Cooling Speed	High	High	High	High	High	Med	Med	Med
Cooling CFM @ .5" E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	1845 [871]	2060 [922]	2115 [998]	2080 [982]
Max. E.S.P. (In. W.C.) [kPa]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]
Temperature Rise Range °F [°C]	25-55 [13.9-30.6]	35-65 [19.4-36.1]	25-55 [13.9-30.6]	45-75 [250-41.7]	30-60 [16.7-33.3]	30-60 [16.7-33.3]	35-65 [19.4-36.1]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155 [68.3]	165 [73.8]	155 [68.3]	190 [87.7]	170 [76.6]	170 [76.6]	180 [82.2]	190 [87.7]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	105 [48]	105 [48]	115 [52]	120 [54]	120 [54]	140 [63]	150 [68]
Standard Filter (In.) [mm]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	19 1/4 x 25 [489 x 635]	19 1/4 x 25 [489 x 635]	22 3/4 x 25 [578 x 635]	22 3/4 x 25 [578 x 635]
Return Air Cabinets (Opt.) RXGR- Filter Size [mm]	C14B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C21B (2) 20 x 16 [508 x 406]	C21B (2) 20 x 16 [508 x 406]	C24B (2) 24 x 16 [610 x 406]	C24B (2) 24 x 16 [610 x 406]
AFUE–H.S.I. Models ①	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1 Ph. Gas connection size for all models is 1/2" [12 mm] N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form for high altitude derate.

MODEL IDENTIFICATION—UPFLOW/HORIZONTAL MODELS

R G P S — 07E A M G R

Rheem Gas Furnace

P = Upflow/ Horizontal Multi-Positional Tier III

Design Series
S = 2nd Design Series

Heating Input Designation

Electric Ignition	Electric Ignition NOx	Input BTU/HR [kW]
05E	05N	50,000 [15]
07E	07N	75,000 [22]
10E	10N	100,000 [28]
12E	12N	125,000 [37]
15E	15N	150,000 [44]

Variations
A = Standard Cabinet
B = Wide Cabinet

Blower Designation [mm]
U = 11 x 6 [279 x 152]
M = 11 x 7 [279 x 178]
R = 11 x 10 [279 x 254]

Heating & Cooling Designation
E = 1100-1300(3R)
G = 1500-1700(4R)
J = 1900-2100(5R)

Fuel
R = Natural Gas - CSA - United States & Canada (North American)

