



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is *Exempt from Release* under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information *MUST* be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1205.04

LOT 1

QUALIFICATION CODE

ADDRESS (SITE)

204 Page Drive

PERMIT NO.

20-1050



CONSTRUCTION PERMIT APPLICATION

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

C-20-000270

I. IDENTIFICATION

1. Proposed Work Site at: 204 Page Drive, Brick NJ 08724

2. Name of Owner in Fee: Jessica Westermeier

Tel. (609) 865-0112

e-mail

Address 204 Page Drive

Brick

08724

3. Ownership in Fee: Public

Private

4. Principal Contractor: Thomas Garon

Tel. (732) 920-5721

Address 409 Crestview Terrace

e-mail

Brick, NJ 08723

License No. OR, if new home, Builder Reg. No. 9677

Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223767562

FAX: (732) 920-0334

5. Architect or Engineer

Contact

Address

e-mail

Tel.

FAX:

6. Responsible Person in Charge once Work has Begun

Thomas Garon

Tel. (732) 920-5721

FAX: (732) 920-0334

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$	150	
3. Plumbing			
4. Fire Protection			
5. Elevator Domestic Mechanical	\$	125	
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$	2	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	277	

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)

☐ Building☒ Electrical☒ Plumbing☐ Fire Protection☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
225								
825								

TOTAL COST \$1,050

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks2. ☐ High Pressure Boilers3. ☐ Pressure Vessels4. ☐ Refrigeration Systems5. ☐ Cross-Connections/Backflow Preventers6. ☐ Hazardous Uses/Places of Assembly7. ☐ Sprinklers/Standpipes8. ☐ Smoke Control Systems in Open Wells9. ☐ Underground Storage Tanks10. ☐ Swimming Pools, Spas and Hot Tubs11. ☐ LPGas Tanks12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed: Select Group

3. Change in Use Group, Indicate Present: Select Group

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: Select Group

3. Change in Use Group, Indicate Present: Select Group

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

D. Construct. Classification: Present

Proposed

JAN 24 2020

RECEIVED

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Thomas Garon

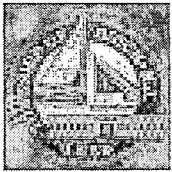
Address 409 Crestview Terrace, Brick NJ 08723

Telephone (732) 920-5721

Signature _____

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/14/2021
Control Number C-20-000270
Permit Number 20-1050
Permit Issue Date 05/27/2020
Certificate Number 20-1050

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 204 PAGE DR. Brick Township, NJ Block: 1205.04 Lot: 1 Qual: _____
Owner in Fee: NERBETSKI, LEONARD J & SARA H
Owner Address: 204 PAGE DR BRICK NJ 08724
Telephone: (609) 865-0112
Contractor: GARON T PLUMBING LLC
Address: 409 CRESTVIEW TERR BRICK NJ 08723
Telephone: (732) 920-5721 Fax: _____ Federal Emp. Number: 22-3767562
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REPLACEMENT WATER HEATER

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:

David Newman Jr

Construction Official

Date Printed: 12/14/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

5/27/20
20-1050

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

Block 1205.04 Lot 1 Qualification Code _____
Work Site Location 204 Page Drive, Brick NJ 08724

Owner in Fee: Jessica Westermeier

Tel. (609) 865-0112 e-mail _____

Address 204 Page Drive Brick 08724
street municipality zip code

Contractor: Semper Fi Electric Tel. (732) 295-8900

Address 107 Crescent Dr., Brick 08724 e-mail tomarlenc1990@comcast.net

Contractor License No. 13833 Exp. Date 3/31/2015 2021

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

Federal Emp. ID No. 22-3484254 FAX: (732) 295-8900

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Dwelling Utility Co. _____

Est. Cost of Elec. Work \$ 22500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough	_____	_____	_____
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: _____		Final	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____		
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____		
Date: _____		Annual Pool Inspection	_____		
Approved by: _____		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.

