BLOCK 831 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1644 Hoffman St PERMIT NO. 10-2960

CONSTRUCTION PERMIT APPLICATION C10-00059

NEW JERSEY UNIFORM CONSTRUCTION CODE

RECD MAR 01 2010

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

I. IDENTIFICATION

1. Proposed Work Site at: 1644 Hoffman St
2. Name of Owner in Fee: Rolf Grasmo
   Tel [redacted] e-mail _____
   Address _____ Brick _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR if new home Builder Reg. No. _____ Exp. Date _____
   Home Improvement Registration No. or Exempt or Reason (specify) _____
   Federal Employer ID No. or SS No. _____
5. Architect or Engineer: _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX ( ) _____
6. Responsible Individual: _____
   Tel. ( ) _____ FAX ( ) _____

NJR Home Services
1415 Wyckoff Rd., Wall NJ 07719
Tel. 1.877.466.3657 Fax. 732-938-3010
Contractor License No. 13VH00361500
Federal Employee No. 22-3609806
WINFRED JOHNSON TEL. 732-919-8172

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical	40 ✓	40 ✓	
3. Plumbing	45 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 3	1	
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates: Approval	Resubmission Dates: Rejection	Re-viewer
☐ Building									
☐ Electrical					3-4-10	SP			
☒ Plumbing				03.04.10		AP			
☐ Fire Protection					3-3-10	DB			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name NJR Home Services

Address 1415 Wyckoff Rd., Wall NJ 07719

Tel. 1.877.466.3657 Fax. 732-493-6479

Contractor License No. 13VH00361500

Telephone Federal Employee No. 22-3609806

Signature WINFRED JOHNSON TEL. 732-919-8172

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/21/2011
Control Number C-10-000519
Permit Number 10-2966
Permit Issue Date 10/28/2010
Certificate Number 10-2966

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1644 HOFFMAN ST. Brick Township, NJ Block: 831 Lot: 5 Qual:

Owner in Fee: GRASMO, ROLF

Owner Address: P.O. BOX 338 BRICK NJ 08723

Telephone: (732) 458-7086

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF ROAD WALL NJ 07719

Telephone: (732) 919-8172 Fax: (732) 938-3010

License Number or Builders Registration Number: 13VH00361500 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT HOT AIR FURNACE DIRECT REPLACEMENT

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/21/2011 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 10/28/10
Control # C-10-000519+A
Permit # +A
10-2966 11+

IDENTIFICATION Block: 831 Lot: 5 Qualifier
Work Site Location: 1644 HOFFMAN ST. Brick Township, NJ
Owner in Fee GRASMO, ROLF
P.O. BOX 338 BRICK NJ 08723
Telephone: [redacted]

Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Telephone: (732) 919-8172
Lic. No. or Bldrs. Reg. No. 13VH00361500
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT WATER HEATER DIRECT REPLACEMENT

Note: If constuction 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 $440

Construction Official 10-28-10 Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

10/28/10 3:23PM 0015SSH1019
[illegible] SERV.001
#2966
PLUMBING $40.00
DCA $1.00
$1.00

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 10/28/10
Control # C-10-000519
Permit # 10-2966

IDENTIFICATION Block: 831 Lot: 5 Qualifier
Work Site Location: 1644 HOFFMAN ST. Brick Township, NJ
Owner in Fee GRASMO, ROLF
P.O. BOX 338 BRICK NJ 08723
Telephone: [redacted]

Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Telephone: (732) 919-8172
Lic. No. or Bldrs. Reg. No. 13VH00361500
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT HOT AIR FURNACE DIRECT REPLACEMENT

Note: If constuction 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 $2,499

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$40
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$128
Check No.	17749
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

#2966
ELEC $40.00
PLUMB $40.00
FIRE $45.00
DCA $3.00
CHECK $ 128.00

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

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

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

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

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

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

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

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

10-2966

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/28/10
Control # C10-000519

Date Issued
Permit # 10-2966

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hofman St
Brick

Owner in Fee: Rolf Grasmo

Tel [redacted] e-mail

Address

Contractor: NJR HOME SERVICES (street, municipality) Tel. (732) 919-8090 (zip code)

Address 1415 WYCKOFF RD e-mail
WALL NJ 07719

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 22-3609806

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 833.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Direct Replacemnt of Gas Furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers; low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid		45
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 3-3-10 Approved by: CC
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-3-10
Approved by: KLA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-5-11
Approved by: KLA

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			11-5-11	CC
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	10-29-10	1-10-11	11-5-11	CC
Other				

U.C.C. F140 (rev. 12/07) Reorder from OCS Printing 609-390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/28/10
Control #
Date Issued
Permit # 10-2966

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hoffman St
Brick

Owner in Fee: Rolf Grasmo

Tel. [redacted] e-mail

Address (street) (municipality) (zip code)

Contractor: NJR HOME SERVICES Tel. (732) 938-7330

Address 1415 Wyckoff Rd e-mail
Wall NJ 07719 3/12

Contractor License No. 16095 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 22-3609806 732 938-3010

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 833.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3-4-10
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12/30/10
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/30/10	CO
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacemnt of Gas Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		gas furnace	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/28/10
Control # 10-3966 HA
Date Issued
Permit # P10-0005/9417

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hofman St
brick

Owner in Fee: Rolf Crasmo

[redacted] e-mail

Address street municipality zip code

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155

Address 1415 Wyckoff Rd
Wall NJ 07719 e-mail

9692 6/11

Contractor License No. Exp. Date

22-3609806 732 938-3010

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present x Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 440.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-5-10
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [x] CA
Date: 12-30-10
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12/29/10	[signature]

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]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacement of Gas Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/28/10
Control # 10-2966
Date Issued
Permit # P10-000519

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

Block ~~5~~ 831 Lot ~~831~~ 5 Qualification Code

Work Site Location 1644 Hoffman St
Brick

Owner in Fee: Rolf Grasmo

Tel. [redacted] e-mail

Address (street, municipality, zip code)

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

Address 1415 WYCKOFF RD
WALL NJ 07719 e-mail

Contractor License No. 13VH00361500 Exp. Date 12/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 22-3608806 732 938-3010

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 833.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-19-10
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-30-10
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12/29/10	MM

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]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacemnt of Gas Furnace

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other gas furnace 75,000	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/28/10
Control # 10-3966 HH
Date Issued
Permit # 1110005927

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hofman St
brick

Owner in Fee: Rolf Crasmo

Tel. ([redacted]) e-mail

Addre: [redacted]
street municipality zip code

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155

Address 1415 Wyckoff Rd
Wall NJ 07719 e-mail

Contractor License No. 9692 Exp. Date 6/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 22-3609806 FAX: (732) 938-3010

Federal Emp. ID No.

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 440.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-29-10
Approved by: RJ

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	5.			

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacement of Gas Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/28/10
Control # 10-3966 HT
Date Issued
Permit # 10 1003 17207

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hofman St
brick

Owner in Fee: Rolf Crasmo

Tel. [redacted] e-mail

Add [redacted]
street municipality zip code

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155

Address 1415 Wyckoff Rd
Wall NJ 07719 e-mail

9692 6/11
Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 22-3609806 732 938-3010

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 440.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-3-10
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 Plumbing Contractor [ ] Exempt Applicant

LICENSED PLUMBER 9692

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacement of Gas Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/22/10
Control # 10-2966
Date Issued
Permit # CH-110519

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

Block 5 Lot 831 Qualification Code

Work Site Location 1644 Hoffman St
Brick

Owner in Fee: Rolf Grasmo

Tel. ([redacted]) e-mail

Address [redacted]
street municipality zip code

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

Address 1415 WYCKOFF RD e-mail
WALL NJ 07719

Contractor License No. 13VH00361500 Exp. Date 12/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 32-3600806 FAX: (732) 938-3010

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present x Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 899 Public Water Private Well

Est. Cost of Plumbing Work $ 833.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 10-19-10
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar	11/4/10			
TCO				
Final				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacemnt of Gas Furnace

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other gas furnace 75,000	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/28/10
Control # 10-2966
Date Issued
Permit # PLM-11579

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

Block 5 Lot 831 Qualification Code

Work Site Location 1644 Hoffman St
Brick

Owner in Fee: Rolf Grasmo

Tel: [redacted] e-mail

Addr[redacted]
street municipality zip code

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

Address 1415 WYCKOFF RD e-mail
WALL NJ 07719

Contractor License No. 13VH00361500 Exp. Date 12/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 938-3010

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present x Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 833.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 10-19-10
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar		11/4/10		
TCO				
Final				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacemnt of Gas Furnace

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other gas furnace 80,000	
	Other	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 10/28/10
Control #: 10-2966
Date Issued:
Permit #:

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hoffman St
Brick

Owner in Fee: Rolf Grasmo

[redacted] e-mail

municipality zip code

Contractor: NJR HOME SERVICES Tel. (732) 938-7330

Address 1415 Wyckoff Rd e-mail
Wall NJ 07719 3/12

Contractor License No. 16095 Exp. Date

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 833.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-7-10
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacemnt of Gas Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	2	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		gas furnace	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/28/10
Control # 10-2966
Date Issued
Permit #

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hoffman St
Brick

Owner in Fee: Rolf Graamo

Tel [redacted] e-mail

Address street municipality zip code

Contractor: NJR HOME SERVICES Tel. (732) 938-7330

Address 1415 Wyckoff Rd e-mail
Wall NJ 07719 3/12

Contractor License No. 16095 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 22-3609806

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 833.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacemnt of Gas Furnace

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/28/10
Control # C[illegible]

Date Issued
Permit # 10- 2966

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hofman St
Brick

Owner in Fee: Rolf Grasmo

T [redacted] e-mail

A municipality zip code

Contractor [illegible]VICES Tel. (732) 919-8090

Address 1415 WYCKOFF RD e-mail
WALL NJ 07719

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 22-3609806

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 833.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 11-3-10 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-3-10
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Direct Replacemnt of Gas Furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/23/10
Control #

Date Issued
Permit # 10- 2966

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

Block 831 Lot 5 Qualification Code

Work Site Location 1644 Hofman St
Brick

Owner in Fee: Rolf Graemo

Tel. [redacted] e-mail

Address

Contractor: NJR HOME SERVICES (municipality) Tel. (732) 919-8090 (zip code)

Address 1415 WYCKOFF RD (street) e-mail
WALL NJ 07719

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 22-3609806 732 938-3010

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work: $ 833.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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.
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Direct Replacemnt of Gas Furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

NJR Home Services

PERMIT

Block 831 **Lot** 5 **Appli. code** HH

Mailed To: BRICK TWP 401 CHAMBERS BRIDGE RD BRICK NJ 08723

Total Due: $ 169.00

Customer: SA 334468 GRASMO,ROLF 1644 HOFFMAN ST BRICK

resubmit

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: P.O. BOX 338 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 831 Lot: 5 Qual:
1644 HOFFMAN ST.
Permit Number: Control Number: C-10-000519
Last Submit Date: Wednesday, March 03, 2010

Date: Thursday, March 04, 2010

Dear GRASMO, ROLF,
Your request is hereby denied based upon the following infractions.

Submit heat loss to support smaller furnace

Sincerely,

Paul Auth

Paul Auth , Subcode Official

03-05-10
Fax # 732-938-3010
Attn: Winfred Johnson

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: P.O. BOX 338 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 831 Lot: 5 Qual:
1844 HOFFMAN ST.
Permit Number: Control Number: C-10-000619
Last Submit Date: Wednesday, March 03, 2010

Date: Thursday, March 04, 2010

Dear GRASMO, ROLF,
Your request is hereby denied based upon the following infractions.

Submit heat loss to support smaller furnace

03-05-10
Fax # 732-938-3010
Attn: Winfred Johnson

Sincerely,

Paul Auth

Paul Auth , Subcode Official

10/18/10

See attached - 4 pgs.

Thank you
Sandy
732-919-8172

 Residential Heat Loss and Heat Gain Calculation 10/15/2010

In accordance with ACCA Manual J

Report Prepared By:

NJR Service Corp.

For: Rolf Grasmo
1644 Hoffman
Brick, NJ 08723

Design Conditions: Brick

Indoor:		Outdoor:	
Summer temperature:	75	Summer temperature:	90
Winter temperature:	70	Winter temperature:	-25
Relative humidity:	55	Summer grains of moisture:	100
		Daily temperature range:	High

Building Component		Sensible Gain (BTUH)	Latent Gain (BTUH)	Total Heat Gain (BTUH)	Total Heat Loss (BTUH)
Whole House	**1,004 sq.ft.**	**8,373**	**1,934**	**10,307 (1 tons)**	**41,499**
First Floor		8,374	1,933	10,307	41,500
Living Room	208 sq.ft.	1,968	376	2,344	7,913
Infiltration		315	376	691	4,708
- Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73					
Floor	208 sq.ft.	0	0	0	790
- Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)					
S Wall	96 sq.ft.	104	0	104	730
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					
Window	8 sq.ft.	222	0	222	0
- Double pane; Vinyl frame; Blinds between panes					
- No inside shading; Coating: None (clear glass); 55% shaded.					
E Wall	84 sq.ft.	91	0	91	638
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					
Window	20 sq.ft.	861	0	861	0
- Double pane; Vinyl frame; Blinds between panes					
- No inside shading; Coating: None (clear glass); 55% shaded.					
Ceiling	208 sq.ft.	375	0	375	1,047
- Under ventilated attic; R-19 (4 - 6.5 inch); Dark					
Dining Room	117 sq.ft.	1,024	188	1,212	4,620
Infiltration		157	188	345	2,354
- Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73					
Floor	117 sq.ft.	0	0	0	445
- Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)					
S Wall	96 sq.ft.	104	0	104	730
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					

Building Component		Sensible Gain (BTUH)	Latent Gain (BTUH)	Total Heat Gain (BTUH)	Total Heat Loss (BTUH)
Window	8 sq.ft.	222	0	222	0
- Double pane; Vinyl frame; Blinds between panes					
- No inside shading; Coating: None (clear glass); 55% shaded.					
W Wall	66 sq.ft.	72	0	72	502
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					
Window	6 sq.ft.	258	0	258	0
- Double pane; Vinyl frame; Blinds between panes					
- No inside shading; Coating: None (clear glass); 55% shaded.					
Ceiling	117 sq.ft.	211	0	211	589
- Under ventilated attic; R-19 (4 - 6.5 inch); Dark					
Kitchen	130 sq.ft.	1,895	564	2,459	9,303
Infiltration		472	564	1,036	7,061
- Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73					
Floor	130 sq.ft.	0	0	0	494
- Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)					
W Wall	38 sq.ft.	41	0	41	269
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					
Window	24 sq.ft.	1,033	0	1,033	0
- Double pane; Vinyl frame; Blinds between panes					
- No inside shading; Coating: None (clear glass); 55% shaded.					
Door	18 sq.ft.	115	0	115	804
- Metal; Polystyrene; No storm					
Ceiling	130 sq.ft.	234	0	234	655
- Under ventilated attic; R-19 (4 - 6.5 inch); Dark					
Bathroom	55 sq.ft.	143	0	143	790
Infiltration		0	0	0	0
- Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73					
Floor	55 sq.ft.	0	0	0	209
- Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)					
W Wall	40 sq.ft.	44	0	44	304
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					
Ceiling	55 sq.ft.	99	0	99	277
- Under ventilated attic; R-19 (4 - 6.5 inch); Dark					
Bedroom	182 sq.ft.	1,031	201	1,232	5,657
Infiltration		169	201	370	2,522
- Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73					
Floor	182 sq.ft.	0	0	0	692
- Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)					
W Wall	112 sq.ft.	122	0	122	851
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					
N Wall	89 sq.ft.	97	0	97	676
- Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board					
Window	15 sq.ft.	315	0	315	0

Building Component		Sensible Gain (BTUH)	Latent Gain (BTUH)	Total Heat Gain (BTUH)	Total Heat Loss (BTUH)
- Double pane; Vinyl frame; Blinds between panes - No inside shading; Coating: None (clear glass); 55% shaded.					
Ceiling - Under ventilated attic; R-19 (4 - 6.5 inch); Dark	182 sq.ft.	328	0	328	916
Bedroom (2)	132 sq.ft.	905	201	1,106	4,974
Infiltration - Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73		169	201	370	2,522
Floor - Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)	132 sq.ft.	0	0	0	502
N Wall - Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board	73 sq.ft.	79	0	79	555
Window - Double pane; Vinyl frame; Blinds between panes - No inside shading; Coating: None (clear glass); 55% shaded.	15 sq.ft.	315	0	315	0
E Wall - Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board	96 sq.ft.	104	0	104	730
Ceiling - Under ventilated attic; R-19 (4 - 6.5 inch); Dark	132 sq.ft.	238	0	238	665
Bedroom (3)	120 sq.ft.	959	161	1,120	3,716
Infiltration - Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73		135	161	296	2,018
Floor - Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)	120 sq.ft.	0	0	0	456
E Wall - Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board	84 sq.ft.	91	0	91	638
Window - Double pane; Vinyl frame; Blinds between panes - No inside shading; Coating: None (clear glass); 55% shaded.	12 sq.ft.	517	0	517	0
Ceiling - Under ventilated attic; R-19 (4 - 6.5 inch); Dark	120 sq.ft.	216	0	216	604
Entry Foyer	60 sq.ft.	449	242	691	4,527
Infiltration - Tightness: Poor; Winter ACH: 1.73 ; Summer ACH: .73		202	242	444	3,026
Floor - Over enclosed crawl space; Hardwood; R-11 (3 - 3.5 inch)	60 sq.ft.	0	0	0	228
E Wall - Wood frame, with sheathing, siding or brick; R-11 3 1/2 in.; R-1.8 1/2 in. Bead board	22 sq.ft.	24	0	24	167
Door - Metal; Polystyrene; No storm	18 sq.ft.	115	0	115	804
Ceiling - Under ventilated attic; R-19 (4 - 6.5 inch); Dark	60 sq.ft.	108	0	108	302

Building Component		Sensible Gain (BTUH)	Latent Gain (BTUH)	Total Heat Gain (BTUH)	Total Heat Loss (BTUH)
Whole House	1,004 sq.ft.	8,373	1,934	10,307 (1 tons)	41,499

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0996
DESTINATION ADDRESS	97329383010
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/05 09:54
USAGE T	00'18
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: P.O. BOX 338 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 831 Lot: 5 Qual:
1644 HOFFMAN ST.
Permit Number: Control Number: C-10-000519
Last Submit Date: Wednesday, March 03, 2010

Date: Thursday, March 04, 2010

Dear GRASMO, ROLF,
Your request is hereby denied based upon the following infractions.

Submit heat loss to support smaller furnace

Sincerely,

Paul Auth

Paul Auth , Subcode Official

Page 1

NJR Home Services

Lot - 5
Block- 831

New Unit-

- ❑ Input- 75k
- ❑ Output- 60k

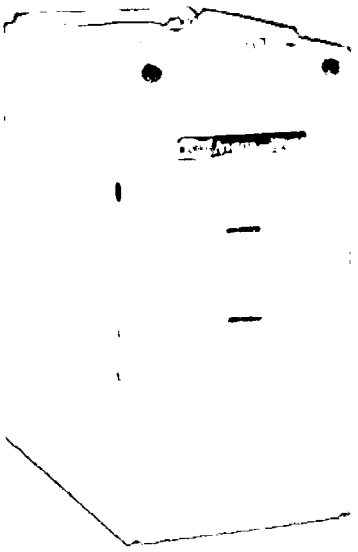
Old Unit-

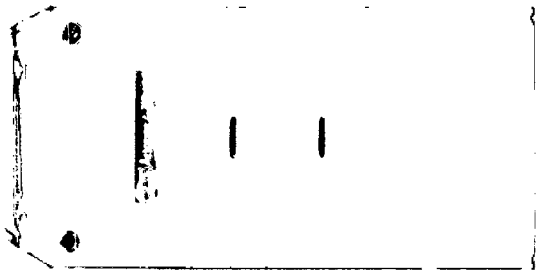
- ❑ Input- 100k
- ❑ Output- 80k

Thank you
Sandy ☺

FORM NO. G22-485 REV. 4
Supersedes Form No. G22-485 Rev. 3

GAS FURNACES





UGPN- SERIES

Models with Input Rates from 50,000 to 150,000 BTU/HR [15 to 44 kW] (U.S. & Canadian Models)

RUUD®

ACHIEVER SERIES® SUPER QUIET 80 80.0% A.F.U.E.† UPFLOW/ HORIZONTAL GAS FURNACES

The Ruud Achiever Series® Super Quiet 80 line of upflow/horizontal gas furnaces are designed for utility rooms, closets, alcoves, or attics. **Because of the Super Quiet 80's low-profile 34 inch [864 mm] height, the upflow model can also be used to satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by CSA International.

Features

- Innovative combustion design results in reliable, efficient operation at sound levels which provide distinct competitive advantage.
- Patented Heat Exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" design is lighter and easier to handle, and leaves room for optional equipment.
- Convertible from upflow to horizontal left or right without field conversion.
- Left or right side gas and electric inlet connections with quick, simple change.
- Robust and reliable direct spark ignition utilizing remote sense and an integrated board with humidifier and electronic air cleaner hookups.
- Insulated blower compartment helps to reduce jacket loss and noise.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

A variety of cooling coils and plenums designed to use with Ruud Achiever Series® Super Quiet 80 gas furnaces are available as optional accessories.

These furnaces can be installed in an upflow position or laid on either side in a horizontal position. Field conversion not required.

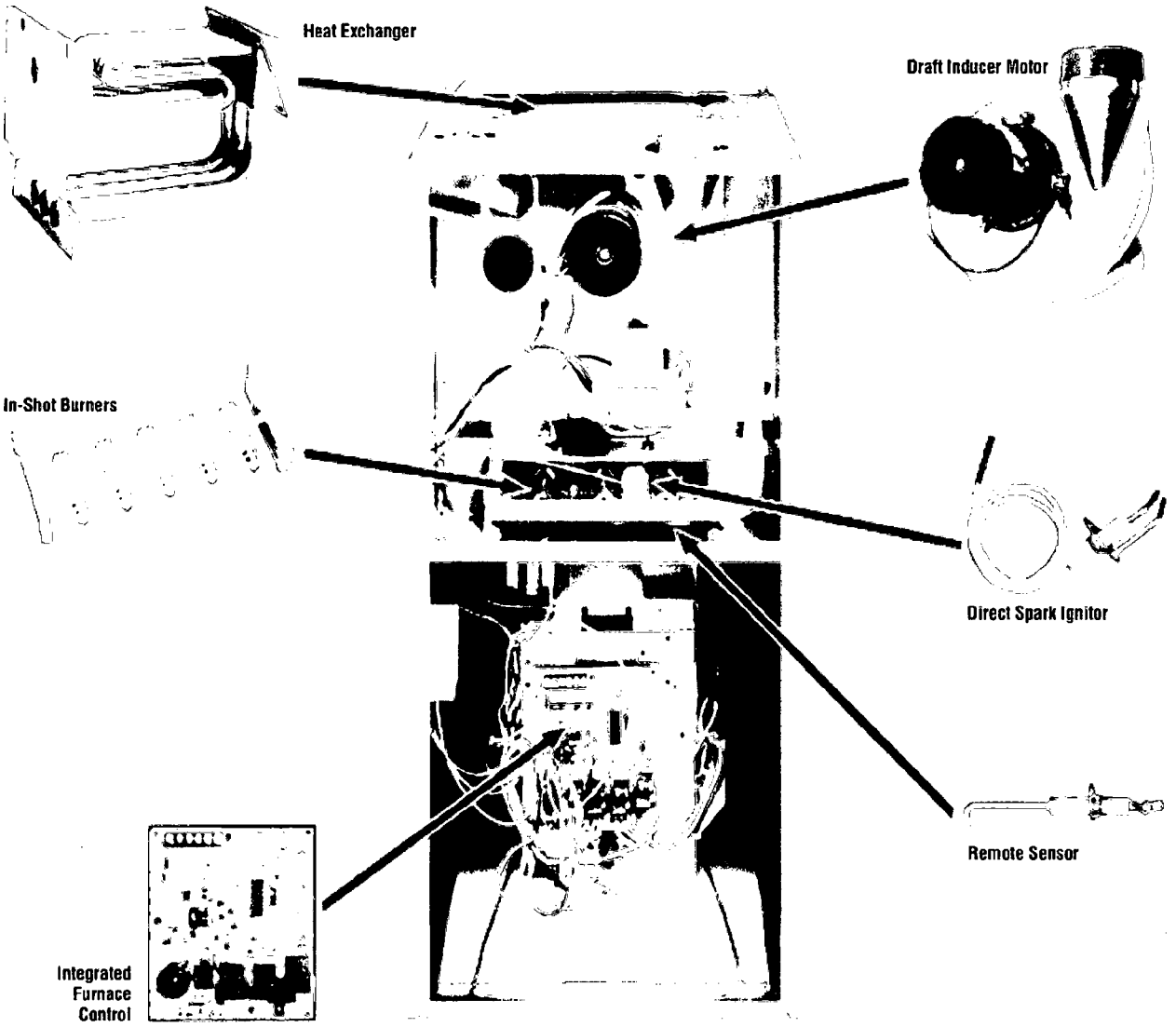
†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

ENERGUIDE
Annual Fuel Utilization Efficiency - AFUE
MID HIGH

ANSI-RAB QHAS ACCREDITED
ISO 9002
Certificate Number: 30664

member gama

ACHIEVER SERIES SUPER QUIET 80 UPFLOW/HORIZONTAL GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft blower; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics; **on-board twinning options;** fused-protection (secondary), **3rd speed fan option for continuous fan; common heat/cool terminal.**

OPTIONAL EQUIPMENT

Side filter frame assembly. Return air cabinet for all sizes. (See Page 6)

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

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

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

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

WARNING

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

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS U.S. AND CANADA MODELS (UPFLOW/HORIZONTAL)

MODEL NUMBERS UGPN- SERIES	05EAUER 05NAUER	07EAMER 07NAMER	07EAMGR 07NAMGR	10EAMER 10NAMER	10EBRJR 10NBRJR	12EARJR 12NARJR	15EARJR 15NARJR
Input-BTU/Hr [kW] ②	50,000 [15]	75,000 [22]	75,000 [22]	100,000 [29]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	41,000 [12]	60,000 [18]	60,000 [18]	80,000 [23.4]	81,000 [23.7]	99,000 [29]	119,000 [35]
High Altitude Input [kW]*	45,000 [13]	67,500 [20]	67,500 [20]	90,000 [26]	90,000 [26]	112,500 [33]	135,000 [39.6]
High Altitude Output Capacity [kW]*	36,500 [11]	53,500 [16]	54,000 [16]	72,000 [21]	72,500 [21]	89,000 [26.1]	107,500 [31.5]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P.–Speeds– PSC Type [W]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	6.8	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Rated E.S.P. (In. W.C.) [kPa]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]
Temperature Rise Range °F [°C]	25-55 [13.9-30.6]	35-65 [19.4-36.1]	25-55 [13.9-30.6]	45-75 [25.0-41.7]	40-70 [22.2-38.9]	35-65 [19.4-36.1]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155 [68.3]	165 [73.8]	155 [68.3]	190 [87.7]	170 [76.6]	180 [82.2]	190 [87.7]
Standard Filter–In. [mm]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	19 1/4 x 25 [489 x 635]	22 3/4 x 25 [578 x 635]	22 3/4 x 25 [578 x 635]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	105 [48]	105 [48]	115 [52]	120 [54]	140 [63]	150 [68]
Return Air Cabinets (Opt.) RXGR- Filter Size [mm]	C14B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C21B (2) 20 x 16 [508 x 406]	C24B (2) 24 x 16 [610 x 406]	C24B (2) 24 x 16 [610 x 406]
AFUE–Electric Ignition Models ①	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" [12.7 mm] N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form for high altitude derate in U.S. applications. For Canadian applications, reference the furnace installation instructions.
* Data references Canadian applications only.

MODEL IDENTIFICATION—UPFLOW MODELS

U	G	P	N	—	07E	A	M	E	R
Ruud	Gas Furnace	Upflow/ Horizontal	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type

Heating Input Designation			
Electric Ignition	NO_x Model	Input BTU/HR	
05E	05N	50,000 [15 kW]	
07E	07N	75,000 [22 kW]	
10E	10N	100,000 [29 kW]	
12E	12N	125,000 [37 kW]	
15E	15N	150,000 [44 kW]	

A = Std. Cabinet
B = Wide Cabinet

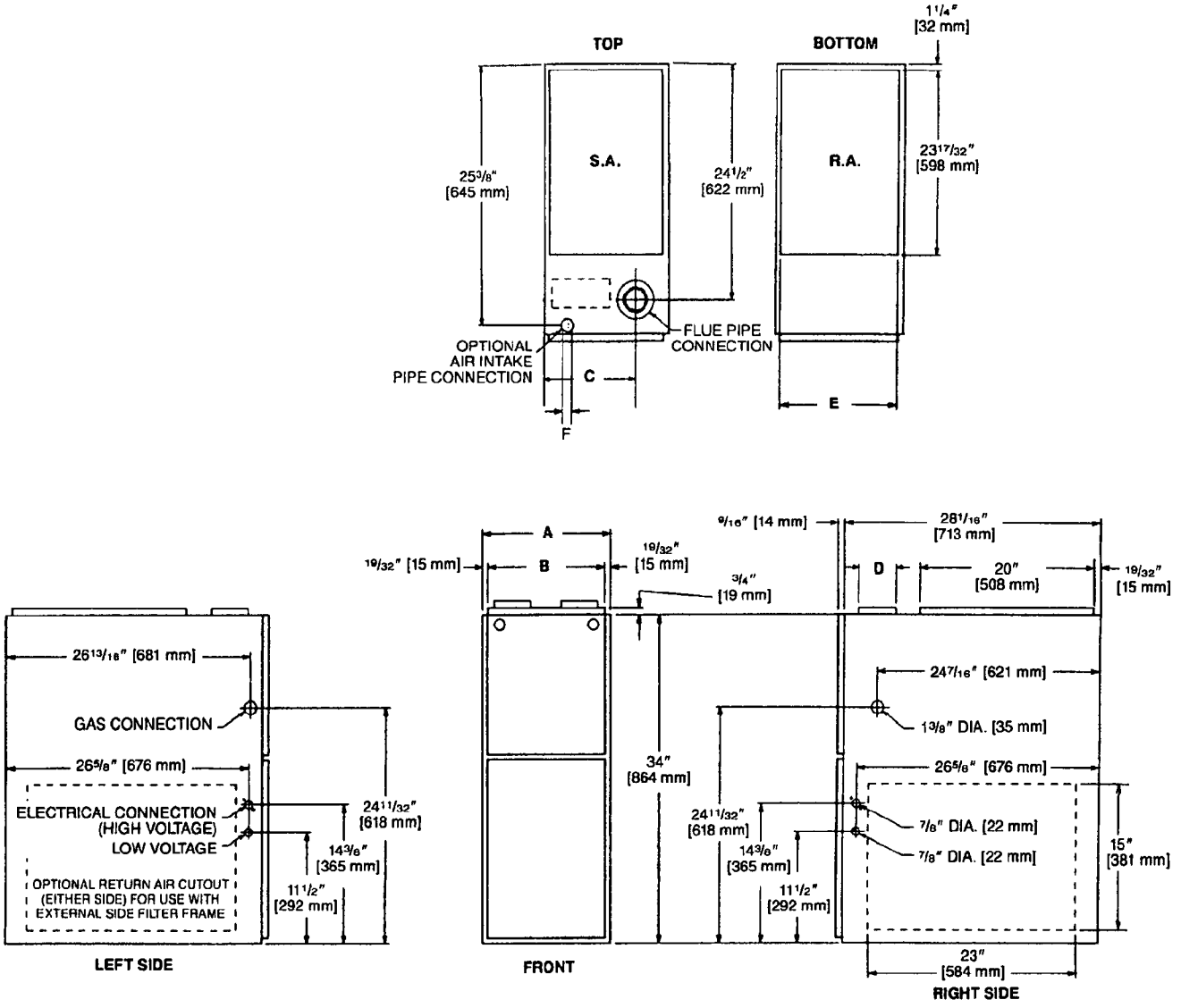
U = 11 x 6 [279 x 152 mm]
M = 11 x 7 [279 x 178 mm]
R = 11 x 10 [279 x 254 mm]

S = 500-1200 CFM [236-566 L/s]
E = 1100-1330 CFM [519-628 L/s]
G = 1450-1750 CFM [684-826 L/s]
J = 1800-2075 CFM [850-979 L/s]

R = Natural Gas, U.S. and Canadian Standard Furnace

[ ] Designates Metric Conversions

UPFLOW DIMENSIONS



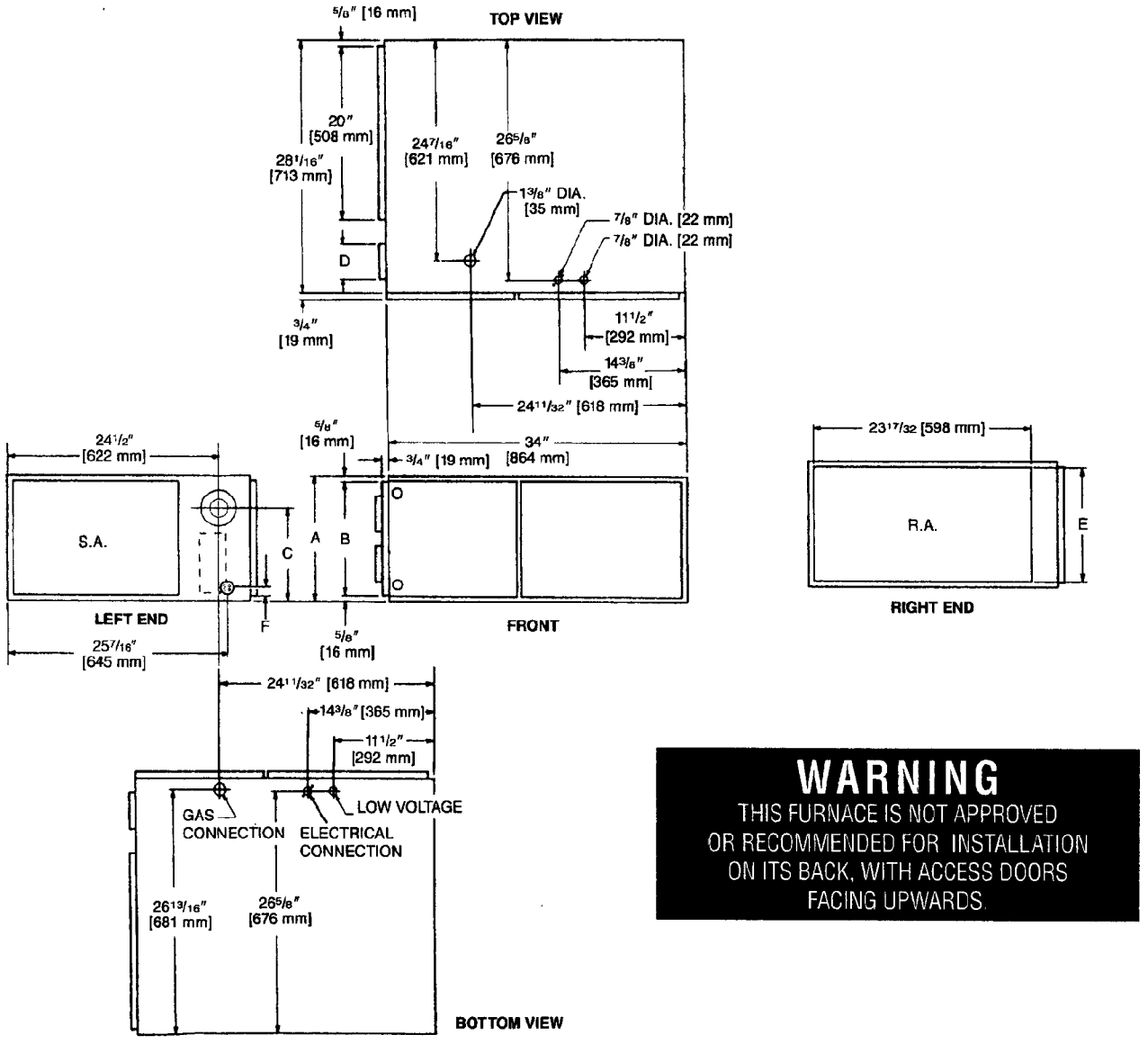
UPFLOW DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) [mm]						
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
05	14 [356]	12²⁷/₃₂ [326]	10⅝ [270]	①	11½ [292]	1⅞ [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17½ [445]	16¹¹/₃₂ [415]	12⅜ [314]	①	15 [381]	2½ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17½ [445]	16¹¹/₃₂ [415]	12⅜ [314]	①	15 [381]	2½ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19²⁷/₃₂ [504]	14⅛ [359]	①	18½ [470]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24½ [622]	23¹¹/₃₂ [593]	15⅞ [403]	①	22 [559]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24½ [622]	23¹¹/₃₂ [593]	15⅞ [403]	①	22 [559]	2½ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[ ] Designates Metric Conversions

HORIZONTAL DIMENSIONS



WARNING

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

HORIZONTAL DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) [mm]						
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
05	14 [356]	12 27/32 [326]	10 5/8 [270]	①	11 1/2 [292]	1 7/8 [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	14 1/8 [359]	①	18 1/2 [470]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[ ] Designates Metric Conversions

ACCESSORIES—UPFLOW

80+ HIGH ALTITUDE INSTRUCTIONS

Caution. The National Fuel Gas Code (NFGC) guidelines should be followed when converting these furnaces for high altitude operation.

US & Canada—For high altitude derate procedure, refer to the furnace installation instructions.

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

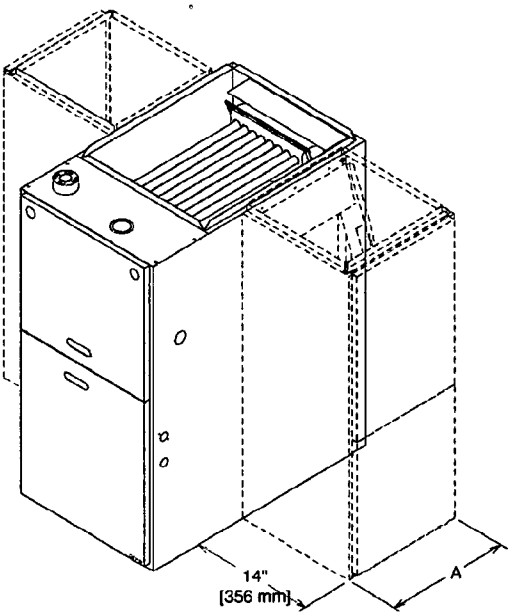
FILTER RACK FILTER SIZES† INCHES [mm]	
MODEL UGPN-	RXGF-CA (SIDE)
05, 07, 10*A	15¾ x 25 [400 x 635]
10*BRJ	15¾ x 25 [400 x 635]
12, 15	15¾ x 25 [400 x 635]

† Filter racks are shipped without filters.
Filters shipped with furnace may be used or a suitable 1" [25.4 mm] filter.
*Designates "E" or "N".

RXPF-F01 and F02

FOSSIL FUEL KITS are for use with Ruud Achiever Heat Pumps and Super Quiet 80 warm air furnaces. The RXPF-F02 meets TVA requirements.

ACCESSORY RETURN AIR CABINETS
Return Air Cabinets may be installed on either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MUST ONLY BE INSTALLED ON THE SIDE OPPOSITE THE GAS AND ELECTRICAL CONNECTIONS.

RETURN AIR CABINETS	A IN. [mm]	FILTER SIZE IN. [mm]
RXGR-C14B	14 [356]	(2) 12 x 16 [305 x 406]
RXGR-C17B	17½ [445]	(2) 12 x 16 [305 x 406]
RXGR-C21B	21 [533]	(2) 20 x 16 [508 x 406]
RXGR-C24B	24½ [622]	(2) 24 x 16 [610 x 406]

WARNING: IMPORTANT NOTICE

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

FURNACE WIDTH IN. [mm]	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN. [mm]
14 [356]	RXGB-D14	AE-61874-01	11⅝ x 23⁹/₁₆ [295 x 598]
17½ [445]	RXGB-D17	AE-61874-02	15⅛ x 23⁹/₁₆ [384 x 598]
21 [533]	RXGB-D21	AE-61874-03	18⅝ x 23⁹/₁₆ [473 x 598]
24½ [622]	RXGB-D24	AE-61874-04	25⅝ x 23⁹/₁₆ [651 x 598]

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA—UPFLOW/HORIZONTAL MODELS

MODEL NUMBER UGPN-SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]
05EAUER 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW **MED-LO** MED-HI HIGH	675 [319] **950 [448]** 1115 [526] 1270 [599]	655 [309] **930 [439]** 1090 [514] 1250 [590]	635 [300] **905 [427]** 1070 [505] 1225 [578]	610 [288] **880 [415]** 1040 [491] 1200 [566]	585 [276] **860 [406]** 1015 [479] 1165 [550]	555 [262] **830 [392]** 985 [465] 1130 [533]	520 [245] **800 [378]** 945 [446] 1085 [512]
07EAMER 07NAMER	11 x 7 [279 x 178]	1/2 [373]	LOW MED-LO **MED-HI** HIGH	921 [435] 1093 [563] **1241 [586]** 1393 [657]	897 [423] 1066 [503] **1212 [572]** 1359 [642]	872 [411] 1039 [490] **1183 [558]** 1326 [626]	845 [399] 1008 [476] **1150 [543]** 1293 [610]	818 [386] 977 [461] **1118 [528]** 1259 [594]	795 [375] 941 [444] **1076 [508]** 1214 [573]	746 [352] 905 [427] **1033 [487]** 1169 [552]
07EAMGR 07NAMGR	11 x 7 [279 x 178]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1245 [588] **1555 [734]** 1810 [854] 2050 [967]	1220 [576] **1515 [715]** 1755 [828] 1985 [937]	1195 [564] **1475 [696]** 1705 [805] 1915 [904]	1165 [550] **1435 [677]** 1645 [776] 1845 [871]	1135 [536] **1395 [658]** 1585 [748] 1785 [842]	1105 [522] **1350 [637]** 1530 [722] 1715 [809]	1065 [503] **1300 [614]** 1470 [694] 1655 [781]
* 10EAMER 10NAMR	* 11 x 7 [279 x 178]	* 1/2 [373]	LOW MED-LO **MED-HI** HIGH	925 [437]* 1050 [496] **1220 [576]** 1410 [665]	890 [420]* 1040 [491] **1195 [564]** 1380 [651]	865 [408]* 1030 [486] **1160 [547]** 1345 [635]	835 [394]* 990 [467] **1140 [538]** 1300 [614]	810 [382]* 960 [453] **1105 [522]** 1255 [592]	775 [366]* 920 [434] **1065 [503]** 1205 [569]	745 [352]* 890 [420] **1020 [481]** 1150 [543]
10EBRJR 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1295 [611] **1645 [776]** 2045 [965] 2320 [1095]	1275 [602] **1615 [762]** 2000 [944] 2260 [1067]	1250 [590] **1580 [746]** 1955 [923] 2200 [1038]	1225 [578] **1550 [732]** 1905 [899] 2130 [1005]	1195 [564] **1510 [713]** 1845 [871] 2060 [972]	1165 [550] **1465 [691]** 1785 [842] 1985 [937]	1135 [536] **1425 [673]** 1720 [812] 1910 [901]
12EARJR 12NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1280 [604] **1645 [776]** 2050 [967] 2365 [1116]	1275 [602] **1635 [772]** 2015 [951] 2310 [1090]	1265 [597] **1615 [762]** 1960 [925] 2250 [1062]	1245 [588] **1590 [750]** 1935 [913] 2185 [1031]	1215 [573] **1560 [736]** 1885 [890] 2115 [998]	1185 [559] **1520 [717]** 1835 [866] 2035 [960]	1145 [540] **1470 [694]** 1775 [838] 1950 [920]
15EARJR 15NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW **MED-LO** MED-HI HIGH	1270 [599] **1620 [765]** 2010 [949] 2340 [1104]	1250 [590] **1595 [753]** 1985 [937] 2275 [1074]	1220 [576] **1570 [741]** 1960 [925] 2215 [1045]	1195 [564] **1545 [729]** 1915 [904] 2145 [1012]	1165 [550] **1515 [715]** 1850 [873] 2080 [982]	1135 [536] **1480 [698]** 1800 [850] 2010 [949]	1105 [522] **1440 [680]** 1730 [816] 1940 [916]

NOTES: *Not to be used as a heating speed.
Data compiled with factory filters installed.
Recommended blower speeds are in bold.
See Form Number C11-206 for MultiFlex® coil data.

[ ] Designates Metric Conversions

GENERAL TERMS OF LIMITED WARRANTY

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

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

Gas Heat Exchanger Limited Warranty .....Twenty (20) Years
*Any Other Part.....Five (5) Years

***This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.**

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

RUUD
AIR CONDITIONING
DIVISION

5600 Old Greenwood Road, Fort Smith, Arkansas 72908

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

PRINTED IN U.S.A. 12-04 DC

FORM NO. G22-485 REV. 4
Supersedes Form No. G22-485 Rev. 3

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 831 LOT 5 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 1644 Hoffman St

Applicant Ralf Grasmo

Certifying Individual Winfred Johnson Company NJR Home Services

Address 1415 Wyckoff Rd (Street) Wall (City) NJ (State) 07719 (Zip Code)

Tel. (732) 919-8172

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [X] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney – Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370 (rev. 3/04)

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

NJR Home Services
Glenn Lockwood
1415 Wyckoff Road
Wall NJ 07719

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

10/27/2009 TO 12/31/2010
VALID

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR