BLOCK 831 LOT 7 QUALIFICATION CODE C23-31 ADDRESS (SITE) _____ PERMIT NO. 02-0244

Called in 1/29 Mail cx

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1646 Hoffman St
2. Name of Owner in Fee: MR. RIVERA [redacted]
   Address 1646 Hoffman St (street) Brick (municipality) N.J. 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: N.J.R. HomeServices Tel. (732) 938-1151
   Address 1415 Wyckoff Rd. Wall NJ. 07719
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3609806 FAX: (732) 938-3016
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work JOHN MAINES
   Tel. (732) 938-1151 FAX (732) 938-3010

furnace replace

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 41		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection	40		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 90		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection					1-23-02	MB			
6.	☐ Plumbing									
7.	☒ Electrical					1/24/02	BB			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10303994

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓ Check if contractor.

Agent Name N. J. R. Home Services

Address 1415 Wyckoff Rd.
Wall N.J. 07719

Telephone (732) 938-1151

Signature John Menzies

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 831 Lot 7

Work Site Location 1646 HOFFMAN ST BRICK N.J. 08724

Owner in Fee MR. RIVERA

Address 1646 HOFFMAN ST BRICK N.J. 08724

Tel. [redacted]

Contractor N.J.R. Home Service

Address 1415 WYCKOFF RD WALL N.J. 07719

Tel. (732) 938-1151

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. 22-3605806

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: CHANGE OUT OLD GAS FURNACE TO A NEW GAS FURNACE.

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

Estimated Cost of Work $ 2000.00

Construction Official

Date

PAYMENTS (Office Use Only)

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

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

REQUIRED INSPECTIONS

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/05/2002
Control #
Permit # 02-0244

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 831 Lot 7 Qual

Work Site Location 1646 HOFFMAN ST
FURNACE CHANGE
Owner in Fee RIVERA
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Telephone (732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE FURNACE

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

Estimated Cost of Work $ 50

D. J. Newman Jr./erp
Construction Official

02/05/2002
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	44
Plumbing	0
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	90
Check No.	0741
Cash	
Collected By	ERP

02/05/02 11:29AM 000000#9365
XX07 SERV.007
#020244
ELECTRIC $44.00
FIRE $46.00
CHECK $90.00

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW ~~JERSEY~~
ELECTRICAL
~~SUBCODE~~
TECHNICAL SECTION

Date Received 01/23/2002
Date Issued 2/5/02
Control # ~~C23-31~~
Permit # 02-0244

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

Block 831 Lot 7 Qual
Work Site Location 1646 HOFFMAN ST
FURNACE CHANGE
Owner in Fee RIVERA
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 25

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1/24/02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 44
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
~~FIRE~~ PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2002
Date Issued 215702
Control # ~~C23-31~~
Permit # 02-0244

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

Block 831 Lot 7 Qual
Work Site Location 1646 HOFFMAN ST
FURNACE CHANGE
Owner in Fee RIVERA
Address SAME
[redacted]
Tele [redacted]0
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: BASEMENT
Total Est Cost of Fire Prot Work $ 25

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1-23-02
Approved By: DO
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

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

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

Arcoaire®
Air Conditioning & Heating

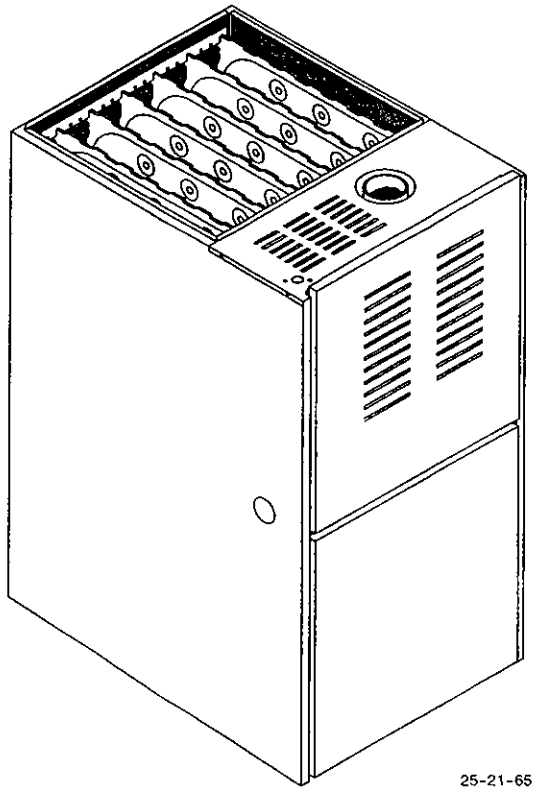
GNE

SPECIFICATIONS

SoftSound ™ Upflow/Horizontal Gas Fired Furnace

Features

- 80% AFUE efficiency range.
- Enclosed burners for quiet operation.
- Hot surface pilot ignition device.
- Induced draft combustion blower.
- Adjustable electronic fan control with low speed continuous fan feature provides maximum comfort.
- RPJ II aluminized steel heat exchanger.
- 20 year limited heat exchanger warranty.
- Category I venting only in accordance with installation instructions and local codes.
- Approved for use with optional linerless chimney vent kit.
- In-shot monoport burner.
- Multispeed, prelubricated PSC motors. Dynamically balanced.
- Resilient mounted motors to reduce vibration and noise.
- Entire blower assembly mounted on rails for easy service.
- 40VA transformer.
- Color coded wiring harness.
- Terminal board allows easy selection of motor speeds.
- Electronic air cleaner and humidifier connections provided.
- Factory pre-wired.
- Architectural stone prepainted cabinet.
- Fully insulated cabinet.
- Flame sensor constantly monitors flame. Provides 100% gas shut off if flame is not sensed.
- Redundant gas valve.
- High temperature limit control.
- Flue blockage pressure switch.
- Blower door interlock switch prevents furnace operation if door is removed.
- May be installed as an upflow furnace or as a horizontal left or right furnace.
- Compact 40" design.
- Convertible to (LP) Propane Gas.
- 0" clearances on sides and back.
- Filters and filter rack standard.
- Twinning kit available to operate two furnaces in tandem.



25-21-65

MANUFACTURED FOR NATURAL GAS CONVERTIBLE TO (LP) PROPANE GAS

NOTE: These furnaces are not designed for installation in a corrosive atmosphere, containing Chlorine, Fluorine, or any other damaging chemicals.

WARNING

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

Design Certified by A.G.A.

Warranty (Limited)

Standard warranty extended to the original purchaser (homeowner), is a limited 20 year warranty on the primary heat exchanger. Limited warranties applicable to the equipment are set forth in the manufacturer's published warranty statement, which is available from our office (address on this literature) and from local distributors for our product in your area.

INTERNATIONAL COMFORT PRODUCTS CORPORATION (USA)
650 HEIL-QUAKER AVE.
LEWISBURG, TENNESSEE 37091

441 31 2306 02

PRINTED: NOVEMBER, 1998

FURNACE SPECIFICATIONS UPFLOW HORIZONTAL (Natural Gas)

Model Number	GNE050B12A	GNE075B12A	GNE075F16A	GNE100F14A	GNE100F20A	GNE100J20A	GNE125J20A	GNE150J20A
INPUT (btuh)	50,000	75,000	75,000	100,000	100,000	100,000	125,000	150,000
HTG. CAP. (btuh)	40,000	59,000	60,000	79,000	80,000	79,000	99,000	120,000
AFUE % (ICS)	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
CSE	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%
TEMP. RISE (deg. F)	35 - 65	35 - 65	25 - 65	35 - 65	40 - 70	35 - 65	40 - 70	45 - 75
VOLTS/PH/HZ	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1
F.L.A.	9	9	12	7	12	12	12	12
TRANSFORMER (V.A.)	40	40	40	40	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
CATEGORY I VENT SIZE	3"	4"	4"	4"	4"	4"	5"	5"
COOLING CAP.	3.0 TON	3.0 TON	4.0 TON	3.5 TON	5.0 TON	5.0 TON	5.0 TON	5.0 TON
FILTER SIZE (IN.) (supplied)	14 x 25 x 1	14 x 25 x 1	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1 (2)	16 x 25 x 1 (2)	16 x 25 x 1 (2)
SHIPPING WEIGHT (LBS.)	127	129	157	159	159	175	177	179
DIMENSIONS (in.) HEIGHT	40	40	40	40	40	40	40	40
WIDTH X DEPTH	$15^1/_2 \times 28^1/_2$	$15^1/_2 \times 28^1/_2$	$19^1/_8 \times 28^1/_2$	$19^1/_8 \times 28^1/_2$	$19^1/_8 \times 28^1/_2$	$22^3/_4 \times 28^1/_2$	$22^3/_4 \times 28^1/_2$	$22^3/_4 \times 28^1/_2$

BLOWER PERFORMANCE (Natural Gas)

Model Number	GNE050B12A	GNE075B12A	GNE075F16A	GNE100F14A	GNE100F20A	GNE100J20A	GNE125J20A	GNE150J20A
BLOWER TYPE AND SIZE	10 x 8	10 x 8	10 x 10	10 x 10	11 x 10	11 x 10	11 x 10	12 x 12
MOTOR H.P. (TYPE)	1/3	1/3	1/2	1/2	3/4	3/4	3/4	3/4
MOTOR SPEEDS	4	4	3	4	4	4	4	4

AIRFLOW DATA

.10 ESP IN. W.C.	LOW	675	675	1503	815	1278	1210	1264	1357
	MD LOW	859	859	-	1043	1546	1441	1520	1542
	MEDIUM	-	-	1722	-	-	-	-	-
	MD HIGH	1015	1015	-	1324	1822	1773	1841	1709
	HIGH	1306	1306	1887	1649	2302	2104	2161	2073
.20 ESP IN. W.C.	LOW	662	662	1460	783	1264	1201	1251	1325
	MD LOW	846	846	-	1030	1543	1430	1506	1525
	MEDIUM	-	-	1660	-	-	-	-	-
	MD HIGH	999	999	-	1302	1784	1740	1803	1750
	HIGH	1268	1268	1810	1616	2231	2078	2132	2040
.30 ESP IN. W.C.	LOW	651	651	1420	755	1244	1197	1249	1290
	MD LOW	819	819	-	1021	1499	1453	1486	1503
	MEDIUM	-	-	1608	-	-	-	-	-
	MD HIGH	1230	1230	-	1280	1737	1740	1772	1761
	HIGH	1324	1324	1752	1592	2171	2061	2079	2014
.40 ESP IN. W.C.	LOW	636	636	1370	735	1212	1191	1219	1270
	MD LOW	795	795	-	989	1471	1441	1456	1480
	MEDIUM	-	-	1540	-	-	-	-	-
	MD HIGH	952	952	-	1255	1683	1718	1736	1740
	HIGH	1193	1193	1670	1546	2098	2020	2042	1975
.50 ESP IN. W.C.	LOW	608	608	1318	704	1185	1167	1168	1243
	MD LOW	765	765	-	968	1417	1425	1427	1464
	MEDIUM	-	-	1484	-	-	-	-	-
	MD HIGH	914	914	-	1218	1641	1707	1702	1710
	HIGH	1133	1133	1620	1502	2012	2005	1991	1953
.60 ESP IN. W.C.	LOW	564	564	1250	668	1178	1160	1178	1225
	MD LOW	735	735	-	941	1367	1390	1415	1430
	MEDIUM	-	-	1400	-	-	-	-	-
	MD HIGH	870	870	-	1171	1574	1676	1672	1650
	HIGH	1056	1056	1550	1425	1921	1953	1914	1885
.70 ESP IN. W.C.	LOW	514	514	1182	646	1119	1130	1143	1195
	MD LOW	685	685	-	881	1304	1365	1358	1401
	MEDIUM	-	-	1322	-	-	-	-	-
	MD HIGH	818	818	-	1100	1495	1654	1614	1602
	HIGH	980	980	1425	1353	1826	1917	1838	1827

1. Applications of GNE100F20A, GNE100J20A, GNE125J20A, & GNE150J20A above 1650 CFM requires two side returns or bottom return or use accessory stand-off filter kit for single side return.

CHIMNEY CERTIFICATION FOR REPLACEMENT OF
FUEL FIRED EQUIPMENT

BLOCK: 831 LOT: 7 PERMIT #: _____

WORKSITE ADDRESS: 1646 Hoffman ST

CERTIFYING INDIVIDUAL (PRINT NAME)
Name: John Maines
Address
Street: 1415 Wyckoff Rd
State: N.J.

COMPANY
Name: N.J.R. Home Services
City: Wall
Zip: 07719
Phone# (732) 938-1151

CHECK THE APPROPRIATE BOX
TYPE OF REPLACEMENT
( ) Oil to Gas Conversion
(✓) Gas appliance Replacement
( ) Oil to Oil Replacement

( ) Other (describe): _____

EXISTING VENT/CHIMNEY:

( ) B label vent
( ) L label vent
(✓) Masonry chimney-tile lined
( ) Flexible liner
( ) Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

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

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 lied and sized for the appliance being installed.

John Maines Jan 15-02
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.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1646 Hoffman St
Block: 831 Lot: 7
Owner's Name: MR. RIVERA
Owner's Mailing Address: 1646 Hoffman St
Road N.J. 08724
Phone [redacted]

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: N.J.R. Home Services
Address: 1415 Wyckoff Rd
Wall N.J. 07719
Phone#: 732-938-1151
Lis #:
Federal Emp # or SSN 22-3609806

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	1
Steam Boiler	
Other: Replace old To new.	

Estimated Cost of Electrical Work: 25.00

Signature: John Maines

Please Print Name JOHN MAINES

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: N.J.R. Home Service
Address: 1915 Wyckoff Rd
Wall NJ. 07719
Phone #: 732-938-1151
Lis #:
Federal Emp # or SSN 22-3609806

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other: Replace old gas Furnace to a new gas Furnace.	1

Estimated Cost of Plumbing Work 2500
Signature: John Maines
Please Print Name: JOHN MAINES

CONTRACTOR'S SEAL

FIRE

Contractor: N.J.R. Home Services
Address: 1915 Wyckoff Rd
Wall NJ. 07719
Phone #: 732-938-1151
Lis #:
Federal Emp # or SSN 22-3609806

Technical Data

Description of Work:

Heating Type: ✓ Gas ___ Oil ___ Electric ___ Solar
Heating System is ✓ New ___ Existing
Location of Furnace/Boiler: BASEMENT

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Haloh Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/Oil Fired Appliances:
Number of gas/oil fired appliances 1
Furnace 1
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other: Replace old Furnace to a new gas Furnace.

Estimated Cost of Fire Work 25.00
Signature: John Maines
Print Name: JOHN MAINES