Thomas J. Allen
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

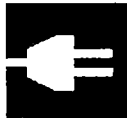
Disconnect for Electric HWH

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

5/27/20
20-1050

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

Block 1205.04 Lot 1 Qualification Code _____
Work Site Location 204 Page Drive, Brick NJ 08724

Owner in Fee: Jessica Westemeier

Tel. (609) 865-0112 e-mail _____

Address 204 Page Drive Brick 08724
street municipality zip code

Contractor: Semper Fi Electric Tel. (732) 295-8900

Address 107 Crescent Dr., Brick 08724 e-mail tomarlene1990@comcast.net

Contractor License No. 13833 Exp. Date 3/31/2015 2021

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

Federal Emp. ID No. 22-3484254 FAX: (732) 295-8900

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Dwelling Utility Co. _____

Est. Cost of Elec. Work \$ 22500

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: 8-13-2020

Approved by: [Signature]

INSPECTIONS

Type: 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. Jerome J. Allen

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Disconnect for Electric HWH

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

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 1205.04 Lot 1 Qualification Code _____
Work Site Location 204 Page Drive, Brick NJ 08724

Owner in Fee: Jessica Westemeier

Tel. (609) 865-0112 e-mail _____

Address 204 Page Drive Brick 08724
street municipality zip code

Contractor: Thomas Garon Tel. (732) 920-5721

Address 409 Crestview Terrace e-mail _____

Brick, NJ 08723

Contractor License No. 9677 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223767562 FAX: (732) 920-0334

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [] Hydronic [] Hot Air

Fuel Type: [] Gas [] Oil [X] Electric [] Solar [] Other _____

Estimated Cost of Mechanical Work \$ 825

JOB SUMMARY (Office Use Only)				
PLAN REVIEW	INSPECTIONS	DATES		
[] No Plans Required	Type: _____	Failure	Failure	Approval
[] Mechanical Plans Approved	Water Heater	_____	_____	_____
Date: _____ Approved by: _____	Appliance	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Fire.	Piping	_____	_____	_____
[] Elev.	Tank	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Cooling/AC	_____	_____	_____
Date: _____	Generator	_____	_____	_____
Approved by: _____	Fireplace	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____
Date: <u>8-19-20</u>	Other	_____	_____	_____
Approved by: _____	Other	_____	_____	_____
	Final	_____	_____	_____

Date Received
Control #

Date Issued
Permit #

5/27/20
20-1050

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor
sign and seal here

Print name here: Thomas Garon

☒ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 50 gal electric hwh

NO.	FIXTURE/EQUIPMENT
<u>1</u>	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Generator
_____	Other

FEE (Office Use Only)

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

PERFORMANCE PLUS™



The new degree of comfort.™

PERFORMANCE PLUS™ High Efficiency electric water heaters are engineered for longer life and feature an electronic LED system

Efficiency

- .93 UEF
- Isolated tank design reduces conductive heat loss
- Dual 5500 or dual 4500 watt copper heating elements

Performance

- FHR: 52 - 63 gallons, based on gallon capacity
- Recovery: 21 - 25 GPH at a 90° F rise**

Electronic LED System

- Simple and easy to read
- Indicates heating element and thermostat operation



Longer Life

- Premium grade anode rod provides long-lasting tank protection

Self Cleaning

- Fights sediment build-up
- Saves energy



Features

- High performance and lower operating cost
- Compliant with many electric utility incentive programs
- Electric junction box located above heating elements for easy installation
- Over-temperature protector cuts off power in excess temperature situations

Plus...

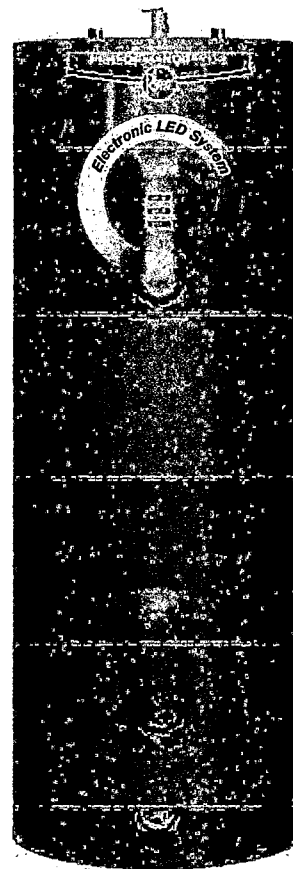
- Temperature and pressure relief valve included
- Low lead compliant

Warranty

- 9-Year limited warranty for tank and parts, 2-year full in-home labor warranty*

*See written warranty for complete details

Units meet or exceed ANSI requirements and have been tested according to D.O.E. procedures. Units meet or exceed the energy efficiency requirements of NAECA, ASHRAE standard 90, ICC Code and all state energy efficiency performance criteria.



PERFORMANCE PLUS
High Efficiency
40 and 50-Gallon Capacities
240 Volt AC/Single Phase



LEED Point = 1

See specifications chart on back.



CONSTRUCTION PERMIT

Date Issued 5/27/20
Control # C-20-000270
Permit # 20-1050

IDENTIFICATION Block: 1205.04 Lot: 1 Qualifier _____
Work Site Location: 204 PAGE DR. Brick Township, NJ Contractor GARON T PLUMBING LLC
Address 409 CRESTVIEW TERR BRICK NJ 08723
Owner in Fee NERBETSKI, LEONARD J & SARA H
204 PAGE DR BRICK NJ 08724 Telephone: (732) 920-5721
Telephone: (609) 865-0112 Lic. No. or Bldrs. Reg. No. 9677
Federal Employee No. 22-3767562

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 WATER HEATER

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 \$1,050

David Z. Korman
Construction Official

12/4/20
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$277
Check No.	<u>113 5689</u>
Cash	\$0
Credit	\$0
Collected By	<u>CW</u>

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



The new degree of comfort™

PERFORMANCE PLUS High Efficiency Specifications

Fuel Type	Description	Nominal Gallon Capacity	Rated Gallon Capacity	Model Number	Recovery In G.P.H. 90° F. Rise	First Hour Rating G.P.H.	Tank Height A	Height to Water Conn. B	Diameter C	Ship Weight (LBS.)	Energy Factor	Uniform Energy Factor (UEF)
Electric	Tall	50	45	XE50T09EL55U1	25	63	58-7/8	61-5/8	20-1/4	121	0.95	0.93
Electric	Tall	50	45	XE50T09EL45U1	21	63	58-7/8	61-5/8	20-1/4	121	0.95	0.93
Electric	Medium	50	45	XE50M09EL55U1	25	62	48	50-1/2	23	132	0.95	0.93
Electric	Medium	50	45	XE50M09EL45U1	21	62	48	50-1/2	23	132	0.95	0.93
Electric	Medium	40	36	XE40M09EL55U1	25	53	48-1/4	50-1/2	20-1/4	106	0.95	0.93
Electric	Medium	40	36	XE40M09EL45U1	21	53	48-1/4	50-1/2	20-1/4	106	0.95	0.93
Electric	Tall	40	36	XE40T09EL45U1	21	52	60-3/4	63-5/8	19-1/4	109	0.95	0.93

Uniform Energy Factor and Energy Factor based on Department of Energy (D.O.E.) requirements.

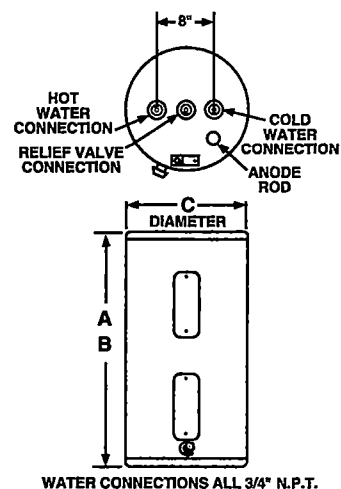
• Heaters furnished with standard 240 volt AC, single phase non-simultaneous wiring, and 5500 watt upper and lower heating elements.

**Recovery = wattage/2.42 x temp. rise °F.
Example: 5500W = 25 GPH
2.42 x 90°

**Recovery calculations used are based on 5500 watt elements used in non-simultaneous operation.



LEED Point = 1



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

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