

BLOCK 831 1.01 LOT 81 QUALIFICATION CODE _____ ADDRESS (SITE) 1654 HARVARD AVE. PERMIT NO. 17-3813



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1654 HARVARD AVE. BRICK NJ 08724

2. Name of Owner in Fee: TIM SPALDING

Tel. _____

Address 1654 HARVARD AVE. BRICK NJ 08724

3. Ownership in Fee: Public ☒ Private ☐ Municipality _____ Zip code _____

4. Principal Contractor: OWN Tel. _____

Address SAME e-mail SAME

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun TIM SPALDING

Tel. _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>350</u>	Update <u>1A</u>	Update <u>1B</u>
2. Electrical	\$ <u>395</u>		
3. Plumbing	\$ <u>150</u>		<u>150</u>
4. Fire Protection	\$ <u>75</u>		
5. Elevator Devices	\$ <u>275</u>	<u>75</u>	
6. Subtotal	\$ <u>1489</u>		
7. Less 20% for State Plan Review	\$ <u>298</u>		
8. Subtotal	\$ <u>1191</u>		
9. State Permit Surcharge Fee	\$ <u>44</u>	<u>11</u>	
10. Subtotal	\$ <u>1235</u>		
11. Cert. of Occupancy	\$ <u>125</u>		
12. Other	\$ <u>1489</u>	<u>86</u>	<u>150</u>
13. TOTAL	\$ <u>1489</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	(office use only)
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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
\$8,000.00	10/6/17			11-17-17	SP		
\$8,000.00				11/20/17	PS		
\$8,000.00				10-26-17	SP		
\$300.00				11/1/17	MC		
				12/1/17	SCC		

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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

Justin J. Scutney

Date

9-25-17

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.

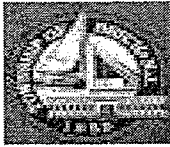
Agent Name

Address

Telephone ()

Signature

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 04/20/2018
Control Number C-17-004520
Permit Number 17-3813
Permit Issue Date 11/20/2017
Certificate Number 17-3813

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 1654 HARVARD AVE. Brick Township, NJ Block: 831 Lot: 1.01 Qual: _____
Owner in Fee: TIMOTHY SPAULDING
Owner Address: 1654 HARVARD AVE. BRICK NJ 08724
Telephone: _____
Contractor: TIM SPAULDING
Address: 1654 HARVARD AVE. BRICK NJ 08724
Telephone: _____ Fax: _____
License Number or Builders Registration number: _____ 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: ALTERATION - RESIDENTIAL, RECONSTRUCTION ...SHEETROCK, INSULATION, ELECTRIC, PLUMBING AND HVAC

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.

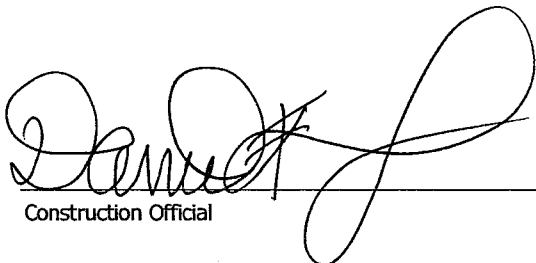
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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

Date Printed: 04/20/2018

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

Fee: \$125.00
Check Number: 1044
Collected By: Christopher Winters

Page 1



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1348 23 831 Lot 58 1.01 Qualification Code _____

Work Site Location 1054 HARWARD AVE

Owner In Fee: 71M STANBUDING

Tel. [REDACTED] Fax [REDACTED]

Address 1054 HARWARD AVE. BRICK NUT 08724

Contractor: James Plumbing Service LLC Tel. 732 840-9341

Address 252 32nd Ave. e-mail jsaatch22@gmail.com

Contractor License No. 16493 Exp. Date 6/19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223629291 FAX: 732 840-9341

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size 1.000 Public Water _____ Private Septic _____

Water Service Size _____ Private Well _____

INSPECTIONS

PLAN REVIEW

1. No Plans Required _____

1. Partial Under-slab Utilities Approved _____

Date: _____ Approved by: _____

1. Plumbing Plans Approved _____

Date: _____ Approved by: _____

Joint Plan Review Required _____

1. Bldg. 1.1 Elec. 1.1 Fire. 1.1 Elev. _____

SUBCODE APPROVAL FOR PERMIT

Date: 6-26-19 _____

Approved by: [Signature] _____

SUBCODE APPROVAL FOR CERTIFICATE

1. CO. 1.1 CCO. 1.1 CA _____

Date: 6-26-19 _____

Approved by: [Signature] _____

TCO _____

Final _____

Approved by: [Signature] _____

Approved by: [Signature] _____

Approved by: [Signature] _____

Date Received 11/20/17
Control # _____
Date Issued _____
Permit # 17-3813

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: James J. Mace

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK REPLACE EXISTING FIXTURES + PIPES

QTY. 1

FIXTURE/EQUIPMENT

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 _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrapp _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other Backwater Valve _____

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

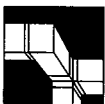
TOTAL FEE \$ _____

12-11-17 ~~PP~~
No Entry 3:00 pm

✓
①
back



MECHANICAL INSPECTION TECHNICAL SECTION



Update

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

Block 1398-23 Lot 831 Qualification Code ST 1.01
Work Site Location 1654 Hoffman Ave HARVARD Ave

Owner in Fee: Tim Smilano

Tel: [redacted] e-mail: [redacted]

Address Shore Mechanical Services street municipality zip code
Address 23 Grant Bridge Ave Tel. 732 894-8800
Bridge, NJ 08724 e-mail Shoremechanical@aol.com

Contractor License No. 19H06040100 Exp. Date 6/30/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH05864300
Federal Emp. ID No. 01-0955541 FAX: 732 892-4709

B. MECHANICAL CHARACTERISTICS

Use Group Present: ☒ R-3, R-4, or R-5 (circle one) Proposed: ☒ R-3, R-4, or R-5 (circle one)
Heating System work: ☒ New or ☐ Modification to Existing or ☒ Conversion or ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Estimated Cost of Mechanical Work \$ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☒ Mechanical Plans Approved

Date: 10-26-17 Approved by: [signature]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 10-26-17

Approved by: [signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 11-11-18

Approved by: [signature]

INSPECTIONS

Type: Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other

DATES

Failure

Failure

Approval

Initial

NO.

1

1

1

1

1

1

1

1

1

1

1

1

FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

FEE (Office Use Only)

\$

\$

\$

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\$

\$

\$

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\$

\$

\$

\$

\$

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Furnace and ductwork
New A/C

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner and am authorized to submit this application.

Sign here

Print name here: [signature]

Date Received
Control

Date Issued

Permit #

11/20/17

139-08134-H

139-08134-H

139-08134-H

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Outside Inspect only

4-11-18 / 18
AC caps outside Inspect only

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BUILDING SUBCODE TECHNICAL SECTION



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

Block 1398 272 831 Lot 1.01 Qualification Code _____
Work Site Location 1654 HAWKINS AVE

Own TRINA CHANAI DIMITRI

Tel. _____

Address 1654 Municipality _____ Zip code _____

Contractor: OWEN Tel. (_____) _____

Address STONE e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
☐ No Plans Required			☒ All	Footings			
☐ Footings/Foundations	11-17-17		☐ Structural/Framework	Footings Bonding			
☐ Exterior			☐ Slab	Foundation			
☐ Interior			☐ Frame	Truss Sys./Bracing		12-29-17	SL
Joint Plan Review Required:			☐ Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Insulation			1-8-18	SD
SUBCODE APPROVAL FOR PERMIT	11/20/17		☐ Finishes -Base Layer				
Date:			☐ Finishes -Final				
Approved by:			☐ Energy				
SUBCODE APPROVAL FOR CERTIFICATE			☐ Mechanical				
LM/CO ☐ CCQ ☐ CA			☐ TCO				
Date:	09/13/18		☐ Other			4-11-18	SL
Approved by:			☐ Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories _____		If Industrialized Building:	
Height of Structure _____		State Approved _____	HUD _____
Area — Largest Floor _____	sq. ft.	Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors _____	sq. ft.	1. New Bldg. \$ _____	
Volume of New Structure _____	cu. ft.	2. Rehabilitation \$ <u>8,000</u>	
Max. Live Load _____		3. Total (1+2) \$ _____	
Max. Occupancy Load _____			

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

TECHNICAL SITE DATA

DESCRIPTION OF WORK

SHEET ROCK & INSULATION
INSTALLATION

Entire House.

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft. _____
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement N.J.A.C. 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

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

Date Received _____
Control # _____
Date Issued _____
Permit # 17-3813

11/20/17

*15-12 NO ACCESS @ 11:45 AM ✓

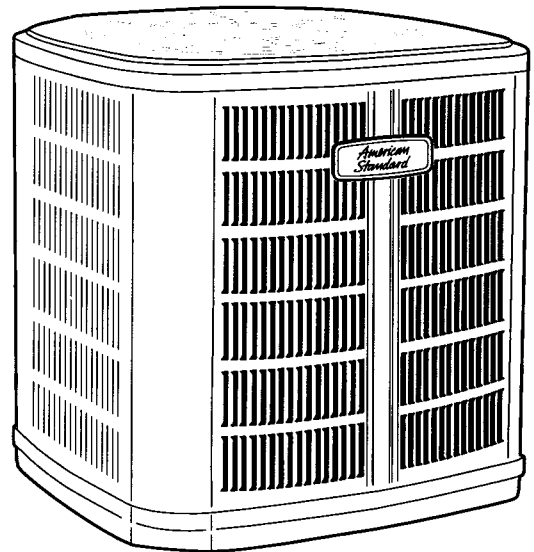
*1-8-18 Inso1. dk NEED spray foam cut for final Inso1 ✓
Dropping w/c spray foam cond. - ✓

✓
①
402

Submittal

Split System Cooling

4A7A6030J1000A

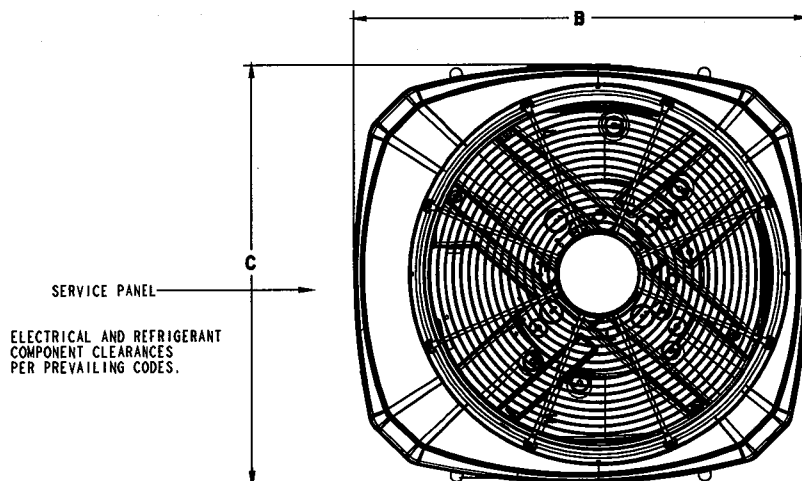


Note: "Graphics in this document are for representation only. Actual model may differ in appearance."

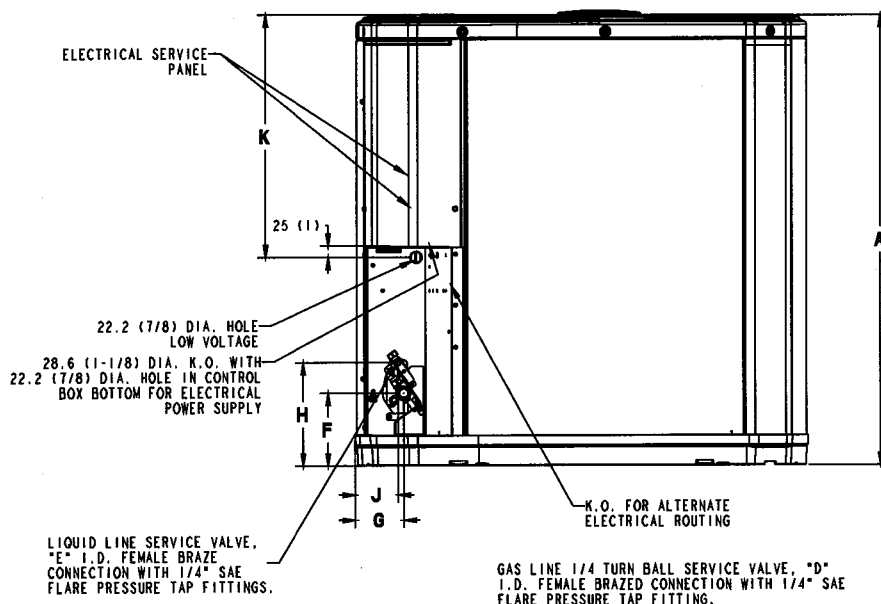
TAG: _____

⚠ SAFETY WARNING

Only qualified personnel should install and service the equipment. The installation, starting up, and servicing of heating, ventilating, and air-conditioning equipment can be hazardous and requires specific knowledge and training. Improperly installed, adjusted or altered equipment by an unqualified person could result in death or serious injury. When working on the equipment, observe all precautions in the literature and on the tags, stickers, and labels that are attached to the equipment.



TOP DISCHARGE AREA SHOULD BE UNRESTRICTED FOR AT LEAST 1524 (5 FEET) ABOVE UNIT. UNIT SHOULD BE PLACED SO ROOF RUN-OFF WATER DOES NOT POUR DIRECTLY ON UNIT, AND SHOULD BE AT LEAST 305 (12") FROM WALL AND ALL SURROUNDING SHRUBBERY ON TWO SIDES. OTHER TWO SIDES UNRESTRICTED.



