BLOCK 832 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 1611 EDGE ST. PERMIT NO. 05-4333

CONSTRUCTION PERMIT APPLICATION

05-138699 1611

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

I. IDENTIFICATION

1. Proposed Work Site at: 1611 EDGE ST
2. Name of Owner in Fee: Kristi Shay Const. Tel. (732) 477-4665
   Address 63 Channel Dr (street) Brick (municipality) NJ (zip code) 08723
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: Kristi Shay Const. Tel. (732) 477 4665
   Address 63 Channel Dr Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 26379 Exp. Date 10/6
   Federal Employee No. 22-3528180 FAX: (732) 477 9115
5. Architect or Engineer Ken Kwiecinski Tel. (732) 295-4515
   Address 1100 Ocean Rd Pt Pleasant Contact Ken K
6. Responsible Person in Charge once Work has Begun Sam Reynolds
   Tel. (732) 477 4665 FAX: (732) 477 9115

New Single Family Home
w/ BR 3 BATH BASEMENT
1 car GARAGE Deck 8'-10"x30"

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	491	
2.	Electrical			150 400
3.	Plumbing			
4.	Fire Protection		115	
5.	Elevator Devices		25	
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	140	
9.	State Permit Fee Surcharge		10	
10.	Subtotal	$		55
11.	Cert. of Occupancy		81	
12.	Other ZIA+GP		60	
13.	TOTAL	$	1080	905

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	2	
2.	Height of Structure	29.4' ft.	
3.	Area — Largest Floor	220 sq. ft.	
4.	New Building Area	2371 sq. ft.	
5.	Volume of New Structure	18,108 cu. ft.	
6.	Construction Classification	5B	
7.	Total Land Area Disturbed	2700 sq. ft.	
8.	Flood Hazard Zone	NO	
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no		
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☒ New Building	60000	MH	10/3/05		11/28/05	KEK			
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☒ Fire Protection	1000				10/25/05	(E)			
6.	☐ Plumbing									
7.	☑ Electrical					11/30/05	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Fire	10/24/05		10/24/05				
	TOTAL COSTS	61000								

OPTIONAL (for office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: INC - R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 1
   After Construction 1
   Net Gain or Loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10325174

III. DO YOU WANT: (optional)

1. ☑ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Kristi Shay Const

Address 63 Channel Dr

Brick NJ 08723

Telephone (732) 477 4665

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

IMPORTANT DD. pilum 10/18/05
A.H.B.T. - MANDATORY FEE - RESIDENTIAL

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

X □ Zoning Application deemed complete Initialed: [illegible] Date: 10/3/05

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	12/28/2005
Tracking Number	C-05-138699
Permit Number	05-4333
Permit Issue Date	10/28/2005

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1611 EDGE STREET Brick Township, NJ Block: 832 Lot: 14 Qual:

Owner In Fee: KRISTI SHAY CONSTRUCTION INC

Owner Address: 63 CHANNEL DRIVE BRICK NJ 08724

Telephone: (732) 477-4665

Contractor KRISTI SHAY CONSTRUCTION INC

Address 63 CHANNEL DRIVE BRICK NJ 08724

Telephone: 732-477-4665 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
NEW SF DWELLING BASEMENT/8X10X30" DECK/1-CAR GARAGE

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: $81.00
Check Number: 18502
Collected By: Ann Marie Hanlon

Date Printed: 12/28/2005

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 831 Lot 14
Work Site Location 1611 - EDGE ST

Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK NJ 08723
Tele. (732) 477-4665

Contractor KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK NJ 08723
Tele. (732) 477-4665
Lic. No. 26379
Federal Emp. No. 22-3528180
or Social Security No.

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

SINGLE FAMILY HOME

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ Owner
☒ Agent

CONSTRUCTION PERMIT

Date Issued 10/28/2005
Control # C-05-138699
Permit # 05-4333

IDENTIFICATION Block: 832 Lot: 14 Qualifier
Work Site Location: 1611 EDGE STREET Brick Township, NJ
Owner in Fee KRISTI SHAY CONSTRUCTION INC
Address 63 CHANNEL DRIVE BRICK NJ 08724
Telephone: (732) 477-4665

Contractor KRISTI SHAY CONSTRUCTION INC
Address 63 CHANNEL DRIVE BRICK NJ 08724
Telephone: 732-477-4665
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW SF DWELLING BASEMENT/8X10X30" DECK/1-CAR GARAGE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $60,000

Construction Official — 10/28/2005 Date

PAYMENTS (Office Use Only)

Building	$491
Electrical	$0
Plumbing	$0
Fire Protection	$315
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$48
CO Fee	$81.00
Other	$85
Total	$1,020
Check No.	18502
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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:

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.

PERMIT UPDATE

Date Update Issued 11/30/2005
Control # C-05-139534
Permit # 05-4333+A

IDENTIFICATION Block: 832 Lot: 14 Qualifier
Work Site Location: 1611 EDGE STREET Brick Township, NJ
Owner in Fee KRISTI SHAY CONSTRUCTION INC
Address 63 CHANNEL DRIVE BRICK NJ 08724
Telephone: (732) 477-4665

Contractor KRISTI SHAY CONSTRUCTION INC
Address 63 CHANNEL DRIVE BRICK NJ 08724
Telephone: (732) 477-4665
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:

ALTERATION BASEMENT/8X10X30" DECK/1-CAR GARAGE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $0

Construction Official — 11/30/2005 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$400
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$55
Total	$605
Check No.	18832
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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:

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/03/2005
Control # C-05-138699
Date Issued 10/28/2005
Permit # 05-4333

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

Block 832 Lot 14 Qualification Code

Work Site Location: 1611 EDGE STREET Brick Township, NJ

Owner in Fee: KRISTI SHAY CONSTRUCTION INC

Address 63 CHANNEL DRIVE BRICK NJ

Tel. (732) 477-4665

Contractor: KRISTI SHAY CONSTRUCTION INC

Address 63 CHANNEL DRIVE BRICK NJ

Tel. 732-477-4665 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SF DWELLING, BASEMENT/8X10X30" DECK/1-CAR GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- ☐ No Plan Required
- ☒ All — 10/28/05 — WW
- ☐ Footing
- ☐ Foundation
- ☐ Frame
- ☐ Other

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 12-22-05

Approved by: TM

INSPECTIONS — Failure — Failure — Approval — Initial — Dates (Month/Day)

- Type:
- Footing — 10-3/05 JS
- Footing Bonding
- Foundation — 11-8-05 JS
- Slab
- Frame — 12-20-05 JS over
- Truss Sys./Bracing
- Barrier-Free
- Insulation — R-30 JS
- Finishes-Base Layer
- Finishes-Final
- Energy
- Mechanical
- TCO
- Other deck — 11-18-05 JS
- Final — 12/21/05 JS
- Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present 0 Proposed R-5

Constr. Class Present 0 Proposed 0

Number of Stories 2

Height of Structure 24 Ft.

Area - Largest Floor 220 Sq. Ft.

New Blbg. Area / All Floors 2371 Sq. Ft.

Volume of New Structure 18168 Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $60,000
2. Rehabilitation $0
3. Total (1+2) $60,000

TYPE OF WORK

- ☑ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Sign Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

	$491
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$48
TOTAL FEE	$539

Applicant: When submitting this form to your Local Construction Code

UPDATE Permit # 05-4333 1/11

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/30/05
Permit # C05-139534

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

Block 832 Lot 14 Qualification Code

Work Site Location 1611 EDGE ST

Owner in Fee KRISTI-SHAY CONSTRUCTION

Address 63 CHANNEL DR
BRICK NJ 08723

Tel (732) 477-4665

Contractor Dickson Electric

Address 2597 Old Hooper
Brick NJ

Tel (732) 920-6441 FAX (732) 920-2944

Contractor License No. 8392

Federal Emp. No. 222 707 089

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	
50		Receptacles	
30		Switches	
7		Detectors	
		Light Poles	
3		Motors—Fract. HP	
		Emergency & Exit Lights	
6		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	
4 TON	2	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
150		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		PUMALC - PUMP LINE	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved
Date: 11-30-05
Approved by: WW

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12/19/05
Approved by: WW

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			12-30	WW
Barrier-Free			12-30	WW
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-19-05	WW
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 12-30-5 WW

Annual Pool Inspection

Date of Grounding and Bonding Certification

DCA COTCARS 12-7-05

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/28/05
Permit # 05-4333

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

Block 332 Lot 14 Qualification Code _____
Work Site Location ~~1611 EDGE ST.~~ 1611 EDGE ST.

Owner in Fee Kristi Shay Const.
Address 63 Channel Dr
Brick NJ 08723
Tel (732) 477 4665
Contractor Kristi Shay Const.
Address 63 Channel Dr
Brick NJ 08732
Tel (732) 477 4665 FAX (732) 477 9115
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [X] New OR [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: ATTIC, BASEMENT
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____
Total Cost of Fire Protection Work $ 1,000.00

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

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's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
NEW SINGLE FAMILY HOME

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	6	
Fireplace Venting/Metal Chimney		
Other _____		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 10/28/05
Approved by: KCB

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/22/05
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			12-14	DS
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	12-7		12-20	DS
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	12-19		12-21	DS
Other _____				

[signature]

UPPER PERMIT # 05-4333-TH

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/30/05
Date Issued
Control #
Permit # C05-139534

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

Block 832 Lot 14
Work Site Location 1611 EDGE ST

Owner in Fee MISTI-SHM CONSTRUCTION
Address 63 CHANNEL DR
BRICK NJ 08223
Tele. (732) 477-4661
Contractor BOBE MECHANICAL
Address 712 HAYES AVE
BAYVILLE NJ
Tele. (732) 237-7300 Fax (732) 237-7300
Lic. No. 8457
Federal Emp. No.

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 $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/29/05
Approved by:

SUBCODE APPROVAL
[—] CO [ ] CCO [ ] CA
Date: 12-22-05
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			12/2/05	
Water			12/7/05	
Sewer			12/7/05	
Fixtures	~~12/1/05~~		12/21/05	
Gas Equipment			12/21/05	
Gas Piping			12/2/05	
Solar				
TCO				
Yoltz			12/21/05	

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal/Bidet
2	Bath Tub
3	Lavatory
	Shower
	Floor Drain
1	Sink
1	Dishwasher
	Drinking Fountain
1	Washing Machine
2	Hose Bibb
1	Water Heater
	Fuel Oil Piping
1	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
1	Sewer Connection
1	Water Service Connection
3M	Stacks
2	Other AC
2	Other
	Other

60 FEET 1 1/4-295/000

1" WATER

FEE (Office Use Only)

$

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

U.C.C. F130 (rev. 3/96)

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

Township of Brick
Zoning Permit

Approved: Friday, October 07, 2005 **Number:** 1478

Block 832 **Lot** 14 **Zone:** R-7.5

Property Address:	1611 Edge Street
Applicant:	Kristi-Shay Construction, Inc.
Property Owner:	Kristi-Shay Construction, Inc.
Existing Use:	Single Family Residential (to be razed)
Proposed Use:	Single Family Residential
Proposed Construction:	Two story single family dwelling 43.67' x 35', eave ht. 20.1', building ht. 24.4', ridge ht. 28.7'. Attached deck 8' x 10', 30" high.
Conditions:	The house must be set back at least 25 feet from the front property lines, 6 feet from the side property line and 15 feet from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

OCT 3 2005

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 832 LOT 14 QUALIFIER ____

PROPERTY ADDRESS [redacted] 1611 EDGE ST.

PERSONAL NAME OF APPLICANT [redacted] M STUNCHIO

BUSINESS NAME OF APPLICANT Kristi Shay Construction, Inc.

MAILING ADDRESS OF APPLICANT 63 Channel Dr. Brick 08723

PROPERTY OWNER'S FULL NAME Kristi Shay Construction Inc

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) ____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) ____

PROPOSED CONSTRUCTION (check all that apply)

☒ New Building (please describe) 4 BR 3 BATH Height 24' 4"
☐ Addition - Height 1 CAR GARAGE ADDITION
☐ Alteration
☒ Porch or deck - Height FRONT 7'4" x 25' 8" x ~~32~~ (WRAP) 36" 12' 0"
☐ Shed - Height REAR DECK - 5' x 10' x 30" HT
☐ Fence - Type ____ Height ____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) ____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT [signature] Date 9/14/05

Reviewed by Zoning Office ____ Date 10/7/05 ( ) Approved ( ) Denied

March 2003

10/3/05

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY Brick town

LOCATION 495 ~~Brick~~ Jack Martin Blvd UTILITY CO PP

DR 3136458 72 BLK 1170 LOT 24

OWNER Three amigos LLC OCCUPANT Brick Womens Ctr

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 400 Amp Service

INSTALLED BY State Wide Elect LICENSE NO 9390

DATE 11.7.05 PERMIT # 05-3693 INSPECTOR [illegible]

CP 12705 ☐ CALLED IN ____/____/____ Lic. No: 6455

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

MUNICIPALITY Brick town

LOCATION

OWNER

"Installation in the above pre
in accordance with N.E.C.,

☐ FINAL ☐ TEMPORARY This approval void

DESCRIPTION OF SERVICE

INSTALLED BY

DATE PERMIT #

☐ CALLED IN ____/____/____

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFI

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 1611 EDGE ST UTILITY CO

NR 313967927 BLK 832 LOT 14

OWNER KRISTI SHAY OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 150 AMP 10

INSTALLED BY Dickson LICENSE NO 8392

DATE 12 3 05 PERMIT # 05-4333A INSPECTOR MR TO

DUP R2705 ☐ CALLED IN ____/____/____ Lic. No: 6455

5157

MUNICIPALITY Brick town

LOCATION

OWNER

"Installation in the above pr
in accordance with N.E.C

FINAL ☐ TEMPORARY This approval void

DESCRIPTION OF SERVICE

INSTALLED BY

DATE PERMIT #

CALLED IN ____/____/____

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 12/27/05

NAME Kristi Shay Const

ADDRESS 63 Channel Dr Brick NJ 08723

PROPERTY LOCATION 1611 Edge St

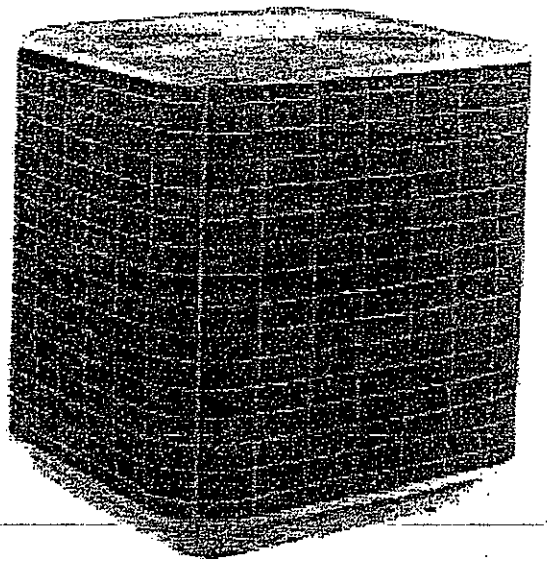
Account No L331203 Block 832 Lot 14

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evan

TECHNICAL
SPECIFICATIONS

S3BA Series
High Efficiency Air Conditioner
10 SEER
1-1/2 – 5 Ton Capacity



The S3BA Series of air conditioners offers exceptional performance from a small, compact package. The unit, when combined with our engineered coils or air handlers, offers a full line of quality, split system cooling equipment. Units are ideally sized for slab or rooftop mounting in single, multifamily, and light commercial applications.

FEATURES and BENEFITS

- **Durable, Attractive Cabinet** – Designed using galvanized steel with a high gloss polyester urethane powder coat finish. The 750 hour salt spray finish is 1.5 mil thick and resists corrosion 50% better than comparable units.
- **Copper Tube / Aluminum Fin Coils** – Both indoor and outdoor coils are designed to optimize heat transfer, minimize size and cost, and increase durability and reliability.
- **Permanently Lubricated Motor** – A heavy duty PSC motor for long lasting reliability and quiet operation. Requires no maintenance and is completely protected from rain and snow.
- **Full Service Valves** – These brass valves are easily accessible and simplify servicing of the refrigeration system.
- **Plastic Coated Coil Guard** – A wire guard that will never rust and protects the units coil from being damaged by balls, lawnmowers, etc.
- **Removable Top Grille Assembly** – Allows ease of service from the top without disconnecting fan motor leads.
- **One Piece Top/Orifice** – Designed for maximum airflow and quiet operation.
- **2-1/2" Pedestal Base** – The sturdy base keeps the bottom of the coil out of harms way. Secondly, the base has weep holes along the edge to allow the water from rain to flow away from the unit.
- **Five Minute Restart Time Delay** – When the unit shuts down, a five minute delay keeps the unit from restarting, eliminating the highest cause for compressor failure.
- **Easy Compressor and Control Access** – Designed to make servicing easier for the contractor, access panels are provided to all controls and the compressor from the side of the unit.
- **6 Year Limited All Parts Warranty** – The best in the industry and has proven to be a major benefit to the consumer.

MODEL IDENTIFICATION CODES

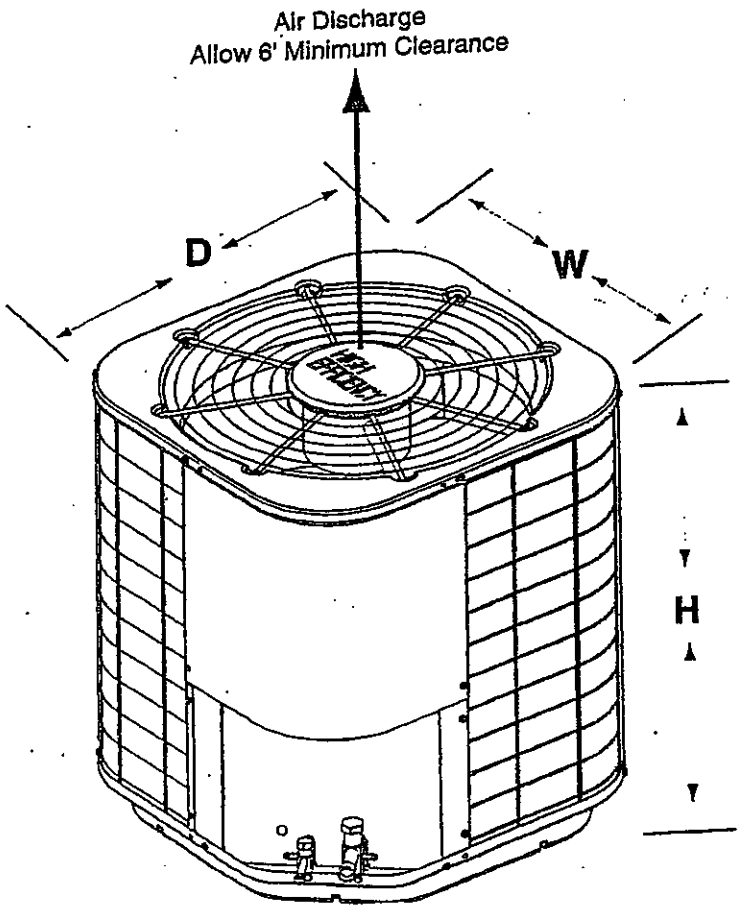
EX: S3BA-036K

S **3** **B** **A** - **036** **K**

- **S** - S - Air Conditioner, T - Heat Pump
- **3** - Generation 1, 2, 3. etc.
- **BA** - Product Identifier: BA = Braze 10 SEER, BC = Braze 12 SEER, BE = Braze 14 SEER
- **036** - Nominal Capacity (000) BTU
- **K** - Electrical Code: C = 208/230-60-3, K = 208/230-60-1

DIMENSIONS
OUTDOOR SECTION

S3BA-	018	024	030	036	042	048	060
H	22-1/2	22-1/2	26-1/2	30-1/2	34-1/2	26-1/2	34-1/2
W	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2
D	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2



PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

10 SEER — High Efficiency — Single Phase

Model No. S3BA-			018K	024K	030K	036K	042K	048K	060K
Electrical Data	Volts-Cycles-Phase		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1
	Total Amps		9.2	10.5	14.9	15.7	18.3	19.6	26.5
	Delay Fuse Max.		20	20	30	30	40	40	50
	Min. Circuit Ampacity		11.4	12.9	18.4	19.3	22.5	24.2	32.7
Component Data	Coil	Area	8.3	8.3	10.0	11.7	13.3	15.3	20.4
		Rows-FPI	1-16	1-18	1-20	1-20	1-22	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.67	0.67	1.25	1.25	1.25	1.4	1.5
		Watts-HP	145-1/10	145-1/10	210-1/8	210-1/8	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in. - 3	18 in. - 3	18 in. - 3	18 in. - 3	18 in. - 3	24 in. - 2	24 in. - 3
		SCFM	2100	2100	2500	2500	2500	3300	4000
	Compress	RLA	8.6	9.8	13.7	14.4	17.0	18.2	25.0
		LRA	49	56	75	82	105	102	170
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	5/8"	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"
		25 ft.	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"	1-1/8"
		40 ft.	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"	1-1/8"
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		62	72	76	90	102	105	130
Weight Approximate (lbs.)		Net	140	142	148	154	160	166	178
		Ship	152	154	160	166	172	178	190

10 SEER — High Efficiency — Three Phase

Model No. S3BA-			036C	048C	060C
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-3	208/230-60-3	208/230-60-3
	Total Amps		10.2	14	16.9
	Delay Fuse Max. (2)		20	30	35
	Min. Circuit Ampacity		12.5	17.2	20.8
Component Data	Coil	Area	11.7	15.3	20.4
		Rows-FPI	1-20	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC
		Amps	1.25	1.4	1.5
		Watts-HP	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in. - 3	24 in. - 2	24 in. - 3
		SCFM	2500	3000	3600
	Compress Data*	RLA	9.0	12.8	15.4
		LRA	70	91	124
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	3/4"	7/8"	7/8"
		25 ft.	3/4"	7/8"	1-1/8" (5)
		40 ft.	7/8" (4)	7/8"	1-1/8" (5)
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		90	105	130
Weight Approximate (lbs.)		Net	154	166	178
		Ship	166	178	190

COPPER WIRE SIZE — AWG (1% Voltage Drop)				
Supply Wire Length-Feet				Supply Circuit Ampacity
200	150	100	50	
6	8	10	14	15
4	6	8	12	20
4	6	8	10	25
4	4	6	10	30
3	4	6	8	35
3	4	6	8	40
2	3	4	6	45
2	3	4	6	50

Wire Size based on N.E.C. for 60° type copper conductors.

* Values shown are most severe and may vary slightly depending on the make of the compressor supplied.

(1) Operating Voltage Range: 198v min. — 253v max.

(2) HACR Type Circuit Breakers may be used.

(3) Requires 3/4" to 5/8" reducer from unit to line.

(4) Requires 7/8" to 3/4" reducer from line to unit.

(5) Requires 7/8" to 1-1/8" reducer from line to unit.

SYSTEM HEATING & COOLING CAPACITIES

10 SEER — High Efficiency — Single Phase

Outdoor Unit	With This Coil				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	C3BL-018C/U-A	17,800	10.0	675	.051
S3BA-024K	C3BA-024C/U-B	23,600	10.0	800	.060
S3BA-024K	C3BL-023C/U-A	22,800	10.0	800	.060
S3BA-030K	C3BA-030C/U-B	29,600	10.0	1100	.067
S3BA-030K	C3BL-028C-A	28,200	10.0	1100	.067
S3BA-036K	C3BA-036C/U-B	34,600	10.0	1250	.073
S3BA-042K	C3BA-042C/U-C	40,000	10.0	1400	.077
S3BA-048K	C3BA-048C/U-C	45,500	10.0	1600	.082
S3BA-048K	C3BA-048C/U-B	45,000	10.0	1500	.082
S3BA-060K	C3BA-060C/U-C	56,500	10.0	1800	.096

Outdoor Unit	With This Air Handler				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	B2B(M,V)-018K-A	17,800	10.0	675	.051
S3BA-024K	B2B(M,V)-024K-A	22,800	10.0	800	.060
S3BA-030K	B2B(M,V)-030K-B	29,600	10.0	1100	.067
S3BA-036K	B2B(M,V)-036K-B	34,600	10.0	1250	.073
S3BA-042K	B2B(M,V)-042K-C	40,000	10.0	1400	.077
S3BA-048K	B2B(M,V)-048K-C	45,500	10.0	1600	.082
S3BA-060K	B2B(M,V)-060K-C	56,500	10.0	1800	.096

ACCESSORIES - Condensing Unit

Start Assist Kit - 912933
Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

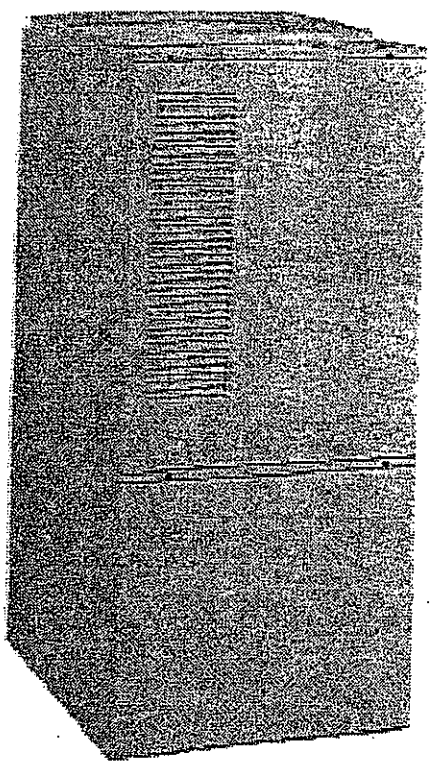
Thermostat
Two thermostats are available.
911096 - Single-Stage
911100 - Two-Stage Heat / One-Stage Cool

325A-0497 (Replaces 325A-1296)

TECHNICAL
SPECIFICATIONS

G6RA Series

High Efficiency Upflow/Horizontal Gas Furnace



Induced Draft - 80+ AFUE

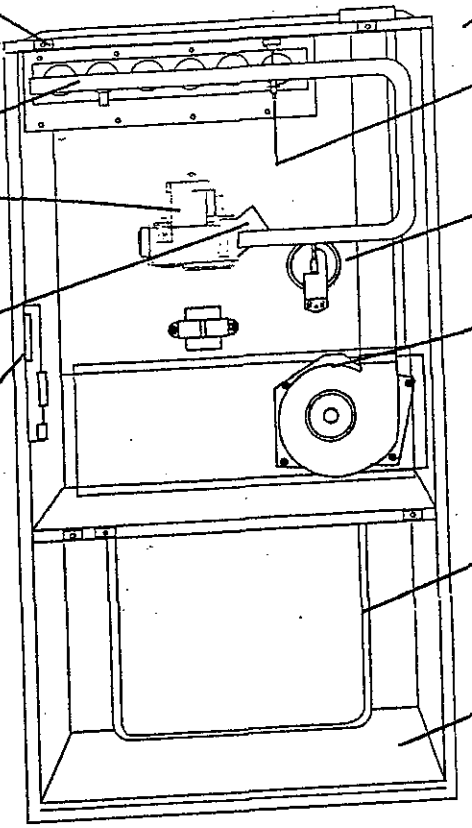
Input 45,000 - 144,000 Btuh

The high efficiency upflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

FEATURES and BENEFITS

- Best warranty in the business —
  – A full 20 years on the heat exchanger
  – 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 90, 120 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Variable speed blower kit is available to maximize air conditioner and heat pump efficiencies. On selected units, SEER ratings up to 14 and HSPF ratings up to 8.5 are ARI listed.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, improper ground and polarization, and low flame signal — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New two piece door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.

FEATURES
High Efficiency Upflow/Horizontal 80+ Gas Furnace



Front door screw fasteners ensure tight fit.

Vent switch protects against blocked flue. (Not Shown)

Remote flame sensor for proof of flame carry-over

Aluminized steel in-shot burners, hot surface ignitor and redundant gas valve provide safe, reliable ignition and efficient combustion.

Single pressure switch assures proper operation of the induced draft system up to 10,000 feet.

Isolation grommets on the induced draft blower provide quiet operation.

Supply air limit.

Solid state integrated control monitors the burner flame and limit circuit continuously. Blower timing has adjustable OFF settings. Provides humidifier and electronic air cleaner connections.

Multi-speed PSC motor/blower provides quiet airflow, reliable operation and is installed on a slide-out track.

Solid bottom base plate for sturdy construction — with easily removed full bottom knock-out for bottom return applications.

STANDARD EQUIPMENT

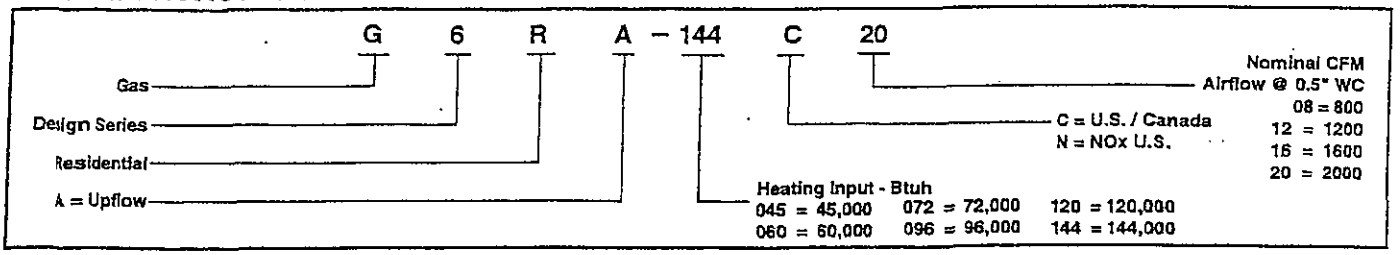
Draft inducer; pressure switch; redundant main gas control; hot-surface ignition; timed ON/OFF blower controls(TDR) ; 40VA transformer for air conditioner application; limit controls; solid base plate with knock-out for easy removal; direct drive motor; all models can be converted to use L.P. (propane) gas. Factory approved kits *only* must be used and are available as an optional accessory from your distributor.

SPECIFICATIONS

GSRA MODEL NUMBERS	-045(0)36	-060(0)42	-072(0)42	-072(0)48	-096(0)42	-096(0)48	-096(0)60	-120(0)48	-120(0)60	-144(0)60
Input-Btuh (a)	45,000	60,000	72,000	72,000	96,000	96,000	96,000	120,000	120,000	144,000
Heating Capacity - Btuh	36,000	48,000	58,000	58,000	77,000	77,000	77,000	96,000	96,000	115,000
AFUE	80+	80+	80+	80+	80+	80+	80+	80+	80+	80+
Max. Htg. Ext. St. Press. In W.C.	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
Blower Wheel D x W	10 x 6	10 x 6	10 x 6	10 x 10	10 x 9	10 x 10	11 x 10	10 x 10	11 x 10	11 x 10
Motor H.P. -Speed -Type	1/5 - 3 - PSC	1/3 - 3 - PSC	1/3 - 3 -PSC	1/2 - 4 -PSC	1/3 - 3 - PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	3/4 - 4 -PSC
Motor FLA	2.8	6.0	6.0	7.9	6.0	7.9	11.1	7.9	11.1	11.1
Temperature Rise Range - °F	45 - 75	45 - 75	45 - 75	40 - 70	50 - 80	50 - 80	40 - 70	50 - 80	45 - 75	45 - 75
Approximate Shipping Wt. - lbs.	108	120	120	125	157	158	165	172	174	183

All models are 115 V, 60 HZ. Gas connections are 1/2" N.P.T
AFUE= Annual Fuel Utilization Efficiency

IDENTIFICATION CODE



Through-the-Wall VENTING
Venting Requirements

These furnaces are approved to use with 3" single wall AL29-4C stainless steel vent pipe in through-the-wall vent applications, and with the required through-the-wall vent kit listed below. The pipe is available from the following manufacturers:

Z-Flex Inc. - vent brand name **(Z-VENT)**
Heat-fab Inc. - vent brand name **(Saf-T Vent)**
Flex-L International - vent brand name **(STAR-34 Vent)**

When venting through-the-wall, this is a Category III furnace, the vent pressure is positive, and the venting system must be sealed in both horizontal and vertical runs.

Model Number G6RA	Min. Pipe Size	Reducer Needed	Flue Outlet (in.)	Max. # Elbows	Max. Ft. Vent Pipe
045( )-08	3"	None	3	4	35
060( )-12	3"	4" to 3"	4	4	35
072( )-12	3"	4" to 3"	4	4	35
072( )-16	3"	4" to 3"	4	4	35
096( )-12	3"	4" to 3"	4	4	35
096( )-16	3"	4" to 3"	4	4	35
096( )-20	3"	4" to 3"	4	4	35
120( )-16	3"	4" to 3"	4	4	35
120( )-20	3"	4" to 3"	4	4	35
144( )-20*	3"	4" to 3"	5	3	30

* NOTE: Special 5" to 4" Reducer Kit (#902249) required for model G6RA144C-120.

High Efficiency 80+ with Honeywell VR Gas Valve		
Kit		**Order Number**
U.S. High Altitude Natural Gas Conversion Kit (2,000 to 10,000 ft.)		903491
U.S. Propane Kit (0 to 2,000 ft.)		903492
U.S. High Altitude Propane Gas Conversion Kit (2,000 to 10,000 ft.)		903493
Canadian High Altitude Natural Gas Conversion Kit (2,000 to 4,500 ft.)		903494
Canadian Propane Gas Conversion Kit (0 to 4,500 ft.)		903495
Fossil Fuel Kit		914762
Side Return Filter Kit		541036
Bottom Return Filter Kit	A Cabinet	903088
	B Cabinet	903089
	C Cabinet	903090
Downflow Sub-Base	A Cabinet	902974
	B Cabinet	902677
Horizontal Vent Kit		903196
Internal Side Return Filter Wire		903152

VENTING

All models, with the exception of the reduced NOx models, are approved for vertical and through-the-wall venting applications (see table above). All models may be common vented with a gas water heater. Type B gas vent materials may be used when connected to a vertical vent system. The installation must be in accordance with the venting instructions supplied with the furnace.

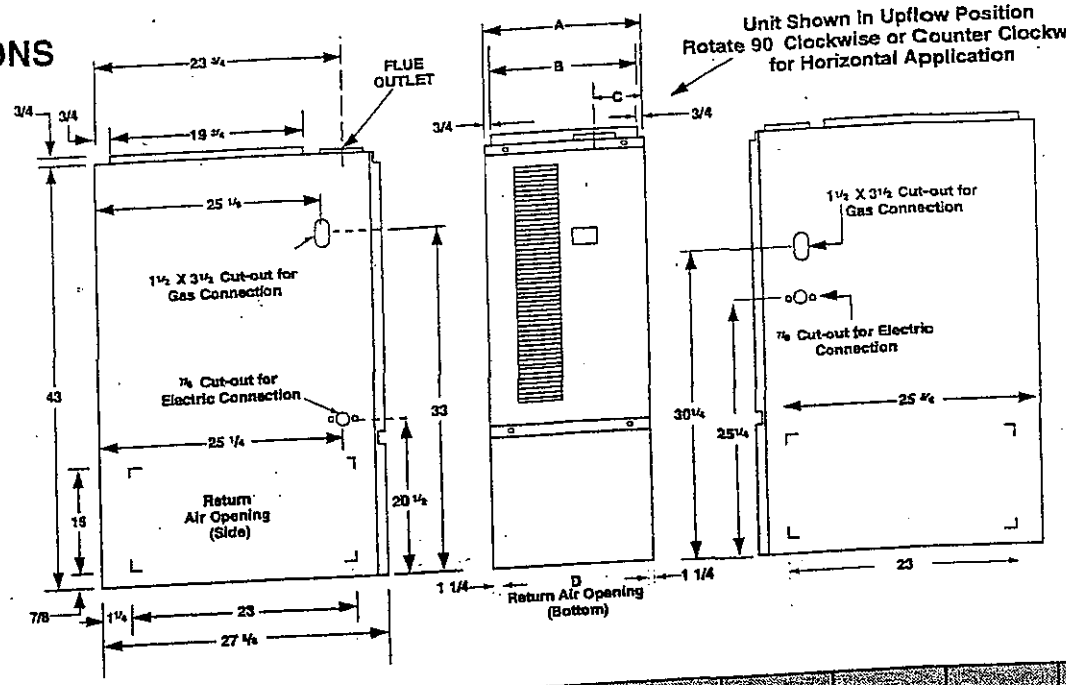
GENERAL TERMS OF LIMITED WARRANTY **

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the applicable periods stated below, in accordance with the terms of the warranty.

G6RA Models Warranty
Gas Heat Exchanger ..... 20-Year Limited Warranty
Any Other Part ..... 6-Year Limited Warranty

** For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the factory for a copy.

DIMENSIONS



MODEL NUMBER G6RA	A (in.)	B (in.)	C (in.)	D (in.)	MODEL NUMBER G6RA	A (in.)	B (in.)	C (in.)	D (in.)
045(*)-08	14 1/4	12 3/4	3 1/4	11 3/4	096(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
060(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	096(*)-20	22 1/2	21	3 3/4	20
072(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	120(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
072(*)-16	19 3/4	18 1/4	3 3/4	17 1/4	120(*)-20	22 1/2	21	3 3/4	20
096(*)-12	19 3/4	18 1/4	3 3/4	17 1/4	144(*)-20	22 1/2	21	4 1/4	20

BLOWER PERFORMANCE

G6RA Furnace Model No.	Motor HP	Motor Speed	Upflow Furnace Airflow Data External Static Pressure (inches Water Column) 0.1 CFM	0.1 Rise	0.2 CFM	0.2 Rise	0.3 CFM	0.3 Rise	0.4 CFM	0.4 Rise	0.5 CFM	0.5 Rise
045C-08	1/5	High *	1000	-	970	-	950	-	920	-	870	-
		Medium	760	46	740	47	730	47	720	48	690	50
		Low **	630	55	620	56	610	57	600	58	570	61
060C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	-	1190	-	1160	-	1120	-	1070	-
		Low **	820	57	800	58	780	59	760	61	730	63
072C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	46	1190	47	1160	48	1120	49	1070	52
		Low **	820	68	800	69	780	71	760	73	730	76
072C-16	1/2	High *	1980	-	1910	-	1830	-	1760	-	1660	-
		Med-High	1710	-	1660	-	1610	-	1540	-	1470	-
		Med-Low	1490	-	1470	-	1420	-	1380	-	1320	-
		Low **	1270	44	1250	45	1230	45	1190	47	1140	49
096C-12	1/3	High *	1530	-	1450	-	1390	-	1300	-	1220	-
		Medium**	1380	64	1320	67	1250	71	1190	75	1100	81
		Low	930	-	900	-	870	-	820	-	750	-
096C-16	1/2	High *	1980	-	1910	-	1840	-	1760	-	1680	-
		Med-High	1720	-	1670	-	1610	-	1560	-	1480	-
		Med-Low **	1470	50	1440	52	1410	53	1370	54	1320	56
		Low	1270	58	1240	60	1220	61	1190	62	1140	65
096C-20	3/4	High *	2340	-	2290	-	2280	-	2180	-	2150	-
		Med-High	1910	-	1880	-	1860	-	1830	-	1810	-
		Med-Low	1520	49	1510	49	1490	50	1480	50	1460	51
		Low **	1370	54	1350	55	1340	55	1320	56	1300	57
120C-16	1/2	High *	1900	-	1830	-	1750	-	1630	-	1580	-
		Med-High **	1720	54	1670	56	1610	58	1560	59	1480	63
		Med-Low	1450	64	1420	65	1380	67	1340	69	1280	72
		Low	1260	-	1230	-	1200	-	1170	-	1120	-
120C-20	3/4	High *	2300	-	2250	-	2190	-	2130	-	2090	-
		Med-High	1910	49	1880	49	1860	50	1830	51	1800	52
		Med-Low**	1540	60	1530	61	1520	61	1500	62	1480	63
		Low	1320	-	1310	-	1300	-	1280	-	1260	-
144C-20	3/4	High *	2240	-	2190	-	2130	-	1070	-	2020	-
		Med-High**	1900	49	1860	50	1820	51	1780	52	1740	53
		Med-Low	1520	61	1510	61	1490	62	1480	63	1450	64
		Low	1330	-	1310	-	1290	-	1280	-	1250	-

*Factory wired cooling speed tap. **Factory wired heating speed tap.

- Not Recommended

ATTACHMENT 'A'

If during construction the existing sanitary sewer clean out and water service curb box is found to be located in the driveway apron or walkways, the applicant will be required to relocate the sewer clean out and/or water curb box at the applicant's expense.

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	_____	( ) _____	( ) _____
2. Lavatory	_____	( ) _____	( ) _____
3. Bath Tub	_____	( ) _____	( ) _____
4. Shower Stall	_____	( ) _____	( ) _____
5. Kitchen Sink	_____	( ) _____	( ) _____
6. Service Sink	_____	( ) _____	( ) _____
7. Laundry Tray	_____	( ) _____	( ) _____
8. Dishwasher	_____	( ) _____	( ) _____
9. Washing Machine	_____	( ) _____	( ) _____
10. Urinal	_____	( ) _____	( ) _____
11. Floor Drain	_____	( ) _____	( ) _____
12. Drinking Fountain	_____	( ) _____	( ) _____
13. Air Conditioner (water cooled)	_____	( ) _____	( ) _____
14. Dental Unit	_____	( ) _____	( ) _____
15. Lawn Sprinkler No. of Heads	_____	( ) _____	( ) _____
16. Fire Sprinkler No. of Heads	_____	( ) _____	( ) _____
17. _____	_____	( ) _____	( ) _____
18. _____	_____	( ) _____	( ) _____
Total		_____	_____

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____
Brick Township Plumbing Inspector

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

Legend
- Road Edges
- Road Names
- Hydrants
- FIRE
- OTHER
- WATER QUALITY
- Valves
- Water Pipes
- BTMUA Sanitary Manholes
- Sanitary Sewer Pipes
- Buildings
- Parcel Boundaries
- Map Sheet Index - 2003

1641 Harvard Avenue

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Kristi Shay Const. PHONE NO. 477-4665 (bus.)

ADDRESS: 63 Channel Dr _____ (home)

Brick NJ 08723

PROPERTY IN QUESTION: ADDRESS ~~1641 Harvard Ave~~ 1611 EAGE St.

BLOCK(S) 832 LOT(S) 14

BTMUA ACCOUNT NO. L331203 TAX MAP DRAWING NO. 45.02

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

* LOT HAS EXISTING SERVICE

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

* WATER HARVARD AVENUE (STREET) 3/4" 2528.00 1" 4435.00

* SEWER HARVARD AVENUE (STREET) 2796.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES.

DATE: August 31, 2005 SIGNED: James C. [illegible]

NOTE: STATEMENT GOOD FOR ONE YEAR.

8/31/05
pae

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET. SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

SHADE TREE PERMIT

RECEIPT OF FEES

BLOCK: 832

LOT: 14

FEE: $ 25.00

INSPECTION: _____

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE # 158-E-99

1. Name of Applicant: Kristi Shay Construction, Inc.

   Address: 63 Channel Dr. Brick NJ 08723
   Give name and address of person applying for permit. If Applicant is other than owner, give and identify names and addresses of both.

   Telephone: 732 477-4665

2. Block: 832 Lot: 14
   This information is located on deed or tax bill

3. Address if different from Applicant: _____
   Give street & number if one is assigned. If there is no street number assigned, estimate distance and direction from nearest intersection or other easily recognizable landmark.

4. Location of trees on property SEE SURVEY and number of trees presently on property _____.

A. FOR INDIVIDUAL BUILDING LOTS:
Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch. Include existing buildings, driveways, and other construction IN SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and a D for deciduous trees.

*Note Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify if planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any reason, show approximate proposed location with a DOTTED circle and specify species and approximate planting size (height & caliper)

There should be a minimum of one tree for each 2000 square foot after all tree removal and replacement (e.g. and 80 x 100 ft lot includes 8000 sqft & would require a minimum of 4 trees).

B. FOR OTHER ACREAGE
Include copy of subdivision plot plan or equivalent outling all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small oak", etc.)

APPLICATION FOR SHADE TREE PERMIT
Page 2

*Note "Tree" for the purpose of this permit means
1. Any live coniferous tree 4' or more DBH (diameter breast high).
2. Any deciduous tree (live) 3' or more DBH.
3. Any live American Holly or Dogwood 1' or more, one foot above ground.
4. Any live Laurel 3' or more across root crown.

Date: 9/14/05

Name of Applicant: Kristi Shay Construction, Inc

Address: 63 Channel Drive

Brick NJ 08723

Block: 832 Lot: 14

Residential √ Commercial _____

Address if different from Applicant: _____

_____

See Survey

LOCATION OF TREES ON PROPERTY

_____

NUMBER OF TREES PRESENTLY ON PROPERTY

Fees:

$5.00 per tree (maximum $25.00) on individual building lot

$25.00 per acre for approved subdivision/site plans

Amount of fee: $ Waived

Reviewed by _____

Approved _____ Date: 10/17/05

Township Engineer

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address [illegible] EDGE ST.

Block 832 Lock 14

Contractor Kristi Shay Construction, Inc

Contractor's Address 63 Channel Dr.

Type of Construction (minor, new home) New home

Type of Debris (shingles, siding, wood, etc.) shingles - siding - wood

Party Responsible for removal Sindel Carting

Dumpster Size 40 Yard

Destination of Debris Discard OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

[signature] 9/14/05

Signature Date

MICHAEL STUREMO

Print Name

Permit Number

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1a
Data filename: C:\Program Files\Check\REScheck\1641 Harvard AVE.rck

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 08/25/05
DATE OF PLANS: 8/25/05

PROJECT INFORMATION:
KRISTI SHAY CONSTRUCTION
LOT 14 BLOCK 832 1641 HARVARD AVE
BRICK TOWNSHIP, OCEAN COUNTY

COMPLIANCE: Passes

Maximum UA = 468
Your Home UA = 296
36.8% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Raised or Energy Truss	917	19.0	0.0		45
Wall 1: Wood Frame, 16" o.c.	545	13.0	0.0		45
Wall 2: Wood Frame, 16" o.c.	581	13.0	0.0		45
Window 4: Wood Frame:Double Pane with Low-E	31			0.330	10
Wall 3: Wood Frame, 16" o.c.	482	13.0	0.0		39
Wall 4: Wood Frame, 16" o.c.	556	13.0	0.0		38
Window 2: Wood Frame:Double Pane with Low-E	51			0.330	17
Door 1: Glass	39			0.330	13
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	928	19.0	0.0		44

Furnace 1: Forced Hot Air, 94 AFUE
Air Conditioner 1: Electric Central Air, 12 SEER

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1a (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Date 8/25/05

SINGLE FAMILY DWELLING CHECKLIST

1. Construction Permit Jacket Completed and Signed — Yes ✓ No
2. Zoning Application Completed — Yes ✓ No
3. Two True Size Surveys — Yes ✓ No
4. Engineering Form:
   - Single Family Home Checklist — Yes ✓ No
   - Major Subdivision — Yes No ✓
5. Shade Tree Application - NEED SURVEY — Yes ✓ No
6. Debris Form — Yes ✓ No
7. BTMUA Availability Statement — Yes ✓ No
8. Building, Plumbing, Electrical and Fire Permits — Yes No ✓
9. Gas Pipe Drawing — Yes No ✓
10. Drain Waste Venting Schematic (DWV) — Yes ✓ No
11. Brochures:
    - Furnace — Yes ✓ No
    - Air Conditioner — Yes ✓ No
    - Fireplace — Yes No ✓
    - Boiler — Yes No ✓
12. Indicate options:
    - Fireplace (Gas or Wood) — Yes No
    - Basement — Yes No
    - Crawl — Yes No
    - Slab — Yes No
    - Deck — Yes No
13. Two Sets of Plans-architectural plans signed and sealed Homeowners Plans signed by homeowner on all pages — Yes ✓ No
14. Soil Boring Report showing seasonal high water table required for any new basements — Yes No
15. Joist layout showing blocking for any engineered floor joist (TJI) — Yes No ✓
16. Modular Homes separate cost - the house is new building; site preparation, garages and decks are alterations — Yes No ✓
17. Model Energy Code — Yes ✓ No

Please separate the cost for fireplaces and decks from the cost of the new building - they are considered alterations

YOUR PERMIT APPLICATION WILL NOT BE ACCEPTED IF ANY OF THE ABOVE INFORMATION IS MISSING

VENT-FREE

Gas Fireplace Systems

SmartLine DFS Series

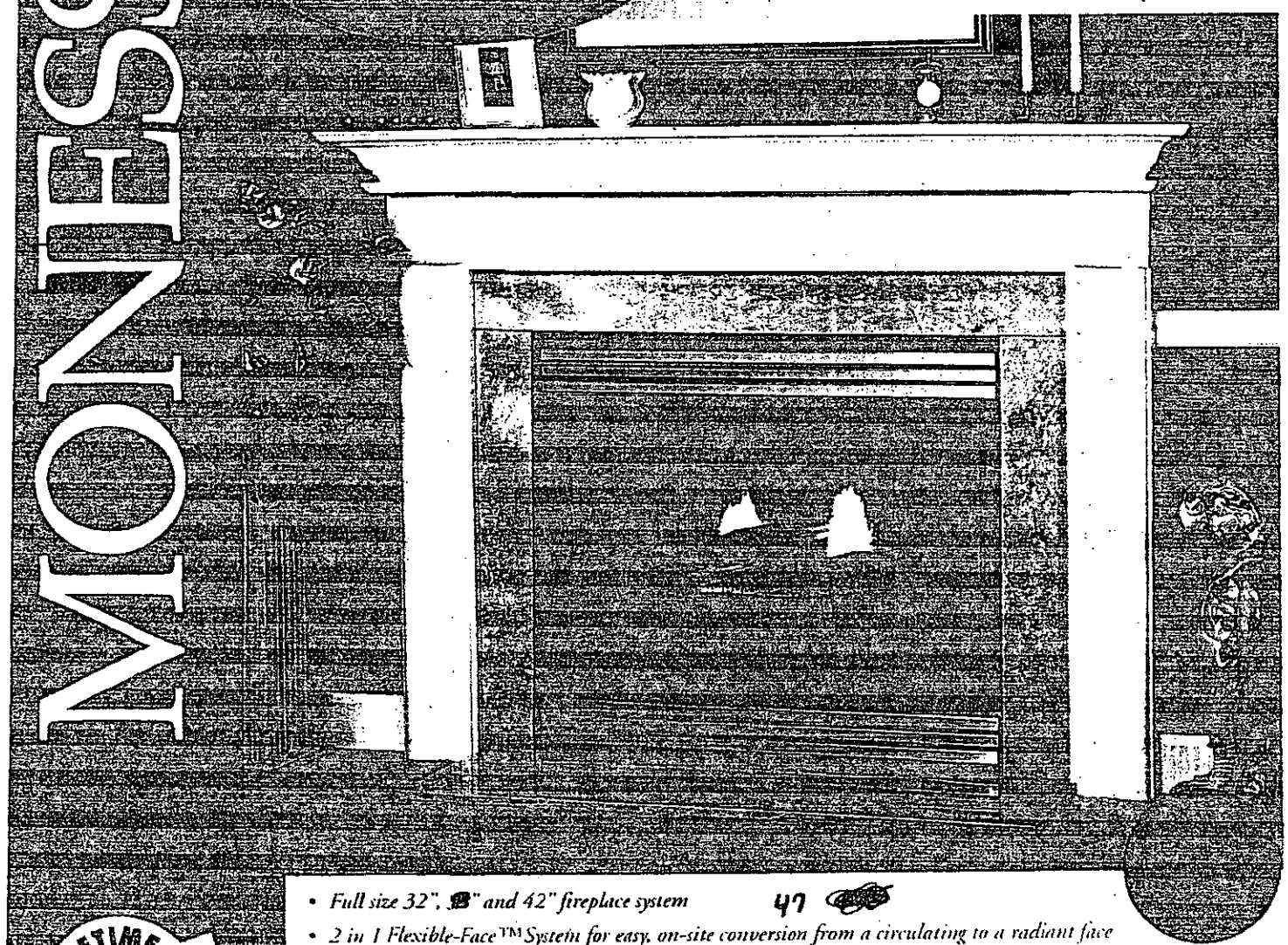
MONESSEN

The Monessen DFS Vent-Free Gas Fireplace System is part of the family of SmartLine Fireplace Systems that provide outstanding design flexibility with the most desired product features for either a recessed or against the wall installation. Now with the new **2 IN 1 FLEXIBLE-FACE™ SYSTEM**, *no other zero-clearance vent-free fireplace can match its versatility. Only three fireplaces - 32", and 42" - are required to meet virtually any installation need.*

Please Ask For
RICK NORMAN

2 IN 1 FLEXIBLE-FACE™
Convert from Circulating to Radiant in Seconds

- **Out-of-the-box ready for a circulating installation**
- **Radiant plates included for easy field conversion**
- **Available in 32", and 42" for virtually any installation need**



- *Full size 32", " and 42" fireplace system*
- *2 in 1 Flexible-Face™ System for easy, on-site conversion from a circulating to a radiant face*
- *Realistic ceramic fiber logs with glowing coals and dancing yellow flames*
- *Integrated stainless steel burner system*
- *Concealed controls and fixed screen*
- *No venting required, all the heat stays in your home*

LIFETIME MONESSEN LIMITED WARRANTY

Heat with Personality.

Specifications

Please Ask For
RICK NORMAN

PRODUCT FEATURES

- 2 in 1 Flexible-Face™ System
- Aged Split Fiber Ceramic Logs
- Dual Stainless Steel Burner System
- Concealed Controls in Lower Access Panel
- Low Profile Hood
- Manual, Thermostat (*32" only*) or Remote Control Operation
- Easy Access, Removable Burner Assembly
- Drywall Lip
- Flat Faced Standoffs for Easy Drywall Mounting
- Catalytic Filter System *(Catalytic Models)*
- Tempered Glass *(Catalytic Models)*

STANDARD VENT-FREE BTU RATINGS

Log Model	Size	Fuel Type	Manual Control	Thermostat Control	Millivolt Control	Approximate Heating Area Sq. Ft.	Approximate Cost to Operate Manual Control* Low - High
DFS3224	24"	NG	19,000-32,000	20,000-28,000	22,000-32,000	1100	12¢ - 20¢
DFS3224	24"	LP	19,000-33,000	20,000-28,000	27,000-33,000	1100	20¢ - 35¢
DFS36	24"	NG	19,000-32,000		22,000-32,000	1100	12¢ - 20¢
DFS36	24"	LP	19,000-33,000		27,000-33,000	1100	20¢ - 35¢
DFS42	28"	NG	19,000-32,000		22,000-32,000	1100	12¢ - 20¢
DFS42	28"	LP	19,000-33,000		27,000-33,000	1100	20¢ - 35¢

*Cost per hour based on 1997 Dept. of Energy National Average Energy Costs.

CATALYTIC VENT-FREE BTU RATINGS

Log Model	Size	Fuel Type	Manual Control	Millivolt Control	Approximate Heating Area Sq. Ft.	Approximate Cost to Operate Manual Control* Low - High
DFC32	18"	NG	13,000 - 25,000	14,000 - 24,000	800	8¢ - 15¢
DFC32	18"	LP	10,000 - 20,000	16,000 - 24,000	800	11¢ - 21¢
DFC36	24"	NG	14,000 - 27,000	18,000 - 27,000	900	9¢ - 17¢
DFC36	24"	LP	13,000 - 26,000	19,000 - 26,000	850	14¢ - 28¢
DFC42	28"	NG	14,000 - 27,000	18,000 - 27,000	900	9¢ - 17¢
DFC42	28"	LP	13,000 - 26,000	19,000 - 26,000	850	14¢ - 28¢

*Cost per hour based on 1997 Dept. of Energy National Average Energy Costs.

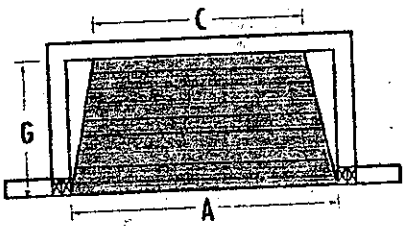
FIREBOX DIMENSIONS (inches)

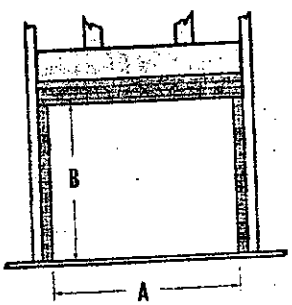
Model DFS	32"	42"
Overall height	38 1/4	38 1/4
Finished height	34 1/2	34 1/2
Overall width*	37	47
Overall depth**	16	16

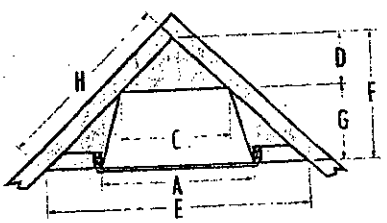
* Does not include flexible nailing flange.
** Does not include hood.

FRAMING DIMENSIONS (inches)

	DFS32	DFS42
A	37 1/4	47 1/4
B	38 1/2	38 1/2
C	28 3/4	38 3/4
D	14 1/2	19 1/2
E	60 3/4	70 3/4
F	30 1/2	35 1/2
G	16	16
H	37 3/4	45







WOOD SURROUNDS

Dimensions (inches)	32" Wall Surround	32" Wall Hearth	36" Wall Surround	36" Wall Hearth
Width	50 1/2"	57 1/4"	54 1/2"	61 1/4"
Height	48 1/4"	5"	48 1/4"	5"
Depth	17 3/4"	21"	17 3/4"	21"
Opening Width	38"	-	42"	-
Opening Height	35 7/8"	-	35 7/8"	-
Width of Top	57 1/4"	-	61 1/4"	-
Depth of Top	21 1/8"	-	21 1/8"	-

Dimensions (inches)	32" Corner Surround	32" Corner Hearth	36" Corner Surround	36" Corner Hearth
Width	62 3/8"	62 3/8"	63 3/8"	63 3/8"
Height	48 1/4"	5"	48 1/4"	5"
Depth of Mantel from corner to center of Mantel	35 1/2"	-	37 1/2"	-
Depth of Mantel from corner along wall	44 1/8"	-	47"	-

- Available for 32" and 36" Fireplaces
- All available finished in Honey Oak or Dark Cherry Stain
- Wall Surrounds and Hearths in Unfinished Oak and Birch

IMPORTANT: This information is for planning purposes only. Always consult the Owner's Manual for installation and operating instructions.

Warning:

- It is recommended that all installations be performed by qualified service technicians.
- Always follow installation and operation instructions to ensure safety at all times.
- Check local codes before installation to ensure compliance.
- Correct installation of the ceramic fiber logs, proper location of the heater, and periodic cleaning are necessary to avoid potential service problems with sooting.
- Keep small children and animals away from the open flame of the gas log set at all times.
- There may be a "warm-up" smell associated with the heating of the logs. The odor should diminish in 2-4 hours of operation with the burner at its highest setting.

Regulatory Approval

The DFS series of vent-free gas logs has been tested and approved by AGA as an unvented room heater to the latest ANSI Z21 and IAS 125.5-95 requirements. Approved for installation in an aftermarket manufactured (mobile) home, where not prohibited by state or local codes. This unit complies with requirements to be classified as a zero clearance unit.

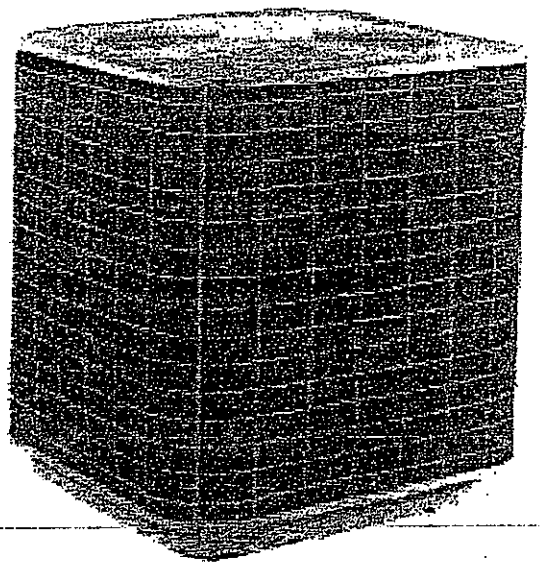
Distributed by:

MONESSEN HEARTH SYSTEMS

149 Cleveland Road • Paris, Kentucky 40361

TECHNICAL
SPECIFICATIONS

S3BA Series
High Efficiency Air Conditioner
10 SEER
1-1/2 – 5 Ton Capacity



The S3BA Series of air conditioners offers exceptional performance from a small, compact package. The unit, when combined with our engineered coils or air handlers, offers a full line of quality, split system cooling equipment. Units are ideally sized for slab or rooftop mounting in single, multifamily, and light commercial applications.

FEATURES and BENEFITS

- **Durable, Attractive Cabinet**–Designed using galvanized steel with a high gloss polyester urethane powder coat finish. The 750 hour salt spray finish is 1.5 mil thick and resists corrosion 50% better than comparable units.
- **Copper Tube / Aluminum Fin Coils** – Both indoor and outdoor coils are designed to optimize heat transfer, minimize size and cost, and increase durability and reliability.
- **Permanently Lubricated Motor** – A heavy duty PSC motor for long lasting reliability and quiet operation. Requires no maintenance and is completely protected from rain and snow.
- **Full Service Valves** – These brass valves are easily accessible and simplify servicing of the refrigeration system.
- **Plastic Coated Coil Guard**–A wire guard that will never rust and protects the units coil from being damaged by balls, lawnmowers, etc.
- **Removable Top Grille Assembly** – Allows ease of service from the top without disconnecting fan motor leads.
- **One Piece Top/Orifice** – Designed for maximum airflow and quiet operation.
- **2-1/2" Pedestal Base** – The sturdy base keeps the bottom of the coil out of harms way. Secondly, the base has weep holes along the edge to allow the water from rain to flow away from the unit.
- **Five Minute Restart Time Delay** – When the unit shuts down, a five minute delay keeps the unit from restarting, eliminating the highest cause for compressor failure.
- **Easy Compressor and Control Access** – Designed to make servicing easier for the contractor, access panels are provided to all controls and the compressor from the side of the unit.
- **6 Year Limited All Parts Warranty** – The best in the industry and has proven to be a major benefit to the consumer.

MODEL IDENTIFICATION CODES

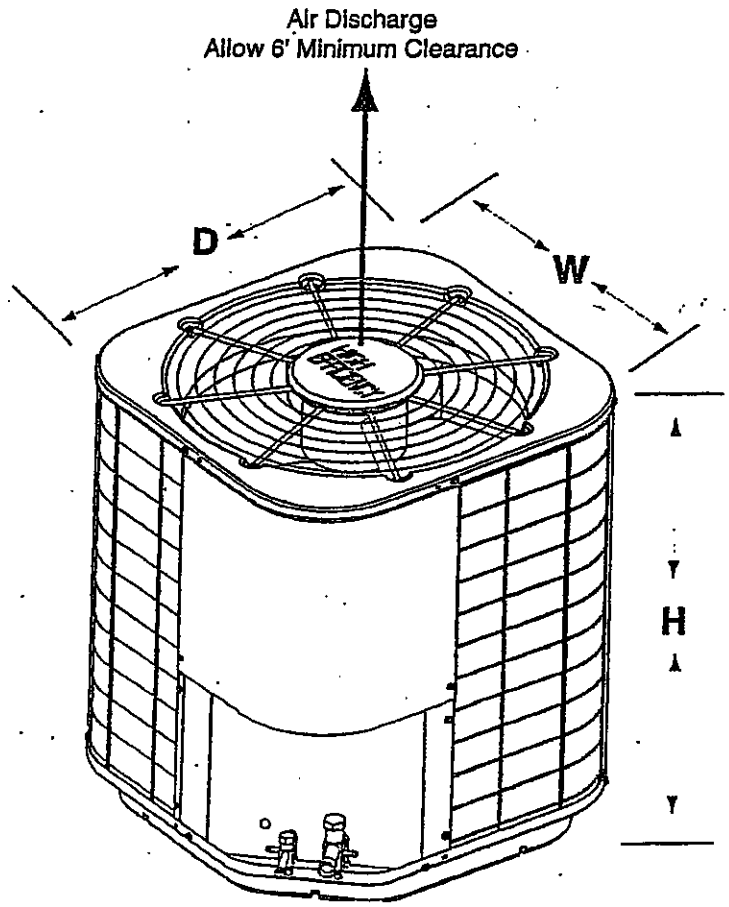
EX: S3BA-036K

S 3 B A - 036 K

- **S** - S - Air Conditioner; T - Heat Pump
- **3** - Generation 1, 2, 3. etc.
- **BA** - Product Identifier: BA = Braze 10 SEER; BC = Braze 12 SEER; BE = Braze 14 SEER
- **036** - Nominal Capacity (000) BTU
- **K** - Electrical Code: C = 208/230-60-3; K = 208/230-60-1

DIMENSIONS
OUTDOOR SECTION

S3BA-	018	024	030	036	042	048	060
H	22-1/2	22-1/2	26-1/2	30-1/2	34-1/2	26-1/2	34-1/2
W	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2
D	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2



SYSTEM HEATING & COOLING CAPACITIES

10 SEER — High Efficiency — Single Phase

Outdoor Unit	With This Coil				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	C3BL-018C/U-A	17,800	10.0	675	.051
S3BA-024K	C3BA-024C/U-B	23,600	10.0	800	.060
S3BA-024K	C3BL-023C/U-A	22,800	10.0	800	.060
S3BA-030K	C3BA-030C/U-B	29,600	10.0	1100	.067
S3BA-030K	C3BL-028C-A	28,200	10.0	1100	.067
S3BA-036K	C3BA-036C/U-B	34,600	10.0	1250	.073
S3BA-042K	C3BA-042C/U-C	40,000	10.0	1400	.077
S3BA-048K	C3BA-048C/U-C	45,500	10.0	1600	.082
S3BA-048K	C3BA-048C/U-B	45,000	10.0	1500	.082
S3BA-060K	C3BA-060C/U-C	56,500	10.0	1800	.096

Outdoor Unit	With This Air Handler				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	B2B(M,V)-018K-A	17,800	10.0	675	.051
S3BA-024K	B2B(M,V)-024K-A	22,800	10.0	800	.060
S3BA-030K	B2B(M,V)-030K-B	29,600	10.0	1100	.067
S3BA-036K	B2B(M,V)-036K-B	34,600	10.0	1250	.073
S3BA-042K	B2B(M,V)-042K-C	40,000	10.0	1400	.077
S3BA-048K	B2B(M,V)-048K-C	45,500	10.0	1600	.082
S3BA-060K	B2B(M,V)-060K-C	56,500	10.0	1800	.096

ACCESSORIES - Condensing Unit

Start Assist Kit - 912933
Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

Thermostat
Two thermostats are available.
911096 - Single-Stage
911100 - Two-Stage Heat / One-Stage Cool

325A-0497 (Replaces 325A-1296)

PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

10 SEER — High Efficiency — Single Phase

Model No. S3BA-			018K	024K	030K	036K	042K	048K	060K
Electrical Data	Volts-Cycles-Phase		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-
	Total Amps		9.2	10.5	14.9	15.7	18.3	19.6	26.5
	Delay Fuse Max.		20	20	30	30	40	40	50
	Min. Circuit Ampacity		11.4	12.9	18.4	19.3	22.5	24.2	32.7
Component Data	Coil	Area	8.3	8.3	10.0	11.7	13.3	15.3	20.4
		Rows-FPI	1-16	1-18	1-20	1-20	1-22	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.67	0.67	1.25	1.25	1.25	1.4	1.5
		Watts-HP	145-1/10	145-1/10	210-1/8	210-1/8	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in.-3	18 in.-3	18 in.-3	18 in.-3	18 in.-3	24 in.-2	24 in.-3
		SCFM	2100	2100	2500	2500	2500	3300	4000
	Compress	RLA	8.6	9.8	13.7	14.4	17.0	18.2	25.0
		LRA	49	56	75	82	105	102	170
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	5/8"	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"
		25 ft.	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"	1-1/8"
		40 ft.	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"	1-1/8"
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		62	72	76	90	102	105	130
Weight Approximate (lbs.)		Net	140	142	148	154	160	166	178
		Ship	152	154	160	166	172	178	190

10 SEER — High Efficiency — Three Phase

Model No. S3BA-			036C	048C	060C
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-3	208/230-60-3	208/230-60-3
	Total Amps		10.2	14	16.9
	Delay Fuse Max. (2)		20	30	35
	Min. Circuit Ampacity		12.5	17.2	20.8
Component Data	Coil	Area	11.7	15.3	20.4
		Rows-FPI	1-20	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC
		Amps	1.25	1.4	1.5
		Watts-HP	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in.-3	24 in.-2	24 in.-3
		SCFM	2500	3000	3600
	Compress Data*	RLA	9.0	12.6	15.4
		LRA	70	91	124
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	3/4"	7/8"	7/8"
		25 ft.	3/4"	7/8"	1-1/8" (5)
		40 ft.	7/8" (4)	7/8"	1-1/8" (5)
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		90	105	130
Weight Approximate (lbs.)		Net	154	166	178
		Ship	166	178	190

COPPER WIRE SIZE — AWG (1% Voltage Drop)				
Supply Wire Length-Feet				Supply Circuit
200	150	100	50	Ampacity
6	8	10	14	15
4	6	8	12	20
4	6	8	10	25
4	4	6	10	30
3	4	6	8	35
3	4	6	8	40
2	3	4	6	45
2	3	4	6	50

Wire Size based on N.E.C. for 60° type copper conductors.

* Values shown are most severe and may vary slightly depending on the make of the compressor supplied.

(1) Operating Voltage Range: 198v min. — 253v max.

(2) HACR Type Circuit Breakers may be used.

(3) Requires 3/4" to 5/8" reducer from unit to line.

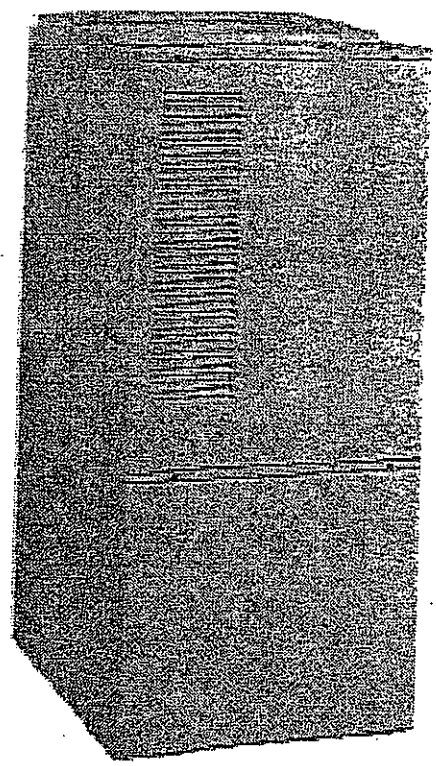
(4) Requires 7/8" to 3/4" reducer from line to unit.

(5) Requires 7/8" to 1-1/8" reducer from line to unit.

TECHNICAL
SPECIFICATIONS

G6RA Series

High Efficiency Upflow/Horizontal Gas Furnace



Induced Draft - 80+ AFUE

Input 45,000 - 144,000 Btuh

The high efficiency upflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

FEATURES and BENEFITS

- Best warranty in the business —
  – A full 20 years on the heat exchanger
  – 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 90, 120 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Variable speed blower kit is available to maximize air conditioner and heat pump efficiencies. On selected units, SEER ratings up to 14 and HSPF ratings up to 8.5 are ARI listed.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, improper ground and polarization, and low flame signal — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New two piece door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER KAISS. - SHAW DATE 11/07/05

PROPERTY ADDRESS 1611 RIDGE ST. BLOCK 832 LOT 14

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	3	( )	9.0	( )	
2. KITCHEN GROUP	1	( )	2.0	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL	1	( )	2.0	( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4.0	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	3.5	( )	
		TOTALS	20.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 1"

DATE: 11/09/05 APPROVED BY: MARK GIBBONS

RICHARD J. CODEY
Acting Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Examiners of Master Plumbers
124 Halsey Street, 6th Floor, Newark, NJ 07102

PETER C. HARVEY
Attorney General

KIMBERLY S. RICKETTS
Director

Mailing Address:
P.O. Box 45008
Newark, NJ 07101
(973) 504-6420

August 11, 2005

TO WHOM IT MAY CONCERN

Our records indicate that Mark S. Bode, License #8957 has applied to the Board for a seal press which has not yet been issued to him by the vendor.

Please accept this letter as an interim device pending the furnishing of a seal press to:

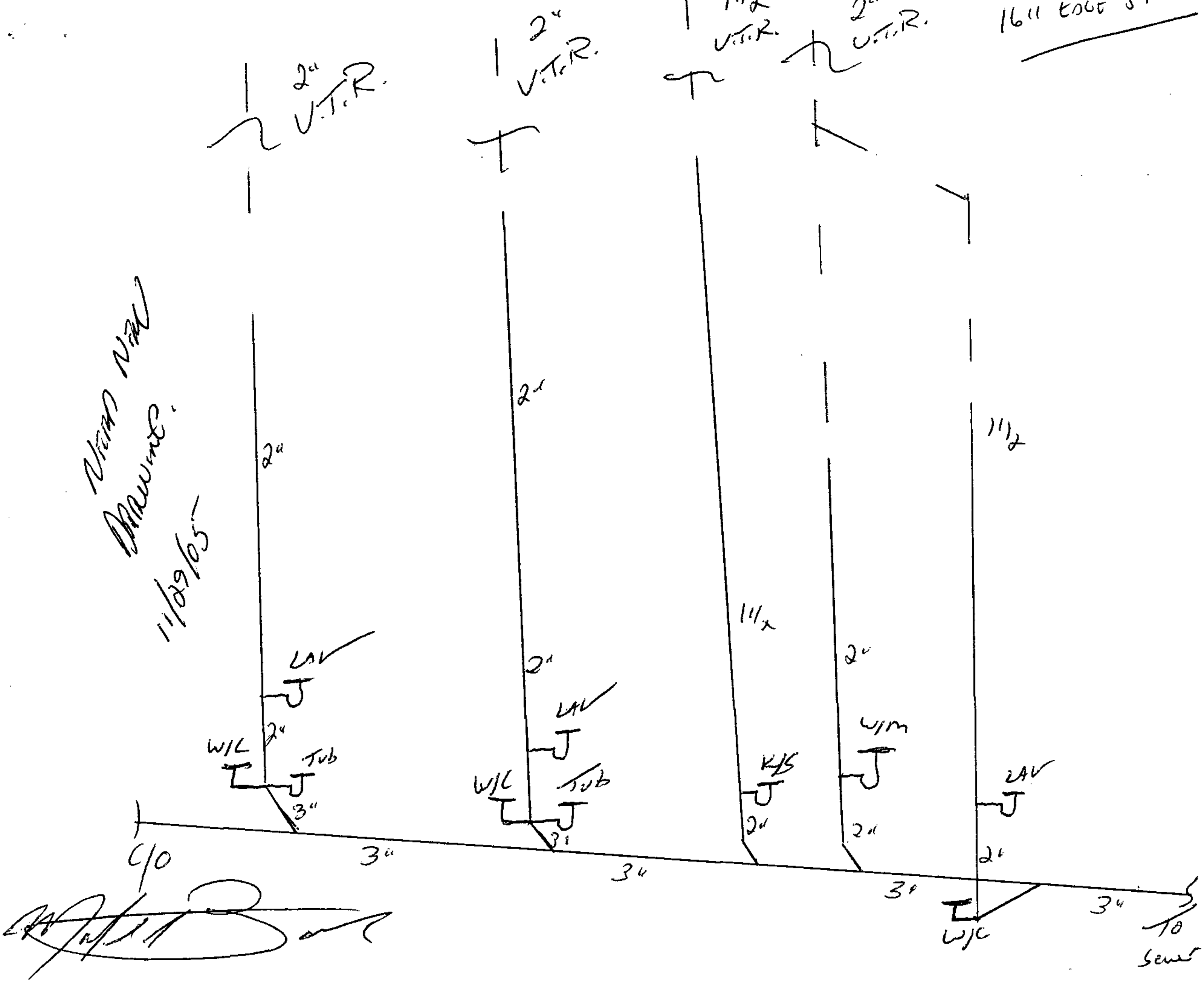
Mark S. Bode
312 Hayes Avenue
Bayville, NJ 08721

This letter will be rendered invalid 140 days after the date of its issuance.

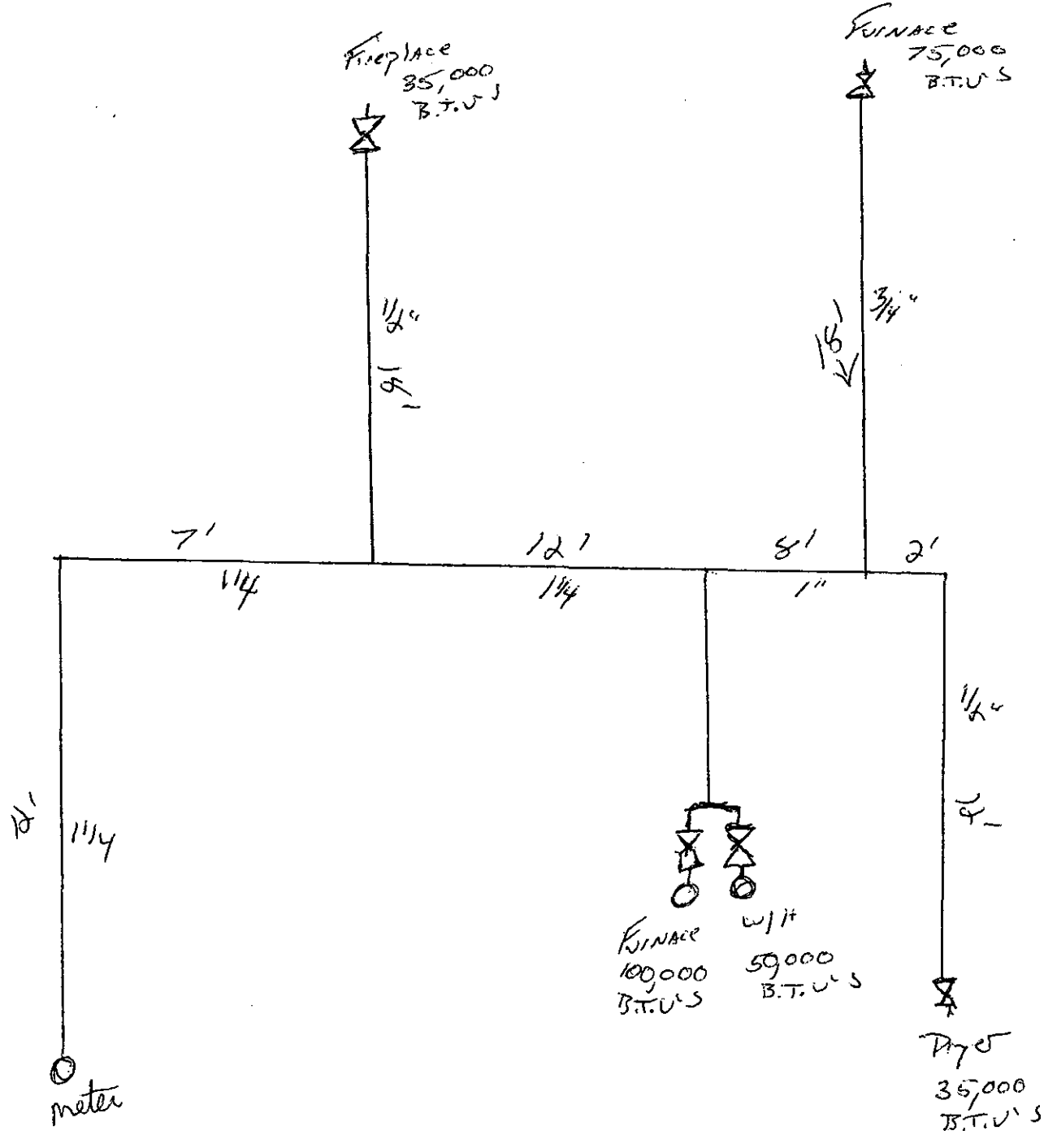
Barbara A. Cook
Executive Director

BAC:nz

1611 EDGE ST



2" V.T.R.
2" V.T.R.
1 1/2 V.T.R.
2" V.T.R.
Need New Drawing.
11/29/05
2"
2"
1 1/2
1 1/2
2"
LAV
W/C
Tub
3"
LAV
W/C
Tub
3"
K/S
2"
W/M
2"
LAV
2"
C/O
3"
3"
3"
3"
W/C
To Sewer



60' chart
1¼ - 295,000

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

TO: CONSTRUCTION CODE OFFICIAL

MUNICIPALITY: BRICK

PROJECT: KRISTI SUNNY 3LOT

SCD NO: 10282

BLOCK NO.(S): 288.67
832

LOT NO.(S): 5.02
14

Final Compliance ☑ **Conditional Compliance** ☐

Block No.	Lot No.	Conditions
		APPLICANT REMAINS RESPONSIBLE FOR CONTINUED GERMINATION OF ALL SEEDED AREAS.

TOTAL FEES DUE: $ 135.00

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 12/19/05

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

A5703

Revised 03/04

INSPECTOR: K Shafer

DATE: 12-21-05

JOB: /

SECTION: Forge Pond

TYPE OF WORK: Final

WEATHER: Sunny

LOCATION: 1611 Edge Street

TEMPERATURE: 30°'s

BLOCK: 832

LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	/	
2. Grading	/	
3. Sidewalk	/	
4. Road Pavement	/	
5. Landscaping & Sodding	/	
6. Clean-up Procedures	/	
7. Note on going construction in immediate area	/	
8. Safety	/	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC Comments] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

05-4333

Certificate of Occupancy Single Family Dwelling

Address 1611 Edge St. Block 832 Lot 14

Final Inspections:

1. Final Building
2. Final Electric
3. Final Plumbing
4. Final Fire
5. Certificate of Compliance
6. Final Engineering
7. Final Ocean County Soil
8. Home Owners Warranty / Affidavit

Report of compliance of Ocean County Soils is needed or a report from Ocean County Soils stating that a report of compliance is not needed. The phone number for Ocean County Soils is 609-971-7002.

Building _____ Approval Date 12/22/05

Plumbing _____ Approval Date 12/22/05

Fire _____ Approval Date 12/22/05

Electrical _____ Approval Date 12/19/05

Cert. Of Compliance _____ Approval Date 12/27/05

HOW / Affidavit _____ Approval Date 176541 12/20/05

Engineering _____ Approval Date 12/21/05

Soil _____ Approval Date 11/19/05

Affordable Housing _____ Approval Date 12/15/05

Occupancy Load _____ Approval Date n/a

Garbage Can Receipt _____ Approval Date 12/19/05

CO Application _____ Approval Date 12/19/05

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

C05-138699

BLOCK 832 LOT 14 SITE ADDRESS 1611 Edge St.
TYPE OF SITE (Residential) / Commercial NAME OF BUSINESS SF Dwelling
APPLICANT Kristy Shay Const. PHONE NUMBER 732-477-4665
APPLICANT ADDRESS 63 Charnie Dr. CITY & STATE Brick, NJ. 08723

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

X Residential is ~~.005~~ % 1%

◊ Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 196,900

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor — 10/14/05 Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 172,800

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor — 12/12/05 Date

Preliminary Fee	$984.50	Date	10/18/05
Check #	18327	Receipt #	
Final Fee	$743.50	Date	12-15-05
Check#	19038	Reciept #	—
Total Fee Due/Paid	~~$1869.00~~ $1728.00		
Balance Due	0		

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

10/13/05 - Ta prelim.
11/14/05 - Ltr Sent
12/12/05 - Ta final

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance
Office of the Tax Collector
Jo Anne R. Lambusta, CTC
Tax Collector
(732) 262-1021
Fax: (732) 477-3746
jlambusta@twp.brick.nj.us
http://www.twp.brick.nj.us

Receipt for Public Works Garbage Can Deposit

Date: 12-19-05

Block: 832 Lot: 14

Property Address: 1611 Edge St.

Date of Payment: 12-19-05

Kelly Pascocello
Tax Collectors Office

REVISED 9/24/02

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECK LIST

BLOCK 832 LOT 14 DATE RECEIVED _____

PROPERTY ADDRESS 1611 EDGE ~~RD~~. ST.

APPLICANT KRISTI- SHAY CONSTRUCTN PHONE (732) 477-4665

ADDRESS 63 CHANNEL DR BRICK

CONTRACTOR Kristi Shay Construction PHONE 732-477-4665

ADDRESS 63 Channel Dr Brick NJ 08723

TYPE OF WORK NEW ~~DWLG~~ HOME ZONING APPROVAL _____

FLOOD ZONE WO FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES _____ NO _____

		YES	NO	N/A
1.	PLAN SIGNED & SEALED	X		
2	SCALE OF NOT LESS THAN 1"-50"	X		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	X		
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	X		
5	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	X	X	
6.	CONTOURS 1' INCREMENTS	X	X	
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	X	X	
8.	PROPOSED GRADING/ELEVATIONS	X	X	
9.	GARAGE/ST FLOOR/CRAWL SPACE/BASEMENT ELEVATIONS	X		
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	X		
11.	METHOD OF DRAINAGE	X		
12.	NORTH ARROW	X		
13.	DRIVEWAY WIDTH/TYOE	X		
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	X		
15.	PROPERTY ADDRESS/LOT AND BLOCK NUMBER	X		
16.	SIDEWALK, CURB AND APRONS			
17.	PARKING AREAS	X		
18.	UTILITY AND CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	X		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	X		
21.	LIMITS OF CLEARING			
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.			
24.	EXISTING STRUCTURES	X		
25.	RETAINING WALLS/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED X REJECTED X SIGNED _____ DATE 10/24/05

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
Trenton, NJ 08625-0805

Walk IN 12/19/05

Department Of Community Affairs

Certificate of Participation

in the New Home Warranty Security Fund

call when ready

Owner ☐ Check if for Common Elements*

1 TOM GIANINI

Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2 KRISTI SHAY CONSTRUCTION
Name

63 CHANNEL DR
Street and Number (Mailing Address)

BRICK | N.J | 08723
City | State | Zip Code

Phone Number (732) 477-4665

NJ Builder Registration Number 026379

Print Builder Name SAM REYNOLDS

Samuel Reynolds
Registered Builder's Signature

**Where title is transferred, the seller must be the registered builder and warrantor.

New Dwelling Location

3 1611 EDGE ST.
Street Name and Number

Building Number | Unit Number | Total Number of Units in Building

BRICK | 08723
City | Zip Code

832 | 14
Block Number | Lot Number

BRICK | OCEAN
Municipality | County 1506

Commencement Date of Warranty

4 Commencement Date*** 12 [illegible] 05
Month | Day | Year

***The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.
Selling Price**** $ 429.000.00

Amount of Premium $ 913.77
(Rate .0021 x Selling Price)

****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.*

A premium payment is not required if this certificate is for common elements in a condominium development.

b. ☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only

Total Contract Price _____

Amount of Premium $ _____
(1.25 x Total Contract Price x Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage
FHA Case Number ☐☐☐-☐☐☐☐☐☐

☐ Check if VA Mortgage
VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8
- ☒ Single family detached (101)
- ☐ Townhouse (102)
- ☐ Two Family (103)
  - ☐ Side by Side
  - ☐ Top/Bottom
- ☐ Condominium - *three or four units in each building* (104)
- ☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9
- ☐ Premanufactured (industrial or modular) (M)
- ☑ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11
- ☐ Condominium or Cooperative (C)
- ☐ Homeowners' Association - fee simple (H)
- ☒ No Homeowners' Association - fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)

Note: See reverse side for assignment of property.

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

VALIDATION STAMP
VALIDATION STAMP
CERTIFICATE NUMBER
176541 DEC 20 05
WARRANTY NUMBER

7685c rev.7/93

MUNICIPAL COPY