BLOCK 845 LOT 31 QUALIFICATION CODE _____ ADDRESS (SITE) 1701 Lawrence St. PERMIT NO. 12-1294

CONSTRUCTION PERMIT APPLICATION

C12-001366

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

I. IDENTIFICATION

1. Proposed Work Site at: 1701 Lawrence St. Brick 08724
2. Name of Owner in Fee: Ellen Turrell
   Tel. [redacted] e-mail _____
   Address 1701 Lawrence St (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Reilly's Heating & Air Tel. (732) 840-8440
   Address 2604 River Rd e-mail _____
   Point Pleasant Boro N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 13VH05108300 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40.-✓		
2. Electrical	80.-✓		
3. Plumbing	90.-✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	24.-		
10. Subtotal	$ 234.-		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 234.-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	4500	BM	4/19/12		5-1-12	JS			
☑ Plumbing	4500				04.30.12	BM			
☑ Fire Protection	4500				5-1-12	DB			
☐ Elevator									
TOTAL COST									

Total 3 Subs

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

Oil tank in Basement

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/08/2012
Control Number C-12-001366
Permit Number 12-1294
Permit Issue Date 05/14/2012
Certificate Number 12-1294

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1701 LAURELTON ST Brick Township, NJ Block: 845 Lot: 31 Qual:

Owner in Fee: TWEED, ELLEN

Owner Address: 1701 LAURELTON ST BRICK NJ 08724

Telephone: [redacted]

Contractor Reilly's Heating & Air

Address 2604 River Rd. Pt. Pleasant NJ 08742

Telephone: (732) 840-8440 Fax:

License Number or Builders Registration Number: 13vh05108300 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: FURNACE, GAS PIPING, HOT WATER HEATER, OIL TO GAS CONVERSION

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/08/2012 U.C.C. F260 (rev. 08/05)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-1294

Date Issued / Permit # 5-14-12

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

Block 845 Lot 31 Qualification Code

Work Site Location 1701 Laurelton St. Brick, NJ 08724

Owner in Fee: Ellen

Tel. [redacted] e-mail

Address 1701 Laurelton St (street) Brick (municipality) 08724 (zip code)

Contractor: Reilly Heating & Air Tel. (732) 840 8446

Address 2604 River Rd (street) Point Pleasant NJ e-mail

Contractor License No. 13VH05108300 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size X Public Water Private Well

Est. Cost of Plumbing Work $ 4500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: X Edward J Reilly

Print name here: [ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Oil to Gas

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 04.30.12 Approved by: PA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-1-12
Approved by: JD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-7-12
Approved by: WCW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping ✓			05.16.12 PA	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	06.06.12		06.07.12 PA	

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
2 X 3	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other ~~GAS PIPE~~ Furnace	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

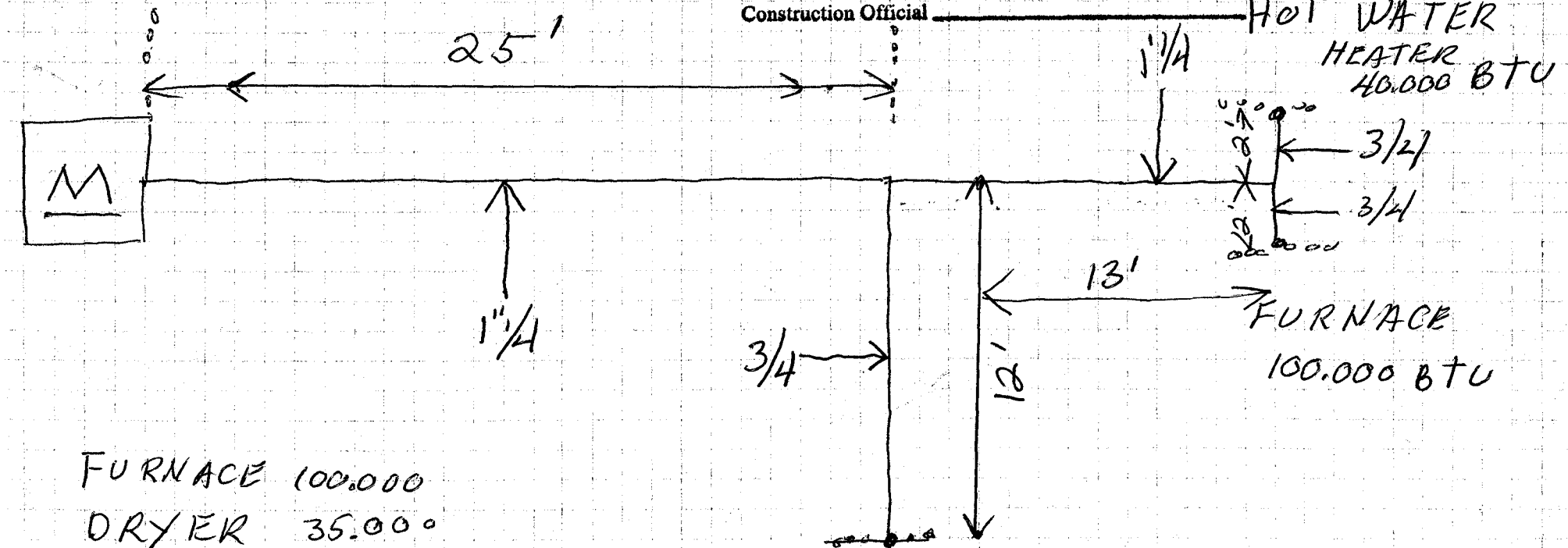
100/90

BLOCK 845
LOT 31
1701 LAUREL TON ST BRICK
ELLEN TWEED

CONTRACTOR
REILLY HEATING + AIR

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer	PA	04.30.18
Plans Released		
Construction Official		



FURNACE 100.000
DRYER 35.000
HOT WATER HEATER 40.000
175.000 BTU

38' OF 1¼ PIPE
16' OF ¾ PIPE
54'
TOTAL RUN

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12-1294

Date Issued / Permit # 5-14-12

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

Block 845 Lot 31 Qualification Code

Work Site Location 1701 Lawrelton St. Brick, N.J. 08724

Owner in Fee: Ellen Tweed

Tel. [redacted] e-mail

Address 1701 Lawrelton St. (street) Brick (municipality) 08724 (zip code)

Contractor: REILLY'S HEATING & AIR Tel. (732) 840 8440

Address 2604 RIVER RD e-mail

Point PLEASANT NJ

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

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

Fire Alarm Contractor No. 13VH0510 8300 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 4500.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 5-18 Approved by: DB

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-31-12

Approved by: KR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-4-12

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			6-1-12	DB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6-11-12	DB
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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/Contractor sign here: Edward J Reilly

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	2	90
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

One fan in basement - per Bruce

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-1294
Control #
Date Issued 5-14-12
Permit #

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

Block 545 Lot 31 Qualification Code

Work Site Location 1701 Lauretton St. Brick, N.J. 08724

Owner in Fee: Ellen Tweed

Tel. [redacted] e-mail

Address 1701 Lauretton St. (street) Brick (municipality) 08724 (zip code)

Contractor: J.D.K. Electric Corp Tel. (732) 892-5832

Address 315 Nancy Drive e-mail
Point Pleasant N.J. 08742

Contractor License No. 10875 Exp. Date 3-31-15

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

Federal Emp. ID N [redacted] FAX: (732) 892-5832

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ X 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-1-12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/5/12
Approved by: JJ

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-12	DJ
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: James Keough

Print name here: James Keough

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		HOT AIR FURNACE	

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 5-14-12
Control # C-12-001366
Permit #

IDENTIFICATION Block: 845 Lot: 31 Qualifier
Work Site Location: 1701 LAURELTON ST Brick Township, NJ
Owner in Fee TWEED, ELLEN
1701 LAURELTON ST BRICK NJ 08724
Telephone: [redacted]

Contractor Reilly's Heating & Air
Address 2604 River Rd. Pt. Pleasant NJ 08742
Telephone: (732) 840-8440
Lic. No. or Bldrs. Reg. No. 13vh05108300
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:

FURNACE, GAS PIPING, HOT WATER HEATER, OIL TO GAS CONVERSION

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

Estimated Cost of Work $13,500

Construction Official

Date 5-2-12

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$80
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$24
CO Fee	
Other	$0
Total	$234
Check No.	2470
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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.

HEATING & COOLING PRODUCTS

H9MPX
QuietComfort™ DLX 95
Product Specifications

95% AFUE
Single Stage Furnace
Multiposition

Illustrations and photographs are only representative.
Some product models may vary.

FLEXIBILITY
- Dual certified venting (1 or 2 pipes) Direct Vent furnace
- 40"(1016mm) high with wider cabinets, for ease of installation
- Factory shipped for natural gas, with Propane Gas conversion kits available
- Upflow/horizontal/downflow installation
- Vent pipe can be run horizontally or vertically
- Internal condensate drain system

SERVICE
- Self diagnostics
- Entire blower assembly mounted on rails

COMFORT
- Adjustable timed blower off delay
- Thermal lined, one piece steel cabinet for noise reduction
- 24 and 115 VAC humidifier terminal
- Electronic air cleaner terminal
- Insulated blower compartment

EFFICIENCY
- 95% AFUE, upflow & downflow
- Up to 95% AFUE, horizontal
- Single stage gas valve operation
- Multispeed, prelubricated PSC blower motors
- Induced draft blower
- In-shot burners
- California NOx approved

QUALITY
- RPJ III Stainless steel heat exchanger
- Stainless steel secondary heat exchanger
- High temperature limit control prevents overheating
- Dependable hot surface ignition with Silicon Nitride igniter
- Flame roll-out sensors standard

WARRANTY *
- 1 year No Hassle Replacement™ limited warranty
- Lifetime heat exchanger limited warranty with timely registration
- 5 year parts limited warranty
  - With timely registration, an additional 5 year parts limited warranty

* Applies to original purchaser/homeowner, some limitations may apply. See warranty certificate for complete details.

⚠ WARNING

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

ENERGY STAR PARTNER

As an Energy Star® Partner, International Comfort Products has determined that this product meets the ENERGY STAR® guidelines for energy efficiency. Ask your contractor for details or visit www.energystar.gov

EFFICIENCY RATING CERTIFIED Gama

DESIGN CERTIFIED ®

CERTIFIED ®

UPFLOW/HORIZONTAL/DOWNFLOW (NATURAL GAS)									
Model Number	Input (MBTUH)	Cooling Capacity @ .5 in wc (125 Pa)	AFUE			Dimensions H x W x D		Shipping Wt.	
			Upflow	Horizontal	Downflow	Inches	Millimeters	Lbs	Kg
H9MPX060F12A	60	1.5 - 3.0 TON	95.0	95.0	95.0	40 x 19 1/8 x 29	1016 x 486 x 737	153	69
H9MPX080J12A	80	2.0 - 3.0 TON	95.0	94.4	95.0	40 x 22 3/4 x 29	1016 x 578 x 737	172	78
H9MPX080J16A	80	2.0 - 4.0 TON	95.0	95.0	95.0	40 x 22 3/4 x 29	1016 x 578 x 737	180	82
H9MPX100L20A	100	3.5 - 5.0 TON	95.0	95.0	95.0	40 x 24 1/2 x 29	1016 x 622 x 737	193	88

OIL to GAS

FOR REPLACEMENT FURANCE

OIL

OLD BTU_____ INPUT 100,000 OUTPUT 83,000

NEW BTU_____ INPUT 100,00 OUTPUT 96,000

And/or

Heat loss/Heat Gain

****If you don't have old b.t.u. and new b.t.u. of units, you will have to submit a Heat Loss/Heat Gain.

***If the New Unit B.T.U. is less than the Old Unit B.T.U. you will have to submit a Heat Loss/Heat Gain.

+++++WE ALSO WILL NEED A:

******COPY OF THE BROCHURE/SPEC'S OF THE NEW FURANCE (NOT THE INSTALLION GUIDE) and/or AIR CONDITION UNIT

******CHIMNEY CERTIFICATION (CANNOT BE CERTIFICATION BY HOMEOWNER)

*******IF CERTIFICATION IS NOT SUMBITTED A FIRE TECH FORM MUST BE FILL OUT FOR THE PERMIT.

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Reilly Heating & Air Conditioning
Edward Reilly
2604 River Road
Point Pleasant Beach NJ 08742

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

10/24/2011 TO 12/31/2012
VALID

13VH05108300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 845 LOT 31 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1701 Lawrelton St.

Owner in Fee Ellen Tweed

Verifying Individual _____ Company _____

Address 1701 Lawrelton St. (Street) Brick (City) New Jersey (State) 08724 (Zip Code)

Tel: (732) 458-7785 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney:

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

Size _____

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	_____	Oil / Gas / Other: _____	_____
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

_____ Signature _____ Date

Direct Vent Appliance:

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

Edward J Culley Signature 4/13/2012 Date

Verification Not Submitted:

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

_____ Signature _____ Date

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

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
4/23/12	Need tank removal application -	
	Sign & cert bldg & fire	
	Need electric & furnace - Returned to Burson	Bre
4/24/12	Left Message	
4/25/12	Oil tank in Basement	BMP

06.04.12 P.A.

1. FURNACE CONDENSATE OUTSIDE OK
2. COMBUSTION AIR OK
3. CO. DETECTORS OK

→ 06.07.12 PA

(P) tech

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Reilly Heating & AIR

Address 2604 River Rd
Point Pleasant NJ

Telephone (732) 840 - 8440

Signature Edward J Reilly

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