[ ] Designates Metric Conversions

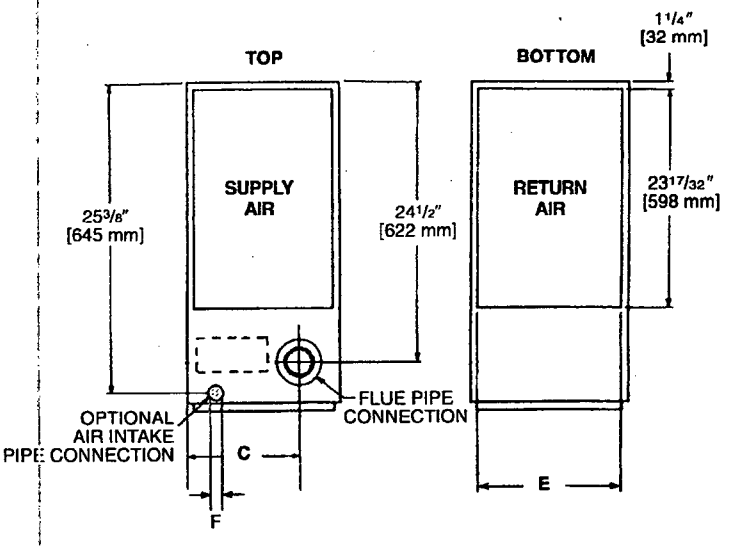
GENERAL TERMS OF LIMITED WARRANTY

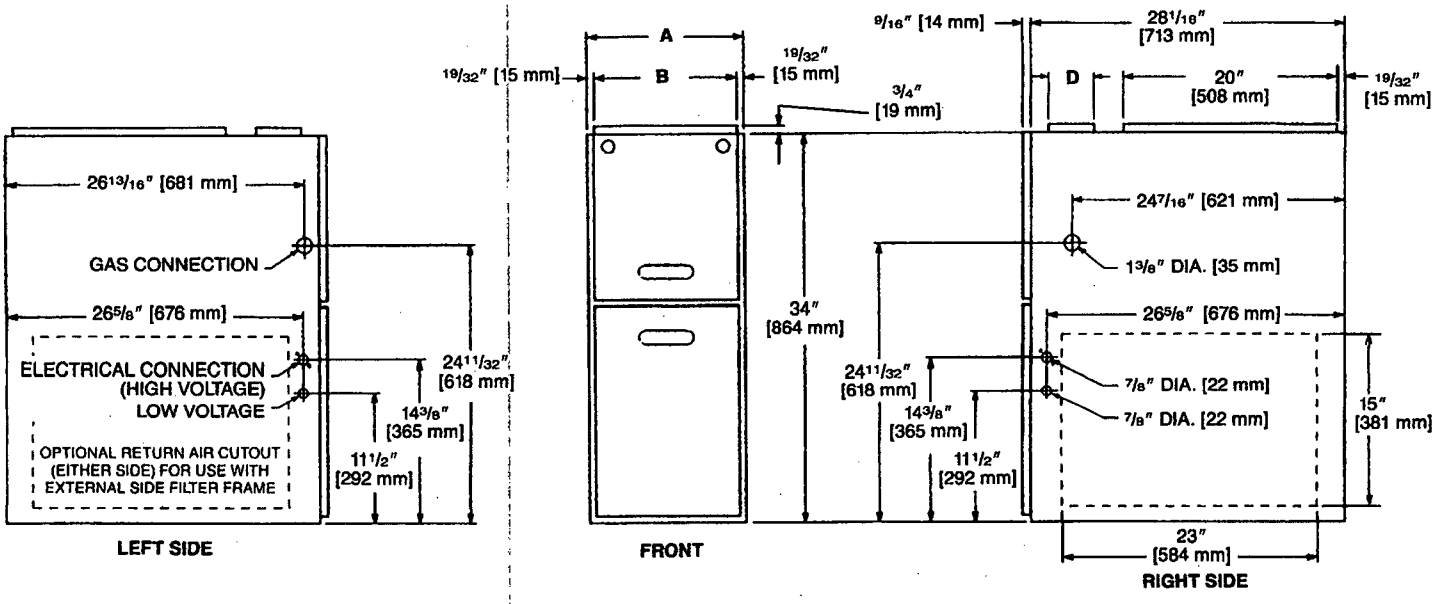
Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

***For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.**

Gas Heat Exchanger Limited Warranty .....Twenty (20) Years
Conditional Parts* (Registration Required) .....Ten (10) Years

