Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 844 LOT 10 QUALIFICATION CODE ______ ADDRESS (SITE) 1694 TILFORD BLVD PERMIT NO. ______

CONSTRUCTION PERMIT APPLICATION

C07-000700

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

Called 3/21/07 no ans. no machine

I. IDENTIFICATION

1. Proposed Work Site at: 1694 TILFORD BLVD
2. Name of Owner in Fee: Edward Furrevig [redacted]
   Address 971 Suburban Parkway (street) Union (municipality) NJ (zip code)
3. Ownership in fee: Public ______ Private ✓
4. Principal Contractor: Robert Carbone Co Inc Tel. 732 920-1200
   Address 766 Mantoloking Road Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 8237 Exp. Date 6/07
   Federal Employee No. 222 822 593 FAX: 732 920-1270
5. Architect or Engineer ______ Tel. 732 920-1200
   Address ______ Contact ______
6. Responsible Person in Charge once Work has Begun Bob Carbone
   Tel. 732 920-1200 FAX: 732 920-1270

Gas to Gas Furnace replacement same like same location

V. FEE SUMMARY (for office use only)

		$		Update	Update
1.	Building	$	45		
2.	Electrical		45		
3.	Plumbing		45		
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	$			
7.	Less 20% for State Plan Review		2		
8.	Subtotal	$			
9.	State Permit Fee Surcharge				
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		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work		MB	3/21/07						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection	1500				2-27-07	OR			
6. ☑ Plumbing	50								
7. ☐ Electrical	50				2-27-07	WM			
8. ☐ Elevator Devices	//////								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1600								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	*Income-restricted*
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:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Permit Pickup Letter

Block: 844 Lot: 10 Qualifier: _____

Owner: FURREVIG, EDWARD G

Address: 1694 TILFORD BLVD Brick Township

RE: Permit Pickup
Construction Permit Number: _____ Date Issued: _____
Balance Due: $92

Dear Sir / Madam:

The above permit is ready to be picked up for the following subcodes.

- ☐ Building
- ☐ Plumbing
- ☑ Fire
- ☑ Electrical
- ☐ Elevator
- ☐ Mechanical

If you have questions, please call (732) 262-1027 between the hours of 8:00 - 4:00.

Thank you for your cooperation in this matter.

Very truly yours,

_____
Construction Official

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 847 Lot 10 Qualification Code ______

Work Site Location 1694 Tilford Blvd

Owner in Fee Edward Furyevig

Address 971 Suburban Road
Union NJ

Tel [redacted]

Contractor Robert Carbone Co Inc

Address 716 Mantoloking Road
Brick NJ 08723

Tel (732) 920-1200 FAX (732) 920-1270

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

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

Fire Alarm Contractor No. ______

Federal Emp. No. 222 822 592

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______

Constr. Class: Present ______ Proposed ______

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

[ ] Other ______

Location: Basement

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ______

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ______

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* ______

Total Cost of Fire Protection Work $ 1500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 2-27-07

Approved by: OF

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	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 ______				

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]

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Gas to Gas Furnace replacement. Same size same location

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Furnace	1	

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

U.C.C. F140
(rev. 1/04)

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

Date Received
Control #

Date Issued
Permit #

ELECTRICAL 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 844 Lot 10 Qualification Code ______

Work Site Location 1694 Tilton Blvd

Owner in Fee Edward Fonrevig
Address 971 Suburban Road
Union NJ
Te[redacted]

Contractor Robert Carbone Co Inc
Address 766 Mantoloking Rd
Brick NJ 08723
Tel (732) 920-1200 FAX (732) 920-1270
Contractor License No. ______
Federal Emp. No. 222 822 593

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 5V—

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 2 27 07
Approved by: [signature]

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	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.

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

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

D. TECHNICAL SITE DATA

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	
		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	

Replacement
Same Like
Same
Location

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

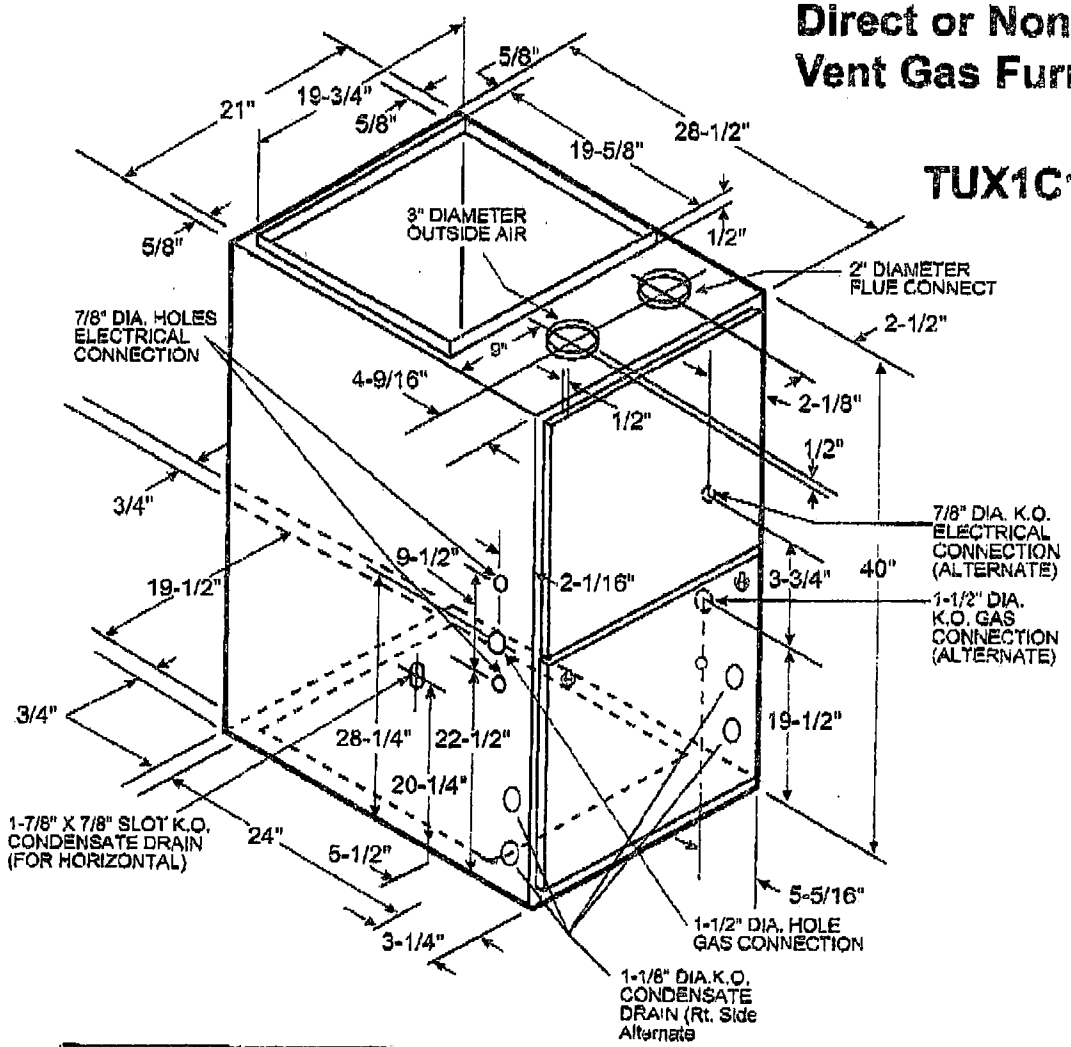
TRANE™

TAG: _____

SUBMITTAL

Upflow / Horizontal Direct or Non-Direct Vent Gas Furnace

TUX1C100A9481A



FURNACE AIRFLOW (CFM) VS. EXTERNAL STATIC PRESSURE (INS. w.g.)										
MODEL	SPEED TAP	0.10	0.20	0.30	0.40	0.50	0.60	0.70	0.80	0.90
TUX1C100A9481A	4 - HIGH - Black	2054	1980	1906	1826	1746	1649	1551	1428	1305
	3 - MED-HIGH - Blue	1932	1876	1818	1746	1673	1577	1481	1371	1260
	2 - MED-LOW - Yellow	1762	1720	1677	1615	1552	1463	1373	1266	1158
	1 - LOW - Red	1568	1546	1533	1477	1421	1350	1278	1175	1071

CFM VS. TEMPERATURE RISE								
MODEL	Cubic Feet Per Minute (CFM)							
	1300	1400	1500	1600	1700	1800	1900	2000
TUX1C100A9481A	64	60	56	52	49	46	44	42

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General Data ①

TYPE	Upflow / Horizontal
RATINGS ②	
Input BTUH	100,000
Capacity BTUH (ICS) ③	93,000
AFUE	92.0
Temp. rise (Min.-Max.) °F.	35 - 65
BLOWER DRIVE	DIRECT
Diameter-Width (In.)	10 x 10
No. Used	1
Speeds (No.)	4
CFM vs. in. w.g.	See Fan Performance
Motor HP	1/2
R.P.M.	1075
Volts/Ph/Hz	115/1/60
COMBUSTION FAN - Type	Centrifugal
Drive - No. Speeds	Direct - 1
Motor HP - RPM	1/20 - 3450
Volts/Ph/Hz	115/1/60
F.L. Amps	0.71
FILTER — Furnished?	No
Type Recommended	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 20x25 - 1in.

VENT COLLAR — Size (in.)	3 Round
HEAT EXCHANGER	
Type-Fired	Alum. Steel
-Unfired	
Gauge (Fired)	20
ORIFICES — Main	
Nat.Gas. Qty. — Drill Size	5 — 45
L.P. Gas Qty. — Drill Size	5 — 56
GAS VALVE	Redundant - Single Stage
PILOT SAFETY DEVICE	
Type	Hot Surface Ignition
BURNERS — Type	Multiport Inshot
Number	5
POWER CONN. — V/Ph/Hz ④	115/1/60
Ampacity (In Amps)	12.5
Max. Overcurrent Protection (amps)	15
PIPE CONN. SIZE (IN.)	1/2
DIMENSIONS	H x W x D
Crated (In.)	41- 3/4 x 23 x 30-1/2
Uncrated (In.)	40 x 21 x 28
WEIGHT	
Shipping (Lbs.) / Net (Lbs)	171 / 160

① Central Furnace heating designs are certified by the American Gas Association Inc. Laboratories.
② Ratings shown are for elevations up to 2000 feet. For elevations above 2000 feet; Ratings should be reduced at the rate of 4% for each 1000 feet above sea level.
③ Based on U.S. Government Standard Tests.
④ The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes.

Mechanical Specifications

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 has solid state devices, which continuously monitor for presence of flame, when the system is in the heating mode of operation. Slow opening, dual solenoid combination gas valve and regulator provide extra safety and quieter operation.

QUICK HEATING — Durable, cycle tested, heavy gauge **aluminized steel heat exchanger and stainless steel secondary heat exchanger** quickly transfer over 90% of the 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 as it draws outdoor air in for sealed combustion, which means it uses no indoor air for combustion.

BURNERS — Multi-port, in-shot burners will give years of quiet and efficient service. All models can be converted to L.P. gas without changing burners.

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. The built-in, selectable **"Cooling Fan Off"** feature provides time-delay capability like a BAY24X045 Time-Delay Kit for cooling operation. Also contains connection points for E.A.C./humidifier.

AIR DELIVERY — The multispeed, direct-drive blower motor, with sufficient airflow range for most heating and cooling requirements, will switch from heating to cooling speeds on demand from room thermostat. The blower door safety switch will prevent or terminate furnace operation when the blower door is removed. (Fan relay and 35VA control transformer is standard).

STYLING — Heavy gauge steel and "wraparound" cabinet construction is used in the cabinet with baked-on enamel finish for strength and beauty. The heat exchanger section of the cabinet is completely lined with foil-faced fiberglass insulation. This results in quiet and efficient operation due to the excellent acoustical and insulating qualities of fiberglass.

FEATURES AND GENERAL OPERATION — These High Efficiency, Direct Vent, Condensing Gas Furnaces employ a Hot Surface Ignition system, which eliminates the waste of a constantly burning pilot. They are convertible for HORIZONTAL use by rotating the unit to its left side. 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 differential switch.

Since the Trane Company has a policy of continuous product and product data improvement, it reserves the right to change specifications and design without notice.

Technical Literature - Printed In U.S.A.

American Standard Inc.
The Trane Company
6200 Troup Highway
Tyler, TX 75707

DESIGN CERTIFIED ®

CERTIFIED ®

Library	
Product Section	
Product	
Model	
Literature Type	
Sequence	
Date	
File No.	
Supersedes	

02/26/2007 10:09 17327302495 WALLWORK PAGE 02/02

Home Improvement Contractors

This data is current as of January 3, 2007.
If your search did not reveal the name you were looking for try again using just the town.

Please be aware that it will take 10 - 15 business days to receive your physical license.
If you need proof of licensure, please dial our License Verification Line at 973-273-8090
to receive a faxed verification of your license status.

If your search did not reveal the name you were looking for try again using just the town.

Your search for **Home Improvement Contractors** with the name **carbone** in the of city **brick** generated 1 match

Name:	Robert Carbone Company, Inc.
Address:	Brick, NJ 08723-5340
License Number:	13VH00521800
License Status:	Active
Expiration Date:	31-DEC-07

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 844 LOT 10 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 1694 Tilford Blvd Brick NJ 08724

Applicant EDWARD FURGUIG

Certifying Individual Robert Carbone ESLLC Company Robert Carbone CO INC

Address 764 Mantoloking Rd Brick N.J. 08723
Street City State Zip Code

Tel. (732) 920 1200

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney – Tile Lined
- [ ] Flexible Liner
- [X] 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.

Robert Carbone 2/26/07
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)

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 844 Lot 10 Qualification Code ______
Work Site Location 1694 TILPATD Blvd

Owner in Fee EDWARD FURRUG
Address 991 Suburban Range
[illegible] NJ
Tel ([redacted]
Contractor ROBERT CARBONE CO INC
Address 26 MANTOLOKING ROAD
BRICK NJ 08723
Tel (732) 920-1200 FAX (732) 920-1270
Contractor License No. 8237
Federal Emp. No. 222 822 593

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______
Building Sewer Size ______ Public Sewer ______ Private Septic ______
Water Service Size ______ Public Water ______ Private Well ______
Est. Cost of Plumbing Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: ______
Approved by: ______

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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 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 (List of all fixtures.)

NO.	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 FURNACE	
	Other	

N/A

replacement same like same location

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

U.C.C. F130
(rev. 01/04)

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