BLOCK 1205.05 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) 211 Georges RD PERMIT NO. 04-2929

Township of Brick

CONSTRUCTION PERMIT APPLICATION

C09.54

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

I. IDENTIFICATION

1. Propsed Work Site at: 211 Georges RD
2. Name of Owner in Fee: L. DeMARCO [redacted]
   Address As Above (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: J.W. Fuley Fire Tel. ( ) _____
   Address 310 Main St
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 21-068-1992 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work J. Fuley
   Tel. (732) 349 4343 FAX (732) 349 0583

AQ Central AIC to existing Ductwork,

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40 ✓	
2.	Electrical		40	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other		81	
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	1500	OH	1/11/04						
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☑ Plumbing	500				1/14/04		1/18/04		OK
7.	☑ Electrical	300				1/14/04		11-24-04		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	2300								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☑ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR-B 10526367

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name J. W. Finley Inc

Address 310 Main St

Toms River NJ

Telephone (732) 3494343

Signature J W Finley

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ *Planning Board*									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/20/2007
Control Number
Permit Number 04-2929
Permit Issue Date 07/15/2004
Certificate Number 04-2929

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 211 GEORGES RD CENTRAL A/C , NJ Block: 1205.05 Lot: 17 Qual:

Owner in Fee: DEMARCO, L

Owner Address: SAME BRICK NJ 08723-

Telephone: [redacted]

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used:

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: 11/20/2007

CBE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/15/2004
Control #
Permit # 04-2929

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1205.05 Lot 17 Qual

Work Site Location 211 GEORGES RD
CENTRAL A/C
Owner in Fee DEMARCO, L
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor J.N. FINLEY
Address 76 RT 37
TOMS RIVER, NJ 08753-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0681992

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
CENTRAL A/C

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	81
Check No.	4569
Cash	
Collected By	ERP

07/15/04 12:42PM 001558#1090
XX07 SERV.007

#042929	
ELECTRIC	$40.00
PLUMBING	$40.00
DCA	$1.00
CHECK	$81.00

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 $ 800

Construction Official 07/15/2004 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

Township of Brick

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 1205.05 Lot 17
Work Site Location 211 Georges Rd Brick NJ
Owner in Fee L. DeMarco
Address & AS above
Tel. [redacted]

Contractor J.W. Finley Inc
Address 310 Main St Toms River
Tel. (732) 3494343
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 21-068-1992

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:
Add Central A/C to Existing Ductwork

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 $ 2300

Construction Official

Date

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

U.C.C. F170
(rev 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/01/2004
Date Issued 7/15/04
Control # ~~C09-54~~
Permit # 042929

SACK INSPECTION PAGE

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 17 Qual
Work Site Location 211 GEORGES RD
CENTRAL A/C
Owner in Fee DEMARCO, L
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor J.W. FINLEY
Address 76 RT 37
TOMS RIVER, NJ 08753-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0681992

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 9 04
Approved By: VMC

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11 2 4 04
Approved By: VMC

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			11-25 or 26	
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

11-16-04 LOCKED 13:20 10

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	10
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 30
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/01/2004
Date Issued 7/15/04
Control # ~~C09-54~~
Permit # 04/2929

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 17 Qual
Work Site Location 211 GEORGES RD
CENTRAL A/C
Owner in Fee DEMARCO, L
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor J.W. FINLEY
Address 76 RT 37
TOMS RIVER, NJ 08753-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0681992

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7/9/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	10
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 30
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/01/2004
Date Issued 7/15/04
Control # ~~C09-54~~
Permit # 04/2929

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 17 Qual
Work Site Location 211 GEORGES RD
CENTRAL A/C
Owner in Fee DEMARCO, L
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor J.W. FINLEY
Address 76 RT 37
TOMS RIVER, NJ 08753-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0681992

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ] NO~~ Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/14/04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11/8/04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO			11/16/04	

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other CENTRAL A/C	40
	Other	0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	40
DCA State Permit Fee	$	1

U.C.C. P130 (rev. 3/96)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 211 Georges RD
Block: 1205.05 Lot: 17
Owner's Name: L. DeMarco
Owner's Mailing Address: As Above

Phone: [redacted]

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:
Add Central A/C to existing ductwork.

