BLOCK 1205.03 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 210 Chard Pl. PERMIT NO. 17-1966

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-17-002442

I. IDENTIFICATION

1. Proposed Work Site at: 210 Chard Pl. 08724
2. Name of Owner in Fee: Cindy Velez
   Tel. (732) 458-5875 e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: AJ Perri Tel. (732) 982-8700
   Address 1162 Pine Brook Road e-mail abankos@ajperri.com
   Tinton Falls, NJ 07724
   License No. OR, if new home, Builder Reg. No. 19HC00103100 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (732) 709-2889
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Greg Johnston
   Tel. (732) 720-2116 (Amy) FAX: (732) 709-2889

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150=	
3. ~~Plumbing~~ Mechanical		125=	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		14-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	289-	

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	2,250								
☑ ~~Plumbing~~ Mechanical	5250								
Fire Protection									
Elevator									
TOTAL COST	7,500								

MAY 30 2017

VII. DESCRIPTION OF BUILDING USE

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

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

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/13/2017
Control Number C-17-002442
Permit Number 17-1966
Permit Issue Date 6/13/2017
Certificate Number 17-1966

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 210 CHARD PL Brick Township, NJ Block: 1205.03 Lot: 4 Qual:

Owner in Fee: VELEZ, JACK E. & CANDY

Owner Address: 210 CHARD PL BRICK NJ 08724

Telephone: (732) 458-5873

Contractor AJ PERRI INC

Address 1162 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 720-2116 Fax: (732) 709-2889

License Number or Builders Registration Number: 19HC00103100 34EB01783000 12566 Federal Emp. Number: [redacted]

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 A/C

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: 7/13/2017

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name **Greg Johnston**

Address **1162 Pine Brook Road**

Tinton Falls, NJ 07724

Telephone (**732**) **720-2116 (Amy)**

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 6/13/17
Control # C-17-002442
Permit # 17-1966

IDENTIFICATION Block: 1205.03 Lot: 4 Qualifier

Work Site Location: 210 CHARD PL Brick Township, NJ

Owner in Fee VELEZ, JACK E. & CANDY
210 CHARD PL BRICK NJ 08724

Telephone: (732) 458-5873

Contractor AJ PERRI INC
Address 1162 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 720-2116
Lic. No. or Bldrs. Reg. No. 12566 34EB01783000 19HC00103100
Federal Employee. No. [redacted]

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 A/C

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$289
Check No.	880205696
Cash	$0
Credit	$0
Collected By	CW

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

Estimated Cost of Work $7,500

Daniel F Newman (MJ) 6/6/17
Construction Official Date

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

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

REQUIRED INSPECTIONS

06/13/17 2:14PM 0015598#0353
ELECTRIC $150.00
$125.00
$14.00
CHECK $289.00

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

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

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

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

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

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

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

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

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

1751105

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/13/17
Control #

Date Issued
Permit # 17-1966

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

Block 1205.03 Lot 4 Qualification Code

Work Site Location 210 Chard Pl.
08724

Owner in Fee: Candy Velez

Tel. (732) 458-5873 e-mail

Address
street municipality zip code

Contractor: AJ Perri Holdco LLC Tel. (732) 982-8700

Address 1162 Pine Brook Road e-mail

Tinton Falls, NJ 07724

Contractor License No. 34EB01783000 Exp. Date 3/31/2018

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

Federal Emp. ID No. [redacted] FAX: (732) 709-2889

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2250

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 [X] CA
Date: 7/5/17
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-5-17	
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.

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 AC unit

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	10.5	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 $

AJ 075 10 15

1751105

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received 6/13/17
Date Issued
Control #
Permit # 17-1966

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

Block 1205.03 Lot 4
Work Site Location 210 Chard Pl. 08724
Owner in Fee Candy Velez
Address same

Tele. (732) 458-5873
Contractor A.J. Perri
Address 1162 Pine Brook Road
Tinton Falls, NJ 07724
Tele. (732) 982-8700 Fax (732) 709-2889
Lic. No. 19HC [redacted]
Federal Emp. No

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace AC unit & Evap Coil

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System [ ] Conversion [X] Replacement
Fuel: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [X] Hot Air
Estimated Cost of Mechanical Work $ 5,250

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other AC unit	
1	Evap Coil	
	Administrative Surcharge	$
	Minimum Fee	$
	DCA Training Fee	$
	TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date:
Approved by:
SUBCODE APPROVAL
[ ] CA [ ] CCO
Date: 2-5-17
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			2-5-17	

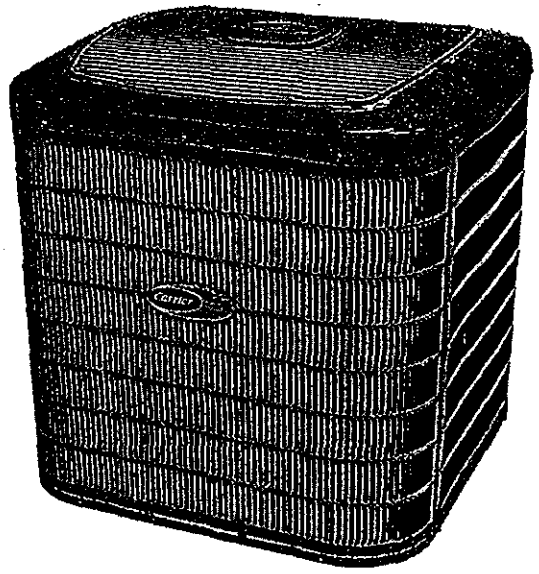
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

24ANB6
Infinity® Air Conditioner with Puron® Refrigerant
1–1/2 to 5 Nominal Tons (Size 18–60)

Carrier
turn to the experts

Product Data



INFINITY SERIES

Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ANB6 has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 16 SEER / 11.0- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 66 dBA
- Quiet mount split post compressor grommets
- Forward-swept condenser fan blade
- Compressor sound hood
- Laminated steel compressor mounting plate
- 8 pole PSC ball bearing outdoor condenser fan motor

Comfort

- System supports Infinity Control or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime servce cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- High and low pressure switches
- Balanced refrigeration system for maximum reliability

Durability

WeatherArmor Ultra™ protection package:

- Solid, durable sheet metal construction
- Louvered coil guard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C)) with accessory kit

ELECTRICAL DATA

UNIT SIZE – SERIES	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE†	MIN WIRE SIZE†	MAX LENGTH ft (m)‡	MAX LENGTH ft (m)‡	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA		60° C	75° C	60° C	75° C	
18–30	208/230/1	253	197	48.0	9.0	0.43	11.7	14	14	66 (20.12)	62 (18.90)	20
24–30				58.3	13.5	0.60	17.5	14	14	44 (13.41)	42 (12.80)	25
30–30				64.0	12.8	0.60	16.6	14	14	46 (14.02)	44 (13.41)	25
36–30				77.0	14.1	0.60	18.2	14	14	44 (13.41)	42 (12.80)	30
42–30				112.0	17.9	1.00	23.4	12	12	52 (15.85)	50 (15.24)	40
48–30				109.0	19.9	1.20	26.1	10	10	77 (23.47)	73 (22.25)	40
60–30				135.0	21.4	1.20	28.0	10	10	71 (21.64)	68 (20.73)	40

* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C, consult table 310–16 of the NEC (NFPA 70). The ampacity of non–metallic–sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 336–26. If other than uncoated (no–plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time–Delay fuse.

FLA – Full Load Amps

LRA – Locked Rotor Amps

MCA – Minimum Circuit Amps

RLA – Rated Load Amps

NOTE: Control circuit is 24–V on all units and requires external power source. Copper wire must be used from service disconnect to unit. All motors/compressors contain internal overload protection.

Complies with 2007 requirements of ASHRAE Standards 90.1

24ANB6

A-WEIGHTED SOUND POWER (dBA)

UNIT SIZE–SERIES	STANDARD RATING	TYPICAL OCTAVE BAND SPECTRUM (without tone adjustment)						
		125	250	500	1000	2000	4000	8000
18–30	66	52.0	56.5	60.5	61.5	59.0	53.5	44.5
24–30	67	51.5	58.0	61.5	62.5	59.5	54.0	47.5
30–30	68	56.5	60.0	63.0	62.5	59.5	54.5	46.0
36–30	69	55.5	61.0	62.0	62.5	61.0	57.0	49.0
42–30	68	53.0	60.5	62.0	63.0	60.5	58.0	51.0
48–30	70	55.0	61.0	63.5	63.0	60.5	57.0	52.0
60–30	70	55.0	61.5	63.0	63.0	59.5	57.0	51.5

NOTE: Tested in accordance with AHRI Standard 270–08 (not listed in AHRI).

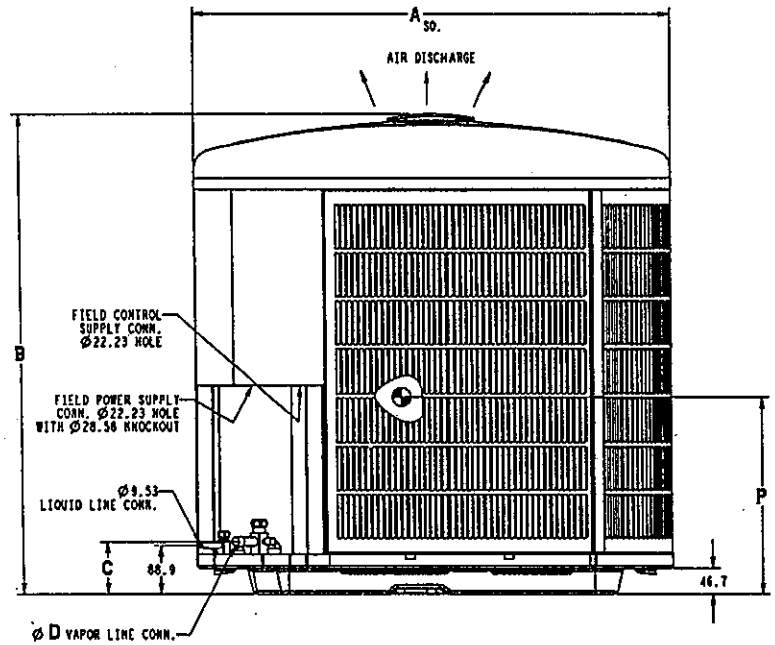
CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

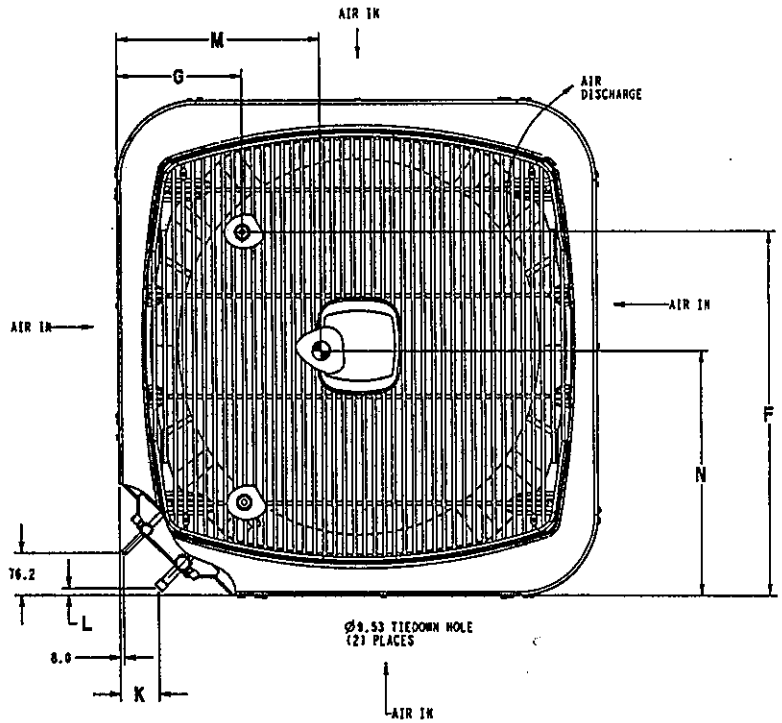
UNIT SIZE–SERIES	REQUIRED SUBCOOLING °F (°C)
18–30	9 (5.0)
24–30	11 (6.1)
30–30	10 (5.6)
36–30	11 (6.1)
42–30	11 (6.1)
48–30	12 (6.7)
60–30	12 (6.7)

DIMENSIONS - SI

UNIT	SERIES	ELECTRICAL CHARACTERISTICS				A	B	C	D	E	F	G	K	L	M	N	P	OPERATING WEIGHT (Kgs)	SHIPPING WEIGHT (Kgs)	SHIPPING DIMENSIONS (L x W x H)
24ANB618	0	X	0	0	0	792.5	750.6	95.6	19.1	166.1	626.3	231.3	70.9	12.7	387.4	381.0	355.6	83	98	821.2 X 901.2 X 913.2
24ANB624	0	X	0	0	0	792.5	750.6	95.6	19.1	166.1	626.3	231.3	70.9	12.7	387.4	387.4	355.6	84	99	821.2 X 901.2 X 913.2
24ANB630	0	X	0	0	0	792.5	836.9	95.6	19.1	166.1	626.3	231.3	70.9	12.7	400.1	393.7	419.1	88	103	821.2 X 901.2 X 999.5
24ANB636	0	X	0	0	0	889.0	773.6	97.9	22.2	166.1	722.8	231.3	74.5	16.3	438.2	435.0	374.7	95	113	917.7 X 997.7 X 913.2
24ANB642	0	X	0	0	0	889.0	1032.6	97.9	22.2	166.1	722.8	231.3	74.5	16.3	444.5	425.5	463.6	118	137	917.7 X 997.7 X 1172.2
24ANB648	0	X	0	0	0	889.0	1032.6	97.9	22.2	166.1	722.8	231.3	74.5	16.3	444.5	438.2	476.3	137	157	917.7 X 997.7 X 1172.2
24ANB660	0	X	0	0	0	889.0	1205.4	97.9	22.2	166.1	722.8	231.3	74.5	16.3	450.9	406.4	546.1	151	172	917.7 X 997.7 X 1315.7
		208-230-1-60	230-1-60	208/230-3-60	460-3-60															

X = YES
0 = NO





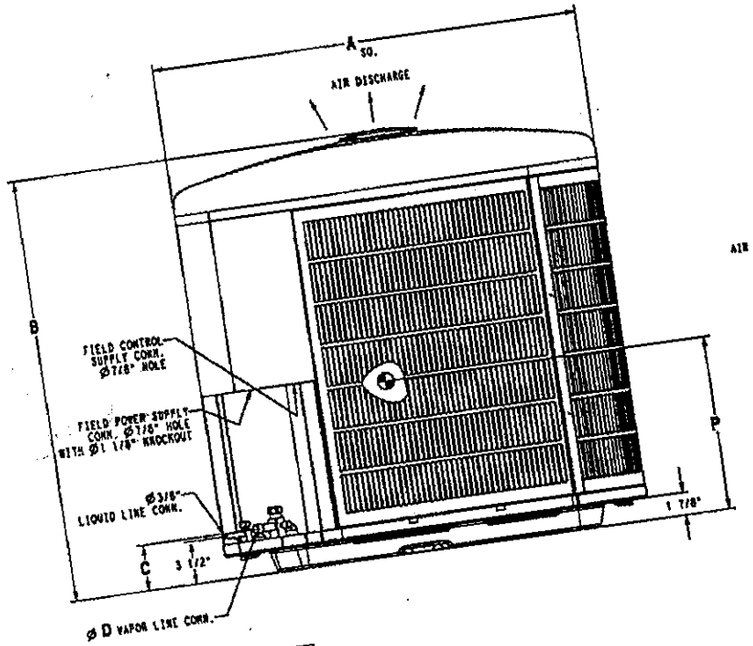
UNIT SIZE	MINIMUM MOUNTING PAD DIMENSIONS
-	660.4 X 660.4
18,24,30	800.1 X 800.1
36,37,42,43,48,60	889.0 X 889.0

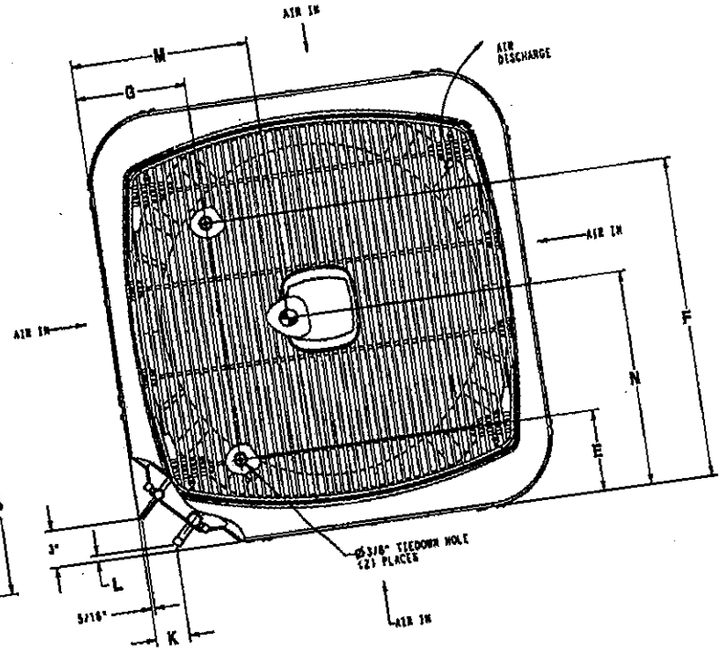
DIMENSIONS - ENGLISH

UNIT	SERIES	ELECTRICAL CHARACTERISTICS				A	B	C	D	E	F	G	K	L	M	N	P	OPERATING WEIGHT (lbs)	SHIPPING WEIGHT (lbs)	SHIPPING DIMENSIONS L x W x H
24ANB618	0	X	0	0	0	31 3/16"	29 9/16"	3 3/4"	3/4"	6 9/16"	24 11/16"	9 1/8"	2 13/16"	1/2"	15 1/4"	15"	14"	184	217	32 5/16" X 35 1/2" X 35 15/16"
24ANB624	0	X	0	0	0	31 3/16"	29 9/16"	3 3/4"	3/4"	6 9/16"	24 11/16"	9 1/8"	2 13/16"	1/2"	15 1/4"	15 1/4"	14"	186	219	32 5/16" X 35 1/2" X 35 15/16"
24ANB630	0	X	0	0	0	31 3/16"	32 15/16"	3 3/4"	3/4"	6 9/16"	24 11/16"	9 1/8"	2 13/16"	1/2"	15 1/4"	15 3/4"	15 1/2"	193	227	32 5/16" X 35 1/2" X 39 3/8"
24ANB636	0	X	0	0	0	35"	36 7/16"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	17 1/4"	17 1/2"	16 1/2"	209	250	36 1/8" X 39 1/4" X 43 1/8"
24ANB642	0	X	0	0	0	35"	40 5/8"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	17 1/4"	17 7/8"	14 3/4"	261	303	36 1/8" X 39 1/4" X 46 1/8"
24ANB648	0	X	0	0	0	35"	40 5/8"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	17 1/2"	18 3/4"	17 1/4"	303	346	36 1/8" X 39 1/4" X 46 1/8"
24ANB660	0	X	0	0	0	35"	47 7/16"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	17 3/4"	16"	21 1/2"	334	380	36 1/8" X 39 1/4" X 51 13/16"

208-230-1-60	230-1-60	208/230-3-60	460-3-60

X = YES
0 = NO





UNIT SIZE	MINIMUM MOUNTING PAD DIMENSIONS
	26" X 26"
18,24,30	31 1/2" X 31 1/2"
36,37,42,43,48,60	35" X 35"

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

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

HAS LICENSED

Kevin R. Perri
510 Grassmere Avenue
Interlaken NJ 07712

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

06/08/2016 TO 06/30/2018
VALID

19HC00103100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Kevin R. Perri
Master HVACR Contractor
06/08/2016 TO 06/30/2018
VALID
SIGNATURE
19HC00103100
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE