BLOCK 532 LOT 1 QUALIF /CODE _____ ADDRESS (SITE) 511 Jackson Ave PERMIT NO. 14-3005

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C14-003851

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

I. IDENTIFICATION

1. Proposed Work Site at: 511 Jackson ave
2. Name of Owner in Fee: Brodsky
   Te [redacted] e-mail _____
   Address: 511 Jackson ave (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor C&C Air Conditioning & Heating Tel. (732) 495-0600
   Address 752 Route 36 Belford, NJ 07718 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH01644500 Exp. Date Exp 12/31/2014
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ Fax (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX (____) _____
6. Responsible Person in Charge once Work has Begun C Baker
   Tel (732) 495-0600 FAX (732) 495-6040

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	75 ✓	
2.	Electrical		75 ✓	
3.	Plumbing		70 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee		16 -	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	236 -	

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 Distrubed sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes _____ no _____	

08-28-14A09:24 RCVD

IIa. PROPOSED WORK:

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

IIb. SUBCODES: (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	4,425.-				9/3/14	TO			
☑ Plumbing	4,425.-				9-2-14	[illegible]			
☑ Fire Protection	150.-				9/2/14	[illegible]			
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. 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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/04/2014
Control Number C-14-003851
Permit Number 14-3003
Permit Issue Date 09/11/2014
Certificate Number 14-3003

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 511 JACKSON AVE Brick Township, NJ Block: 532 Lot: 1 Qual:

Owner in Fee: BANDURSKI, WALTER & STEPHANIE

Owner Address: 511 JACKSON AVE BRICK NJ 08723

Telephone: [redacted]

Contractor C & C AIR CONDITIONING & HEATING INC

Address 752 Rt. 36 BELFORD NJ 07718-

Telephone: (732) 495-0600 Fax: (732) 495-6040

License Number or Builders Registration Number: 13VH01644500 Federal Emp. Number: 22-2489219

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: HVAC

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/04/2014

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/11/14
Date Issued
Control #
Permit # 14-3003

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

Block 532 Lot 1 Qualification Code
Work Site Location 511 Jackson ave Buck, NJ. 08723
Owner in Fee: [redacted]
Tel [redacted]
Address 511 Jackson ave (street) Buck (municipality) 08723 (zip code)
Contractor: VS R ELECTRIC Tel. (732) 495-0600
Address 180 MORNINGSIDE AVE UNION BEACH, NJ 07735 e-mail
Contractor License No. 34EB01543800 EXP. 3/31/15 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: (732) 495-6040

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 4,425.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: 9/3/14 Approved by: TR
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/3/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/9/14
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free			10/9/14	POL
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 I am authorized to make this application, and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: V. Rosato
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Direct replacement of a central heating & cooling system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		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. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	2.5T	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		Furnace	

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name C&C Air Conditioning & Heating

Address 752 Route 36
Belford, NJ 07718
13VH01644500
Exp 12/31/2014

Telephone 732-495-0600

Signature

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/11/14
Control #
Date Issued
Permit # 14-3003

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

Block 532 Lot 1 Qualification Code

Work Site Location 511 Jackson Ave Brick NJ. 08723

Owner in Fee: Mandunka

Tel. [redacted] e-mail

Address 511 Jackson Ave Brick 08723
street municipality zip code

Contractor: C&C Air Conditioning & Heating Tel. (732) 495-0600

Address 752 Route 36 Belford, NJ 07718

13VH01644500 e-mail

Contractor License No. Exp 12/31/2014 Exp. Date

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

Federal Emp. ID No. FAX: ( )

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 $ 4,425.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required

[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9-2-14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 11-19-14

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			11-19-14	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: C. Baker

Print name here: C. Baker

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

DESCRIPTION OF WORK Direct replacement of a central heating & cooling system

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	
	Garbage Disposal	
1	Other Furnace @ Condenser	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

UCC/F-130
(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/11/14
Control #
Date Issued
Permit # 14-3003

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

Block 532 Lot 1 Qualification Code
Work Site Location 511 Jackson Ave Brick, NJ. 08723
Ow
Tel. [redacted] e-mail
Address 511 Jackson Ave (street) Brick (municipality) 08723 (zip code)
Contractor: Tel. (732) 295-0600
Address C&C Air Conditioning & Heating 752 Route 36 Belford, NJ 07718 e-mail
Fire Protection Equipment NJ Div of Fire Safety Permit No.
Fire Protection Equipment VT Installer No. 13VH01644500
Fire Alarm Contractor No. Exp 12/31/2014 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:
Total Cost of Fire Protection Work $ 150.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 9/24/14 Approved by: KSW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/3/14 Approved by: CCR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11-21-14
Approved by: CCR

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			11/21/14	CCR
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11/21/14	CCR
Other				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

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

Sign here C. Baker
Print name here: C. Baker
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK direct replacement of a central heating cooling system
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems [ ] System [ ] 110v Interconnected [ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

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

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(rev. 11/09)
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(856) 468-7933

CONSTRUCTION PERMIT

Date Issued 9/11/14
Control # C-14-003851
Permit # 14-3003

IDENTIFICATION Block: 532 Lot: 1 Qualifier
Work Site Location: 511 JACKSON AVE Brick Township, NJ

Owner in Fee: BANDURSKI, WALTER & STEPHANIE
511 JACKSON AVE BRICK NJ 08723

Telephone: [redacted]

Contractor: C & C AIR CONDITIONING & HEATING INC
Address: 752 Rt. 36 BELFORD NJ 07718-

Telephone: (732) 495-0600
Lic. No. or Bldrs. Reg. No. 13VH01644500
Federal Employee. No. 22-2489219

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:
HVAC

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

Estimated Cost of Work $9,000

David J. Newman Jr 9/2/14
Construction Official Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$75
Plumbing	$75
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	
Other	$0
Total	$236
Check No.	2126
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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.

09/11/14 4:28PM 00155BH5504
X910 SERV.010
ELECTRIC $75.00
PLUMBING $75.00
FIRE $70.00
OTHER $16.00
CHECK $236.00

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

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

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

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

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

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

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

SPECIFICATIONS

Gas Heating Performance		**Model No.**	**SL280UH070V36A**	**SL280UH090V36B**	**SL280UH090V48B**
		Model No. - Low Nox	**SL280UH070XV36A**	**- - -**	**SL280UH090XV48B**
		[1] AFUE	80%	80%	80%
	High Fire	Input - Btuh	66,000	88,000	88,000
		Output - Btuh	52,000	70,000	70,000
		Temperature rise range - °F	40 - 70	40 - 70	40 - 70
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10	3.5 / 10	3.5 / 10
	Low Fire	Input - Btuh	43,000	57,000	57,000
		Output - Btuh	35,000	47,000	47,000
		Temperature rise range - °F	25 -55	25 -55	25 -55
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9
High static - in. w.g.		Heating	0.8	0.8	0.8
		Cooling	1.0	1.0	1.0
Connections in.		Flue connection – in. round	4	4	4
		Gas pipe size IPS	1/2	1/2	1/2
Indoor Blower		Wheel nominal diameter x width - in.	10 X 8	10 X 9	11-1/2 X 9
		Motor output - hp	1/2	1/2	1.0
		Tons of add-on cooling	2 - 3	2 - 3.5	2.5 - 4
		Air Volume Range - cfm	606 - 1345	498 - 1393	679 - 2002
Electrical Data		Voltage	120 volts - 60 hertz - 1 phase		
		Blower motor full load amps	7.7	7.7	12.8
		Maximum overcurrent protection	15	15	20
Shipping Data		lbs. - 1 package	128	143	154

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

[2] Flue connection on the unit is 4 in. diameter. Most applications will require 5 in. venting and field supplied 4 x 5 in. adaptor. See Venting Tables in the Installation Instructions for detailed information.

SPECIFICATIONS

Gas Heating Performance		**Model No.**	**SL280UH090V60C**	**SL280UH110V60C**	**SL280UH135V60D**
		Model No. - Low Nox	**SL280UH090XV60C**	**SL280UH110XV60C**	**- - -**
		[1] AFUE	80%	80%	80%
	High Fire	Input - Btuh	88,000	110,000	132,000
		Output - Btuh	70,000	87,000	105,000
		Temperature rise range - °F	35 - 65	35 - 65	40 - 70
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	Low Fire	Input - Btuh	57,000	72,000	86,000
		Output - Btuh	47,000	58,000	69,000
		Temperature rise range - °F	25 -55	25 -55	25 -55
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9
High static - in. w.g.		Heating	0.8	0.8	0.8
		Cooling	1.0	1.0	1.0
Connections in.		Flue connection – in. round	4	4	[2] 4
		Gas pipe size IPS	1/2	1/2	1/2
Indoor Blower		Wheel nominal diameter x width - in.	11-1/2 X 10	11-1/2 X 10	11-1/2 X 11
		Motor output - hp	1.0	1.0	1.0
		Tons of add-on cooling	3 - 5	3 - 5	3.5 - 5
		Air Volume Range - cfm	826 - 2305	812 - 2125	828 - 2257
Electrical Data		Voltage	120 volts - 60 hertz - 1 phase		
		Blower motor full load amps	12.8	12.8	12.8
		Maximum overcurrent protection	20	20	20
Shipping Data		lbs. - 1 package	173	181	199

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

[2] Flue connection on the unit is 4 in. diameter. Most applications will require 5 in. venting and field supplied 4 x 5 in. adaptor. See Venting Tables in the Installation Instructions for detailed information.

OPTIONAL ACCESSORIES - ORDER SEPARATELY

		"A" Width Models	"B" Width Models	"C" Width Models	"D" Width Models
CABINET ACCESSORIES					
Horizontal Suspension Kit - Horizontal only		**51W10**	**51W10**	**51W10**	**51W10**
Return Air Base - Upflow only		**65W75**	**50W98**	**50W99**	**51W00**
CONTROLS					
icomfort Touch® Communicating Thermostat		**49W95**	**49W95**	**49W95**	**49W95**
[1] **Remote Outdoor Temperature Sensor** (for dual fuel and Humiditrol®)		**X2658**	**X2658**	**X2658**	**X2658**
[2] **Discharge Temperature Sensor**		**88K38**	**88K38**	**88K38**	**88K38**
ComfortSense® 7000 Thermostat		**Y2081**	**Y2081**	**Y2081**	**Y2081**
[3] **Remote Outdoor Temperature Sensor** (for dual fuel and Humiditrol)		**X2658**	**X2658**	**X2658**	**X2658**
FILTERS					
[4] **Air Filter and Rack Kit**	Horizontal (end)	**87L95**	**87L96**	**87L97**	**87L98**
	Size of filter - in.	14 x 25 x 1	18 x 25 x 1	20 x 25 x 1	25 x 25 x 1
	Side Return Single	**44J22**	**44J22**	**44J22**	**44J22**
	Ten Pack	**66K63**	**66K63**	**66K63**	**66K63**
	Size of filter - in.	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1
NIGHT SERVICE KIT					
Night Service Kit		**51W04**	**51W04**	**51W04**	**51W04**
VENTING					
Vent Adaptor – 6 in. conn. size upflow applications only		**18M79**	**18M79**	**18M79**	**18M79**

[1] Remote Outdoor Sensor may be used with an icomfort®-enabled outdoor unit for a secondary (alternate) sensor reading. Sensor may also be used with a conventional outdoor unit.

[2] Optional for service diagnostics.

[3] Remote Outdoor Temperature Sensor for ComfortSense 7000 Thermostat must be connected directly to the thermostat, Do not connect it to the icomfort® control.

[4] Cleanable polyurethane, frame-type filter.

GAS HEAT ACCESSORIES

Input	High Altitude Pressure Switch Kit			Natural Gas to LPG/Propane Kit	LPG/Propane to Natural Gas Kit	Natural Gas High Altitude Orifice Kit	LPG/Propane High Altitude Orifice Kit
	0 - 4500 ft.	4501 - 7500 ft.	7501 - 10,000 ft.	0 - 7500 ft.	0 - 7500 ft.	7501- 10,000 ft.	7501- 10,000 ft.
070	**No Change**	**No Change**	**73W35**	**77W07**	**77W09**	**73W37**	**77W11**
090	**No Change**	**69W56**	**73W35**	**77W07**	**77W09**	**73W37**	**77W11**
110	**No Change**	**69W56**	**73W35**	**77W07**	**77W09**	**73W37**	**77W11**
135	**No Change**	**73W33**	**73W34**	**77W07**	**77W09**	**73W37**	**77W11**

HIGH ALTITUDE DERATE

NOTE - Units may be installed at altitudes up to 4500 ft. above sea level without any modifications.
At altitudes above 4500 ft. units must be derated to match information in the shaded area shown below.

NOTE - This is the only permissible derate for these units.

Input	Gas Manifold Pressure (Outlet) in. w.g.											
	0 - 4500 Feet				4501 -7500 Feet				7501 - 10,000 ft.			
	Natural Gas		LPG/Propane		Natural Gas		LPG/Propane		[1] Natural Gas		LPG/Propane	
	High Fire	Low Fire	High Fire	Low Fire	High Fire	Low Fire	High Fire	Low Fire	High Fire	Low Fire	High Fire	Low Fire
070	3.5	1.7	10	4.9	3.4	1.6	10	4.9	3.5	1.7	10	4.9
090	3.5	1.7	10	4.9	3.2	1.5	10	4.9	3.5	1.7	10	4.9
110	3.5	1.7	10	4.9	3.2	1.5	10	4.9	3.5	1.7	10	4.9
135	3.5	1.7	10	4.9	2.8	1.6	10	4.9	3.5	1.7	10	4.9

[1] Natural Gas High Alitude Orifice Kit required.

DIMENSIONS - INCHES (MM) - UPFLOW POSITION

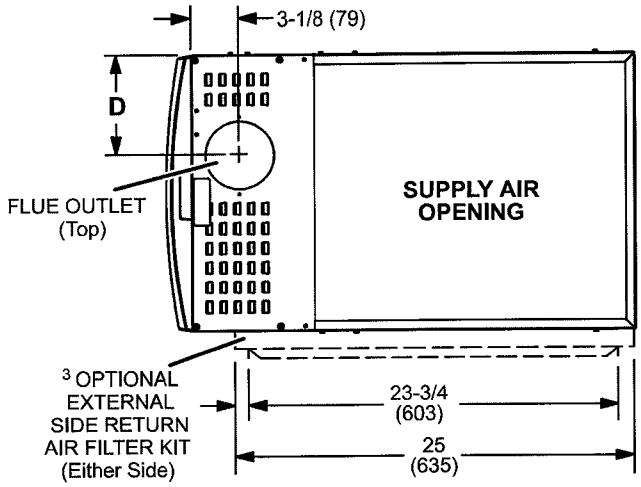
[1] NOTE - 60C and 60D size units that require second stage air volumes over 1800 cfm (850 L/s) must have one of the following:

1. Single side return air with transition, to accommodate 20 x 25 x 1 in. (508 x 635 x 25 mm) cleanable air filter. Required to maintain proper air velocity.
2. Single side return air with optional Return Air Base
3. Bottom return air.
4. Return air from both sides.
5. Bottom and one side return air.

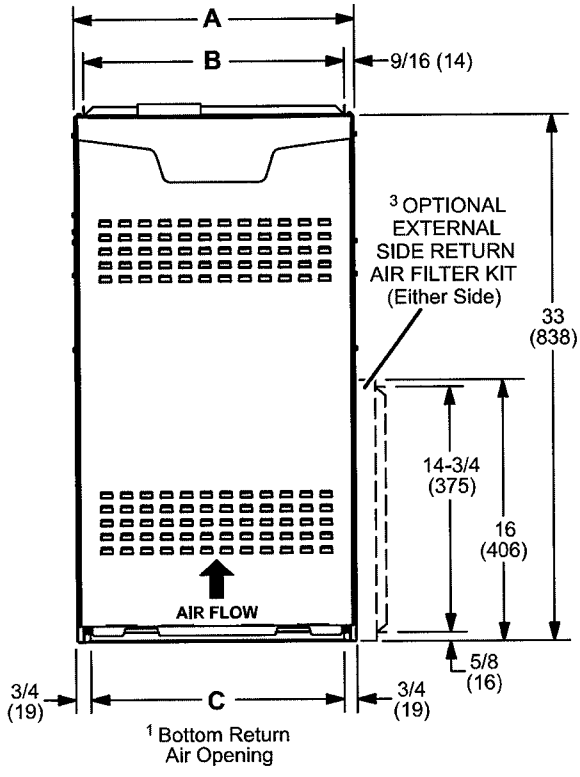
See Blower Performance Tables for additional information.

[2] Flue outlet may be horizontal but furnace must be vented vertically

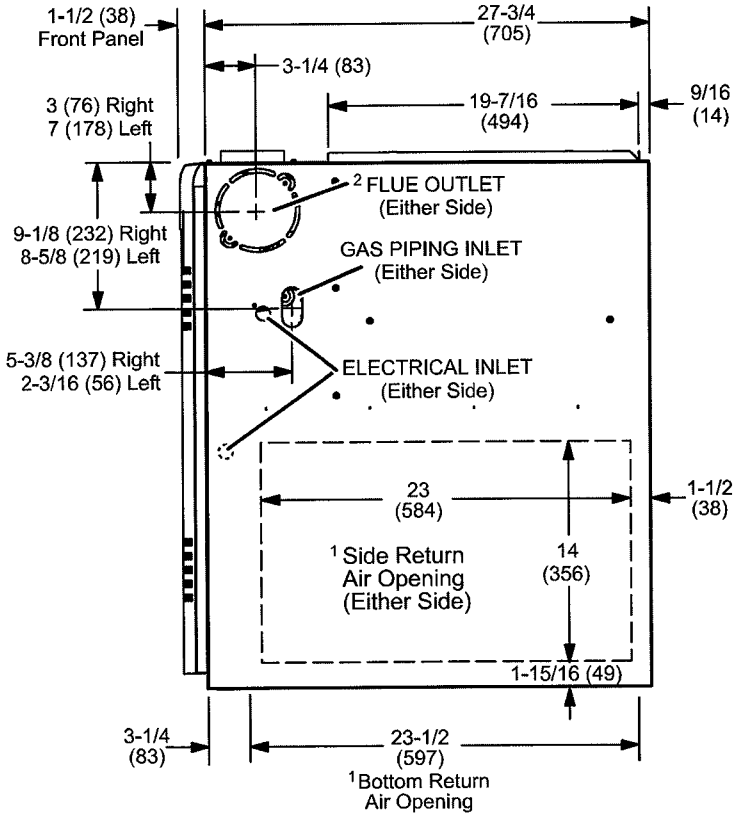
[3] Optional External Side Return Air Filter Kit is not for use with the optional Return Air Base.



TOP VIEW



FRONT VIEW



SIDE VIEW

Model No.	A		B		C		D	
	in.	mm	in.	mm	in.	mm	in.	mm
SL280UH070V36A	14-1/2	368	13-3/8	340	13	330	4-3/4	121
SL280UH090V36B SL280UH090V48B	17-1/2	446	16-3/8	416	16	406	6-1/4	159
SL280UH090V60C SL280UH110V60C	21	533	19-7/8	504	19-1/2	495	8	203
SL280UH135V60D	24-1/2	622	23-3/8	594	23	584	9-3/4	248

SPECIFICATIONS

General Data	Model No.	XC14-018	XC14-024	XC14-030	XC14-036
	Nominal Tonnage	1.5	2	2.5	3
Connections (sweat)	Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8
	Suction line (o.d.) - in.	3/4	3/4	3/4	7/8
Refrigerant	[1] R-410A charge furnished	5 lbs. 11 oz.	6 lbs. 8 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.
Outdoor Coil	Net face area - sq. ft.	13.22	18.67	21.00	21.00
	Tube diameter - in.	5/16	5/16	5/16	5/16
	No. of rows	1	1	1	1
	Fins per inch	26	26	26	26
Outdoor Fan	Diameter - in.	18	22	22	22
	No. of blades	3	3	3	3
	Motor hp	1/10	1/6	1/6	1/6
	Cfm	2270	3160	3160	3160
	Rpm	1050	850	850	850
	Watts	165	215	215	215
Shipping Data - lbs. 1 pkg.		163	203	215	217

ELECTRICAL DATA

Line voltage data - 60hz		208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)		25	30	30	30
[3] Minimum circuit ampacity		15.7	17.9	17.2	18.7
Compressor	Rated load amps	9.0	13.4	12.9	14.1
	Locked rotor amps	48	58	64	77
	Power factor	0.96	0.97	0.98	0.98
Outdoor Fan Motor	Full load amps	0.7	1.1	1.1	1.1
	Locked rotor amps	1.4	2.1	2.1	2.1

OPTIONAL ACCESSORIES - MUST BE ORDERED EXTRA

Compressor Crankcase Heater		93M04	•	•	•	•
Compressor Hard Start Kit		88M91	•	•	•	•
Compressor Low Ambient Cut-Off		45F08	•	•	•	•
Compressor Time-Off Control		47J27	•	•	•	•
Freezestat	3/8 in. tubing	93G35	•	•	•	•
	5/8 in. tubing	50A93	•	•	•	•
Low Ambient Kit		34M72	•	•	•	•
Refrigerant Line Sets	L15-41-20 L15-41-30	L15-41-40 L15-41-50	•	•	•	
	L15-65-40	L15-65-40 L15-65-50				•
Indoor Blower Off Delay Relay		58M81	•	•	•	•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.
[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.
[2] HACR type breaker or fuse.
[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

SPECIFICATIONS

		Model No.	XC14-018	XC14-024	XC14-030	XC14-036
General Data		Nominal Tonnage	1.5	2	2.5	3
Connections (sweat)		Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8
		Suction line (o.d.) - in.	3/4	3/4	3/4	7/8
Refrigerant		[1] R-410A charge furnished	5 lbs. 11 oz.	6 lbs. 8 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.
Outdoor Coil		Net face area - sq. ft.	13.22	18.67	21.00	21.00
		Tube diameter - in.	5/16	5/16	5/16	5/16
		No. of rows	1	1	1	1
		Fins per inch	26	26	26	26
Outdoor Fan		Diameter - in.	18	22	22	22
		No. of blades	3	3	3	3
		Motor hp	1/10	1/6	1/6	1/6
		Cfm	2270	3160	3160	3160
		Rpm	1050	850	850	850
		Watts	165	215	215	215
Shipping Data - lbs. 1 pkg.			163	203	215	217
ELECTRICAL DATA						
Line voltage data - 60hz			208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			25	30	30	30
[3] Minimum circuit ampacity			15.7	17.9	17.2	18.7
Compressor		Rated load amps	9.0	13.4	12.9	14.1
		Locked rotor amps	48	58	64	77
		Power factor	0.96	0.97	0.98	0.98
Outdoor Fan Motor		Full load amps	0.7	1.1	1.1	1.1
		Locked rotor amps	1.4	2.1	2.1	2.1
OPTIONAL ACCESSORIES - MUST BE ORDERED EXTRA						
Compressor Crankcase Heater		93M04	•	•	•	•
Compressor Hard Start Kit		88M91	•	•	•	•
Compressor Low Ambient Cut-Off		45F08	•	•	•	•
Compressor Time-Off Control		47J27	•	•	•	•
Freezestat	3/8 in. tubing	93G35	•	•	•	•
	5/8 in. tubing	50A93	•	•	•	•
Low Ambient Kit		34M72	•	•	•	•
Refrigerant Line Sets	L15-41-20	L15-41-40	•	•	•	
	L15-41-30	L15-41-50				
	L15-65-40	L15-65-40				•
		L15-65-50				
Indoor Blower Off Delay Relay		58M81	•	•	•	•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.
[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.
[2] HACR type breaker or fuse.
[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

SPECIFICATIONS

			XC14-041	XC14-042	XC14-047	XC14-048	XC14-060
General Data		Model No.					
		Nominal Tonnage	3.5	3.5	4	4	5
Connections (sweat)		Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8	3/8
		Suction line (o.d.) - in.	7/8	7/8	7/8	7/8	1-1/8
Refrigerant		[1] R-410A charge furnished	10 lbs. 1 oz.	8 lbs. 10 oz.	11 lbs. 3 oz.	10 lbs. 0 oz.	12 lbs. 0 oz.
Outdoor Coil	Net face area - sq. ft.	Outer coil	21	16.33	22	21.00	22.00
		Inner coil	20.25	15.71	21.33	20.25	21.33
		Tube diameter - in.	5/16	5/16	5/16	5/16	5/16
		No. of rows	2	2	2	2	2
		Fins per inch	22	22	22	22	22
Outdoor Fan		Diameter - in.	22	22	26	22	26
		No. of blades	4	4	4	4	4
		Motor hp	1/4	1/4	1/3	1/4	1/3
		Cfm	3600	3500	4400	3600	4400
		Rpm	825	825	825	825	825
		Watts	310	310	310	310	310
Shipping Data - lbs. 1 pkg.			253	243	284	272	290

ELECTRICAL DATA

Line voltage data - 60hz			208/230V	208/230V-1ph	208/230V	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			35	40	45	50	60
[3] Minimum circuit ampacity			22.8	24.1	26.7	29.0	34.8
Compressor		Rated load amps	16.7	17.9	19.9	21.8	26.4
		Locked rotor amps	79	112	109	117	134
		Power factor	0.97	0.94	0.97	0.95	0.98
Outdoor Fan Motor		Full load amps	1.7	1.7	1.8	1.7	1.8
		Locked rotor amps	3.1	3.1	2.9	3.1	2.9

OPTIONAL ACCESSORIES - MUST BE ORDERED EXTRA

Compressor Crankcase Heater		**93M04**	•	•			
		93M06			•		
		Factory				•	•
Compressor Hard Start Kit		**88M91**	•	•	•	•	•
Compressor Low Ambient Cut-Off		**45F08**	•	•	•	•	•
Compressor Time-Off Control		**47J27**	•	•	•	•	•
Freezestat	3/8 in. tubing	**93G35**	•	•	•	•	•
	5/8 in. tubing	**50A93**	•	•	•	•	•
Low Ambient Kit		**34M72**	•	•	•	•	•
Refrigerant Line Sets	L15-65-40	L15-65-40	•	•	•	•	
		L15-65-50					
		Field Fabricate					•
Indoor Blower Off Delay Relay		**58M81**	•	•	•	•	•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

[2] HACR type breaker or fuse.

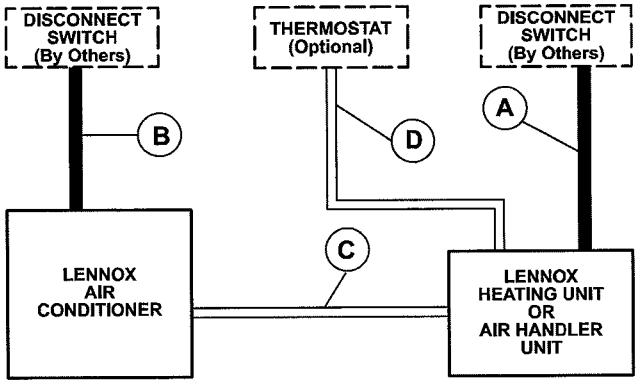
[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

OUTDOOR SOUND DATA

[1] Unit Model No.	Octave Band Sound Power Levels dBA, re 10^{-12} Watts Center Frequency - HZ							[1]Sound Rating Number (dB)
	125	250	500	1000	2000	4000	8000	
XC14-018	52.0	59.5	64.5	65.5	60.5	54.5	45.5	71
XC14-024	55.0	60.0	66.0	66.0	62.5	57.5	47.5	71
XC14-030	55.0	62.0	65.5	66.5	60.0	52.5	45.0	71
XC14-036	53.0	61.0	64.5	65.0	59.5	53.5	48.5	70
XC14-041	56.5	62.0	68.0	68.5	63.5	56.5	49.5	73
XC14-042	58.5	64.0	68.5	68.5	63.5	56.5	50.5	73
XC14-047	59.5	62.5	67.5	66.0	63.0	57.5	51.5	73
XC14-048	56.5	62.0	68.0	68.5	63.5	56.5	49.5	73
XC14-060	59.5	62.5	67.5	66.0	63.0	57.5	51.5	73

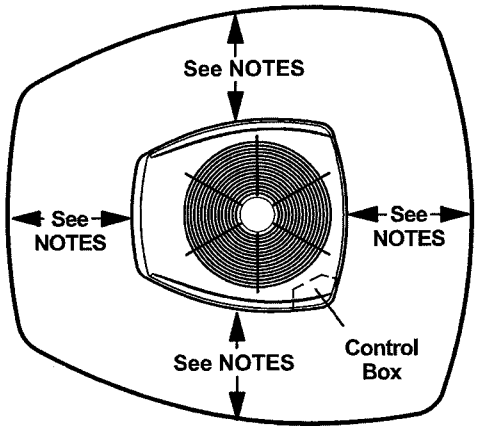
NOTE - the octave sound power data does not include tonal correction.
[1] Tested according to AHRI Standard 270-2008 test conditions.

FIELD WIRING



A - Two Wire Power (not furnished)
B - Two Power (not furnished). See Electrical Data
C - Four Wire Low Voltage (not furnished). 18 ga. minimum
D - Five Wire Low Voltage (not furnished). 18 ga. minimum
All wiring must conform to NEC or CEC and local electrical codes.

INSTALLATION CLEARANCES - INCHES (MM)



NOTES:

Service clearance of 30 in. (762 mm) must be maintained on one of the sides adjacent to the control box.

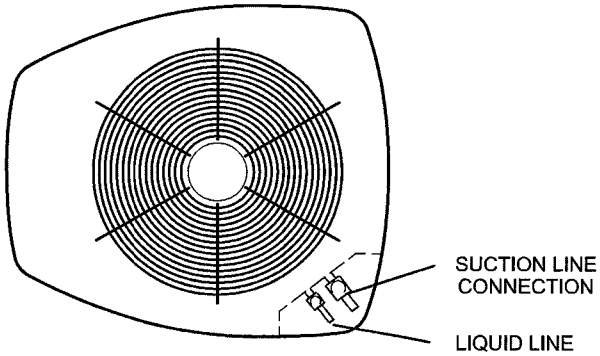
Clearance to one of the other three sides must be 36 in. (914 mm)

Clearance to one of the remaining two sides may be 12 in. (305 mm) and the final side may be 6 in. (152 mm).

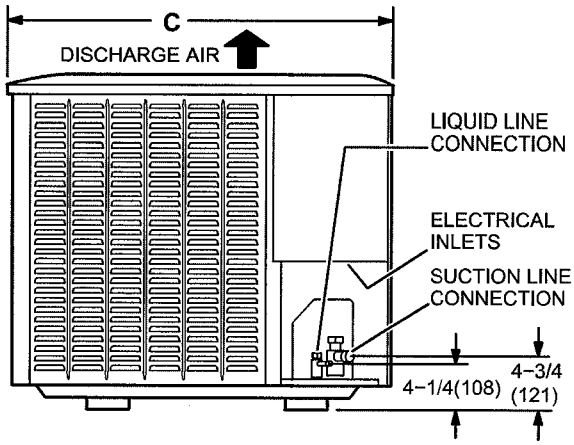
A clearance of 24 in. (610 mm) must be maintained between two units.

48 in. (1219 mm) clearance required on top of unit.

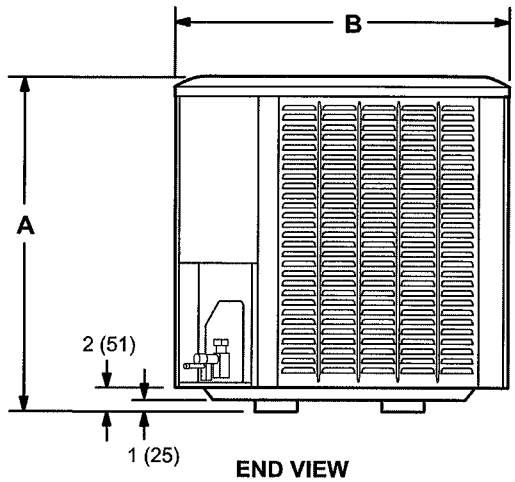
DIMENSIONS - INCHES (MM)



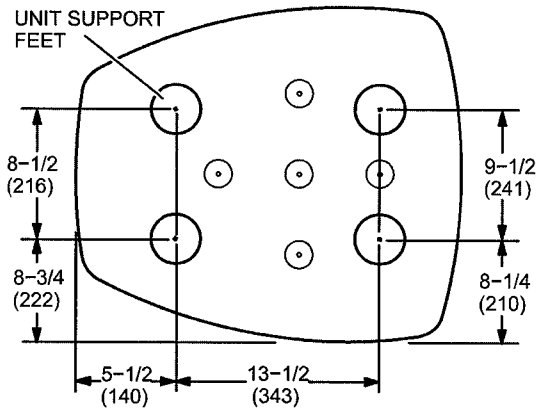
TOP VIEW



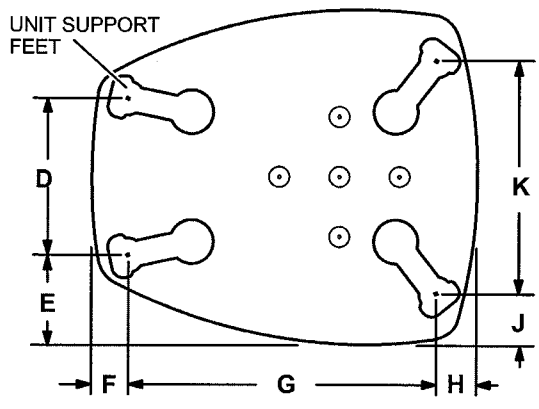
SIDE VIEW



END VIEW



XC14-018 BASE SECTION
(Small Base)



XC14-024 TO -060 BASE SECTION
(Medium and Large Base)

Model No.	A		B		C		D		E		F		G		H		J		K	
	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm
XC14-018	31	787	27	686	28	711	---	---	---	---	---	---	---	---	---	---	---	---	---	---
XC14-024	35	889	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
XC14-030	39	991	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
XC14-036	39	991	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
XC14-041	39	991	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
XC14-042	31	787	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
XC14-047	35	889	35-1/2	902	39-1/2	1003	16-7/8	429	8-3/4	222	3-1/8	79	30-3/4	781	4-5/8	117	3-3/4	95	26-7/8	683
XC14-048	39	991	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
XC14-060	35	889	35-1/2	902	39-1/2	1003	16-7/8	429	8-3/4	222	3-1/8	79	30-3/4	781	4-5/8	117	3-3/4	95	26-7/8	683

TXV/ORIFICE USAGE

Model No.	Refrigerant Metering Orifice (RFC)		Thermal Expansion Valve (TXV)
	Order No.	Orifice Size	
XC14-018	**97M74**	0.053	**37L51**
XC14-024	**97M75**	0.057	**37L51**
XC14-030	**10W99**	0.065	**37L51**
XC14-036	**11W02**	0.073	**39L72**
XC14-041	**97M77**	0.074	**91M02**
XC14-042	**97M78**	0.076	**39L72**
XC14-047	**10W86**	0.080	**91M02**
XC14-048	**11W07**	0.083	**91M02**
XC14-060	**11W11**	0.093	**91M02**

CX34 upflow coils and all Lennox air handlers (except CB26UH "R") are shipped with a factory installed TXV. In most cases, no change out of the valve is needed.
If a change out is required it will be listed in the "TXV SUBSTITUTIONS" table. The correct TXV must be ordered and field installed. C33 coils and all horizontal and downflow coils are shipped without a TXV. The TXV must be ordered and field installed. .

MOST POPULAR MATCHES

Outdoor Unit Model No.	Indoor Unit Model No
XC14-018	CX34-25
XC14-024	CX34-31
XC14-030	CX34-31
XC14-036	CX34-38
XC14-041	CX34-49
XC14-042	CX34-49
XC14-047	CX34-62C
XC14-048	CX34-62C
XC14-060	CX34-62C

*TXV SUBSTITUTIONS

Indoor Coils/Air Handlers with factory installed expansion valves that require field replacement

Model No.	Indoor Coil or Air Handler	Order No.
XC14-030	CBX27UH-036	**37L51**
XC14-036	CX34-31	**39L72**
XC14-036	CX34-36	**39L72**
XC14-036	CX34-38	**39L72**
XC14-036	CX34-49	**39L72**
XC14-036	CX34-50/60	**39L72**
XC14-036	CBX32M-030	**39L72**
XC14-036	CBX32M-036	**39L72**
XC14-036	CBX32M-042	**39L72**
XC14-036	CBX32M-048	**39L72**
XC14-036	CBX32MV-036	**39L72**
XC14-036	CBX32MV-048	**39L72**
XC14-036	CBX40UHV-036	**39L72**
XC14-036	CBX40UHV-048	**39L72**
XC14-042	CX34-36	**39L72**
XC14-042	CX34-38	**39L72**
XC14-042	CBX27UH-048	**39L72**
XC14-042	CBX32M-036	**39L72**
XC14-042	CBX32M-042	**39L72**
XC14-042	CBX32M-048	**39L72**
XC14-042	CBX32MV-048	**39L72**
XC14-042	CBX40UHV-048	**39L72**
XC14-048	CX34-43	**91M02**
XC14-048	CX34-44/48	**91M02**

* CX34 coils and all air handlers (except CB26UH "R") - the factory installed expansion valve must be replaced with the expansion valve listed (ordered separately). If the combination is not listed above, the factory installed TXV is used.
C33 and CH33 coils and CB26UH "R" air handlers - use the RFC shipped with the outdoor unit or replace the factory installed RFC with the expansion valve listed in the Thermal Expansion Valves Table.
CR33 and CH23 - use the RFC shipped with the outdoor unit or use the expansion valve listed in the Thermal Expansion Valves Table.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 511 Jackson Ave Brick NJ 08723

Owner in Fee Bandurski

Verifying Individual Rick Tremblay Company C & C Air

Address 752 Hwy 36 Belford NJ 07718
(Street / City / State / Zip Code)

Tel: (732) 495-0600 Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size 7

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [X] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	70,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

R Tremblay Signature 8/25/14 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)