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: J.W. Finley Inc
Address: 310 MAW St
Toms River NJ
Phone#: 732 349 4343
Lis #: 11134
Federal Emp # or SSN 21-068-1992

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air (1) 2½ TON	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 300

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

Signature: J.W. Finley
Please Print Name J. W. FINLEY

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: J.W. Finley Inc
Address: 310 Main St

Phone #: 732 349 4343
Lis #: 3563
Federal Emp # or SSN 21-068-1992

ADD Central A/C to existing Ductwork.

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	(1)
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other: 1 set Refrigerant Lines	

Estimated Cost of Plumbing Work 500

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

Signature: J.W. Finley
Please Print Name: J.W. FINLEY

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

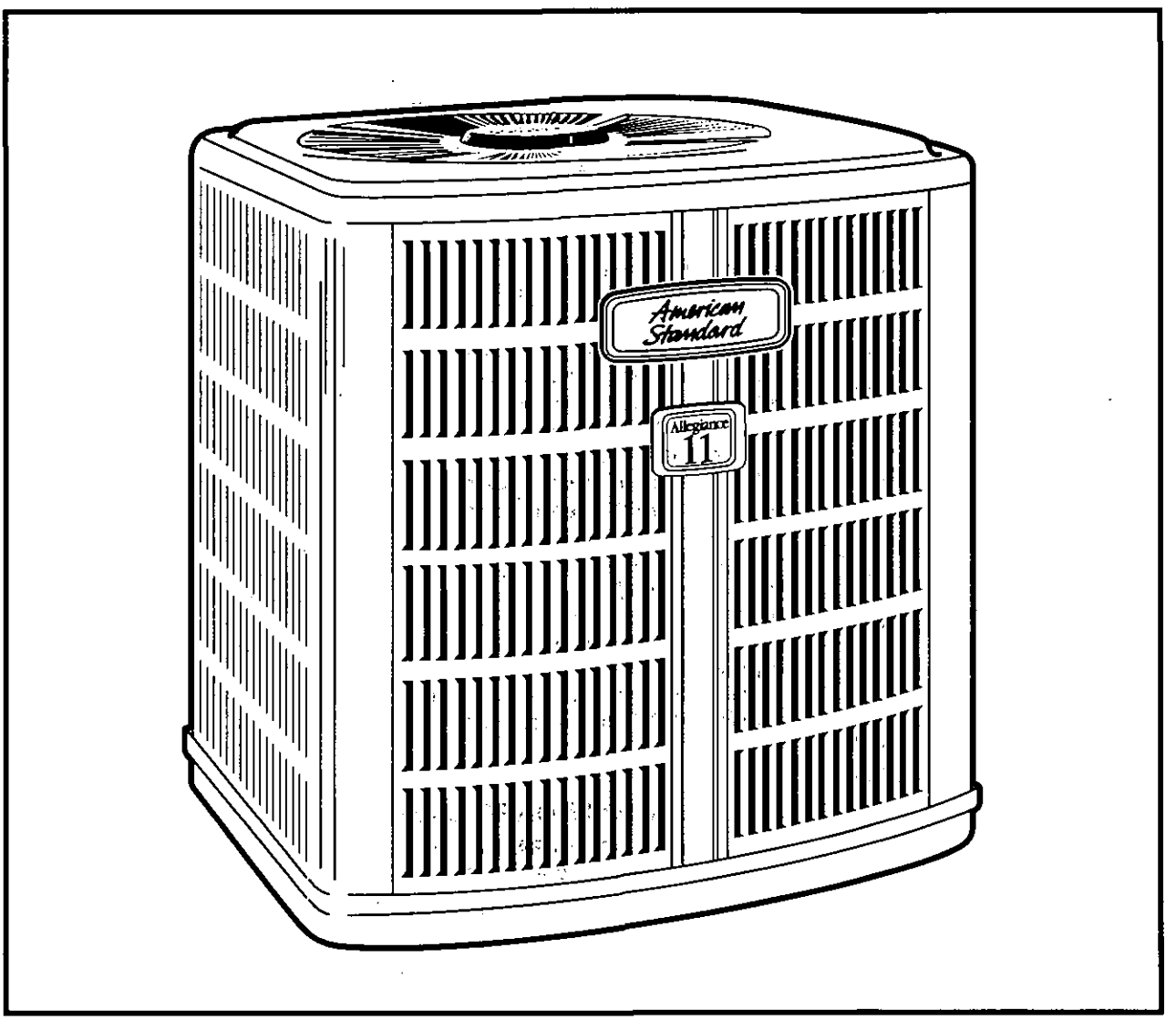
Estimated Cost of Fire Work

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

Signature:
Print Name:

American Standard

SPLIT SYSTEM COOLING
1½ — 5 TON



ALLEGIANCE® 11
MODELS 2A7A0060A & 2A7A1018-060A

PUB. NO. 12-1188-01
Tab 3 — June 2002

General Data — 2A7A1030A1000A

OUTDOOR UNIT ①②	2A7A1030A1000A
SOUND RATING (DECIBELS) ②	79
POWER CONNS. — V/PH/HZ ③	200/230/1/60
MIN. BRCH. CIR. AMPACITY	17
BR. CIR. } MAX. (AMPS)	30
PROT. RTG. } MIN. (AMPS)	30
