

BLOCK 838 LOT 22 QUALIFICATION CODEADDRESS (SITE) 1700 Laurellen StPERMIT NO. 11-0246

REC'D JAN 1

CONSTRUCTION PERMIT
APPLICATION

C-11-000068

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

I. IDENTIFICATION

1. Proposed Work Site at: 1700 Laurellen St

2. Name of Owner in Fee: Therese Kost

Tel. [REDACTED] e-mail [REDACTED]

Address Beick Turn street municipality zip code

3. Ownership in Fee: Public ☐ Private ☐

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

Address _____ e-mail _____

License No. OR if new home Builder Reg. No. _____ Exp. Date _____

Home Impro: NJR Home Services

Federal Emp: 1415 Wyckoff Rd., Wall NJ 07719

5. Architect or Contractor License No. 13VH00361500

Address _____ Federal Employee No. 22-3609806

Tel. (____) _____

6. Responsible: JOSEPH MARAZZO TEL. 732-919-8090

Tel. (____) _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>40</u>	
2. Electrical	\$ <u>50</u>	
3. Plumbing	\$ <u>45</u>	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$ <u>10</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other	\$ <u>141</u>	
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			<u>1-18-11</u>					
				<u>1-24-11</u>	<u>OB</u>			

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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 **NJR Home Services**
1415 Wyckoff Rd., Wall NJ 07719
Address **Tel. 1.877.466.3657 Fax. 732-938-3010**
Contractor License No. 13VH00361500
Federal Employee No. 22-3609806
Telephone
Signature **JOSEPH MARAZZO TEL. 732-919-8090**

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 _____
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/08/2011
Control Number C-11-000068
Permit Number 11-0246
Permit Issue Date 02/04/2011
Certificate Number 11-0246

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1700 LAURELTON ST. Brick Township, NJ Block: 838 Lot: 22 Qual: _____
Owner in Fee: KOST, THEODORE & DOLORES
Owner Address: 1700 LAURELTON ST. BRICK NJ 08724
Telephone: _____
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Telephone: (732) 919-8172 Fax: (732) 938-3010
License Number or Builders Registration Number: 13VH00361500 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 replacement

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: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

2/4/11
C-11000068

11-0246

IDENTIFICATION Block: 838 Lot: 22 Qualifier
Work Site Location: 1700 LAURELTON ST. Brick Township, NJ Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Owner in Fee KOST, THEODORE & DOLORES
1700 LAURELTON ST. BRICK NJ 08724 Telephone: (732) 919-8172
Lic. No. or Bldrs. Reg. No. 13VH00361500
Telephone: 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 replacement

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

Estimated Cost of Work \$3,000

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$50
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$141
Check No.	18345
Cash	\$0
Credit	\$0
Collected By	

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.

12/04/11 12:39PM 00155843571
NO246
ELECTRIC 940.00
PLUMBING 950.00
FIRE 945.00
CHECK 3141.00



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code

Work Site Location 1700 Laureilton St

Brick

Owner in Fee: Theodore Kost

Tel. () e-mail

Address street municipality zip code

Contractor: NJR HOME SERVICES Tel. 732 919-8090

Address 1415 WYCKOFF RD e-mail
WALL NJ 07719

Contractor License No. Exp. Date

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 1000.00

C. JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underlab Utilities Approved

Date: Approved by:

☐ Plumbing Plans Approved

Date: Approved by:

☐ Joint Plan Review Required

☐ Bldg. ☐ Elec. ☐ File ☐ Elev. ☐ Sewer

SUBCODE APPROVAL PERMIT

Date: Approved by:

☐ CG ☐ CCO ☐ CA

SUBCODE APPROVAL FOR CERTIFICATE

Date: Approved by:

☐ CG ☐ CCO ☐ CA

☐ Final

INSPECTIONS

Type: Failure Approval Initial

Slab Rough Water Sewer

Fixtures Gas Equipment LP Gas Tank

Gas Piping Fuel Oil Piping Solar

TCO Final

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DIRECT REPLACEMENT OF GAS FURNACE

QTY. FURNACE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other gas furnace

1

Date Received 2/4/11

Control # 11-0246

Date Issued

Permit #

75,000

Administrative Surcharge \$

Minimum Fee: \$

State Permit Surcharge Fee \$

TOTAL FEE \$



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code _____
Work Site Location 1700 Laurelton St
Brick

Owner in Fee: Theodore Kost

Tel. () _____ e-mail _____

Address _____

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD

WALL NJ 07719

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

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

Fire Alarm Contractor No. 22-3609806 Exp. Date 7/32 938-3010

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

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed _____

Constr. Class: Present _____ Proposed _____

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

OR [] Conversion OR [] Replacement

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

[] Other _____

Location of Panel: _____

Fire Alarm System: [] New OR [] Existing

Fire Suppression/Standpipe System: [] New OR [] Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Underlab Utilities Approved

Date: 8-4-11 Approved by: [Signature]

☐ Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

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

SUBCODE APPROVAL FOR PERMIT

Date: 1-25-11

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] LSC [] CA

Date: 8-4-11

Approved by: [Signature]

INSPECTIONS

Type: Alarm System Failure Failure Approval Initial

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 sign/Contractor

sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:
DIRECT REPLACEMENT OF GAS FURNACE
Water Supply Source
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

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

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

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

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

Fireplace Venting/Metal Chimney

Other _____

Date Received 2/4/11
Control # _____
Date Issued 11-0244
Permit # _____

NUMBER FEE (Office Use Only) \$ _____

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code _____
Work Site Location 1700 Laurelton St

Owner in Fee: Brick
Theodore Kost

Tel. () _____ e-mail _____
Address _____ street _____ municipality _____ zip code _____

Contractor: NJR HOME SERVICES Tel. (732) 938-7330
Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719 3/12

Contractor License No. 16095 Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present X Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
		Type:	Failure	Failure	Approval
[] No Plans Required					
[] Partial - Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
[] Electric Plans Approved		Trench			
Date: _____ Approved by: _____		Temp. Serv.			
Joint Plan Review Required:		Constr. Serv.			
[] Bldg. [] Plumb. [] Fire. [] Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: <u>1-23-11</u>		Service			
Approved by: <u>JS</u>		Final			
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
[] CO [] CCO [] CA		Temp. Cut-In-Card Date Issued			
Date: <u>4-5-11</u>		Final Cut-In-Card Date Issued			
Approved by: <u>JS</u>		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 and am authorized to make this application and perform the work listed on this application.

Applicant's Signature: Paul George Contractor's Seal and Signature: Paul George
U.C.C. F120 (rev. 12/07) Recorder from OCS Printing 609-390-1400

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

Date Received _____
Control # _____
Date Issued _____
Permit # _____

2/4/11
11-0246

QTY.	SIZE	ITEMS	FEES (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	
		gas furnace	

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



PERMIT

Block

838

Lot

22

Appli. code

HH

Mailed To: BRICK TWP 401 CHAMBERS BRIDGE RD BRICK NJ 08723

Total Due: \$

141.00

Customer: SA 335182 KOST, THEODORE A 1700 LAURELTON ST BRICK



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code _____
Work Site Location 1700 Laurelton St

Owner in Fee: Brick
Address 1700 Laurelton St

Tel. () _____ mail _____
Address _____ street _____ municipality _____ zip code _____

Contractor: NJR HOME SERVICES Tel. (732) 938-7330
Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719 3/12

Contractor License No. 16095 Exp. Date _____

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

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

Use Group _____ Present X Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
[] No Plans Required		Type:	Dates (Month/Day)
[] Partial - Underslab Utilities Approved		Rough	Failure Failure Approval Initial
Date: _____ Approved by: _____		Barrier-Free	
[] Electric Plans Approved		Trench	
Date: _____ Approved by: _____		Temp. Serv.	
[] Joint Plan Review Required:		Constr. Serv.	
[] Bldg. [] Plumb. [] Fire. [] Elev.		TCO	
SUBCODE APPROVAL for PERMIT		Other	
Date: <u>1-13-11</u>		Service	
Approved by: _____		Final	
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free	
[] CO [] CCO [] CA		Temp. Cut-In-Card Date Issued	
Date: _____		Final Cut-In-Card Date Issued	
Approved by: _____		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 _____ and am authorized to make this application and perform the work listed on this application.

Applicant's Signature Indy Camp Contractor's Seal and Signature Ken George
[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		<u>gas furnace</u>	
		Administrative Surcharge \$	
		Minimum Fee \$	
		State Permit Surcharge Fee \$	
		TOTAL FEE \$	

2/4/11
41-0246



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 938 Lot 22 Qualification Code _____
Work Site Location 1700 Laurelton St

Owner in Fee: Brick
Tel. (732) 938-7330 e-mail _____

Address _____
Contractor: NJR HOME SERVICES Tel. (732) 938-7330
Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719 3/12

Contractor License No. 16095 Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS
Use Group Present X Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
		Type:	Failure	Failure	Approval
[] No Plans Required					
[] Partial - Under-slab Utilities Approved		Rough			
Date: _____		Barrier-Free			
[] Electric Plans Approved		Trench			
Date: _____		Temp. Serv.			
[] Approved by: _____		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: _____		Final			
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cutoff Card Date Issued			
[] CO [] CCO [] CA		Final Cutoff Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature [Signature] Contractor's Seal and Signature [Signature]
U.C.C. F120 (rev. 12/07) Recorder from OCS Printing 609-390-1400

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		gas furnace	

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code _____
Work Site Location 1700 Laurelton St

Brick

Owner in Fee: Theodore Koat

Tel: () e-mail _____

Address street municipality 732 zip code 919-8090

Contractor: NJR HOME SERVICES Tel 732 zip code 919-8090

Address 1415 WYCKOFF RD e-mail _____

MAIL NJ 07719

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

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

Fire Alarm Contractor No. 22-3609806 Exp. Date 4/12 938-3010

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

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 2 Proposed _____ Fuel Storage Tank: _____

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

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

OR [] Conversion OR [] Replacement Location of Panel: _____

Fuel Type: [x] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underlab 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: _____

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ 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 sign/Contractor sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

DIRECT REPLACEMENT OF GAS FURNACE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

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

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

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

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

Fireplace Venting/Metal Chimney _____

Other _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

2/4/11
11-0244

NUMBER FEE (Office Use Only) \$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code _____
Work Site Location 1700 Laurelton St

Brick

Owner in Fee: Thandora East

Tel. () _____ e-mail _____

Address _____ municipality _____

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

Address 1415 WYCKOFF RD e-mail _____

WALL NJ 07719

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

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

Fire Alarm Contractor No. 22-360806 Exp. Date 7/32 938-3010

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

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 2 Proposed _____ Fuel Storage Tank: _____

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

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

OR [] Conversion or [] Replacement

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

[] Other _____

Location of Panel: _____

Fire Suppression/Standpipe System: [] New or [] Existing

[] New or [] Existing

Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Dates (Month/Day)

Failure _____

Failure _____

Approval _____

Initial _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here: _____
Print name here: _____
D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:
DIRECT REPLACEMENT OF GAS FURNACE
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

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

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

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet)

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ✓ Gas [] Oil [] Solid 1

Fireplace Venting/Metal Chimney _____

Other _____

For recorder call: (609) 390-1400

Allegria Marketing • Print • Mail (formerly OCS Printing) order on the website: www.AllegriaMarketing.com

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 3/4/11
Control # _____
Date Issued _____
Permit # 11-0344

NUMBER _____ FEE (Office Use Only) \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code _____

Work Site Location 1700 Laurelton St

Brick

Owner If Therese Kost

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor NJR HOME SERVICES Tel 732 919-8090

Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719

Contractor License No. _____ Exp. Date _____

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present 5 Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
		Type	Failure	Failure	Approval
☐ No Plans Required					
☐ Partial/Under-slab Utilities Approved		Slab			
Date _____	Approved by _____	Rough			
☐ Plumbing Plans Approved		Water			
Date _____	Approved by _____	Sewer			
☐ Joint Plan Review Required		Fixtures			
☐ Bldg. ☐ Elec. ☐ Elev. ☐ Elev.		Gas Equipment			
SUBCODE APPROVAL FOR PERMIT		Gas Piping			
Date _____	Approved by _____	LP Gas Tank			
SUBCODE APPROVAL FOR CERTIFICATE		Fuel Oil Piping			
☐ CO ☐ LCO ☐ LCA		Solar			
Date _____	Approved by _____	TCO			
		Final			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

QTY. 1 FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other gas furnace

Date Received
Control # 11-214116

Date Issued
Permit # 11-0246

1

75,000

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 838 Lot 22 Qualification Code

Work Site Location 1700 Laurelton St

Brick

Owner in Fee: **Theodore Kost**

Tel. () e-mail

Address street municipality zip code

Contractor: **NJR HOME SERVICES** Tel **732** **919-8090**

Address **1415 MYCKOFF RD** e-mail
WALL NJ 07719

Contractor License No. Exp. Date

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

Federal Emp. ID No. **22-3609806** FAX: **(732) 938-9010**

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 \$ **1000.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type	Failure	Failure	Approval
☒ 1 No Plans Required		Slab			
☒ 1 Partial-Under-slab Utilities Approved		Rough			
Date: <u>2/11/11</u> Approved by: <u>[Signature]</u>		Water			
☒ 1 Plumbing Plans Approved		Sewer			
Date: <u>2/11/11</u> Approved by: <u>[Signature]</u>		Fixtures			
☒ 1 Joint Plan Review Required		Gas Equipment			
☒ 1 Bldg. ☒ 1 Elec. ☒ 1 File ☒ 1 Elev.		Gas Piping			
SUBCODE APPROVAL FOR PERMIT		LP Gas Tank			
Date: <u>2/11/11</u> Approved by: <u>[Signature]</u>		Fuel Oil Piping			
SUBCODE APPROVAL FOR CERTIFICATE		Solar			
☒ 1 CG ☒ 1 CCO ☒ 1 CA		TCO			
Date: <u>2/11/11</u> Approved by: <u>[Signature]</u>		Final			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

QTY. 1 **FIXTURE/EQUIPMENT**

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other gas furnace

1

Date Received 2/11/11
Control # 11-0246

Date Issued 2/11/11
Permit # 11-0246

Administrative Surcharge \$ 75.00
Minimum Fee \$ 75.00
State Permit Surcharge Fee \$ 75.00
TOTAL FEE \$ 225.00

FEE (Office Use Only)

NJR Home Services

Heat Load Summary Report for Theodore Kost

Room Name	Square Ft.	Heating Loss BTUH	Hydronic Heat Linear Ft.	Latent / Sensible Gain BTUH	Cooling Gain BTUH	Cooling Tons	Cooling CFM
Living Room	435	13733	22.89	1459 / 12743	14202	1.18	473
Kitchen	132	14669	24.45	518 / 8153198	8153716	679.48	271791
Mud Room	77	8886	14.81	1139 / 7483	8622	0.72	287
Bathroom	64	7223	12.04	457 / 687337	687794	57.32	22926
Bedroom1	81	10295	17.16	743 / 8571	9313	0.78	310
Bedroom2	144	7155	11.93	799 / 7222	8021	0.67	267
Master Bedroom	176	5511	9.19	558 / 9591	10149	0.85	338
TOTALS	1109	67472	112.45	5673 / 8886145	8891817	740.99	296392

Disclaimer

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

NJR Home Services

Heat Load Detail Report for Theodore Kost

Room 1 of 7

Room Specifications: Living Room

Room Length (Ft.):	29	Sq. Ft windows facing NE & NW:	30	Walls Incandescent Light:	200
Room Width (Ft.):	15	Sq. Ft windows facing South:	--	Walls Fluorescent Light:	--
Room Height (Ft.):	8	Sq. Ft windows facing SE & SW:	60	Duct Length from A/H to room:	35
Exposed Wall Length (Ft.):	55	Number of Exterior Doors:	1	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.):	--	Sq. Ft. Exterior Doors:	12	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	20			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Fahrenheit)

Summer:		Winter:	
Inside (Thermostat setting):	74	Inside (Thermostat setting):	72
Outside (Above ground):	97	Outside (Above ground):	20
Outside (Below ground):	65	Outside (Below ground):	60
Unconditioned Space:	97	Unconditioned Space:	65
Above Ceiling (Attic/Crawl Space):	130	Above Ceiling (Attic/Crawl Space):	45
Concrete Slab (Ground temperature):	80	Concrete Slab (Ground temperature):	55
Unconditioned Basement:	60	Unconditioned Basement:	55
Below Floor Crawl Space:	85	Below Floor Crawl Space:	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Unconditioned Basement Exposed Walls: Above Ground

Design Conditions

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

Insulation Values (U-Factors)

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

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH):	810	Appliance/Elec Motor Latent Heat Gain (BTUH):	400
Ceiling or Roof Heat Gain (BTUH):	1340	Appliance/Elec Motor Sensible Heat Gain (BTUH):	1182
Floor Heat Gain (BTUH):	-505	Ventilation Latent Heat Gain (BTUH):	1059
Glass Heat Gain (BTUH):	2075	Ventilation Sensible Gain (BTUH):	1964
Exterior Door & North Window Heat Gain (BTUH):	116	Summer Total Latent Heat Gain:	1459
Solar Heat Gain (BTUH):	5560	Summer Total Sensible Heat Gain (BTUH):	12743
Total Transmission Heat Gain (BTUH):	9394	TOTAL SUMMER COOLING LOAD (BTUH):	14202

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH):	8499	Latent Ventilation Heat Losses (BTUH):	795
Sensible Ventilation Heat Losses (BTUH):	4440	Hydronic Heat (Linear Ft.):	23
		TOTAL WINTER HEATING LOAD (BTUH):	13733

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1109	Total Sensible Heat Gain (BTUH):	8886145
Total Heat Loss (BTUH):	67472	Total Cooling Gain (BTUH):	8891817
Total Hydronic Heat (Linear Ft.):	112.45	Total Cooling Requirement (Tons):	740.99
Total Latent Heat Gain (BTUH):	5673	Total Cooling CFM:	296392

Disclaimer

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

NJR Home Services

Heat Load Detail Report for Theodore Kost

Room 2 of 7

Room Specifications: Kitchen

Room Length (Ft.) :	12	Sq. Ft windows facing NE & NW:	30	Watts Incandescent Light:	300
Room Width (Ft.) :	11	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	8	Sq. Ft windows facing SE & SW:	30	Duct Length from A/H to room:	30
Exposed Wall Length (Ft.) :	34	Number of Exterior Doors:	--	Number of Large Electric Motors:	2
Wall against unconditioned room (Ft.) :	--	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	1200
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	--			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Fahrenheit)

Summer:		Winter:	
Inside (Thermostat setting) :	74	Inside (Thermostat setting) :	72
Outside (Above ground) :	97	Outside (Above ground) :	20
Outside (Below ground) :	65	Outside (Below ground) :	60
Unconditioned Space :	97	Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	130	Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	60	Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	60	Unconditioned Basement :	55
Below Floor Crawl Space :	85	Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Unconditioned Basement Exposed Walls: Above Ground

Design Conditions

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

Insulation Values (U-Factors)

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

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	500	Appliance/Elec Motor Latent Heat Gain (BTUH) :	400
Ceiling or Roof Heat Gain (BTUH) :	407	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	8144723
Floor Heat Gain (BTUH) :	-153	Ventilation Latent Heat Gain (BTUH) :	118
Glass Heat Gain (BTUH) :	1132	Ventilation Sensible Gain (BTUH) :	219
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	518
Solar Heat Gain (BTUH) :	1920	Summer Total Sensible Heat Gain (BTUH) :	8153198
Total Transmission Heat Gain (BTUH) :	3805	TOTAL SUMMER COOLING LOAD (BTUH) :	8153716

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	14085	Latent Ventilation Heat Losses (BTUH) :	89
Sensible Ventilation Heat Losses (BTUH) :	495	Hydronic Heat (Linear Ft.) :	24
		TOTAL WINTER HEATING LOAD (BTUH) :	14669

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1109	Total Sensible Heat Gain (BTUH):	8886145
Total Heat Loss (BTUH):	67472	Total Cooling Gain (BTUH):	8891817
Total Hydronic Heat (Linear Ft.):	112.45	Total Cooling Requirement (Tons):	740.99
Total Latent Heat Gain (BTUH):	5673	Total Cooling CFM:	296392

Disclaimer

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NJR Home Services

Heat Load Detail Report for Theodore Kost

Room 3 of 7

Room Specifications: Mud Room

Room Length (Ft.) :	11	Sq. Ft windows facing NE & NW:	35	Watts Incandescent Light:	100
Room Width (Ft.) :	7	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	8	Sq. Ft windows facing SE & SW:	40	Duct Length from A/H to room:	55
Exposed Wall Length (Ft.) :	29	Number of Exterior Doors:	1	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.) :	29	Sq. Ft. Exterior Doors:	8	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	--			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:		Winter:	
Inside (Thermostat setting) :	74	Inside (Thermostat setting) :	72
Outside (Above ground) :	97	Outside (Above ground) :	20
Outside (Below ground) :	65	Outside (Below ground) :	60
Unconditioned Space :	97	Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	130	Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	80	Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	60	Unconditioned Basement :	55
Below Floor Crawl Space :	85	Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Unconditioned Basement Exposed Walls: Above Ground

Design Conditions

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

Insulation Values (U-Factors)

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

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	827	Appliance/Elec Motor Latent Heat Gain (BTUH) :	400
Ceiling or Roof Heat Gain (BTUH) :	237	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	841
Floor Heat Gain (BTUH) :	-89	Ventilation Latent Heat Gain (BTUH) :	739
Glass Heat Gain (BTUH) :	1414	Ventilation Sensible Gain (BTUH) :	1370
Exterior Door & North Window Heat Gain (BTUH) :	77	Summer Total Latent Heat Gain:	1139
Solar Heat Gain (BTUH) :	2560	Summer Total Sensible Heat Gain (BTUH) :	7483
Total Transmission Heat Gain (BTUH) :	5027	TOTAL SUMMER COOLING LOAD (BTUH) :	8622

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	5235	Latent Ventilation Heat Losses (BTUH) :	554
Sensible Ventilation Heat Losses (BTUH) :	3097	Hydronic Heat (Linear Ft.) :	15
		TOTAL WINTER HEATING LOAD (BTUH) :	8886

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1109	Total Sensible Heat Gain (BTUH):	8886145
Total Heat Loss (BTUH):	67472	Total Cooling Gain (BTUH):	8891817
Total Hydronic Heat (Linear Ft.):	112.45	Total Cooling Requirement (Tons):	740.99
Total Latent Heat Gain (BTUH):	5673	Total Cooling CFM:	296392

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NJR Home Services

Heat Load Detail Report for Theodore Kost

Room 4 of 7

Room Specifications: Bathroom

Room Length (Ft.) :	8	Sq. Ft windows facing NE & NW:	--	Watts Incandescent Light:	100
Room Width (Ft.) :	8	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	8	Sq. Ft windows facing SE & SW:	30	Duct Length from A/H to room:	35
Exposed Wall Length (Ft.) :	24	Number of Exterior Doors:	--	Number of Large Electric Motors:	1
Wall against unconditioned room (Ft.) :	--	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	200
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	32			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:		Winter:	
Inside (Thermostat setting) :	74	Inside (Thermostat setting) :	72
Outside (Above ground):	97	Outside (Above ground) :	20
Outside (Below ground):	65	Outside (Below ground) :	60
Unconditioned Space :	97	Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	130	Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	80	Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	60	Unconditioned Basement :	55
Below Floor Crawl Space :	85	Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Unconditioned Basement Exposed Walls: Above Ground

Design Conditions

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

Insulation Values (U-Factors)

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

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	353	Appliance/Elec Motor Latent Heat Gain (BTUH) :	400
Ceiling or Roof Heat Gain (BTUH) :	197	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	679441
Floor Heat Gain (BTUH) :	-74	Ventilation Latent Heat Gain (BTUH) :	57
Glass Heat Gain (BTUH) :	1169	Ventilation Sensible Gain (BTUH) :	106
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	457
Solar Heat Gain (BTUH) :	4672	Summer Total Sensible Heat Gain (BTUH) :	687337
Total Transmission Heat Gain (BTUH) :	6317	TOTAL SUMMER COOLING LOAD (BTUH) :	687794

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	6840	Latent Ventilation Heat Losses (BTUH) :	43
Sensible Ventilation Heat Losses (BTUH) :	240	Hydronic Heat (Linear Ft.) :	12
		TOTAL WINTER HEATING LOAD (BTUH) :	7223

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1109	Total Sensible Heat Gain (BTUH):	6886145
Total Heat Loss (BTUH):	67472	Total Cooling Gain (BTUH):	6891817
Total Hydronic Heat (Linear Ft.):	112.45	Total Cooling Requirement (Tons):	740.99
Total Latent Heat Gain (BTUH):	5673	Total Cooling CFM:	296392

Disclaimer

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NJR Home Services

Heat Load Detail Report for Theodore Kost

Room 5 of 7

Room Specifications: Bedroom1

Room Length (Ft.):	9	Sq. Ft windows facing NE & NW:	30	Watts Incandescent Light:	100
Room Width (Ft.):	9	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.):	8	Sq. Ft windows facing SE & SW:	--	Duct Length from A/H to room:	40
Exposed Wall Length (Ft.):	36	Number of Exterior Doors:	1	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.):	36	Sq. Ft. Exterior Doors:	75	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	--	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	40			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:		Winter:	
Inside (Thermostat setting):	74	Inside (Thermostat setting):	72
Outside (Above ground):	97	Outside (Above ground):	20
Outside (Below ground):	65	Outside (Below ground):	60
Unconditioned Space:	97	Unconditioned Space:	65
Above Ceiling (Attic/Crawl Space):	130	Above Ceiling (Attic/Crawl Space):	45
Concrete Slab (Ground temperature):	80	Concrete Slab (Ground temperature):	55
Unconditioned Basement:	60	Unconditioned Basement:	55
Below Floor Crawl Space:	85	Below Floor Crawl Space:	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Unconditioned Basement Exposed Walls: Above Ground

Design Conditions

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

Insulation Values (U-Factors)

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

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH):	1027	Appliance/Elec Motor Latent Heat Gain (BTUH):	0
Ceiling or Roof Heat Gain (BTUH):	249	Appliance/Elec Motor Sensible Heat Gain (BTUH):	341
Floor Heat Gain (BTUH):	-94	Ventilation Latent Heat Gain (BTUH):	743
Glass Heat Gain (BTUH):	1320	Ventilation Sensible Gain (BTUH):	1376
Exterior Door & North Window Heat Gain (BTUH):	724	Summer Total Latent Heat Gain:	743
Solar Heat Gain (BTUH):	3440	Summer Total Sensible Heat Gain (BTUH):	8571
Total Transmission Heat Gain (BTUH):	6667	TOTAL SUMMER COOLING LOAD (BTUH):	9313

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH):	6626	Latent Ventilation Heat Losses (BTUH):	557
Sensible Ventilation Heat Losses (BTUH):	3112	Hydronic Heat (Linear Ft.):	17
		TOTAL WINTER HEATING LOAD (BTUH):	10295

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1109	Total Sensible Heat Gain (BTUH):	8886145
Total Heat Loss (BTUH):	67472	Total Cooling Gain (BTUH):	8891817
Total Hydronic Heat (Linear Ft.):	112.45	Total Cooling Requirement (Tons):	740.99
Total Latent Heat Gain (BTUH):	5673	Total Cooling CFM:	296392

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NJR Home Services

Heat Load Detail Report for Theodore Kost

Room 6 of 7

Room Specifications: Bedroom2

Room Length (Ft.) :	16	Sq. Ft windows facing NE & NW :	--	Watts Incandescent Light :	200
Room Width (Ft.) :	9	Sq. Ft windows facing South :	--	Watts Fluorescent Light :	--
Room Height (Ft.) :	8	Sq. Ft windows facing SE & SW :	--	Duct Length from A/H to room :	35
Exposed Wall Length (Ft.) :	16	Number of Exterior Doors :	1	Number of Large Electric Motors :	--
Wall against unconditioned room (Ft.) :	9	Sq. Ft. Exterior Doors :	8	Average Electric Motor Horsepower :	--
Sq. Ft windows facing North :	--	Number of People in Room :	--	BTUH Appliance Sensible Heat :	--
Sq. Ft windows facing E & W :	40			BTUH Appliance Latent Heat :	--

Indoor/Outdoor Design Temperatures (degrees Fahrenheit)

Summer:		Winter:	
Inside (Thermostat setting) :	74	Inside (Thermostat setting) :	72
Outside (Above ground) :	97	Outside (Above ground) :	20
Outside (Below ground) :	65	Outside (Below ground) :	60
Unconditioned Space :	97	Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	130	Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	80	Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	60	Unconditioned Basement :	55
Below Floor Crawl Space :	85	Below Floor Crawl Space :	50

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Unconditioned Basement Exposed Walls: Above Ground

Design Conditions

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

Insulation Values (U-Factors)

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

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	360	Appliance/Elec Motor Latent Heat Gain (BTUH) :	0
Ceiling or Roof Heat Gain (BTUH) :	444	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	682
Floor Heat Gain (BTUH) :	-167	Ventilation Latent Heat Gain (BTUH) :	799
Glass Heat Gain (BTUH) :	754	Ventilation Sensible Gain (BTUH) :	1481
Exterior Door & North Window Heat Gain (BTUH) :	77	Summer Total Latent Heat Gain :	799
Solar Heat Gain (BTUH) :	3440	Summer Total Sensible Heat Gain (BTUH) :	7222
Total Transmission Heat Gain (BTUH) :	4908	TOTAL SUMMER COOLING LOAD (BTUH) :	8021

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	3208	Latent Ventilation Heat Losses (BTUH) :	599
Sensible Ventilation Heat Losses (BTUH) :	3348	Hydronic Heat (Linear Ft.) :	12
		TOTAL WINTER HEATING LOAD (BTUH) :	7165

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1109	Total Sensible Heat Gain (BTUH):	8886145
Total Heat Loss (BTUH):	67472	Total Cooling Gain (BTUH):	8881817
Total Hydronic Heat (Linear Ft.):	112.45	Total Cooling Requirement (Tons):	740.99
Total Latent Heat Gain (BTUH):	5673	Total Cooling CFM:	296382

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NJR Home Services

Heat Load Detail Report for Theodore Kost

Room 7 of 7

Room Specifications: Master Bedroom

Room Length (Ft.) :	16	Sq. Ft windows facing NE & NW:	--	Watts Incandescent Light:	300
Room Width (Ft.) :	11	Sq. Ft windows facing South:	--	Watts Fluorescent Light:	--
Room Height (Ft.) :	8	Sq. Ft windows facing SE & SW:	40	Duct Length from A/H to room:	45
Exposed Wall Length (Ft.) :	16	Number of Exterior Doors:	--	Number of Large Electric Motors:	--
Wall against unconditioned room (Ft.) :--	--	Sq. Ft. Exterior Doors:	--	Average Electric Motor Horsepower:	--
Sq. Ft windows facing North:	--	Number of People in Room:	2	BTUH Appliance Sensible Heat:	--
Sq. Ft windows facing E & W:	35			BTUH Appliance Latent Heat:	--

Indoor/Outdoor Design Temperatures (degrees Farenheit)

Summer:		Winter:	
Inside (Thermostat setting) :	74	Inside (Thermostat setting) :	72
Outside (Above ground):	97	Outside (Above ground) :	20
Outside (Below ground):	65	Outside (Below ground) :	60
Unconditioned Space :	97	Unconditioned Space :	65
Above Ceiling (Attic/Crawl Space) :	130	Above Ceiling (Attic/Crawl Space) :	45
Concrete Slab (Ground temperature) :	80	Concrete Slab (Ground temperature) :	55
Unconditioned Basement :	60	Unconditioned Basement :	55
Below Floor Crawl Space :	85	Below Floor Crawl Space :	60

Applicable Temperatures: Above Ceiling: Attic or Crawl Space Below Floor: Unconditioned Basement Exposed Walls: Above Ground

Design Conditions

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

Insulation Values (U-Factors)

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

Calculated Room Results - Summer Heat Gains

Wall Heat Gain (BTUH) :	236	Appliance/Elec Motor Latent Heat Gain (BTUH) :	400
Ceiling or Roof Heat Gain (BTUH) :	542	Appliance/Elec Motor Sensible Heat Gain (BTUH) :	1523
Floor Heat Gain (BTUH) :	-205	Ventilation Latent Heat Gain (BTUH) :	158
Glass Heat Gain (BTUH) :	1414	Ventilation Sensible Gain (BTUH) :	292
Exterior Door & North Window Heat Gain (BTUH) :	0	Summer Total Latent Heat Gain:	558
Solar Heat Gain (BTUH) :	5570	Summer Total Sensible Heat Gain (BTUH) :	9591
Total Transmission Heat Gain (BTUH) :	7558	TOTAL SUMMER COOLING LOAD (BTUH) :	10149

Calculated Room Results - Winter Heat Losses

Transmission Heat Losses (BTUH) :	4733	Latent Ventilation Heat Losses (BTUH) :	118
Sensible Ventilation Heat Losses (BTUH) :	660	Hydronic Heat (Linear Ft.) :	9
		TOTAL WINTER HEATING LOAD (BTUH) :	5511

Calculated Totals for Entire Structure

Size of Structure (Sq. Ft.):	1109	Total Sensible Heat Gain (BTUH):	8886145
Total Heat Loss (BTUH):	67472	Total Cooling Gain (BTUH):	8891817
Total Hydronic Heat (Linear Ft.):	112.45	Total Cooling Requirement (Tons):	740.99
Total Latent Heat Gain (BTUH):	5673	Total Cooling CFM:	296392

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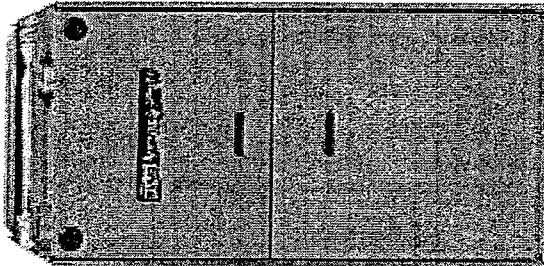
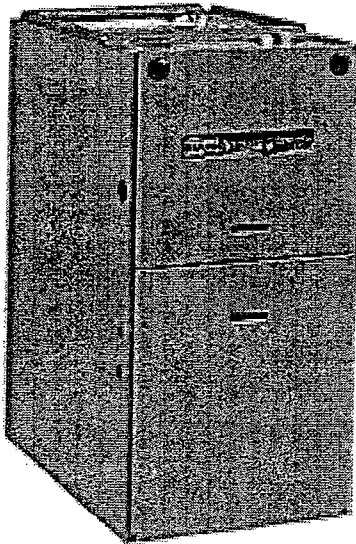
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PROPOSAL FOR:

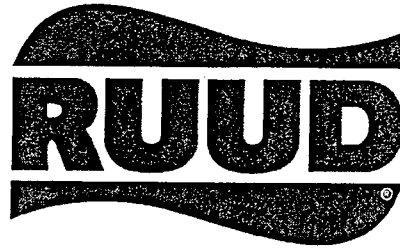
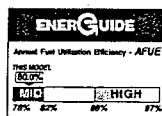
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1700 Laurelton Street
Brick, NJ 08732**

1/31/2011

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- Patented Heat Exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" design is lighter and easier to handle, and leaves room for optional equipment.
- Convertible from upflow to horizontal left or right without field conversion.
- Left or right side gas and electric inlet connections with quick, simple change.
- Robust and reliable direct spark ignition utilizing remote sense and an integrated board with humidifier and electronic air cleaner hookups.
- Insulated blower compartment helps to reduce jacket loss and noise.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

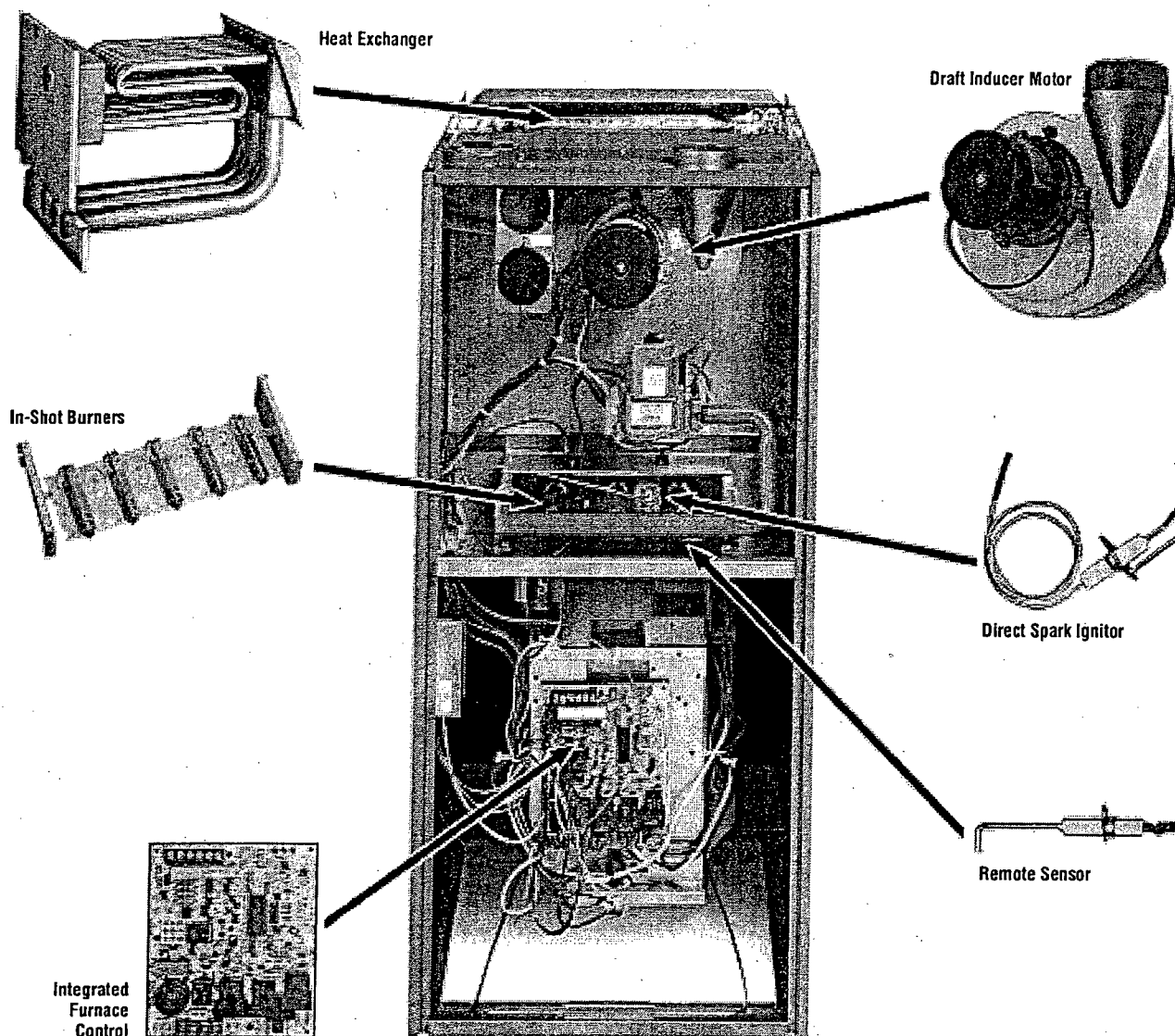
A variety of cooling coils and plenums designed to use with Ruud Achiever Series® Super Quiet 80 gas furnaces are available as optional accessories.

These furnaces can be installed in an upflow position or laid on either side in a horizontal position. Field conversion not required.

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.



ACHIEVER SERIES SUPER QUIET 80 UPFLOW/HORIZONTAL GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft blower; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics; on-board twinning options; fused-protection (secondary), 3rd speed fan option for continuous fan; common heat/cool terminal.

OPTIONAL EQUIPMENT

Side filter frame assembly. Return air cabinet for all sizes. (See Page 6)

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Ruud distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Ruud parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form.

WARNING
THIS FURNACE IS NOT APPROVED
OR RECOMMENDED
FOR USE IN MOBILE HOMES

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS U.S. AND CANADA MODELS (UPFLOW/HORIZONTAL)

MODEL NUMBERS UGPN- SERIES	05EAUER 05NAUER	07EAMER 07NAMER	07EAMGR 07NAMGR	10EAMER 10NAMER	10EBRJR 10NBRJR	12EARJR 12NARJR	15EARJR 15NARJR
Input-BTU/Hr [kW] ②	50,000 [15]	75,000 [22]	75,000 [22]	100,000 [29]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	41,000 [12]	60,000 [18]	60,000 [18]	80,000 [23.4]	81,000 [23.7]	99,000 [29]	119,000 [35]
High Altitude Input [kW]*	45,000 [13]	67,500 [20]	67,500 [20]	90,000 [26]	90,000 [26]	112,500 [33]	135,000 [39.6]
High Altitude Output Capacity [kW]*	36,500 [11]	53,500 [16]	54,000 [16]	72,000 [21]	72,500 [21]	89,000 [26.1]	107,500 [31.5]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P.—Speeds— PSC Type [W]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	6.8	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Rated E.S.P. (In. W.C.) [kPa]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]	0.5 [.12]
Temperature Rise Range °F [°C]	25-55 [13.9-30.6]	35-65 [19.4-36.1]	25-55 [13.9-30.6]	45-75 [25.0-41.7]	40-70 [22.2-38.9]	35-65 [19.4-36.1]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155 [68.3]	165 [73.8]	155 [68.3]	190 [87.7]	170 [76.6]	180 [82.2]	190 [87.7]
Standard Filter—in. [mm]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	19 1/4 x 25 [489 x 635]	22 3/4 x 25 [578 x 635]	22 3/4 x 25 [578 x 635]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	105 [48]	105 [48]	115 [52]	120 [54]	140 [63]	150 [68]
Return Air Cabinets (Opt.) RXGR- Filter Size [mm]	C14B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C21B (2) 20 x 16 [508 x 406]	C24B (2) 24 x 16 [610 x 406]	C24B (2) 24 x 16 [610 x 406]
AFUE—Electric Ignition Models ①	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" [12.7 mm] N.P.T.

① In accordance with D.O.E. test procedures.

② See Conversion Kit Index Form for high altitude derate in U.S. applications. For Canadian applications, reference the furnace installation instructions.

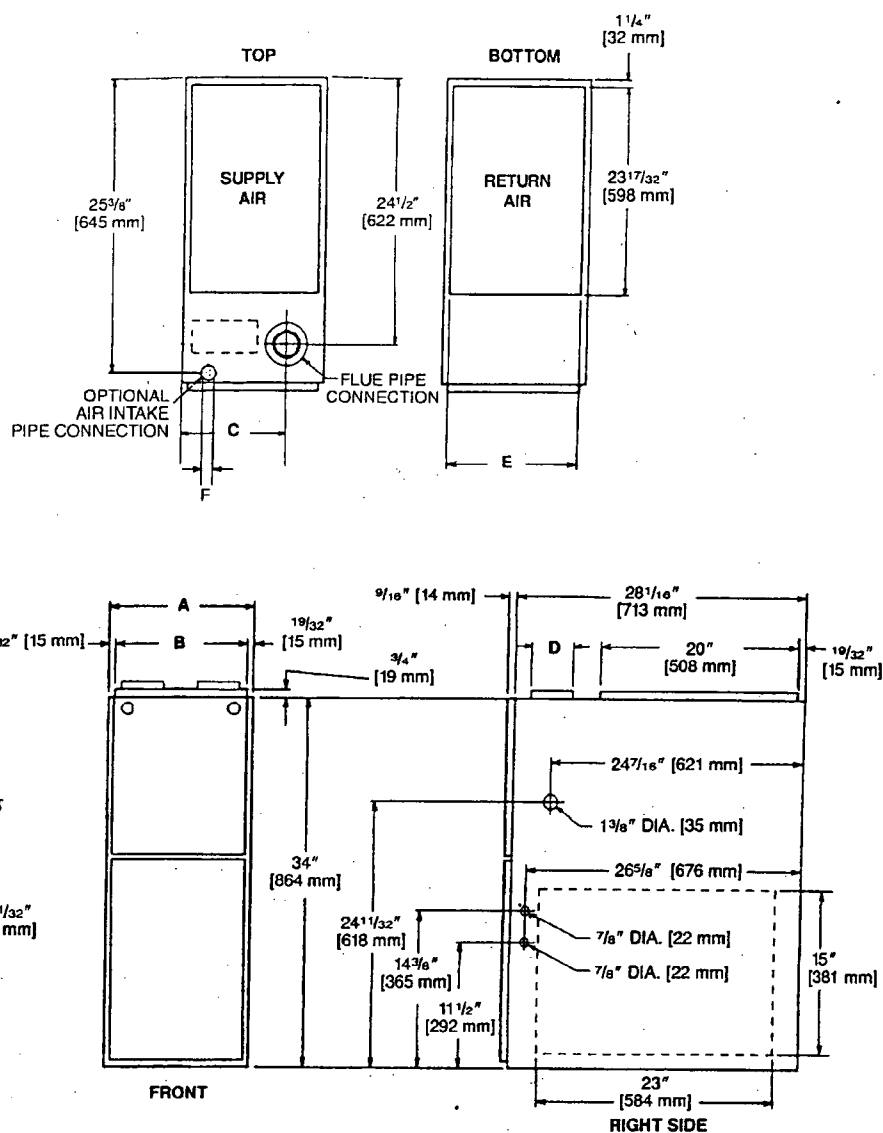
* Data references Canadian applications only.

MODEL IDENTIFICATION—UPFLOW MODELS

U	G	P	N	—	07E	A	M	E	R
Ruud	Gas Furnace	Upflow/ Horizontal	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type
					Electric Ignition	A = Std. Cabinet	U = 11 x 6 [279 x 152 mm]	E = 1100-1330 CFM [519-628 L/s]	R = Natural Gas, U.S. and Canadian Standard Furnace
					NO _x Model	B = Wide Cabinet	M = 11 x 7 [279 x 178 mm]	G = 1450-1750 CFM [684-826 L/s]	
					05E		R = 11 x 10 [279 x 254 mm]	J = 1800-2075 CFM [850-979 L/s]	
					07E				
					10E				
					12E				
					15E				
					05N				
					07N				
					10N				
					12N				
					15N				

[] Designates Metric Conversions

UPFLOW DIMENSIONS



UPFLOW DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) [mm]						SHIP. WGT. (LBS.) [kg]
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
05	14 [356]	12 27/32 [326]	10 5/8 [270]	①	11 1/2 [292]	1 7/8 [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	14 1/8 [359]	①	18 1/2 [470]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.

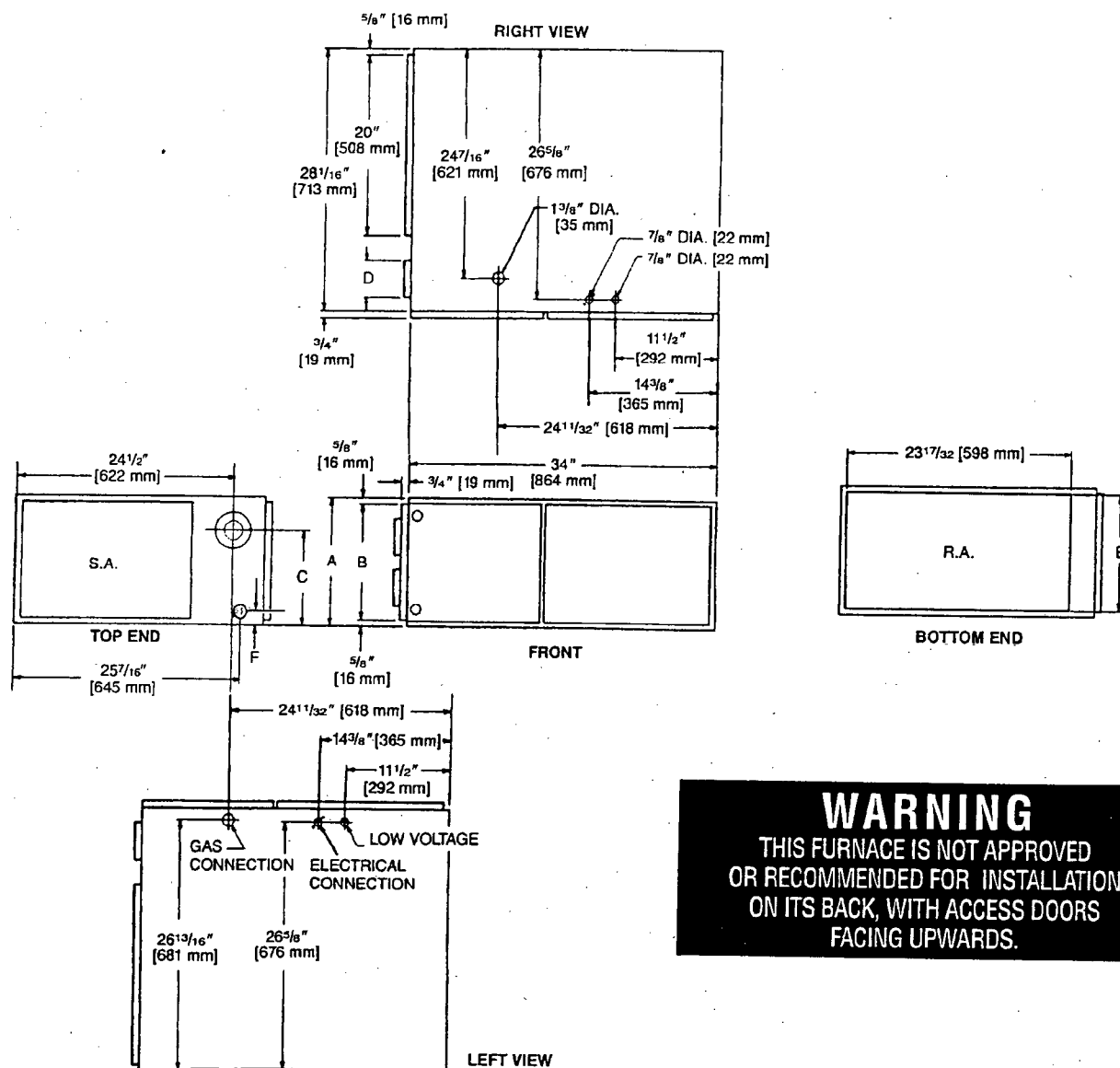
② May be 0" [0 mm] with type B vent.

③ May be 1" [25 mm] with type B vent.

Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[] Designates Metric Conversions

HORIZONTAL DIMENSIONS



WARNING
THIS FURNACE IS NOT APPROVED
OR RECOMMENDED FOR INSTALLATION
ON ITS BACK, WITH ACCESS DOORS
FACING UPWARDS.

HORIZONTAL DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPN-	A	B	C	D	E	F	REDUCED CLEARANCES (IN.) [mm]						SHIP. WGTs. (LBS.) [kg]
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
05	14 [356]	12 27/32 [326]	10 5/8 [270]	①	11 1/2 [292]	1 3/4 [45]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17 1/2 [445]	16 1 1/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [63]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 1 1/32 [415]	12 3/8 [314]	①	15 [381]	2 1/2 [63]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	14 1/8 [359]	①	18 1/2 [470]	2 1/2 [63]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 1 1/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [63]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 1 1/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [63]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.

② May be 0" [0 mm] with type B vent.

③ May be 1" [25 mm] with type B vent.

Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[] Designates Metric Conversions

ACCESSORIES—UPFLOW

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

FILTER RACK FILTER SIZES† INCHES [mm]	
MODEL UGPN-	RXGF-CA (SIDE)
05, 07, 10*A	15 ³ / ₄ x 25 [400 x 635]
10*BRJ	15 ³ / ₄ x 25 [400 x 635]
12, 15	15 ³ / ₄ x 25 [400 x 635]

† Filter racks are shipped without filters.

Filters shipped with furnace may be used or a suitable 1" [25.4 mm] filter.

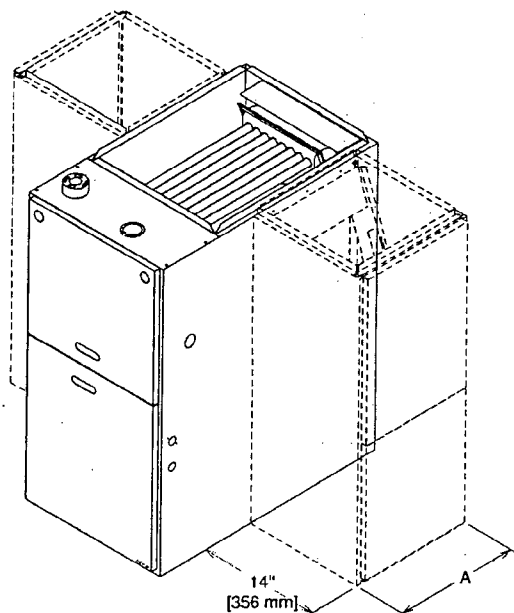
*Designates "E" or "N".

RXPF-F01 and F02

FOSSIL FUEL KITS are for use with Ruud Achiever Heat Pumps and Super Quiet 80 warm air furnaces. The RXPF-F02 meets TVA requirements.

ACCESSORY RETURN AIR CABINETS

Return Air Cabinets may be installed on either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MUST ONLY BE INSTALLED ON THE SIDE OPPOSITE THE GAS AND ELECTRICAL CONNECTIONS.

RETURN AIR CABINETS	A IN. [mm]	FILTER SIZE IN. [mm]
RXGR-C14B	14 [356]	(2) 12 x 16 [305 x 406]
RXGR-C17B	17 ¹ / ₂ [445]	(2) 12 x 16 [305 x 406]
RXGR-C21B	21 [533]	(2) 20 x 16 [508 x 406]
RXGR-C24B	24 ¹ / ₂ [622]	(2) 24 x 16 [610 x 406]

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

FURNACE WIDTH IN. [mm]	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN. [mm]
14 [356]	RXGB-D14	AE-61874-01	11 ⁵ / ₈ x 23 ⁹ / ₁₆ [295 x 598]
17 ¹ / ₂ [445]	RXGB-D17	AE-61874-02	15 ¹ / ₈ x 23 ⁹ / ₁₆ [384 x 598]
21 [533]	RXGB-D21	AE-61874-03	18 ⁵ / ₈ x 23 ⁹ / ₁₆ [473 x 598]
24 ¹ / ₂ [622]	RXGB-D24	AE-61874-04	25 ⁵ / ₈ x 23 ⁹ / ₁₆ [651 x 598]

FOR HIGH ALTITUDES:

OPTION CODE FOR HIGH ALTITUDE: U.S. & Canada

None required for high altitudes.

HIGH ALTITUDE CONVERSION KITS: U.S. & Canada

None required for high altitudes.

80+ HIGH ALTITUDE INSTRUCTIONS

CAUTION: Always follow National Fuel Gas Code (NFGC) guidelines when converting for high altitudes.

High altitude option codes are not required for these models. However, the burner orifice size needs to be recalculated and verified at elevations above 2000 ft. See Installation Instructions for more information.

NOTE: For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may **NOT** be used for U.S. installations.

[] Designates Metric Conversions

BLOWER PERFORMANCE DATA—UPFLOW/HORIZONTAL MODELS

MODEL NUMBER UGPN- SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN							
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]	
05EAUER 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW	675 [319]	655 [309]	635 [300]	610 [288]	585 [276]	555 [262]	520 [245]	
			MED-LO	950 [448]	930 [439]	905 [427]	880 [415]	860 [406]	830 [392]	800 [378]	
			MED-HI	1115 [526]	1090 [514]	1070 [505]	1040 [491]	1015 [479]	985 [465]	945 [446]	
			HIGH	1270 [599]	1250 [590]	1225 [578]	1200 [566]	1165 [550]	1130 [533]	1085 [512]	
07EAMER 07NAMER	11 x 7 [279 x 178]	1/2 [373]	LOW	921 [435]	897 [423]	872 [411]	845 [399]	818 [386]	795 [375]	746 [352]	
			MED-LO	1093 [563]	1066 [503]	1039 [490]	1008 [476]	977 [461]	941 [444]	905 [427]	
			MED-HI	1241 [586]	1212 [572]	1183 [558]	1150 [543]	1118 [528]	1076 [508]	1033 [487]	
			HIGH	1393 [657]	1359 [642]	1326 [626]	1293 [610]	1259 [594]	1214 [573]	1169 [552]	
07EAMGR 07NAMGR	11 x 7 [279 x 178]	3/4 [559]	LOW	1245 [588]	1220 [576]	1195 [564]	1165 [550]	1135 [536]	1105 [522]	1065 [503]	
			MED-LO	1555 [734]	1515 [715]	1475 [696]	1435 [677]	1395 [658]	1350 [637]	1300 [614]	
			MED-HI	1810 [854]	1755 [828]	1705 [805]	1645 [776]	1585 [748]	1530 [722]	1470 [694]	
			HIGH	2050 [967]	1985 [937]	1915 [904]	1845 [871]	1785 [842]	1715 [809]	1655 [781]	
10EAMER 10NAMR	11 x 7 [279 x 178]	1/2 [373]	LOW	925 [437]*	890 [420]*	865 [408]*	835 [394]*	810 [382]*	775 [366]*	745 [352]*	
			MED-LO	1050 [496]	1040 [491]	1030 [486]	990 [467]	960 [453]	920 [434]	890 [420]	
			MED-HI	1220 [576]	1195 [564]	1160 [547]	1140 [538]	1105 [522]	1065 [503]	1020 [481]	
			HIGH	1410 [665]	1380 [651]	1345 [635]	1300 [614]	1255 [592]	1205 [569]	1150 [543]	
10EBRJR 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	LOW	1295 [611]	1275 [602]	1250 [590]	1225 [578]	1195 [564]	1165 [550]	1135 [536]	
			MED-LO	1645 [776]	1615 [762]	1580 [746]	1550 [732]	1510 [713]	1465 [691]	1425 [673]	
			MED-HI	2045 [965]	2000 [944]	1955 [923]	1905 [899]	1845 [871]	1785 [842]	1720 [812]	
			HIGH	2320 [1095]	2260 [1067]	2200 [1038]	2130 [1005]	2060 [972]	1985 [937]	1910 [901]	
12EARJR 12NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW	1280 [604]	1275 [602]	1265 [597]	1245 [588]	1215 [573]	1185 [559]	1145 [540]	
			MED-LO	1645 [776]	1635 [772]	1615 [762]	1590 [750]	1560 [736]	1520 [717]	1470 [694]	
			MED-HI	2050 [967]	2015 [951]	1960 [925]	1935 [913]	1885 [890]	1835 [866]	1775 [838]	
			HIGH	2365 [1116]	2310 [1090]	2250 [1062]	2185 [1031]	2115 [998]	2035 [960]	1950 [920]	
15EARJR 15NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW	1270 [599]	1250 [590]	1220 [576]	1195 [564]	1165 [550]	1135 [536]	1105 [522]	
			MED-LO	1620 [765]	1595 [753]	1570 [741]	1545 [729]	1515 [715]	1480 [698]	1440 [680]	
			MED-HI	2010 [949]	1985 [937]	1960 [925]	1915 [904]	1850 [873]	1800 [850]	1730 [816]	
			HIGH	2340 [1104]	2275 [1074]	2215 [1045]	2145 [1012]	2080 [982]	2010 [949]	1940 [916]	

NOTES: *Not to be used as a heating speed.
Data compiled with factory filters installed.
Recommended blower speeds are in bold.
See Form Number C22-206 for MultiFlex® coil data.

[] Designates Metric Conversions

GENERAL TERMS OF LIMITED WARRANTY

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

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

Gas Heat Exchanger Limited WarrantyTwenty (20) Years
*Any Other Part.....Five (5) Years

*This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

**RUUD
AIR CONDITIONING
DIVISION**

5600 Old Greenwood Road, Fort Smith, Arkansas 72908

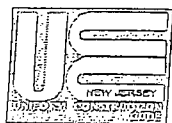


"In keeping with its policy of continuous progress and product improvement, Ruud reserves the right to make changes without notice."

PRINTED IN U.S.A.

8-07 DC

FORM NO. G22-485 REV. 6
Supersedes Form No. G22-485 Rev. 5



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 838 LOT 22 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1700 Laurelton St

Applicant Theodore Kost

Certifying Individual Joseph Marazzo Company NJR Home Services

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

Tel. (732) 919-8172

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

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

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____

Date _____

Certification Not Submitted:

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

Signature _____

Date _____

Direct Vent Appliance:

No certification required:

Signature _____

Date _____

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

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

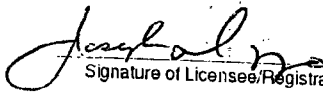
HAS REGISTERED

NJR Home Services
Glenn Lockwood
1415 Wyckoff Road
Wall NJ 07719

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

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

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR



Lot - 22
Block- 838

New Unit-

- ☐ Input- 75K
- ☐ Output- 60K

Old Unit-

- ☐ Input- 75K
- ☐ Output- 60K

Thank you
Sandy ☺



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1700 LAURELTON ST. BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 838 Lot: 22 Qual:
1700 LAURELTON ST.
Permit Number: Control Number: C-11-000088
Last Submit Date: Thursday, January 13, 2011

Date: Tuesday, January 18, 2011

Dear KOST, THEODORE & DOLORES,

The following comments were made during the Plan Review process:
provide heat loss/gain as per section M1401.3 sizing in international residential code 2006

Sincerely,

William Meyer, Subcode Official

Resubmit
1/31/11

1/31/11

Please Note Following 9 pas.

Thank you
Sandy 😊



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

fixed 1/25/11

Subcode Official Review

To: 1700 LAURELTON ST. BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 838 Lot: 22 Qual:
1700 LAURELTON ST.
Permit Number: Control Number: C-11-000068
Last Submit Date: Thursday, January 13, 2011

Date: Tuesday, January 18, 2011

Dear KOST, THEODORE & DOLORES,

The following comments were made during the Plan Review process:
provide heat loss/gain as per section M1401.3 sizing in international residential code 2006

Sincerely,

William Meyer, Subcode Official

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4401
DESTINATION ADDRESS 97329383010
PSWD/SUBADDRESS
DESTINATION ID
ST. TIME 01/25 13:26
USAGE T 00' 18
PGS. 1
RESULT OK



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1700 LAURELTON ST. BRICK, NJ 08724 CC:

RE: Plumbing Subcode

Block: 838 Lot: 22 Qual:

1700 LAURELTON ST.

Permit Number: Control Number: C-11-000068

Last Submit Date: Thursday, January 13, 2011

Date: Tuesday, January 18, 2011

Dear KOST, THEODORE & DOLORES,

The following comments were made during the Plan Review process:
provide heat loss/gain as per section M1401.3 sizing in international residential code 2006

Sincerely,

A handwritten signature in cursive script, appearing to read 'William Meyer'.

William Meyer, Subcode Official