BLOCK 838 LOT 33 QUALIFICATION CODE _____ ADDRESS (SITE) 1675 Tilford Blvd, Brick, NJ 08724 PERMIT NO. 13-1863

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-002188

I. IDENTIFICATION

1. Proposed Work Site at: 1675 Tilford Blvd, Brick, NJ 08724
2. Name of Owner in Fee: JOAN BRANTLEY
   Tel. [redacted] e-mail NONE
   Address 1675 (street) Tilford Blvd Brick (municipality), NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Paysm Hunc Tel. (732) 278 7122
   Address 1668 Ramsey Ct e-mail Paysmhunc@comcast.net
   Toms River
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12-12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01463200
   Federal Emp. ID No. 200221612 FAX: (732) 571 0696
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Dan B.
   Tel. (732) 278 7122 FAX: ( ) Same as Above

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		50 ✓	
3. Plumbing		60 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	113	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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		CR 4-11-13							
☐ Electrical					4-16-13	JS			
☐ Plumbing				4/16/13			4/22/13		
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units:

	Total Units	Income-restricted
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/12/2013
Control Number C-13-002188
Permit Number 13-1863
Permit Issue Date 5/1/2013
Certificate Number 13-1863

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1675 TILFORD BLVD Brick Township, NJ Block: 838 Lot: 33 Qual:

Owner in Fee: BRANTLEY, ROBERT J & JOAN T

Owner Address: 1675 TILFORD BLVD. BRICK NJ 08724

Telephon[redacted]

Contractor PRISM HEATING & A/C

Address 1608 RAMSEY COURT TOMS RIVER NJ 08753

Telephone: (732) 278-7122 Fax:

License Number or Builders Registration Number: 13VH01483700 Federal Emp. Number: 1

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: BOILER

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: 8/12/2013

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

4/23/13 - LM w/Contractor

CONSTRUCTION PERMIT

Date Issued 5/1/13
Control # C-13-002188
Permit # 13-1863

IDENTIFICATION Block: 838 Lot: 33 Qualifier
Work Site Location: 1675 TILFORD BLVD Brick Township, NJ

Owner in Fee: BRANTLEY, ROBERT J & JOAN T
1675 TILFORD BLVD. BRICK NJ 08724

Telephone: [redacted]

Contractor: PRISM HEATING & A/C
Address: 1608 RAMSEY COURT TOMS RIVER NJ 08753

Telephone: (732) 278-7122
Lic. No. or Bldrs. Reg. No. 13VH01483700
Federal Employee. No. 1

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:
Boiler

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 $1,600

Daniel J Newman Jr
Construction Official

4/23/13
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$113
Check No.	2088
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

☑ 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 5/1/13

Date Issued / Permit # 13-1863

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

Block 838 Lot 33 Qualification Code

Work Site Location 1675 TILFORD BLVD

BRICK 08724

Owner in Fee: JOAN BRANTLEY

Tel. [redacted] e-mail

Address 1675 TILFORD BRICKTOWN
(street / municipality)

Contractor: OCEAN COUNTY ELECTRIC Tel. (732) 505 4389
(zip code)

Address 1408 ENGLEHERE BLVD e-mail

TOMS RIVER NJ 08757

Contractor License No. 10144A Exp. Date 3-31-15

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

Federal Emp. ID No. [redacted] FAX: (732) 505-4389

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] 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: 4-16-13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5-14-13

Approved by: J

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-9-13	DD
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: William Infurna

Print name here: WILLIAM INFURNA

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL REC FOR CONDENSATE INSTALL SW

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		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	
		Boiler	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

92

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

Reorder call: (732) 534-3000

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 5/1/13

Date Issued Permit # 13-1863

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

Block 638 Lot 33 Qualification Code

Work Site Location 1675 Tilford Blvd Brick NJ 08724

Owner in Fee: ROBERT BRANTLEY

Tel. [redacted] e-mail NONE

Address 1675 Tilford Blvd (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Prism HVAC Tel. (732) 278 7122

Address 1668 Ramsey el e-mail

Contractor License No. [redacted] Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01467200

Federal Emp. ID No. 260221612 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Dan Bucek

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Boiler Replacement

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: 4/22/13 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 4-23-13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 8-9-13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	5/9/13		08.09.13	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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
LV	Steam Boiler	105/97.
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 838 Lot 33 Qualification Code _____

Work Site Location 1675 Tilford Blvd
Brick, NJ 08724

Owner in Fee: _____

Tel. [redacted] e-mail NONE

Address 1675 Tilford Blvd (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Prism Hvac Tel. (732) 278 7122

Address 1608 Ramsey ct e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01487200

Federal Emp. ID No. 206224612 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 $ 5-c

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

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: _____

Print name here: Dan Sucky

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

DESCRIPTION OF WORK: Boiler Replacement

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		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 838 LOT 33 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1675 Tilford Blvd.

Owner in Fee Joan Brantley

Verifying Individual Dan Rucker Company Prism HVAC

Address 1604 Ramsey Dr
Street City State Zip Code

Tel: (732) 278 7122 Fax: (732) 570 0696

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [✓] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Boiler	Oil / Gas / Other: G/S	
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.

_____ 7-6-12
Signature Date

Verification Not Submitted:

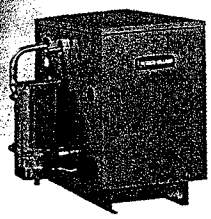
I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

FOR MINOR AND 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.

W38220061/



Cast Iron Condensing High Efficiency Boiler

Water *(70 - 175 MBH)*

Series 2

DOE ENERGY STAR AHRI CERTIFIED www.ahridirectory.org

Part No.	Description - *(Input)*		Trade
GV90+ Boilers			
382-200-610	GV90+ 3 Blr S2 T-007	*(70 MBH)*	$ 3,164
382-200-611	GV90+ 4 Blr S2 T-007	*(105 MBH)*	$ 3,384
382-200-612	GV90+ 5 Blr S2 T-007	*(140 MBH)*	$ 3,902
382-200-613	GV90+ 6 Blr S2 T-007	*(175 MBH)*	$ 4,411
GV90+ Kits			
382-200-728	GV90+ 3-6 High Altitude Kit		$ 56
383-500-631	Condensate Neutralizer Kit		$ 69
383-500-350	PVC Concentric Vent Kit *(3" only)*		$ 91
382-200-435	GV90+/CGs Thru Roof Stainless Steel Vent Kit		$ 190

See Water Treatment section for recommended treatment parts

Ratings

	GV90+3	GV90+4	GV90+5	GV90+6
CSA Input	70 MBH	105 MBH	140 MBH	175 MBH
DOE Heating Capacity	65 MBH	97 MBH	130 MBH	161 MBH
Net I=B=R	56 MBH	84 MBH	113 MBH	140 MBH
DOE AFUE	**91.9%**	**91.2%**	**91.4%**	**91.0%**

Data

Vent Size/Material	3 in- PVC/CPVC/ABS/AL29-4C			
Combustion Air Size	3 in			
Water Volume	3.8	4.7	6.0	6.9
Approx. Ship Weight	313	353	423	464

Dimensions

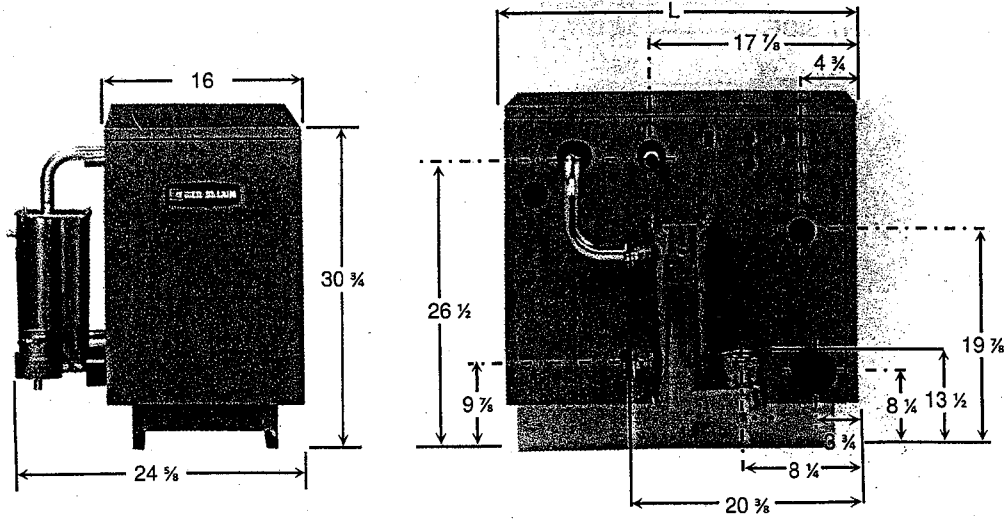
Supply Tapping	1 in	
Return Tapping	1 in	
Gas Connection Size	1/2 in	
Length "L"	30-3/4 in	37-3/4 in
Carton Dimensions	35" L x 30.5" W x 37.5" H	35" L x 30.5" W x 44" H

Standard Equipment

Factory Tested
Insulated Extended Steel Jacket
Cast Iron Section with built-in air separator
Stainless Steel Secondary Heat Exchanger with air separator
Steel Base
Control Module with Indicator Lights
Blower Assembly with Observation Port
Gas/Air Manifold Assembly
Gas/Air Orifice Plate for Natural Gas (separate plate furnished for conversion to LP)
Stainless Steel Burner Cone and Ring Assembly
Negative Regulation Gas Valve
Hot Surface Ignition System
Air Pressure Switch
System Circulator*
Built-in Bypass Circulator System with sensor for temperature control*
Condensate Drain Trap
Sidewall Vent Termination Kit**
40VA Transformer
Electrical Junction Box
30 PSI ASME Relief Valve (boiler sections & secondary heat exchanger tested for 50 PSI working pressure)
Water Temperature Limit Switch
Section Block Temperature Limit Switch
Combination Pressure-Temperature Gauge
Drain Valve
Flue Thermal Fuse
Water Treatment - Inhibitor & Test Kit

* Circulators supplied with boiler cannot be removed and cannot be used as zone circulators in multiple zone systems.

** Includes inside and outside plates, vent cap, and hardware.



4/17/13 fax 732-573-0696

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, April 16, 2013

To: BRANTLEY, ROBERT J & JOAN T
1675 TILFORD BLVD.
BRICK, NJ 08724

RE: Plumbing Subcode
Block: 838 Lot: 33 Qual:
1675 TILFORD BLVD
Permit Number: Control Number: C-13-002188
Last Submit Date: Tuesday, April 16, 2013

Dear BRANTLEY, ROBERT J & JOAN T,

The following comments were made during the Plan Review process:
1-product specification sheet required for boiler.

Sincerely,

Mark Hibbard, Subcode Official

CC:

Resubmit
Plumbing
4-22-13
CR

FOR REPLACEMENT FURNACE/BOILER

OLD BTU --- INPUT 112 **OUTPUT** 90

NEW BTU --- INPUT 105 **OUTPUT** 97

A/C REPLACEMENT

OLD UNIT_____TON

NEW UNIT_____TON

AND/OR

HEAT LOSS/HEAT GAIN

*****IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNIT'S, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.**

*****IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.**

**************WE ALSO WILL NEED **************

********COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE (NOT THE INSTALLATION GUIDE) AND /OR AIR CONDITION UNIT.**

********CHIMNEY CERTIFICATION**

(CANNOT BE CERTIFICATION BY HOMEOWNER)

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

Prism Heating & Air Conditioning, Inc.
Daniel Buckler
1608 Ramsey CT
Toms River NJ 08753-4600

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

12/28/2012 TO 12/31/2013
VALID

13VH01483700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY

500 Herbertsville Road
Brick Township, New Jersey 08724
(732) 458-4100
FAX: (732) 458-4153
E-Mail: bureau@brickfire.org

SMOKE AND/OR CARBON MONOXIDE ALARMS

The undersigned needs a ☒ Carbon Monoxide Alarm

☐ Smoke Alarm

☐ Batteries (9 Volt) ☒ AA Batteries

ROBERT BRANTLEY
Name

1625 TILFORD BLVD
Address

Contact # is:_____

Date Found: 08.09.13

Station #_____

Issued by: PAUL AUTH
Printed Name
PLUMBING INSPECTOR

Paul Auth
Signature

Please fax (732-458-4153) or email (bureau@brickfire.org) this sheet to the Bureau office once issued.

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 Prism Plus

Address 1606 Ramsey Ct
FR.

Telephone (732) 278 2123

Signature _____

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

5/9/13 - [illegible]

① - EXHAUST MUST BE 3' ABOVE GAS METER WITHIN 4' — OK.

② - VALVE REQUIRED AFTER BOILER FEEDER — OK

— 08.09.13 [illegible]

(P) Tech Back