UPFLOW DIMENSIONS





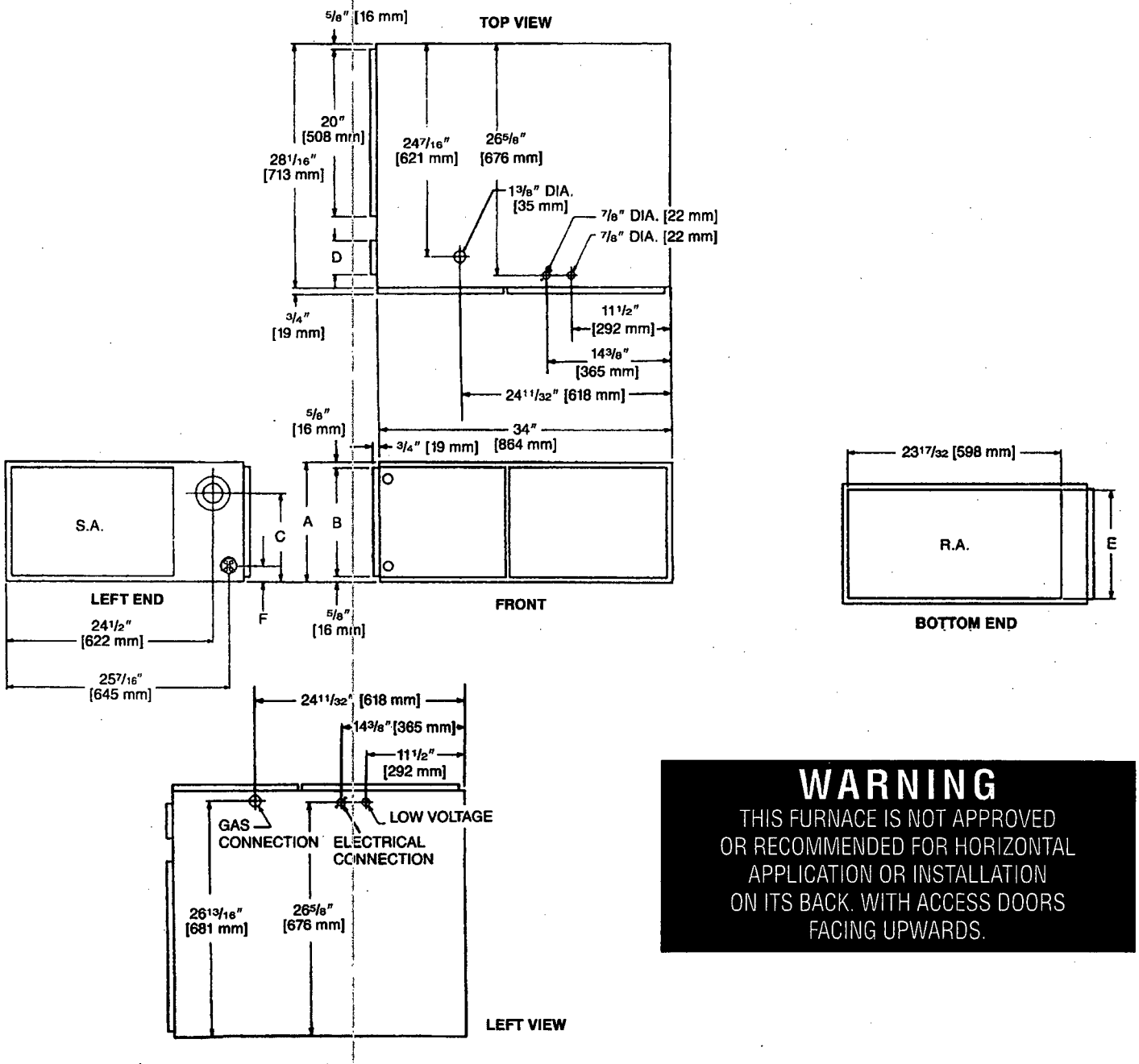
UPFLOW DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL RGPS-	A	B	C	D	E	F	REDUCED CLEARANCE (IN.) [mm]						
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [Kg]
05	14 [356]	12²⁷/₃₂ [326]	10⁵/₈ [270]	①	11½ [292]	1⁷/₈ [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17½ [445]	16¹¹/₃₂ [415]	12³/₈ [314]	①	15 [381]	2½ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10EA	17½ [445]	16¹¹/₃₂ [415]	12³/₈ [314]	①	15 [381]	2½ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10BRGR & 10EBRJR	21 [533]	19²⁷/₃₂ [504]	14⅛ [359]	①	18½ [470]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24½ [622]	23¹¹/₃₂ [593]	15⅞ [403]	①	22 [559]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24½ [622]	23¹¹/₃₂ [593]	15⅞ [403]	①	22 [559]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[ ] Designates Metric Conversions

HORIZONTAL DIMENSIONS



WARNING

THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR HORIZONTAL APPLICATION OR INSTALLATION ON ITS BACK. WITH ACCESS DOORS FACING UPWARDS.

HORIZONTAL DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL RGPS-	A	B	C	D	E	F	REDUCED CLEARANCE (IN.) [mm]						
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [Kg]
05	14 [356]	1227/32 [326]	10 7/8 [270]	①	111/2 [292]	17/8 [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	171/2 [445]	1611/32 [415]	12 3/8 [314]	①	15 [381]	21/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10EA	171/2 [445]	1611/32 [415]	12 3/8 [314]	①	15 [381]	21/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10BRGR & 10EBRJR	21 [533]	1927/32 [504]	14 1/8 [359]	①	181/2 [470]	21/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	241/2 [622]	2311/32 [593]	15 7/8 [403]	①	22 [559]	21/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	241/2 [622]	2311/32 [593]	15 7/8 [403]	①	22 [559]	21/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

ACCESSORIES—UPFLOW

INTERNAL FILTER RACK FOR BOTTOM OR SIDE RETURN: RXGF-DA*
Each order contains (1) one box of 10 filter racks supplied without filters.
*Filters available through PROSTOCK®.