Model	Base	A	B	C	D	E	F	G	H	J	K
4A7A6030J	3	933 (36-3/4)	829 (32-5/8)	756 (29-3/4)	3/4	3/8	143 (5-5/8)	92 (3-5/8)	210 (8-1/4)	79 (3-1/8)	508 (20)

SOUND POWER LEVEL									
Model	A-Weighted Sound Power Level [dB(A)]	Full Octave Sound Power [dB]							
		63 Hz*	125 Hz	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz
4A7A6030J	73	79	69	67	70	70	64	59	53
Note: Rated in accordance with AHRI Standard 270-2008					*For Reference Only				

Product Specifications

OUTDOOR UNIT ^{(a) (b)}	4A7A6030J1000A
POWER CONNS. — V/PH/HZ ^(c)	208/230/1/60
MIN. BRCH. CIR. AMPACITY	17
BR. CIR. PROT. RTG. — MAX. (AMPS)	25
COMPRESSOR	DURATION™- SCROLL
NO. USED — NO. STAGES	1 — 1
VOLTS/PH/HZ	208/230/1/60
R.L. AMPS ^(d) — L.R. AMPS	12.8 — 67.8
FACTORY INSTALLED	
START COMPONENTS ^(e)	NO (Uses BAYSKT263)
INSULATION/SOUND BLANKET	NO
COMPRESSOR HEAT	NO
OUTDOOR FAN	PROPELLER
DIA. (IN.) — NO. USED	23.02 — 1
TYPE DRIVE — NO. SPEEDS	DIRECT — 1
CFM @ 0.0 IN. W.G. ^(f)	2900
NO. MOTORS — HP	1 — 1/8
MOTOR SPEED R.P.M.	850
VOLTS/PH/HZ	200/230/1/60
F.L. AMPS	0.64
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS — F.P.I.	1 — 24
FACE AREA (SQ. FT.)	21.25
TUBE SIZE (IN.)	3/8
REFRIGERANT	
LBS. — R-410A (O.D. UNIT) ^(g)	6 LBS., 7 OZ
FACTORY SUPPLIED	YES
LINE SIZE — IN. O.D. GAS ^{(h) (i)}	3/4
LINE SIZE — IN. O.D. LIQ.	3/8
CHARGING SPECIFICATIONS	
SUBCOOLING	8°F
DIMENSIONS	H X W X D
CRATED (IN.)	42 x 30.1 x 33
WEIGHT	
SHIPPING (LBS.)	220
NET (LBS.)	184

- (a) Certified in accordance with the Air-Source Unitary Air-conditioner Equipment certification program, which is based on AHRI standard 210/240.
- (b) Rated in accordance with AHRI standard 270.
- (c) Calculated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses.
- (d) This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.
- (e) No means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter. Optional kit shown.
- (f) Standard Air — Dry Coil — Outdoor
- (g) This value approximate. For more precise value see unit nameplate.
- (h) For standard, recommended linear length and lift applications, see the Subcool Charging Chart on page 5. For greater lengths and other applications, consult refrigerant piping software Pub. No. 32-3312-xx (xx denotes latest revision).
- (i) Trane outdoor condensing units are factory charged with the system charge required for the outdoor condensing unit and 15 feet of tested connecting lines. If connecting line length exceeds 15 feet, then final refrigerant charge adjustment is necessary. Each additional foot over 15 feet requires 0.6 lbs of refrigerant. See the Installer's Guide for full charging instructions.

Mechanical Specification Options

General

The Outdoor Units are fully charged from the factory for up to 15 feet of piping. This unit is designed to operate at outdoor ambient temperatures as high as 115°F. Cooling capacities are matched with a wide selection of air handlers and furnace coils that are AHRI certified. The unit is certified to UL 1995. Exterior is designed for outdoor application.

Casing

Unit casing is constructed of heavy gauge, galvanized steel and painted with a weather-resistant powder paint finish on all louvered panels and the fan top panel. The corner panels are prepainted. All panels are subjected to our 1,000 hour salt spray test. The base is made of a CMBP-G30 weatherproof material to resist corrosion.

Refrigerant Controls

Refrigeration system controls include condenser fan, compressor contactor and high pressure switch. High and low pressure controls are inherent to the compressor. A factory supplied liquid line drier is standard. Some models may require field installation.

Compressor

The compressor features internal over temperature, pressure protection and total dipped hermetic motor. Other features include: Centrifugal oil pump and low vibration and noise.

Condenser Coil

The outdoor coil provides low airflow resistance and efficient heat transfer. The coil is protected on all four sides by louvered panels.

Low Ambient Cooling

As manufactured, this system has a cooling capacity to 55°F. The addition of an evaporator defrost control permits operation to 40°F. The addition of an evaporator defrost control with TXV permits low ambient cooling to 30°F.

Thermostats—Cooling only and heat/cooling (manual and automatic change over). Sub-base to match thermostat and locking thermostat cover.

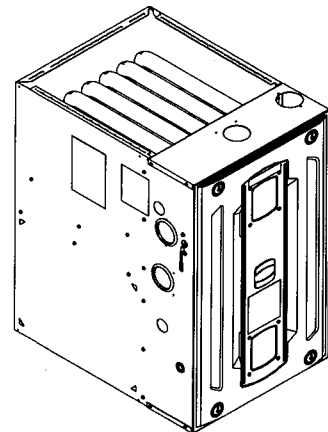
Evaporator Defrost Control — See Low Ambient Cooling.



Submittal

Upflow/ Horizontal Left/Right Two Stage Condensing Gas Fired Furnace 80,000 BTUH

Upflow, Convertible to
Horizontal Right or
Horizontal Left
S9V2B080U3PSBA



Note: Graphics in this document are for representation only. Actual model may differ in appearance.

TAG: _____

⚠ SAFETY WARNING

Only qualified personnel should install and service the equipment. The installation, starting up, and servicing of heating, ventilating, and air-conditioning equipment can be hazardous and requires specific knowledge and training. Improperly installed, adjusted or altered equipment by an unqualified person could result in death or serious injury. When working on the equipment, observe all precautions in the literature and on the tags, stickers, and labels that are attached to the equipment.

Product Specification

MODEL	S9V2B080U3PSBA
TYPE	Upflow / Horizontal
RATINGS ^(a)	
1st Stage Input BTUH (ICS)	52,000
1st Stage Capacity BTUH	50,440
2nd Stage Input BTUH	80,000
2nd Stage Capacity BTUH (ICS) ^{(b) (c)}	77,600
1st Stage Temp. Rise (Min.-Max.)	30 - 60
2nd Stage Temp. Rise (Min.-Max.)	40 - 70
AFUE (%)	96.0
BLOWER DRIVE	DIRECT
Diameter — Width (In.)	11 X 8
No. Used	1
Speeds (No.)	Variable
CFM vs. in. w.g.	See Fan Performance Table
Motor HP	1/2
RPM	Variable
Volts/Ph/Hz	120 / 1 / 60
FLA	5.7
COMBUSTION FAN — Type	Centrifugal
Drive — No. Speeds	Direct - 2
Motor HP — RPM	3300/2600
Volts/Ph/Hz	120 / 1 / 60
FLA	0.66
FILTER — Furnished?	No
Type recommended	High Velocity
Hi Vel. (No.-Size-Thk.)	1 — 16x25 — 1 in.
VENT PIPE DIAMETER — Min (in.) ^{(d) (e)}	2 Round
HEAT EXCHANGER	

MODEL	S9V2B080U3PSBA
Type — Fired	409 Stainless Steel
— Unfired	29-4C Stainless Steel
Gauge (Fired)	20
ORIFICES — Main	
Nat. Gas Qty. — Drill Size	4 - 45
LP Gas Qty. — Drill Size	4 - 56
GAS VALVE	Redundant - Two Stage
PILOT SAFETY DEVICE	
Type	120 V SiNi Igniter
BURNERS — Type	Multiport Inshot
Number	4
POWER CONN. — V/Ph/Hz ^(f)	120 / 1 / 60
Ampacity (In Amps)	7.9
Max. Overcurrent Protection (Amps)	15
PIPE CONN. SIZE (in.)	1/2
DIMENSIONS	H x W x D
Uncrated (In.)	34 x 17-1/2 x 28-3/4
Crated (In.)	35-1/2 x 19-1/2 x 30-7/8
WEIGHT	
Shipping (Lbs.)/Net (Lbs.)	132/124

^(a) For U.S. applications, above input ratings (BTUH) are up to 2,000 feet, derate 4% per 1,000 feet for elevations above 2,000 feet above sea level. For Canadian applications, above input ratings (BTUH) are up to 4,500 feet, derate 4% per 1,000 feet for elevations above 4,500 feet above sea level.

^(b) Central Furnace heating designs are certified to ANSI Z21.47 / CSA 2.3 — latest edition.

^(c) Based on U.S. government standard tests.

^(d) Refer to the Vent Length Table in the Installer's Guide.

^(e) All S9V2 furnace models have a vent outlet diameter that equals 2 in.

^(f) The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes.

Heating and Cooling Airflow Tables

S9V2B080U3PSBA

Table 1. S9V2B080U3PSBA Heating Airflow

S9V2B080U3PSBA Furnace Heating Airflow (CFM) and Power (Watts) vs. External Static Pressure with Filter								
				1st Stage Capacity = 50,440 2nd Stage Capacity = 77,600				
Heating	Airflow Setting	Target Airflow		External Static Pressure				
				0.1	0.3	0.5	0.7	0.9
Heating 1st Stage	Low	948	CFM	1070	1030	990	950	910
			Temp. Rise	45	45	46	46	46
			Watts	120	162	203	245	286
	Medium Low	1051	CFM	1109	1061	1013	965	917
			Temp. Rise	42	44	46	47	49
			Watts	143	197	252	307	361
	Medium (a)	1090	CFM	1188	1125	1062	998	935
			Temp. Rise	40	42	43	45	47
			Watts	154	215	276	336	397
	High	1168	CFM	1230	1212	1193	1174	1156
			Temp. Rise	38	39	39	40	41
			Watts	194	246	297	349	401
Heating 2nd Stage	Low	1200	CFM	1331	1293	1256	1218	1172
			Temp. Rise	55	56	57	58	61
			Watts	221	277	333	388	436
	Medium Low	1330	CFM	1436	1388	1340	1263	1172
			Temp. Rise	50	52	54	56	61
			Watts	287	347	407	421	436
	Medium (a)	1380	CFM	1380	1380	1338	1263	1172
			Temp. Rise	52	52	53	56	61
			Watts	283	351	396	421	436
	High	1480	CFM	1460	1400	1338	1263	1172
			Temp. Rise	49	51	53	56	61
			Watts	329	363	396	421	436

(a) Factory Setting.

S9V2B080U3PSBA / S9V2B080D3PSBA

Table 2. S9V2B080U3PSBA / S9V2B080D3PSBA Cooling Airflow

S9V2B080U3PSBA / S9V2B080D3PSBA Furnace Cooling Airflow (CFM) and Power (Watts) vs. External Static Pressure with Filter								
Cooling	Unit Outdoor	Airflow Setting (CFM/Ton)		External Static Pressure				
				0.1	0.3	0.5	0.7	0.9
Cooling	2.0 Ton	Cooling 450 CFM/Ton	CFM	900	900	900	900	900
			Watts	95	141	191	245	301
		Cooling 420 CFM/Ton	CFM	840	840	840	840	840
			Watts	80	124	172	223	277
		Cooling 400 CFM/Ton	CFM	800	800	800	800	800
			Watts	71	114	160	210	262
		Cooling 370 CFM/Ton	CFM	740	740	740	740	740
			Watts	59	99	143	191	242
		Cooling 350 CFM/Ton	CFM	700	700	700	700	700
			Watts	52	91	133	180	229
		Cooling 330 CFM/Ton	CFM	660	660	660	660	660
			Watts	46	83	124	169	218
		Cooling 310 CFM/Ton	CFM	620	620	620	620	620
			Watts	40	75	115	159	207
		Cooling 290 CFM/Ton	CFM	580	580	580	580	580
			Watts	35	68	107	150	197
Cooling	2.5 Ton	Cooling 450 CFM/Ton	CFM	1125	1125	1125	1125	1125
			Watts	166	222	282	345	410
		Cooling 420 CFM/Ton	CFM	1050	1050	1050	1050	1050
			Watts	139	192	248	308	370
		Cooling 400 CFM/Ton	CFM	1000	1000	1000	1000	1000
			Watts	123	173	228	286	346
		Cooling 370 CFM/Ton	CFM	925	925	925	925	925
			Watts	101	149	200	255	312
		Cooling 350 CFM/Ton	CFM	875	875	875	875	875
			Watts	88	134	183	236	291
		Cooling 330 CFM/Ton	CFM	825	825	825	825	825
			Watts	77	120	167	218	272
		Cooling 310 CFM/Ton	CFM	775	775	775	775	775
			Watts	66	107	153	202	254
		Cooling 290 CFM/Ton	CFM	725	725	725	725	725
			Watts	57	96	139	187	237
Cooling	3.0 Ton ^(a)	Cooling 450 CFM/Ton	CFM	1350	1350	1338	1263	1172
			Watts	267	333	396	421	436
		Cooling 420 CFM/Ton	CFM	1260	1260	1260	1260	1172

Heating and Cooling Airflow Tables

Table 2. S9V2B080U3PSBA / S9V2B080D3PSBA Cooling Airflow (continued)

S9V2B080U3PSBA / S9V2B080D3PSBA Furnace Cooling Airflow (CFM) and Power (Watts) vs. External Static Pressure with Filter								
Cooling	Unit Outdoor	Airflow Setting (CFM/Ton)		External Static Pressure				
				0.1	0.3	0.5	0.7	0.9
			Watts	223	285	350	419	436
			CFM	1200	1200	1200	1200	1172
		Cooling 400 CFM/Ton	Watts	196	255	318	385	436
			CFM	1110	1110	1110	1110	1110
		Cooling 370 CFM/Ton	Watts	160	216	275	337	402
			CFM	1050	1050	1050	1050	1050
		Cooling 350 CFM/Ton (a)	Watts	139	192	248	308	370
			CFM	990	990	990	990	990
		Cooling 330 CFM/Ton	Watts	120	170	224	281	341
			CFM	930	930	930	930	930
		Cooling 310 CFM/Ton	Watts	103	150	202	257	314
			CFM	870	870	870	870	870
		Cooling 290 CFM/Ton	Watts	87	132	181	234	289
			CFM	1460	1400	1338	1263	1172
Cooling	3.5 Ton	Cooling 450 CFM/Ton	Watts	329	363	396	421	436
			CFM	1460	1400	1338	1263	1172
		Cooling 420 CFM/Ton	Watts	329	363	396	421	436
			CFM	1400	1400	1338	1263	1172
		Cooling 400 CFM/Ton	Watts	294	363	396	421	436
			CFM	1295	1295	1295	1263	1172
		Cooling 370 CFM/Ton	Watts	239	303	370	421	436
			CFM	1225	1225	1225	1225	1172
		Cooling 350 CFM/Ton	Watts	207	267	332	399	436
			CFM	1155	1155	1155	1155	1155
		Cooling 330 CFM/Ton	Watts	177	235	296	360	427
			CFM	1085	1085	1085	1085	1085
		Cooling 310 CFM/Ton	Watts	151	205	264	325	388
			CFM	1015	1015	1015	1015	1015
		Cooling 290 CFM/Ton	Watts	128	179	234	292	353
			CFM					

(a) Factory Setting

General Features

NATURAL GAS MODELS

Central Heating furnace designs are certified by the American Gas Association for both natural and L.P. gas. Limit setting and rating data were established and approved under standard rating conditions using American National Standards Institute standards.

SAFE OPERATION

The Integrated System Control is a solid state device which continuously monitors for presence of flame when the system is in the heating mode of operation. Dual solenoid combination gas valve and regulator provide additional safety.

QUICK HEATING

Durable, cycle tested, heavy gauge **tubular stainless steel primary heat exchanger** quickly transfers heat to provide warm conditioned air to the structure. **Low energy power vent blower**, to increase efficiency and provide a positive discharge of gas fumes to the outside.

BURNERS

Multiport Inshot burners will give years of quiet and efficient service. All models can be converted to **L.P. gas** with LP conversion kit.

INTEGRATED SYSTEM CONTROL

Exclusively designed operational program provides total control of furnace limit sensors, blowers, gas valve, flame control and includes self diagnostics for ease of service. Also contains dry contacts for EAC and HUM.

ENERGY EFFICIENT OPERATION

Furnace is certified by the manufacturer to leak 1% or less of nominal air conditioning CFM delivered when pressurized to .5" water column with all inlets, outlets, and drains sealed.

AIR DELIVERY

The variable speed blower motor has sufficient airflow for most heating and cooling requirements and will switch from heating to cooling speeds on demand from room thermostat.

SECONDARY HEAT EXCHANGER

The S-Series furnace has a special type 29- 4C™ stainless steel secondary heat exchanger to reclaim heat from flue gases which would normally be lost.

STYLING

Heavy gauge steel and "wrap-around" cabinet construction is used in the cabinet with baked-on enamel finish for strength and beauty. Every orientation has at least two venting options. There are no knockouts on cabinet.

FEATURES AND GENERAL OPERATION

The S-Series furnace utilizes a Silicon Nitride Hot Surface Ignition system, which eliminates the waste of a constant burning pilot. The integrated system control lights the main burners upon a demand for heat from the room thermostat. Complete front service access.

- a. Low energy power venter
- b. Vent proving pressure switches.

Features and Benefits

96.0% AFUE ACROSS ALL MODELS

Meets utility rebates

Lowers utility bills

ELECTRICALLY EFFICIENT

Efficient airflow design reduces electrical energy use

34 INCH TALL

Lighter, easier to move and fit into tight spaces like short basements or tight closets

Works great with larger, high-efficiency coils

No knockouts

3-WAY MULTI-POISE / DEDICATED DOWNFLOW

9 SKU's — Upflow / Horizontal Left / Horizontal Right

7 SKU's — Downflow

Added application flexibility and reduction in specification errors

AIRFLOW

At least 400 CFM/ton at 0.5 in. H₂O external static pressure; setup airflow options down to 290 CFM/ton

REGULATORY

All models are air tight; 1% or less air leakage as per ASHRAE 193

Open vestibule design provides a full 34" high open vestibule

DIMENSIONS

Widths are industry standard: 17.5", 21", and 24.5"

Depth remains approximately 28"

Cabinet will be compatible with industry standard coils, as well as, other accessories

INTEGRATED FURNACE CONTROL

Setup / Status / Diagnostics / Digital Display

No dip switches

Last six errors stored

Dry contact EAC and HUM connections

All Molex connections; no spade terminals

Low voltage labeled above and below

Rain shield over IFC keeps condensate off the control

TUBULAR STAINLESS STEEL PRIMARY HEAT EXCHANGER

29-4C STAINLESS STEEL SECONDARY HEAT EXCHANGER

Stainless steel is a more durable, corrosive-resistant material than aluminized steel

Integrated rail system for easy access if required

Reduces or eliminates need for baffles

VORTICA II BLOWER, DESIGNED EXCLUSIVELY FOR THE S-SERIES FURNACE

Improved airflow efficiency

Durable, easy to clean, two piece housing

Single piece belly band/ motor arm assembly

Blower deck has full-length rails for easy removal and replacement, regardless of poise

THREE-WAY MULTI-POISE (UPFLOW, HORIZONTAL LEFT AND RIGHT) PLUS DEDICATED DOWNFLOW

Easier to specify

Shipped ready to install (no kits required)

Every model has at least two venting options

When in horizontal, trap extends only about 2"

Barbed fitting on trap at hose connection and on cabinet transition for hose has barbed fitting and clamps at both ends for leak resistance.

Vent table improvements including longer vent lengths; 2" pipe can be used up to 100K



Ingersoll Rand (NYSE: IR) advances the quality of life by creating comfortable, sustainable and efficient environments. Our people and our family of brands — including Club Car®, Ingersoll Rand®, Thermo King® and Trane® — work together to enhance the quality and comfort of air in homes and buildings; transport and protect food and perishables; and increase industrial productivity and efficiency. We are a global business committed to a world of sustainable progress and enduring results.



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We are committed to using environmentally conscious print practices.

RECEIVING CLERK 10/16/17 **ZONING PERMIT APPLICATION** PERMIT # 2P-17-0383
DATE REC'D 10/16/17 DATE ISSUED 11/20/17
BLOCK: 1398-83 LOT: 54 QUALIFIER: 1.01 SITE ADDRESS: 1054 HARVARD AVE, BRICK RD
831 08724

IDENTIFICATION: TIM SPANGLING
1. NAME OF OWNER IN FEE: 1054 HARVARD AVE, BRICK RD
COMPLETE ADDRESS: 08724
PHONE: [REDACTED]

2. NAME OF APPLICANT: SAME
APPLICANT ADDRESS: [REDACTED]
PHONE # [REDACTED] EMAIL: [REDACTED]
3. RESPONSIBLE PERSON FOR WORK: SPRUE/CRAIG CHICK
PHONE # 732-897-8800 FAX # [REDACTED]
4. SIGNATURE OF APPLICANT: Jim Spurling

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: [REDACTED] *ADDITION [REDACTED] *ALTERATION ✓ *PORCH [REDACTED] *DECK [REDACTED]
POOL: ABOVE GROUND [REDACTED] IN GROUND [REDACTED] FENCE: HEIGHT [REDACTED] TYPE [REDACTED] MATERIAL [REDACTED]
HEIGHT: [REDACTED] (*IF APPLICABLE)
OTHER AIR CONDENSER INSTALLATION
DESCRIPTION: SAME

ZONING REVIEW: [REDACTED]
DATE REVIEWED: 10-23-17 DATE DENIED: [REDACTED] DATE APPROVED: 10-23-17 INTLS: CS (SEE BACK PAGE)

FEE SUMMARY:
APPLICATION FEE: \$ 75-
OTHER: \$ [REDACTED]
TOTAL: \$ 75-

REQUIRED BY APPLICANT
RESIDENTIAL: ✓
COMMERCIAL: [REDACTED]
EXISTING USE: SFP
PROPOSED USE: SFP
BOARD APPROVAL: [REDACTED] PB [REDACTED] ZB [REDACTED]
RESOLUTION #: [REDACTED]
APPROVAL DATE: [REDACTED]

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Four (4) copies of 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.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations

- Signed site plans

- Property map

- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

RECEIVED

OCT 23 2017

ZONING

ZONING REVIEW:

DATE REVIEWED: 10/29/17 DATE DENIED: DATE APPROVED: 10/25/17 INTLS: SGZ

INTLS: JSZ

[illegible]

LAND USE

245 Attachment 5

Township of Brick

Ocean County, New Jersey

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2VWV-86; 9-13-1988 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2CCC-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size			Minimum Required Yard Depth			Maximum Building Height			Maximum Floor/Building Area (square feet)	Maximum Allowable Impervious Coverage
	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard (feet)	Roof Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25	25	-	-
RR-2	See § 245-90.										
RR-3	See § 245-103.										
R-20	20,000	100	125	25,000	100	125	40	15	-	25	35
R-15	15,000	100	115	17,250	100	115	35	12	-	25	35
R-10	10,000	90	100	10,500	100	100	30	6	20	25	35
R-7.5	7,500	75	90	9,000	75	90	25	6	15	25	35
R-5	5,000	50	75	6,000	50	75	20	5	12	25	35
O-P	15,000	100	150	15,000	100	150	50	10	-	35	38.5
B-1	10,000	100	90	12,500	100	125	30	10	-	35	38.5
B-2	20,000	125	125	20,000	125	125	50	10	-	35	38.5
B-3	2 acres	200	200	2 acres	200	200	75	30	-	35	38.5
B-4	5 acres	300	300	-	-	-	100 (50')	-	-	35	38.5
M-1	5 acres	300	300	5 acres	300	300	150	75	-	35	38.5
R-M	25 acres	350	200	-	-	-	30	30	-	35	38.5
O-P-T	40,000	150	150	40,000	150	150	50	20	-	35	38.5
H-S	See § 245-261.										

- NOTES:
1. If adjacent to residential zone or use.
 2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
 3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.