BLOCK 1205.05 LOT #5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 18-1633

CONSTRUCTION PERMIT APPLICATION C-B-002110

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 203 Georges Rd
2. Name of Owner in Fee: Nasta
   Tel. _____ e-mail _____
   Address 203 Georges Rd (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Air Experts, Inc Tel. (732) 681-9090
   Address 727C 17th Ave e-mail Sales@airexpertsnj.com
   Lake Como, NJ 07719
   License No. OR, if new home, Builder Reg. No. 19HC00123400 Exp. Date 06/30/2019
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223324128 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Michael Bondurant
   Tel. (732) 681-9090 FAX: (732) 280-2213

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150	
3. Plumbing			
4. ~~Fire Protection~~ M		125	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$	2	
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 ____	

RECEIVED JUN 07 2018

IIa. PROPOSED WORK

AC

- ☒ 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)

	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									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$850								

FOR OFFICE USE ONLY (Optional)

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 Presen Select Group

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/25/2019
Control Number C-18-002110
Permit Number 18-1633
Permit Issue Date 6/12/2018
Certificate Number 18-1633

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 203 GEORGES RD Brick Township, NJ Block: 1205.05 Lot: 5 Qual:

Owner in Fee: NASTA, SANDRA

Owner Address: 203 GEORGES RD BRICK NJ 08723

Telephone: [redacted]

Contractor AIR EXPERTS INC

Address 727C 17TH AVE LAKE COMO NJ 07719- - 3077

Telephone: (732) 681-9090 Fax: (732) 280-2213

License Number or Builders Registration Number: Federal Emp. Number: 22-3324128

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: 1/25/2019

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.

(X) Check if contractor.

Agent Name Michael Bondurant

Address 727C 17th Ave

Lake Como, NJ 07719

Telephone (732) 691-9990

Signature

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received 7/11/18
Control #
Date Issued
Permit # 18-1633

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

Block 1205.05 Lot 5 Qualification Code

Work Site Location 203 Georges Road

Owner in Fee: Nasta

Tel [redacted] e-mail

Address 203 Georges Road (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Wireman Electric LLC Tel. (732) 370-4967

Address 44 Lexington Rd Howell NJ 07731 e-mail wiremanelectric11c@hotmail.com

Contractor License No. 14746B Exp. Date 3/31/21

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

Federal Emp. ID No. 27-4584144 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.00

RECEIVED JUL 11 2018

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 7-16-18

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
~~Service~~ See			7/12/18	
Final			7/11/18	
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.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reconnect A/C, install disconnect

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	6	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		A/C Disconnect	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/12/18
Control #
Date Issued
Permit # 18-1633

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

Block 1205.05 Lot 5 Qualification Code

Work Site Location 203 Georges Rd

Owner in Fee: Nasta

Tel. [redacted] e-ma [redacted]

Address 203 Georges Rd (street) Brick (municipality) 08723 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-11-18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/2/18	
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 sign/Contractor sign and seal here:

Print name here: Michael Bondurant

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Condenser

QTY.	SIZE	ITEMS	For Utility Use Only
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		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	5.75	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	

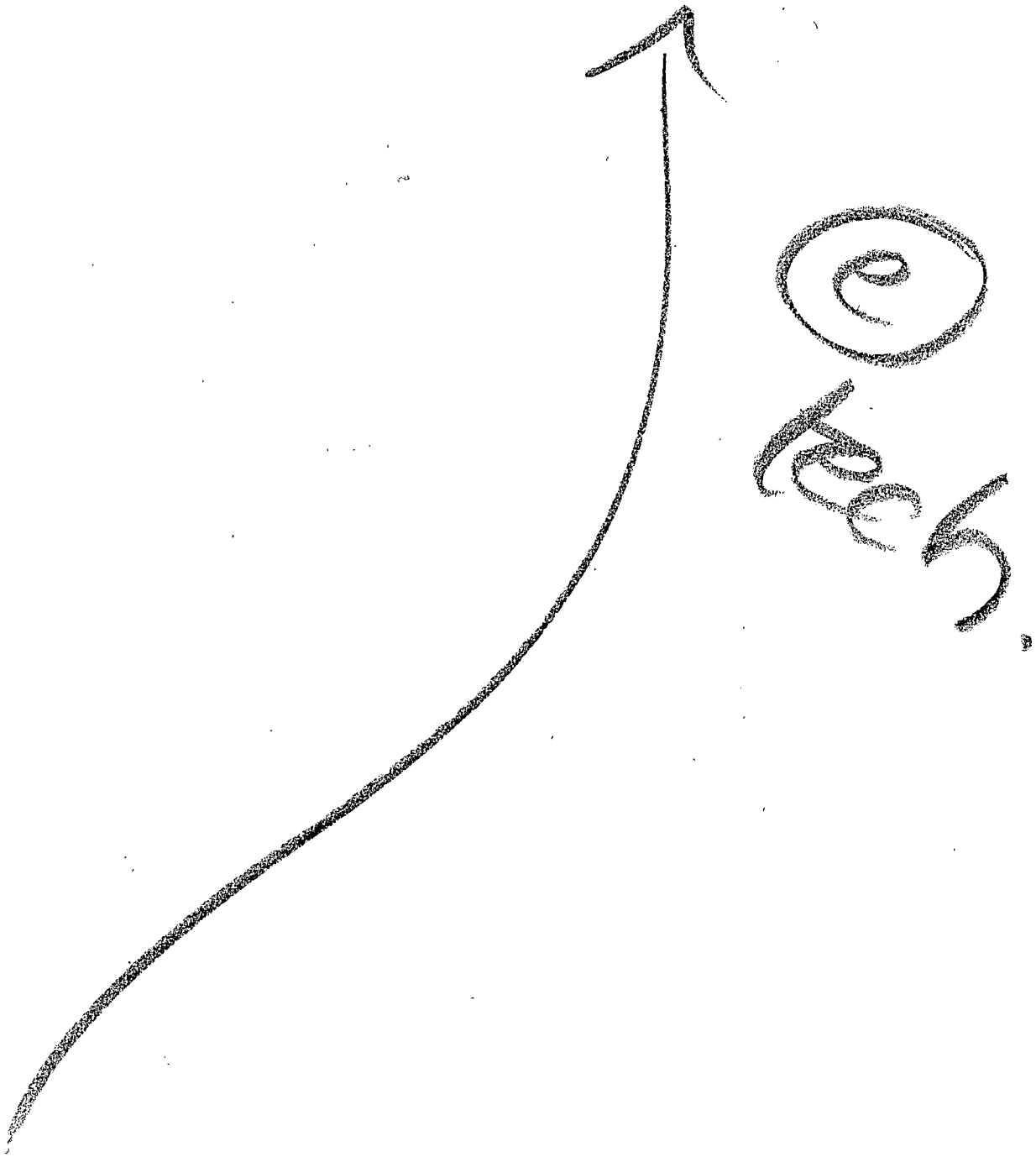
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Change of Contractor

U.C.C. F120 (rev. 11/09)
Internet version

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

2 2 lb non disconnect installed
need licensed electrical contractor



MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 6/12/18
Date Issued
Permit # 19-11033

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

Block 1205.05 Lot 5 Qualification Code

Work Site Location 203 Georges Rd

Owner in Fee: Nasta

Tel. [redacted] e-mail [redacted]

Address 203 Georges Rd (street) Brick (municipality) 08723 (zip code)

Contractor: Air Experts Inc. Tel. (732) 681-9090

Address 727C 17th Avenue e-mail sales@airexpertsnj.com

Lake Como NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 7-5-18
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			7-1-18	

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.

Sign here:

Print name here: Michael Bondurant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Condenser

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other A/C	

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

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

CONSTRUCTION PERMIT

Date Issued 6/12/18
Control # C-18-002110
Permit # 18-11625

IDENTIFICATION Block: 1205.05 Lot: 5 Qualifier

Work Site Location: 203 GEORGES RD Brick Township, NJ

Owner in Fee: NASTA, SANDRA
203 GEORGES RD BRICK NJ 08723

Telephone: [redacted]

Contractor: AIR EXPERTS INC
Address: 727C 17TH AVE LAKE COMO NJ 07719- - 3077

Telephone: (732) 681-9090
Lic. No. or Bldrs. Reg. No. 13VH01546400 36 BI01250400
Federal Employee. No. 22-3324128

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

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 $850

Construction Official — Date 6/7/18

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.	1104
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

SPECIFICATIONS

General Data	Model No.	All Regions	---	---	---	---	14ACX-041
		North / South Regions	14ACXS018	14ACXS024	14ACXS030	14ACXS036	---
		Southwest Region	14ACX-018	14ACX-024	14ACX-030	14ACX-036	---
		Nominal Tonnage	1.5	2	2.5	3	3.5
		Indoor Unit Expansion Valve (TXV) (If needed)	12J18	12J18	12J18	12J19	12J20
		RFCIV Metering Orifice Usage	See AHRI Air Conditioner System Matches (Bulletin No. 210561AC)				
[1] Sound Rating Number (dB)			76	76	76	76	78
Connections (sweat)		Liquid line o.d. - in.	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
[2] Refrigerant (R-410A) furnished			4 lbs. 13 oz.	5 lbs. 6 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.	10 lbs. 1 oz.
Outdoor Fan		Diameter - in.	18	22	22	22	22
		Number of blades	3	3	3	3	4
		Motor hp	1/10	1/6	1/6	1/6	1/4
Shipping Data - lbs. 1 package			138	158	171	177	209

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)	20	25	25	30	35
[4] Minimum circuit ampacity	12.4	15.0	17.1	18.6	22.6
Compressor Rated load amps	9.4	11.2	12.9	14.1	16.7
Condenser Fan Motor Full load amps	0.7	1.0	1.0	1.0	1.7

SPECIFICATIONS

General Data	Model No.	All Regions	---	14ACX-047	14ACX-048	14ACX-059	14ACX-060
		North / South Regions	14ACXS042	---	---	---	---
		Southwest Region	14ACX-042	---	---	---	---
		Nominal Tonnage	3.5	4	4	5	5
		Indoor Unit Expansion Valve (TXV) (If needed)	12J20	12J20	12J20	12J20	12J20
		RFCIV Metering Orifice Usage	See AHRI Air Conditioner System Matches (Bulletin No. 210561AC)				
[1] Sound Rating Number (dB)			78	80	78	78	80
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	7/8	7/8	7/8	1-1/8	1-1/8
[1] Refrigerant (R-410A) furnished			8 lbs. 10 oz.	11 lbs. 3 oz.	10 lbs. 8 oz.	11 lbs. 2 oz.	12 lbs. 0 oz.
Outdoor Fan		Diameter - in.	22	26	22	26	26
		Number of blades	4	4	4	4	4
		Motor hp	1/4	1/3	1/4	1/3	1/3
Shipping Data - lbs. 1 package			208	250	228	266	253

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
[2] Maximum overcurrent protection (amps)	40	45	45	50	60
[3] Minimum circuit ampacity	24.1	26.7	26.7	34.1	34.8
Compressor Rated load amps	17.9	19.9	20	25	26.4
Condenser Fan Motor Full load amps	1.7	1.8	1.7	2.8	1.8

NOTE – Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Sound Rating Number rated in accordance with test conditions included in AHRI Standard 270.

[2] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

[3] HACR type circuit breaker or fuse.

[4] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements

AHRI CERTIFIED www.ahridirectory.org
Unitary Small AC
AHRI Standard 210/240
Certification applies only when the complete system is listed with AHRI.

HRAI MEMBER COMPANY

ETL LISTED Intertek

ENERGY STAR

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

AIR CONDITIONERS
14ACX
MERIT® SERIES
R-410A
SEER - Up to 16.00
1.5 to 5 Tons

Page 17
January 2016
Supersedes June 2015

FEATURES

Refrigerant System

Scroll Compressor

Non-chlorine, ozone friendly, R-410A refrigerant.

Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils

Copper tube construction with enhanced ripple-edged aluminum fins.

Fully serviceable brass service valves.

High pressure switch

Liquid line drier shipped with unit

Totally enclosed, direct drive outdoor fan motor with sleeve bearings.

Louvered steel top fan guard.

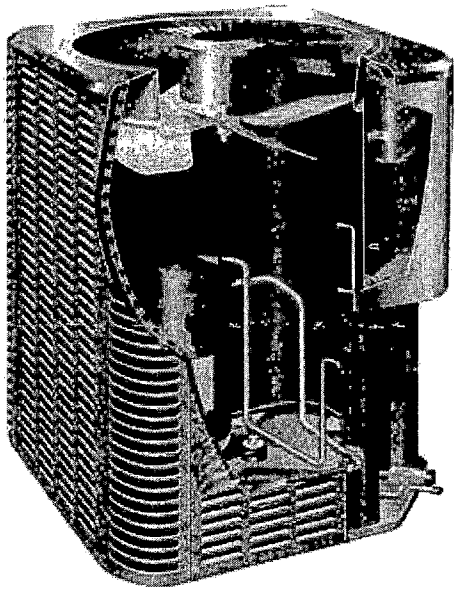
Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.

Steel louvered panels provide complete coil protection

PermaGuard™ zinc-coated base.

Corner patch plate allows access to compressor.



LIMITED WARRANTY

Compressor - five years

All covered components - five years

Refer to Lennox Equipment Limited Warranty certificate included with equipment for details

AHRI RATINGS

See AHRI Ratings Supplement

ACCESSORIES

See page 22

Cabinet

- Mounting Base
- Unit Stand-Off Kit Compressor
- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

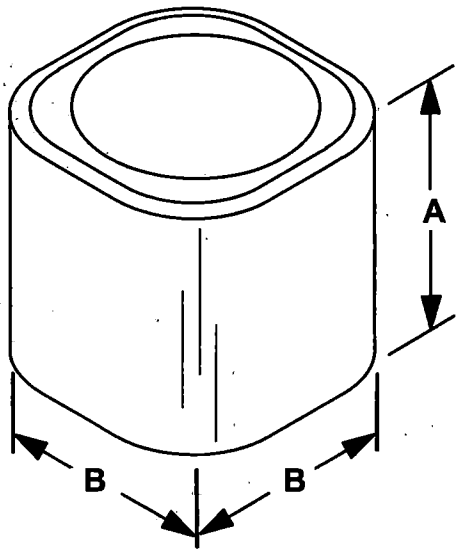
- Freezestat
- Indoor Blower Off Delay Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS

Model No.	A	B
14ACX-018	29-1/4 (743)	24-1/4 (616)
14ACX-024	29-1/4 (743)	28-1/4 (718)
14ACX-030 **14ACX-036** **14ACX-041**	37-1/4 (946)	28-1/4 (718)
14ACX-042	33-1/4 (845)	28-1/4 (718)
14ACX-048	37-1/4 (946)	28-1/4 (718)
14ACX-059	37-1/4 (946)	32-1/4 (819)
14ACX-047 **14ACX-060**	33-1/4 (845)	32-1/4 (819)



NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.