SIDE RETURN FILTER RACK: RXGF-CA

BOTTOM RETURN FILTER RACK FOR UPFLOW APPLICATION: RXGF-CB

FILTER RACK FILTER SIZES† INCHES [mm]	
MODEL RGPS-	RXGF-CA (SIDE)
05, 07, 10EA	15¾ x 25 [400 x 635]
10EBRGR & 10EBRJR	15¾ x 25 [400 x 635]
12, 15	15¾ x 25 [400 x 635]

†Filter racks are shipped without filters.
A 1" [25.4 mm] filter may be used.
*Designates "E" or "N".

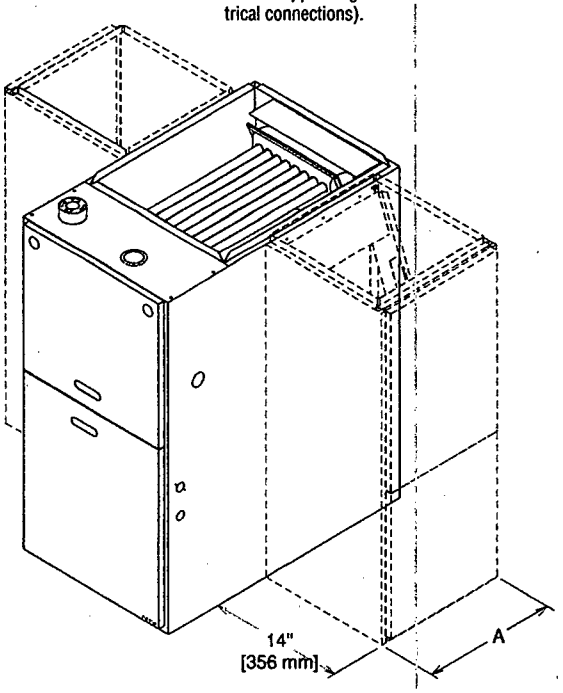
RXPF-F01 and F02

FOSSIL FUEL KIT—is for use with Rheem Value Series Heat Pumps and air furnaces. RXPF-F02 meets TVA requirements.

RXGP-F03

TWINNING KIT—is for parallel operation requirements.

ACCESSORY RETURN AIR CABINETS
Return Air Cabinets may be installed on either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MUST ONLY BE INSTALLED ON THE SIDE OPPOSITE THE GAS AND ELECTRICAL CONNECTIONS.

RETURN AIR CABINETS	A IN. [mm]	FILTER SIZE IN. [mm]
RXGR-C14B	14 [356]	(2) 12 x 16 [305 x 406]
RXGR-C17B	17½ [445]	(2) 12 x 16 [305 x 406]
RXGR-C21B	21 [533]	(2) 20 x 16 [508 x 406]
RXGR-C24B	24½ [622]	(2) 24 x 16 [610 x 406]

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

FURNACE WIDTH IN. [mm]	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN. [mm]
14 [356]	RXGB-D14	AE-61874-01	11⅝ x 23⁹⁄₁₆ [295 x 598]
17½ [445]	RXGB-D17	AE-61874-02	15⅛ x 23⁹⁄₁₆ [384 x 598]
21 [533]	RXGB-D21	AE-61874-03	18⅝ x 23⁹⁄₁₆ [473 x 598]
24½ [622]	RXGB-D24	AE-61874-04	25⅝ x 23⁹⁄₁₆ [651 x 598]

FOR HIGH ALTITUDES:

HIGH ALTITUDE OPTION CODE: U.S. & Canada – None required for high altitudes.

HIGH ALTITUDE CONVERSION KITS: U.S. & Canada – None required for high altitudes.

80+ HIGH ALTITUDE INSTRUCTIONS
CAUTION: Always follow National Fuel Gas Code (NFGC) guidelines when converting for high altitudes.

High altitude option codes are not required for these models. However, the burner orifice size needs to be recalculated and verified at elevations above 2000 ft. See Installation Instructions for more information.

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

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA—UPFLOW MODELS

MODEL NUMBER RGPS-SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]
05EAUER 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW **MED-LO** MED-HI HIGH	675 [319] **950 [448]** 1115 [526] 1270 [599]	655 [309] **930 [439]** 1090 [514] 1250 [590]	635 [300] **905 [427]** 1070 [505] 1225 [578]	610 [288] **880 [415]** 1040 [491] 1200 [566]	585 [276] **860 [406]** 1015 [479] 1165 [550]	555 [262] **830 [392]** 985 [465] 1130 [533]	520 [245] **800 [380]** 945 [446] 1085 [512]
07EAMER 07NAMER	11 x 7 [279 x 178]	1/2 [373]	LOW **MED** HIGH	1093 [563] **1241 [586]** 1393 [657]	1066 [503] **1212 [572]** 1359 [642]	1039 [490] **1183 [558]** 1326 [626]	1008 [476] **1150 [543]** 1293 [610]	977 [461] **1118 [528]** 1259 [594]	941 [444] **1076 [508]** 1214 [573]	905 [427] **1033 [487]** 1169 [552]
07EAMGR 07NAMGR	11 x 7 [279 x 178]	1/2 [373]	LOW **MED** HIGH	1245 [588] **1555 [734]** 1810 [854]	1220 [576] **1515 [715]** 1755 [828]	1195 [564] **1475 [696]** 1705 [805]	1165 [550] **1435 [677]** 1645 [776]	1135 [536] **1395 [658]** 1585 [748]	1105 [522] **1350 [637]** 1530 [722]	1065 [503] **1300 [614]** 1470 [694]
10EAMER	11 x 7 [279 x 178]	1/2 [373]	LOW **MED** HIGH	1050 [496] **1220 [576]** 1410 [665]	1040 [491] **1195 [564]** 1380 [651]	1030 [486] **1160 [547]** 1345 [635]	990 [467] **1140 [538]** 1300 [614]	960 [453] **1105 [522]** 1255 [592]	920 [434] **1065 [503]** 1205 [569]	890 [420] **1020 [481]** 1150 [543]
10EBRGR	11 x 10 [279 x 254]	1/2 [373]	LOW **MED** HIGH	1295 [611] **1645 [776]** 2045 [965]	1275 [602] **1615 [762]** 2000 [944]	1250 [590] **1580 [746]** 1955 [923]	1225 [578] **1550 [732]** 1905 [899]	1195 [564] **1510 [713]** 1845 [871]	1165 [550] **1465 [691]** 1785 [842]	1135 [536] **1425 [673]** 1720 [812]
10EBRJR 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	**LOW** MED HIGH	**1645 [776]** 2045 [965] 2320 [1095]	**1615 [762]** 2000 [944] 2260 [1067]	**1580 [746]** 1955 [923] 2200 [1038]	**1550 [732]** 1905 [899] 2130 [1005]	**1510 [713]** 1845 [871] 2060 [972]	**1465 [691]** 1785 [842] 1985 [937]	**1425 [673]** 1720 [812] 1910 [901]
12EARJR	11 x 10 [279 x 254]	3/4 [559]	**LOW** MED HIGH	**1645 [776]** 2050 [967] 2365 [1116]	**1635 [772]** 2015 [951] 2310 [1090]	**1615 [762]** 1980 [934] 2250 [1062]	**1590 [750]** 1935 [913] 2185 [1031]	**1560 [736]** 1885 [890] 2115 [998]	**1520 [717]** 1835 [866] 2035 [960]	**1470 [694]** 1775 [838] 1950 [920]
15EARJR	11 x 10 [279 x 254]	3/4 [559]	**LOW** MED HIGH	**1620 [765]** 2010 [949] 2340 [1104]	**1595 [753]** 1985 [937] 2275 [1074]	**1570 [741]** 1960 [925] 2215 [1045]	1545 [729] 1915 [904] 2145 [1012]	**1515 [715]** 1850 [873] 2080 [982]	**1480 [698]** 1800 [850] 2010 [949]	**1440 [680]** 1730 [816] 1940 [916]

Note: Recommended blower speeds are in bold.

[ ] Designates Metric Conversions

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

Rheem Heating, Cooling and Water Heating

P.O. Box 17010, Fort Smith, AR 72917

"In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice."

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FORM NO. G11-495 REV. 2
Supersedes Form No. G11-495 Rev. 1

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OR PLUMBER'S
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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

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Adolf S. Rogulshi
1591 Route 37 West, Unit C6
Toms River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/25/2010 TO 12/31/2011
VALID

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LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR