BLOCK 852 LOT 4 QUALIFICATION CODE C02:55 ADDRESS (SITE) 1759 Route #88 PERMIT NO. 03-3971

called 9/4/03

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1759 Route 88 Bricktown NJ.
2. Name of Owner in Fee: Lauralton Plaza LLC (732) 892-4441
   Address P.O. Box 1802 (street) Pt. Pleasant (municipality) NJ. 08742 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PHAROS CONTRACTING Tel. (732) 892-4441
   Address 315-321 Hawthorne Ave Pt. Pleasant NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date
   Federal Employee No. 22-340 2045 FAX: (732) 892-4449
5. Architect or Engineer Kellenyi, Johnson Wrayner Tel. (732) 741-5270
   Address 21 Peters Place Red Bank NJ
6. Responsible Person in Charge of Work RICH BRANGENBERG
   Tel. (732) 996-1200 FAX (732) 892-4449

Tenant fit up

~~732-495-1624~~
Stephen LoSacco
908-415-0831

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	1560		
2. Electrical		330	45	
3. Plumbing		745		140
4. Fire Protection		339		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	167	27	
9. DCA Training Fee				
10. Subtotal				
11. Cert. of Occupancy				
12. Other		50		
13. TOTAL	$	2012	1812	141

VI. BUILDING/SITE CHARACTERISTICS (for office use only)

1. Number of Stories	1	
2. Height of Structure	15	ft.
3. Area — Largest Floor	20,000	sq. ft.
4. New Building Area	10,000	sq. ft.
5. Volume of New Structure	150,000	cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed	10,000	sq. ft.
8. Flood Hazard Zone		
9. Base Flood Elevation		ft.
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

IMPORTANT
A.F.L. - MANDATORY FEE - COMMERCIAL

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☒ Alteration	62,000
5. ☒ Fire Protection	17,000
6. ☒ Plumbing	16,000
7. ☒ Electrical	28,000
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	$ ~~151,000~~ $123,000

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			9-4-03	FM			
			9/4/03	AO	10-14-03		
FW	7/30/03		7/30/03				

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:

Commercial A-1

LDS BR 10200485

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.

(X) Check if contractor.

Agent Name Richard Brangenberg

Address 315-321 Hawthorne Avenue.
PT. Pleasant NJ. 08742

Telephone (732) 892-4441

Signature _____

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/24/2004
Control #
Permit # 03-2521.4

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88
TENANT FIT UP/FACADE CHAN
Owner in Fee/Occupant LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Telephone (732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

Home Warranty No. NA
Type of Warranty Plan: [ ] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT-UP/NEW WINDOWS, ROOF INTERIOR FLOORING
STEEL, FACADE

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1072
Collected by: JB

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/25/2004
Control #
Permit # 03-3971

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88-FORMER CINEMAGIC
TENANT FIT UP
Owner in Fee/Occupant LAURELTON PLAZA LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than June 7, 2004 or the owner will be subject to fine or order to vacate:
90 DAY EXTENSION/PENDING FINAL BUILDING APPROVAL

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1143
Collected by: MJR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/20/2004
Control #
Permit # 03-2521

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88
TENANT FIT UP/FACADE CHAN

Owner in Fee/Occupant LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Telephone (732)892-4441

Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441 Fax ( )

Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP/FACADE CHANGE

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than March 5, 2004 or the owner will be subject to fine or order to vacate:
EXTENSION FROM 1/30/04, BLDG. COMPLIANCE

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1072
Collected by: JB

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/05/2003
Control #
Permit # 03-3971

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88-FORMER CINEMAGIC
TENANT FIT UP
Owner in Fee LAUREL TON PLAZA LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441

Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

09/05/03 10:39AM 000000#3445
XX02 SERV.002

#3971	
BUILDING	$1560.00
ELECTRIC	$330.00
PLUMBING	$195.00
FIRE	$339.00
DCA	$167.00
ZPA	$15.00
EPA	$15.00
CHECK	$2621.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP
FORMER CINEMAGIC MOVIE THEATER TO BE HOME CARE OF OCEAN COUNTY (MERIDIAN)

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 $ 123,000

D. Newman

Construction Official

09/05/2003
Date

PAYMENTS (Office Use Only)

Building	1,560
Electrical	330
Plumbing	195
Fire Protection	339
Elevator Devices	0
Other	
DCA State Permit Fee	167
Cert. of Occupancy	0
Other ZPEP	30
Total	~~2,591~~
Check No.	1143
Cash	
Collected By	MJR

2,621 -

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

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 852 Lot 4
Work Site Location 1759 Route 88
Bricktown NJ
Owner in Fee Laurelton Plaza LLC
Address PO Box 1802
Pt Pleasant NJ 08742
Tel. (732) 892-4441

Contractor Pharos Contracting Co Inc
Address 315-321 Hawthorne Ave
PO Box 1802, Pt Pleasant NJ 08742
Tel. (732) 892-4441
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 22-3402045

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:

Interior Renovation

Estimated Cost of Work $

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. F190
(rev. 3/96)

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

C3L

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/09/2003
Control #
Permit # 03-3971+0
Permit Issued 09/05/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 352 Lot 4 Qual

Work Site Location 1759 ROUTE 88-FORMER CINEMAGIC
TENANT FIT UP
Owner in Fee LAURELTON PLAZA LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441

Contractor W.J.BRAUNAGAN
Address 76 RIVERVIEW AVE
LITTLE SILVER, NJ 07739-
Telephone (732)747-5308
Lic. No. or Bldrs. Reg. No. 9351
Federal Emp. No. 22-3424196

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AC UNITS 4

Estimated Cost of Work $ 500

W. Newman MJK

Construction Official

10/09/2003
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	140
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	141
Check No.	1167
Cash	
Collected By	MJK

10/09/03 8:44AM 000000#4289
XX02 SERV.002

#3971	
PLUMBING	$140.00
DCA	$1.00
CHECK	$141.00

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9-4-03
Date Issued
Control #
Permit # 03-3971

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

Block 852 Lot 4
Work Site Location 1759 ROUTE # 88
BRICKTOWN NJ.
Owner in Fee Laurelton Plaza Offices LLC
Address P.O. BOX 1802
PT. PLEASANT NJ. 08742
Tele. (732) 892-4441
Contractor W. J. Brannagan Plg
Address P.O. Box 6256 Fair Haven N.J. 07704
Tele. (732) 747-3040 Fax (732) 741-9035
Lic. No. 9351
Federal Emp. No. 22-3424196

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 2" Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 16,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/4/03
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-14-03
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			9/10/03	
Rough			9/10/03	
Water				
Sewer				
Fixtures			10/7/03	
Gas Equipment			10/7/03	
Gas Piping				
Solar				
TCO				

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.

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
5	Water Closet
2	Urinal/Bidet
	Bath Tub
5	Lavatory
	Shower
2	Floor Drain
2	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
3	Stacks
	Other
	Other
	Other

remove per Bernie

COMMERCIAL taken out in 94

FEE (Office Use Only)

$

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

1" WATER.

UCC F130 (rev 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

03 NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/07/2003
Date Issued ~~01/01/1954~~ 10-9-03
Control #
Permit # 03-3971+B

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

Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88-FORMER CINEMAGIC
TENANT FIT UP

Owner in Fee LAURELTON PLAZA LLC

Address PO BOX 1802
PT PLEASANT, NJ 08742-

Tele.(732)892-4441

Contractor W.J.BRANNAGAN

Address 72 RIVERVIEW AVE
LITTLE SILVER, NJ 07739-

Tele.(732)747-5308

Lic. No. or Bldrs. Reg. No. 9351

Federal Emp. No. 22-3424196

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

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: 10/7/03
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCA
Approved By:
Date: 10-14-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				
			10/7/03	

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.

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 AC	140
	Other	0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	140
DCA State Permit Fee	$	1

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

Township of Brick

FIRE SUBCODE TECHNICAL SECTION

LOW VOLTAGE

Date Received 10-6-03
Date Issued
Control #
Permit # 03-4439

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

Block 852 Lot 4

Work Site Location 1759 State Highway 88 East

Owner in Fee Pharos Contracting

Address 1759 State Highway 88 East, PO Box 1802
Point Pleasant Beach, NJ 08742

Tele. ( )

Contractor CSSI Complete Security Systems, Inc. COMPLETE SECURITY SYSTEMS

Address 16 NORTH MAIN STREET
MARLBORO, NJ 07746

Tele. (732) 780-6787 Fax (732) 845-4789

Lic. No.

Federal Emp. No. 222684897

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location _____

Total Cost of Fire Protection Work $ 3,000.00

Fire Alarm System

New [ ] Existing [X]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 9-29-03

Approved by: MB

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 10-15-03

Approved by: _____

INSPECTIONS Type	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System			10-15-03	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (i.e., Smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., Tampers, low/high air)	2	
Signaling Devices (i.e., Horn/strobes, bells)	16	
Other Devices FACP	1	
TOTAL	19	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge $ _____

Minimum Fee $

DCA Training Fee $ _____

TOTAL FEE $ _____

UCC F140
(rev 3/98)

TECHNICAL SERVICES
ENVIRONMENTAL SECTION

1750 State Highway 88 East
Lot 4
823

Pleasant Grove, UT 84062

Utah County Planning

Utah County Building Permit

Utah County Health Department

Utah County Public Works

Utah County Fire Marshal

Utah County Recorder

Utah County Assessor

Utah County Treasurer

Utah County Surveyor

Utah County Attorney

Utah County Sheriff

Utah County Clerk

Utah County Auditor

Utah County Commissioners

Utah County Board of Adjustment

Utah County Planning Commission

Utah County Building Inspection

Utah County Code Enforcement

Utah County Environmental Health

Utah County Water Conservancy District

Utah County Soil Conservation District

Utah County Weed Control

Utah County Mosquito Abatement

Utah County Animal Control

Utah County Search and Rescue

Utah County Emergency Services

Utah County Hazardous Materials

Utah County Solid Waste

Utah County Recycling

Utah County Transfer Station

Utah County Landfill

Utah County Golf Course

Utah County Parks and Recreation

Utah County Trails

Utah County Open Space

Utah County Historic Preservation

Utah County Cultural Arts

Utah County Library

Utah County Museum

Utah County Visitor Center

Utah County Economic Development

Utah County Chamber of Commerce

Utah County Tourism

Utah County Film Commission

Utah County Sports Commission

Utah County Convention Center

Utah County Hotel

Utah County Restaurant

Utah County Retail

Utah County Industrial

Utah County Commercial

Utah County Residential

Utah County Agricultural

Utah County Rural

Utah County Urban

Utah County Suburban

Utah County Metropolitan

Utah County Regional

Utah County State

Utah County Federal

Utah County Local

Utah County Tribal

Utah County International

Utah County Global

Utah County Universal

Utah County Infinite

Utah County Eternal

Utah County Timeless

Utah County Spaceless

Utah County Nowhere

Utah County Everywhere

Utah County Anywhere

Utah County Somewhere

Utah County Nowhere

Utah County Everywhere

Utah County Anywhere

Utah County Somewhere

Laurelton
K of P

1755 Rt 88
PH North
Waterflow

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9-4-03
Date Issued
Control #
Permit # 03-3971 2w PS. test
Please need we must witness!

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

Block 852 Lot 4
Work Site Location 1759 Route #88 Suite #1 Meridian
Bricktown NJ
Owner in Fee Laurelton Plaza offices LLC
Address PO Box 1802
Pt. Pleasant NJ 08742
Tele. (732) 892-4441
Contractor Absolute Sprinkler And Piping Inc.
Address 327 Brick Blvd Unit B138
Brick NJ 08723
Tele. (732) 477-9378
Lic. No.
Federal Emp. No. 22-3612011 or Social Security No.

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 17,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8-12-03
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-27-03
Approved by:

INSPECTIONS: Joint Plan Review OK 10-15-03

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			10-15-03	K
TCO — 10-27-03			10-15-03	K
Other			10-27-03	
Other				
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 Renovation of Existing for new tenant.

Water Supply Source Town
Method of Valve Supervision Tamper / Flow.
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	100	
Dry Sprinkler Heads		
TOTAL		
DUCT Smoke Detectors	4	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	Interlock OK for Temp M per Engineers	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER HVAC Units	4 (45 TONS)	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10-10-0310 10:30

(4)

#3 Hvac

#2 Hvac

#1 Hvac

RTU 4

[2] (1)

[3]

PT

ADD TRUSS ROOF SIDE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/27/2003
Date Issued 6/12/03
Control # C16-42
Permit # 03-2521

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

Block 852 Lot 4 Qual
Work Site Location 1750 ROUTE 88
TENANT FIT UP/FACADE CHAN
Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

SPK 3971
03-2521

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10

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: 6-11-03
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
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 PLAN REVIEW		35
Other		0

Please Rev. only updates to follow from other SPK system to remain on @ all times

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/27/2003
Date Issued
Control # C16-42
Permit #

10-1-03 200 psi OK

ID all areas - Inspection test - Drain valve

change sign @ spkr rm

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 07/18/2003
Date Issued 9/4/03
Control # C22-55
Permit # 03-3971

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88
TENANT FIT UP
Owner in Fee LAURELTON PLAZA LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor GENESIS ELECTRIC
Address 1200 MIZZEN AVE
BEACHWOOD, NJ
Tele.(732)286-1586
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3467491

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present 8 Proposed 8
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 28,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 81303
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-30-03
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough Walls only			9803	WM
~~Temp Serv~~ Fish			72403	WM
~~Const Serv~~ Fish			71003	WM
TCO			10-24-03	TO
Other				
Service				
Final			10-30-03	TO

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)
167		Lighting Fixtures	
125		Receptacles	
37		Switches	
0		Detectors	
0		Light Poles	
2		Motors-Fract HP	
8		Emergency & Exit Lights	
19		Communications Points	
1		Alarm Devices/F.A.C. Panel	
362		TOTAL NUMBERS	105
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
1	5	KW Elect Water Heater	9
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
4	5	KW Central A/C Unit	36
0	0	HP/KW Space Heater/Air Handler	0
3	1	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	400	AMP Service A/C ?, Lights	100
2	150	AMP Subpanels	80
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

OVER

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	330
DCA State Permit Fee	$	38

Paid [ ] Check #
Collected by:

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

7-30-03

400 Amp 3" 120/240P METER —

100-AMP 3° 120/240P OWNER — HOUSE METER

UPDATES HOUSE METER NO PERMIT

10-9-03 CEILING ROUGH —

10-24-03 T.C.O. OFFICE CUBES NOT COMPLETE, SET IN PLACE

CONNECTED

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6-12-03
Date Issued
Control #
Permit # 03-2521

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

Block 852 Lot 4
Work Site Location 1759 ROUTE # 88
BRICKTOWN NJ.
Owner in Fee/Occupant LAURELTON PLAZA OFFICES LLC
Address P.O. 1802
PT. PLEASANT, NJ 08742
Tele. (732) 892-4441
Contractor E-Lectric Corp
Address po box 251 Milltown NJ 08850
Tele. (732) 237 0900 Fax (732) 237 9909
Lic. No. 12507
Federal Emp. No. 04372-6113

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 5/21/03
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
~~Temp. Serv.~~ Slab			7/24/03	MM
Constr. Serv.				
TCO				
~~Other~~ Final			7/10/03	MM
Service				
Final				

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
24		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
25		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator ?	
1	400	AMP Service A/C	
4	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/11/2003
Date Issued ~~01/01/1954~~
Control # 9-22-03
Permit # 03-3971+A

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88-FORMER CINEMAGIC COMMUNICATION POINTS
Owner in Fee LAURELTON PLAZA LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
MATAWAN, NJ 07747-
Tele.(732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
X No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 9 17 03
Approved By: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO H CA
Date: 10 30 03
Approved By:

INSPECTIONS Type	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			10 20 03	TO
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			10 30 03	TO

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	
70		Communications Points	
0		Alarm Devices/F.A.C. Panel	
70		TOTAL NUMBERS	45
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
0	0	KW Central A/C Unit	0
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
Minimum Fee	$ 0
TOTAL FEE	$ 45
DCA State Permit Fee	$ 27

Paid [ ] Check #
Collected by:

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

NJ UCCAKS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/24/2003
Date Issued 01/01/1954
Control # 10/29/03
Permit # 03-2521+A

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88
ELEC UPGRADE
Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor GENESIS ELECTRIC
Address 1200 MIZZEN AVE
BEACHWOOD, NJ
Tele.(732)286-1586
Lic. No. or Bldrs. Reg. No. 9841
Federal Emp. No. 15-6424098

DR 310 769 280

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 10 28 03
Approved By: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10.30.03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final		10 30 03	TC	

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

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
0	0	KW Central A/C Unit	0
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
1	400	AMP Service METER STACK	100
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

METER CUBE ONLY
NO METER SETS

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 100
	DCA State Permit Fee	$ 1

U C C F120 (rev 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/02/2003
Date Issued 6/12/03
Control # C16-42
Permit # 03-2521

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88
TENANT FIT UP/FACADE CHAN
Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

COMMERCIAL

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

TENANT FIT-UP/NEW WINDOWS, ROOF INTERIOR FLOORING, WALLS, CEILINGS, STEEL, FACADE

LGMF Details MUST Be Provided For Inspector At Framing Inspection

996-1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-28-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: Temp CO 10-27-03
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	6/24	Fail	6/24/03	JK
Foundation				
Slab OPen	Deck 7/1/03	No Action	7/3/03	JK
Frame	8/7/03	OK	9-11-03	FM
Barrier Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other Stairs			7/1/03	FM
Final	10/24/03	OK		
Barrier Free		Temp	OK	

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 200,000
3. Total (1+2)$ 200,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	5,010
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 5,010
DCA State Permit Fee	$ 192

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

7/3/03 18 gauge not 20 — 16" oc NOT 24" Arch will address changes JKB

8/7/03 ext Frame (steel) above and between canopys only JKB OK

10/24/03 Need Temp glass in all windows less then 18" off grade (int walls insp.) was rejected by FM all fixtures not in place JKB
also used 3 ~~panels~~ PANELs NOT 6 PANELs IN Vestibule glass as per arch plan. JKB

10/21 WAITING FOR CERT ON GLASS

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

COMMERCIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/18/2003
Date Issued 9/4/03
Control # C22-55
Permit # 03-3971

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

Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88-FORMER CINEMAGIC
TENANT FIT UP

Owner in Fee LAURELTON PLAZA LLC

Address PO BOX 1802
PT PLEASANT, NJ 08742-

Tele.(732)892-4441

Contractor PHAROS CONTRACTING

Address P.O. BOX 1802
PT PLEASANT, NJ 08742-

Tele.(732)892-4441 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3402045

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-4-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 2-9-04
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation			9-15-03	FM
Finishes				
Energy				
Mechanical				
TCO				
Other Interior Work			10-27-03	FM
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present 8 Proposed 8
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 62,000
3. Total (1+2)$ 62,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

TENANT FIT UP
FORMER CINEMAGIC MOVIE THEATER TO BE HOME CARE OF OCEAN COUNTY (MERIDIAN)

Rated Seperation Wall must meet code on ~~Temporary~~ COMMERCIAL inspection

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,560
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 1,560
DCA State Permit Fee	$ 84

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

NOT complete the Fire stop NOT installed
RFT Roof Deck level

CONNECTION

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/18/2003
Date Issued 9/4/03
Control # C22-55
Permit # 03-3971

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88
TENANT FIT UP
Owner in Fee LAURELTON PLAZA LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

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
TENANT FIT UP

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date: 2-9-04		
Approved By:		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,560
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present 8 Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 62,000
3. Total (1+2)$ 62,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 1,560
DCA State Permit Fee	$ 84

U.C.C. F110 (rev. 3/96)

Township of Brick
Zoning Permit

Approved: Tuesday, July 29, 2003 **Number:** 1361

Block 852 **Lot** 4 **Zone:** B-3, Highway Dev.

Property Address: 1759 Route 88

Applicant: Richard Brangenberg; Pharos Contracting, Inc.

Property Owner: Laurelton Plaza Offices, Inc.

Existing Use: Vacant building (former movie theater).

Proposed Use: Medical offices.

Proposed Construction: Interior alterations for tenant fit-up for offices of Home Care of Ocean County.

Conditions:
Abridged site plan approved by the Planning Board.
Case No. PB-ABR-221-CU-2/03.
Resolution No. R-22-03 approved on March 12, 2003.
An additional zoning permit is required for any additional work.
Zoning Permit No. 3.695 approved on May 6, 2003.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUL 22 2003
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 852 LOT 4 QUALIFIER _____

PROPERTY ADDRESS 1759 Route #88, Bricktown

PERSONAL NAME OF APPLICANT Richard Brangenberg

BUSINESS NAME OF APPLICANT Pharos Contracting Inc.

MAILING ADDRESS OF APPLICANT P.O. Box 1802 Pt. Pleasant NJ 0874

PROPERTY OWNER'S FULL NAME Laurelton Plaza Offices LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) former cine-magic movie theater.

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) 10,000 ± Home Care of Ocean County (Meridian)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Tenant Fit-up.

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT R. Brangenberg Date 7/18/03

Reviewed by Zoning Office [signature] Date 7/29/03 (X) Approved ( ) Denied

FELTZ & FRIZZELL

Architects LLC

MONMOUTH P&DC N.J.
PM
15 SEP
2003
1675

UNITED STATES POSTAGE
PB977.503.3
$00.37⁰ SEP 15 03
MAILED FROM ZIPCODE 08742

Brick Township Building Department
Attn.: Judy Gass
401 Chambers Bridge Road
Brick, N.J. 08723

1605 BAY AVENUE, POINT PLEASANT, NEW JERSEY 08742, PH: (732) 892-0208 FAX: (732) 892-0250

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 10/28/03

NAME Laurelton PLaza Inc. LLC

ADDRESS 315-321 Hawthorne Ave. Pt. PLeasant
NJ 08742

PROPERTY LOCATION 1759 Route 88 W

Account No L437601 Block 852 Lot 4

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Carol Lyndell

Uni-Tel Technologies, Inc.

8245

VENDOR ID: TWPOFBRICK
PAYEE: TOWNSHIP OF BRICK

CHECK NO: 00008245
MEMO:

DATE: 09/18/03

INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PREVIOUS PAY/CREDIT	DISCOUNT TAKEN	AMOUNT OF PAYMENT
	09/18/03	72.00	0.00	0.00	72.00

Permit # 03-3971 +A

1759- RT88

CHECK TOTAL: ********$72.00

FELTZ &
FRIZZELL

Architects LLC

03-3971

September 15, 2003

Brick Township Building Department
Attn.: Judy Gass
401 Chambers Bridge Road
Brick, N.J. 08723

Re: 1759 Route 88, Lot 4, Block 852, Brick, NJ

Dear Judy:

The Contractor has elected to replace the specified insulation with R-11 batt insulation on the interior of the masonry walls, and with 1 ½" rigid insulation on the outer face of the masonry. The combined R-value of the insulation is 17.255, which is greater than the R-15 originally specified. This is an acceptable substitution.

Should you need further information, please do not hesitate to call.

Yours truly,

Verity Frizzell,
Architect

file in jacket

1605 BAY AVENUE POINT PLEASANT, NEW JERSEY 08742 PHONE: (732) 892-0208 FAX: (732) 892-0250

ROUTE 9
Glass & Mirror Inc.

Custom Wall Mirrors • Shower Enclosures
Vanity Mirrors • Custom Store Fronts

P.O. Box 638
Allenwood, NJ 08720

732-528-0857
Fax 732-528-0852

TO: Pharo's Contracting

Job: Meridian Health
Laurelton Plaza
Brick, NJ

To whom it may concern,

I Gary Smith, owner of Route 9 Glass and Mirror, hereby certify that all glass installed by Route 9 Glass in the following situations is of a safety material. Safety glasing material is known as: a- ¼" clear tempered glass, or b- ¼" clear laminated safety glass.

1. All entrance and vestabule doors
2. All glass sidelites within 12" of any doors.
3. Any or all glass frames that are within 18" of floor level

Gary Smith

By: _____
Name: Gary Smith
Title: Pres.

MUST BE SIGNED BY
AN OFFICER/OWNER

State of New Jersey
County of Monmouth

Before me, a Notary Public, personally appeared Gary Smith (Name) who did acknowledge before me that he/she executed the foregoing instrument for the uses and purposes therein set forth.

IN WITNESS THEREOF, I have hereunto set my hand and official seal at Monmouth County, _____, this 26 day of October 2005.

EDWARD BEACH
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 7/30/2006

My commission expires: _____

NOTARY PUBLIC STATE OF New Jersey

ELCO
GLASS INDUSTRIES

A Division of LAKEWOOD GLASS
Lakewood Industrial Park
1855 Swarthmore Ave.
Lakewood, N.J. 08701
Ph. 732-363-6550 Fax 732-905-2086

INVOICE #	312266
INVOICE DATE	10/08/03
TERMS:	

BILL TO:

JERSEY SHORE GLASS
P.O. BOX 638
ALLENWOOD NJ 08720

SHIP TO:

ROUTE 9 GLASS COMPANY
Attn: GARY SMITH
111 SQUANKUM-YELLOWBROOK RD.
HOWELL NJ 08720

CUSTOMER #	SALESPERSON	OUR ORDER #	SHIP VIA	CUSTOMER PURCHASE ORDER
ROUT042	NANCY	125132	COUNTER PICKUP	GARY

QTY ORD	QTY SHIP	QTY B.O.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
			1/4" CLEAR TEMPERED		
1	1	0	32 1/4 X 35 1/8 (SEAMED) OFFICE	20.00	
2	2	0	32 1/4 X 35 1/4 (SEAMED) OFFICE	20.00	
3	3	0	32 1/2 X 35 1/4 (SEAMED) OFFICE	20.00	
3	3	0	36 1/4 X 82 3/4 (SEAMED) FRONT VEST WITH	49.88	
1	1	0	14 5/8 X 82 3/4 (SEAMED) SIDELITE	20.99	
1	1	0	10 X 82 3/4 (SEAMED) SIDELITE	20.00	
1	1	0	15 1/2 X 82 3/4 (SEAMED) SIDELITE	20.99	
1	1	0	32 X 82 3/4 (SEAMED) SIDELITE	42.01	

PAID

Remit to: ELCO GLASS INDUSTRIES
P.O. BOX 425
PERRINEVILLE, NJ 08535

SUBTOTAL	
DISCOUNT	$.00
MISC.	$.00
TAX	$.00
TOTAL SALE	

COMMENTS:

458-5378

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER LAWRENCE PLAZA LLC DATE 9/4/03

PROPERTY ADDRESS 1759 ROUTE #88 BLOCK 852 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1: BATHROOM GROUP			
2: KITCHEN GROUP			
3: WATER CLOSETS	5	12.5	
4: LAVATORY	5	5.0	
5: BATH TUB			
6: SHOWER STALL			
7: KITCHEN SINK	1	1.0	
8: SERVICE SINK	1	3.0	
9: LAUNDRY TRAY			
10: DISHWASHER			
11: WASHING MACHINE			
12: URINAL			
13: FLOOR DRAIN			
14: DRINK FOUNTAIN			
15: AIR COND WATER COOLED			
16: DENTAL UNIT			
17: LAWN SPRINKLE			
18: FIRE SPRINKLE			
19: HOSE BIBS			
TOTAL		21.5	

GALLONS PER MINUTE _____

SIZE OF SERVICE 2" METER PER PLAN

9/4/03

FIRE ALARM SYSTEM RECORD OF COMPLETION

Complete Security Systems, Inc.
16 North Main Street
Maroboro, 07746
Tel: (732) 780-6787 **Fax:** 732-845-4789
http://www.completesecuritysystems.com

meridian

Name of protected property: Pharos Contracting

Address: 1759 Route 88 - Brick, New Jersey 08723

Representative of protected property (name/phone): Stephen LoSacco 732-415-0831

Authority Having Jurisdiction (AHJ): Brick Fire Sub Code

AHJ address/telephone: Cedarbridge Ave. - Brick New Jersey

1.) Type(s) of System or Service

_____ ***NFPA 72, Chapter 3 - Local***

_____ If alarm is transmitted to location(s) off premises, list where Received: _____

_____ ***NFPA 72, Chapter 3 - Emergency Voice/Alarm Service***

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in the system: _____

_____ ***NFPA 72, Chapter 6 - Auxiliary***

Indicate type of connection:

Local Energy: _____ Shunt: _____ Parallel Telephone: _____

Location of telephone number for receipt signals: _____

_____ ***NFPA 72, Chapter 5 - Remote Station alarm: NFPA 72, Chapter 5 - Proprietary.***

If alarms are retransmitted to public fire service communications centers, indicate location and telephone numbers of origination receiving alarm: _____

Indicate how alarm is retransmitted: _____

X ***NFPA 72, Chapter 5 - Central Station***

Prime contractor: Complete Security Systems, Inc. Marlboro, New Jersey

Central station location: King/Monital Manasquan, New Jersey

Means of transmission of signals from the protected premises to the central station:

McCulloh _____ Multiplex _____ One-way radio: _____

Digital alarm communicator: X Two-way radio: _____ Other: _____

Means of transmission of to the public fire service communications center:

(a) POTS Telephone Line

(b) POTS Telephone Line

System location: Rear Hall By Sprinkler Room

FIRE ALARM SYSTEM RECORD OF COMPLETION

Name of protected property: Pharos Contracting

	Organization name/phone	Representative name/phone
Installer	Complete Security Systems, Inc.	732-780-6787
Supplier	Complete Security Systems, Inc.	732-780-6787
Service Organization	Complete Security Systems, Inc.	732-780-6787

Location of record (as-built) drawings: Owner's / Contractors possession

Location of owner's manuals: Owner's / Contractors possession

Location of test reports: Owner's / Contractors possession

A contract, dated **10/09/03** ,for test and inspection in accordance with NFPA standard No(2). ***Chapter 7*** ,is in effect.

2. Record of System Installation

(Fill out after installation is complete and wiring checked for opens, shorts, ground faults and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with NFPA standards as shown below, was inspected by **Nick LaConte** on **10/9/03** ,includes the devices shown below, and has been in service since. .

x NFPA 72, Chapters (1) (2) (3) (4) (5) (6) 7 **(circle all that apply)**

x NFPA 70, National Electrical Code, Article 760

x Manufacturers instructions

1 Other (specify)

Signed: [signature] Date: **10/09/03**

Organization: Complete Security Systems, Inc.

3. Record of System Operation

All operational features and functions of this system were tested by Nick LaConte on 10/09/03 and found to be operating properly in accordance with the requirements of:

x NFPA 72, Chapters (1) (2) (3) (4) (5) (6) (7) **(circle all that apply)**

x NFPA 70, National Electrical Code, Article 760

x Manufacturers instructions

Other (specify):

Signed: [signature] Date: **10/09/03**

4. Alarm - Initiating Devices and Circuits

Quantity and class of initiating device circuits (see NFPA 72, Table 3-5)

Quantity: **4** Style: Class: **B**

MANUAL

(A) Manual Stations Non Coded, activating

Transmitters Coded

(B) Combination manual fire alarm and guard's tour coded stations

COVERAGE Complete: Partial:

(A)		Smoke Detectors		Ion		Photo
(B)	**XX**	Duct Detectors		Ion	**4**	Photo
(C)		Heat Detectors		FT		RR
				FT/RR		RC

Name of protected property: Pharos Contracting

(D) XX Sprinkler water flow switches: _____ Transmitters
1 Noncoded activating _____ Coded
(E) Other (list): _____

5. Supervisory Signal Initiating Devices and Circuits

GUARD'S TOUR

(A) _____ Coded stations
(B) _____ Noncoded stations, activating _____ transmitters
(C) _____ Compulsory guard tour system compromised _____ transmitter
stations and intermediate stations.

Note: Combination devices are recorded under 4(b) and 5(a)

SPRINKLER SYSTEM

(A) _____ Coded valve supervisory, signaling attachments
3 Valve supervisory switches, activating _____ transmitters.
(B) _____ Building temperature points.
(C) _____ Site water temperature points
(D) _____ Site water supply level points

Electric Fire Pump:

(E) _____ Fire pump power
(F) _____ Fire pump running
(G) _____ Phase reversal

Engine-driven fire pump:

(H) _____ Selector in auto position
(I) _____ Engine or control panel trouble
(J) _____ Fire pump running

Engine-driven generator:

(K) _____ Selector in auto position
(L) _____ Control panel trouble
(M) _____ Transfer switches
(N) _____ Engine running

Other supervisory function's) specify: _____

6. Alarm Notification Appliances and Circuits

Quantity and class (see NFPA 72, Table 3-7) of notification appliance circuits connected to the system:

Types and quantities of notification appliances installed:

Quantity of circuits: 2 Style: Y Class: B

(A) _____ Bells _____ Inch
(B) _____ Speakers
(C) _____ Horns
(D) _____ Chimes
(E) _____ Other: _____
(F) XX Visual signals 24VDC Type: Wheelock
13 with audible 2 without audible
(G) 1 Local annunciator

7. Signaling Line Circuits

Quantity and class (see NFPA 72, Table 3-6) of signaling line circuits connected to the system:

_____ Quantity _____ Style _____ Class

FIRE ALARM SYSTEM RECORD OF COMPLETION

Name of protected property: Pharos Contracting

8. System Power Supplies

(A) 120VAC Primary (main) 110VAC Nominal Voltage
20A Current rating
Overcurrent protection: Type: Breaker Current rating: 20A
Location: Electrical Panel

(B) Secondary (standby)
XX Storage Battery Amp-hour rating: 14
____ Calculated capacity to drive system, in hours:
XX 24 hours ____ 60 hours
____ Engine-driven generator dedicated to fire system:
Location of fuel storage: ____

(C) Emergency or standby system uased as backup to primary power, instead of using a secondary power supply:
____ Emergency system as described in NFPA 70, Article 700
____ Legally required standby system described in NFPA 70, Article 701
____ optional standby system described in NFPA 70, Article 702, which also meets the perfromance requirements of Article 700 or 701

9. System Software

(A) Operating system software revision level(s): Radionics Version 2.2
(B) Application sofware revision level(s): RAM IV
(C) Revision completed by: Nick LaConte (name) Complete Security Systems, Inc. (firm)

10. Comments:

[signature] Owner 10/10/03
(signed) for central station or alarm service company, or installation contractor/supplier (title) (date)

Frequency of routine test and inspections, if other than in accordance with the referenced NFPA standards(s):

System deviations from the referenced NFPA standard(s) are:

(signed) for central station or alarm service company, or installation contractor/supplier (title) (date)

Upon completeion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction (title) (date)

PHAROS CONTRACTING
COMPANY INCORPORATED

FACSIMILE TRANSMITTAL SHEET

TO: Frank Mizer
FROM: Stephen LaSacco
COMPANY: Brick Township
DATE: 2-6-04
FAX NUMBER:
TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:
SENDER'S PHONE NUMBER: 732-892-4441
RE:
SENDER'S FAX NUMBER: 732-892-4449

☐ URGENT (X FOR REVIEW) ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS

Block 852 Lot 4

1759 Rt 88

P.O BOX 1802 - 315-321 HAWTHORNE AVENUE GENERAL CONTRACTORS POINT PLEASANT BEACH, NEW JERSEY 08742 - PHONE: (732) 892-4441 - FAX: (732) 892-4449

ROUTE 9
Glass & Mirror Inc.
Custom Wall Mirrors • Shower Enclosures
Vanity Mirrors • Custom Store Fronts

P.O. Box 638
Allenwood, NJ 08720

732-528-0857
Fax 732-528-0852

TO: Pharo's Contracting

Job: Meridian Health
Laurelton Plaza
Brick, NJ

To whom it may concern,

I Gary Smith, owner of Route 9 Glass and Mirror, hereby certify that all glass installed by Route 9 Glass in the following situations is of a safety material. Safety glazing material is known as: a- ¼" clear tempered glass, or b- ¼" clear laminated safety glass.

1. All entrance and vestibule doors
2. All glass sidelites within 12" of any doors.
3. Any or all glass frames that are within 18" of floor level

Gary Smith

ELCO GLASS INDUSTRIES
A Division of LAKEWOOD GLASS
Lakewood Industrial Park
1855 Swarthmore Ave.
Lakewood, N.J 08701
Ph. 732-363-6550 Fax 732-905-2088

INVOICE #	312266
INVOICE DATE	10/08/03
TERMS:	

BILL TO:

JERSEY SHORE GLASS
P.O. BOX 638
ALLENWOOD NJ 08720

SHIP TO:

ROUTE 9 GLASS COMPANY
Attn: GARY SMITH
111 SQUANKUM-YELLOWBROOK RD.
HOWELL NJ 08720

CUSTOMER #	SALESPERSON	OUR ORDER #	SHIP VIA	CUSTOMER PURCHASE ORDER
ROUT042	NANCY	125132	COUNTER PICKUP	GARY

QTY ORD	QTY SHIP	QTY B.O.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
			1/4" CLEAR TEMPERED		
1	1	0	32 1/4 X 35 1/8 (SEAMED) OFFICE	20.00	
2	2	0	32 1/4 X 35 1/4 (SEAMED) OFFICE	20.00	
3	3	0	32 1/2 X 35 1/4 (SEAMED) OFFICE	20.00	
3	3	0	36 1/4 X 82 3/4 (SEAMED) FRONT VEST WALL	49.88	
1	1	0	14 5/8 X 82 3/4 (SEAMED) SIDELITE	20.99	
1	1	0	18 X 82 3/4 (SEAMED) SIDELITE	20.00	
1	1	0	15 1/2 X 82 3/4 (SEAMED) SIDELITE	20.99	
1	1	0	32 X 82 3/4 (SEAMED) SIDELITE	42.01	

PAID

Remit to: ELCO GLASS INDUSTRIES
P.O. BOX 425
PERRINEVILLE, NJ 08535

SUBTOTAL	
DISCOUNT	$.00
MISC.	$.00
TAX	$.00
TOTAL SALE	

COMMENTS:

INSPECTOR: K Shafer

DATE: 10/30/03

JOB: Laurelton Circle Offices ABR # 221

SECTION: Meridian Only

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: 1751 Rt 88

TEMPERATURE: 60°'s

BLOCK:

LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

~~4~~ Meridian Offices only @ left-side Bldg.

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O. OK KSS 10/30/03

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ PLANNING BOARD ENGINEER

☐ MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

FELTZ & FRIZZELL
Architects LLC

September 15, 2003

Brick Township Building Department
Attn.: Judy Gass
401 Chambers Bridge Road
Brick, N.J. 08723

Re: 1759 Route 88, Lot 4, Block 852, Brick, NJ

Dear Judy:

The Contractor has elected to replace the specified insulation with R-11 batt insulation on the interior of the masonry walls, and with 1 ½" rigid insulation on the outer face of the masonry. The combined R-value of the insulation is 17.255, which is greater than the R-15 originally specified. This is an acceptable substitution.

Should you need further information, please do not hesitate to call.

Yours truly,

Verity Frizzell.
Architect

file in jacket

1605 BAY AVENUE POINT PLEASANT NEW JERSEY 08742 PHONE: (732) 892-0208 FAX: (732) 892-0250

LAURELTON PLAZA OFFICE L.L.C.
P.O. BOX 1802
POINT PLESANT BEACH, NJ 08742
PHONE 732-892-4441
FAX 732-892-4449

February 23, 2004

Mr. Daniel Newman
Division of Inspections
Township of Brick
401 Chambers Bridge Rd.
Brick, NJ 08723

90 Day extension from March 5th

RE: Laurelton Plaza Offices – 1759 Highway # 88, Brick

Dear Mr. Newman,

We are in the process of waiting for our final approval of the "Minor Site Plan" from Brick town for the above referenced property; our present date of compliance is March 5, 2004. We would like to request another extension for 90 days since it appears we will not have the time to be in compliance by the above date.

We would appreciate any consideration you can give us with this matter.

If you have any questions, please call me at your convenience.

Sincerely,

John Gazonas
President

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Daniel Newman	John Gazonas
COMPANY:	**DATE:**
Township of Brick	02/24/04
FAX NUMBER:	**TOTAL NO. OF PAGES INCLUDING COVER:**
732-262-8954	2
PHONE NUMBER:	**SENDER'S PHONE NUMBER:**
	732-892-4441 x 201
RE:	**SENDER'S FAX NUMBER:**
Laurelton Plaza Offices LLC	732-892-4449

URGENT x FOR REVIEW PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

325083

1166

LAURELTON PLAZA OFFICES, LLC
PO BOX 1802
POINT PLEASANT BEACH, NJ 08742
(732) 892-4441

OCEANFIRST BANK
PT. PLEASANT BEACH, NEW JERSEY 08742
55-7035-2312

10/6/2003

PAY TO THE ORDER OF Township of Brick

$ **482.00

Four Hundred Eighty-Two and 00/100********** DOLLARS

Township of Brick
401 Chanbers Bridge Rd.
Brick, NJ 08720

MEMO Affordable Housing Trust Fund

⑈001166⑈ ⑆231270353⑆ 0200600590?⑈

Details on back. Security Features Included.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Home Care of OC
Owner/Applicant: Laurelton Plaza Offices LLC.
Property Address: 1759 Rt. 88
Block: 852 Lot: 4

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 10/9/03

Check Number 1166
Preliminary Fee Paid
Final Fee Paid $482.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

10-9-03
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 852 LOT 4 SITE ADDRESS 1759 Rt. 88
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Home Care of NC.
APPLICANT Prasad Contracting PHONE NUMBER 732-892-4441
APPLICANT ADDRESS 315-321 Hamilton Ave CITY & STATE Pt. Pleasant NJ. 08742

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required		Date
	Down Payment		Date
	Balance		Date
	Paid In Full		Date
Market Rate	No Fee Required		

Mary Ann - Ext. 201
Fax - 732-892-4449

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

✗ Commercial is .01%

✗ The estimated equalized assessed value of the proposed construction is

$ 96,400

8-4-03
Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 96,400

9/26/03
Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required	*482.00	Date	8/6/03
Preliminary Paid	482.00	Check #	1111
		Receipt #	325047
Final Total Fee Required	*964.00		
Preliminary Paid	482.00	Date	10/9/03
Final Paid	482.00	Check#	1166
Balance Due	0-	Receipt #	325083

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Isakson Vandalucco
Office of Affordable Housing

7/31/03 - Ta prelim.
8/5/03 - called, faxed + mailed
9/26/03 - Ta final
9/29/03 - called + fax

03-3971
+A (E)
+B (P)

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 1759 Route 88 Block 852 Lot 4

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

90 Days

FINALS		FINALS	FINALS
BUILDING	APPROVED	10/28/03 TCO	
PLUMBING OK	APPROVED	10/14/03 OK	
FIRE (check tech)	APPROVED	10/28/03 OK	
ELECTRIC	APPROVED	10/24/03 TCO	10/30/3 ok
ENGINEERING	APPROVED	10/30/03 OK	
O.C.SOIL	APPROVED	n/a	
COMMERCIAL OCCUPANCY CARD			
C.C. FROM B.T.M.U.A.		10/28/03 TCO	

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING 9/26/03 OK

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

TOTALINE®

INSTALLATION & MAINTENANCE INSTRUCTIONS

P270-2000I AIR DUCT SMOKE DETECTOR 4-WIRE IONIZATION

The TOTALINE P270-2000I model is an ionization detector approved for an air speed range of **500 to 4000 feet per minute** (2.54 m/s to 20.3 m/s) and an operational temperature range of 32°F to 120°F (0°C to 49°C).

Before Installing

Please thoroughly read the System Sensor *Guide for Proper Use of Smoke Detectors in Duct Applications* (A05-1004), which provides detailed information on detector spacing, placement, zoning, wiring, and special applications. Copies of this manual are available from your TOTALINE distributor. NFPA Standards 72 and 90A should also be referenced for detailed information.

NOTICE: This manual shall be left with the owner/user of this equipment.

IMPORTANT: This detector must be tested and maintained regularly following NFPA 72 requirements. The detector should be cleaned at least once a year.

Table of Contents **Page**

Safety Considerations

Read and follow manufacturer instructions carefully. Improper installation may damage smoke detector.

Recognize safety information. This is the safety alert symbol ⚠. When the safety alert symbol is present on equipment or in the instruction manual, be alert to the potential for personal injury.

Understand the signal words DANGER, WARNING, and CAUTION. These words are used with the safety alert symbol. DANGER identifies the most serious hazards which will result in severe personal injury or death. WARNING signifies a hazard which could result in personal injury or death. CAUTION is used to identify unsafe practices which would result in minor personal injury or property damage.

⚠WARNING

Before beginning any installation or modification, be certain that the main line electrical disconnect switch is in the OFF position. Electric shock could result. Tag disconnect switch with suitable warning labels.

[1] General Description

An HVAC system supplies conditioned air to virtually every area of a building. Smoke introduced into this air duct system will be distributed throughout the entire building. Smoke detectors designed for use in air duct systems are used to sense the presence of smoke in the duct.

Model P270-2000I Air Duct Smoke Detector utilizes ionization technology for the detection of smoke. This detection method, when combined with an efficient housing design, samples air passing through the duct and allows detection of a developing hazardous condition. When sufficient smoke is sensed, an alarm signal is initiated and appropriate action can be taken to shut off fans, blowers, change over air handling systems, etc. These actions can facilitate the management of toxic smoke and fire gases throughout the areas served by the duct system.

The P270-2000I detector is designed to operate on 24 VDC/VAC, 120 VAC, or 240 VAC. Alarm and supervisory relay contacts are available for control panel interface (alarm initiation), HVAC control, and other auxiliary functions. Auxiliary relays are also provided for fan shut down or signaling of up to 9 other detectors in the loop for multiple fan shut down. These detectors are not designed for 2-wire applications.

For testing, the alarm can be enabled by a magnet activated test switch or by the optional remote test station. The duct smoke detector latches into alarm state when an alarm occurs. A green LED flashes to indicate power, a red LED signals local alarm indication, and optional accessories offer a variety of annunciation capabilities.

The P270-2000I can be reset by a momentary power interruption, the reset button on the front cover, the control panel, or remote reset accessory. **The P270-2000I incorporates a cover tamper feature that provides a trouble signal after 7 minutes if the cover is removed or improperly installed.** Proper installation of the cover removes the trouble condition.

[2] Limitations Of Duct Smoke Detectors

⚠WARNING

The National Fire Protection Association has established that DUCT DETECTORS MUST NOT BE USED AS A SUBSTITUTE FOR OPEN AREA DETECTOR PROTECTION as a means of providing life safety. Nor are they a substitute for early warning in a building's regular fire detection system.

TOTALINE supports this position and strongly recommends that the user read NFPA Standards 90A, 72, and 101. The P270-2000I Air Duct Smoke Detectors are listed per UL 268A.

⚠WARNING

This device will not operate without electrical power. Fire situations may cause an interruption of power. The system safeguards should be discussed with your local fire protection specialist.

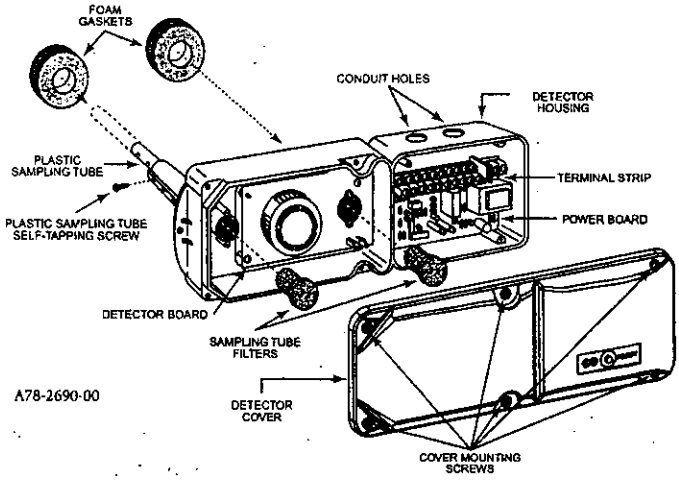
⚠WARNING

This device will not sense smoke unless the ventilation system is operating and the cover is installed.

⚠WARNING

For this detector to function properly, it MUST be installed according to the instructions in this manual. Furthermore, the detector MUST be operated within ALL electrical and environmental specifications listed in this manual. Failure to comply with these requirements may prevent the detector from activating when smoke is present in the air duct.

[3] Figure 1: Exploded View Of Duct Smoke Detector Components



[4] Contents Of The Duct Smoke Detector Kit

1. Complete housing base and cover assembly
2. Two #10 x 1¼" sheet metal screws for mounting
3. Two sampling tube filters
4. One test magnet
5. Drilling template
6. Two foam gaskets
7. Four #6-self tapping mounting screws for the metal sampling tube and optional exhaust tube extension
8. One inlet tube end plug
9. One plastic sampling tube
10. One #8 self-tapping screw for the plastic sampling tube

NOTE: For ducts over 1½ feet, longer inlet sampling tubes must be ordered to complete the installation. They must be the correct length for the width of the duct where they will be installed. See Table 1 on page 3 to determine the inlet tube required for different duct widths.

[5] Installation Sequence

[5.1] Verify Duct Air Flow Direction And Velocity

Model P270-2000I detectors are designed to be used in air handling systems having air velocities of 500 to 4000 feet per minute. Be sure to check engineering specifications to ensure that the air velocity in the duct falls within these parameters. If necessary, use a velocity meter (anemometer) to check the air velocity in the duct.

[5.2] Drill The Mounting Holes

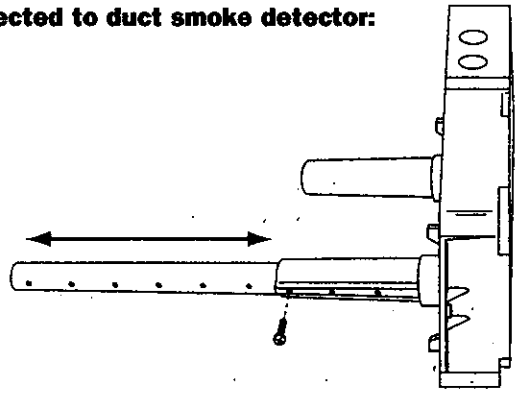
Remove the paper backing from the mounting template supplied. Affix the template to the duct at the desired mounting location. Make sure the template lies flat and smooth on the duct. Center punch holes A and B. Drill the holes as indicated on the template.

[5.2.1] Sampling Tube Installation for Ducts Less Than 1½ Feet Wide (see Figure 2)

1. Remove the front cover.
2. Slide the plastic sampling tube into the housing bushing.
3. Align the holes in the bushing with the holes in the sampling tube. Make sure there are 6 exposed holes on the plastic sampling tube. Secure with the #8 self-tapping screw into the bottom of the permanent tube (see Fig. 2).

NOTE: For ducts greater than 1½ feet in width, refer to sections [5.4.1] and [5.4.2].

Figure 2. Plastic sampling tube connected to duct smoke detector:

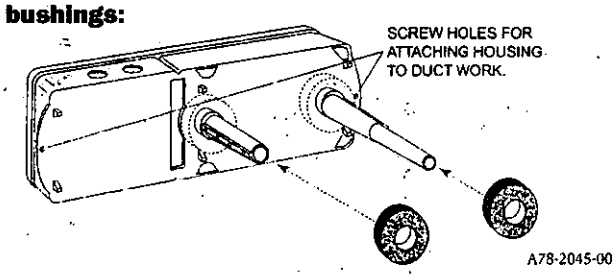


[5.3] Secure The Detector Housing To The Duct

Slide the foam gaskets over the tube bushings as shown in Figure 3. Use the two 1¼" long sheet metal screws to screw the detector housing to the duct.

CAUTION: Do not overtighten the screws.

Figure 3. Installation of foam gaskets over sampling tube bushings:



[5.4] Sampling Tube Installation for Ducts Greater Than 1½ Feet Wide

The sampling tube is identified by a series of air inlet holes on the tube. A plastic tube is included for ducts up to 18" in width. All other lengths must be purchased separately. Order the correct length, as specified in Table 1, for width of the duct where it will be installed. It is recommended that the sampling tube length extend at least two-thirds across the duct width for optimal performance. The exhaust tube is molded onto the base of the duct housing, and the P271-A2440-00 Exhaust Tube Extension is available as an accessory in those cases where the molded exhaust port does not extend at least 2 inches into the duct.

The inlet tube is always installed with the air inlet holes facing into the air flow. To assist proper installation, the tube's mounting flange is marked with arrows. Make sure the inlet tube is mounted so that the arrows point into the air flow (see Figure 4). Figure 5 shows the various combinations of tube mounting configurations with respect to air flow. Mounting the detector housing in a vertical orientation is acceptable, provided that the air flows directly into the sampling tube holes as indicated in Figure 4.

Table 1. Inlet tubes recommended for different duct widths:

Outside Duct Width	Inlet Tube Recommended*
1 to 2 ft.	P271-ST-1.5
2 to 4 ft.	P271-ST-3
4 to 8 ft.	P271-ST-5
8 to 12 ft.	P271-ST-10

*Sampling tube must extend a minimum of two-thirds the duct width.

[5.4.1] Installation For Ducts Greater Than 1½ Feet But Less Than 8 Feet Wide

1. *If the tube is longer than the width of the air duct,* drill a ¾" hole in the duct opposite the hole already cut for the inlet tube. Make sure the hole is 1" to 2" below the inlet hole on the opposite side of the duct to allow moisture drainage away from the detector. *If the tube is shorter than the width of the air duct,* install the end plug into the inlet tube as shown in Figure 4. Sampling tubes over 3 ft. long must be supported at the end opposite the duct smoke detector.
2. Slide the tube into the housing bushing that meets the air flow first. Position the tube so that the arrows point into the air flow.
3. Secure the tube flange to the housing bushing with two #6 self-tapping screws.
4. For tubes longer than the width of the air duct, the tube should extend out of the opposite side of the duct. If there are more than 2 holes in the section of the tube extending out of the duct, select a different length using Table 1. Otherwise, trim the end of the tube protruding through the duct so that 1" to 2" of the tube extend outside the duct. Plug this end with the end plug and tape closed any holes in the protruding section of the tube. Be sure to seal the duct where the tube protrudes.

Figure 4. Air duct detector inlet sampling tube:

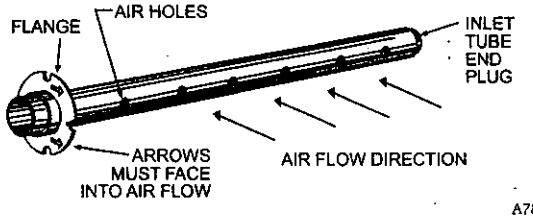
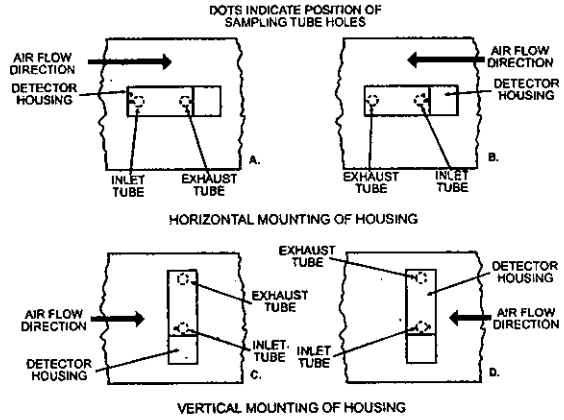


Figure 5. Tube mounting configurations with varying air flow direction:



NOTE: Only metal sampling tubes may be used on orientations C and D.

⚠WARNING

In no case should more than 2 air inlet holes be cut off the tube. There must be a minimum of 10 holes in the tube exposed to the air stream.

[5.4.2] Installation For Ducts More Than 8 Feet Wide

NOTE: To install inlet tubes in ducts more than 8 feet wide, work must be performed inside the air duct. Sampling of air in ducts wider than 8 feet is accomplished by using the P271-ST-10 inlet sampling tube. If the tube is shorter than the width of the air duct, install the end plug into the inlet tube as shown in Figure 4 and support the end opposite the duct smoke detector.

Install the inlet tube as follows:

1. Drill a ¾" hole in the duct directly opposite the hole already drilled for the inlet tube. Make sure the hole is 1

to 2" below the inlet hole on the opposite side of the duct to allow for moisture drainage.

2. Slide the inlet tube with the flange into the housing bushing that meets the air flow first. Position the tube so that the arrows point into the air flow. Secure the tube flange to the housing bushing with two #6 self-tapping screws.
3. From inside the duct, couple the other sections of the inlet tube to the section already installed using the ½" conduit fittings supplied. Make sure that the holes on both of the air inlet tubes are lined up and facing into the air flow.
4. Trim the end of the tube protruding through the duct so that 1 to 2" of the tube extend outside the duct. Plug this end with the end plug and tape closed any holes in the protruding section of the tube. Be sure to seal the duct when the tube protrudes.

NOTE: An alternate method to using the P271-ST-10 is to use two P271-ST-5 inlet tubes. Remove the flange from one of the tubes and install as described above. After the installation, use electrical tape to close off some of the sampling holes so that there are a total of 10 to 12 holes spaced as evenly as possible across the width of the duct.

NOTE: Air currents inside the duct may cause excessive vibration, especially when the longer sampling tubes are used. In these cases a 3" floor flange (available at most plumbing supply stores) may be used to fasten the sampling tube to the other side of the duct. When using the flange/connector mounting technique, drill a 1" to 1¼" hole where the flange will be used.

[5.4.3] Modifications of Inlet Sampling Tubes

There may be applications where duct widths are not what is specified for the installation. In such cases, it is permissible to modify an inlet sampling tube that is longer than necessary to span the duct width.

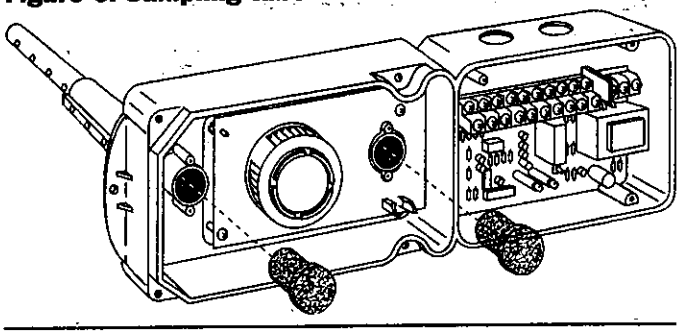
Use a 0.193-inch diameter (#10) drill and add the appropriate number of holes so that the total number of holes exposed to the air flow in the duct is 10 to 12. Space the additional holes as evenly as possible over the length of the tube.

NOTE: This procedure should only be used as a temporary fix. It is not intended as a permanent substitute for ordering the correct length tubes.

[5.5] Install The Filters

To install the sampling tube filters, simply push the filters into the sampling and exhaust tube holes, as shown in Figure 6. If a metal sampling tube is used, install the filters over the tube ends.

Figure 6. Sampling tube filter installation:



⚠CAUTION

Filters require periodic cleaning or replacement, depending on the amount of dust and dirt accumulated. Visually inspect the filters at least quarterly; inspect them more often if the dust accumulation warrants it. See Section [6] for more information. Replacement filters can be ordered from TOTALINE Distribution. (Exhaust tube/intake tube filter P/N P271-F36-09-11)

[5.6] Field Wiring Installation Guidelines

All wiring must be installed in compliance with the National Electrical Code and the local codes having jurisdiction. Proper wire gauges should be used. The conductors used to connect smoke detectors to control panels and accessory devices should be color-coded to prevent wiring mistakes. Improper connections can prevent a system from responding properly in the event of a fire.

For signal wiring, (the wiring between interconnected detectors or from detectors to auxiliary devices), it is usually recommended that single conductor wire be no smaller than 18 gauge. The duct smoke detector terminals

Smoke detectors and alarm system control panels have specifications for allowable loop resistance. Consult the control panel manufacturer's specifications for the total loop resistance allowed for the particular model control panel being used before wiring the detector loop.

Wiring Instructions

The P270-2000I detector is designed for easy wiring. The housing provides a terminal strip with clamping plates. Wiring connections are made by stripping about ⅜" of insulation from the end of the wire, sliding the bare end under the plate, and tightening the clamping plate screw.

[5.7] Perform Detector Check

1. Perform STANDBY AND TROUBLE TEST per Section [6.2.1].
2. Perform MAGNET TEST per Section [6.2.2.1]. The RTS451 test of Section [6.2.2.2] may substitute for this requirement.
3. Perform AIR FLOW TEST per Section [6.1.1].
4. Perform SMOKE RESPONSE TEST per Section [6.1.2].
5. Perform SENSITIVITY TEST per Section [6.2.3].

[5.8] Install The Cover

Install the cover using the six screws that are captured in the housing cover. Be certain filters are installed as specified in Section [5.5]. Make sure that the cover fits into the base groove and that all gaskets are in their proper positions. Tighten the six screws.

[6] Duct Smoke Detector Maintenance And Test Procedures

Test and maintain duct smoke detectors as recommended in NFPA 72. The tests contained in this manual were devised to assist maintenance personnel in verification of proper detector operation.

Before conducting these tests, notify the proper authorities that the smoke detection system will be temporarily out of service. Disable the zone or system under test to prevent unwanted alarms.

[6.1] Smoke Entry Tests

[6.1.1] Air Flow

To verify sufficient sampling of ducted air, use a manometer to measure the differential pressure created from air flow across the sampling tubes. The pressure should measure no less than 0.03 inches of water and no greater than 1.4 inches of water. The air handler must be operating for this test.

[6.1.2] Smoke Response

To determine if smoke is capable of entering the sensing chamber, visually identify any obstructions. Plug the exhaust and inlet tube holes to prevent ducted air from carrying smoke away from the detector head, then blow smoke such as cigarette, cotton wick, or punk directly at the head to cause an alarm. REMEMBER TO REMOVE THE PLUGS AFTER THIS TEST, OR THE DETECTOR WILL NOT FUNCTION PROPERLY.

[6.1.3] Filter Replacement

The filters do not substantially affect smoke performance even when up to 90% of the filter is clogged. Quarterly visual inspection usually suffices to determine whether the filters should be replaced because only a high percentage of contamination affects performance. If further testing is required, compare differential pressure readings with and without the filters installed. If the difference exceeds 10% replace the filters. In no case should the pressure differential fall below 0.0015 inches of water.

[6.2] Standby, Alarm and Sensitivity Tests

The cover must be removed to perform these tests. The use of a remote accessory for visible indication of power and alarm is recommended.

Figure 7. System wiring diagram for 4-wire duct smoke detectors:

⚠CAUTION

Do not loop wire under terminals when wiring detectors. Break wire runs to provide system supervision of connections.

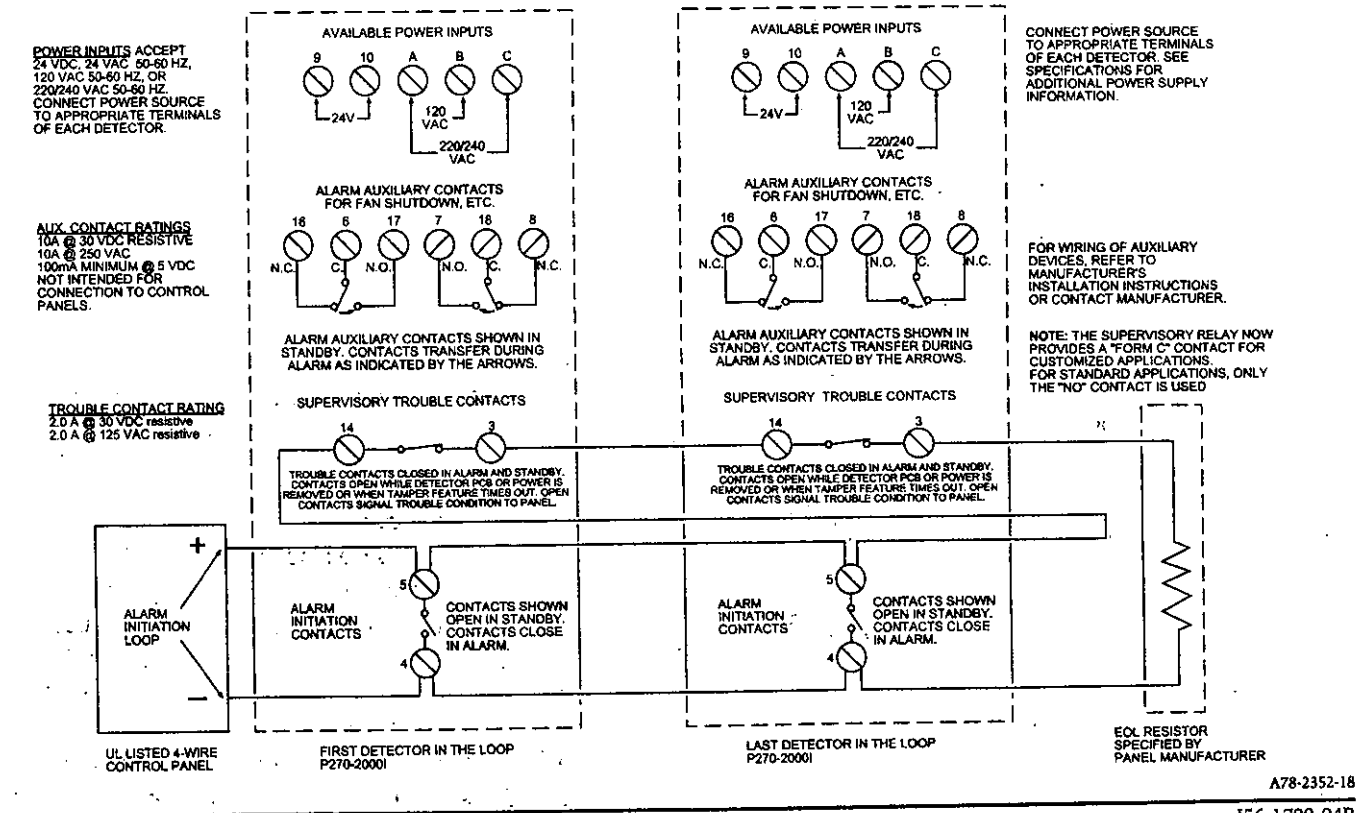
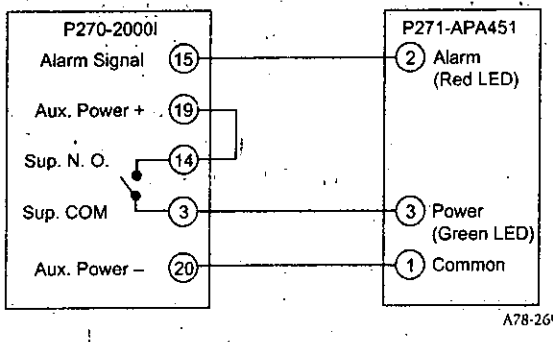


Figure 8. Wiring diagram for P270-2000I to APA451:



NOTE: Wiring diagram shown is for 4-wire duct smoke detector system equipped without a control panel.

Figure 9. Wiring diagram for P270-2000I to RTS451KEY and interconnect feature:

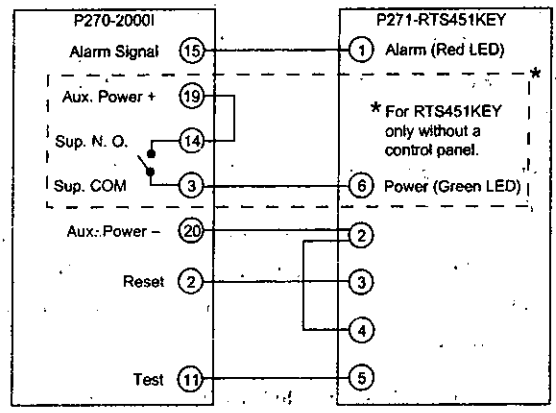
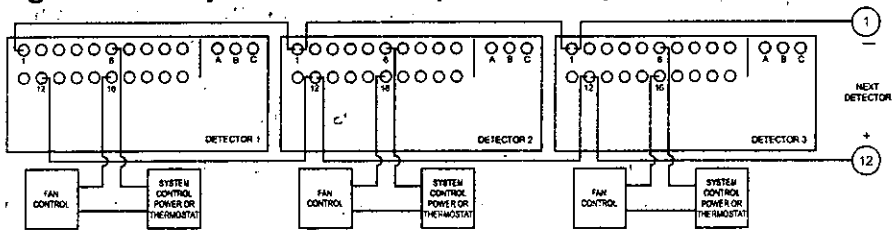


Figure 10. Multiple fan shutdown (interconnect):



Important Interconnect Notes

- When using the interconnect feature, all interconnected units must be powered with the same, independent supply.
- Polarity must be maintained throughout the interconnect wiring. Connect terminal 12 on unit 1 to terminal 12 on unit 2 and so on. Similarly, connect terminal 1 on unit 1 to terminal 1 on unit 2 and so on.

Figure 11. Wiring diagrams for optional accessories:

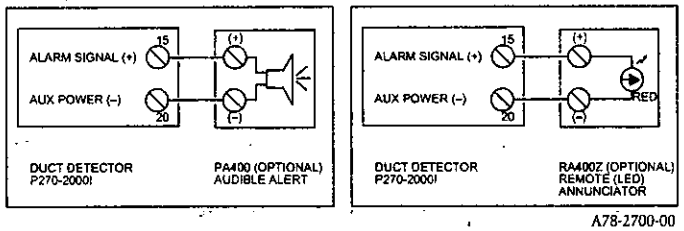


Figure 12. Wiring diagram for P270-2000I to P271-SSK451

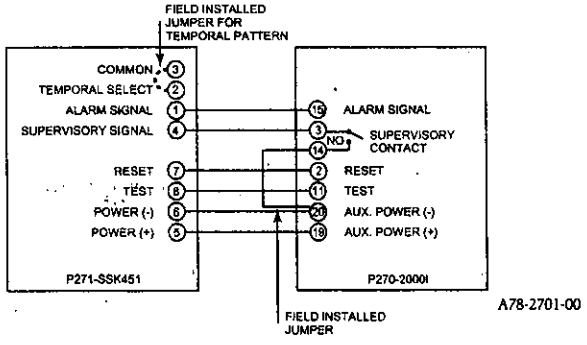
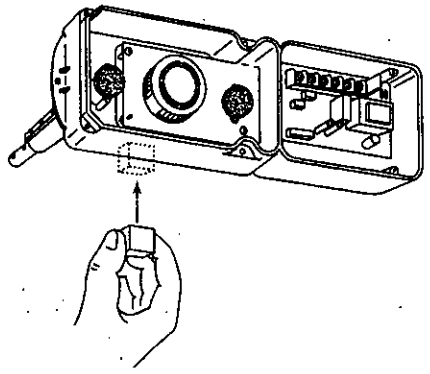


Figure 13. Testing detector alarm:



[6.2.1] Standby And Trouble

Standby — Look for the presence of the flashing green LED. The LED should flash approximately every 10 seconds.

Trouble — If the detector LED does not flash, then the detector lacks power (check wiring, panel, or power supply), the detector board is missing (replace), the cover has been missing or not secured properly for more than 7 minutes (secure cover properly), or the unit is defective (return for repair).

Test — The trouble condition can be caused intentionally to verify correct operation of the system. Remove the detector board to cause a trouble condition locally and at the system control panel.

Cover Tamper — If the cover is removed or not properly secured for a period longer than 7 minutes, a trouble signal is generated to indicate the cover is missing.

[6.2.2] Alarm Tests

[6.2.2.1] P271-M02-04-00 Magnet Test

1. Place the painted surface of the magnet onto the TEST locator on the bottom of the housing (Figure 13).
2. The red alarm LED on the detector should latch on, as should any accessories (i.e. P271-RA400Z, P271-RTS451). Verify system control panel alarm status and control panel execution of all intended auxiliary functions (i.e. fan shutdown, damper control, etc.).

3. The detector must be reset by system control panel, front cover reset button, or remote accessory.

[6.2.2.2] RTS451/RTS451KEY Remote Test Station

The P271-RTS451/P271-RTS451KEY Remote Test Station facilitates test of the alarm capability of the duct smoke detector as indicated in the P271-RTS451/P271-RTS451KEY manual. The duct smoke detector can be reset by the P271-RTS451/P271-RTS451KEY. If a system control panel is used, the panel itself may also require testing.

To install the P271RTS451/P271-RTS451KEY, connect the device as shown in Figure 9; wire runs must be limited to 25 ohms or less per interconnecting wire.

Please note that the magnetic coil supplied with the P271-RTS451 and P271-RTS451KEY is not required when these accessories are used with the P270-2000 Series detectors. The functionality of the magnetic coil has been designed into the circuitry of the new Innovair duct smoke detectors.

[6.2.2.3] P271-SSK451 Multi-Signaling Accessory

The TOTALINE P271-SSK451 Multi-Signaling accessory combines a sounder feature with a key activated test and reset function. Green, amber and red LEDs provide a visual indication of power, trouble, and alarm respectively. An optional strobe (P271-PS24LO) with a smoke lens can be added to conform to the codes of certain jurisdictions.

To install the P271-SSK451, connect the device as shown in figure 12.

[6.2.3] Sensitivity Tests

[6.2.3.1] P271-MOD400 or P271-MOD400R Test

After verification of alarm capability, use the P271-MOD400R test module with a voltmeter to check detector sensitivity as indicated in the test module's manual. The housing cover must be removed to perform this test.

If test module readings indicate that the detector head is outside of the acceptable range that is printed on the label of the detector, the detector chamber requires cleaning per Section [7] of this manual.

[7] Detector Cleaning Procedures

Notify the proper authorities that the smoke detector system is undergoing maintenance, and that the system will temporarily be out of service. Disable the zone or system undergoing maintenance to prevent unwanted alarms and possible dispatch of the fire department.

[7.1] Air Filters

1. Turn off power to the system.
2. Remove and inspect sampling tube filters.
3. If filters are heavily coated with dirt, replace them with new filters. If they are not heavily coated, use a vacuum cleaner or compressed air nozzle to remove dust, then reinstall the filters.

[7.2] Ion Detector Boards

1. Brush or vacuum inside area of cover. Chamber may then be blown out using clean, compressed air.
2. Vacuum sensing chamber before using clean, compressed air to loosen and blow out any remaining debris.

[8.0] Board Replacement

[8.1] Detector Board Replacement

1. Remove the two detector board mounting screws.
2. Pull gently on the board to remove it.
3. To replace the board, align the board mounting features, holes, and the interconnect terminals. Push the board into place.
4. Secure board with the two mounting screws.

[8.2] Power Board replacement

1. Disconnect wiring from the terminal block.
2. Remove the two power board mounting screws.
3. Pull gently on the board to remove it.
4. To replace the board, align the board mounting features, holes, and the interconnect terminals. Push the board into place.
5. Secure board with the two mounting screws.
6. Re-connect wiring to terminal block.

[9] Model P270-2000I Air Duct Smoke Detector Specifications

Operating Temperature:	+32° to +131° F	0° to +55° C
Storage Temperature:	-22° to +158° F	-30° to +70° C
Humidity:	10% to 93% R.H. noncondensing	
Air Velocity:	500 to 4000 ft./min.	2.5 to 20.3 m/sec.
Dimensions:	14.38" L x 5.5" W x 2.75" D	37cm L x 14cm W x 7cm D
Weight:	3.75 pounds	1.7 kg

Electrical Specifications

Power supply voltage:	20-29 VDC	24 VAC 50-60-Hz	120 VAC 50-60 Hz	220/240 VAC 50-60 Hz
Input capacitance:	270 μF max.	270 μF max.	N/A	N/A
Reset voltage:	3.0 VDC min.	2.0 VAC min.	10 VAC min.	20 VAC min.
Reset time (with P271-RTS451):	.03 to .0.3 sec.	.03 to 0.3 sec.	.03 to 0.3 sec.	.03 to 0.3 sec.
Reset time (by power down):	0.6 sec. max.	0.6 sec. max.	0.6 sec. max.	0.6 sec. max.
Power up time:	34 sec. max.	34 sec. max.	34 sec. max.	34 sec. max.
Alarm response time:	2 to 17 sec.	2 to 17 sec.	2 to 17 sec.	2 to 17 sec.
Sensitivity Test:	See detector label	See detector label	See detector label	See detector label

Power Supply Voltage	20 - 29 VDC	24 VAC 50 - 60 Hz	120 VAC 50 - 60 Hz	220/240 VAC 50 - 60 Hz

CURRENT REQUIREMENTS (USING NO ACCESSORIES)

Max. standby current	15 mA	35 mA RMS	25 mA RMS*	15 mA RMS*
Max. alarm current	70 mA	125 mA RMS	35 mA RMS*	25 mA RMS*

CONTACT RATINGS

Alarm initiation contacts (SPST)	2.0A @ 30 VDC (resistive)
Alarm auxiliary contacts (DPDT)	10A @ 30 VDC 10A @ 250 VAC
Note: Alarm auxiliary contacts must switch 100 mA minimum at 5VDC. Alarm auxiliary contacts shall not be connected to inititaing circuits of control panels. Use the alarm initiation contact for this purpose.	
Trouble contacts (SPDT)	2.0A @ 30 VDC (resistive) 2.0A @ 125 VAC (resistive)

ACCESSORY CURRENT LOADS AT 24 VDC			
DEVICE	STANDBY	TROUBLE	ALARM
APA451	12.5mA Max.	n/a	30mA Max.
PA400	0mA	n/a	15mA Max.
RA400Z	0mA	n/a	10mA Max.
RTS451	0mA	n/a	7.5mA Max.
RTS451KEY	12mA*	n/a	7.5mA Max.
SSK451	5mA Max.	9mA Max.	30mA Max.

* NOTE: When a unit is powered at the 120VAC or 220/240VAC input, any combination of accessories may be used such that the given accessory loads are:
60 mA or less in the standby state,
110 mA or less in the alarm state.

ACCESSORIES

P271-MOD400R	Sensitivity Test Module
P271-RA400Z	Remote Annunciator
P271-RTS451	Remote Test Station, test & reset switch with alarm LED
P271-RTS451KEY	Remote Test Station, test switch, reset key with alarm LED
P271-PA400	Piezo Sounder
P271-APA451	Annunciator with piezo, alarm & power LEDs
P271-F36-09-00	Replacement Air Filter (two per package)
P271-M02-04-00	Replacement Test Magnet
P271-P48-55-00	Replacement End Plug for inlet sampling tube
P271-S08-39-01	Replacement Screen, Photo
P271-1309-00	Replacement Installation Kit (mounting hardware)
P271-A5064	Replacement 4-wire power board
P271-A5052	Replacement ionization sensor board
P271-A5069	Replacement photoelectric sensor board
P271-SSK451	Multi-Signaling Accessory
P271-PS24LO	Strobe for Multi-Signaling Accessory

SAMPLING (INLET) TUBES

TUBE	OUTSIDE DUCT WIDTH
P271-ST-1.5	1 to 2 feet (30 to 60 cm)
P271-ST-3	2 to 4 feet (60 to 120 cm)
P271-ST-5	4 to 8 feet (1.2 to 2.4 m)
P271-ST-10	8 to 12 feet (2.4 to 3.7 m)

EXHAUST TUBE EXTENSION

P271-A2440-00 5.75 in. (14.6 cm.) additional

Please refer to insert for the Limitations of Fire Alarm Systems

Three-Year Limited Warranty

THREE YEAR WARRANTY – This CARRIER CORPORATION product is warranted to be free from defects in material and workmanship under normal use and maintenance for a period of three years from the date of manufacture. A new or remanufactured product or part to replace the defective part will be provided without charge for the part itself through a qualified servicing CARRIER CORPORATION dealer or service PROVIDED the defective part is returned to our distributor. The replacement part assumes the unused portion of the warranty.

THIS WARRANTY DOES NOT INCLUDE ANY ADDITIONAL LABOR ALLOWANCE OR OTHER COSTS or other costs incurred for diagnosis repairing, removing, installing, shipping, servicing, or handling of either defective parts or replacement parts. SUCH COSTS MAY BE COVERED BY a separate warranty provided by the installer.

LIMITATIONS OF WARRANTIES – ALL IMPLIED WARRANTIES (INCLUDING IMPLIED WARRANTIES OF MERCHANTABILITY) ARE HEREBY LIMITED IN DURATION TO THE PERIOD FOR WHICH THE LIMITED WARRANTY IS GIVEN. THE EXPRESSED WARRANTIES MADE IN THIS WARRANTY ARE EXCLUSIVE AND MAY NOT BE ALTERED ENLARGED OR CHANGED BY ANY DISTRIBUTOR DEALER OR OTHER PERSON WHATSOEVER.

CARRIER WILL NOT BE RESPONSIBLE FOR:

1. Normal maintenance as outlined in the installation and servicing instructions or owners manual including cleaning and/or replacement of filters or electronic powerhead.
2. Damage or repairs required as a consequence of faulty installation or application by others.
3. Failure to start due to voltage conditions, blown fuses, open circuit breakers or other damages due to the inadequacy or interruption of electrical service.
4. Damage or repairs needed as a consequence of any misapplication, abuse, improper servicing, unauthorized alteration, or improper operations.
5. Damage as a result of floods, winds, fires, lightning, accidents, corrosive atmosphere, or other conditions beyond the control of CARRIER CORPORATION.
6. Parts not supplied or designated by CARRIER CORPORATION.
7. CARRIER CORPORATION products installed outside the continental U.S.A., Alaska, Hawaii, and Canada.
8. ANY SPECIAL INDIRECT OR CONSEQUENTIAL PROPERTY OR COMMERCIAL DAMAGE OF ANY NATURE WHATSOEVER. Some states do not allow the exclusion of incidental or consequential damages, so the above limitation may not apply to you.

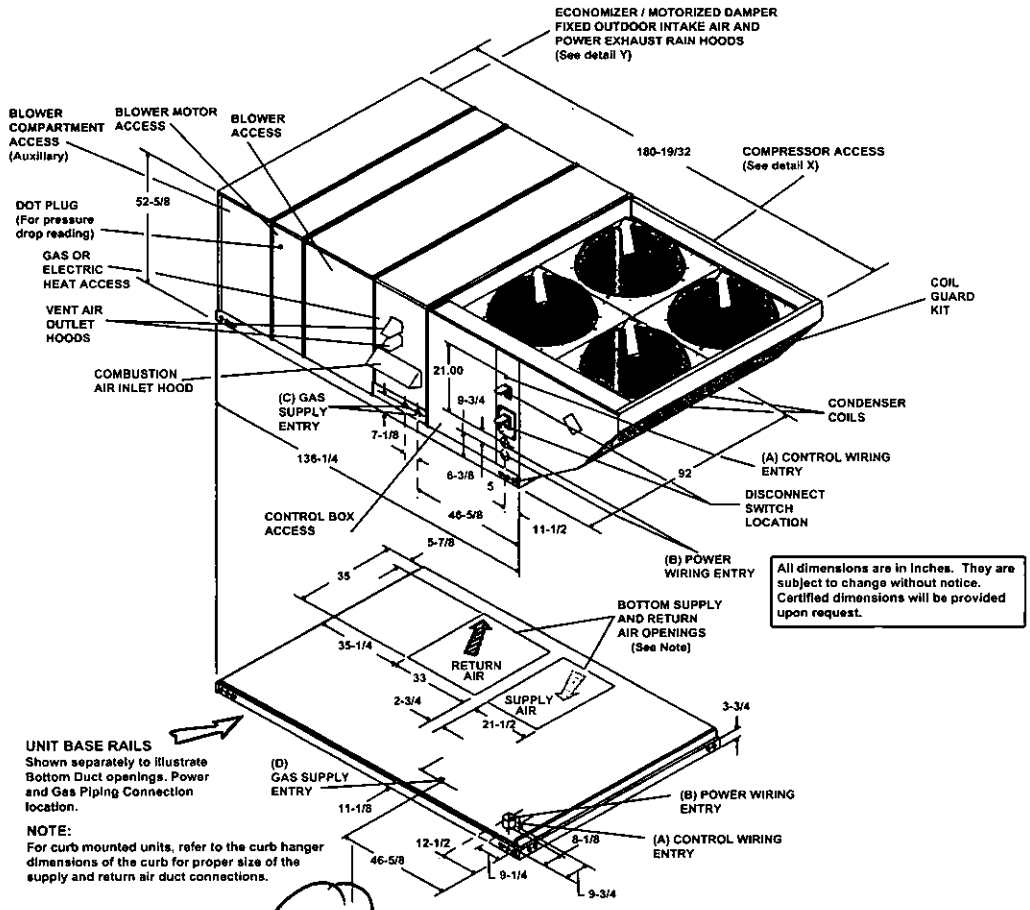


FIGURE 3: UNIT DIMENSIONS (DW-15, -18, -20, & -25 (FRONT VIEW)

TABLE 38: MINIMUM CLEARANCES

LOCATION	CLEARANCE
Front	36"
Back	24" (Less Economizer) 49" (With Economizer)
Left Side (Filter Access)	24" (Less Economizer) 36" (With Economizer)
Right Side (Cond. Coil)	36"
Below Unit[1]	0"
Above Unit[2]	72" With 36" Maximum Horizontal Overhang (For Condenser Air Discharge)

1. Units may be installed on combustible floors made from wood or class A, B, or C roof covering material.
2. Units must be installed outdoors. Overhanging structures or shrubs should not obstruct condenser air discharge outlet.

NOTE: A 1" clearance must be provided between any combustible material and the supply air ductwork for a distance of 3 feet from the unit.

NOTE: The products of combustion must not be allowed to accumulate within a confined space and recirculate.

TABLE 39: UTILITIES ENTRY

HOLE	OPENING SIZE (DIA.)	USED FOR	
A	1-1/8" KO	Control Wiring	Front
	3/4" NPS (Fem.)		Bottom
B	3-5/8" KO	Power Wiring	Front
	3" NPS (Fem.)		Bottom
C	2-3/8" KO	Gas Piping (Front)[1]	
D	1-11/16" Hole	Gas Piping (Bottom)[1,2]	

1. One-inch Gas Piping MPT Required.
2. Opening in the bottom to the unit can be located by the side in the insulation.

NOTE: Locate unit so that the vent air outlet hood is at least:

- Three (3) feet above any force air inlet located within 10 horizontal feet (excluding those integral to the unit).
- Four (4) feet below, 4 horizontal feet from, or 1 foot above any door or gravity air inlet into the building.
- Four (4) feet from electric and gas meters, regulators and relief equipment.

NOTE: All entry holes should be field sealed to prevent rain water entry into building.

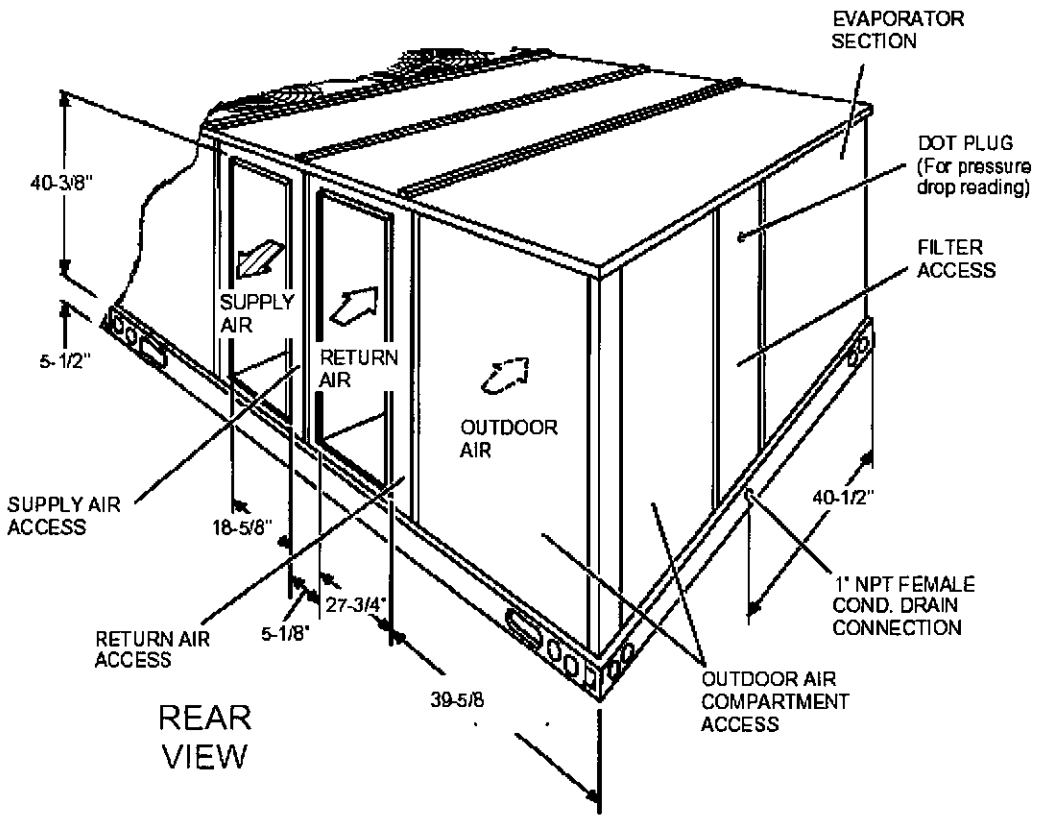


FIGURE 4: UNIT DIMENSIONS (REAR VIEW)

NOTE: Units are shipped with the bottom duct openings ocovered. An accessory flange kit is available for connecting side ducts.

For *bottom* duct applications:

1. Remove the side panels from the supply and return air compartments to gain access to the bottom supply and return air duct covers.
2. Remove and discard the bottom duct covers. Duct openings are closed with sheet metal covers except when the unit includes a power exhaust option. The covering consists of a heavy black paper composition.
3. Replace the side supply and return air compartment panels.

For *side* duct application:

1. Replace the side panels on the supply and return air compartments with the accessory flange kit panels.
2. Connect ductwork to the duct flanges on the rear of the unit.

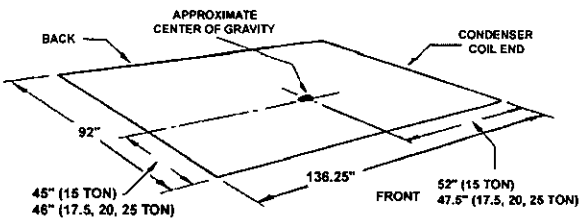


FIGURE 5: UNIT CENTER OF GRAVITY

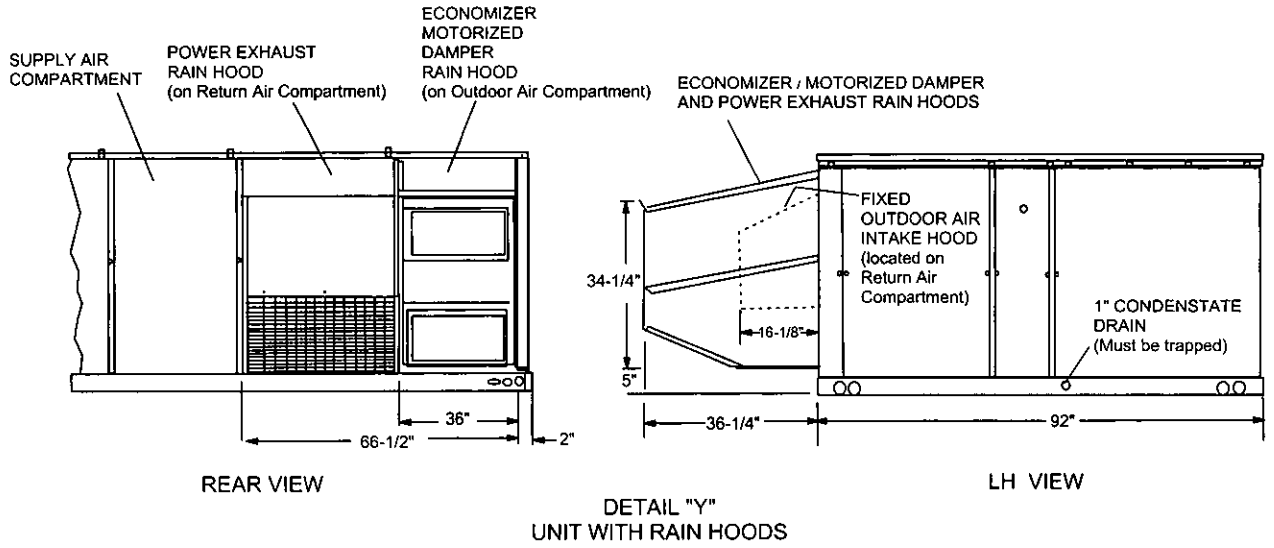


FIGURE 6: UNIT DIMENSIONS DW-15, -18, -20 & -25 (RAINHOOD)

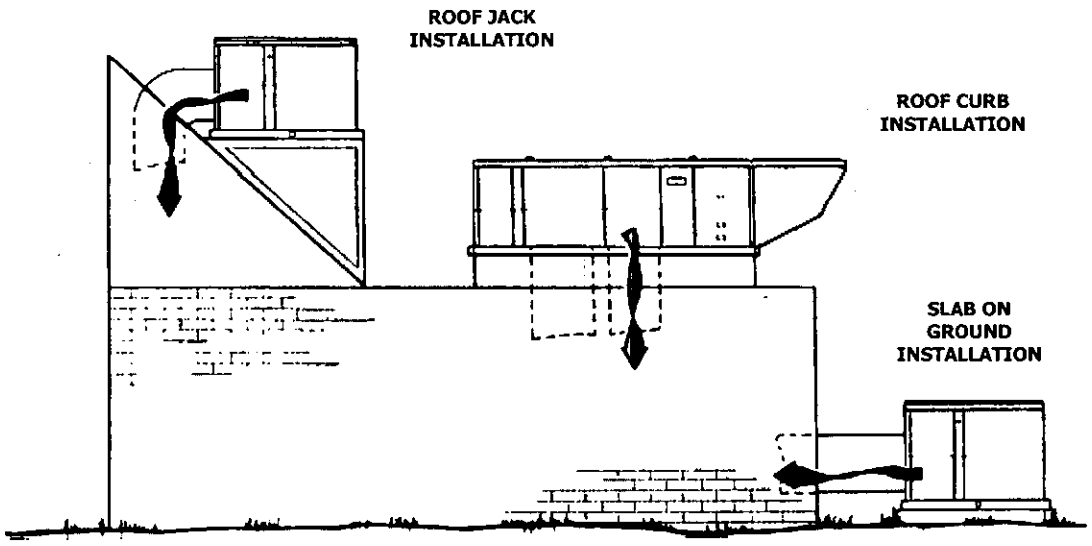


FIGURE 7: TYPICAL UNIT APPLICATIONS

036-21470-001-A-0702

REFRIGERANT COMPONENTS

Compressors:

a. Shall be Scroll compressors internally protected with internal high-pressure relief and over temperature protection.

b. Shall have internal spring isolation and sound muffling to minimize vibration and noise, and be externally isolated on a dedicated, independent mounting.

Coils:

a. Evaporator and condenser coils shall have aluminum plate fins mechanically bonded to seamless internally enhanced copper tubes with all joints brazed. Special Phenolic coating shall be available as a factory option.

b. Evaporator and Condenser coils shall be of the direct expansion, draw-thru, design.

Refrigerant Circuit and Refrigerant Safety Components shall include:

a. Balance-port thermostatic expansion valve with independent circuit feed system.

b. Filter drier/strainer to eliminate any moisture or foreign matter.

c. Accessible service gage connections on both suction and discharge lines to charge, evacuate, and measure refrigerant pressure during any necessary servicing or troubleshooting, without losing charge.

d. The refrigeration system shall provide at least 15° F of sub-cooling at design conditions.

e. All models shall have two independent circuits.

UNIT CONTROLS

a. Unit shall be complete with self-contained low-voltage control circuit protected by a resetable circuit breaker on the 24-volt transformer side.

b. Unit shall incorporate a lockout circuit which provides reset capability at the space thermostat or base unit, should any of the following standard safety devices trip and shut off compressor:

1. Loss-of-charge/Low-pressure switch.
2. High-pressure switch.
3. Freeze-protection thermostat, evaporator coil. If any of the above safety devices trip, a LED (light-emitting diode) indicator shall flash a diagnostic code that indicates which safety switch has tripped.

c. Unit shall incorporate "AUTO RESET" compressor over temperature, over current protection.

d. Unit shall operate with conventional thermostat designs and have a low voltage terminal strip for easy hook-up.

e. Unit control board shall have on-board diagnostics and fault code display.

f. Standard controls shall include anti-short cycle and low voltage protection, and permit cooling operation down to 0 °F.

g. Control board shall monitor each refrigerant safety switch independently.

h. Control board shall retain last 5 fault codes in non volatile memory, which will not be lost in the event of a power loss.

GAS HEATING SECTION (DW*N MODELS)**

Shall be designed with induced draft combustion with post purge logic and energy saving direct spark ignition, redundant main gas valve. Ventor wheel shall be constructed of stainless steel for corrosion resistance. The heat exchanger shall be of the tubular type, constructed of T1-40 aluminized steel for corrosion resistance and allowing minimum mixed air entering temperature of 25° F. Burners shall be of the in-shot type, constructed of aluminum coated steel and contain air mixture adjustments. All gas piping shall enter the unit cabinet at a single location through either the side or curb, without any field modifications. An integrated control board shall provide timed control of evaporator fan functioning and burner ignition. Heating section shall be provided with the following minimum protection:

a. Primary and auxiliary high-temperature limit switches.

b. Induced draft motor speed sensor.

c. Flame roll out switch (automatic reset).

d. Flame proving controls. Unit shall have two independent stages of capacity.

ELECTRIC HEATING (DW*C/E MODELS)**

Nickel chromium electric heating elements shall be provided as required by the application with 1 or 2 stage control, as required, from 13.5 KW to 72 KW capacities. The heating section shall have a primary limit control(s) and automatic reset to prevent the heating element system from operating at an excessive temperature. Units with Electric Heating shall be wired for a single point power supply with branch circuit fusing (where required).

UNIT OPERATING CHARACTERISTICS

Unit shall be capable of starting and running at 125° F outdoor temperature, exceeding maximum load criteria of

ARI Standard 340/360. The compressor, with standard controls, shall be capable of operation down to 0° F outdoor temperature. Unit shall be provided with fan time delay to prevent cold air delivery before heat exchanger warms up (Gas heat only).

ELECTRICAL REQUIREMENTS

All unit power wiring shall enter unit cabinet at a single factory provided location and be capable of side or bottom entry, to minimize roof penetrations and avoid unit field modifications. Separate side and bottom openings shall be provided for the control wiring.

STANDARD LIMITED WARRANTIES

- Compressor 5 Years
- Heat Exchanger 10 Years
- Electric Heat Element 5 Years
- Other Parts 1 Year

OPTIONAL OUTDOOR AIR (Shall be made available by either/or):

- **ELECTRONIC ENTHALPY AUTOMATIC ECONOMIZER** - Outdoor and return air dampers that are interlocked and positioned by a fully-modulating, spring-return damper actuator. The maximum leakage rate for the outdoor air intake dampers shall not exceed 2% when dampers are fully closed and operating against a pressure differential of 0.5 IWG. A unit-mounted potentiometer shall be provided to adjust the outdoor and return air damper assembly to take in CFM of outdoor air to meet the minimum ventilation requirement of the conditioned space during normal operation. During economizer operation, a mixed-air temperature control shall modulate the outdoor and return air damper assembly to prevent the supply air temperature from dropping below 55°F. Changeover from compressor to economizer operation shall be provided by an integral electronic enthalpy control that feeds input into the basic module. The outdoor intake opening shall be covered with a rain hood that matches the exterior of the unit. Water eliminator/filters shall be provided. Simultaneous economizer/compressor operation is also possible. Dampers shall fully close on power loss.
- **MOTORIZED OUTDOOR AIR DAMPERS** - Outdoor and return air dampers that are interlocked and positioned by a 2-position, spring-return damper actuator. The maximum leakage rate for the outdoor air intake dampers shall not exceed 2% when dampers are fully closed and operating against a pressure differential of 0.5 IWG. A unit-mounted potentiometer shall be provided to adjust the outdoor and return air damper assembly to take in the design CFM of outdoor air to meet the ventilation requirements of the conditioned space during normal operation. Whenever the indoor fan motor is energized, the dampers open up to one of two pre-selected positions - regardless of the outdoor air enthalpy. Dampers return to the fully closed position when the indoor fan motor is de-energized. Dampers shall fully close on power loss.

OTHER PRE-ENGINEERED ACCESSORIES AVAILABLE

- **ROOF CURB** - 14" high, full perimeter curb with wood nailer (shipped knocked-down).
- **100% BAROMETRIC RELIEF DAMPER** - Contains a rain hood, air inlet screen, exhaust damper and mounting hardware. Used to relieve internal air pressure through the unit.
- **PROPANE CONVERSION KIT** - Contains new orifices and gas valve parts to convert from natural to L.P. gas. One per unit required.
- **HIGH ALTITUDE - NATURAL GAS** - Contains orifices required for applications between 2000 and 6000 feet altitude.
- **HIGH ALTITUDE - PROPANE GAS** - Contains orifices required for applications between 2000 and 6000 feet altitude. Must be used with propane conversion kit.
- **BURGLAR BARS** - Designed to work with above roof curbs, depending on unit model. Fits duct openings of curb supply and return air openings.
- **SIDE DUCT FLANGE** - Supply and return air duct flanges for side duct applications. Do not use on units with power exhaust.
- **HIGH SPEED DRIVE** - Includes blower pulley and belt for higher CFM and/or static pressure requirements.
- **WOOD SKID** - Allows unit to be handled with 90" forks.
- **ECONOMIZER/MOTORIZED DAMPER RAIN HOOD (DWN/E/C300 only)** - Contains all hood panels and the hardware for assembling.
- **COIL GUARD KIT** - Guard for cooling coil.

OTHER FACTORY INSTALLED OPTIONS

- **POWER EXHAUST OPTION** - To work in conjunction with economizers.
- **STAINLESS STEEL HEAT EXCHANGER**
- **ELECTRONIC SINGLE ENTHALPY ECONOMIZER**
- **COIL GUARD**
- **NON-POWERED GFI CONVENIENCE OUTLET**
- **HIGH SPEED DRIVE**
- **DISCONNECT SWITCH**
- **SUPPLY AIR SMOKE DETECTOR**
- **RETURN AIR SMOKE DETECTOR**

 Supersedes: Nothing 036-21470-001-A-0702

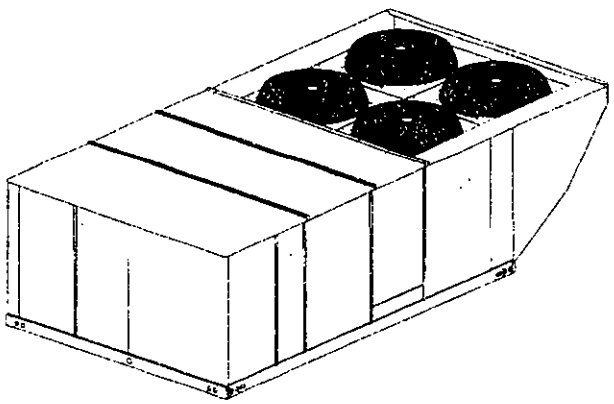
TECHNICAL GUIDE

SINGLE PACKAGE GAS/ELECTRIC UNITS AND SINGLE PACKAGE AIR CONDITIONERS

DW-15, -18, -20, and -25

15 - 25 NOMINAL TONS

11.80 EER (15 TONS), 11.70 EER (17.5 TONS),
11.3 EER (20 TONS), 10.5 EER (25 TONS)



DESCRIPTION

DW units are convertible single package high efficiency rooftops. All models have independent dual refrigerant circuits for efficient part load operation. Although the units are primarily designed for curb mounting on a roof, they can also be slab-mounted at ground level or set on steel beams above a finished roof.

All units include:

- Powder Paint finish that meets ASTM-B-117 750 hour salt spray standards
- Two-stage cooling provided by dual independent refrigeration circuits with expansion valves, filter-driers, high and low pressure/loss of charge switches and freezestats
- Scroll compressors
- Two-stage heating provided by dual independent heat exchangers with aluminized steel tubes, redundant gas valves, spark ignition with induced draft logic
- Permanently lubricated motors
- Bottom or side air discharge configuration capability (field convertible)
- Belt Drive Blower Motor with high static drive option
- Manufactured under the quality standards of ISO9001
- Zero-25% fixed air damper with hood
- Copper tube/aluminum fin coils
- Rigging holes in base rails for lifting
- Single point power connection
- Complete factory package - tested, charged and wired
- CSA agency approvals on all units

WARRANTY

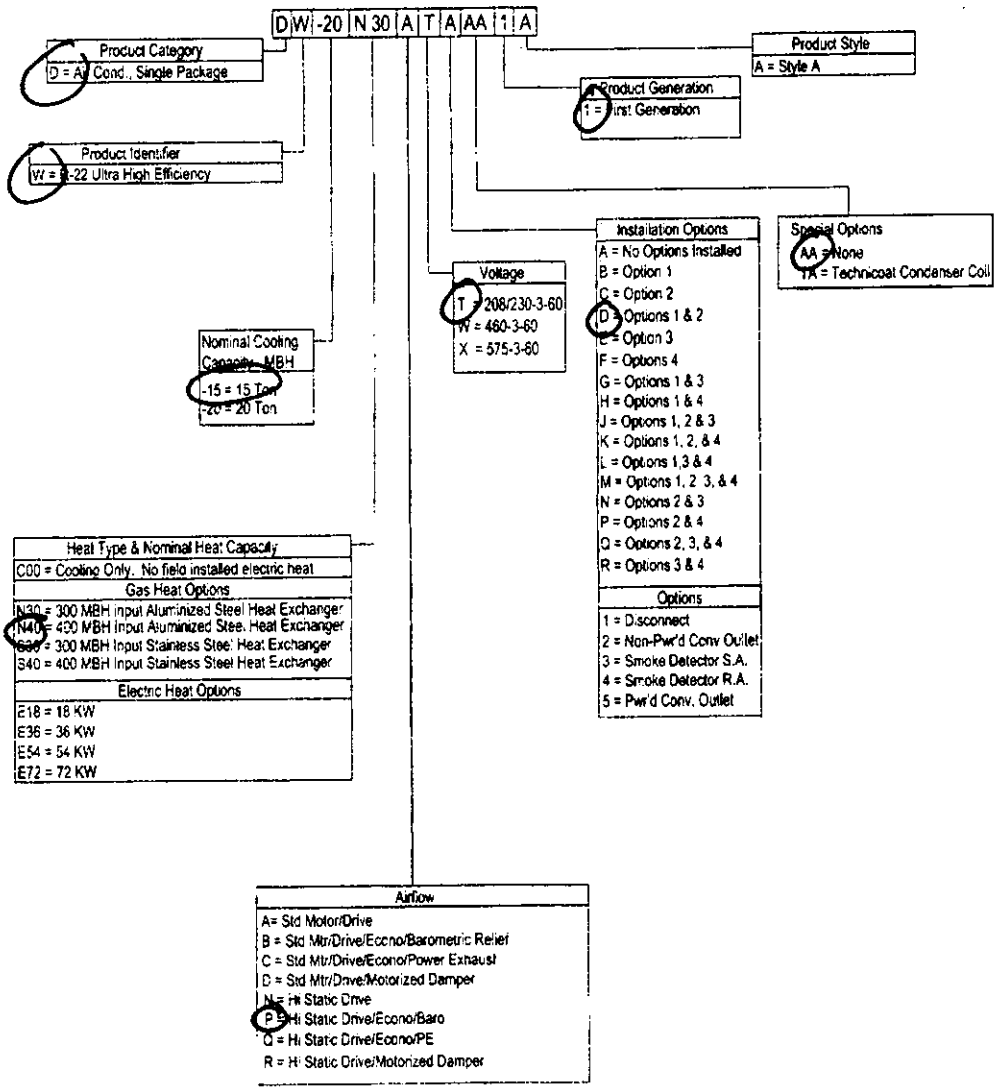
- One-year parts warranty
- A Five-year parts warranty on the compressors and electric heat elements
- Ten-year parts warranty on the gas-fired heat exchangers

C US

FOR DISTRIBUTION USE ONLY - NOT TO BE USED AT POINT OF RETAIL SALE

PRODUCT NOMENCLATURE

15-25T DW Model Number Nomenclature



FEATURES

All models are available with stainless steel heat exchangers as a factory installed option.

All units are self-contained and assembled on full perimeter base rails with holes in the four corners for overhead rigging. Every unit is completely piped, wired, charged and tested at the factory to simplify the field installation and to provide years of dependable operation.

All models (including those with an economizer) are suitable for either bottom or horizontal duct connections. **Models with factory installed power exhaust are suitable for bottom duct connections only**. For bottom duct, you remove the sheet metal panels from the supply and return air openings through the base of the unit. For horizontal duct, you replace the supply and return air panels on the rear of the unit with a side duct flange accessory.

All models are available with these "factory mounted" outdoor air damper options:

- Single enthalpy economizer
- Single enthalpy economizer with power exhaust
- Motorized outdoor air damper

A fixed outdoor air intake assembly will be shipped in the return air compartment of all units ordered without an economizer or motorized outdoor air damper option. The assembly includes a rain hood with a damper that can be set for 10, 15 or 25% outdoor air. With bottom duct connections, the intake damper assembly should be mounted over the opening in the return air panel. With horizontal ductwork, it should be mounted on the return air duct.

All supply air blowers are equipped with a belt drive that can be adjusted to meet the exact requirements of the job. A high static drive option is available for applications with a higher CFM and/or static pressure requirement.

All compressors include scroll compressors and internal pressure relief. Every refrigerant circuit includes an expansion valve, a liquid line filter-drier, a discharge line high pressure switch and a suction line with a freezestat and low pressure/ loss of charge switch to protect all system components.

- **Controls** - Our control boards have standardized a number of features previously available only as options or by utilizing additional controls.
    - **Low Ambient** - An integrated low-ambient control allows all units to operate in the cooling mode down to 0°F outdoor ambient without additional assistance. Optionally, the control board can be programmed to lockout the compressors when the outdoor air temperature is low or when free cooling is available.
    - **Anti-Short Cycle Protection** - To aid compressor life, an anti-short cycle delay is incorporated into the standard controls. Compressor reliability is further ensured by programmable minimum run times. For testing, the anti short cycle delay can be temporarily overridden with the push of a button.
    - **Fan Delays** - Fan on and fan off delays are fully programmable. Furthermore, the heating and cooling fan delay times are independent of one another. All units are programmed with default values based upon their configuration of cooling and heat.
    - **Safety Monitoring** - The control board monitors the high and low-pressure switches, the freezestats, the gas valve, if applicable, and the temperature limit switch on gas and electric heat units. The unit control board will alarm on ignition failures, compressor lockouts and repeated limit switch trips.
    - **Nuisance Trip Protection and Strikes** - To prevent nuisance trouble calls, the control board uses a "three times, you're out" philosophy. The high and low-pressure switches and the freezestats must trip three times within two hours before the unit control board will lock out the associated compressor.
    - **On Board Diagnostics** - Each alarm will energize a trouble light on the thermostat, if so equipped, and flash an alarm code on the control board LED. Each high and low-pressure switch alarm as well as each freezestat alarm has its own flash code. The control board saves the five most recent alarms in memory, and these alarms can be reviewed at any time. Alarms and programmed values are retained through the loss of power.

All units have long lasting powder paint cabinets with 750 hour salt spray test approval under ASTM-B117 procedures.

All models are CSA approved.

- **Warranty** - All models include a one-year limited parts warranty on the complete unit. Compressors and electric heater elements carry a five-year warranty. Gas heat exchangers carry a 10-year parts warranty.
- **Gas Heat Operation** - All gas heat units are built with two heating sections for two equal stages of capacity control. Each section includes a durable heat exchanger with aluminized steel or optional stainless steel tubes, a redundant gas valve, spark ignition, power venting, an ignition module for 100% shut-off and all of the safety controls required to meet the latest ANSI standards.

  The gas supply piping can be routed into the heating compartment through a hole in the base pan of the unit or through a knockout in the piping panel on the front of the unit.

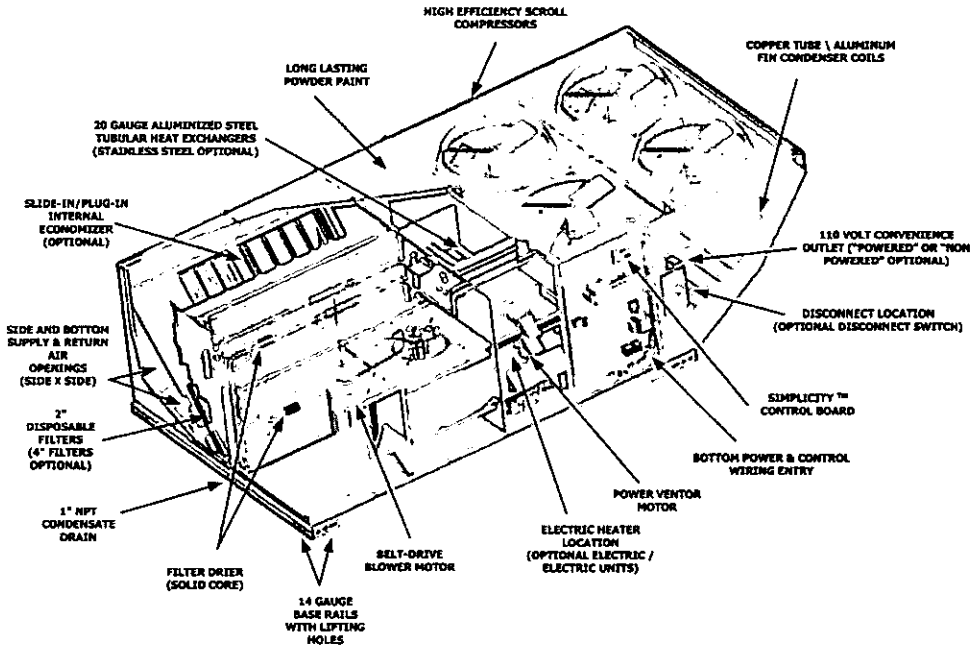


FIGURE 1: UNIT CUTAWAY

- **Electric Heat Operation** - All electric heat models (factory installed only) are wired for a single power source and include a bank of nickel chromium elements mounted at the discharge of the supply air blower to provide a high velocity and uniform distribution of air across the heating elements. Every element is fully protected against excessive current and temperature by fuses and two thermal limit switches.

  The power supply wiring can be routed into the control box through a threaded pipe connection in the base pan of the unit or through a knockout in the wiring panel on the front of the unit.

FACTORY-INSTALLED OPTIONS

- **SINGLE INPUT ELECTRONIC ENTHALPY ECONOMIZERS** - Includes a slide-in / plug-in damper assembly with fully modulating spring-return motor actuator capable of introducing up to 100% outdoor air with nominal 1% leakage type dampers.

  The enthalpy system contains one sensor that monitors the outdoor air and determines when the air is cool enough and dry enough to provide free cooling.

  The rainhood is painted to match the basic unit and must be field-assembled before installing.

  Power exhaust is not available as a field installed option.

- **POWER EXHAUST** - Our single economizer options are available with power exhaust. Whenever the outdoor air intake dampers are opened for free cooling, the exhaust fan will be energized to prevent the conditioned space from being over-pressurized during economizer operation.

  The exhaust fan, motor and controls are installed and wired at the factory. The rain hood and the back-draft damper need to be assembled and installed in the field.

  The power exhaust option can only be used on bottom duct configurations.

- **MOTORIZED OUTDOOR AIR INTAKE DAMPER** - Includes a slide-in / plug-in damper assembly with a 2-position, spring return motor actuator which opens to a pre-set position whenever the supply air blower is operating and will drive fully closed when the blower unit shuts down.

  The rain hood is painted to match the basic unit and must be field assembled before installing.

- **PHENOLIC COATED EVAPORATOR AND CONDENSER COILS** - Special coating process that utilizes Technicoat 10-1" processes. Coating is applied by total immersion of the complete coil for maximum protection.

- **ELECTRIC HEATERS** - Wired for single point power supply. These nickel chromium heater elements are provided with limit and automatic reset capability to prevent operation at excessive temperatures.

- **FILTERS** - Standard units are shipped with 2" throw-away filters installed.
- **CONVENIENCE OUTLET (non-powered)** - Convenience outlet that can be wired in the field.
- **DISCONNECT SWITCH** - For gas heat units and cooling units with electric heat, a HACR breaker sized to the unit is provided. For cooling only units, a switch sized to the largest electric heat available for the particular unit is provided. Factory installed option only.
- **SMOKE DETECTORS** - (supply air & return air) The smoke detectors stop operation of the unit by interrupting power to the control board if smoke is detected within the air compartment.
- **STAINLESS STEEL HEAT EXCHANGER** - For applications in corrosive environments, this option provides a full stainless steel heat exchanger assembly.
- **HIGH SPEED DRIVE** - Includes a belt and blower pulley upgrade to enhance blower performance.

FIELD-INSTALLED ACCESSORIES

- **SINGLE INPUT ELECTRONIC ENTHALPY ECONOMIZERS** - Includes a slide-in / plug-in damper assembly with fully modulating spring-return motor actuator capable of introducing up to 100% outdoor air with nominal 1% leakage type dampers.

  The enthalpy system contains one sensor that monitors the outdoor air and determines when the air is cool enough and dry enough to provide free cooling.

  The rainhood is painted to match the basic unit and must be field-assembled before installing.

  Power exhaust is not available as a field installed option.
- **MOTORIZED OUTDOOR AIR INTAKE DAMPER** - Includes a slide-in / plug-in damper assembly with a 2-position, spring return motor actuator which opens to some pre-set position whenever the supply air blower is operating and will drive fully closed when the blower unit shuts down.

  The rain hood is painted to match the basic unit and must be field assembled before installing.

  Power exhaust is not available as a field installed option.
- **ROOF CURBS** - Fourteen-inch high roof curbs provide a water-tight seal between the unit and the finished roof. These full perimeter curbs meet the requirements of the National Roofing Contractors Association (NRCA) and are shipped knocked-down for field assembly.

  They're designed to fit inside the base rails of the unit and include both a wood nailing strip and duct hanger supports.
- **HIGH ALTITUDE NATURAL GAS** - Burner orifices and pilot orifices are provided for proper furnace operation at altitudes up to 6,000 feet.
- **PROPANE** - Burner orifices, pilot orifices and gas valve parts are provided to convert a natural gas furnace to propane.
- **HIGH ALTITUDE PROPANE** - Burner orifices and pilot orifices are provided for proper furnace operation at altitudes up to 6,000 feet. This accessory supplements the basic propane conversion kit.
- **SIDE DUCT FLANGES** - One-inch flanges replace the supply and return air panels on the rear of the unit to accommodate horizontal duct connections. These flanges can also be used individually for bottom supply/horizontal return or horizontal supply/bottom return. They cannot be used on units with power exhaust.
- **BAROMETRIC RELIEF DAMPER** - This damper accessory can be used to relieve internal building air pressure on units with an economizer without power exhaust. This accessory includes a rain hood, a bird screen and a fully assembled damper. With bottom duct connections, the damper should be mounted over the opening in the return air panel. With horizontal ductwork, the accessory should be mounted on the return air duct.
- **HIGH SPEED DRIVE** - A smaller blower pulley and a shorter belt increase the speed of the supply air blower for applications with a higher CFM and/or static pressure requirements.
- **ENTHALPY ACCESSORY CONTROL KIT** - This kit contains the required components to convert a single enthalpy economizer to dual enthalpy.
- **BURGLAR BARS** - Mount in the supply and return openings to prevent entry into the duct work.
- **FLUE EXHAUST EXTENSION KIT** - In locations with wind or weather conditions which may interfere with proper exhausting of furnace combustion products, this kit can be installed to prevent the flue exhaust from entering nearby fresh air intakes.
- **WOOD SKID** - Allows unit to be handled with 90" forks.
- **CO_2 SENSOR** - Senses CO_2 levels and automatically overrides the economizer when levels rise above the present limits.
- **COIL GUARD** - Customers can purchase a coil guard kit to protect the condenser coil from damage. This is not a hail guard kit.
- **PHASE MONITORS** - Designed to prevent unit damage. The phase monitor will shut the unit down in an out-of-phase condition.

- **FILTERS** - Standard units are shipped with 2" throw-away filters installed.
- **CONVENIENCE OUTLET (non-powered)** - Convenience outlet that can be wired in the field.
- **DISCONNECT SWITCH** - For gas heat units and cooling units with electric heat, a HACR breaker sized to the unit is provided. For cooling only units, a switch sized to the largest electric heat available for the particular unit is provided. Factory installed option only.
- **SMOKE DETECTORS** - (supply air & return air) The smoke detectors stop operation of the unit by interrupting power to the control board if smoke is detected within the air compartment.
- **STAINLESS STEEL HEAT EXCHANGER** - For applications in corrosive environments, this option provides a full stainless steel heat exchanger assembly.
- **HIGH SPEED DRIVE** - Includes a belt and blower pulley upgrade to enhance blower performance.

FIELD-INSTALLED ACCESSORIES

- **SINGLE INPUT ELECTRONIC ENTHALPY ECONOMIZERS** - Includes a slide-in / plug-in damper assembly with fully modulating spring-return motor actuator capable of introducing up to 100% outdoor air with nominal 1% leakage type dampers.

  The enthalpy system contains one sensor that monitors the outdoor air and determines when the air is cool enough and dry enough to provide free cooling.

  The rainhood is painted to match the basic unit and must be field-assembled before installing.

  Power exhaust is not available as a field installed option.
- **MOTORIZED OUTDOOR AIR INTAKE DAMPER** - Includes a slide-in / plug-in damper assembly with a 2-position, spring return motor actuator which opens to some pre-set position whenever the supply air blower is operating and will drive fully closed when the blower unit shuts down.

  The rain hood is painted to match the basic unit and must be field assembled before installing.

  Power exhaust is not available as a field installed option.
- **ROOF CURBS** - Fourteen-inch high roof curbs provide a water-tight seal between the unit and the finished roof. These full perimeter curbs meet the requirements of the National Roofing Contractors Association (NRCA) and are shipped knocked-down for field assembly.

  They're designed to fit inside the base rails of the unit and include both a wood nailing strip and duct hanger supports.
- **HIGH ALTITUDE NATURAL GAS** - Burner orifices and pilot orifices are provided for proper furnace operation at altitudes up to 6,000 feet.
- **PROPANE** - Burner orifices, pilot orifices and gas valve parts are provided to convert a natural gas furnace to propane.
- **HIGH ALTITUDE PROPANE** - Burner orifices and pilot orifices are provided for proper furnace operation at altitudes up to 6,000 feet. This accessory supplements the basic propane conversion kit.
- **SIDE DUCT FLANGES** - One-inch flanges replace the supply and return air panels on the rear of the unit to accommodate horizontal duct connections. These flanges can also be used individually for bottom supply/horizontal return or horizontal supply/bottom return. They cannot be used on units with power exhaust.
- **BAROMETRIC RELIEF DAMPER** - This damper accessory can be used to relieve internal building air pressure on units with an economizer without power exhaust. This accessory includes a rain hood, a bird screen and a fully assembled damper. With bottom duct connections, the damper should be mounted over the opening in the return air panel. With horizontal ductwork, the accessory should be mounted on the return air duct.
- **HIGH SPEED DRIVE** - A smaller blower pulley and a shorter belt increase the speed of the supply air blower for applications with a higher CFM and/or static pressure requirements.
- **ENTHALPY ACCESSORY CONTROL KIT** - This kit contains the required components to convert a single enthalpy economizer to dual enthalpy.
- **BURGLAR BARS** - Mount in the supply and return openings to prevent entry into the duct work.
- **FLUE EXHAUST EXTENSION KIT** - In locations with wind or weather conditions which may interfere with proper exhausting of furnace combustion products, this kit can be installed to prevent the flue exhaust from entering nearby fresh air intakes.
- **WOOD SKID** - Allows unit to be handled with 90" forks.
- **CO_2 SENSOR** - Senses CO_2 levels and automatically overrides the economizer when levels rise above the present limits.
- **COIL GUARD** - Customers can purchase a coil guard kit to protect the condenser coil from damage. This is not a hail guard kit.
- **PHASE MONITORS** - Designed to prevent unit damage. The phase monitor will shut the unit down in an out-of-phase condition.

TABLE 1: SOUND POWER RATING[1]

UNIT SIZE	CFM	ESP	BLOWER		SOUND POWER (db 10^{-12} Watts)									
					Octave Band Centerline Frequency (Hz)								SWL dB(A)	dB(A) @ 10Ft.[2]
		IWG	RPM	BHP	63	125	250	500	1,000	2,000	4,000	8,000		
180	6,000	1.00	1,080	4.60	99	99	89	82	84	77	72	67	89	56
210/240	8,000	1.00	1,120	6.65	102	102	92	85	87	80	75	70	92	59
300	10,000	1.30	1160	12.5	108	108	98	91	93	86	81	76	98	65

1. These values have been accessed using a model of sound propagation from a point source into the hemispheric\free field. The dBA values provided are to be used for reference only. Calculation of dBA values cover matters of system design and the fan manufacture has no way of knowing the details of each system. This constitutes and expectation to any specification or guarantee requiring a dBA value or sound data in any other form than sound power level ratings.
2. At a distance of 10 feet from the blower.

TABLE 2: CAPACITY RATINGS - (ARI 360)[1]

MODEL	MBH	EER[2]	IPLV[3]
COOLING ONLY			
DW-15C/E00	178	11.8	13.0
DW-18C/E00	208	11.7	12.7
DW-20C/E00	230	11.3	12.0
DW-25C/E00	292	10.5	11.2
COOLING WITH GAS HEAT			
DW-15N/S	178	11.8	13.0
DW-18N/S	208	11.7	12.7
DW-20N/S	230	11.3	12.0
DW-25N/S	292	10.5	11.2
COOLING WITH ELECTRIC HEAT			
DW-15E18	178	11.8	13.0
DW-15E36	178	11.8	13.0
DW-15E54	176	11.6	12.7
DW-15E72	176	11.6	12.7
DW-18E18	208	11.7	12.7
DW-18E36	208	11.7	12.7
DW-18E54	206	11.5	12.4
DW-18E72	206	11.5	12.4
DW-20E18	230	11.3	12.0
DW-20E36	230	11.3	12.0
DW-20E54	228	11.1	11.7
DW-20E72	228	11.1	11.7
DW-25E18	292	10.5	11.2
DW-25E36	292	10.5	11.2
DW-25E54	290	10.3	11.0
DW-25E72	290	10.3	11.0

1. Certified in accordance with the Unitary Large Equipment certification program which is based on ARI Standard 340/360.
2. EER = Energy Efficiency Ratio at full load - the cooling capacity in Btu's per hour (Btuh) divided by the power input in watts, expressed in Btuh per watt (Btuh/watt).
3. IPLV = Integrated Part Load Value.

TABLE 3: GAS HEAT RATIINGS

MODEL	MBH INPUT	MBH OUTPUT
DW-15N/S30	300	240
DW-15N/S40	400	320
DW-18N/S30	300	240
DW-18N/S40	400	320
DW-20N/S30	300	240
DW-20N/S40	400	320
DW-25N/S30	300	240
DW-25N/S40	400	320

NOTE: All gas units are two-stage heating.
First stage is 50% of total.
S.S.E. = Steady State Efficiency (80%) - output divided by input.

TABLE 4: COOLING CAPACITIES FOR DW-15 AT 85°F

RETURN AIR		OUTDOOR AMBIENT TEMPERATURE (°F): 85								
CFM	WB TEMP °F	GROSS CAPACITY[1] (MBH)	INPUT POWER[2] (kW)	GROSS SENSIBLE CAPACITY[1] (MBH) (RETURN AIR DRY BULB TEMP. - (°F))						
				86	83	80	77	74	71	68
4500	72	210.2	12.36	121.0	108.2	95.3	82.5	69.7	#N/A	#N/A
	67	193.0	11.97	151.5	138.6	125.8	113.0	100.2	87.3	74.5
	62	177.6	11.68	177.6	167.6	154.8	141.0	129.1	116.3	103.5
	57	182.7	11.62	182.1	169.2	156.4	143.6	130.7	117.9	105.1
5250	72	216.7	12.47	133.6	118.4	103.3	88.1	72.9	#N/A	#N/A
	67	198.9	12.08	166.6	151.4	136.3	121.1	105.9	90.8	75.6
	62	183.1	11.78	183.1	178.1	167.6	152.5	137.3	122.1	107.0
	57	188.4	11.72	188.0	181.6	169.4	154.2	139.0	123.9	108.7
6000	72	223.2	12.58	146.2	128.7	111.2	93.7	76.2	#N/A	#N/A
	67	204.9	12.19	181.7	164.2	146.7	129.2	111.7	94.2	76.7
	62	188.6	11.89	188.6	188.6	180.5	163.0	145.5	128.0	110.5
	57	194.0	11.83	194.0	194.0	182.4	164.9	147.4	129.9	112.4
6750	72	229.7	12.61	157.8	137.9	118.0	98.1	78.1	#N/A	#N/A
	67	210.8	12.21	195.6	175.6	155.7	135.8	115.9	95.9	76.0
	62	194.0	11.91	194.0	194.0	190.0	170.1	150.1	130.2	110.3
	57	199.6	11.86	199.6	199.6	193.6	173.6	153.7	133.8	113.9
7500	72	236.1	12.64	169.5	147.2	124.8	102.5	80.1	#N/A	#N/A
	67	216.7	12.24	209.4	187.1	164.7	142.4	120.0	97.7	75.3
	62	199.5	11.94	199.5	199.5	199.5	177.1	154.8	132.4	100.1
	57	205.2	11.88	205.2	205.2	204.8	182.4	160.1	137.7	115.3

1. The capacities are gross ratings. For net capacity, deduct the supply air blower motor heat, MBH = 3.415 x kW. Refer to the appropriate blower performance table for the kW of the supply air blower motor.
2. These ratings include condenser fan motor and compressor motor power but not the supply air blower motor power.

TABLE 5: COOLING CAPACITIES FOR DW-15 AT 95°F

RETURN AIR		OUTDOOR AMBIENT TEMPERATURE (°F): 95								
CFM	WB TEMP °F	GROSS CAPACITY[1] (MBH)	INPUT POWER[2] (kW)	GROSS SENSIBLE CAPACITY[1] (MBH) (RETURN AIR DRY BULB TEMP. - (°F))						
				86	83	80	77	74	71	68
4500	72	201.7	13.56	117.1	104.3	91.5	78.6	65.8	#N/A	#N/A
	67	184.2	13.27	147.0	134.2	121.4	108.5	95.7	82.9	70.0
	62	172.1	13.01	172.1	159.9	147.1	134.3	121.4	108.6	95.8
	57	173.0	12.92	173.0	161.7	148.8	136.0	123.2	110.3	97.5
5250	72	207.4	13.65	129.7	114.5	99.3	84.2	60.0	#N/A	#N/A
	67	189.4	13.36	162.1	147.0	131.8	116.6	101.5	86.3	71.1
	62	177.0	13.11	177.0	160.9	159.7	144.6	129.4	114.2	99.1
	57	177.9	13.01	177.9	172.2	161.6	146.5	131.3	116.1	101.0
6000	72	213.1	13.75	142.2	124.7	107.2	89.7	72.2	#N/A	#N/A
	67	194.6	13.45	177.2	159.7	142.2	124.7	107.2	89.7	72.2
	62	181.8	13.20	181.8	181.8	172.4	154.9	137.4	119.9	102.4
	57	182.8	13.10	182.8	182.8	174.4	156.9	139.4	121.9	104.4
6750	72	219.3	13.78	153.6	133.6	113.7	93.8	73.9	#N/A	#N/A
	67	200.2	13.49	190.7	170.8	150.9	130.9	111.0	91.1	71.2
	62	187.1	13.23	187.1	187.1	182.4	162.4	152.5	122.6	102.7
	57	188.1	13.13	188.1	188.1	183.9	164.0	144.0	124.1	104.2
7500	72	225.4	13.81	164.9	142.6	120.2	97.9	75.5	#N/A	#N/A
	67	205.8	13.52	204.2	181.9	159.5	137.2	114.8	92.4	70.1
	62	192.3	13.26	192.3	192.3	192.3	170.0	147.6	125.3	102.9
	57	193.4	13.16	193.4	193.4	193.4	171.0	148.7	126.3	104.0

1. The capacities are gross ratings. For net capacity, deduct the supply air blower motor heat, MBH = 3.415 x kW. Refer to the appropriate blower performance table for the kW of the supply air blower motor.
2. These ratings include condenser fan motor and compressor motor power but not the supply air blower motor power.

TABLE 6: COOLING CAPACITIES FOR DW-15 AT 105°F

RETURN AIR		OUTDOOR AMBIENT TEMPERATURE (°F): 105								
CFM	WB TEMP °F	GROSS CAPACITY[1] (MBH)	INPUT POWER[2] (kW)	GROSS SENSIBLE CAPACITY[1] (MBH) (RETURN AIR DRY BULB TEMP. - (°F))						
				86	83	80	77	74	71	68
4500	72	190.3	15.40	112.3	99.5	86.7	73.9	61.0	#N/A	#N/A
	67	173.9	15.02	142.1	129.3	116.5	103.6	90.8	78.0	65.2
	62	163.2	14.66	163.2	152.1	139.3	126.5	113.6	100.8	88.0
	57	162.5	14.58	162.5	154.8	142.0	129.2	116.3	103.5	90.7
5250	72	195.4	15.52	124.6	109.5	94.3	79.2	64.0	#N/A	#N/A
	67	178.5	15.14	157.1	141.9	126.7	111.6	96.4	81.2	66.1
	62	167.5	14.77	167.5	162.0	151.6	136.4	121.2	106.1	90.9
	57	166.9	14.69	166.9	163.0	154.5	139.3	124.2	109.0	93.8
6000	72	200.4	15.63	136.9	119.4	102.0	84.5	67.0	#N/A	#N/A
	67	183.2	15.25	172.0	154.5	137.0	119.5	102.0	84.5	67.0
	62	171.9	14.88	171.9	171.9	163.8	146.3	128.8	111.4	93.9
	57	171.2	14.80	171.2	171.2	167.0	149.5	132.0	114.5	97.0
6750	72	206.1	15.66	148.0	128.1	108.2	88.2	68.3	#N/A	#N/A
	67	188.4	15.27	182.4	165.3	145.4	125.4	105.5	85.6	65.7
	62	176.7	14.91	176.7	176.7	172.7	152.8	132.9	112.9	93.0
	57	176.0	14.82	176.0	176.0	173.9	154.0	134.1	114.2	94.2
7500	72	211.8	15.68	159.1	136.7	114.4	92.0	69.7	#N/A	#N/A
	67	193.5	15.30	192.7	176.1	153.7	131.4	109.0	86.6	64.3
	62	181.6	14.93	181.6	181.6	181.6	159.3	136.9	114.5	92.2
	57	180.9	14.85	180.9	180.9	180.9	158.5	136.2	113.8	91.5

1. The capacities are gross ratings. For net capacity, deduct the supply air blower motor heat, MBH = 3.415 x kW. Refer to the appropriate blower performance table for the kW of the supply air blower motor.
2. These ratings include condenser fan motor and compressor motor power but not the supply air blower motor power.

TABLE 7: COOLING CAPACITIES FOR DW-15 AT 115°F

RETURN AIR		OUTDOOR AMBIENT TEMPERATURE (°F): 115								
CFM	WB TEMP °F	GROSS CAPACITY[1] (MBH)	INPUT POWER[2] (kW)	GROSS SENSIBLE CAPACITY[1] (MBH) (RETURN AIR DRY BULB TEMP. - (°F))						
				86	83	80	77	74	71	68
4500	72	178.8	17.24	107.6	94.7	81.9	69.1	56.2	#N/A	#N/A
	67	163.6	16.78	137.2	124.4	111.6	98.8	85.9	73.1	60.3
	62	154.2	16.31	154.2	144.3	131.5	118.7	105.9	93.0	80.2
	57	152.0	16.24	152.0	148.0	135.1	122.3	109.5	96.6	83.8
5250	72	183.3	17.38	119.6	104.5	89.3	74.1	59.0	#N/A	#N/A
	67	167.7	16.91	152.0	136.8	121.7	106.5	91.3	76.2	61.0
	62	158.1	16.44	158.1	153.1	143.4	128.2	113.1	97.9	82.8
	57	155.8	16.37	155.8	153.8	147.4	132.2	117.0	101.9	86.7
6000	72	187.8	17.52	131.7	114.2	96.7	79.2	61.7	#N/A	#N/A
	67	171.8	17.05	166.8	149.3	131.8	114.3	96.8	79.3	61.8
	62	161.9	16.57	161.9	161.9	155.3	137.8	120.3	102.8	85.3
	57	159.6	16.50	159.6	159.6	159.6	142.1	124.6	107.1	89.6
6750	72	193.0	17.53	142.5	122.6	102.6	82.7	62.8	#N/A	#N/A
	67	176.5	17.06	174.0	159.8	139.8	119.9	100.0	80.1	60.1
	62	166.4	16.59	166.4	166.4	163.1	143.2	123.2	103.3	83.4
	57	164.0	16.52	164.0	164.0	164.0	144.1	124.1	104.2	84.3
7500	72	198.1	17.55	153.3	130.9	108.6	86.2	63.8	#N/A	#N/A
	67	181.3	17.08	181.3	170.3	147.9	125.6	103.2	80.8	58.5
	62	170.9	16.60	170.9	170.9	170.9	148.5	126.2	103.8	81.5
	57	168.4	16.54	168.4	168.4	168.4	146.0	123.7	101.3	79.0

1. The capacities are gross ratings. For net capacity, deduct the supply air blower motor heat, MBH = 3.415 x kW. Refer to the appropriate blower performance table for the kW of the supply air blower motor.
2. These ratings include condenser fan motor and compressor motor power but not the supply air blower motor power.

TABLE 8: COOLING CAPACITIES FOR DW-15 AT 125°F

RETURN AIR		OUTDOOR AMBIENT TEMPERATURE (°F): 125								
CFM	WB TEMP °F	GROSS CAPACITY[1] (MBH)	INPUT POWER[2] (kW)	GROSS SENSIBLE CAPACITY[1] (MBH) (RETURN AIR DRY BULB TEMP. - (°F))						
				86	83	80	77	74	71	68
4500	72	167.4	19.08	102.8	89.9	77.1	64.3	51.4	#N/A	#N/A
	67	153.3	18.53	132.3	119.5	106.7	93.9	81.0	68.2	55.4
	62	145.3	17.95	145.3	136.6	123.7	110.9	98.1	85.2	72.4
	57	141.5	17.91	141.5	141.1	128.3	115.5	102.6	89.8	77.0
5250	72	171.3	19.24	114.6	99.4	84.3	69.1	54.0	#N/A	#N/A
	67	156.9	18.69	146.9	131.8	116.6	101.4	86.3	71.1	56.0
	62	148.6	18.11	148.6	144.3	135.3	120.1	104.9	89.8	74.6
	57	144.7	18.06	144.7	144.6	140.2	125.1	109.9	94.7	79.6
6000	72	175.1	19.40	126.5	109.0	91.5	74.0	56.5	#N/A	#N/A
	67	160.4	18.85	160.4	144.0	126.5	109.0	91.5	74.0	56.5
	62	152.0	18.26	152.0	152.0	146.8	129.3	111.8	94.3	76.8
	57	148.0	18.21	148.0	148.0	148.0	134.7	117.2	99.7	82.2
6750	72	179.8	19.41	136.9	117.0	97.1	77.2	57.2	#N/A	#N/A
	67	164.7	18.85	164.7	154.2	134.3	114.4	94.5	74.5	54.6
	62	156.1	18.26	156.1	156.1	153.5	133.5	113.6	93.7	73.8
	57	151.9	18.22	151.9	151.9	151.9	134.1	114.2	94.3	74.3
7500	72	184.5	19.42	147.4	125.1	102.7	80.4	58.0	#N/A	#N/A
	67	169.0	18.86	169.0	164.5	142.1	119.8	97.4	75.0	52.7
	62	160.1	18.27	160.1	160.1	160.1	137.8	115.4	93.1	70.7
	57	155.9	18.22	155.9	155.9	155.9	133.5	111.2	88.8	66.5

1. The capacities are gross ratings. For net capacity, deduct the supply air blower motor heat, MBH = 3.415 x kW. Refer to the appropriate blower performance table for the kW of the supply air blower motor.
2. These ratings include condenser fan motor and compressor motor power but not the supply air blower motor power.

TABLE 31: BLOWER MOTOR AND DRIVE DATA

MODEL SIZE	DRIVE	BLOWER RANGE (RPM)	MOTOR[1]			ADJUSTABLE MOTOR PULLEY				FIXED BLOWER PULLEY				BELT (NOTCHED)		
			HP	FRAME	EFF. (%)	DESIG-NATION	OUTSIDE DIA. (IN.)	PITCH DIA. (IN.)	BORE (IN.)	DESIG-NATION	OUTSIDE DIA. (IN.)	PITCH DIA. (IN.)	BORE (IN.)	DESIG-NATION	PITCH LENGTH (IN.)	QTY.
15 TON	Standard	850/1065	5	184 T	83	1VP56	5.35	4.3-5.3[2]	1-1/8	BK90	8.75	8.4	1	BX81	82.8	1
	High Speed Access	965/1190								BK80	7.75	7.4	1	BX78	79.8	1
17.5 & 20 TON	Standard	870/1025	7.5	213 T	89	1VP68	6.75	5.5-6.5[2]	1-3/8	BK120	11.75	11.4	1-3/16	BX83	84.8	1
	High Speed Access	950/1120								BK110	10.75	10.4	1-3/16	BX81	82.8	1
25 TON	Standard	975/1165	15	254 T	91	1VP75X	7.5	6.2-7.4[2]	1-5/8	1B5V110	11.3	11.1	1-7/16	5VX860	86.0	1
	High Speed Access	1140/1365								1B5V94	9.7	9.5	1-7/16	5VX840	84.0	1

1. All motors have a nominal speed of 1800 RPM, a 1.15 service factor and a solid base. They can operate to the limit of their service factor because they are located in the moving air, upstream of any heating device.
2. Do NOT close this pulley below 1 turn open.

TABLE 32: STATIC RESISTANCES[1]

DESCRIPTION		RESISTANCE, IWG											
		CFM											
		15 TON			17.5 TON			20 TON			25 TON		
		4500	6000	7200	6000	7500	9000	6000	8000	9400	7500	10000	12500
WET INDOOR COIL		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.11	0.11	0.11
ELECTRIC HEAT OPTIONS	18 KW	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.31	0.56	0.87
	36 KW	0.1	0.2	0.3	0.1	0.2	0.3	0.1	0.2	0.3	0.38	0.68	1.07
	54 KW	0.2	0.3	0.4	0.2	0.3	0.4	0.2	0.3	0.4	0.62	1.10	1.72
	72 KW	0.2	0.4	0.6	0.2	0.4	0.6	0.2	0.4	0.6	0.68	1.21	1.90
ECONOMIZER OPTION		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.06	0.11	0.18
HORIZONTAL DUCT CONNECTIONS[2]		0.1	0.2	0.3	0.2	0.3	0.5	0.2	0.3	0.5	0.36	0.32	0.46

1. Deduct these resistance values from the available external static pressures shown in the respective Blower Performance Table (See Note 2 for exception.)
2. Since the resistance to air flow will be less for horizontal duct connections than for bottom duct connections, add these pressures to the ESP values on the respective unit's blower performance table.

TABLE 33: POWER EXHAUST PERFORMANCE

MOTOR SPEED[1]	STATIC RESISTANCE OF RETURN DUCTWORK, IWG									
	0.2		0.3		0.4		0.5		0.6	
	CFM	kW	CFM	kW	CFM	kW	CFM	kW	CFM	kW
HIGH[2]	5250	0.83	4500	0.85	4200	0.88	3750	0.93	3000	0.99
MEDIUM	4900	0.77	3900	0.79	3500	0.82	2900	0.85	-	-
LOW	4400	0.72	3700	0.74	3000	0.78	-	-	-	-

1. Power exhaust motor is a 3/4 HP, PSC type with sleeve bearings, a 48 frame and inherent protection.
2. The factory setting.

TABLE 34: DW ELECTRICAL DATA

Model Tonnage	Voltage	Compressors		OD Fan Motors	ID Blower Motor FLA	Heater kW	Minimum Circuit Ampacity Amps	Max Fuse Size Amps
		RLA Each	LRA Each	FLA Each				
15	208	21.8	184	2.1	15.4	~	72.9	90
						13.5	72.9	90
						27.0	112.9	125
						40.6	160.1	175
						54.1	169.1	200
	230	21.8	184	2.1	14.4	~	71.9	90
						18.0	72.1	90
						36.0	126.3	150
						54.0	147.9	175
						72.0	191.2	225
	460	11	90	1.1	7.2	~	36.4	45
						18.0	36.4	45
						36.0	63.1	70
						54.0	74	90
						72.0	95.6	110
	575	9.6	73	0.9	5.9	~	31.1	40
						18.0	31.1	40
						36.0	50.7	60
						54.0	59.3	70
						72.0	76.7	90
17.5	208	25.6	225	2.1	20	~	86.0	110
						13.5	86.0	110
						27.0	118.7	125
						40.6	165.9	175
						54.1	175.2	200
	230	25.6	225	2.1	20	~	86.0	110
						18.0	86.0	110
						36.0	133.3	150
						54.0	154.9	175
						72.0	198.2	225
	460	12.8	114	1.1	10	~	43.2	50
						18.0	43.2	50
						36.0	66.6	70
						54.0	77.5	90
						72.0	99.1	110
	575	10.3	80	0.9	8.2	~	35.0	45
						18.0	35.0	45
						36.0	53.6	60
						54.0	62.2	70
						72.0	79.5	90
20	208	33.6	225	3.7	20	~	110.4	125
						13.5	110.4	125
						27.0	118.7	125
						40.6	165.9	175
						54.1	175.2	200
	230	33.6	225	3.7	20	~	110.4	125
						18.0	110.4	125
						36.0	133.3	150
						54.0	154.9	175
						72.0	198.2	225
	460	17.3	114	1.9	10	~	56.5	70
						18.0	56.5	70
						36.0	66.6	70
						54.0	77.5	90
						72.0	99.1	110
	575	13.5	80	1.5	8.2	~	44.6	50
						18.0	44.6	50
						36.0	53.6	60
						54.0	62.2	70
						72.0	79.5	90
25	208	47.1	245	3.7	38.6	~	159.4	200
						13.5	159.4	200
						27.0	159.4	200
						40.6	189.1	200
						54.1	198.4	225
	230	47.1	245	3.7	38.6	~	159.4	200
						18.0	159.4	200
						36.0	159.4	200
						54.0	178.2	200
						72.0	221.5	250
	460	19.6	125	1.9	19.3	~	71.0	90
						18.0	71.0	90
						36.0	78.3	90
						54.0	89.1	100
						72.0	110.7	125
	575	15.8	100	1.5	15.4	~	57.0	70
						18.0	57.0	70
						36.0	62.6	70
						54.0	71.2	80
						72.0	88.5	100

TABLE 35: DW VOLTAGE LIMITATIONS[1]

VOLTAGE LIMITATIONS			
	POWER SUPPLY	VOLTAGE	
		MIN.	MAX.
VOLTAGE LIMITATIONS	208/230-3-60	187	253
	460-3-60	414	506
	575-3-60	518	630

1. Utilization Range "A" in accordance with ARI Standard 110.

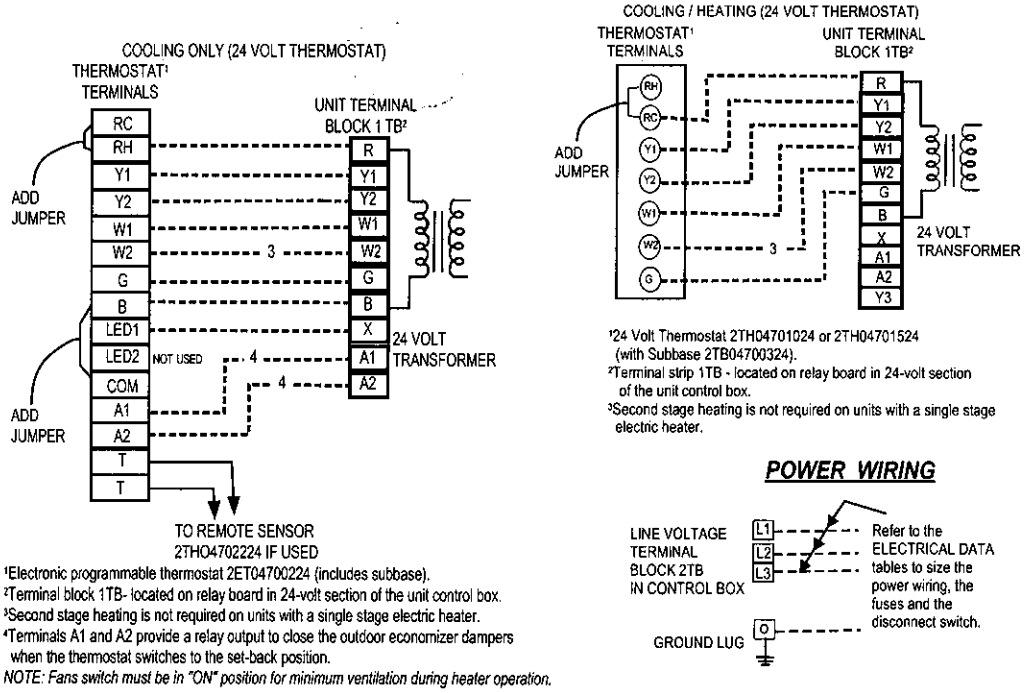
TABLE 36: PHYSICAL DATA

MODELS				DW-15	DW-18	DW-20	DW-25
EVAPORATOR BLOWER	CENTRIFUGAL BLOWER (Dia.x Wd.)			15x15	18x15	18x15	18x15
	FAN MOTOR HP			5.0	7.5	7.5	15
EVAPORATOR COIL	ROWS DEEP			4			
	FINS PER INCH			13.5			
	FACE AREA (Sq. Ft.)			25			
CONDENSER FAN (Four Per Unit)	PROPELLER DIA. (In.) (Each)			24	24	30	30
	FAN MOTOR HP (Each)			1/3	1/3	3/4	3/4
	NOM. CFM TOTAL (Each)			4,000	4,000	5,000	5,000
CONDENSER COIL	ROWS DEEP			1	2		
	FINS PER INCH			20	20		
	FACE AREA (Sq. Ft.)			63.8	63.8		
COMPRESSOR (Qty. Per Unit)	SCROLL			2			
FILTERS	QUANTITY PER UNIT (12" X 24" X 2")			12			
	TOTAL FACE AREA (Sq. Ft.)			24			
CHARGE	REFRIGANT 22 (Lb./Oz.)	SYSTEM No.1		24/0	24/0	23/8	23/8
		SYSTEM No.2		24/0	24/0	23/8	23/8
OPERATING WEIGHTS (LBS.)	BASIC UNIT	COOLING ONLY		2140	2540	2560	2660
		GAS / ELECTRIC	N24	2340	2740	2760	2860
			N32	2380	2780	2800	2900
	OPTIONS	ECONOMIZER		160			
		ECONOMIZER WITH POWER EXHAUST		245			
		MOTORIZED DAMPER		150			
		ELECTRIC HEATER	18 KW	25			
			36 KW	30			
			54 KW	35			
			72 KW	40			
	ACCESSORIES	ROOF CURB		185			
		BAROMETRIC DAMPER		45			
		ECONOMIZER / MOTORIZED DAMPER RAIN HOOD		55			
		ECONOMIZER / POWER EXHAUST RAIN HOOD		90			
		WOOD SKID		220			

TABLE 37: ELECTRIC HEAT CORRECTION FACTORS

NOMINAL VOLTAGE	VOLTAGE	kW CAP. MULTIPLIER
208	208	1.00
240	230	0.92
480	460	0.92
600	575	0.92

CONTROL WIRING



¹Electronic programmable thermostat 2ET04700224 (includes subbase).
²Terminal block 1TB- located on relay board in 24-volt section of the unit control box.
³Second stage heating is not required on units with a single stage electric heater.
⁴Terminals A1 and A2 provide a relay output to close the outdoor economizer dampers when the thermostat switches to the set-back position.
NOTE: Fans switch must be in "ON" position for minimum ventilation during heater operation.

¹24 Volt Thermostat 2TH04701024 or 2TH04701524 (with Subbase 2TB04700324).
²Terminal strip 1TB - located on relay board in 24-volt section of the unit control box.
³Second stage heating is not required on units with a single stage electric heater.

POWER WIRING

FIGURE 2: DW FIELD WIRING DIAGRAM

TABLE 27: SUPPLY AIR BLOWER PERFORMANCE (15 TON) - GAS HEAT
180 MBH - BOTTOM DUCT CONNECTIONS

BLOWER SPEED, (RPM)	MOTOR PULLEY (TURNS OPEN)*	CFM 4500			5250			6000			6750			7200		
		ESP	BHP	KW	ESP	BHP	KW	ESP	BHP	KW	ESP	BHP	KW	ESP	BHP	KW
208 VOLT AND STANDARD DRIVE																
850	6.0**	0.9	2.4	2.1	0.6	2.9	2.6	0.3	3.4	3.0	-	-	-	-	-	-
870	5.5	1.0	2.5	2.2	0.7	3.0	2.7	0.4	3.5	3.1	-	-	-	-	-	-
915	4.5	1.1	2.6	2.4	0.8	3.1	2.8	0.5	3.6	3.2	0.2	4.1	3.7	-	-	-
965	3.5	1.2	2.7	2.5	0.9	3.2	2.9	0.6	3.7	3.3	0.4	4.4	3.0	0.2	5.0	4.5
980	3.0	1.3	2.9	2.6	1.0	3.4	3.0	0.7	3.8	3.4	0.5	4.5	4.0	0.3	5.1	4.6
1010	2.0	1.4	3.0	2.7	1.1	3.6	3.2	0.8	4.0	3.6	0.6	4.7	4.2	0.4	5.4	4.8
1040	1.0	1.6	3.2	2.9	1.3	3.8	3.4	1.0	4.4	3.9	0.8	5.0	4.5	0.6	5.6	5.0
208 VOLT AND HIGH SPEED DRIVE																
965	6.0	1.2	2.7	2.5	0.9	3.2	2.9	0.6	3.7	3.3	0.4	4.4	3.9	0.2	5.0	4.5
980	5.5	1.3	2.9	2.6	1.0	3.4	3.0	0.7	3.8	3.4	0.5	4.5	4.0	0.3	5.1	4.6
1025	4.5	1.4	3.1	2.8	1.2	3.6	3.2	0.9	4.1	3.7	0.7	4.8	4.3	0.4	5.5	4.9
1065	3.5	1.6	3.4	3.0	1.4	3.9	3.5	1.1	4.5	4.0	0.9	5.1	4.6	-	-	-
1125	2.0	1.9	3.6	3.2	1.7	4.4	3.9	1.4	5.0	4.5	1.2	5.8	5.2	-	-	-
1170	1.0	2.1	3.9	3.5	1.9	4.7	4.2	1.6	5.5	4.9	-	-	-	-	-	-
230/460/575 VOLT AND STANDARD DRIVE																
870	6.0**	1.0	2.5	2.2	0.7	3.0	2.7	0.4	3.5	3.1	-	-	-	-	-	-
915	5.0	1.1	2.6	2.4	0.8	3.1	2.8	0.5	3.6	3.2	0.2	4.1	3.7	-	-	-
965	4.0	1.2	2.7	2.5	0.9	3.2	2.9	0.6	3.7	3.3	0.4	4.4	3.9	0.2	5.0	4.5
980	3.5	1.3	2.9	2.6	1.0	3.4	3.0	0.7	3.8	3.4	0.5	4.5	4.0	0.3	5.1	4.6
1015	2.5	1.4	3.0	2.7	1.1	3.6	3.2	0.8	4.0	3.6	0.6	4.7	4.2	0.4	5.4	4.8
1050	1.5	1.5	3.1	2.8	1.2	3.7	3.3	0.9	4.2	3.8	0.7	4.9	4.4	0.5	5.7	5.1
1065	1.0	1.6	3.4	3.0	1.4	3.9	3.5	1.1	4.5	4.0	0.9	5.1	4.6	-	-	-
230/460/575 VOLT AND HIGH SPEED DRIVE																
980	6.0	1.3	2.9	2.6	1.0	3.4	3.0	0.7	3.8	3.4	0.5	4.5	4.0	0.3	5.1	4.6
1045	4.5	1.6	3.2	2.9	1.3	3.8	3.4	1.0	4.4	3.9	0.8	5.0	4.5	0.6	5.6	5.0
1065	4.0	1.7	3.4	3.0	1.4	3.9	3.5	1.1	4.5	4.0	0.9	5.1	4.6	-	-	-
1125	2.5	1.9	3.6	3.2	1.7	4.4	3.9	1.4	5.0	4.5	1.2	5.8	5.2	-	-	-
1170	1.5	2.1	3.9	3.5	1.8	4.7	4.2	1.6	5.5	4.9	-	-	-	-	-	-
1190	1.0	2.2	4.0	3.6	1.9	4.8	4.3	1.7	5.6	5.0	-	-	-	-	-	-

NOTES:
1. Blower performance includes a gas-fired heat exchanger, fixed outdoor air, two-inch T/A filters and a dry evaporator coil.
2. Refer to the additional Static Resistances table.
   ESP = External Static Pressure available for the supply and return air duct system. All internal unit resistances have been deducted from the total static pressure of the blower.
   * Do NOT close the pulley below 1 turn open.
   ** Factory setting.

KELLENYI JOHNSON WAGNER
21Peters Place
Red Bank, NJ 07701-1792
architects 732-741-5270 / 732-741-8439
www.kjw.com

LETTER OF TRANSMITTAL

Date: August 22, 2003

To: Brick Twp. Construction Dept
401 Chambersbridge Road
Brick Twp, NJ 08723

Job No: 2622

Project: Meridian Home Health Care Offices - Laurelton Plaza

Attention: Construction Code Official

WE ARE SENDING YOU:

- ☐ Copy of Letter
- ☐ Attached
- ☐ Plans
- ☒ Prints
- ☐ Samples
- ☐ Shop Drawings
- ☐ Specifications
- ☐ Change Order
- ☐

Under Separate Cover Via:

- ☐ Federal Express
- ☐ Express Mail
- ☐

Copies	Date	No.	Description
2			Signed Sealed Floor Plan Sheet A-1 with kitchen casework
			revised to create a handicapped accessible sink in Lunch room 117

THESE ARE TRANSMITTED as checked below:

- ☒ For approval
- ☐ For your use
- ☐ As requested
- ☐ For review & Comment
- ☐ No exceptions taken
- ☐ Note markings
- ☐ Revise & resubmit
- ☐
- ☐ Resubmit
- ☐ Submit
- ☐ Return

____ Copies for approval
____ Copies for distribution
____ Copies for prints

Remarks: I trust that his revision will meet with your approval and allow you to issue the construction permit for this tenant fit-out at Laurelton Plaza. Please call with any questions or if you need anything else from my office.

Copy to: Brian Heuer - Meridian
Pharos Construction

Signed: Eric L Wagner AIA

architects

KELLENYI
JOHNSON
WAGNER

21 Peters Place
Red Bank, NJ
07701-1792
732•741•5270
Fax 741•8439
www.kjw.com

September 2, 2003

Daniel Newman, Jr. Construction Code Official
Brick Twp. Construction Dept
401 Chambersbridge Road
Brick Twp, NJ 08723

COPY

RE: Meridian Home Health Care Offices
Laurelton Plaza KJW #2622

Dear Mr Newman:

Pharos Construction, the contractor for the Meridian Home Health Care tenant fit-out at Laurelton Plaza has informed us that the plumbing subcode reviewer has questioned whether we have a sufficient number of lavatories in the Mens Room to meet code.

Plumbing fixture design for this lease space has been calculated per National Standard Plumbing Code–2000. The total egress occupant load of 97 is reduced by 1/3 per section 7.21.2.a, to 65 occupants. This occupant load is then utilized to determine fixture counts as follows:

Men: 65 occ. x 60 % = 39 occ.

Toilets (Urinals)		Lavatories	
Required	Provided	Required	Provided
1(1)	1(2)	1	1

Women: 65 occ. x 60 % = 39 occ.

Toilets		Lavatories	
Required	Provided	Required	Provided
2	4	3	4

Drinking Water

Required	Provided
1	1

According to this review, it is our opinion that the toilet rooms as designed and submitted for construction code review are in compliance with the applicable plumbing codes.

Please feel free to call with any questions or comments.

Very truly yours,

Eric L Wagner AIA NJ
License No. AI10366
ELW/rb
PC: Pharos Construction

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 853 LOT 4 SITE ADDRESS 1159 Rt. 88
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER 732-363-4441
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required		Date
	Down Payment		Date
	Balance		Date
	Paid In Full		Date
Market Rate	No Fee Required		

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ 16,400

[illegible] 8-4-03

Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required	738.00	Date	7/6/03
Preliminary Paid	1230.00	Check #	1111
		Receipt #	23647
Final Total Fee Required	164.00		
Preliminary Paid		Date	
Final Paid		Check#	
Balance Due		Receipt #	

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

7/31/03 Tentative.

[illegible]
Office of Affordable Housing

325047

1111

LAURELTON PLAZA OFFICES, LLC
PO BOX 1802
POINT PLEASANT BEACH, NJ 08742
(732) 892-4441

OCEANFIRST BANK
PT PLEASANT BEACH, NEW JERSEY 08742
55-7035-2312

8/5/2003

PAY TO THE ORDER OF Township of Brick $ **482.00

Four Hundred Eighty-Two and 00/100********** DOLLARS

Township of Brick
401 Chanbers Bridge Rd.
Brick, NJ 08720

MEMO Affordable Housing Trust Fund

Security Features Included. Details on back.

[redacted]

From: Lisa Rose Tavalaccio, Office of Affordable Housing

Re: Affordable Housing Fees

Business/Development: Home Care of OC

Owner/Applicant: Laurelton Plaza Offices

Property Address: 1759 Rt. 88

Block: 852 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
~~Residential~~
~~Inclusionary Development Fee~~

DATE: 8/6/03

Check Number 1111

Preliminary Fee Paid $482.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A: 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Kathleen T. Inbergen
Signature

8-6-03
Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Kimberley S. Casten — President
Stephen C. Acropolis
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

Planning Board

(732) 262-1045
Fax: (732) 262-8954
http://www.twp.brick.nj.us

March 14, 2003

Laurelton Plaza Offices, LLC
PO Box 1802
Point Pleasant Beach, NJ 08742

Re: ABR-221-CU-2/03
Laurelton Plaza Offices, LLC
Block 852, Lot 4
1759 Route 88

Gentlemen:

At the March 5, 2003 work session, the Planning Board discussed your request for an abridged site plan approval for a change of use of an abandoned movie theatre to an office professional use and five units of retail rental use. Attached is a copy of the report from Michael P. Fowler, Municipal Planner, and the Bureau of Fire Safety.

After discussion, the Planning Board approved Resolution # R-22-03 (attached) outlining the details of the abridged site plan approval at the meeting of March 12, 2003. All other necessary approvals must be obtained.

Yours truly,

Judith Fox Nelson

Judith Fox Nelson, Secretary

Cc: Robert Scherer, Chairman
Michael P. Fowler, AICP/PP
Kevin Batzel, Bureau of Fire Safety

BRICK TOWNSHIP PLANNING BOARD

ABRIDGED SITE PLAN CHANGE OF USE APPROVAL

Resolution R- 22-03 **Page 1 of 5**

Case No. PB-ABR-221-CU2/03 **March 12, 2003**

WHEREAS, LAURELTON PLAZA OFFICES, L.L.C., having a mailing address of P.O. Box 1802, Point Pleasant Beach, New Jersey 08742, has applied to the Brick Township Planning Board for abridged site plan/change of use approval pursuant to N.J.S.A. 40:55D-46, 50, 51, 60, and 70; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a meeting was held on March 5, 2003 in the Municipal Building for a discussion of the reasons for the abridged site plan approval/change of use approval, and at which time testimony and exhibits were presented on behalf of the applicant; and

FILE
APPLICANT
BTS

WHEREAS, the applicant proposes conversion of that abandoned movie theater structure of approximately twenty-thousand square feet (20,000) to ten-thousand (10,000) square feet professional/office use and remaining ten thousand square feet divided into five (5) rental units each two-thousand (2,000) square feet.

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 852, Lots 4 on the Municipal Tax Map.

2. The property is located at 1759 Route 88; and the site is adjacent to Route 88 and Route 70, near the former Laurelton Circle. The site contains a

structure, most recently used as a movie theatre, and is further adjacent to retail, office and restaurant uses.

3. The applicant proposes change of use from existing abandoned Cinemagic Movie Theatre of twenty-thousand (20,000) square feet, and a paved parking lot, to ten-thousand (10,000) square feet to professional/medical office use and the remaining ten-thousand (10,000) square feet, divided into five (5) rental units of two-thousand (2,000) square feet held for office/retail use. The proposed change of use/abridged site plan is shown on a survey of Block 852, Lot 4, Township of Brick, Ocean County, New Jersey," dated May 29, 1998 consisting of one sheet, as prepared by Ronald W. Post Surveying, Inc.

4. Michael P. Fowler, AICP/PP, Municipal Planner, prepared a report to the Board dated March 5, 2003. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

6. The Bureau of Fire Safety prepared a report to the Board dated February 13, 2003. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

7. Mr. Fowler in his report of March 5, 2003, recites that: (a) no variances are required, (b) no additional parking spaces are required, (c) internal driveways require no alteration or intrusion, (d) drainage requires no alteration (e) landscaping requires no reduction or intrusion (f) notice to property owners within two hundred (200) feet was given February 7, 2003, (g) property maintenance codes adheared to per letter from Brick Township Code Enforcement dated January 8, 2003, (h) taxes are paid to date (i) and prior approvals are in compliance. Mr. Fowler recited that several neighbors would prefer all office use rather than an office/retail mixed use.

The neighbors also requested that the fencing which blocks the driveway to Forge Pond Road from subject site remain, but be repaired/replaced as per plan approval.

In its newest location, applicant agreed to modify its request to permit the conversion of ten-thousand (10,000) square feet to professional/medical office use – and agreed to leave the remaining ten-thousand (10,000) square feet vacant, recognizing that the applicant would shortly be returning to this Board for Minor Site Plan Approval.

Applicant, through its two representatives, advised that they looked forward to continuing with the upgrading of the site, by way of exterior and interior rehabilitation work, including a stucco exterior coating and the readying of the ten-thousand (10,000) square feet for the "back office" use of Meridian Heath Care's Hospice Unit. Applicant advised that the structure will remain the appearance of a professional services building, and has hired an architect to assist them in the transformation of site.

Applicant further agreed that within six (6) months of the date of this Resolution, they will make formal application for Minor Site Plan Approval by this Board.

8. The applicant has complied with the requirements of the abridged site plan ordinance. The abridged site plan /change of use is consistent with the intent and purpose of the Master Plan and the Municipal Development Ordinance. Accordingly, the Board finds that the benefits of the proposed development outweigh any detriments, and the relief requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Township Zoning Ordinance or Master Plan.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 12th day of March, 2003, that this abridged site plan application for change of use be approved subject to the following conditions:

1. The applicant shall comply with all representations and agreements made by the applicant, its representatives, or its other professionals during the presentation of this case.

2. The applicant shall comply with the comments contained in the report from Michael P. Fowler, Municipal Planner, dated March 5, 2003

3. The applicant shall comply with the comments contained in the report from the Bureau of Fire Safety dated February 13, 2003.

4. The applicant shall make formal application for minor site plan within six (6) months of the date of this change of use/abridged site plan approval.

5. Applicant agrees to maintain the location of existing fence which blocks access to Forge Pond Road from site, but to replace portions of fence needing repair, to satisfaction of Board's Engineer/Planner.

MOVED BY: Mr. Vespi

SECONDED BY: Mr. Fredo

VOTING IN THE AFFIRMATIVE: Mr. Kelly, Mr. Aiello, Mr. Dockery, Mr. Vespi, Mr. Reilly, Mr. Fredo

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT: Councilman Underwood, Mrs. LaDuke, Mr. Petoia, Mr. Higgins Mr. Scherer

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 12th day of March, 2003

IN WITNESS WHEREOF, I have set my hand this 14th day of March, 2003.

Judith Fox Nelson
JUDITH FOX NELSON, Clerk
Brick Township Planning Board

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

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)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing 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:_____

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:_____

update 03-3971 +A

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Lawrelton Plaza
Block: 852 Lot: 4
Owner's Name: Meridan Health System
Owner's Mailing Address: 2020 Sixth Ave. Neptune, NJ.

Phone: (____)_____

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
___Fireplace wd/gas	

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: Uni-Tel Technologies, Inc.
Address: 10 Phyllis Street
Hazlet, NJ. 07730
Phone#: 732-888-1440
Lis#: Exempt
Federal Emp # or SSN 22-3053612

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	70
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	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: $20,000.00

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:_____

Please Print Name Rick Broome

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 Hwy 88
Block: 852 Lot: 4
Owner's Name: Laurelton Plaza offices LLC
Owner's Mailing Address: PO Box 1802
PT Pleasant NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: Pharos Constructing Co Inc.
Address: 315-321 Hawthorne Ave
Box 1802 PT. Pleasant Beach NJ
Phone#: 732-892 4441
Lis #
Federal Emp # or SSN 22-3402045

Technical Data

Description of Work:

Tenant fit-up

Type of Work

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

Building Characteristics

Use Group Present: _____ Proposed: X
No of Stories: 1
Height of Structure: 15
Area of the largest floor: 20,000 ±
Area of New Structure: 10,000 ±
Volume of New Structure: 150,000 ± c.f.
Total Land Disturbed: 10,000 ±

Cost of Alteration: $ ~~3,000~~ 62,000
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $ 62,000

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: Richard Brangenberg
Please Print Name Richard Brangenberg

ELECTRICAL

Contractor: Genesis Electric
Address: 1200 Mizzen Ave.
Beachwood
Phone#: 732 286 1586
Lis #: 9841
Federal Emp # or SSN 22 3467491

Technical Data

Item	Quantity
Lighting Fixtures	167
Receptacles	125
Switches	37
Detectors	-
Light Poles	-
Motors w/ Fract. HP	2
Emergency & Exit Lights	8
Communication Points	19
Alarm Devices/FAC Panel	1
Total	359

Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	1 - 4.5 KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	4 - 5 KW
Space Heater/Air Handler	KW
Baseboard Heating	3 - 1.2 KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	1 - 400 AMP
Subpanel	2 - 150 AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 28,000

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 Anthony Lorenzo

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

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)	4
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

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: See original for Sign + Seal
Please Print Name:

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:_____

Township of Brick
Counter Form
(PLEASE PRINT)

update 03-3971 TB

Site Location: 1759 Route 88
Block: 852 Lot: 4
Owner's Name: Laurel Fox Plaza
Owner's Mailing Address: P.O. Box 1802
Pt. Pleasant, NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

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:
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 KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air 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:

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

CONTRACTOR'S SEAL