BLOCK 1205.02 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 215 Chard Pl. PERMIT NO. 10-09-2378

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C09-002394

RECD JUL 8 2009

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

I. IDENTIFICATION

1. Proposed Work Site at: 215 Chard Pl.
2. Name of Owner in Fee: Houlihan
   Tel. [redacted] e-mail _____
   Address same (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Arctic Air Conditioning Tel. (732) 251-1111
   Address 1 Pleasant Valley Road e-mail _____
   Old Bridge, NJ 08857
   License No. OR, if new home, Builder Reg. No. 13VH01741400 Exp. Date 12/31/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Michael Buonadonna
   Tel. (732) 251-1111 FAX: (732) 251-1147

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓	40 ✓	
2. Electrical		40 ✓	
3. Plumbing	45 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 5	5	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 90	85	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical					7-14-9	AB			
☒ Plumbing				7-14-09		BW	8-17-09		BW
☒ Fire Protection					7/15/09	RSW			
☐ Elevator									
TOTAL COST	5950								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Called 8/18/09

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✔ Check if contractor.

Agent Name **Arctic Air Conditioning**

Address **1 Pleasant Valley Road**

Old Bridge, NJ 08857

Telephone (**732**) **251-1111**

Signature **Michael Buonadonna**

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

CONSTRUCTION PERMIT

Date Issued 9/25/09
Control # C-09-002394
Permit # 09-2378

IDENTIFICATION Block: 1205.02 Lot: 1.01 Qualifier

Work Site Location: 215 CHARD PL. Brick Township, NJ

Owner in Fee HOUILAN, BRIAN T.
215 CHARD PL. BRICK NJ 08724

Telephone: [redacted]

Contractor ARTIC AIR CONDITIONING
Address 1 PLEASANT VALLEY ROAD OLD BRIDGE NJ 08857

Telephone: (732) 251-1111
Lic. No. or Bldrs. Reg. No. 13VH01741400
Federal Employee. No. 22-2195279

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 $2,907

Construction Official Date 8/7/09

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$90
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

09/25/09 11:34AM 0015508H3667
XX01 SERV.001
#2378
ELECTRICAL $40.00
FIRE PROT $45.00
DCA $5.00
CHECK $90.00

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

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

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	03/30/2012
Control Number	C-09-002394
Permit Number	09-2378
Permit Issue Date	09/25/2009
Certificate Number	09-2378

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 215 CHARD PL. Brick Township, NJ Block: 1205.02 Lot: 1.01 Qual:

Owner in Fee: HOUILAN, BRIAN T.

Owner Address: 215 CHARD PL. BRICK NJ 08724

Telephone: [redacted]

Contractor ARTIC AIR CONDITIONING

Address 1 PLEASANT VALLEY ROAD OLD BRIDGE NJ 08857

Telephone: (732) 251-1111 Fax: (732) 251-1147

License Number or Builders Registration Number: 13VH01741400 Federal Emp. Number: 22-2195279

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: 03/30/2012 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/25/09
Control # 09-2378
Date Issued
Permit # C09-00239

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

Block 1205.02 Lot 1.01 Qualification Code

Work Site Location 215 Chard Pl.

Owner in Fee: Houlihan

Tel. [redacted] e-mail

Address same (street) Brick (municipality) 08723 (zip code)

Contractor: Arctic a/c Tel. (732) 251-1111

Address 1 Pleasant Valley Rd e-mail

Old Bridge, NJ 08857

Contractor License No. 13VH01741400 Exp. Date 12/31/09

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

Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 7-14-09

[ ] 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: 3-20-12

Approved by: JJ

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-19-12	09
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. Mike Buonadonna

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace

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	
1	3	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		furnace	

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

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 09-2378+A
Date Issued 9/25/09
Permit # (09-00239+A)

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

Block 1205.02 Lot 1.01 Qualification Code _____

Work Site Location 215 Chard Pl.

Owner in Fee: Hrubchin

Tel. ([redacted]) e-mail _____

Address Lane (street) Brick (municipality) 08723 (zip code)

Contractor: A. May Electric Inc. Tel. (609) 208-9624

Address 25 Carrs Tavern Road, Clarksburg, NJ e-mail _____

Contractor License No. 7381A Exp. Date _____

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

Federal Emp. ID No. 223026988 FAX: (609) 208-9624

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required 7-14-9 AB

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 3-20-12
Approved by: J

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-19-12	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.

Alan May
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8.0	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	

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

U.C.C. F120 (rev. 10/06)
Reorder From OCS Printing
609-390-1400

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 09-2378
Date Issued Permit # 9/25/09

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

Block 1205.02 Lot 1.01 Qualification Code _____

Work Site Location 215 Chard Pl.

Owne[redacted]

Tel. [redacted] e-mail _____

Address _____ Brick 08723
street municipality zip code

Contractor: Arctic Air Conditioning Tel. (732) 251-1111

Address 1 Pleasant Valley Road e-mail _____

Old Bridge, NJ 08857

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

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

Fire Alarm Contractor No. 13VH01741400 Exp. Date 12/31/09

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

Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147

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: basement

Total Cost of Fire Protection Work $ 2892.00

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: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/15/09
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-19-10
Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			3/5/10	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	11/2009		3/19/10	
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. Michael Buonadonna
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Replace

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
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 $ _____

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update A

Date Received
Control # 09-23784A

Date Issued 9/25/09
Permit #

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

Block 1205.02 Lot 1.01 Qualification Code

Work Site Location 215 Chand Pl.

Owner [redacted]

Tel. [redacted] e-mail

Address Jane (street) Brick (municipality) 08723 (zip code)

Contractor: **Arctic Air Conditioning** Tel. (732) 251-1111

Address **1 Pleasant Valley Road** e-mail

Old Bridge, NJ 08857

Contractor License No. **13VH01741400** Exp. Date **12/31/09**

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

Federal Emp. ID No. **22-2195279** FAX: (732) 251-1147

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 $ 2893.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 8-17-09 Approved by: BW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3-20-12
Approved by: BW

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	11/20/09	03-13-12	03-19-12	BA

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Furnace 66,000	
1	Other A/C	

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

PERMIT UPDATE

Date Update Issued 9/25/09
Control # 09-2378
Permit # C-09-002394+A
+A
09-2378+A

IDENTIFICATION Block: 1205.02 Lot: 1.01 Qualifier

Work Site Location: 215 CHARD PL. Brick Township, NJ

Owner in Fee HOUILAN, BRIAN T.
215 CHARD PL. BRICK NJ 08724

Telephone: [redacted]

Contractor ARTIC AIR CONDITIONING
Address 1 PLEASANT VALLEY ROAD OLD BRIDGE NJ 08857

Telephone: (732) 251-1111
Lic. No. or Bldrs. Reg. No. 13VH01741400
Federal Employee. No. 22-2195279

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

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 $3,043

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$85
Check No.	
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.

09/25/09 11:33AM 0U1550R3666
X01 SERV.001
#2378
ELECTRIC $40.00
PLUMBING $40.00
DCA $5.00
CHECK $85.00

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.

PLUMBING SUBCODE
TECHNICAL SECTION

update

Date Received Control # 09-237844

Date Issued Permit # 9/25/09

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

Block 1203.02 Lot 1.01 Qualification Code

Work Site Location 215 Chard Pl.

Owner in Fee: Husband

Tel. [redacted] e-mail

Address Same (street) Buck (municipality) 08723 (zip code)

Contractor: **Arctic Air Conditioning** Tel. (732) 251-1111

Address **1 Pleasant Valley Road** e-mail

Old Bridge, NJ 08857

Contractor License No. **13VH01741400** Exp. Date **12/31/09**

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

Federal Emp. ID No. **22-2195279** FAX: (732) 251-1147

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 $ 2893.21

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 9-17-09 Approved by: EJ
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:	Failure	Dates (Month/Day) 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. Mike Brennan

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Furnace 66,000	
1	Other A/C	

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

U.C.C. F130 (rev. 12/07) Reorder from OCS Printing 609-390-1400

PLUMBING SUBCODE
TECHNICAL SECTION

Update A

Date Received Control # 09-23787A

Date Issued Permit # 9/25/09

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

Block 1203.02 Lot 1.01 Qualification Code

Work Site Location 215 Chard Pl.

Owner in Fee: Hartshad

Tel. ([redacted] e-mail

Address Jersey (street) Brick (municipality) 08723 (zip code)

Contractor: **Arctic Air Conditioning** Tel. (732) 251-1111

Address **1 Pleasant Valley Road** e-mail

Old Bridge, NJ 08857

Contractor License No. **13VH01741400** Exp. Date **12/31/09**

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

Federal Emp. ID No. **22-2195279** FAX: (732) 251-1147

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 $ 2893.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 9-11-09 Approved by: CJ
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. Mike Bucsadona

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Furnace 66,000	
1	Other A/C	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 09-2378+A
Date Issued 9/25/09
Permit # 112-002374+A

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

Block 1205.02 Lot 1.01 Qualification Code

Work Site Location 215 Chard Pl.

Owner in Fee: Houlihan

T [redacted] e-mail

Address Verne (street) Brick (municipality) 08723 (zip code)

Contractor: A. May Electric Inc. Tel. (609) 208-9624

Address 25 Carrs Tavern Road, Clarksburg, NJ e-mail

Contractor License No. 7381A Exp. Date

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

Federal Emp. ID No. 223026988 FAX: (609) 208-9624

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[✓] No Plans Required 7-14-9 AB

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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.

Alan May

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

re-place

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8.3	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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL CONTRACTOR LICENSED ELECTRICAL CONTRACTOR 7381A

U.C.C. F120 (rev. 10/00) Reorder From OCS Printing 609-390-1400

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 09-2378+A
Date Issued 9/25/09
Permit # 149-0823A/+A

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

Block 1205.02 Lot 1.01 Qualification Code

Work Site Location 215 Chard Pl.

Hillsborough

[redacted] e-mail

Address [redacted] Brick 08723
street municipality zip code

Contractor: A. May Electric Inc. Tel. (609) 208-9624

Address 25 Carrs Tavern Road, Clarksburg, NJ e-mail

Contractor License No. 7381A Exp. Date

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

Federal Emp. ID No. 223026988 FAX: (609) 208-9624

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[✓] No Plans Required 7-14-9 AB

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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.

Alan May

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8.2	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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

A. MAY ELECTRIC INC. LICENSED ELECTRICAL CONTRACTOR

U.C.C. F120 (rev. 10/09) Reorder From OCS Printing 609-390-1400

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/25/09
Control # 09-2378
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 1205.02 Lot 1.01 Qualification Code

Work Site Location 215 Chard Pl.

Owner in Fee: Hovnanian

Tel. [redacted] e-mail

Address Lenape (street) Brick (municipality) 08723 (zip code)

Contractor: Mario O/C Tel. (732) 251-1111

Address 1 Pond at Valley Rd e-mail

Old Bridge NJ 08857

Contractor License No. 13VH01741400 Exp. Date 12/31/09

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

Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 7-14-2009

[ ] 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:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
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. Mike Bussadonna

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace

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	
1		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		furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/25/09
Control # 09-2378
Date Issued
Permit # 09-02324

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

Block 1205.02 Lot 1.01 Qualification Code

Work Site Location 215 Chard Pl.

Owner in Fee: Hamilton

Tel. [redacted] e-mail

Address same (street) Brick (municipality) 08723 (zip code)

Contractor: Carlin a/c Tel. (732) 251-1111

Address 1 Pond at Valley Rd e-mail

Old Bridge NJ 08857

Contractor License No. 13VH01174400 Exp. Date 12/31/09

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

Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 7-14-9AS

[ ] 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:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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. Mike Bonadonna

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace

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	
1	3	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		furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 09-2378

Date Issued Permit # 9/25/09

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

Block 1205.02 Lot 1.01 Qualification Code

Work Site Location 215 Grand Pl.

Owner in Fee: Hawthorne

Tel. [redacted] e-mail

Address [redacted] Brick 08723
street municipality zip code

Contractor: Arctic Air Conditioning Tel. (732) 251-1111

Address 1 Pleasant Valley Road e-mail

Old Bridge, NJ 08857

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

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

Fire Alarm Contractor No. 13VH01741400 Exp. Date 12/31/09

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

Federal Emp. ID No. 22-2195279 FAX: (732) 251-1147

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: basement

Total Cost of Fire Protection Work $ 2892.00

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
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/15/09
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. Michael Buonadonna
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace

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		

Exempt

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-2378
Date Issued
Permit # 9/25/09

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

Block 1205.02 Lot 7.01 Qualification Code _____

Work Site Location 215 Grand Pl.

Owner [redacted]

Tel. [redacted] e-mail _____

Address Same (street) Berk (municipality) 08723 (zip code)

Contractor: **Arctic Air Conditioning** Tel. (732) 251-1111

Address **1 Pleasant Valley Road** e-mail _____

Old Bridge, NJ 08857

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

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

Fire Alarm Contractor No. **13VH01741400** Exp. Date 12/31/09

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

Federal Emp. ID No. **22-2195279** FAX: (732) 251-1147

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: basement

Total Cost of Fire Protection Work $ 2892.00

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
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/15/09
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. **Michael Buonadonna**
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace

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		

Paid

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

Permit payment for

B: 1205.02 L: 1.01

Address: 215 Chord Place

Please mail permits to:

Arctic A/C
1 Pleasant Valley Rd.
Old Bridge, NJ 08857
732-251-1111

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1205.02 LOT 1.01 PERMIT # _____

WORK SITE ADDRESS 215 Chord Pl.

Applicant Houlihan

Certifying Individual M. Buonadonna Company _____

Address _____
Street City

Arctic Air Conditioning
1 Pleasant Valley Rd.
Old Bridge, NJ 08857
732-251-1111

Tel. _____

Check the Appropriate Box

Type of Replacement:

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

Exixting Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

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 obstructions and is substantially clean of residue from itsprevious 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 herby certify that the existing chimney/vent is free and clear of obstructions. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Mike Buonadonna
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)

NJPermits.com

SPECIFICATIONS

Gas Heating Performance		**Model No.**	**G60UHV -36A-070**	**G60UHV -36B-090**	**G60UHV -60C-090**	**G60UHV -60C-110**	**G60UHV -60D-135**
		Low NOx Model No.	**G60UHV -36A-070X**	- - -	**G60UHV -60C-090X**	**G60UHV -60C-110X**	- - -
	Low Fire	Input - Btuh	45,000	60,000	60,000	75,000	90,000
		Output - Btuh	36,000	48,000	48,000	60,000	72,000
		Temperature rise range - °F	20 - 50	20 - 50	15 - 45	25 - 55	25 - 55
		Gas Manifold Pressure (in. w.g.) - Natural Gas / LPG/Propane	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9
	High Fire	Input - Btuh	66,000	88,000	88,000	110,000	132,000
		Output - Btuh	54,000	72,000	72,000	90,000	108,000
		Temperature rise range - °F	40 - 70	40 - 70	30 - 60	35 - 65	45 - 75
		Gas Manifold Pressure (in. w.g.) - Natural Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
		[1] AFUE	80.0%	80.0%	80.0%	80.0%	80.0%
		High static (CSA) - in. w.g.	.80	.80	.80	.80	.80
Connections		Flue connection - in. round	4	4	4	4	[2] 4
		Gas pipe size IPS - in.	1/2	1/2	1/2	1/2	1/2
Blower Data		Wheel nominal diameter x width - in.	10 x 8	10 x 8	11-1/2 x 10	11-1/2 x 10	11-1/2 x 10
		Motor output - hp	1/2	1/2	1	1	1
		Tons of add-on cooling	2 - 3	2 - 3.5	3.5 - 5	3.5 - 5	4 - 5
		Air Volume Range - cfm	630 - 1380	625 - 1385	930 - 2255	900 - 2185	900 - 2140
Shipping Data - lbs. 1 Package			137	154	172	184	198
Electrical characteristics			120 volts - 60 hertz - 1 phase (less than 12 amps)				

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.
[2] Flue connection on the unit is 4 in. diameter. Most applications will require 5 in. venting and field supplied 4 x 5 in. adaptor. See Venting Tables in the Installation Instructions for detailed information.

OPTIONAL ACCESSORIES - MUST BE ORDERED EXTRA

			"A" Width Models	"B" Width Models	"C" Width Models	"D" Width Models
FILTER KITS						
[1] Air Filter and Rack Kit	Horizontal (end)	Catalog No.	**87L95**	**87L96**	**87L97**	**87L98**
		Size of filter - in.	14 x 25 x 1	18 x 25 x 1	20 x 25 x 1	25x25 x 1
	Side Return	Single	**44J22**	**44J22**	**44J22**	**44J22**
		Ten Pack	**66K63**	**66K63**	**66K63**	**66K63**
		Size of filter - in.	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1
EZ Filter Base Up-Flow Only		Catalog No. - Ship. Wt. - lbs.	**73P55** - 7	**73P56** - 7	**73P57** - 8	**73P58** - 10
		Size of field provided filter - in.	14 x 25 x 1	16 x 25 x 1	20 x 25 x 1	24 x 24 x 1
CABINET ACCESSORIES						
Horizontal Support Frame Kit - Horizontal Only			**56J18**	**56J18**	**56J18**	**56J18**
Return Air Base - Up-Flow Only			- - -	**98M60**	**98M58**	**98M59**
CONTROLS						
ComfortSense™ 7000 Thermostat			**Y0349**	**Y0349**	**Y0349**	**Y0349**
		Remote Outdoor Temperature Sensor (for dual fuel and Humiditrol)	**X2658**	**X2658**	**X2658**	**X2658**
VENTING						
Vent Adaptor - 6 in. conn. size up-flow applications only			**18M79**	**18M79**	**18M79**	**18M79**

[1] Cleanable polyurethane, frame-type filter

GAS HEAT ACCESSORIES

Input	High Altitude Orifice Kit Natural Gas	High Altitude Pressure Switch Kit - Order two each	LPG/Propane Kit		LPG/Propane to Natural Gas Kit	
	7501-10,000 ft.	7501-10,000 ft.	0-7500 ft.	7501-10,000 ft.	0-7500 ft.	[1] 7501-10,000 ft.
-all models	**44W51**	**18M64**	**44W48**	**44W50**	**44W49**	**44W49 + 44W51**

[1] High Altitude Orifice Kit is required and must be ordered separately for applications from 7501 to 10,000 ft.

SPECIFICATIONS

General Data	Model No.	14ACX-018	14ACX-024	14ACX-030	14ACX-036	14ACX-042	14ACX-048	14ACX-060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
[1] Refrigerant (R-410A) furnished		5 lbs. 11 oz.	6 lbs. 8 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.	8 lbs. 10 oz.	10 lbs. 0 oz.	12 lbs. 0 oz.
Outdoor Coil	Net face area - sq. ft. Outer coil	13.22	18.67	21.00	21.00	16.33	21.00	22.00
	Net face area - sq. ft. Inner coil	- - -	- - -	- - -	- - -	15.71	20.25	21.33
	Tube diameter - in.	5/16	5/16	5/16	5/16	5/16	5/16	5/16
	Number of rows	1	1	1	1	2	2	2
	Fins per inch	26	26	26	26	22	22	22
Outdoor Fan	Diameter - in.	18	22	22	22	22	22	26
	Number of blades	3	3	3	3	4	4	4
	Motor hp	1/10	1/6	1/6	1/6	1/4	1/4	1/3
	Cfm	2290	3160	3160	3160	3500	3600	4400
	Rpm	1040	850	850	850	825	825	825
	Watts	160	215	215	215	310	310	310
Shipping Data - lbs. 1 package		137	156	162	164	198	221	238

ELECTRICAL DATA

	Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
	[2] Maximum overcurrent protection (amps)	20	30	30	30	40	50	60
	[3] Minimum circuit ampacity	12.0	17.9	17.2	18.7	24.1	29.0	34.8
Compressor	Rated load amps	9.0	13.4	12.9	14.1	17.9	21.8	26.4
	Power factor	.96	.97	.98	.98	.94	.95	.98
	Locked rotor amps	48	58	64	77	112	117	134
Condenser Fan Motor	Full load amps	0.7	1.1	1.1	1.1	1.7	1.7	1.8
	Locked rotor amps	1.4	2.1	2.1	2.1	3.1	3.1	2.9

OPTIONAL ACCESSORIES - MUST BE ORDERED EXTRA

Compressor Crankcase Heater	**93M04**	•	•	•	•	•		
	93M06						Factory	Factory
Compressor Hard Start Kit	**10J42**	•						
	88M91		•	•	•	•	•	•
Compressor Low Ambient Cut-Off	**45F08**	•	•	•	•	•	•	•
Compressor Sound Cover	**69J03**	•	•	•	•	•	•	•
Compressor Time-Off Control	**47J27**	•	•	•	•	•	•	•
Freezestat 3/8 in. tubing	**93G35**	•	•	•	•	•	•	•
5/8 in. tubing	**50A93**	•	•	•	•	•	•	•
Hail Guards	**92M88**	•						
	12W21		•					
	92M92					•		
	92M90			•	•		•	
	27W35							•
Indoor Blower Off Delay Relay	**58M81**	•	•	•	•	•	•	•
Loss of Charge Switch Kit	**84M23**	•	•	•	•	•	•	•
Low Ambient Kit	**34M72**	•	•	•	•	•	•	•
Mounting Base	**69J06**	•						
	69J07		•	•	•	•	•	•
Refrigerant Line Sets	L15-41-20, L15-41-30, L15-41-40, L15-41-50	•	•	•				
	L15-65-30, L15-65-40, L15-65-50				•	•	•	
	Field Fabricate							•
Unit Stand-Off Kit	**94J45**	•	•	•	•	•	•	•

NOTE — Extremes of operating range are plus 10% and minus 5% of line voltage.
[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.
[2] HACR type circuit breaker or fuse.
[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

PLEASE CALL ARCTIC A/C
@ 732-251-1111
WHEN THE PERMITS ARE READY
FOR PICK UP-

THANK YOU

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

H&P Air Conditioning, Inc. dba Arctic Air Conditioning
Howard Albert
16 Vanderburg Rd
Marlboro NJ 07746-1420

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

11/10/2008 TO 12/31/2009
VALID

13VH01741400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
H&P Air Conditioning, Inc. dba Arctic Air Conditioning
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/10/2008 TO 12/31/2009
VALID
SIGHATURE
13VH01741400
License/Registration/Certificate #
DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

ARCTIC AIR CONDITIONING

1 Pleasant Valley Road • Old Bridge, NJ 08857

(732) 251-1111 • Fax: (732) 251-1147

"Residential & Commercial Specialists" Since 1977

www.arcticac.com

RECD AUG 14 2009

Brick Township
401 Chambersbridge Rd.
Brick N.J. 08723

08/13/2009

To: Robert Wennlund Subcode Official

Ref: 215 Chard Pl. Brick, N.J.
Control Number C-09-002394

Dear Sir,
With reference to, your letter dated July 14, 2009. The old original furnace had an input of 68,000 BTU. Unfortunately, the output rating is not legible. Since the furnace was original, approximately 35 years old, I would presume the output rating to be 50,000 BTU or less.
The new furnace is 66,000 BTU input with an output rating of 54,000 BTU. This information is on the technical cut sheet included with the permit jacket.

Thank you,

Michael Buonadonna
General Manager
Arctic Air Conditioning

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

Subcode Official Review

To: 215 CHARD PL. BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1205.02 Lot: 1.01 Qual:
215 CHARD PL.
Permit Number: Control Number: C-09-002394
Last Submit Date: Tuesday, July 14, 2009

Date: Tuesday, July 14, 2009

Dear HOUILAN, BRIAN T.,

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

07-16-09
fax # 732-
251-1147
Attn: Michael

Sincerely,

Robert Wennlund, Subcode Official

08-10-09
fax # 732-
251-1147

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf.Report **

P.1 Aug 10 2009 12:22

Telephone Number	Mode	Start	Time	Page	Result	Note
7322511147	NORMAL	10,12:21	0'29"	1	O K	

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

Subcode Official Review

To: 215 CHARD PL. BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1205.02 Lot: 1.01 Qual:
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08-10-09
fax # 732-
251-1147

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf.Report **

P.1 Jul 16 2009 10:25

Telephone Number	Mode	Start	Time	Page	Result	Note
7322511147	NORMAL	16,10:25	0'29"	1	O K	

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

Subcode Official Review

To: 215 CHARD PL. BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1205.02 Lot: 1.01 Qual:
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fax # 732-
251-
1147
Attn: Michael

Sincerely,

Robert Wennlund, Subcode Official