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.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1158.15 LOT 5 QUALIFICATION CODE ADDRESS (SITE) 2 Bedford Ave PERMIT NO. 20-0209

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-20-000194

I. IDENTIFICATION

1. Proposed Work Site at: 2 Bedford Ave

2. Name of Owner in Fee: Frank Tallarida

Tel. [redacted] e-mail

Address Brick
street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: Tel. ( ) e-mail

NJR Home Services
1415 Wyckoff Rd., Wall NJ 07719
Tel. 1.877.466.3657 Fax. 732-493-6479
Contractor License No. 13VH00361500
HVACR License No. 19HC00366400
Federal Employee No. 22-3609806

FRANK CASEY TEL. 732-919-8090

Exp. Date

pplicable):

( )

Address

Tel. ( ) FAX: ( )

6. Responsible Person in Charge once Work has Begun

Tel. ( ) FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150-✓	
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mechanical		125-✓	
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		8-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	283-	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/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

RECEIVED JAN 17 2020 BY CLERK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/5/2020
Control Number C-20-000194
Permit Number 20-0209
Permit Issue Date 1/23/2020
Certificate Number 20-0209

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 BEDFORD AVE. Brick Township, NJ Block: 1158.15 Lot: 5 Qual:

Owner in Fee: TALLARIDA, FRANK A. & AMELIA S.

Owner Address: 2 BEDFORD AVE. BRICK NJ 08724

Telephone: [redacted]

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF ROAD WALL NJ 07719

Telephone: (877) 466-3657 Fax: (732) 938-3010

License Number or Builders Registration Number: Federal Emp. Number: 22-3609806

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/5/2020

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 20-0209
Date Issued 11/23/20
Permit #

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

Block 1158.15 Lot 5 Qualification Code

Work Site Location 2 BEDFORD AV, Brick, NJ 08724

Owner in Fee TALLARIDA,FRANK

Tel. ([redacted] e-mail

Address 2 BEDFORD AVE (Street) municipality 08724 (Zip Code)

Contractor NJR HOME SERVICES Tel. (732) 938-1105

Address 1415 WYCKOFF RD. e-mail NJRHSpermits@NJResources.com

WALL TOWNSHIP,NJ 07719

Contractor License No. or Builder Registration No. 34EB01231200 Exp.Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX (732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group: Present: X Proposed:

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

Building Occupied as Utility Co.

Estimated Cost of Elec. Work $ 2208.00

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: Daniel J Neary

Print name here: Daniel J. Neary

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irregation Contr. [ ] Exempt Application

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DIRECT REPLACEMENT OF GAS FURNACE

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 Diswasher	
		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	
1	FURNACE		

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 APPRVAL for PERMIT
Date:
Approved By:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

To Reorder Call:
Allegra Marketing, Print & Mail
(609)-390-1400

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 20-0209
Date Issued
Permit # 1125120

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

Block ~~1158.15~~ 1158.15 Lot 5 Qualification Code

Work Site Location 2 BEDFORD AV, Brick, NJ 08724

Owner in Fee TALLARIDA,FRANK

Tel. [redacted] e-mail

Address 2 BEDFORD AVE

Contractor NJR HOME SERVICES Tel. (732) 919-8090

Address 1415 WYCKOFF RD.,WALL TOWNSHIP,NJ 07719 e-mail NJRHSpermits@NJResources.com

Contractor License No. or Builder Registration No. 19HC00366400 Exp.Date 6/30/2020

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX (732) 938-3010

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: Frank Casey

Print name here: FRANK CASEY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5(circle one) Proposed: R-3, R-4 or R-5(circle one)

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 2208.00

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Mechanical Plans Approved

Date: Approved By:

[ ] Fire Protection Plans Approved

Date: Approved By:

Joint Plan Review Required:

] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.

] Elev.

SUBCODE APPRVAL for PERMIT

Date:

Approved By:

SUBCODE APPROVAL for CERTIFICATE

[X] CA [ ] CCO

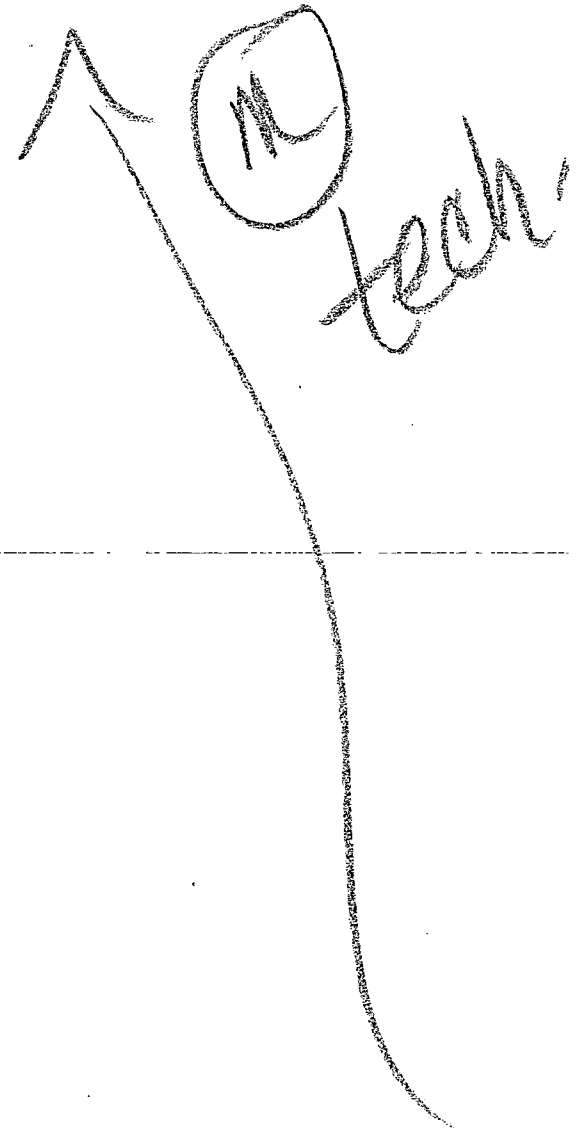
Date: 2-26-20

Approved By:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL	2-12-20		2-24-20	

U.C.C. F145 (rev. 11/09)

2-12-20
c/o Detector 2nd Fl.
"B" vent not pitched upward



ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 20-0209
Date Issued
Permit # 1/23/20

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

Block 1158.15 Lot 5 Qualification Code

Work Site Location 2 BEDFORD AV, Brick, NJ 08724

Owner in Fee TALLARIDA,FRANK

Tel. [redacted] e-mail

Address 2 BEDFORD AVE (Street) (municipality) 08724 (Zip Code)

Contractor NJR HOME SERVICES Tel. (732) 938-1105

Address 1415 WYCKOFF RD. e-mail NJRHSpermits@NJResources.com

WALL TOWNSHIP,NJ 07719

Contractor License No. or Builder Registration No. 34EB01231200 Exp.Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX (732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group: Present: X Proposed:

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

Building Occupied as Utility Co.

Estimated Cost of Elec. Work $ 2208.00

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: Daniel J. Neary

Print name here: Daniel J. Neary

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irregation Cont'r [ ] Exempt Application

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DIRECT REPLACEMENT OF GAS FURNACE

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 Diswasher	
		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	
1	FURNACE		

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 APPRVAL for PERMIT

Date:

Approved By:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CA [X] CCO

Date: 2-13-2020

Approved By:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-20-20	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

To Reorder Call:
Allegra Marketing, Print & Mail
(609)-390-1400

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

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

20-0209

CONSTRUCTION PERMIT

Date Issued 1/23/20
Control # C-20-000194
Permit #

IDENTIFICATION Block: 1158.15 Lot: 5 Qualifier

Work Site Location: 2 BEDFORD AVE. Brick Township, NJ

Owner in Fee: TALLARIDA, FRANK A. & AMELIA S.
2 BEDFORD AVE. BRICK NJ 08724

Telephone: [redacted]

Contractor: NJR HOME SERVICES
Address: 1415 WYCKOFF ROAD WALL NJ 07719

Telephone: (877) 466-3657
Lic. No. or Bldrs. Reg. No. 36BI00969200 13VH00361500
Federal Employee. No. 22-3609806

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☑ OTHER

DESCRIPTION OF WORK:
REPLACEMENT HOT AIR FURNACE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$283
Check No.	53444
Cash	$0
Credit	$0
Collected By	KH

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 $4,416

Daniel J Newman (MF) — Construction Official
1/17/20 — Date

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.

01/21/20 [illegible] 00155B#9911

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.

CONSTRUCTION PERMIT

Date Issued

Permit#

IDENTIFICATION Block 158.15 Lot 5 Qualification Code

Work site Location 2 BEDFORD AV, Brick, NJ 08724

Owner in Fee TALLARIDA,FRANK

Address 2 BEDFORD AVE

Tel. [redacted]

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF RD.,WALL TOWNSHIP,NJ 07719

Tel. (732) 919-8090

Lic. No. or Bldrs. Reg. No. 13VH00361500

22-3609806

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITON
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

DIRECT REPLACEMENT OF GAS FURNACE

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

Estimated Cost of work $4,416.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	
Check No.	
Cash	
Collected by	

(see reverse side)

UCC F170(rev. 01/04) For reorder: Call Allegra-Marketing-Print-Mail (609) 390-1400

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 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 fo 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 as follows:

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 buildings subcode.
2. Foundation and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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 requirments:

☐ 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; eletrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests rquired 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.

Lot: 5
Blk: 158.15

RESIDENTIAL REPLACEMENT OF FURNACE/BOILER
(IN LIEU OF MANUAL S)

BOILER REPLACEMENT

OLD BTU INPUT_____OUTPUT_____ I=B=R OUTPUT_____

NEW BTU INPUT_____OUTPUT_____ OUTPUT_____

FURNACE REPLACEMENT

OLD BTU INPUT 50K OUTPUT 40K

NEW BTU INPUT 50K OUTPUT 40K

A/C REPLACEMENT

OLD UNIT _____ BTU

NEW UNIT_____BTU

AND/OR

HEAT LOSS/HEAT GAIN

IF YOU DON'T HAVE OLD UNIT SPECIFICATIONS, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN (MANUAL J & MANUAL S)

IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN

WE ALSO WILL NEED
COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE/BOILER /AC UNIT
(NOT THE INSTALLATION GUIDE)

CHIMNEY CERTIFICATION (CANNOT BE CERTIFIED BY HOMEOWNER)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 158.15 LOT 5 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 2 BEDFORD AV, Brick, NJ 08724

Owner in Fee TALLARIDA,FRANK

Verifying Individuals FRANK CASEY Company NJR HOME SERVICES

Address 1415 WYCKOFF RD. (Street) WALL TOWNSHIP (City) NJ (State) 07719 (Zip Code)

Tel:(732) 919-8090 Fax:(732) 938-3010

Check the Appropriate Box(es):

Type of Replacement:
- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [✓] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:
- [✓] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

Size: 6"
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	HH	Oil / Gas / Other: Gas	50 K
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney : _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previo us use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance (s) being installed.

_____ Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/v ent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Frank Casey 1/16/20
Signature Date

Direct Vent Appliance.

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/ vent is appropriately lined and sized for any remaining appliances.

_____ Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION.
FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This *form* may not be submitted by a homeowner in lieu of the required *inspection.*

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

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

HAS LICENSED

Francis J. Casey
1415 Wyckoff Rd
Wall NJ 07719

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

08/15/2018 TO 08/30/2020
VALID

19HC00366400
LICENSE/REGISTRATION/CERTIFICATION

Signature of Licensee, Registrant, Certificate Holder

ACTING DIRECTOR

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE

Home Improvement Contractors

HAS REGISTERED

NJR HOME SERVICES COMPANY
Frank Casey, Manager-NJRHS Operations
1415 Wyckoff Road
Wall NJ 07719

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

02/11/2019 TO 03/31/2020
VALID

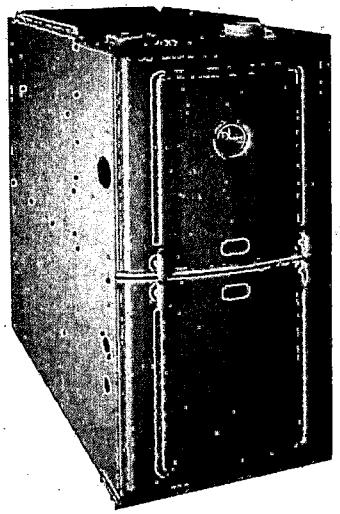
13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #

Frank Casey
Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

The new degree of comfort.™

Rheem *Classic*® Series Upflow/Horizontal Gas Furnace



R801S- (Upflow/Horizontal) Series

80% A.F.U.E.†
Input Rates 50-150 kBTU

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- 80% residential Gas Furnace CSA certified
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics – 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design – serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Controls board features dip switches for easy system set up
- QR codes for quick access to product information from your smart phone or tablet

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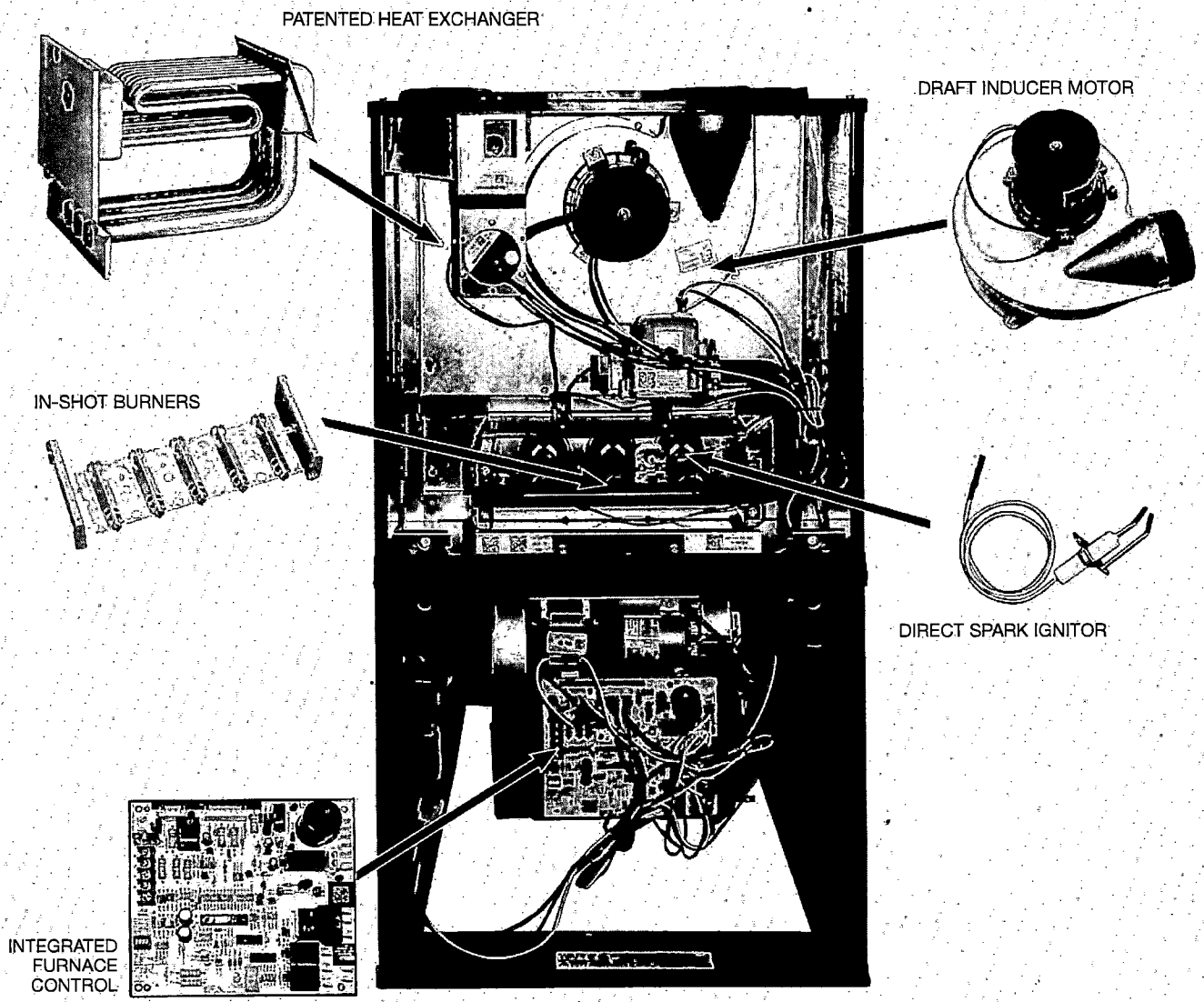

STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics.

OPTIONAL EQUIPMENT

Side and bottom filter frame assembly. Return air cabinet for all sizes.

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Rheem distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Rheem parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form.

NOTE: For natural and L.P. (propane) gas models, direct spark ignition is 100% safety lockout type.

WARNING

THIS FURNACE IS NOT APPROVED
OR RECOMMENDED
FOR USE IN MOBILE HOMES

Model Features

- 80% residential Gas Furnace CSA certified
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics – 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design serviceable in all furnace orientations
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- 1/4 turn door knobs for tool less access
- Integrated Controls board features dip switches for easy system set up
- QR codes for quick access to product information from your smart phone or tablet

Physical Data and Specifications

MODEL NUMBERS R801S SERIES	R801SA060314M*A	R801SA075317M*A	R801SA075417M*A	R801SA100417M*A	R801SA100521M*A	R801SA125524M*A	R801SA150524M*A
Input-BTU/Hr ②	60,000	75,000	75,000	100,000	100,000	125,000	150,000
Heating Capacity BTU/Hr ①	48,000	60,000	60,000	80,000	80,000	100,000	120,000
Heat Ext. Static Pressure	.16	.20	.20	.28	.28	.28	.28
Blower (D x W)	11 x 6	11 x 7	11 x 7	11 x 7	11 x 10	11 x 10	11 x 10
Motor H.P.-Speed-Type	1/3-4-PSC	1/2-4-PSC	1/2-4-PSC	1/2-4-PSC	1/2-4-PSC	3/4-4-PSC	3/4-4-PSC
Min Circuit Ampacity	9	10	9	11	9	12	13
Min. Overload Protection	15	15	15	15	15	15	15
Max. Overload Protection	15	15	15	15	15	15	20
Motor Full Load Amps	5.7	6.7	7.8	7.8	7.5	8.4	9.3
Heating Speed	Med-Low	Med-High	Med-High	Med-High	Med-Low	Med-High	Med-High
Cooling Speed	High	Med-High	High	Med-High	High	High	High
Cooling CFM @ .70" W.C. E.S.P.	1164	1198	1657	1292	1807	1742	1916
Max. E.S.P. (In. W.C.)	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Temperature Rise Range °F	25-55	25-55	25-55	35-65	35-65	35-65	45-75
Max. Outlet Air Temp. °F	155	155	155	165	160	165	190
Approx. Shipping Weight (Lbs.)	110	110	125	110	140	150	160
AFUE ①	80.0%	80%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1 Ph. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form for high altitude derate.
* S = Standard, X = Low Nox

Model Number Identification

R	80	1	S	A	075	4	17	M	S	A
Rheem	80 = 80% AFUE	1 = Single Stage	S = PSC Standard	Design Series A = 1st Design	Input BTU/HR 050 = 50,000 075 = 75,000 100 = 100,000 125 = 125,000 150 = 150,000	3 = Up to 3 Ton 4 = Up to 4 Ton 5 = Up to 5 Ton	Cabinet Width 14 = 14" 17 = 17.5" 21 = 21" 24 = 24.5"	M = Multi	X = Low NO_x S = Standard	Revision-Marketing (A – First Time Release)

Upflow Application

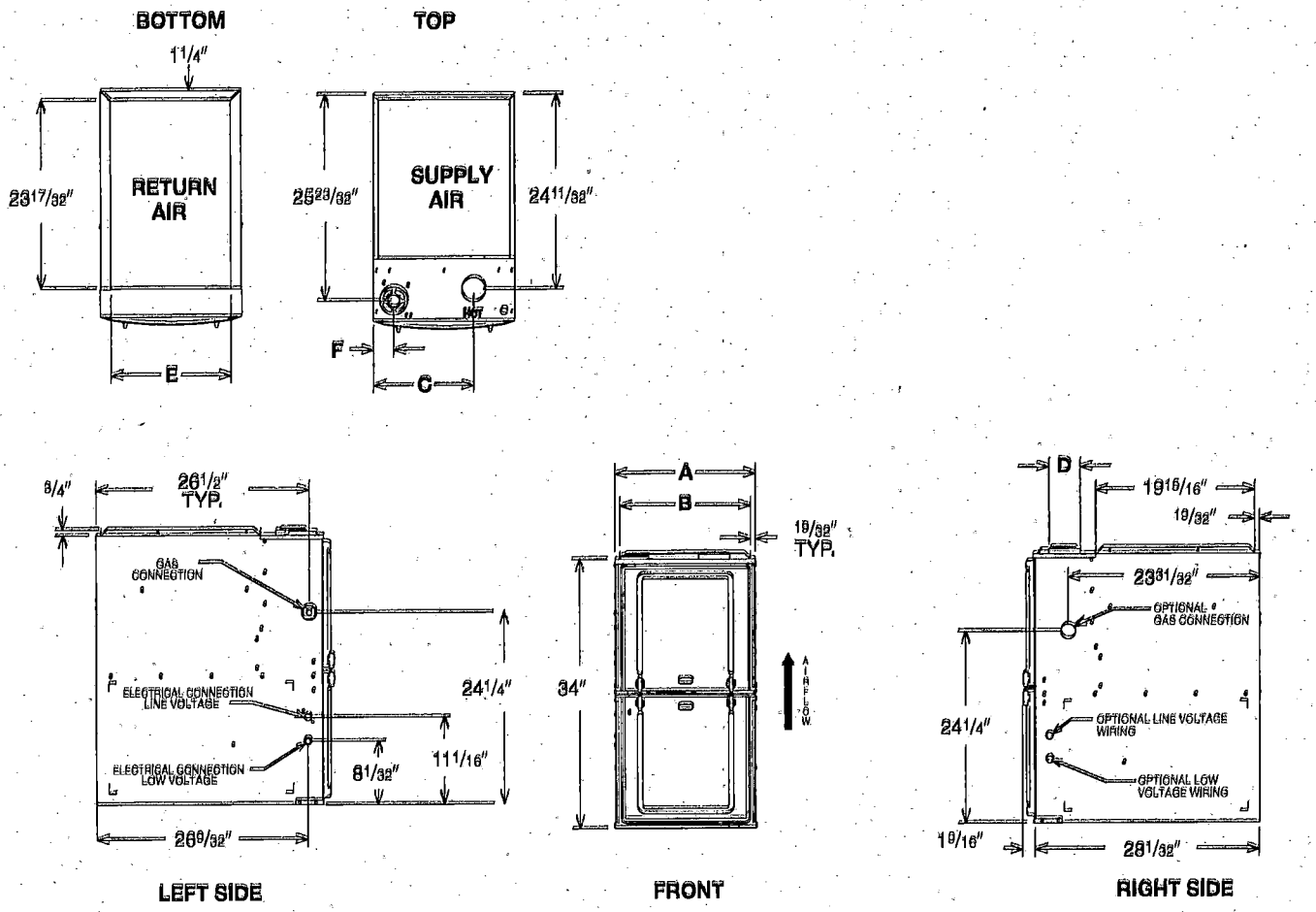


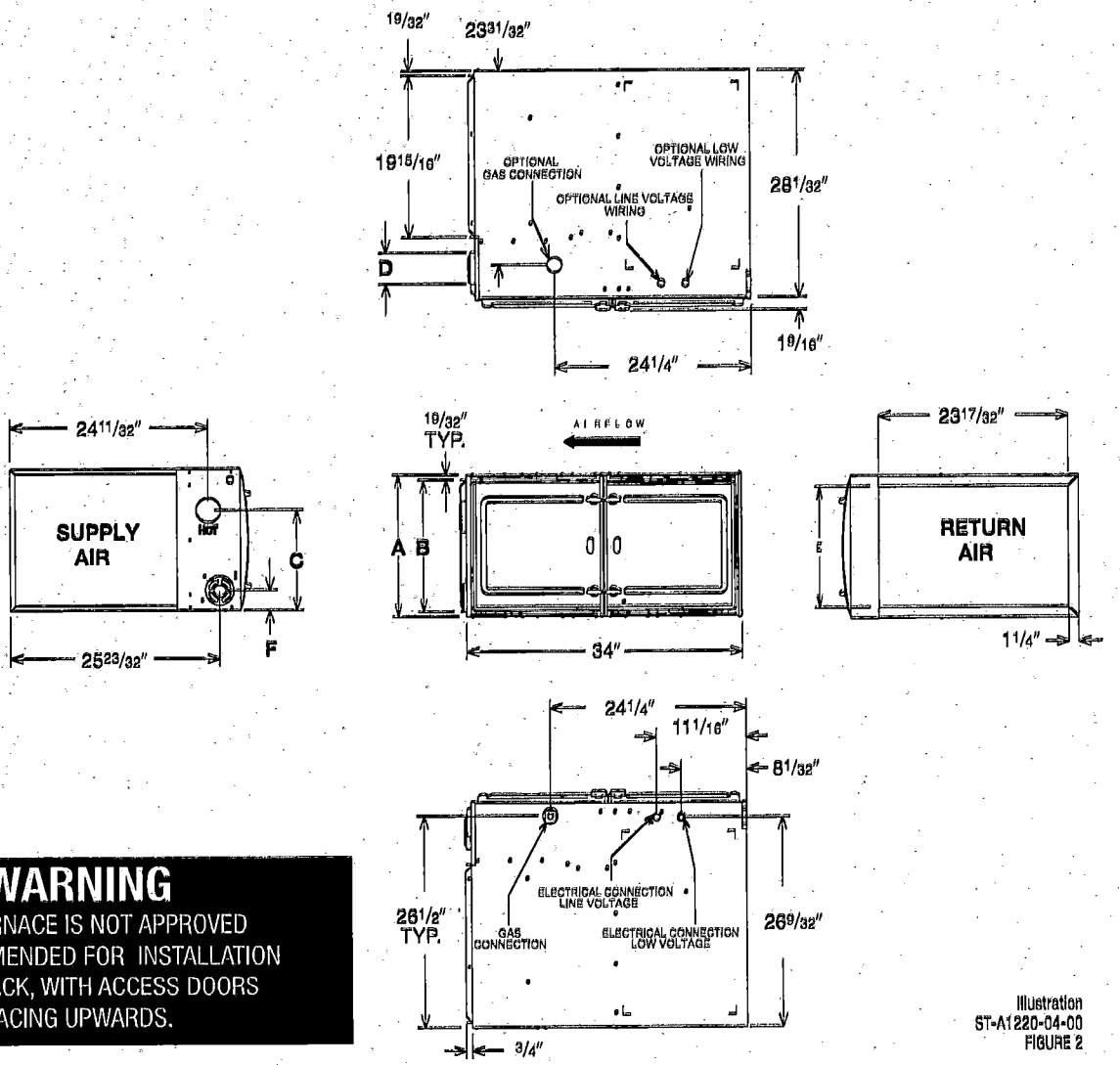
Illustration
ST-A1220-04-00
FIGURE 1

Dimensional Data: Upflow Model

MODEL R801S-	A	B	C	D	E	F	MINIMUM CLEARANCE (IN.)						SHIP WGTS. (LBS.)
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
050	14	12 27/32	10 5/8	①	11 1/2	1 7/8	0	4 ②	0	1	3	6 ③	85
075/ 100417	17 1/2	16 11/32	12 3/8	①	15	2 1/2	0	3 ②	0	1	3	6 ③	105
10052	21	19 27/32	14 1/8	①	18 1/2	2 1/2	0	0	0	1	3	6 ②	120
125	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	140
150	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	150

NOTES: ① May require a 3" to 4" or 3" to 5" adapter. 4".
② May be 0" with type B vent.
③ May be 1" with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

Horizontal Application



WARNING

THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR INSTALLATION ON ITS BACK, WITH ACCESS DOORS FACING UPWARDS.

Illustration
ST-A1220-04-00
FIGURE 2

Dimensional Data: Horizontal Model

MODEL R801S-	A	B	C	D	E	F	MINIMUM CLEARANCE (IN.)						SHIP WGTS. (LBS.)
							SUPPLY AIR SIDE	RETURN AIR SIDE	BACK	TOP	FRONT	VENT	
050	14	12 27/32	10 5/8	①	11 1/2	1 7/8	4 ②	0	0	1	3	6 ③	85
075/ 100417	17 1/2	16 11/32	12 3/8	①	15	2 1/2	3 ②	0	0	1	3	6 ③	105
100521	21	19 27/32	14 1/8	①	18 1/2	2 1/2	0	0	0	1	3	6 ③	120
125	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	140
150	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	150

NOTES: ① May require a 3" to 4" or 3" to 5" adapter. 4" adapter included with (-)801P units.
② May be 0" with type B vent.
③ May be 1" with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

Blower Performance Data

MODEL	MOTOR H.P. BLOWER SIZE IN	SPEED TAP	CFM AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN							
			0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8
(-)801SA050314M*A	1/3 11 x 6	Low	823	803	787	732	718	691	651	593
		Med. Lo	**1030**	**1018**	**1006**	**976**	**929**	**897**	**850**	**808**
		Med. Hi	1129	1132	1112	1087	1054	1028	971	919
		High	1361	1353	1331	1297	1264	1232	1164	1117
(-)801SA075317M*A	1/2 11 x 7	Low	1008	977	935	893	854	823	777	735
		Med. Lo	1215	1181	1133	1098	1055	1023	975	937
		Med. Hi	**1421**	**1408**	**1372**	**1326**	**1299**	**1247**	**1198**	**1152**
		High	1668	1648	1633	1580	1545	1481	1442	1373
(-)801SA075417M*A	1/2 11 x 7	Low	1229	1200	1181	1155	1120	1079	1013	970
		Med. Lo	1308	1267	1266	1233	1204	1176	1113	1062
		Med. Hi	**1563**	**1542**	**1516**	**1491**	**1461**	**1417**	**1358**	**1306**
		High	1969	1924	1893	1840	1808	1726	1667	1570
(-)801SA100417M*A	1/2 11 x 7	Low	1211	1183	1146	1116	1077	1040	984	953
		Med. Lo	**1305**	**1261**	**1225**	**1185**	**1157**	**1113**	**1068**	**1012**
		Med. Hi	1520	1496	1464	1427	1387	1340	1292	1226
		High	1874	1810	1767	1686	1678	1650	1582	1497
(-)801SA100521M*A	1/2 11 x 10	Low	1209	1182	1131	1112	1061	976	929	867
		Med. Lo	**1438**	**1420**	**1386**	**1350**	**1320**	**1293**	**1248**	**1186**
		Med. Hi	1902	1883	1844	1817	1753	1700	1636	1547
		High	2071	2037	2001	1962	1905	1856	1807	1709
(-)801SA125524M*A	3/4 11 x 10	Low	1358	1354	1331	1301	1250	1224	1154	1089
		Med. Lo	1541	1517	1476	1453	1416	1371	1339	1277
		Med. Hi	**1799**	**1774**	**1746**	**1712**	**1691**	**1629**	**1564**	**1496**
		High	2015	1989	1929	1902	1862	1815	1742	1665
(-)801SA150524M*A	3/4 11 x 10	Low	1411	1395	1370	1334	1310	1262	1220	1150
		Med. Lo	1606	1579	1569	1537	1499	1468	1407	1346
		Med. Hi	**1889**	**1891**	**1849**	**1828**	**1764**	**1717**	**1659**	**1609**
		High	2178	2160	2105	2067	2024	1976	1916	1832

Note: Bold data is factory heating tap. Table represents blower performance data WITHOUT filters.

SIDE RETURN FILTER RACK: RXGF-CD

BOTTOM RETURN FILTER RACK FOR UPFLOW APPLICATION: RXGF-CB

FILTER RACK FILTER SIZES* INCHES		
MODEL	RXGF-CB (UPFLOW/ HORIZONTAL)	RXGF-CD (UPFLOW) SIDE RETURN
R601SA050	12 1/4 x 25	15 3/4 x 25
R601SA075 R601SA100417	15 3/4 x 25	15 3/4 x 25
R601SA100521	19 1/4 x 25	15 3/4 x 25
R601SA125	22 3/4 x 25	15 3/4 x 25
R601SA150	22 3/4 x 25	15 3/4 x 25

4" FLUE ADAPTER: RXGW-C01

INDOOR COIL CASINGS

MODEL NUMBER
RXBC-D14AI
RXBC-D17AI
RXBC-D21AI
RXBC-D21BI
RXBC-D24AI

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

FURNACE WIDTH IN.	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN.
14	RXGB-D14	AE-61874-01	11 5/8 x 23 9/16
17 1/2	RXGB-D17	AE-61874-02	15 1/8 x 23 9/16
21	RXGB-D21	AE-61874-03	18 5/8 x 23 9/16
24 1/2	RXGB-D24	AE-61874-04	25 5/8 x 23 9/16

FOR HIGH ALTITUDES:

OPTION CODE FOR HIGH ALTITUDE: U.S. & Canada
None required for high altitudes.

HIGH ALTITUDE CONVERSION KITS: U.S. & Canada
None required for high altitudes.

80+ HIGH ALTITUDE INSTRUCTIONS
CAUTION: Always follow National Fuel Gas Code (NFGC) guidelines when converting for high altitudes.

High altitude option codes are not required for these models. However, the burner orifice size needs to be recalculated and verified at elevations above 2000 ft. See Installation Instructions for more information.

NOTE: For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may **NOT** be used for U.S. installations.

GENERAL TERMS OF LIMITED WARRANTY*

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

***For complete details of the Limited and Conditional Warranties, including applicable terms and conditions, contact your local contractor or the Manufacturer for a copy of the product warranty certificate.**

Conditional Parts* (Registration Required) .....Ten (10) Years
Heat Exchanger .....Twenty (20) Years

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

Rheem Heating, Cooling & Water Heating • P.O. Box 17010
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Rheem Canada Ltd./Ltée • 125 Edgeware Road, Unit 1
Brampton, Ontario • L6Y 0P6

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