COMPRESSOR	DURATION™
NO. USED - NO. SPEEDS	1 - 1
VOLTS/PH/HZ	200/230/1/60
R.L. AMPS ⑦ - L.R. AMPS	13.1 - 71
FACTORY INSTALLED	
START COMPONENTS ⑧	NO
INSULATION/SOUND BLANKET	YES
COMPRESSOR HEAT	NO
OUTDOOR FAN — TYPE	PROPELLER
DIA. (IN.) - NO. USED	19 - 1
TYPE DRIVE - NO. SPEEDS	DIRECT - 1
CFM @ 0.0 IN. W.G. ④	2550
NO. MOTORS - HP.	1 - 1/8
MOTOR SPEED R.P.M.	1075
VOLTS/PH/HZ	200/230/1/60
F.L. AMPS	0.9
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS - F.P.I.	1 - 24
FACE AREA (SQ. FT.)	9.72
TUBE SIZE (IN.)	3/8
REFRIGERANT	R-22
(O.D. UNIT) NP CHRG. ⑤	4/00-LB/OZ
FACTORY SUPPLIED	YES
LINE SIZE - IN. O.D. GAS ⑥	3/4
LINE SIZE - IN. O.D. LIQ. ⑥	5/16
FCCV	
RESTRICTOR ORIFICE SIZE	0.065
DIMENSIONS	H X W X D
OUTDOOR UNIT CRATED (IN.)	30.1 X 26.7 X 30.2
UNCRATED	SEE OUTLINE DWG.
WEIGHT	
SHIPPING (LBS.)	166
NET (LBS.)	147

① **CERTIFIED IN ACCORDANCE WITH THE UNITARY AIR-CONDITIONER EQUIPMENT CERTIFICATION PROGRAM WHICH IS BASED ON A.R.I. STANDARD 210/240.**

② **RATED IN ACCORDANCE WITH A.R.I. STANDARD 270/SECTION 5.3.6.**

③ CALCULATED IN ACCORDANCE WITH NATIONAL ELECTRIC CODE. ONLY USE HACR CIRCUIT BREAKERS OR FUSES.

④ STANDARD AIR - DRY COIL - OUTDOOR

⑤ THIS VALUE APPROXIMATE. FOR MORE PRECISE VALUE SEE UNIT NAMEPLATE AND SERVICE INSTRUCTION.

⑥ MAX. LINEAR LENGTH: 80 FT WITH RECIPROCATING COMPRESSOR - 60 FT WITH SCROLL. MAX. LIFT - SUCTION 60 FT; MAX LIFT - LIQUID 60 FT. FOR GREATER LENGTH REFER TO REFRIGERANT PIPING SOFTWARE PUB. NO. 32-3312-01.

⑦ THE VALUE SHOWN FOR COMPRESSOR RLA ON THE UNIT NAMEPLATE AND ON THIS SPECIFICATION SHEET IS USED TO COMPUTE MINIMUM BRANCH CIRCUIT AMPACITY AND MAXIMUM FUSE SIZE. THE VALUE SHOWN IS THE BRANCH CIRCUIT SELECTION CURRENT.

⑧ NO MEANS NO START COMPONENTS.
YES MEANS QUICK START KIT COMPONENTS.
PTC MEANS POSITIVE TEMPERATURE COEFFICIENT STARTER.

SPLIT SYSTEM

CONDENSING UNIT WITH COOLING COILS

	CCBA30A4AC	CCBB30A4AC	CUBA30A4AC	CUBB30A4AC	TXA025C4	TXA030C4	TXA031C4
EXPANSION TYPE	FIXED ORIFICE	FIXED ORIFICE	FIXED ORIFICE	FIXED ORIFICE	CHG TO 65	CHG TO 65	CHG TO 65
RATINGS (COOLING)①							
BTUH (TOTAL)	27800	29200	27800	29200	28400	29200	29000
BTUH (SENSIBLE)	19900	21400	19900	21400	20100	21200	21200
INDOOR AIRFLOW (CFM)	950	1000	950	1000	900	1000	1000
SYSTEM POWER (KW)	3.07	3.14	3.07	3.14	3.07	3.14	3.14
EER/SEER (BTU/WATT-HR.)	9.05/10.00	9.30/10.00	9.05/10.00	9.30/10.00	9.25/10.00	9.30/10.00	9.25/10.00

	TXA035C4	TXA036C4	TXA037C4	TXC025C4	TXC025D4	TXC030C4	TXC030D4
EXPANSION TYPE	CHG TO 65	CHG TO 65	CHG TO 65	CHG TO 65	CHG TO 65	CHG TO 65	CHG TO 65
RATINGS (COOLING)①							
BTUH (TOTAL)	29600	30400	30400	28400	28400	29200	29200
BTUH (SENSIBLE)	22100	22900	22900	20100	20100	21200	21200
INDOOR AIRFLOW (CFM)	1100	1125	1125	900	900	1000	1000
SYSTEM POWER (KW)	3.20	3.25	3.25	3.07	3.07	3.14	3.14
EER/SEER (BTU/WATT-HR.)	9.25/10.00	9.35/10.25	9.35/10.25	9.25/10.00	9.25/10.00	9.30/10.00	9.30/10.00

	TXC031C4	TXC031D4	TXC031S3	TXC035C4	TXC035D4	TXC036C4	TXC036D4
EXPANSION TYPE	CHG TO 65	CHG TO 65	TXV-NB	CHG TO 65	CHG TO 65	CHG TO 65	CHG TO 65
RATINGS (COOLING)①							
BTUH (TOTAL)	29000	29000	30200	29600	29600	30400	30400
BTUH (SENSIBLE)	21200	21200	22100	22100	22100	22900	22900
INDOOR AIRFLOW (CFM)	1000	1000	1000	1100	1100	1125	1125
SYSTEM POWER (KW)	3.14	3.14	3.16	3.20	3.20	3.25	3.25
EER/SEER (BTU/WATT-HR.)	9.25/10.00	9.25/10.00	9.55/11.00	9.25/10.00	9.25/10.00	9.35/10.25	9.35/10.25

†See page 23 for combinations with Auxiliary Devices.

General Data — 2A7A1030A1000A

CONDENSING UNIT WITH COOLING COILS

	TXC036S3	TXC037C4	TXC037S3	TXH025A4	TXH033A4	TXH041A4
EXPANSION TYPE	TXV-NB	CHG TO 65	TXV-NB	CHG TO 65	CHG TO 65	CHG TO 65
RATINGS (COOLING)①						
BTUH (TOTAL)	31400	30400	31400	28000	29400	31200
BTUH (SENSIBLE)	24000	22900	24000	19600	22100	23900
INDOOR AIRFLOW (CFM)	1125	1125	1125	900	1000	1125
SYSTEM POWER (KW)	3.27	3.25	3.27	3.06	3.14	3.28
EER/SEER (BTU/WATT-HR.)	9.60/11.00	9.35/10.25	9.60/11.00	9.15/10.00	9.35/10.25	9.50/10.25

CONDENSING UNIT WITH AIR HANDLERS

	TVF025A14	TVF030A14	TVF036A14	TWE024C14	TWE024P13	TWE030C14	TWE030P13
EXPANSION TYPE	CHG TO 65	CHG TO 65	CHG TO 65	CHG TO 65	TXV-NB	CHG TO 65	TXV-NB
RATINGS (COOLING)①							
BTUH (TOTAL)	29000	30200	31000	27200	29200	28600	29600
BTUH (SENSIBLE)	20900	22500	24000	18800	20900	20500	21400
INDOOR AIRFLOW (CFM)	900	1000	1125	900	900	945	940
SYSTEM POWER (KW)	3.10	3.16	3.30	2.97	3.09	3.06	3.08
EER/SEER (BTU/WATT-HR.)	9.35/10.25	9.55/10.50	9.40/10.25	9.15/10.00	9.45/10.75	9.35/10.25	9.60/11.00

	TWE031E13	TWE036C14	TWE036P13	TWE037E13	TWE040E13	TWE042P13	TWG025A14
EXPANSION TYPE	TXV-NB	CHG TO 65	TXV-NB	TXV-NB	TXV-NB	TXV-NB	CHG TO 65
RATINGS (COOLING)①							
BTUH (TOTAL)	30000	30200	30200	30600	32200	31000	28400
BTUH (SENSIBLE)	22400	23300	22900	22700	24300	23700	20500
INDOOR AIRFLOW (CFM)	1020	1125	1125	1000	1010	1125	900
SYSTEM POWER (KW)	3.03	3.21	3.21	2.96	3.02	3.26	3.01
EER/SEER (BTU/WATT-HR.)	9.90/11.25	9.40/10.25	9.40/10.50	10.35/11.50	10.65/11.50	9.50/10.75	9.45/10.25

	TWG030A14	TWG036A14	TWG037A14
EXPANSION TYPE	CHG TO 65	CHG TO 65	CHG TO 65
RATINGS (COOLING)①			
BTUH (TOTAL)	29000	30000	30000
BTUH (SENSIBLE)	21500	23100	23100
INDOOR AIRFLOW (CFM)	1000	1125	1125
SYSTEM POWER (KW)	3.10	3.21	3.19
EER/SEER (BTU/WATT-HR.)	9.35/10.25	9.35/10.25	9.40/10.25

CONDENSING UNIT WITH FURNACES & COILS

	ADD060R9V3 +TXC031S3	ADD060R9V3 +TXC036S3	ADD060R9V3 +TXC031S3	ADD060R9V3 +TXC036S3	ADY060R9V3 +TXC031S3	ADY060R9V3 +TXC036S3	ADY060R9V3 +TXC031S3
EXPANSION TYPE	TXV-NB	TXV-NB	TXV-NB	TXV-NB	TXV-NB	TXV-NB	TXV-NB
RATINGS (COOLING)①							
BTUH (TOTAL)	30600	31400	30400	31200	30200	30800	30000
BTUH (SENSIBLE)	22500	23200	22000	22600	21300	21700	21100
INDOOR AIRFLOW (CFM)	1000	1000	945	945	880	875	875
SYSTEM POWER (KW)	3.03	3.05	3.00	3.00	2.98	2.99	2.99
EER/SEER (BTU/WATT-HR.)	10.10/11.50	10.30/11.50	10.15/11.50	10.40/11.50	10.15/11.50	10.30/11.50	10.05/11.50

	ADY060R9V3 +TXC036S3	AUD060R9V3 +TXC031S3	AUD060R9V3 +TXC036S3	AUD060R9V3 +TXC031S3	AUD060R9V3 +TXC036S3	AUY060R9V3 +TXC031S3	AUY060R9V3 +TXC036S3
EXPANSION TYPE	TXV-NB	TXV-NB	TXV-NB	TXV-NB	TXV-NB	TXV-NB	TXV-NB
RATINGS (COOLING)①							
BTUH (TOTAL)	30600	30600	31400	30600	31400	30000	30600
BTUH (SENSIBLE)	21600	22900	23300	22500	23200	21100	21600
INDOOR AIRFLOW (CFM)	875	1050	1020	1000	1000	875	875
SYSTEM POWER (KW)	3.00	3.09	3.09	3.03	3.05	2.97	2.99
EER/SEER (BTU/WATT-HR.)	10.20/11.50	9.90/11.25	10.15/11.50	10.10/11.50	10.30/11.50	10.10/11.50	10.25/11.50

①See page 23 for combinations with Auxiliary Devices.

S/N RSR20175 RIGHT-J SHORT FORM 6-08-2004

File name: DEMARCO.RSR
Job #:

For: Ms. L. De Marco
211 Georges Rd.
Brick NJ 08723
732-785-9077

By: J.W. Finley
310 Main St
Toms River NJ 08753
732-349-4343

	Htg	Clg
Outside db	0	95
Inside db	70	75
Design TD	70	20
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	38
Method	Simplified	
Const. qlty	Average	
Fireplaces	0	

HEATING EQUIPMENT

Make
Trade

Efficiency	80.0 AFUE	
Heating Input	0	Btuh
Heating Output	0	Btuh
Heating Temp Rise	0	Deg F
Actual Heating Fan	1000	CFM
Htg Air Flow Factor	0.000	CFM/Btuh

Space Thermostat

COOLING EQUIPMENT

Make
Trade

Efficiency	0.0 EER	
Sensible Cooling	0	Btuh
Latent Cooling	0	Btuh
Total Cooling	0	Btuh
Actual Cooling Fan	1000	CFM
Clg Air Flow Factor	0.039	CFM/Btuh

Load Sensible Heat Ratio 90

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
All Rooms	1225	0	25770	0	1000
Entire House d	1225	0	25770	0	1000
Ventilation Air		0	0		
Equip. @ 1.00 RSM			25770		
Latent Cooling			2804		
TOTALS	1225	0	28575	0	1000

RIGHT-J CALCULATIONPROCEDURESA, B, C, D

Job #: 6-08-2004
Zone: Entire House *File name:* DEMARCO.RSR

Procedure A - Winter Infiltration HTM Calculation*

1.	Winter Infiltration CFM					
	1.2 AC/HR x	0	Cu.Ft. x 0.0167 =		0	CFM
2.	Winter Infiltration Btuh					
	1.1 x	0	CFM x	70	Winter TD =	0 Btuh
3.	Winter Infiltration HTM					
	0 Btuh /	0	Total Window and Door Area =		0.0	HTM

Procedure B - Summer Infiltration HTM Calculation*

1.	Summer Infiltration CFM					
	0.5 AC/HR x	9800	Cu.Ft. x 0.0167 =		82	CFM
2.	Summer Infiltration Btuh					
	1.1 x	82	CFM x	20	Summer TD =	1800 Btuh
3.	Summer Infiltration HTM					
	1800 Btuh /	226	Total Window and Door Area =		8.0	HTM

Procedure C - Latent Infiltration Gain

0.68 x	38	gr.diff. x	82	CFM =	2114	Btuh

Procedure D - Equipment Sizing Loads

1. Sensible Sizing Load

Sensible Ventilation Load					
1.1 x 0 Vent.CFM x	20	Summer TD	=	0	Btuh
Sensible Load for Structure (Line 19)			+	25770	Btuh
Sum of Ventilation and Structure Loads			=	25770	Btuh
Rating and Temperature Swing Multiplier			x	1.00	RSM
Equipment Sizing Load - Sensible			+	25770	Btuh

2. Latent Sizing Load

Latent Ventilation Load					
0.68 x 0 Vent.CFM x	38	gr.diff.	=	0	Btuh
Internal Loads = 230 x	3	No. People	+	690	Btuh
Infiltration Load From Procedure C			+	2114	Btuh
Equipment Sizing Load - Latent			=	2804	Btuh

*Construction Quality is: a No. of Fireplaces is: 0

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR20175

Printout certified by ACCA to meet all requirements of Manual Form J