BLOCK 527 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 981 Midvale Ave PERMIT NO. 04-5099

Brick

CONSTRUCTION PERMIT APPLICATION

C12-77

called 12/3 AM

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

I. IDENTIFICATION

1. Proposed Work Site at: 981 Midvale Ave Brick NJ 08723
2. Name of Owner in Fee: Steve Van Pelt Tel [redacted]
   Address SAME (street / municipality / zip code)
3. Ownership in fee: Public _____ Private —
4. Principal Contractor: Point Bay Fuel Tel. (732) 349-5059
   Address 31 Irons St Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-1817388 FAX: (732) 349-1788
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (732) 349-5059 FAX: (732) 349-1788

Install gas furnace
Repl condenser w/coil

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 55		
2.	Electrical	30		
3.	Plumbing	81		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge	6		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 192-		

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

OPTIONAL (for office use only)

		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		JL	11/5/04						
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☒ Fire Protection	1000.00				12/30/04 RD		1/11/05		OK
6.	☒ Plumbing	1000.00				10.12.04		12/6/04		
7.	☒ Electrical	2750.00				12/30/04		1/10/05		OK
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	4750.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: single family dwelling
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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 10326157

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 Point Bay Fuel

Address 71 Irons St

Toms River NJ 08753

Telephone (732) 349-5059

Signature Bob Valente

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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/06/2004
Control #
Permit # 04-5099

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 527 Lot 1 Qual

Work Site Location 981 MIDVALE AVE
FURNACE/REPLACE A/C
Owner in Fee VAN PELT, STEVE
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor BLOOMQUIST ELECTRIC
Address PO BOX 302
OCEAN GATE, NJ 08740-
Telephone (732)684-0606
Lic. No. or Bldrs. Reg. No. 9637
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS FURNACE/REPLACE CONDENSER

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 $ 4,750

Construction Official

12/06/2004
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	55
Plumbing	50
Fire Protection	81
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other	
Total	192
Check No.	
Cash	X
Collected By	MJR

12/06/04 11:19AM 001558#4611
XX02 SERV.002

#5099	
ELECTRIC	$55.00
PLUMBING	$50.00
FIRE	$81.00
DCA	$6.00
XXXTOTAL	$192.00
CASH	$192.00
CHANGE	$0.00

12/06/04 11:19AM 001558#4611 XX02
XXXTOTAL $192.00

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/05/2004
Date Issued 12/6/04
Control # C12-77
Permit # 04-5099

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

Block 527 Lot 1 Qual
Work Site Location 981 MIDVALE AVE
FURNACE/REPLACE A/C
Owner in Fee VAN PELT, STEVE
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Tele.(732)349-5059
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1817388

Need to supply ① or ② certificate

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-12-07
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 12-8-07

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.			12-8-07	
Gas Piping			12-8-07	
Solar				
TCO				

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
1	Gas Piping	10
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 A/C	40
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	50
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

9.4.) 2.5 Ton needs a 1" cond drain

U.C.C. F130 (rev. 3/96)

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-6-04

Date Issued / Permit # 04-5099

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

Block 527 Lot 1 Qualification Code

Work Site Location 981 MIDVALE AVENUE
BRICK, NJ 08723

Owner in Fee STEVE VAN PELT

Address SAME

Tel [redacted]

Contractor BLOMQUIST ELECTRIC

Address PO BOX 302
OCEAN GATE NJ 08740

Tel (732) 684-0606 FAX ( )

Contractor License No. 9637

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2750.00

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.

Bernard J. Blomquist
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit 5 @ 5.00	
		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	REPL	CONDENSER W/COIL	
1		INSTALL GAS FURNACE	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 101304

Approved by: MR

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 1 10 05

Approved by: MR

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/10/05	BS
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

111

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/05/2004
Date Issued 12/6/04
Control # C12-77
Permit # 04-5099

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

Block 527 Lot 1 Qual
Work Site Location 981 MIDVALE AVE
FURNACE/REPLACE A/C
Owner in Fee VAN PELT, STEVE
Address SAME
BRICK, NJ 08723-
Tel. [redacted]
Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Tele.(732)349-5059
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1817388

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 12 30 04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1 11 05
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			1-10-05	DB
Smoke Ctl				
TCO				
Final			1-10-05	DB
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work: TANK Permit # 04-4990
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	1	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	1	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

Inspection Co Det JSD 1

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	81
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: ____________

Plan Review #: ____________

Fee: ____________

Date: 10-15-04

JURISDICTION Rye

(City, County, Township, etc.)

BUILDING LOCATION 981 Midvale Ave

(Street address)

BUILDING DESCRIPTION ____________

REVIEWED BY Ron Bitner

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1)	Need permit for tank removal.	
	04-4990- TANK REMOVEL	

ORIGINAL ILLEGIBLE

10-22-04 8:30
Called 937 8785
& disconnected
still need
answer on
tank

10-15-04
737-349-5059
Spoke w/ Bob and
B.

POINT BAY FUEL, INC.
HEATING AND COOLING
71 IRONS STREET, TOMS RIVER, NJ 08753
TOMS RIVER 349-5059 • FAX: 349-1788
LAKEWOOD 367-2400 • PT. PLEASANT 892-0034
www.pointbayfuel.com • email: info@pointbayfuel.com

C12-77
527
1

October 15, 2004

Atten: Brick Building Department-fire inspector

Mr. Steve Van Pelt
981 Midvale Ave.
Brick, NJ 08723

We, here at Point Bay Fuel, Inc. notified Mr. Van Pelt on Friday 10/15/04 that he needs a permit for his removal of his old fuel tank. We here at Point Bay are not doing the removal or abandonment. We are converting Mr. Van Pelt to gas.

Thank you,

Lisa Jernstedt

Lisa Jernstedt

$10 days
Remove fuel
Pipes fill
vent Lines

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 527 LOT: 1 PERMIT #: _____

WORKSITE ADDRESS: 981 Midvale Ave, Brick

Certifying Individual (Print Name)
Name: Van Pelt, STEVE
Address: 981 MIDVALE AVENUE
City: BRICK State: NJ Zip: 08723
Phone: [redacted]

Company
Name: Point Bay Fuel, Inc.
Address: 71 Irons St.
City: ~~Toms River~~, State: NJ Zip: 08753
Phone: 732-349-5069

Check the Appropriate Box
Type of Replacement:
(X) Oil to Gas conversion
( ) Gas appliance replacement
( ) Oil to Oil Replacement
( ) Other (describe) _____

Existing Vent/Chimney
( ) B label vent
( ) L label vent
( ) Masonry chimney – tile lined
( ) Flexible liner
( ) Power vent/exhauster
( ) Other (describe) _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

R Vanpelt 9/30/04
Signature Date

Oil to Oil or Gas to Gas Replacement:

I hereby certify that the existing chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

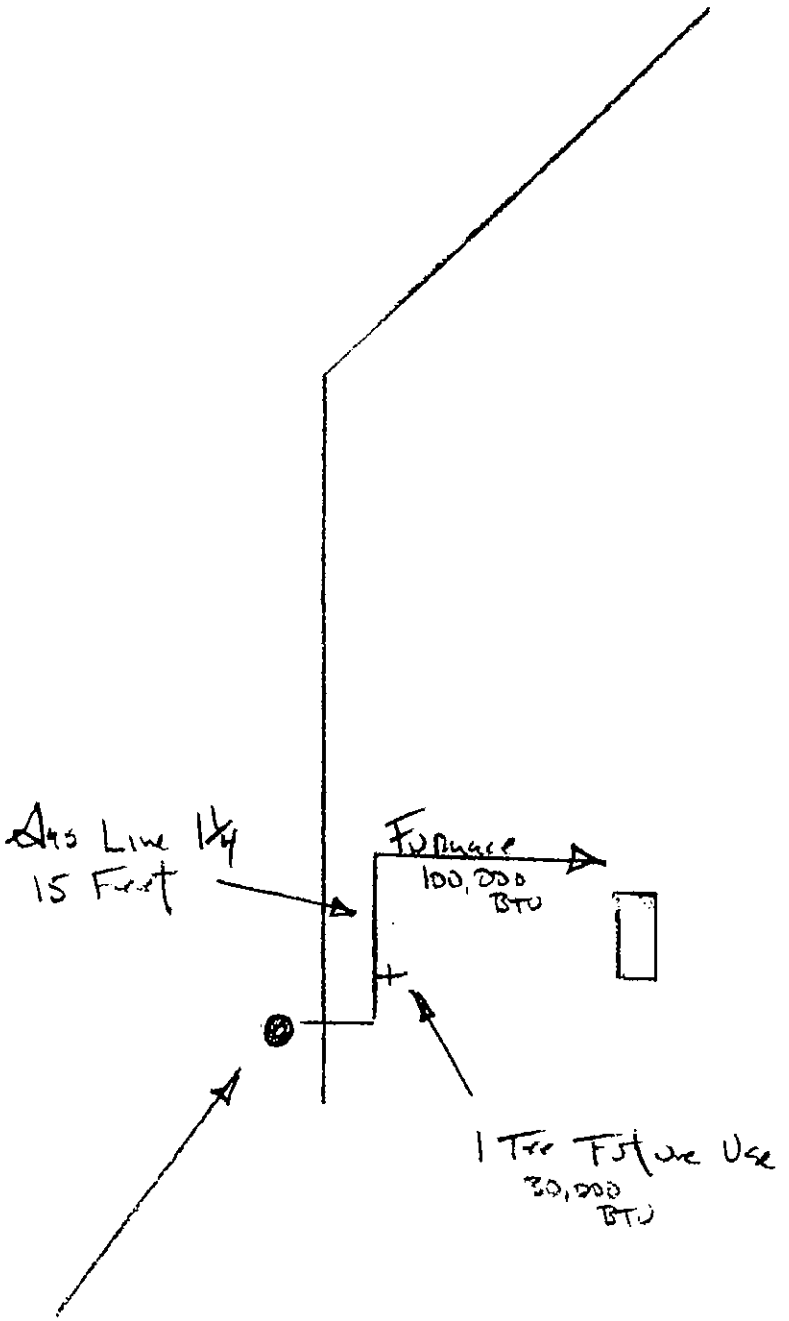
I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:
No Certification required:

_____
Signature Date

Van Buren
981 Michigan Ave
Brick



Specifications

Model Number	CAC018AKC CAC018GKC	CAC024AKC CAC024GKC	CAC030AKC CAC030GKC	CAC036AKC CAC036GKC	CAC042AKC CAC042GKC	CAC048AKC CAC048GKC	CAC060AKC CAC060GKC
Max. Cooling Capacity (Btuh)	17800	23600	28600	35200	41000	47000	56500
SEER Label	10	10	10	10	10	10	10
Sound Rating Decibels	71	72	75	75	75	77	77
Fan HP / Type / Speeds	1/8-PSC-1	1/5-PSC-1	1/5-PSC-1	1/4-PSC-1	1/4-PSC-1	1/3-PSC-1	1/3-PSC-1
Fan RPM / Max. CFM	1075 / 1400	1075 / 1400	1075 / 2000	1075 / 2000	1075 / 2000	1075 / 3000	1075 / 3000
Coil Face Area (Sq Ft)	10.7	10.7	11.6	11.6	12.5	16.7	16.7
Coil Rows / Fins Per Inch	1 / 24	1 / 24	1 / 24	1 / 24	1 / 24	1 / 24	1 / 24
Line Connection Suction I.D. Size (In.)	3/4	3/4	3/4	3/4	7/8	7/8	1-1/8
Line Connection Liquid I.D. Size (In.)	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Supplied Optional Evaporator Orifice Size	.051	.057	.065	.073	.078	.079	.090
Factory Charge - R22 (Oz)	64	67	73	96	98	122	126
Compressor	Scroll	Scroll	Scroll	Scroll	Scroll	Scroll	Scroll
Weight Lbs. (Ship)	130	132	134	139	170	197	207

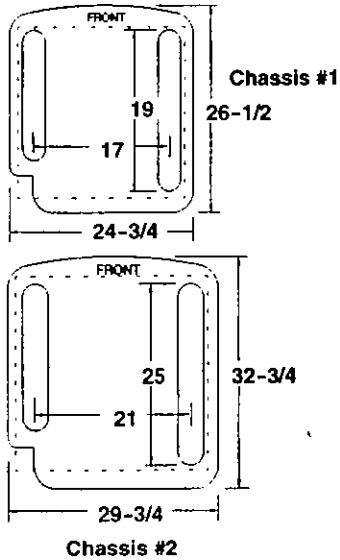
Electrical Specifications - 208 - 230 / 1 / 60, Voltage Range 197V - 253V

Minimum Circuit Ampacity	12.7	16.1	19.7	21.4	24.6	29.1	35.7
Wire SizeIMax. Length (AWG Cu) Ft.	14 / 58	14 / 47	14 / 37	12 / 57	12 / 48	10 / 66	8 / 82
Time Delay Fuse (Amps)	15	20	25	30	30	40	50
Max. Fuse or HACR Breaker Size (Amps)	20	25	30	30	40	45	50
Compressor Full Run / Lock Rotor Amps	9.6 / 47	11.9 / 59	14.7 / 84	16.0 / 100	18.6 / 127	21.8 / 131	27.1 / 144
Fan Full Load / Lock Rotor Amps.	.66 / 1.55	1.3/ 2.36	1.3 / 2.36	1.4 / 3.00	1.4 / 3.00	1.9 / 3.7	1.9 / 3.7

Dimensions

Model	Chassis	Height (H)
018	1	26-1/2
024	1	26-1/2
030	1	28-1/2
036	1	28-1/2
042	1	30-1/2
048	2	30-1/2
060	2	30-1/2

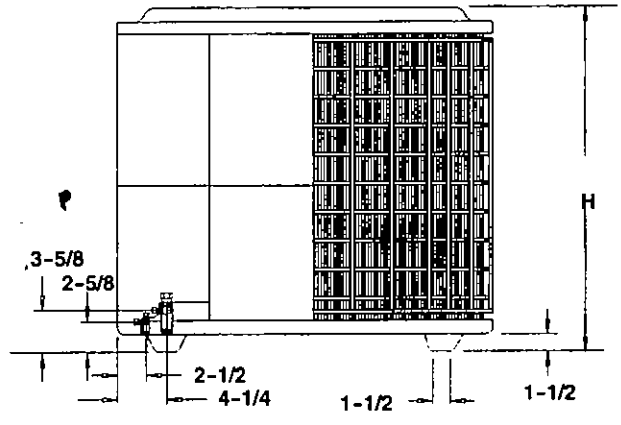
ALL DIMENSIONS IN INCHES



Chassis #2

Minimum Mounting Pad Sizes with pad starting at 9" from structure for minimum clearance of 6".

Chassis #1 20" W X 20" D
Chassis #2 24" W X 26" D



Comfortmaker®
Air Conditioning & Heating

N8MPN

Performance 80 Single Stage

Flexibility

- 35" high for more flexibility in tight locations.
- Factory shipped for natural gas, with LP gas conversion kits available.
- Four position - upflow/downflow/ horizontal installation.
- Category I venting.
- Three position inducer capability.
- Common venting with water heater.

Service

- Self diagnostics.
- Entire blower assembly mounted on rails.

Quality

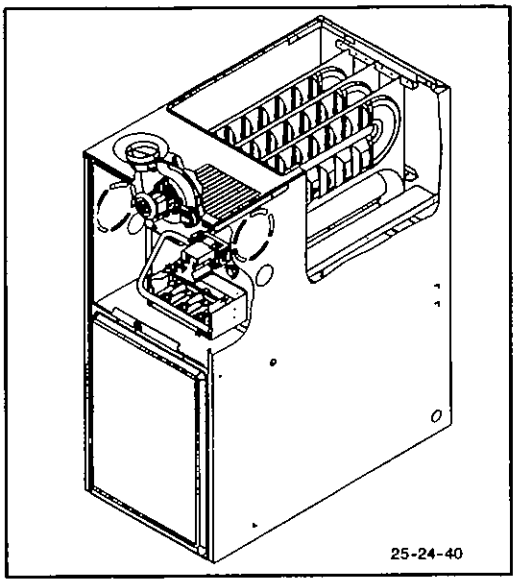
- RPJ3 Aluminized steel heat exchanger.
- 20 year limited warranty on heat exchangers and 5 years on parts.
- High temperature limit control prevents overheating.
- Hot surface pilot ignition device.
- Flame roll-out sensors standard.
- Louvered doors.
- One piece prepainted steel cabinet.
- Masonry chimney adapter available.

Comfort

- Adjustable timed blower Off delay.
- Humidifier terminal
- Electronic air cleaner terminal.

Efficiency

- 80% AFUE efficiency range.
- Single stage gas valve operation.
- Single stage fan timer.
- Multispeed, prelubricated PSC motors.
- Induced draft blower.
- In-shot burners.



Representative drawing only, some models may vary in appearance.

WARNING

This furnace is not designed for use inside mobile homes, trailers, or recreational vehicles. Such use could result in property damage, bodily injury, and/or death.

UPFLOW/DOWNFLOW/HORIZONTAL (NATURAL GAS)

Model Number	Heat Exchangers *	Dimensions H x W x D (In.)	Price
N8MPN050B12A	20 year	35 x 15 1/2 x 29	
N8MPN075B12A	20 year	35 x 15 1/2 x 29	
N8MPN075F16A	20 year	35 x 19 1/8 x 29	
N8MPN100F14A	20 year	35 x 19 1/8 x 29	
N8MPN100F20A	20 year	35 x 19 1/8 x 29	
N8MPN100J22A	20 year	35 x 22 3/4 x 29	
N8MPN125J20A	20 year	35 x 22 3/4 x 29	
N8MPN125J22A	20 year	35 x 22 3/4 x 29	

* 20 YEAR LIMITED WARRANTY

PERFORMANCE DATA HEATING

Model Number	Input (MBTUH)	Efficiency AFUE	Cooling Cap. @ .5" W.C.
N8MPN050B12A	50,000	80%	1.5 - 3.0 TON
N8MPN075B12A	75,000	80%	1.5 - 3.0 TON
N8MPN075F16A	75,000	80%	2.0 - 4.0 TON
N8MPN100F14A	100,000	80%	2.0 - 3.5 TON
N8MPN100F20A	100,000	80%	3.5 - 5.0 TON
N8MPN100J22A	100,000	80%	3.5 - 5.5 TON
N8MPN125J20A	125,000	80%	3.5 - 5.0 TON
N8MPN125J22A	125,000	80%	3.5 - 5.5 TON

ENERGUIDE
Annual Fuel Utilization Efficiency (AFUE)
THIS MODEL
78% 82% 86% 97%

LIMITED PARTS 5 YEAR WARRANTY

EFFICIENCY RATING CERTIFIED gama

FURNACE SPECIFICATIONS MULTI-POSITION

Model Number NATURAL GAS	N8MPN							
	050B12	075B12	075F16	100F14	100F20	100J22	125J20	125J22
INPUT (btuh)	50,000	75,000	75,000	100,000	100,000	100,000	125,000	125,000
HTG. CAP. (btuh)	40,000	60,000	60,000	80,000	80,000	80,000	100,000	100,000
AFUE % (ICS)	80%	80%	80%	80%	80%	80%	80%	80%
TEMP. RISE (deg. F)	35-65	35-65	25-55	30-60	35-65	30-60	30-60	30-60
VOLTS/PH/HZ	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60
RATING PLATE AMPS.	8.8	9.5	10.1	9.6	13.6	12.3	13.6	11.5
TRANSFORMER (V.A.)	40	40	40	40	40	40	40	40
GAS PIPE SIZE (IN.)	$^1/_2$	$^1/_2$	$^1/_2$	$^1/_2$	$^1/_2$	$^1/_2$	$^1/_2$	$^1/_2$
CATEGORY I VENT SIZE	3"	4"	4"	4"	4"	4"	5"	5"
COOLING CAP.	3	3	4	3.5	5	5.5	5	5.5
SHIPPING WEIGHT (LBS.)	118	128	140	144	150	145	166	160
DIMENSIONS (in.) HEIGHT	35	35	35	35	35	35	35	35
WIDTH X DEPTH	$15^1/_2$ x 29	$15^1/_2$ x 29	$19^1/_8$ x 29	$19^1/_8$ x 29	$19^1/_8$ x 29	$22^3/_4$ x 29	$22^3/_4$ x 29	$22^3/_4$ x 29

(ICS) = Isolated Combustion System

ACCESSORIES

Model Number	Description	Used With Models
TWINNING KIT		
NAHA003WK	Twinning kit. Allows operation of two identical-size model furnaces.	ALL N8MPN FURNACES
GAS CONVERSION KITS		
NAHL002LP 1160991 *	Natural gas to LP (propane) conversion Kit. Allows field conversion to LP (propane) gas.	ALL N8MPN FURNACES
NAHF002NG 1009510 *	LP (Propane) to natural gas conversion kit. Allows field conversion to natural gas. (Single Stage)	ALL N8MPN FURNACES
FILTER KITS		
NAHA001FF	External filter frame. 16" x 25"	Side Return (All Furnaces) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
NAHA002FF	Bottom return filter frame kit 20" x 25".	(All "J" $22^3/_4$" Furnaces)
NAHA003FF	Bottom or side return filter frame kit 14" x 25".	(All "B" $15^1/_2$" Furnaces)
NAHA001TK	Duct Standoff Filter Kit. To adapt 20" x 25" filter for single side return.	Side Return (All single return applications with 1650 CFM or greater) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
COMBUSTIBLE FLOOR SUBBASES		
NAHH001SB	Subbase Furnace ONLY: All $15^1/_2$" wide furnace models	N8MPN050-075B
NAHH002SB	Subbase Furnace ONLY: All $19^1/_4$" wide furnace models	N8MPN075-100F
NAHH003SB	Subbase Furnace ONLY: All $22^3/_4$" wide furnace models	N8MPN100-125J
NAHH004SB	Subbase Furnace w/$15^1/_2$" cased coil	Counterflow furnace N8MPN050-075B
NAHH005SB	Subbase Furnace w/$19^1/_4$" cased coil	Counterflow furnace N8MPN075-100F
NAHH006SB	Subbase Furnace w/$22^3/_4$" cased coil	Counterflow furnace N8MPN100-125J
MASONRY CHIMNEY ADAPTER		
NAHA001DH	Chimney adapter (6")	N8MPN050, 075, 100
NAHA002DH	Chimney adapter (7")	N8MPN125
VENT GUARD		
NAHA002VC	Downflow vent guard	All downflow applications
COIL ADAPTER		
NAHA001CA	Coil Adapter for Downflow Furnaces	All Multi- Position Furnaces in the Downflow Application

* Fast part number

** Applications of N8MPN125 above 1650 CFM requires two side returns or NAHA001TK 20 x 25 duct stand-off filter kit or bottom return applications with the N8MPN125 use the 20 x 25 bottom return filter kit, NAHA002FF.

To achieve 2000 CFM with the stand-off filter kit you will still need a bottom return or 2 side filters.

Counter Form
PLEASE PRINT

PLUMBING

Contractor: POINT BAY FUEL, INC.
Address: 71 IRONS STREET
TOMS RIVER, NJ 08753
Phone #: 732-349-5059
Lis #:
Federal Emp # or SSN 22-1817388

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	1
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:

INSTALL GAS FURNACE	1
REPLACE CONDENSER W/COIL	1

Estimated Cost of Plumbing Work $1000.00

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: Bob Valentin

Please Print Name: BOB VALENTINE

CONTRACTOR'S SEAL

FIRE

Contractor: POINT BAY, FUEL, INC.
Address: 71 IRONS STREET
TOMS RIVER, NJ 08753
Phone #: 732-349-5059
Lis #:
Federal Emp # or SSN 22-1817388

Technical Data

Description of Work:

Heating Type: X Gas ___Oil ___Electric ___Solar
Heating System is X 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	1 CO
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) INSTALL GAS FURNACE 1
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work $1000.00

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: Bob Valentin

Print Name: BOB VALENTINE

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 981 MIDVALE AVENUE BRICK, NJ 08723
Block: 527 Lot: 1
Owner's Name: STEVE VAN PELT
Owner's Mailing Address: 981 MIDVALE AVENUE
BRICK, NJ 08723
Phone: [redacted]

BUILDING

Contractor: _____
Address: _____

Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___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: $_____

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: _____
Address: _____

Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

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	K
Oven/Surface Unit	KV
Electric Water Heater	K
Electric Dryer	K
Dishwasher	K
Garbage Disposal	H
A/C Unit –Central Air	K
Space Heater/Air Handler	K
Baseboard Heating	K
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service	AM
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	K
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL