

BLOCK 848 LOT 12 QUALIFICATION CODE _____ADDRESS (SITE) 1718 Forge Pond RdPERMIT NO. 11-1206

APR 15 2011



CONSTRUCTION PERMIT APPLICATION

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

C11-001209

I. IDENTIFICATION

1. Proposed Work Site at: 1718 Forge Pond Rd2. Name of Owner in Fee: Albert Adamczak

Tel. [REDACTED] e-mail _____

Address Boat Top

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

License _____ Exp. Date _____

Home In NJR Home Services1415 Wyckoff Rd., Wall NJ 07719Federal Tel. 1.877.466.3657 Fax. 732-938-30105. Architect Contractor License No. 13VH00361500Address Federal Employee No. 22-3609806

Tel. (____) _____

6. Respon. JOSEPH MARAZZO TEL. 732-919-8090

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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical	\$	40 ✓
3. Plumbing	\$	30 ✓
4. Fire Protection	\$	45 ✓
5. Elevator Devices	\$	
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	9 ✓
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	
13. TOTAL	\$	144 ✓

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection
				4/19/11	JS		
				4/26/11	MT		
				4/20/11	MT		

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:

- ☐ Partial Releases
☐ Prototype Processing

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

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

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

Mark the following applicable boxes:

- 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.

- 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.

- I further certify that I will perform the following work:

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

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

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.

() Check if contractor.

Address: **NJR Home Services**
1415 Wyckoff Rd., Wall NJ 07719
Tel. 1.877.466.3657 Fax. 732-938-3010
Contractor License No. 13VH00361500
Federal Employee No. 22-3609806

ner Affidavit as per N.J.A.C. 5:17.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/15/2011
Control Number C-11-001209
Permit Number 11-1206
Permit Issue Date 04/29/2011
Certificate Number 11-1206

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1718 FORGE POND RD. Brick Township, NJ Block: 848 Lot: 12 Qual: _____
Owner in Fee: ADAMCZAK, WALTER C & ALBERT R
Owner Address: 1718 FORGE POND RD BRICK NJ 08724
Telephone: _____
Contractor NJR PLUMBING SERVICES
Address 1415 WYCKOFF RD WALL NJ 07719
Telephone: (732) 938-1155 Fax: (732) 938-3010
License Number or Builders Registration Number: 36BI00969200 Federal Emp. Number: 22-3609806

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT HOT AIR FURNACE

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: 06/15/2011 U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 04/29/11
Control # C-11-001209
Permit # 11-1206

IDENTIFICATION Block: 848 Lot: 12 Qualifier _____
Work Site Location: 1718 FORGE POND RD. Brick Township, NJ Contractor NJR PLUMBING SERVICES
Address 1415 WYCKOFF RD WALL NJ 07719
Owner in Fee ADAMCZAK, WALTER C & ALBERT R
1718 FORGE POND RD BRICK NJ 08724 Telephone: (732) 938-1155
Telephone: _____ Lic. No. or Bldrs. Reg. No. 36B100969200
Federal Employee No. 22-3609806

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT HOT AIR FURNACE

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: \$4,728

[Signature]
Construction Official

4-25-11
Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$50
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$9
CO Fee	
Other	\$0
Total	\$144
Check No.	
Cash	\$0
Credit	\$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



Please contact NJR Home Services when permits are ready. We will be responsible for payment.

Thank you, Sandy

732-919-8172

EMAIL:SDAVIS@NJRESOURCES.COM



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 848 Lot 12 Qualification Code _____
Work Site Location 1718 Forge Pond Rd

Owner In Fee: Brick
Tel. (Albert Adamczak) e-mail _____

Address _____ street _____ municipality _____ zip code _____
Contractor: NJR HOME SERVICES Tel. (732) 938-7330

Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719

Contractor License No. 16095 Exp. Date 3/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500
Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1576.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW					
☒ No Plans Required		Type	Failure	Failure	Approval
☐ Partial - Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
☐ Electric Plans Approved		Trench			
Date: _____ Approved by: _____		Temp. Serv.			
☐ Joint Plan Review Required		Constr. Serv.			
[] Bldg. [] Plumb. [] Fire [] Elec.		TCO			
SUBCODE APPROVAL FOR PERMIT		Other			
Date: <u>4-19-11</u>		Service			
Approved by: <u>JD</u>		Barrier-Free			
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>6-2-11</u>		Annual Pool Inspection			
Approved by: <u>JD</u>		Date of Grounding and Bonding			
		Certification			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor _____
sign and seal here: _____

Print name here: Rich George
Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

install gas furnace

QTY. SIZE

ITEMS

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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

gas furnace

Administrative Surcharge \$ _____

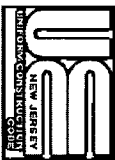
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 11-12-04
Control # _____
Date Issued 04/29/11
Permit # _____

PostLump



FIRE PROTECTION 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 848 Lot 12 Qualification Code _____

Work Site Location 1718 Forge Pond Rd

Owner In Fee: Brick

Owner In Fee: Albert Adamczak

Tel. () e-mail

Address Street Municipality Tel. 732 ZIP code 919-8090

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD e-mail

WALL NJ 07719

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH00361500

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [X] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion OR [] Replacement

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

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1576.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL PERMIT

Date: 08-29-08

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 08-11-11

Approved by:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: install gas furnace

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER \$ FEE (Office Use Only)

Flammable/Combustible Tanks _____

Alarm Systems [] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____

Supervisory Devices (i.e., tamper, 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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

For recorder call: (609) 390-1400

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 11-12-06
Control # 02129/11
Date Issued
Permit #



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 848 Lot 12 Qualification Code _____

Work Site Location 1718 Forge Pond Rd

Brick

Owner in Fee: Albert Adamczak

Tel: () e-mail _____

Address _____

Contractor: NJR PLUMBING SERVICES Tel. 732 938-1155

Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719

Contractor License No. 9692 Exp. Date 6/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500
Federal Emp. ID No. 22-3609806 FAX: () 732 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 1576.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: 4/21/11 Approved by: [Signature]

Joint Plan Review Required: [Signature]

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 4-21-11

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 6-7-11

Approved by: [Signature]

INSPECTIONS
Type: _____ Failure _____ Approval _____ Initial _____
Slab _____
Rough _____
Water _____
Sewer _____
Fixtures _____
Gas Equipment _____
Gas Piping 6-23-11 PA
LP Gas Tank _____
Fuel Oil Piping _____
Solar _____
TCO _____
Final _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

Install gas furnace & gas piping

QTY. _____

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 _____
Greasetrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other gas furnace 60000

FEE (Office Use Only)
\$ _____

Date Received
Control #

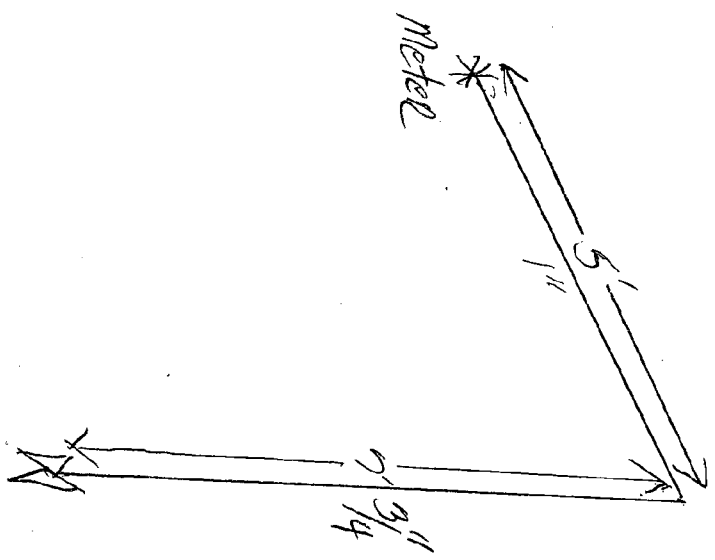
Date Issued
Permit #

11-1206
24128/11

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

2

1718 Forge Pond Rd Brick



TOWNSHIP OF BRICK
RELEASED FOR PERMIT **INITIAL** **DATE**

Building Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer MTJ 2/2/11
Plans Released _____
Construction Official _____

Furnace
60,000 BTU

Total Length 12'
Total Load 60,000



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 848 Lot 12 Qualification Code _____

Work Site Location 1718 Forge Pond Rd

Brick

Owner: Althout Alomarak

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: NJR PLUMBING SERVICES Tel. 932 938-1155

Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719

Contractor License No. 9692 Exp. Date 6/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13YH00361500

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

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 \$ 1576.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: 4/21/11 Approved by: [Signature]

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 4-21-11

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TOO _____

Final _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor _____

sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

install gas furnace & gas piping

QTY. _____

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 _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other gas furnace _____

Date Received 11/5/2014

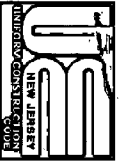
Control # _____

Date Issued 04/29/11

Permit # _____

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

FEE (Office Use Only)



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 646 Lot 12 Qualification Code _____

Work Site Location 1710 Forge Pond Rd

Owner Info: Albert Adamczak

Tel. () _____ e-mail _____

Address _____

Contractor: NJR PLUMBING SERVICES Tel. 732 930-1155

Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719

Contractor License No. 9692 Exp. Date 6/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13WH0961500

Federal Emp. ID No. 22-3609806 FAX: () 732 930-3010

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 \$ 1575.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial-Under-slab Utilities Approved

Date: 4/11/11 Approved by: [Signature] Type: _____

☐ Plumbing Plans Approved

Date: 4-21-11 Approved by: [Signature] Type: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install gas furnace & gas piping

QTY: _____

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 _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other Gas furnace & piping

Date Received 11-12-11

Control # _____

Date Issued _____

Permit # 20115511

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1009.

Block 848 Lot 12 Qualification Code 201320
 Work Site Location 1718 Forge Pond Rd

Owner In Fee: Britch
 Tel: Albert Adamczak e-mail: _____

Address 1415 WYCKOFF RD Municipality WALL NJ Tel: 732 e-mail: _____
 Zip code 07719

Contractor License No. 16095 Exp. Date 3/12
 Contractor: NJR HOME SERVICES Tel: 938-7330

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500
 Federal Emp. ID No. 22-3609806 FAX: 732, 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 1676.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Failure	Approval
☒ No Plans Required					
☐ Partial Underslab Utilities Approved		Rough			
Date: _____	Approved by: _____	Barrier-Free			
☐ Electric Plans Approved		Trench			
Date: _____	Approved by: _____	Temp. Serv.			
☐ Joint Plan Review Required		Constr. Serv.			
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.		TCO			
SUBCODE APPROVAL FOR PERMIT		Other			
Date: <u>4-19-11</u>		Service			
Approved by: <u>JS</u>		Final			
		Barrier-Free			
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding			
		Certification			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
 Applicant sign/Contractor sign and seal here: _____

Print name here: Rob George

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install gas furnace

QTY. SIZE ITEMS

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors - Fract. HP
- Emergency & Exit Lights
- Communications Points
- Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

- Pool Permitwith 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 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

Gas furnace

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

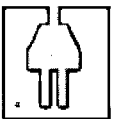
Date Received
 Control #
 Date Issued
 Permit #

11-1206
04/29/11

Rob George



ELECTRICAL SUBCODE



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

Black 848 Lot 12 Qualification Code 11
Work Site Location 1718 Forge Pond Rd

Owner In Fee: Birch
Tel. (Albert Adamechik) e-mail

Address street municipality zip code
Contractor: NJM HOME SERVICES Tel. (732) 938-7330

Address 1415 HYCKOP RD e-mail
WALL NJ 07719

Contractor License No. 16095 Exp. Date 3/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHQ0361500

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present 2 Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 1676.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☒ No Plans Required		Rough			Initial
☐ Partial - Underslab Utilities Approved		Barrier-Free			
Date: <u></u> Approved by: <u></u>		Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: <u></u> Approved by: <u></u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other:			
SUBCODE APPROVAL FOR PERMIT		Service			
Date: <u>4-17-11</u>		Final			
Approved by: <u>JS</u>		Barrier-Free			
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date: <u></u>		Annual Pool Inspection			
Approved by: <u></u>		Date of Grounding and Bonding			
		Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Rich George

Print name here: Rich George
Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install gas furnace

QTY. SIZE ITEMS

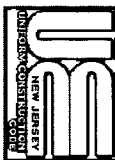
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors - Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Over/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central AC Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/4 HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

gas furnace

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



FIRE PROTECTION 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 848 Lot 12 Qualification Code _____

Work Site Location 1718 Forge Pond Rd

Birth

Owner in Fee Albert Adamczak

Tel. () _____ e-mail _____

Address _____

Contractor: MJR HOME SERVICES _____ Tel. 732 _____ Zip code 919-8090

Address 1415 WICKOFF RD _____ e-mail _____

WALL NJ 07719

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp ID No. 22-3609806 FAX: () 732 936-3010

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible

Heating System: [X] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing

Fuel Type: [X] Gas [] Oil [] Electric [] Solar Location of Panel: _____

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1576.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 08/29/11

Approved by: 08

SUBCODE APPROVAL for CERTIFICATE

[] CO [] GCO [] CA

Date: _____ Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install gas furnace

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110V Interconnected

[] CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other _____

Date Received
Control #
Date Issued
Permit #

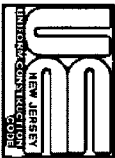
11-1206
08/29/11

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



FIRE PROTECTION 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 848 Lot 12 Qualification Code _____

Work Site Location 1718 Forge Pond Rd

Brick

Owner In Fee: Albert Adameczuk

Tel. () _____ e-mail _____

Address _____ Street _____ Municipality _____ Tel. 732 _____ Zip Code 919-6090

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD e-mail _____

WALL NJ 07719

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present II Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible

Heating System: [x] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing

OR [] Conversion OR [] Replacement

Fuel Type: [x] Gas [] Oil [] Electric [] Solar

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1576.00

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day) Initial

PLAN REVIEW Type: Failure Approval Initial

[] No Plans Required Alarm System _____

[] Partial -Under-slab Utilities Approved Suppression Sys. _____

Date: _____ Approved by: _____ Standpipe _____

[] Fire Protection Plans Approved Fire Pump _____

Date: _____ Approved by: _____ Pre-Eng. System _____

Joint Plan Review Required: _____ Mechanical _____

[] Bldg. [] Elec. [] Plumb. [] Elev. Smoke Control _____

SUBCODE APPROVAL for PERMIT TCO _____

Date: 4-20-06 Flam/Combust Tanks _____

Approved by: 06 Fireplace Venting _____

SUBCODE APPROVAL for CERTIFICATE Final _____

[] CO [] CCO [] CA Other _____

Date: _____ Approved by: _____

U.C.C. F140 (rev 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one

Internet version original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

1st floor gas furnace

Method of Alarm/Suppression System Supervision _____

Date Received
Control #
Date Issued
Permit #

11-1206
4/125/11

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., tamper, 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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

For recorder call: (609) 390-1400

Allegria Marketing - Print + Mail

(formerly OCS Printing)

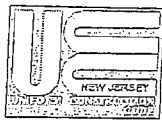
or order on the website:

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 848 LOT 12 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1718 Forge Pond Rd

Applicant Albert Adamczak

Certifying Individual Joseph Marazzo Company NJR Home Services

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

Tel. (732) 919-8172

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☐ Masonry Chimney – Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☒ Other PVC

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 lined and sized for the appliance being installed.

Signature

Date

Certification Not Submitted:

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

Signature

Date

Direct Vent Appliance:

No certification required:

Signature

Date

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

NJR Service Corp

1415 Wyckoff Rd Wall, NJ 07719

Phone: 732-938-1289 Fax: 732-938-3010 E-mail: aluster@njresources.com

Heat Load Summary Report for Albert Adamczak

Room Name	Square Ft.	Heating Loss BTUH	Hydronic Heat Linear Ft.	Latent / Sensible Gain BTUH	Cooling Gain BTUH	Cooling Tons	Cooling CFM
Kitchen/Dinning Room	247	3908	6.51	727 / 6838	7564	0.63	252
Living Room	260	4443	7.41	749 / 3661	4410	0.37	147
Bathroom	45	318	0.53	45 / 576	621	0.05	21
Bedroom	182	2896	4.83	183 / 4067	4251	0.35	142
Bedroom	270	5554	9.26	763 / 5709	6471	0.54	216
TOTALS	1004	17119	28.53	2467 / 20851	23317	1.94	778

Disclaimer

These computed results should be treated as estimates only and should be viewed as only one of the many tools required for a professional installation. The installing contractor's experience and expert judgement are also major factors in sizing and installing a complete system. The weather, customer usage, duct installation, and structure design may vary on each estimate and should be taken into account. Correct system sizing is based on the systems ability to meet both latent and sensible heat requirements, not just total BTUs.

NJR Service Corp

1415 Wyckoff Rd Wall, NJ 07719

Phone: 732-938-1289 Fax: 732-938-3010 E-mail: aluster@njresources.com

Heat Load Detail Report for Albert Adamczak

Room 1 of 5

Room Specifications: Kitchen/Dinning Room

Room Length (Ft.) :	13	Sq. Ft windows facing NE & NW:	33	Watts Incandescent Light:	200
Room Width (Ft.) :	19	Sq. Ft windows facing South:	--	Watts Flourescent Light:	--
Room Height (Ft.) :	9	Sq. Ft windows facing SE & SW:	--	Duct Length from A/H to room:	20
Exposed Wall Length (Ft.) :	19	Number of Exterior Doors:	--	Number of Large Electric Motors:	1
Wall against unconditioned room (Ft.) :--	--	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	1
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	18
Sq. Ft windows facing E & W:	--			BTUH Appliance Latent Heat:	78

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:

Inside (Thermostat setting) :	74
Outside (Above ground):	97
Outside (Below ground):	65
Unconditioned Space :	97
Above Ceiling (Attic/Crawl Space) :	130
Concrete Slab (Ground temperature) :	80
Unconditioned Basement :	60
Below Floor Crawl Space :	85

Winter:

Inside (Thermostat setting) :	72
Outside (Above ground) :	20
Outside (Below ground) :	60
Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	55
Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Concrete Slab Exposed Walls: Above Ground

Design Conditions

Occupant Sensible Load (BTUH per person) :	250
Occupant Latent Load (BTUH per person) :	200
Duct Insulation Factor :	1
Duct Temperature Difference (Summer) :	20
Duct Temperature Difference (Winter) :	45
Humidity Difference Inside/Outside % (Summer) :	20
Humidity Difference Inside/Outside % (Winter) :	15
Fresh Air Per Person (CFM) :	2
Air Change Factor (Air change per hour) :	.5
Space Shading Factor :	.4
Air Handler Design Cooling (CFM per ton) :	400
Hydronic Heat (BTUH per linear ft) :	600

Insulation Values (U-Factors)

Exposed Walls (Above Ground) :	.080
Exposed Walls (Below Ground) :	.5
Partitions :	.075
Roof/Ceiling :	.055
Floor (Above basement) :	.083
Floor (Concrete slab) :	.001
Floor (Between conditioned spaces) :	.287
Doors :	.500
Windows :	.900

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	315	Appliance/Elec Motor Latent Heat Gain (BTUH) :	478
Ceiling or Roof Heat Gain (BTUH) :	761	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	4593
Floor Heat Gain (BTUH) :	1	Ventilation Latent Heat Gain (BTUH) :	249
Glass Heat Gain (BTUH) :	622	Ventilation Sensible Gain (BTUH) :	461
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	727
Solar Heat Gain (BTUH) :	0	Summer Total Sensible Heat Gain (BTUH) :	6838
Total Transmission Heat Gain (BTUH) :	1699	TOTAL SUMMER COOLING LOAD (BTUH) :	7564

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	2679	Latent Ventilation Heat Losses (BTUH) :	187
Sensible Ventilation Heat Losses (BTUH) :	1042	Hydronic Heat (Linear Ft.) :	7
		TOTAL WINTER HEATING LOAD (BTUH) :	3908

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1004	Total Sensible Heat Gain (BTUH):	20851
Total Heat Loss (BTUH):	17119	Total Cooling Gain (BTUH):	23317
Total Hydronic Heat (Linear Ft.):	28.53	Total Cooling Requirement (Tons):	1.94
Total Latent Heat Gain (BTUH):	2467	Total Cooling CFM:	778

Disclaimer

These computed results should be treated as estimates only and should be viewed as only one of the many tools required for a professional installation. The installing contractor's experience and expert judgement are also major factors in sizing and installing a complete system. The weather, customer usage, duct installation, and structure design may vary on each estimate and should be taken into account. Correct system sizing is based on the systems ability to meet both latent and sensible heat requirements, not just total BTUs.

NJR Service Corp

1415 Wyckoff Rd Wall, NJ 07719

Phone: 732-938-1289 Fax: 732-938-3010 E-mail: aluster@njresources.com

Heat Load Detail Report for Albert Adamczak

Room 2 of 5

Room Specifications: Living Room

Room Length (Ft.) :	13	Sq. Ft windows facing NE & NW:	36	Watts Incandescent Light:	200
Room Width (Ft.) :	20	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	12	Sq. Ft windows facing SE & SW:	--	Duct Length from A/H to room:	20
Exposed Wall Length (Ft.) :	13	Number of Exterior Doors:	--	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.) :--	--	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	--			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:

Inside (Thermostat setting) :	74
Outside (Above ground):	97
Outside (Below ground):	65
Unconditioned Space :	97
Above Ceiling (Attic/Crawl Space) :	130
Concrete Slab (Ground temperature) :	80
Unconditioned Basement :	60
Below Floor Crawl Space :	85

Winter:

Inside (Thermostat setting) :	72
Outside (Above ground) :	20
Outside (Below ground) :	60
Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	55
Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Concrete Slab Exposed Walls: Above Ground

Design Conditions

Occupant Sensible Load (BTUH per person) :	250
Occupant Latent Load (BTUH per person) :	200
Duct Insulation Factor :	1
Duct Temperature Difference (Summer) :	20
Duct Temperature Difference (Winter) :	45
Humidity Difference Inside/Outside % (Summer) :	20
Humidity Difference Inside/Outside % (Winter) :	15
Fresh Air Per Person (CFM) :	2
Air Change Factor (Air change per hour) :	.5
Space Shading Factor :	.4
Air Handler Design Cooling (CFM per ton) :	400
Hydronic Heat (BTUH per linear ft) :	600

Insulation Values (U-Factors)

Exposed Walls (Above Ground) :	.080
Exposed Walls (Below Ground) :	.5
Partitions :	.075
Roof/Ceiling :	.055
Floor (Above basement) :	.083
Floor (Concrete slab) :	.001
Floor (Between conditioned spaces) :	.287
Doors :	.500
Windows :	.900

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	287	Appliance/Elec Motor Latent Heat Gain (BTUH) :	400
Ceiling or Roof Heat Gain (BTUH) :	801	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	1182
Floor Heat Gain (BTUH) :	2	Ventilation Latent Heat Gain (BTUH) :	349
Glass Heat Gain (BTUH) :	679	Ventilation Sensible Gain (BTUH) :	647
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	749
Solar Heat Gain (BTUH) :	0	Summer Total Sensible Heat Gain (BTUH) :	3661
Total Transmission Heat Gain (BTUH) :	1768	TOTAL SUMMER COOLING LOAD (BTUH) :	4410

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	2718	Latent Ventilation Heat Losses (BTUH) :	262
Sensible Ventilation Heat Losses (BTUH) :	1463	Hydronic Heat (Linear Ft.) :	7
		TOTAL WINTER HEATING LOAD (BTUH) :	4443

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1004	Total Sensible Heat Gain (BTUH):	20851
Total Heat Loss (BTUH):	17119	Total Cooling Gain (BTUH):	23317
Total Hydronic Heat (Linear Ft.):	28.53	Total Cooling Requirement (Tons):	1.94
Total Latent Heat Gain (BTUH):	2467	Total Cooling CFM:	778

Disclaimer

These computed results should be treated as estimates only and should be viewed as only one of the many tools required for a professional installation. The installing contractor's experience and expert judgement are also major factors in sizing and installing a complete system. The weather, customer usage, duct installation, and structure design may vary on each estimate and should be taken into account. Correct system sizing is based on the systems ability to meet both latent and sensible heat requirements, not just total BTUs.

NJR Service Corp

1415 Wyckoff Rd Wall, NJ 07719

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Heat Load Detail Report for Albert Adamczak

Room 3 of 5

Room Specifications: Bathroom

Room Length (Ft.) :	5	Sq. Ft windows facing NE & NW :	--	Watts Incandescent Light:	100
Room Width (Ft.) :	9	Sq. Ft windows facing South :	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	9	Sq. Ft windows facing SE & SW :	--	Duct Length from A/H to room:	10
Exposed Wall Length (Ft.) :	--	Number of Exterior Doors:	--	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.) :	--	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	--	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	--			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:

Inside (Thermostat setting) :	74
Outside (Above ground):	97
Outside (Below ground):	65
Unconditioned Space :	97
Above Ceiling (Attic/Crawl Space) :	130
Concrete Slab (Ground temperature) :	80
Unconditioned Basement :	60
Below Floor Crawl Space :	85

Winter:

Inside (Thermostat setting) :	72
Outside (Above ground) :	20
Outside (Below ground) :	60
Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	55
Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Concrete Slab Exposed Walls: Above Ground

Design Conditions

Occupant Sensible Load (BTUH per person) :	250
Occupant Latent Load (BTUH per person) :	200
Duct Insulation Factor :	1
Duct Temperature Difference (Summer) :	20
Duct Temperature Difference (Winter) :	45
Humidity Difference Inside/Outside % (Summer) :	20
Humidity Difference Inside/Outside % (Winter) :	15
Fresh Air Per Person (CFM) :	2
Air Change Factor (Air change per hour) :	.5
Space Shading Factor :	.4
Air Handler Design Cooling (CFM per ton) :	400
Hydronic Heat (BTUH per linear ft) :	600

Insulation Values (U-Factors)

Exposed Walls (Above Ground) :	.080
Exposed Walls (Below Ground) :	.5
Partitions :	.075
Roof/Ceiling :	.055
Floor (Above basement) :	.083
Floor (Concrete slab) :	.001
Floor (Between conditioned spaces) :	.287
Doors :	.500
Windows :	.900

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	0	Appliance/Elec Motor Latent Heat Gain (BTUH) :	0
Ceiling or Roof Heat Gain (BTUH) :	139	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	341
Floor Heat Gain (BTUH) :	0	Ventilation Latent Heat Gain (BTUH) :	45
Glass Heat Gain (BTUH) :	0	Ventilation Sensible Gain (BTUH) :	84
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	45
Solar Heat Gain (BTUH) :	0	Summer Total Sensible Heat Gain (BTUH) :	576
Total Transmission Heat Gain (BTUH) :	139	TOTAL SUMMER COOLING LOAD (BTUH) :	621

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	94	Latent Ventilation Heat Losses (BTUH) :	34
Sensible Ventilation Heat Losses (BTUH) :	190	Hydronic Heat (Linear Ft.) :	1
		TOTAL WINTER HEATING LOAD (BTUH) :	318

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1004	Total Sensible Heat Gain (BTUH):	20851
Total Heat Loss (BTUH):	17119	Total Cooling Gain (BTUH):	23317
Total Hydronic Heat (Linear Ft.):	28.53	Total Cooling Requirement (Tons):	1.94
Total Latent Heat Gain (BTUH):	2467	Total Cooling CFM:	778

Disclaimer

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Heat Load Detail Report for Albert Adamczak

Room 4 of 5

Room Specifications: Bedroom

Room Length (Ft.) :	13	Sq. Ft windows facing NE & NW:	--	Watts Incandescent Light:	200
Room Width (Ft.) :	14	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	9	Sq. Ft windows facing SE & SW:	24	Duct Length from A/H to room:	20
Exposed Wall Length (Ft.) :	13	Number of Exterior Doors:	--	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.) :	14	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	--	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	--			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:

Inside (Thermostat setting) :	74
Outside (Above ground) :	97
Outside (Below ground) :	65
Unconditioned Space :	97
Above Ceiling (Attic/Crawl Space) :	130
Concrete Slab (Ground temperature) :	80
Unconditioned Basement :	60
Below Floor Crawl Space :	85

Winter:

Inside (Thermostat setting) :	72
Outside (Above ground) :	20
Outside (Below ground) :	60
Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	55
Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Concrete Slab Exposed Walls: Above Ground

Design Conditions

Occupant Sensible Load (BTUH per person) :	250
Occupant Latent Load (BTUH per person) :	200
Duct Insulation Factor :	1
Duct Temperature Difference (Summer) :	20
Duct Temperature Difference (Winter) :	45
Humidity Difference Inside/Outside % (Summer) :	20
Humidity Difference Inside/Outside % (Winter) :	15
Fresh Air Per Person (CFM) :	2
Air Change Factor (Air change per hour) :	.5
Space Shading Factor :	.4
Air Handler Design Cooling (CFM per ton) :	400
Hydronic Heat (BTUH per linear ft) :	600

Insulation Values (U-Factors)

Exposed Walls (Above Ground) :	.080
Exposed Walls (Below Ground) :	.5
Partitions :	.075
Roof/Ceiling :	.055
Floor (Above basement) :	.083
Floor (Concrete slab) :	.001
Floor (Between conditioned spaces) :	.287
Doors :	.500
Windows :	.900

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	433	Appliance/Elec Motor Latent Heat Gain (BTUH) :	0
Ceiling or Roof Heat Gain (BTUH) :	561	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	682
Floor Heat Gain (BTUH) :	1	Ventilation Latent Heat Gain (BTUH) :	183
Glass Heat Gain (BTUH) :	453	Ventilation Sensible Gain (BTUH) :	340
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	183
Solar Heat Gain (BTUH) :	1536	Summer Total Sensible Heat Gain (BTUH) :	4067
Total Transmission Heat Gain (BTUH) :	2983	TOTAL SUMMER COOLING LOAD (BTUH) :	4251

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	1991	Latent Ventilation Heat Losses (BTUH) :	137
Sensible Ventilation Heat Losses (BTUH) :	768	Hydronic Heat (Linear Ft.) :	5
		TOTAL WINTER HEATING LOAD (BTUH) :	2896

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1004	Total Sensible Heat Gain (BTUH):	20851
Total Heat Loss (BTUH):	17119	Total Cooling Gain (BTUH):	23317
Total Hydronic Heat (Linear Ft.):	28.53	Total Cooling Requirement (Tons):	1.94
Total Latent Heat Gain (BTUH):	2467	Total Cooling CFM:	778

Disclaimer

These computed results should be treated as estimates only and should be viewed as only one of the many tools required for a professional installation. The installing contractor's experience and expert judgement are also major factors in sizing and installing a complete system. The weather, customer usage, duct installation, and structure design may vary on each estimate and should be taken into account. Correct system sizing is based on the systems ability to meet both latent and sensible heat requirements, not just total BTUs.

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Heat Load Detail Report for Albert Adamczak

Room 5 of 5

Room Specifications: Bedroom

Room Length (Ft.) :	15	Sq. Ft windows facing NE & NW:	12	Watts Incandescent Light:	200
Room Width (Ft.) :	18	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	12	Sq. Ft windows facing SE & SW:	24	Duct Length from A/H to room:	20
Exposed Wall Length (Ft.) :	33	Number of Exterior Doors:	--	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.) :--	--	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	--			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:

Inside (Thermostat setting) :	74
Outside (Above ground):	97
Outside (Below ground):	65
Unconditioned Space :	97
Above Ceiling (Attic/Crawl Space) :	130
Concrete Slab (Ground temperature) :	80
Unconditioned Basement :	60
Below Floor Crawl Space :	85

Winter:

Inside (Thermostat setting) :	72
Outside (Above ground) :	20
Outside (Below ground) :	60
Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	55
Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Concrete Slab Exposed Walls: Above Ground

Design Conditions

Occupant Sensible Load (BTUH per person) :	250
Occupant Latent Load (BTUH per person) :	200
Duct Insulation Factor :	1
Duct Temperature Difference (Summer) :	20
Duct Temperature Difference (Winter) :	45
Humidity Difference Inside/Outside % (Summer) :	20
Humidity Difference Inside/Outside % (Winter) :	15
Fresh Air Per Person (CFM) :	2
Air Change Factor (Air change per hour) :	.5
Space Shading Factor :	.4
Air Handler Design Cooling (CFM per ton) :	400
Hydronic Heat (BTUH per linear ft :	600

Insulation Values (U-Factors)

Exposed Walls (Above Ground) :	.080
Exposed Walls (Below Ground) :	.5
Partitions :	.075
Roof/Ceiling :	.055
Floor (Above basement) :	.083
Floor (Concrete slab) :	.001
Floor (Between conditioned spaces) :	.287
Doors :	.500
Windows :	.900

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	729	Appliance/Elec Motor Latent Heat Gain (BTUH) :	400
Ceiling or Roof Heat Gain (BTUH) :	832	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	1182
Floor Heat Gain (BTUH) :	2	Ventilation Latent Heat Gain (BTUH) :	363
Glass Heat Gain (BTUH) :	679	Ventilation Sensible Gain (BTUH) :	672
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	763
Solar Heat Gain (BTUH) :	1536	Summer Total Sensible Heat Gain (BTUH) :	5709
Total Transmission Heat Gain (BTUH) :	3777	TOTAL SUMMER COOLING LOAD (BTUH) :	6471

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	3763	Latent Ventilation Heat Losses (BTUH) :	272
Sensible Ventilation Heat Losses (BTUH) :	1519	Hydronic Heat (Linear Ft.) :	9
		TOTAL WINTER HEATING LOAD (BTUH) :	5554

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1004	Total Sensible Heat Gain (BTUH):	20851
Total Heat Loss (BTUH):	17119	Total Cooling Gain (BTUH):	23317
Total Hydronic Heat (Linear Ft.):	28.53	Total Cooling Requirement (Tons):	1.94
Total Latent Heat Gain (BTUH):	2467	Total Cooling CFM:	778

Disclaimer

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TRANE®

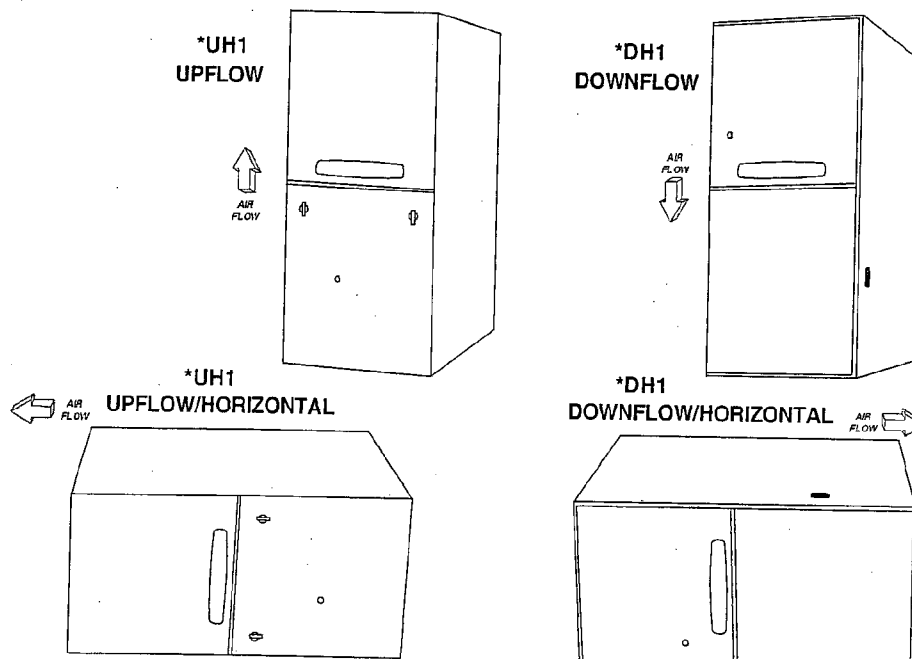
Upflow/Horizontal Downflow/Horizontal Condensing, Direct Vent Gas-Fired Furnace

XR 95

TUH1B040A9241A, TUH1B060A9361A,
TUH1B080A9421A, TUH1C080A9601A,
TUH1C100A9481A, TUH1D100A9601A,
TUH1D120A9601A, TDH1B040A9241A,
TDH1B065A9421A, TDH1C085A9481A,
TDH1D110A9601A



Single-Stage Fan Assisted
Combustion System



PUB. NO. 22-1836-05



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TUH1D100A9601A	6
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General Data

Product Specifications ①

MODEL	TUH1B040A9241A	TUH1B060A9361A	TUH1B080A9421A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ①			
Input BTUH	40,000	60,000	80,000
Capacity BTUH (ICS) ③	38,000	57,000	76,000
AFUE (ICS)	95.0	95.0	95.0
Temp. rise (Min.-Max.) °F.	30 - 60	30 - 60	35 - 65
BLOWER DRIVE	DIRECT	DIRECT	DIRECT
Diameter - Width (In.)	9 x 7	10 x 7	11 x 8
No. Used	1	1	1
Speeds (No.)	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/5	1/3	1/2
R.P.M.	1075	1075	1075
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/55 - 3000	1/55 - 3450	1/24 - 3450
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
FLA	1.0	1.75	0.71
FILTER — Furnished?	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 17x25 - 1in.	1 - 17x25 - 1in.	1 - 17x25 - 1in.
VENT PIPE DIAMETER — Min (In.) ⑤⑥	2 Round	2 Round	2 Round
HEAT EXCHANGER			
Type-Fired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
-Unfired			
Gauge (Fired)	20	20	20
ORIFICES — Main			
Nat. Gas. Qty. — Drill Size	2 — 45	3 — 45	4 — 45
L.P. Gas Qty. — Drill Size	2 — 56	3 — 56	4 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE			
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	2	3	4
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	5.2	9.2	10.2
Max. Overcurrent Protection (Amps)	15	15	15
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2
DIMENSIONS			
Crated (In.)	H x W x D 41-3/4 x 19-1/2 x 30-1/2	H x W x D 41-3/4 x 19-1/2 x 30-1/2	H x W x D 41-3/4 x 19-1/2 x 30-1/2
WEIGHT			
Shipping (Lbs.) / Net (Lbs)	139 / 129	150 / 140	158 / 148

Notes

① Central Furnace heating designs are certified to ANSI Z21.47 / CSA 2.3

② 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.

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.

⑤ Refer to the Vent Length Table in the Installer's Guide or the Allowable Vent Length label located on the furnace.

⑥ All "UH1 and "DH1 furnace models have a vent outlet diameter that equals 2".



General Data

Product Specifications ①

MODEL	TDH1B040A9241A	TDH1B065A9421A	TDH1C085A9481A	TDH1D110A9601A
TYPE	Downflow / Horizontal	Downflow / Horizontal	Downflow / Horizontal	Downflow / Horizontal
RATINGS ③				
Input BTUH	40,000	60,000	80,000	110,000
Capacity BTUH (ICS) ③	38,000	57,000	76,000	104,500
AFUE (ICS)	95.0	95.0	95.0	95.0
Temp. rise (Min.-Max.) °F.	30 - 60	25 - 55	30 - 60	35 - 65
BLOWER DRIVE	DIRECT	DIRECT	DIRECT	DIRECT
Diameter - Width (In.)	10 x 7	11 x 8	11 x 10	11 x 10
No. Used	1	1	1	1
Speeds (No.)	4	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/5	1/2	1/2	3/4
R.P.M.	1080	1075	1075	1100
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/55 - 3000	1/25 - 3200	1/20 - 3450	1/20 - 3450
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
FLA	1.14	1.35	0.71	0.71
FILTER — Furnished?	No	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	2 - 14x20 - 1in.	2 - 14x20 - 1in.	2 - 16x20 - 1in.	2 - 16x20 - 1in.
VENT PIPE DIAMETER — Min (In.) ⑤⑥	2 Round	2 Round	2.5 Round	2.5 Round
HEAT EXCHANGER				
Type-Fired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
-Unfired				
Gauge (Fired)	20	20	20	20
ORIFICES — Main				
Nat. Gas Qty. — Drill Size	2 — 45	4 — 48	5 — 48	6 — 48
L.P. Gas Qty. — Drill Size	2 — 56	4 — 56	5 — 56	6 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE				
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	2	4	5	6
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	4.8	11.4	12.5	12.9
Max. Overcurrent Protection (Amps)	15	15	20	20
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 23 x 30-1/2	41-3/4 x 26-1/2 x 30-1/2
WEIGHT				
Shipping (Lbs.) / Net (Lbs)	145 / 135	158 / 148	171 / 160	205 / 193

Notes

- ① Central Furnace heating designs are certified to ANSI Z21.47 / CSA 2.3
- ② 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.
- 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.
- ⑤ Refer to the Vent Length Table in the Installer's Guide or the Allowable Vent Length label located on the furnace.
- ⑥ All *UH1 and *DH1 furnace models have a vent outlet diameter that equals 2".



Performance Data

FURNACE AIRFLOW (CFM) VS. EXTERNAL STATIC PRESSURE (in. w.c.)										
MODEL	SPEED TAP	0.10	0.20	0.30	0.40	0.50	0.60	0.70	0.80	0.90
*DH1B040A9241A	4 - HIGH - Black	998	965	922	870	807	735	653	561	459
	3 - MED.-HIGH - Blue	856	832	797	751	695	628	550	462	363
	2 - MED.-LOW - Yellow	753	728	694	650	596	533	460	378	286
	1 - LOW - Red	647	617	581	538	490	435	375	308	235
*DH1B065A9421A	4 - HIGH - Black	1501	1453	1402	1344	1283	1216	1145	1068	986
	3 - MED.-HIGH - Blue	1442	1393	1341	1285	1227	1166	1103	1037	968
	2 - MED.-LOW - Yellow	1346	1308	1263	1212	1155	1092	1024	950	869
	1 - LOW - Red	1225	1197	1160	1116	1062	1001	931	853	766
*DH1C085A9481A	4 - HIGH - Black	1835	1772	1709	1637	1566	1485	1405	1313	1222
	3 - MED.-HIGH - Blue	1726	1674	1622	1557	1492	1416	1340	1252	1164
	2 - MED.-LOW - Yellow	1581	1539	1498	1440	1383	1321	1258	1172	1085
	1 - LOW - Red	1401	1374	1346	1308	1269	1209	1148	1075	1001
*DH1D110A9601A	4 - HIGH - Black	2147	2074	2000	1941	1881	1807	1732	1655	1576
	3 - MED.-HIGH - Blue	1995	1940	1885	1827	1767	1699	1631	1547	1462
	2 - MED.-LOW - Yellow	1712	1681	1649	1602	1555	1505	1455	1381	1307
	1 - LOW - Red	1424	1408	1392	1367	1341	1296	1251	1188	1124

*= First letter may be "A" or "T"

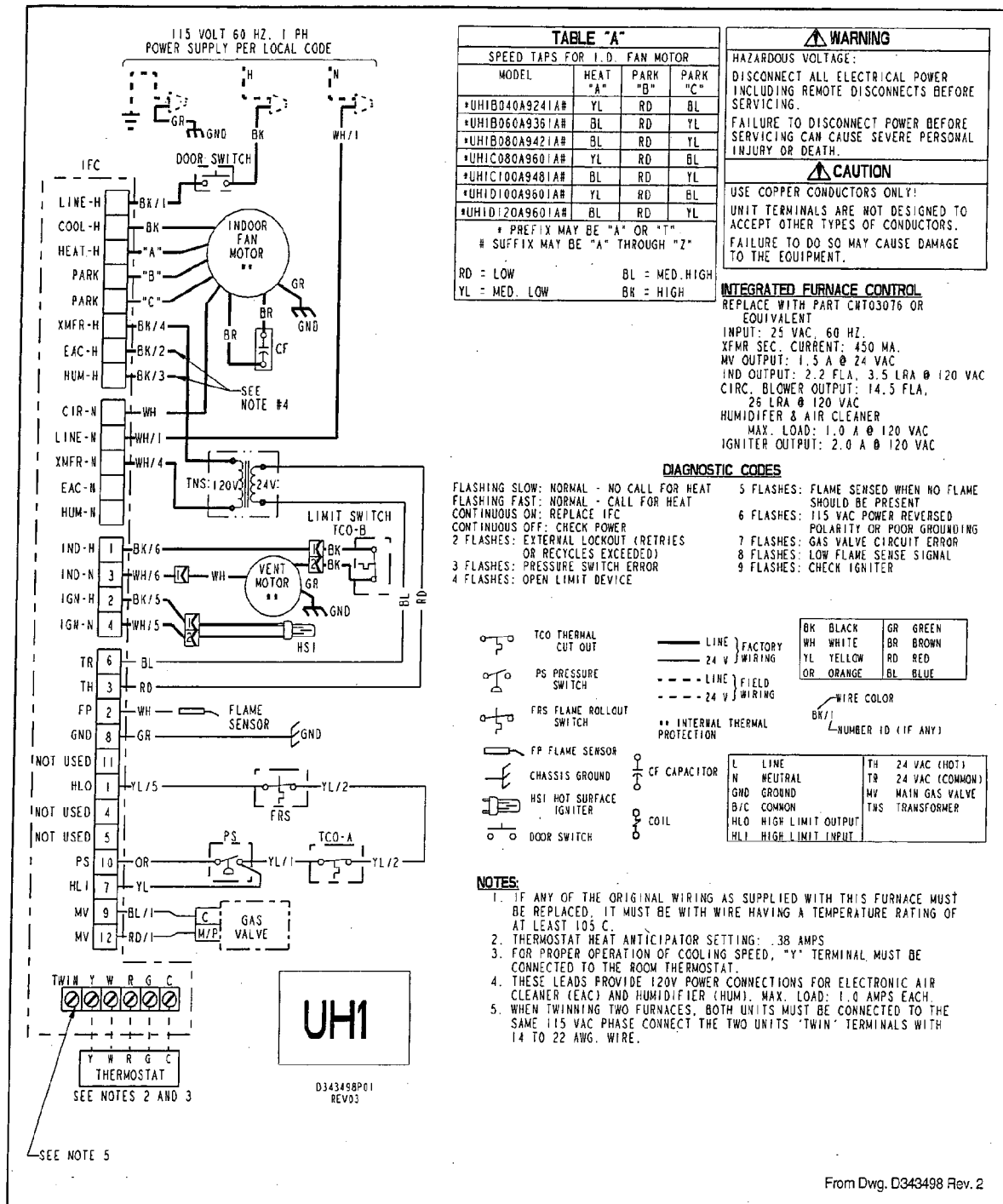
CFM VS. TEMPERATURE RISE																				
MODEL	Cubic Feet Per Minute (CFM)																			
	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	
*DH1B040A9241A	59	50	44	39	35															
*DH1B065A9421A		75	66	59	53	48	44	41	38	35										
*DH1C085A9481A					70	64	59	54	50	47	44	41	39	37						
*DH1D110A9601A						88	81	74	69	65	60	57	54	51	48	46				
* = First letter may be "A" or "T"																				

*= First letter may be "A" or "T"



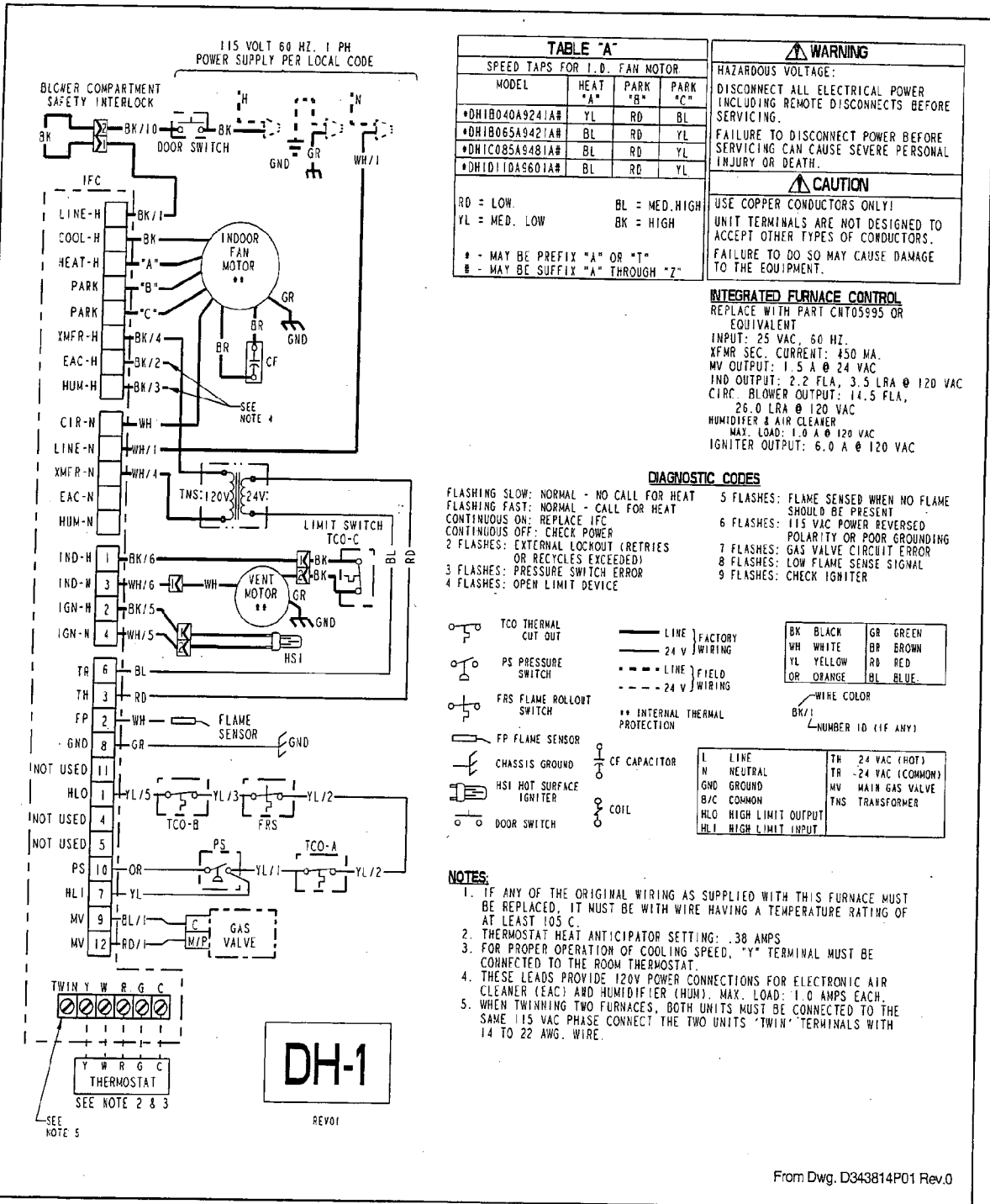
Electrical Data

TUH1 Schematic



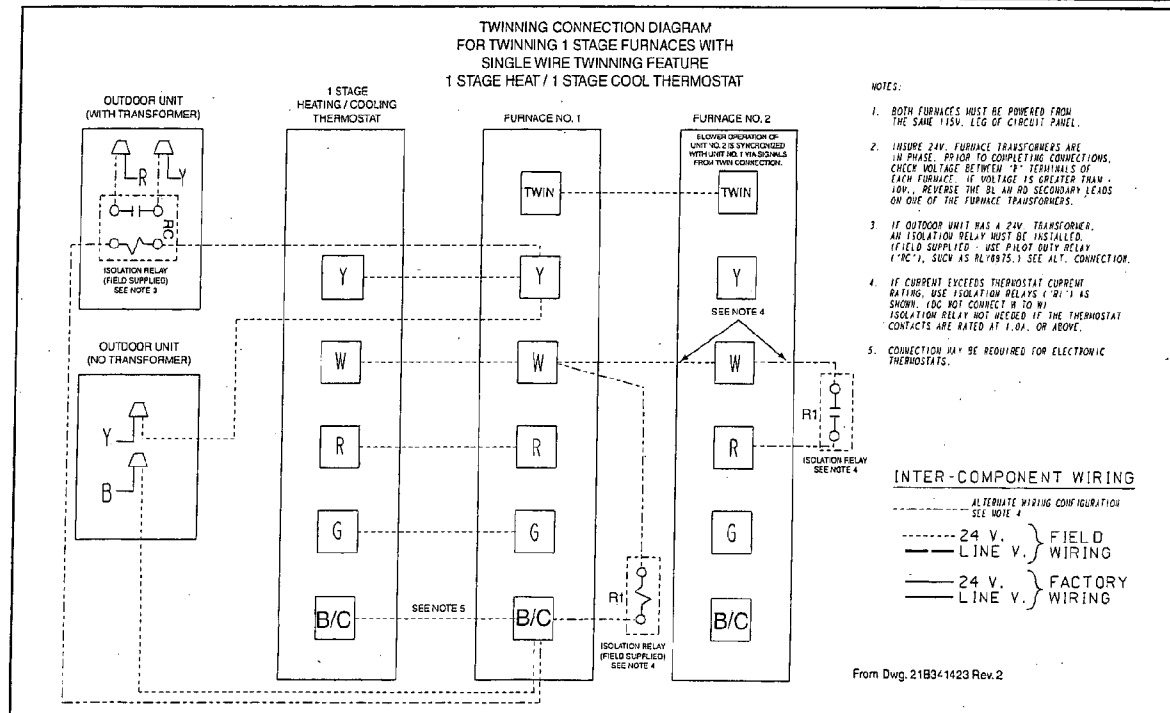
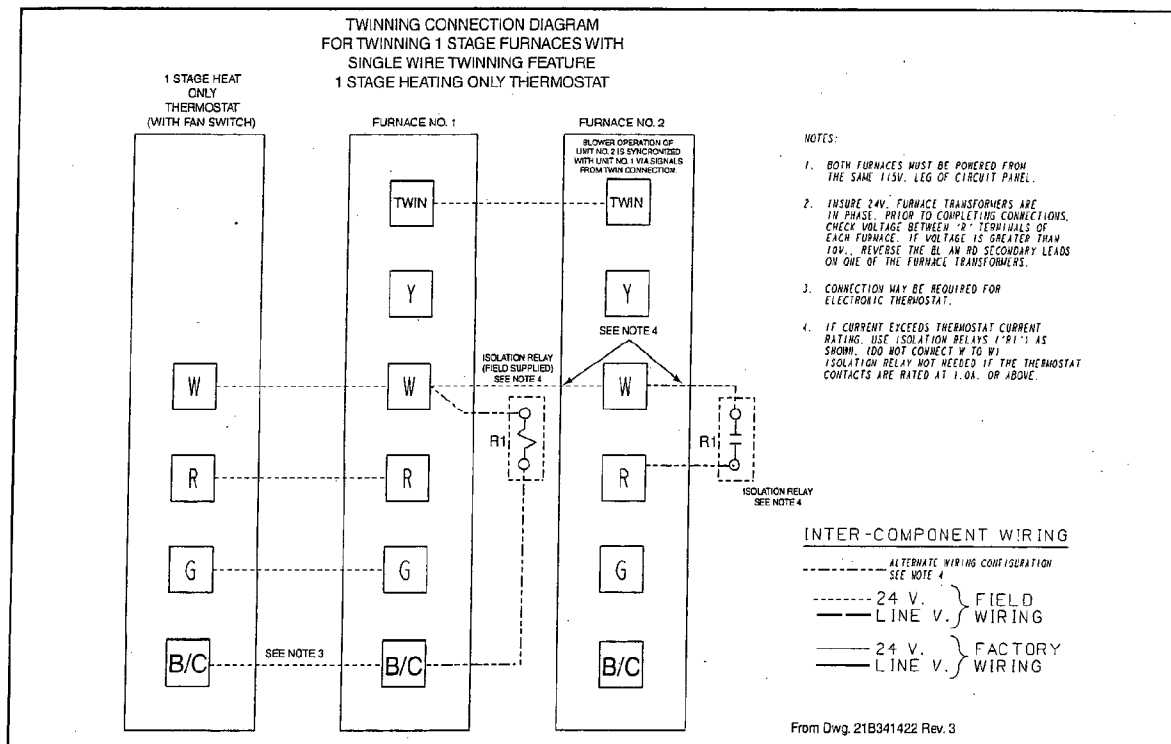


Electrical Data



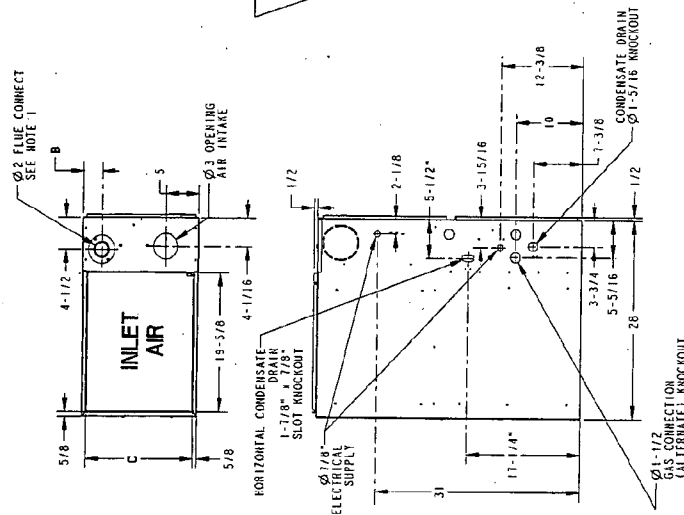


Twinning Field Wiring



Dimensions

*DH1 OUTLINE DRAWING, DOWNFLOW / HORIZONTAL (ALL DIMENSIONS ARE IN INCHES)



NOTES:
1. DIAMETER OF VENT PIPE MAY BE LIMITED BY LOCAL CODES. REFER TO VENT LENGTH TABLE FOR PROPER APPLICATION.

MINIMUM CLEARANCE TO COMBUSTIBLE MATERIALS	
CONNECTION	DIMENSION
SIDES	0 IN.
REAR	0 IN.
TOP	3 IN.
FLUE	0 IN.
MINIMUM CLEARANCE TO COMBUSTIBLE MATERIALS	
CONNECTION	DIMENSION
SIDES	0 IN.
REAR	0 IN.
TOP	3 IN.
FLUE	0 IN.
MINIMUM CLEARANCE TO COMBUSTIBLE MATERIALS	
CONNECTION	DIMENSION
SIDES	0 IN.
REAR	0 IN.
TOP	3 IN.
FLUE	0 IN.

MODEL	DIM "A"	DIM "B"	DIM "C"	DIM "D"
*DH1B040A9241	17-1/2"	2-1/4"	16-1/4"	16"
*DH1B065A9421	21"	2-1/2"	19-3/4"	19-1/2"
*DH1C085A9481	24-1/2"	2-15/16"	23-1/4"	23"

* May be "A" or "T"
Part numbers can end in A-Z

From Dwg. C341885 Rev. 7

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

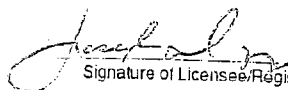
HAS REGISTERED

NJR Home Services
Glenn Lockwood
1415 Wyckoff Road
Wall NJ 07719

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

10/25/2010 TO 12/31/2011
VALID

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR