

BLOCK 838 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 1682 162 FORGE POND ROAD PERMIT NO. 11-3405



CONSTRUCTION PERMIT APPLICATION

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

C-11-003920

I. IDENTIFICATION

1. Proposed Work Site at: 162 FORGE POND RD. BRICK, N.J. 07724

2. Name of Owner in Fee: BARBARA S. RIGNANO

Tel. () e-mail

Address JAME AS ABOVE street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: EAST COAST FIREPLACE Tel. (732) 792-0300

Address 313 RT. 33 e-mail

MANALAPAN, N.J. 07726

License No. OR, if new home, Builder Reg. No. 13VH02050700 Exp. Date 12-31-2011

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

Federal Emp. ID No. 22-185-7519 FAX: (732) 792-1003

5. Architect or Engineer Contact

Address e-mail

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun GREG ZISKO

Tel. (732) 792-0300 FAX: (732) 792-1003

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>175</u>	
2. Electrical	\$ <u>45</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		
10. Subtotal		
11. Cert. of Occupancy	\$ <u>1</u>	
12. Other		
13. TOTAL	\$ <u>171</u>	

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)

☐ 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
	REC'D OCT 1	2011		10-25-11	JL			
			10/31/11		MA	11/1/11		MA
				10-26-11	HB			

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 | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 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 Name EAST COAST FIREPLACE

Address 313 Rt. 33

MANALAPAN, N.J. 07726

Telephone (732) 792-0300

Signature [Signature]

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/23/2011
Control Number C-11-003920
Permit Number 11-3405
Permit Issue Date 11/09/2011
Certificate Number 11-3405

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1682 FORGE POND RD. Brick Township, NJ Block: 838 Lot: 7 Qual: _____
Owner in Fee: SIRIGNANO, JOHN T & BARBARA L
Owner Address: 1682 FORGE POND RD BRICK NJ 08724
Telephone: _____
Contractor: EAST COAST FIREPLACE
Address: 313 ROUTE 33 MANALAPAN NJ 07726
Telephone: 732/792-0300 Fax: X200
License Number or Builders Registration Number: 13VH02050700 Federal Emp. Number: 22-1859495

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: GAS PIPING gas logs

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 NJACS: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 #

11/9/11
C-11-003920
113465

IDENTIFICATION Block: 838 Lot: 7 Qualifier
Work Site Location: 1682 FORGE POND RD. Brick Township, NJ Contractor: EAST COAST FIREPLACE
Address: 313 ROUTE 33 MANALAPAN NJ 07726
Owner in Fee: SIRIGNANO, JOHN T & BARBARA L
1682 FORGE POND RD. BRICK NJ 08724 Telephone: 732/792-0300
Telephone: Lic. No. or Bldrs. Reg. No. 13VH02050700
Federal Employee No. 22-1859495

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:

GAS PIPING gas logs

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 \$975

Construction Official

Date

11-4-11

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	\$75
Electrical	\$0
Plumbing	\$50
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$171
Check No.	5143
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.



**BUILDING 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 1000 Qualification Code MD
Work Site Location 6000 1000 1000
Owner In Care BARBARA S. RIGNARD e-mail Barbara.Rignard@att.net
Address 1687 FURBER ST Tel. (732) 792-1003
Contractor EAST COAST FIREPLACE e-mail 319 AT 33
Address NAVAJAN NJ 07126 Exp. Date 7/27/10
Contractor License No. or Builder Registration No. 221857519 FAX: (732) 792-1003
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 221857519

JOBS SUMMARY (Office Use Only)

PLAN REVIEW	Initial	Date	INSPECTIONS	Initial	Date (Monthly)	Approval	Initial
☒ No Plans Required	☒	10-25-11	☒ All	☒			
☐ Footings/Foundations	☐		☐ Footing	☐			
☐ Structural Framework	☐		☐ Foundation	☐			
☐ Exterior	☐		☐ Slab	☐			
☐ Interior	☐		☐ Frame	☐			
☐ Truss Sys./Bracing	☐		☐ Truss Sys./Bracing	☐			
☐ Barrier-Free	☐		☐ Barrier-Free	☐			
☐ Insulation	☐		☐ Insulation	☐			
☐ Finishes - Base Layer	☐		☐ Finishes - Base Layer	☐			
☐ Finishes - Final	☐		☐ Finishes - Final	☐			
☐ Energy	☐		☐ Energy	☐			
☐ Mechanical	☐		☐ Mechanical	☐			
☐ TCO	☐		☐ TCO	☐			
☐ Other	☐		☐ Other	☐			
☐ Final	☐		☐ Final	☐			
☐ Barrier-Free	☐		☐ Barrier-Free	☐			

Joint Plan Review Required:
☐ Rec. ☐ Plumb. ☐ Fire ☐ Elevator
SUBCODE APPROVAL FOR PERMIT
Date: 10-25-11
Approved by: VA/JTC
SUBCODE APPROVAL FOR CERTIFICATE
Date: 12-22-11
Approved by: VA/JTC

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories State Approved HUD

Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Const. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Rehabilitation \$
3. Total (1+2) \$

NOT BUILDING ANYTHINGS

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

Date Received 11/9/11
Control #
Date Issued 11-3405
Permit #

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.
Sign here: Greg Ziegler

Print name here: Greg Ziegler
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL GAS LOGS
INTO EXISTING
FIREFPLACE.

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter B
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other Gas logs
☐ Demolition

Height (exceeds 6') Sq. Ft.
Sq. Ft.

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 7 Qualification Code _____
Work Site Location 1682 FORGE POND RD.
BRICK, N.J. 07724
Owner in Fee: BARBARA SIRIGNANO
Tel. _____ e-mail _____

Address SAME AS ABOVE Zip code 07003
Contractor: EAST COAST FIREPLACE Tel. (732) 792-0300
Address 313 RT. 33 e-mail _____
MANALAPAN, N.J. 07726

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): 13VH02050700
Federal Emp. ID No. 22-185-7519 FAX: (732) 792-1003

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing Fuel Type: [] Flammable OR [] Combustible
OR [] Conversion OR [] Replacement Capacity _____
Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System:
Other GAS logs [] New OR [] Existing
Location: 1st floor Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 75.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLANT REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Partial Underslab Utilities Approved	Suppression Sys.				
Date: <u>12/26/11</u> Approved by: <u>[Signature]</u>	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: <u>12-28-11</u>	Flam/Combust Tanks				
Approved by: <u>[Signature]</u>	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final				
[] CO [] LCO [] CA	Other				
Date: <u>12-28-11</u>					
Approved by: <u>[Signature]</u>					

Date Received
Control #

Date Issued
Permit #

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:

D. TECHNICAL SITE DATA
Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: INSTALL GAS logs
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, waterflow)	
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 <u>gas logs</u>	
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 7 Qualification Code _____

Work Site Location 1682 Forge Pond Road

BRICK N.J. 07724

Owner in Fee: BARBARA SIVIGNANO

Tel. _____ e-mail _____

Address 313 Rt. 33 Municipality EAST COAST FIREPLACE Tel. (732) 792-0300 Zip code 07726

Contractor: MANALAPAN, N.J. 07726 Exp. Date 12-31-2011

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

Contractor License No. 13VH02050700 Exp. Date 12-31-2011

Federal Emp. ID No. 22-185-7519 FAX: (732) 792-1003

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 \$ 850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required					
☐ Partial - Under/ab Utilities Approved					
Date: _____	Approved by: _____				
☒ Plumbing Plans Approved					
Date: <u>11-11-11</u>	Approved by: <u>[Signature]</u>				
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>11-3-11</u>	Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☒ CA					
Date: <u>12-13-11</u>	Approved by: <u>[Signature]</u>				

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: [Signature]

Print name here: GARY ZISKO

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL GAS LOGS.

QTY. 1

FIXTURE/EQUIPMENT

Water Closet

Unal/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 logs

Date Received 11/9/11

Control # _____

Date Issued 11-3405

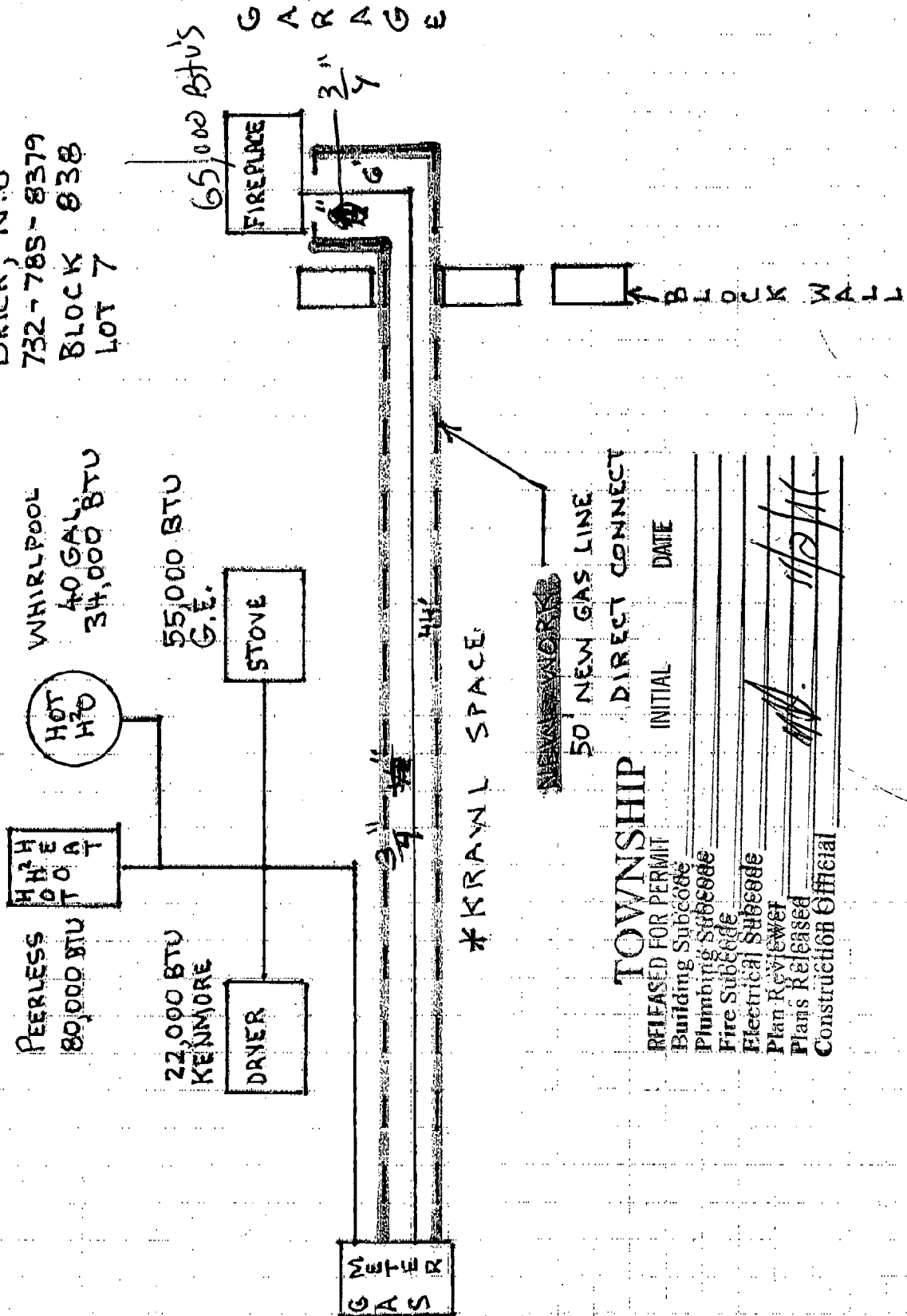
Permit # _____

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

- 11.21.11 PA
- ① TEST DROP 30" TO 2.5"
 - ② TEST TO 15 PSI.

[Faint, illegible handwritten notes or a stamp, possibly containing the word "TEST"]

BARBARA SIRIGNANO
1682 FORGE POND ROAD
BRICK, N.J.
732-785-8379
BLOCK 838
LOT 7



50' NEW GAS LINE

TOWNSHIP DIRECT CONNECT

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



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 7 Qualification Code _____

Work Site Location 1682 Forge Pond Road

Barck N.J. 07724

Owner in Fee: BARBARA SURIGNAND

Tel. () _____ e-mail _____

Address SAME AS ABOVE

Contractor: FAST COAST FIREPLACE Municipality MANALAPAN, N.J. Tel. (732) 792-0300

Address 313 Rt. 33 e-mail _____

Contractor License No. 13VH02050700 Exp. Date 12-31-2011

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

Federal Emp. ID No. 22-185-7519 FAX: (732) 792-1003

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 \$ 850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial Under-slab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved

Date: 11/11 Approved by: [Signature]

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 11-3-11

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

Date Received

11/4/11

Control #

Date Issued

Permit #

11-3465

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: GARY ZISKO

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL GAS LOGS.

QTY. _____

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

Graesetrap

Sewer Connection

Water Service Connection

Stacks

Other gas logs

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 100 Lot 1 Qualification Code 1000

Work Site Location 1000 1000 1000

Own 1000 1000 1000

Tel. 1000 1000 1000 e-mail 1000 1000 1000

Address 1000 1000 1000 street 1000 1000 1000 municipality 1000 1000 1000 Tel. 1000 1000 1000 zip code 1000 1000 1000

Contractor 1000 1000 1000 e-mail 1000 1000 1000

Address 1000 1000 1000 e-mail 1000 1000 1000

Contractor License No. 1000 1000 1000 Exp. Date 12-31-2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 1000 1000 1000

Federal Emp. ID No. 22-185-7519 FAX: (732) 742-1003

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed 1000 1000 1000

Building Sewer Size 1000 1000 1000 Public Sewer 1000 1000 1000 Private Septic 1000 1000 1000

Water Service Size 1000 1000 1000 Public Water 1000 1000 1000 Private Well 1000 1000 1000

Est. Cost of Plumbing Work \$ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Under/Over Utilities Approved

Date: 10/1/11 Approved by: 1000 1000 1000

Joint Plan Review Required: 1000 1000 1000

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/1/11 Approved by: 1000 1000 1000

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 10/1/11 Approved by: 1000 1000 1000

INSPECTIONS

Type: 1000 1000 1000

Slab 1000 1000 1000

Rough 1000 1000 1000

Water 1000 1000 1000

Sewer 1000 1000 1000

Fixtures 1000 1000 1000

Gas Equipment 1000 1000 1000

Gas Piping 1000 1000 1000

LPGas Tank 1000 1000 1000

Fuel Oil Piping 1000 1000 1000

Solar 1000 1000 1000

TCO 1000 1000 1000

Final 1000 1000 1000

Dates (Month/Day)

Failure 1000 1000 1000

Approval 1000 1000 1000

Initial 1000 1000 1000

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: 1000 1000 1000

Print name here: 1000 1000 1000

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK 1000 1000 1000

QTY. 1000 1000 1000

FIXTURE/EQUIPMENT 1000 1000 1000

Water Closet 1000 1000 1000

Urinal/Bidet 1000 1000 1000

Bath Tub 1000 1000 1000

Lavatory 1000 1000 1000

Shower 1000 1000 1000

Floor Drain 1000 1000 1000

Sink 1000 1000 1000

Dishwasher 1000 1000 1000

Drinking Fountain 1000 1000 1000

Washing Machine 1000 1000 1000

Hose Bibb 1000 1000 1000

Water Heater 1000 1000 1000

Fuel Oil Piping 1000 1000 1000

Gas Piping 1000 1000 1000

LPGas Tank 1000 1000 1000

Steam Boiler 1000 1000 1000

Hot Water Boiler 1000 1000 1000

Sewer Pump 1000 1000 1000

Interceptor/Separator 1000 1000 1000

Backflow Preventer 1000 1000 1000

Greasetrap 1000 1000 1000

Sewer Connection 1000 1000 1000

Water Service Connection 1000 1000 1000

Stacks 1000 1000 1000

Other 1000 1000 1000

Date Received 10/1/11
Control # 1000 1000 1000
Date Issued 10/1/11
Permit # 1000 1000 1000

Administrative Surcharge \$ 1000 1000 1000

Minimum Fee \$ 1000 1000 1000

State Permit Surcharge Fee \$ 1000 1000 1000

TOTAL FEE \$ 1000 1000 1000



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 7 Qualification Code _____

Work Site Location 1682 FORGE ROAD, BRICK, N.J. 07724

Owner in Fee: BARBARA S. SIGNANO

Tel. () _____ e-mail _____

Address SAME AS ABOVE Municipality EAST COAST FIREPLACE Tel. (732) 792-0300 Zip code 07726

Contractor: 313 Rt. 33 e-mail _____

Address MANALAPAN, N.J. 07726

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

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

Home Improvement Contractor Registration No. of Exemption Reason (if applicable): 13VHD02050700

Federal Emp. ID No. 22-185-7519 FAX: (732) 792-1003

B. FIRE PROTECTION CHARACTERISTICS

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

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

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

Fuel Type: [] Gas [] Oil [] Electric [] Solar Location of Panel: _____

Location: 1571109 Fire Suppression/Standpipe System: _____

Total Cost of Fire Protection Work \$ 75.00 Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

[] No Plans Required _____

[] Partial—Under-slab Utilities Approved _____

Date: 10-28-11 Approved by: _____

[] Fire Protection Plans Approved _____

Date: _____ Approved by: _____

Joint Plan Review Required: _____

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

SUBCODE APPROVAL for PERMIT _____

Date: 10-28-11 _____

Approved by: _____

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: Barbara S. Signano

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSULATION GAS LOGS

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, pull, water/flow) _____

Supervisory Devices (i.e., lamps, 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 _____

Date Received 11/9/11
Control # _____
Date Issued 11/30/11
Permit # _____

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 200 Lot 1 Qualification Code 1

Work Site Location 1000 E. 10th St. N. J.

Owner in Fee: BARBARA CIRIGLIANO

Tel. () 201-261-1000

Address SAME AS ABOVE Street Municipality Zip code

Contractor: East Coast Firehouse Tel. (732) 712-0300

Address 315 Rt 33 e-mail MANAVALAN, N. J. 07736

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 134472056700

Fire Alarm Contractor No. 134472056700 Exp. Date 12/31/2003

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 134472056700

Federal Emp. ID No. 22-185-7519 FAX: (732) 712-1003

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fuel Storage Tank: Capacity

Constr. Class: Present Proposed Fuel Type: Flammable or Combustible

Heating System: New or Modification to Existing Fire Alarm System: New or Existing

Fuel Type: Gas Oil Electric Solar Fire Suppression/Standpipe System: Other

Location: 1000 E. 10th St. N. J. Location of Panel: New or Existing

Total Cost of Fire Protection Work \$ 75.00 Location of Main Control Valve: 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: Barbara Cirigliano

Print name here: Barbara Cirigliano

D. TECHNICAL SITE DATA		Date Received Control # <u>11/1/00</u>	
DESCRIPTION OF WORK: <u>2000 GAS LOGS</u>		Date Issued Permit # <u>11/4/00</u>	
Water Supply Source <u>1100</u>		Applicant/Contractor sign here: <u>Barbara Cirigliano</u>	
Method of Alarm/Suppression System Supervision <u>1100</u>		Print name here: <u>Barbara Cirigliano</u>	
Flammable/Combustible Tanks		Certified Contractor <u>1100</u> Exempt Applicant <u>1100</u>	
Alarm Systems		NUMBER	
☐ System		FEE (Office Use Only)	
☐ 110V Interconnected		\$ <u>1100</u>	
☐ CO Detectors/110V			
Alarm Devices (i.e., smoke, heat, pulls, water/flood)			
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			
CO ₂ Suppression			
Foam Suppression			
FM200 Suppression			
Other			
Kitchen Hood Exhaust System			
Smoke Control System			
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid			
Fireplace Venting/Metal Chimney			
Other			
Administrative Surcharge \$ <u>1100</u>			
Minimum Fee \$ <u>1100</u>			
State Permit Surcharge Fee \$ <u>1100</u>			
TOTAL FEE \$ <u>1100</u>			



BUILDING 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 7 Qualification Code AD
Work Site Location BRICK NJ 07124

Owner's Name BARBARA S. RIGANNO

Tel. [REDACTED]

Address 1626 FINEST AVENUE AD

Contractor EAST COAST FIREPLACE Tel. (732) 792-0300

Address 373 AVE 33 AD Tel. (732) 792-0300

Contractor License No. or Builder Registration No. NAVAL 02 Exp. Date 07/26

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 221857519 FAX: (732) 792-0003

Federal Emp. ID No. 221857519

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☐ No Plans Required ☒ 10-25/11 ST

☐ All ☐ Footings/Foundations ☐ Foundation ☐ Framing

☐ Structural Framework ☐ Slab ☐ Frame

☐ Exterior ☐ Truss Sys./Bracing ☐ Barrier-Free

☐ Interior ☐ Insulation ☐ Finishes - Base Layer

☐ Joint Plan Review Required: ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL FOR PERMIT ☐ Mechanical ☐ Energy ☐ TCO

Subcode Approval for Certificate ☐ CO ☐ CCO ☐ CA

Approved by: [Signature] Final [Signature] Barred-Free

Date: [Signature]

B. BUILDING CHARACTERISTICS

Use Group Present [Signature] Proposed [Signature]

No. of Stories [Signature] State Class Present [Signature] Proposed [Signature]

Height of Structure [Signature] ft. [Signature] State Approved [Signature] HUD [Signature]

Area - Largest Floor [Signature] sq. ft. [Signature] Est. Cost of Bldg. Work: [Signature]

New Bldg. Area/All Floors [Signature] sq. ft. [Signature] 1. New Bldg. \$ [Signature]

Volume of New Structure [Signature] cu. ft. [Signature] 2. Rehabilitation \$ [Signature]

Max. Live Load [Signature] [Signature] 3. Total (1 + 2) \$ [Signature]

Max. Occupancy Load [Signature] [Signature]

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.
Sign here: [Signature]
Print name here: [Signature]
D. TECHNICAL SITE DATA

Date Received 11/9/11
Contract # 11-3405
Date Issued 11-3405
Permit # 11-3405

DESCRIPTION OF WORK

INSTALL GAS logs
INTO EXISTING
Fireplace.

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other gas logs
☐ Demolition

Administrative Surcharge \$ [Signature]
Minimum Fee \$ [Signature]
State Permit Surcharge Fee \$ [Signature]
TOTAL FEE \$ [Signature]

1. Value = Insurance Copy
2. Copy = Office Copy
3. Copy = Applicant Copy

NOT Building
Anything

Gastite
FLEXIBLE GAS PIPING FROM TITENUS

The following person has successfully completed the Gastite
Certification Training Program and is hereby recognized as a

Qualified Gastite Installer

William M. Novak
Name

Howard Miller

Fireplace Facelifters

Instructor
04/03/2000

Company

Date

991061154
Certificate No.

42763

Authorized to purchase and install Gastite Flexible Gas Piping



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

faxed 11/1/11

Subcode Official Review

To: 1682 FORGE POND RD BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 838 Lot: 7 Qual:
1682 FORGE POND RD.
Permit Number: Control Number: C-11-003920
Last Submit Date: Friday, October 28, 2011

Date: Monday, October 31, 2011

resubmit 11/2/11 (MT)

Dear SIRIGNANO, JOHN T & BARBARA L,

Your request is hereby denied based upon the following infractions. 1- 50' chart 1/2 for fireplace undersized, 65,000 btus, table 402.4 [13] 2009 fuel gas code. *(CSST)*

Sincerely,

Mark Hibbard, Subcode Official



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 282-1027

Subcode Official Review

To: 1682 FORGE POND RD BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 838 Lot: 7 Qual:
1682 FORGE POND RD.
Permit Number: Control Number: C-11-003920
Last Submit Date: Friday, October 28, 2011

Date: Monday, October 31, 2011

Dear SIRIGNANO, JOHN T & BARBARA L,

Your request is hereby denied based upon the following infractions. 1- 50' chart 1/2 for fireplace undersized, 65,000 btus, table 402.4 [13] 2009 fuel gas code. (QSS)

Sincerely,

Mark Hibbard, Subcode Official

Bill
CAN you look
AT this

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	2894
DESTINATION ADDRESS	97327921003
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	11/01 07:33
USAGE T	00' 29
PGS.	1
RESULT	OK



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

Subcode Official Review

To: 1682 FORGE POND RD BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 838 Lot: 7 Qual:
1682 FORGE POND RD.
Permit Number: Control Number: C-11-003920
Last Submit Date: Friday, October 28, 2011

Date: Monday, October 31, 2011

Dear SIRIGNANO, JOHN T & BARBARA L,

Your request is hereby denied based upon the following infractions. 1- 50' chart 1/2 for fireplace undersized,
65,000 btus, table 402.4 [13] 2009 fuel gas code. (CSST)

Sincerely,

Mark Hibbard, Subcode Official

BARBARA SIRIGNANO
 1682 FORGE POND ROAD
 BRICK, N.J.
 732-785-8379
 BLOCK 838
 LOT 7

PEERLESS
 80,000 BTU
 H²H
 T O A T
 HOT
 H₂O
 WHIRLPOOL
 40 GAL.
 34,000 BTU

22,000 BTU
 KENMORE

55,000 BTU
 G.E.

65,000 BTU's

G A S
 M E T E R

DRYER

STOVE

FIREPLACE

G A R A G E

1/2"

3/4"

* K R A W L S P A C E

NEW WORK
 50' NEW GAS LINE

DIRECT CONNECT

1/2" UNDER GRADE

TOWNSHIP

RELEASED FOR PERMIT

INITIAL

DATE

Building Subcode

Plumbing Subcode

Fire Subcode

Electrical Subcode

Plan Reviewer

Plans Released

Construction Official

B L O C K W A L L



CHIMNEY CERTIFICATION

FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 838 LOT 7 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1682 FORGE POND ROAD, BRICK, N.J. 07726

Applicant SIRI GNANDU

Certifying Individual Greg Zisko Company EAST COAST FIREPLACE

Address 313 RT. 33 MANALAPAN N.J. 07726

Tel. (732) 792-0300

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☒ Other WOOD TO GAS

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

WOOD TO GAS
~~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.

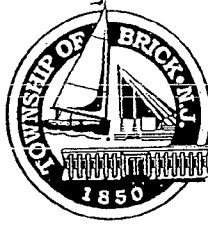
TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Brian DeLuca - President
Dan Toth - Vice President
Domenick Brando
John Catalano
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.



Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

To: 10/21/11 From: Kim Bogart

Company: East Coast Fireplace

Fax Number: 732-792-1003

Date: 10/21/11

Total No. of Pages: 1

Re: add 4 items needed for
Permit for 162 Forge Pond
Road

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Notes/Comments:

A Building tech is needed
for the application. Please
fill out and fax back



Thanks

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 2767
DESTINATION ADDRESS 97327921003
PSWD/SUBADDRESS
DESTINATION ID
ST. TIME 10/21 07:16
USAGE T 01' 06
PGS. 2
RESULT OK

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Brian DeLuca - President
Dan Toth - Vice President
Domenick Brando
John Catalano
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.



Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEETTo: 10/21/11 From: Kim BogartCompany: East Coast FireplaceFax Number: 732-792-1003Date: 10/21/11Total No. of Pages: 1Re: add 4 items needed for
Permit for 162 Forge Pond
Road

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Notes/Comments:

A Building tech is needed
Please

**New Jersey Office of the Attorney General
Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

East Coast Installation & Service Co., Inc.
Ronald Zisko
313 Route 33 East
Manalapan NJ 07726

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

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
East Coast Installation & Service Co., Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/01/2010 TO 12/31/2011

SIGNATURE

13VH02050700

11/01/2010 TO 12/31/2011
VALID

13VH02050700

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

East Coast Installation & Service Co., Inc.

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 02050700 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

EXPIRATION DATE 2011

**Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101**

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of
business.



"DUZY" Series

Vented Gas Log Set

Models:

VDY24/18, VDY30

WARNINGS

If the information in this manual is not followed exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

- Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.
- **WHAT TO DO IF YOU SMELL GAS**
 - Do not try to light any appliance.
 - Do not touch any electrical switch; do not use any phone in your building.
 - Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
 - If you cannot reach your gas supplier, call the fire department.
- Installation and service must be performed by a qualified installer, service agency or the gas supplier.

This gas log set is to be installed only in a solid-fuel burning fireplace with a working flue constructed of noncombustible material.

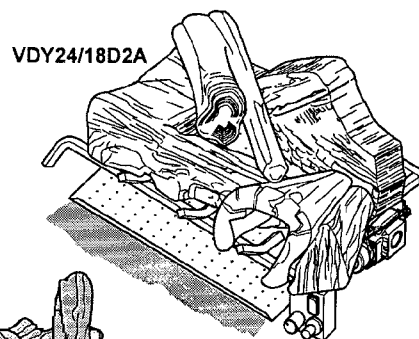
INSTALLER: Leave this manual with the appliance.

CONSUMER: Retain this manual for future reference.

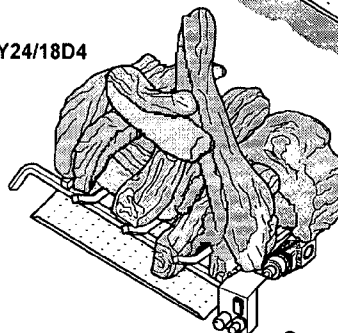
Approved to ANSI Z21.60 / CSA 2.26



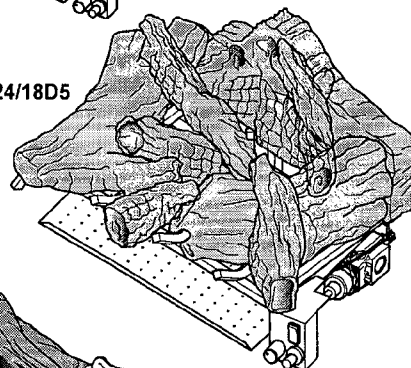
Installation and Operating Instructions



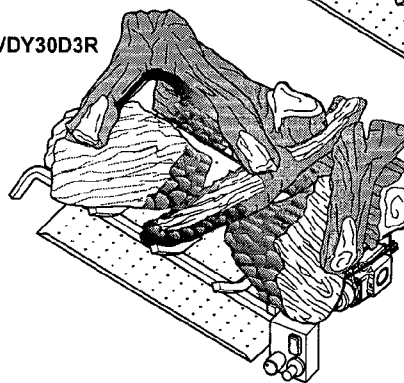
VDY24/18D4



VDY24/18D5



VDY30D3R



Thank you and congratulations on your purchase of an MHSC Log Set.
PLEASE READ THE INSTALLATION AND OPERATION INSTRUCTIONS BEFORE USING THE APPLIANCE!

IMPORTANT: Read all instructions and warnings carefully before starting installation.

Failure to follow these instructions may result in a possible fire hazard and will void the warranty.

Important Safety Information	3	Fireplace Draft Test	22
Getting Started	4	Flame Appearance	23
Check for Correct Parts	4	Operating Instructions	24
Items Required for Installation	4	For Your Safety Read Before Lighting	24
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INSTALLER

Please leave these instructions with the appliance.

IMPORTANT

Read these instructions carefully before installing or trying to operate this vent-free gas heater.

1. The installation, combustion and ventilation air must conform with local codes or, in the absence of local codes, with the National Fuel Gas Code, ANSI Z223.1.
2. This unit complies with ANSI Z21.60 • CSA 2.26 Decorative Gas Appliance for Installation in Solid-Fuel Burning Fireplace.
3. Installation and repair should be done by a qualified service person. MHSC Vented Gas Logs must be installed only in a solid-fuel (wood) burning fireplace which can only be constructed of non-combustible material, with minimum venting requirements, see installation section.
4. To prevent malfunction, gas log set and flue should be cleaned at least annually by a professional service person. More frequent cleaning may be required due to excessive lint from carpeting, etc. It is imperative that control compartments, burners and circulating air passageways be kept clean.
5. Correct installation of the ceramic fiber logs, and annual cleaning are necessary to minimize problems with sooting. See log placement instructions for proper installation.
6. A damper clamp must be installed to provide the minimum permanent vent opening to vent flue products. See installation instructions.
7. Never burn solid fuels in a fireplace where a gas log set is installed.
8. ***This appliance must not be used with glass doors in the closed position.*** Provisions for adequate combustion air must be provided, adequate combustion air usually results in all flames curling into the fireplace away from screen and up the flue.
9. Keep room area clear and free from combustible materials, gasoline and other flammable vapors and liquids.
10. Children and adults should be alerted to the hazard of high surface temperature and should stay away to avoid burns or clothing ignition.
11. Young children should be carefully supervised when they are in the same room with the gas log set in operation.

OWNER

Please retain these instructions for future reference.

WARNING

- Any change to this gas log set or its controls can be dangerous.
- Improper installation or use of the gas log set can cause serious injury or death from fire, burns, explosion or carbon monoxide poisoning.

12. Do not place clothing or other flammable material near the fireplace when the gas logs are in use.
13. Do not use this gas log set if any part has been under-water. Immediately call a qualified service technician to inspect the gas logs and replace any part of the control system and any gas control which has been under water.
14. The gas log set and its individual shutoff valve must be disconnected from the gas supply piping system during any pressure testing of the gas supply piping system at test pressures in excess of 1/2 psig (3.5kPa).
15. The gas log set must be isolated from the gas supply piping system by closing its individual manual shutoff valve during any pressure testing of the gas supply piping system at test pressures equal to or less than 1/2 psig (3.5kPa).
16. **FOR MASSACHUSETTS RESIDENTS ONLY:**
Installation of this vented gas log in the Commonwealth of Massachusetts requires the damper be permanently removed or welded in the full open position. In addition, a naturally vented gas log may not be installed in a bedroom or bathroom in the commonwealth of Massachusetts.

WARNING

This appliance is for installation only in a solid fuel burning fireplace (masonry fireplace or manufactured fireplace)

NATIONAL
FIREPLACE
INSTITUTE



CERTIFIED

www.nficertified.org

We recommend that our gas hearth products be installed and serviced by professionals who are certified in the U.S. by the National Fireplace Institute® (NFI) as NFI Gas Specialists.

MAKE SURE YOU HAVE RECEIVED ALL PARTS:

Check your packing list to verify that all listed parts have been received. You should have the following:

BURNER - GRATE ASSEMBLY 24/18, 30

- Burner and Grate Weldment Assembly
- Lava Rocks (2)
- Glowing Embers (Rock Wool)
- Damper Clamp
- Installation /Operating Instructions
- Masonry Screws (2)
- 3/8" Aluminum tube with 3/8" 90° elbow, 1/2" to 3/8" tube fitting

CERAMIC FIBER OR REFRACTORY CEMENT LOGS 24/18, 30

- Individual Logs
- Installation Instructions

Carefully inspect the contents for shipping damage. If any parts are missing or damaged, immediately inform the dealer from whom you purchased the appliance. **Do not attempt to install any part of the appliance unless you have all parts in good condition.**

ITEMS REQUIRED FOR INSTALLATION

Ensure that the following items are available before proceeding with installation:

- External regulator (for propane/L.P.G. only)
- Manual shutoff valve
- Piping which complies with local codes
- Pipe wrench
- Tee joint
- Pipe sealant approved for use with propane/L.P.G. (Resistant to sulfur compounds)
- Drill with masonry bit (for mounting to the floor)

CAUTION

- Handle the gas log burner assembly by the grate only. Do not pick the unit up by the burner.
- Gloves are recommended when handling ceramic fiber logs to prevent skin irritation from loose fibers. Logs are fragile — handle with care.

GAS PRESSURES

	Natural	*Propane (LP)
Inlet Minimum	6.0" w.c.	11.0" w.c.
Inlet Maximum	10.5" w.c.	13.0" w.c.
Regulator Pressure	4.0" w.c.	10.0" w.c.

***NOTE:** An external regulator is required to reduce supply pressure to a maximum of 13" w.c.

GAS SPECIFICATIONS

			Gas Rate Min. Input
Model	Fuel	Control	BTU/h
VDY24/18NMP	Nat.	Manual (thermocouple)	50,000
VDY24/18PMP	LP	Manual (thermocouple)	50,000
VDY24/18NVP	Nat.	Millivolt (thermopile)	50,000
VDY24/18PVP	LP	Millivolt (thermopile)	50,000
VDY30NMP	Nat.	Manual (thermocouple)	65,000
VDY30PMP	LP	Manual (thermocouple)	65,000
VDY30NVP	Nat.	Millivolt (thermopile)	65,000
VDY30PVP	LP	Millivolt (thermopile)	65,000

IGNITION CONTROLS

Piezo ignitor allows ignition of the pilot without the use of matches or batteries.

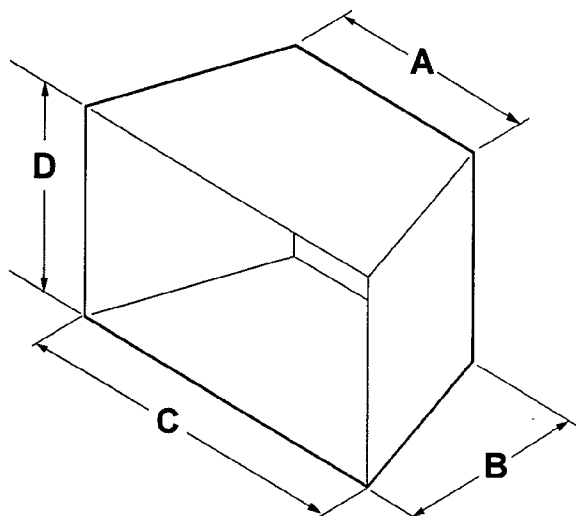
Manual control with pilot has three (3) positions:

- OFF** - All gas to the gas logs is shut off at the valve.
- IGN** - Valve position to light/maintain a standing pilot.
- ON** - Valve position to light/maintain the gas burner.

Millivolt control with pilot has three (3) positions:

- OFF** - All gas to the gas logs is shut off at the valve.
- IGN** - Valve position to light/maintain a standing pilot.
- ON** - Valve position to light/maintain the gas burner.

MINIMUM HEARTH DIMENSIONS



MANUAL SERIES				
Model	A	B	C	D
VDY24/18	17" (432 mm)	13½" (343 mm)	26" (660 mm)	16" (406 mm)
VDY30	23" (584 mm)	13½" (343 mm)	32" (813 mm)	16" (406 mm)
MILLIVOLT SERIES				
VDY24/18	18" (457 mm)	13½" (343 mm)	26" (660 mm)	16" (406 mm)
VDY30	24" (610 mm)	13½" (343 mm)	32" (813 mm)	16" (406 mm)

Figure 1 -
Minimum Hearth Dimensions

BEFORE INSTALLING THE APPLIANCE:

- Turn off gas supply to Masonry fireplace or manufactured wood burning firebox.
- Have the fireplace floor and chimney professionally cleaned to remove ashes, soot, creosote or other obstructions. Have this cleaning performed annually after installation.
- Seal any fresh air vents or ash clean-out doors located on floor or wall of fireplace. If not, drafting may cause pilot outage or sooting. Use a heat-resistant sealant.

INSTALL AND OPERATE THE APPLIANCE AS DIRECTED IN THIS MANUAL

DAMPER STOP INSTALLATION

A damper stop is provided with the unit. The damper stop must be installed as shown in Figure 2 to prevent full closure of the fireplace damper blade and provide a minimum flue opening, per table below.

Should the clamp not fit, or provide the required permanent opening from the table have the damper blade cut to provide minimum permanent opening or a permanent stop installed.

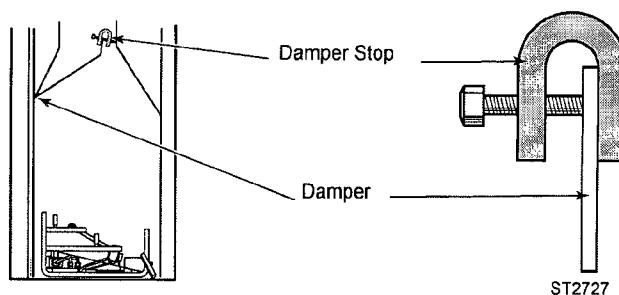


Figure 2 -
Damper Stop Installation

FOR MASSACHUSETTS RESIDENTS ONLY

Installation of this vented gas log set in the Commonwealth of Massachusetts requires the damper be permanently removed or welded in the fully open position. In addition, a naturally vented gas log may not be installed in a bedroom or bathroom in the Commonwealth of Massachusetts.

Minimum Opening Area of Chimney Damper for Venting

Chimney Height	VDY24/18	VDY30
6'	51 sq in	64 sq in
8'	51 sq in	64 sq in
10'	51 sq in	64 sq in
15'	39 sq in	51 sq in
20'	39 sq in	51 sq in
30'	30 sq in	51 sq in

WARNING

The fireplace and gas logs function as a system. If the fireplace is spilling into the room (check with a match or smoke stick). Reposition the damper clamp until a positive draft is obtained, by opening the damper. If negative pressure in the home prevents having a positive draft contact your dealer.

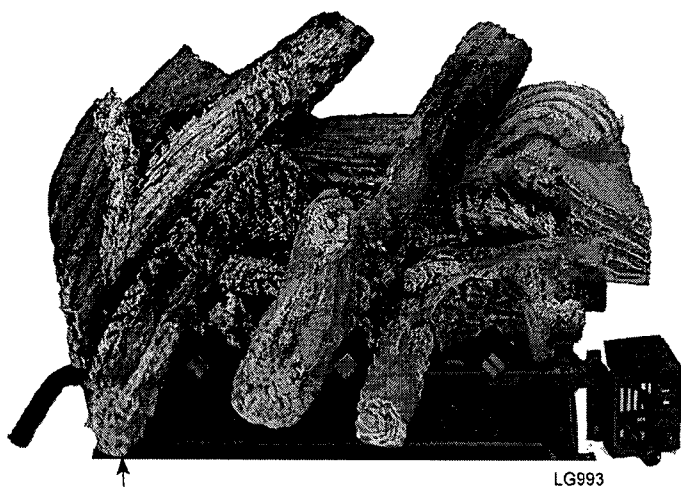


Figure 32

5. Place left top crossover log (#5) against left top log. *Figure 32*

6. Rest right top log (#6) on center crossover log and front of grate. *Figure 33*

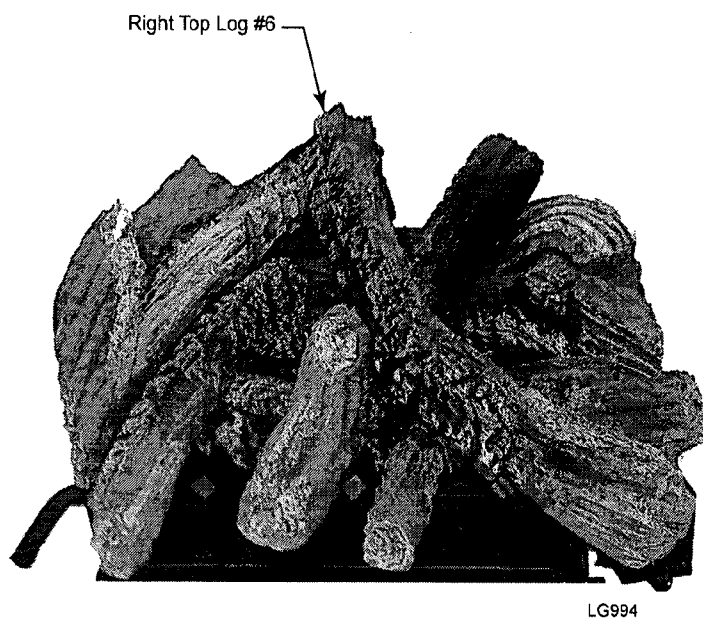


Figure 33

DUZY IV VDY30D4 LOG PLACEMENT

1. Place bottom front log (#2) on front of grate. *Figure 34*
2. Place back log (#1) on back of base aligning two (2) pins on base with holes in bottom of log. *Figure 35*

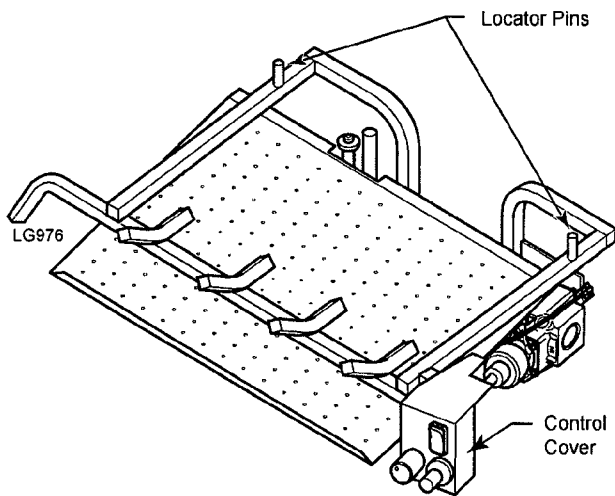


Figure 35

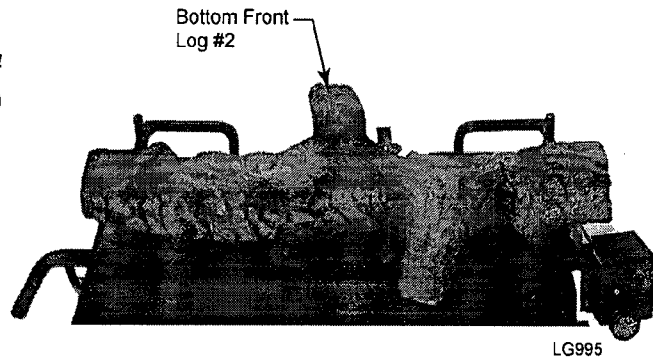


Figure 34

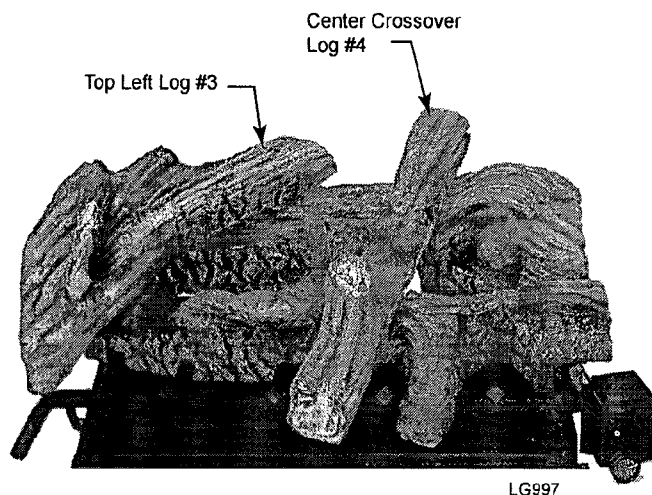
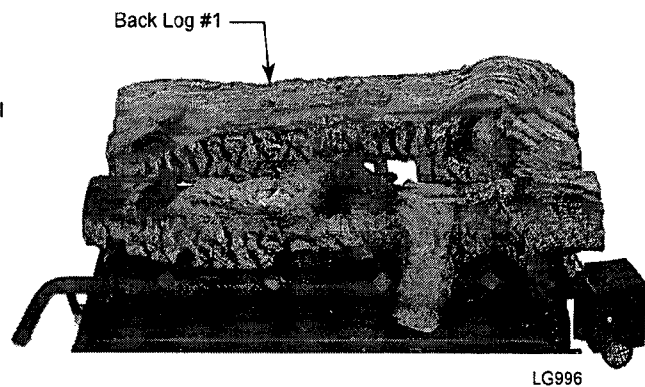


Figure 36

3. Place left top log (#3) on left end of bottom front and back logs. *Figure 36*
4. Place center crossover log (#4) across middle of bottom front and back logs. *Figure 36*

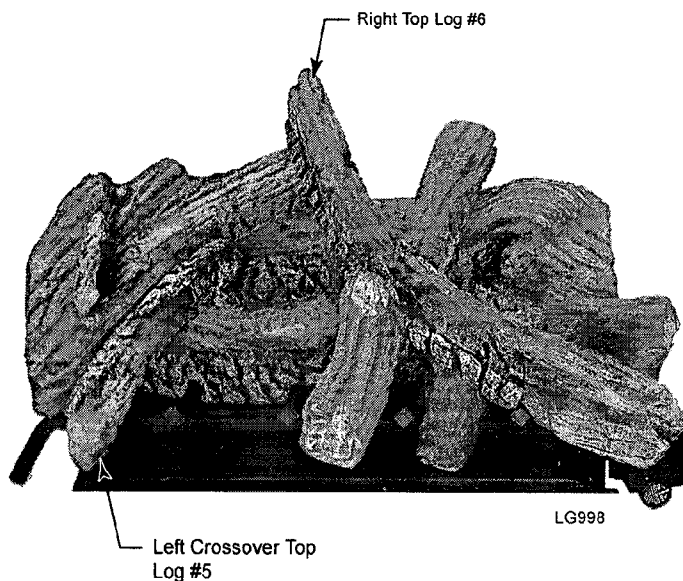


Figure 37

5. Place left top crossover log (#5) up against left top log. *Figure 37*
6. Rest right top log (#6) on center crossover log and front of grate. *Figure 37*

7. Place small front log (#7) between center crossover log and top left log. *Figure 38*

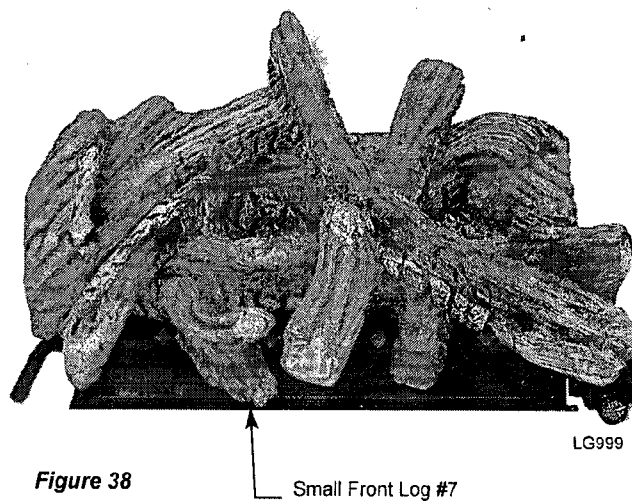


Figure 38

DUZY V LOG VDY24/18D5

1. Place back log (#1) on back of base aligning two (2) pins on base with holes in bottom of log. *Figures 39 and 40*

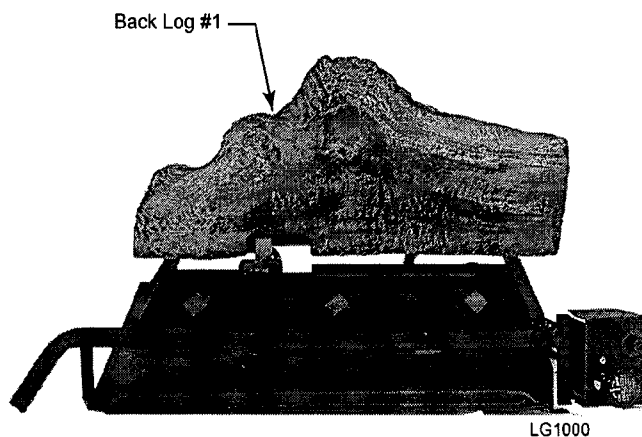


Figure 40

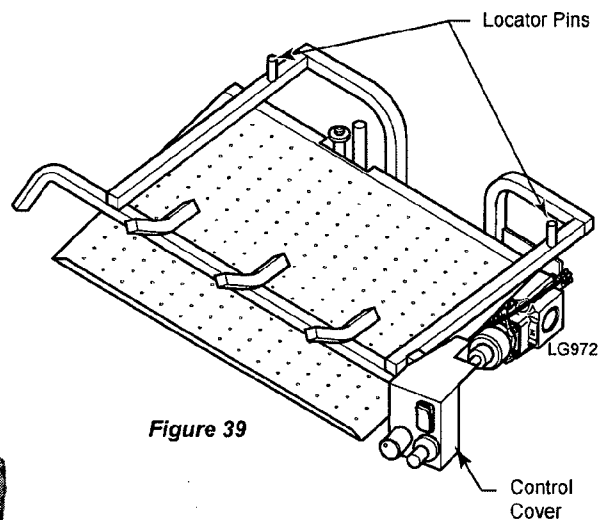


Figure 39

2. Placed bottom right log (#2) on right side of grate. *Figure 41*
3. Place bottom left log (#3) on left side of grate. *Figure 41*

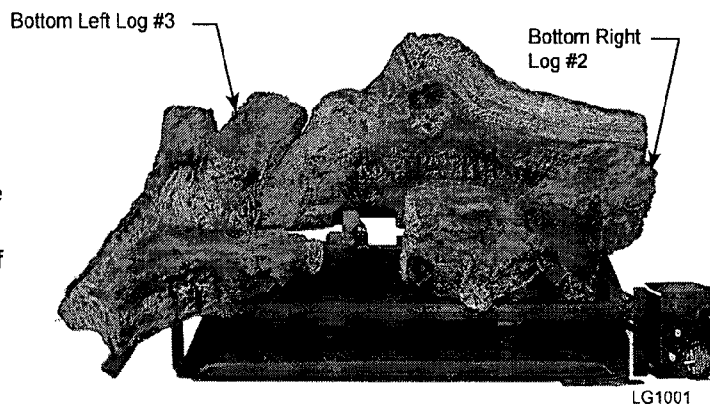


Figure 41

IMPORTANT INFORMATION FOR THE INSTALLATION OF THIS GAS LOG SET

The following are guidelines for placing a gas log set in a fireplace that has a restrictive barrier along the bottom front opening of the fireplace. Some examples of barriers are glass/screen door frames and sunken/recessed fireplaces.

Height of Restriction (x)	Minimum Depth of Fireplace/Firebox
No Restriction	23½"
0 to 3"	15"
Greater than 3"	*

*Any barrier greater than 3" placed in front of the gas log set is not recommended by the manufacturer.

NOTE: Non combustible material such as refractory brick may be used to line the floor of the fireplace in order to raise the height of the gas log set in relation to a restrictive barrier. If the unit is raised, the minimum height dimension listed in the homeowner's manual must not be exceeded.

NOTE: If the log set is equipped with a remote receiver, a restrictive barrier may reduce the battery life by increasing the ambient temperature inside the fireplace. Placement of the receiver outside of the fireplace will extend the battery life.

WARNING

Barriers such as the bottom of a glass door frame placed in front of a gas log set can change the air flow characteristics of the fireplace which in turn can cause the unit to overheat and malfunction. Any deviation from the installation guidelines on this sheet will potentially void the warranty.

Glass door frames with adjustable louvers should have the louvers fully open while the unit is in operation

Height of restrictive barrier caused by glass door frames, recessed fireplaces, etc. from the base or bottom surface of the unit. (Refer to Table)

The log set should be placed against or as near as possible to the rear wall of the fireplace/firebox.

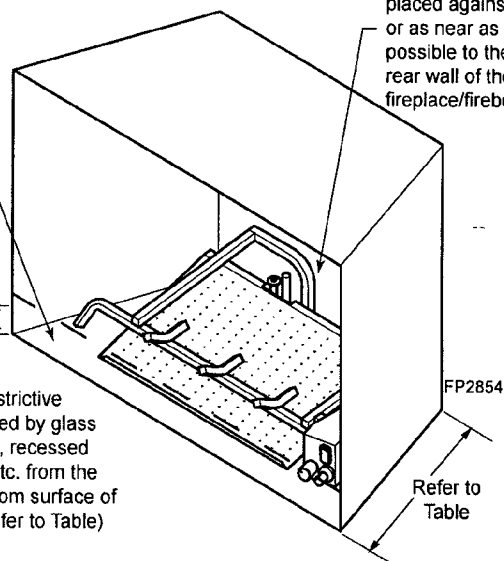
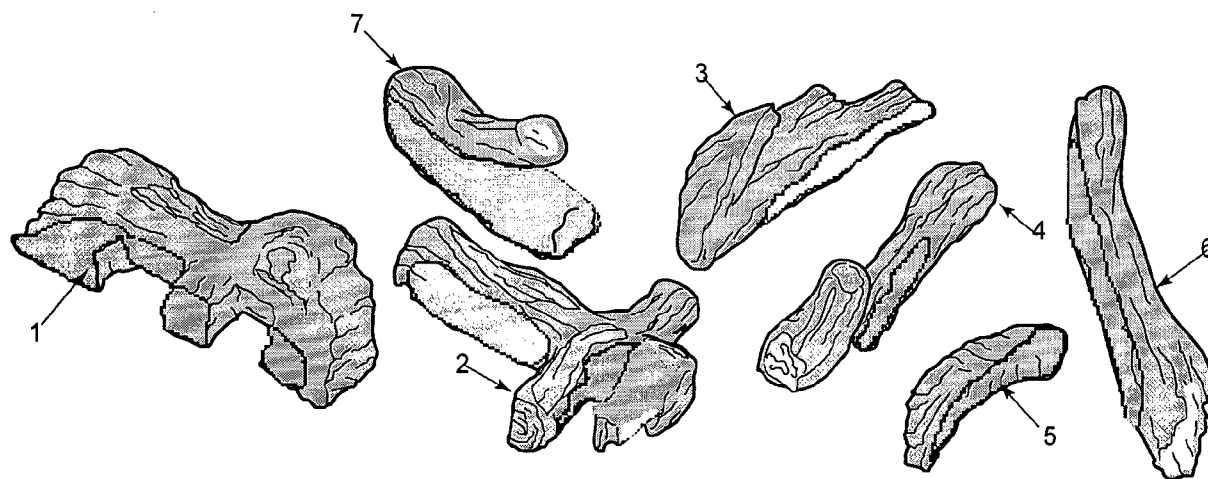
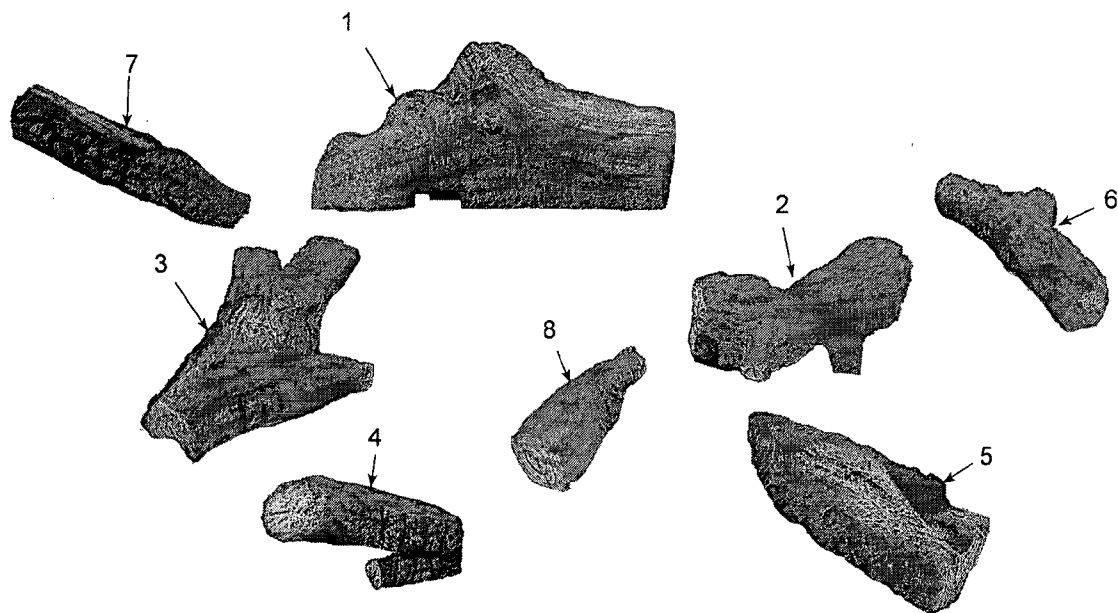


Figure 3 -
Reference Drawing of Log Set in an Enclosure

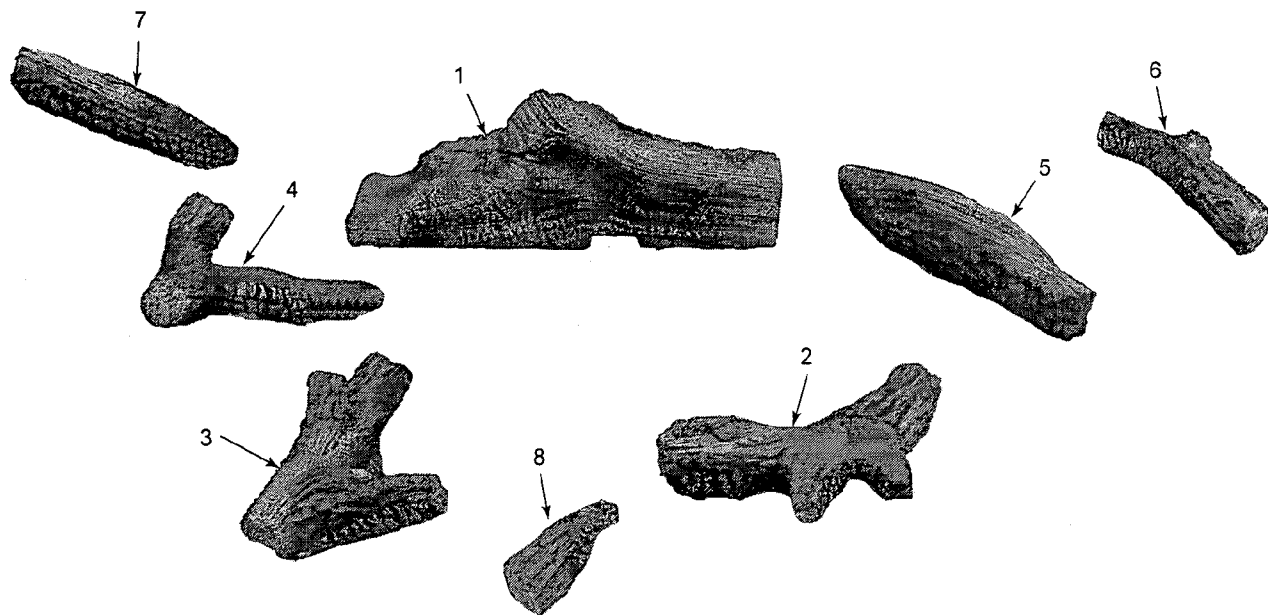
needs building
tech

**DUZY (IV) LOG SERIES**

Ref.	Description	Qty.	VDY24/18D4	VDY30D4
1.	Back Log	1	32D3101	32D3111
2.	Bottom Front Log	1	32D3102	32D3112
3.	Top Left Log	1	32D3103	32D3113
4.	Center Crossover Log	1	32D3104	32D3114
5.	Left Top Crossover Log	1	32D3105	32D3115
6.	Right Top Log	1	32D3106	32D3116
7.	Small Front Log	1	—	32D3117

**DUZY (V) LOG SERIES**

Ref.	Description	Qty.	VDY24/18D5
1.	Back Log	1	32D3121
2.	Bottom Right Log	1	32D3122
3.	Bottom Left Log	1	32D3123
4.	Middle Left Log	1	32D3124
5.	Middle Right Log	1	32D3125
6.	Top Right Log	1	32D3126
7.	Top Left Log	1	32D3127
8.	Front Middle Log	1	32D3128



DUZY (V) LOG SERIES

Ref.	Description	Qty.	VDY30D5
1.	Back Log	1	32D3131
2.	Bottom Right Log	1	32D3132
3.	Bottom Left Log	1	32D3133
4.	Middle Left Log	1	32D3134
5.	Middle Right Log	1	32D3135
6.	Top Right Log	1	32D3136
7.	Top Left Log	1	32D3137
8.	Middle Front Log	1	32D3138

Massachusetts Residents Only — Please read and follow these special requirements

NOTE REGARDING VENTED PRODUCTS

This product must be installed by a licensed plumber or gas fitter when installed within the Commonwealth of Massachusetts.

Any residence with a direct vent product must have a CO detector installed in the residence.

Installation of the fireplace or vented gas log in the State of Massachusetts requires the damper to be permanently removed or welded in the fully open position.

In addition, a naturally vented gas log may not be installed in a bedroom or bathroom in the State of Massachusetts.

Flex line installation must not exceed 36 inches and must have a T shutoff valve.

NOTE REGARDING VENT FREE PRODUCTS

This product must be installed by a licensed plumber or gas fitter when installed within the Commonwealth of Massachusetts.

In addition, vent free products may not be installed in a bedroom or bathroom regardless of size or type in the State of Massachusetts.

Flex line installation must not exceed 36 inches and must have a T shutoff valve.

CARBON MONOXIDE DETECTOR REQUIREMENTS

(2) Revise 10.8.3 by adding the following additional requirements:

(a) For all side wall horizontally vented gas fueled equipment installed in every dwelling, building or structure used in whole or in part for residential purposes, including those owned or operated by the Commonwealth and where the side wall exhaust vent termination is less than seven (7) feet above finished grade in the area of the venting, including but not limited to decks and porches, the following requirements shall be satisfied:

1. **Installation of carbon monoxide detectors.** At the time of installation of the side wall horizontal vented gas fueled equipment, the installing plumber or gas fitter shall observe that a hard wired carbon monoxide detector with an alarm and battery back-up is installed on the floor level where the gas equipment is to be installed. In addition, the installing plumber or gas fitter shall observe that a battery operated or hard wired carbon monoxide detector with an alarm is installed on each additional level of the dwelling, building or structure served by the side wall horizontal vented gas fueled equipment. It shall be the responsibility of the property owner to secure the services of qualified licensed professionals for the installation of hard wired carbon monoxide detectors

a. In the event that the side wall horizontally vented gas fueled equipment is installed in a crawl space or an attic, the hard wired carbon monoxide detector with alarm and battery back-up may be installed on the next adjacent floor level.

b. In the event that the requirements of this subdivision can not be met at the time of completion of installation, the owner shall have a period of thirty (30) days to comply with the above requirements; provided, however, that during said thirty (30) day period, a battery operated carbon monoxide detector with an alarm shall be installed.

2. **Approved Carbon Monoxide Detectors.** Each carbon monoxide detector as required in accordance with the above provisions shall comply with NFPA 720 and be ANSI/UL 2034 listed and IAS certified.

3. **Signage.** A metal or plastic identification plate shall be permanently mounted to the exterior of the building at a minimum height of eight (8) feet above grade directly in line with the exhaust vent terminal for the horizontally vented gas fueled heating appliance or equipment. The sign shall read, in print size no less than one-half (1/2) inch in size, "GAS VENT DIRECTLY BELOW. KEEP CLEAR OF ALL OBSTRUCTIONS."

4. **Inspection.** The state or local gas inspector of the side wall horizontally vented gas fueled equipment shall not approve the installation unless, upon inspection, the inspector observes carbon monoxide detectors and signage installed in accordance with the provisions of 248 CMR 5.08(2)(a)1 through 4.

(b) **Exemptions:** The following equipment is exempt from 248 CMR 5.08(2)(a)1 through 4:

1. The equipment listed in Chapter 10 entitled "Equipment Not Required To Be Vented" in the most current edition of NFPA 54 as adopted by the Board; and

2. Product Approved side wall horizontally vented gas fueled equipment installed in a room or structure separate from the dwelling, building or structure used in whole or in part for residential purposes.

(c) **Manufacturer requirements — Gas Equipment Venting System Provided.** When the manufacturer of Product Approved side wall horizontally vented gas equipment provides a venting system design or venting system components with the equipment, the instructions provided by the manufacturer for installation of the equipment and the venting system shall include:

1. Detailed instructions for the installation of the venting system design or the venting system components; and

2. A complete parts list for the venting system design or venting system.

(d) **Manufacturer requirements — Gas Equipment Venting System Not Provided.** When the manufacturer of a Product Approved side wall horizontally vented gas fueled equipment does not provide the parts for venting the flue gases, but identifies "special venting systems," the following requirements shall be satisfied by the manufacturer:

1. The referenced "special venting system" instructions shall be included with the appliance or equipment installation instructions; and

2. The "special venting systems" shall be Product Approved by the Board, and the instructions for that system shall include a parts list and detailed installation instructions.

(e) A copy of all installation instructions for all Product Approved side wall horizontally vented gas fueled equipment, all venting instructions, all parts lists for venting instructions, and/or all venting design

Limited Lifetime Warranty Policy

LIFETIME WARRANTY

The following components are warranted for life to the original owner, subject to proof of purchase: Firebox, Combustion Chamber, Heat Exchanger, Grate and Stainless Steel Burners.

FIVE YEAR WARRANTY

The following components are warranted for 5 years to the original owner, subject to proof of purchase: Ceramic Fiber Logs, Catalytic Filter and Aluminized Burners.

BASIC WARRANTY

MHSC warrants the components and materials in your gas appliance to be free from manufacturing and material defects for a period of two years from date of installation. After installation, if any of the components manufactured by MHSC in the appliance are found to be defective in materials or workmanship, MHSC will, at its option, replace or repair the defective components at no charge to the original owner. MHSC will also pay for reasonable labor costs incurred in replacing or repairing such components for a period of two years from the date of installation. Any products presented for warranty repair must be accompanied by a dated proof of purchase.

This Limited Warranty will be void if the appliance is not installed by a qualified installer in accordance with the installation instructions. The Limited Lifetime Warranty will also be void if the appliance is not operated and maintained according to the operating instructions supplied with the appliance, and does not extend to (1) firebox/burner assembly damage by accident, neglect, misuse, abuse, alteration, negligence of others, including the installation thereof by unqualified installers, (2) the costs of removal, reinstallation or transportation of defective parts on the appliance, or (3) incidental or consequential damage. All service work must be performed by an authorized service representative.

This warranty is expressly in lieu of other warranties, express or implied, including the warranty of merchantability of fitness for purpose and of all other obligations or liabilities. MHSC does not assume for it any other obligations or liability in connection with the sale or use of the appliance. In states that do not allow limitations on how long an implied warranty lasts, or do not allow exclusion of indirect damages, those limitations of exclusions may not apply to you. You may also have additional rights not covered in this Limited Warranty.

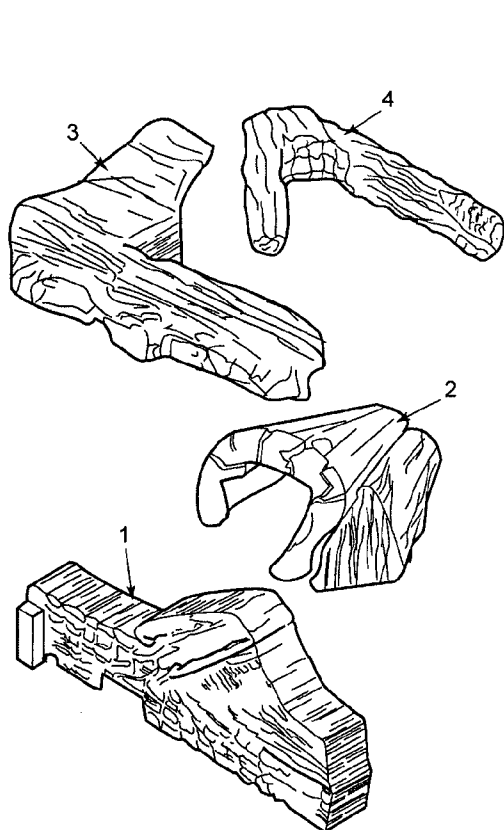
MHSC reserves the right to investigate any and all claims against the Limited Warranty and decide upon method of settlement.

IF WARRANTY SERVICE IS NEEDED...

1. Contact your supplier. Make sure you have your warranty, your sales receipt and the model/serial number of your MHSC product.
2. DO NOT ATTEMPT TO DO ANY SERVICE WORK YOURSELF.

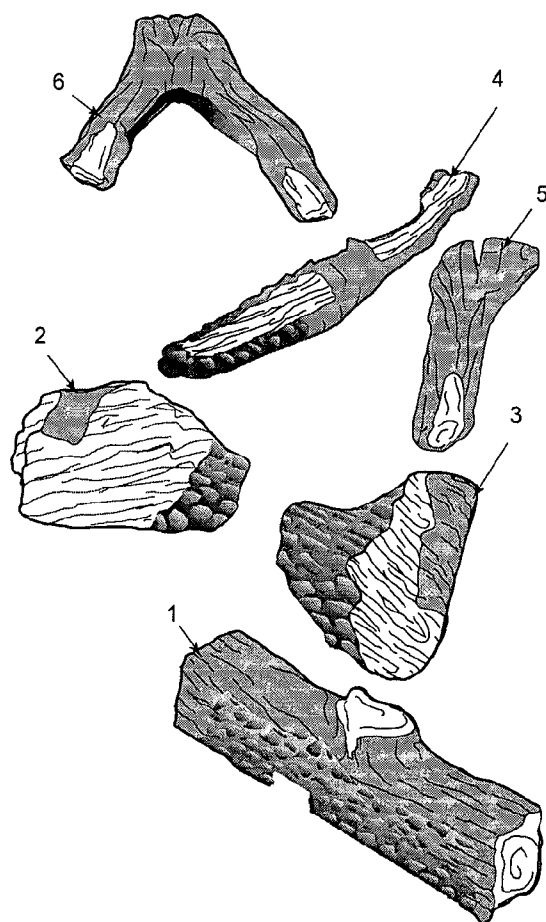
MHSC

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www.mhsc.com



DUZY (II) LOG SERIES

Ref.	Description	Qty.	VDY24/18D2	VDY30D2
1.	Rear Log	1	32D0400	32D0410
2.	Right Log	1	32D0401	32D0411
3.	Left Log	1	32D0402	32D0412
4.	Top Log	1	32D0403	32D0413



DUZY (III) LOG SERIES

Ref.	Description	Qty.	VDY24/18D3R	VDY30D3R
1.	Rear Log	1	32D2118	32D2124
2.	Front Left Log	1	32D2117	32D2123
3.	Front Right Log	1	32D2116	32D2122
4.	Top Middle Log	1	32D2114	32D2120
5.	Top Right Log	1	32D2113	32D2119
6.	Top Left Log	1	32D2115	32D2121

SAFETY INSTRUCTION FOR MANUAL AND MILLIVOLT CONTROL WITH PILOT

FOR YOUR SAFETY READ BEFORE LIGHTING

- A. This appliance is equipped with an ignition device which automatically lights the pilot.
- B. BEFORE OPERATING smell all around the appliance area for gas. Be sure to smell next to the floor because some gas is heavier than air and will settle on the floor.

WHAT TO DO IF YOU SMELL GAS:

- Do not attempt to light any appliance.
- Do not touch any electric switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.

WARNING

If you do not follow these instructions exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

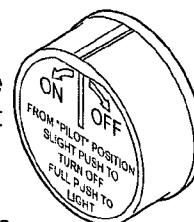
- C. Use only your hand to push in, or turn the gas control knob. Never use tools. If the knob will not push in or turn by hand, don't try to repair it. Call a qualified service technician. Force or attempted repair may result in a fire or explosion.
- D. Do not use this appliance if any part of it has been under water. Immediately call a qualified service technician to inspect the appliance and to replace any part of the control system and any gas control that has been under water.

MANUAL CONTROL LIGHTING INSTRUCTIONS

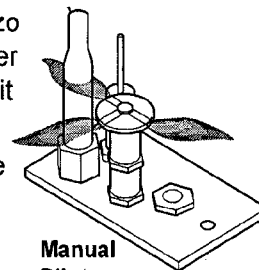
1. **STOP!** Read the safety information label.
2. Make sure the manual shutoff valve is fully open.
3. This gas log set is equipped with an ignition device (piezo) which automatically lights the pilot. If piezo ignitor does not light the pilot, see instructions for "Match Lighting Instructions," Page 25.
4. Push in gas control knob slightly and turn clockwise to "OFF."

NOTE: Knob cannot be turned to "OFF" unless knob is pushed in slightly.

5. Wait five (5) minutes to clear out any gas. Then smell for gas, including near the floor. If you smell gas, **STOP!** Follow "B" in the safety information label. If you don't smell gas, go to next step.
6. Find pilot - follow metal tube from gas control.
7. From "OFF" position, push in gas control knob slightly and turn counterclockwise to "PILOT." Push in control knob for 5 seconds.
8. With the control knob pushed in, immediately light the pilot by depressing the piezo and releasing. Continue to hold the control knob in for about one (1) minute after the pilot is lit. Release knob and it will pop back up. Pilot should remain lit. If it goes out, repeat steps 5 through 9.
 - If knob does not pop up when released, stop and immediately call your service technician or gas supplier.
 - If the pilot will not stay lit after several tries, turn the gas control knob to off and call you service technician or gas supplier.
9. Turn gas control knob counterclockwise to "ON."



Control Knob



Manual Pilot

TO TURN OFF GAS TO APPLIANCE

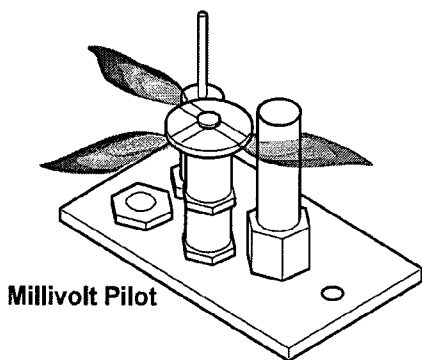
1. Push in gas control knob slightly and turn clockwise to "OFF". Do not force.

MILLIVOLT CONTROL LIGHTING INSTRUCTIONS

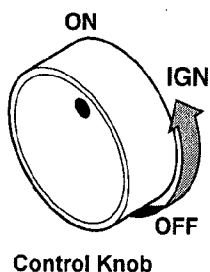
1. **STOP!** Read the safety information label.
2. Make sure the manual shutoff valve is fully open.
3. This gas log set is equipped with an ignition device (piezo) which automatically lights the pilot. If piezo ignitor does not light the pilot, see instructions for *Match Lighting* below.
4. Turn gas control knob clockwise ↻ to the "OFF" position, and turn ON/OFF switch to "OFF" position.
5. Wait (5) minutes to clear out any gas. Then smell for gas, including near the floor. If you smell gas, **STOP!** Follow "B" in the safety information label. If you don't smell gas, go to next step.
6. From "OFF" position, turn the gas control knob counterclockwise ↻ to "IGN" position. Push in control knob for 5 seconds.
7. With the control knob pushed in, push in and release the piezo ignitor button to light the pilot.
8. Continue pushing the control knob in for a further 60 seconds to prevent the flame detector from shutting off the gas while the probe is warming up. Release the control knob.
9. Turn gas control knob counterclockwise ↻ to the "ON" position.
10. After the pilot has been lit for one minute, the burners can be turned on. Turn the ON/OFF switch to "ON" position.
11. If the gas logs will not operate, follow the instructions *To Turn Off Gas To Heater* and call your service technician or gas supplier.

WARNING

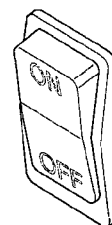
Wait 30 seconds before readjusting the heater when the control knob has been turned down to a lower setting.



Millivolt Pilot



Control Knob



On/Off Switch

TO TURN OFF GAS TO HEATER

1. Turn control knob clockwise ↻ to "OFF" position to completely shut off the heater.
2. If applicable: Turn ON/OFF switch to "OFF" position.
3. If applicable: Turn off all electric power to the heater.

MATCH LIGHTING INSTRUCTIONS

1. Remove any items necessary for easy access to the pilot (for example: logs, screens, etc.).
2. Follow appropriate lighting instructions found previously. Instead of pushing and releasing the piezo button, light a match and hold the flame to the end of the pilot and ignite the pilot.
3. After control knob has been released and pilot stays lit, re-install any items that were removed for pilot access.
4. Call a qualified service technician for repair or replacement of the piezo ignitor.

REMOTE RECEIVER INSTALLATION

DO NOT PLACE THE REMOTE IN THE FIREPLACE IF ANY OF THE FOLLOWING CONDITIONS APPLY:

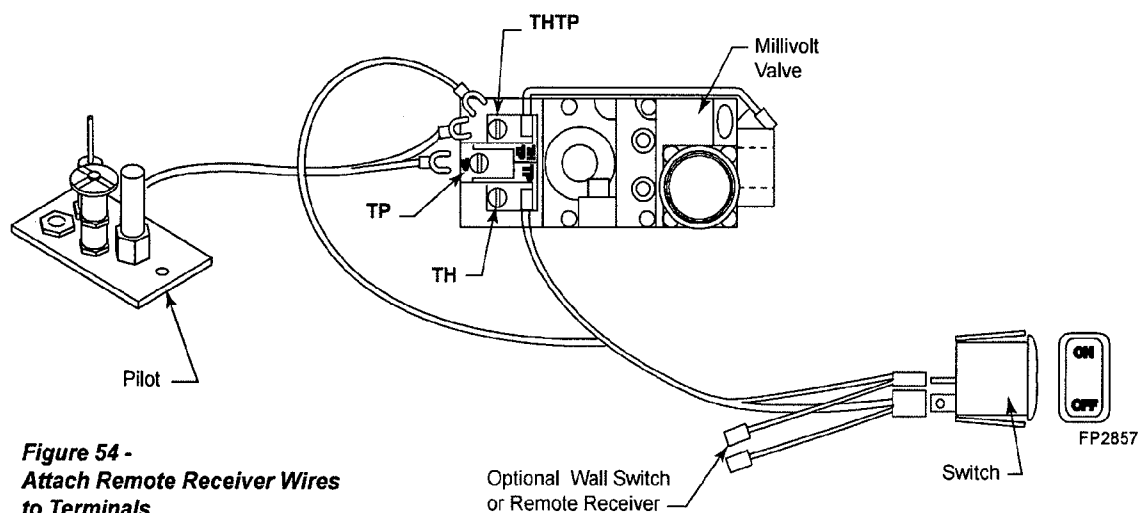
- The floor of the fireplace is recessed below the fireplace opening. *See Warnings on Page 6.*
- The fireplace has glass doors which when open reduces the opening width to 1½" or more below the stated minimum dimensions within the homeowner's manual.
- The floor of the fireplace is sheet metal without a brick covering.
- The remote receiver is attached but does not physically fit inside the fireplace with 2" clearance to the side wall.

INSTALL REMOTE RECEIVER

Connect wires according to remote receiver instructions. The female terminals should be connected to factory attached male terminals which are located on right hand side of the burner. *Figure 54*

NOTE: Do not let wires touch grate and/or burner.

For more details, see remote receiver instructions.



**Figure 54 -
Attach Remote Receiver Wires
to Terminals**

NOTE

- Failure to follow instructions exactly will void warranty and could cause receiver to melt.
- Failure to place remote receiver in any location within the fireplace other than recommended location will void warranty and could cause receiver unit to melt.

NOTE: Battery life decreases as temperature increases. Keep remote receiver in a low temperature area outside of fireplace to prolong battery life.

WARNING

Turn off gas logs and allow to cool before cleaning. Disconnect electrical power if applicable before cleaning or servicing.

Remove logs, handling carefully by holding gently at each end. Gloves are recommended to prevent skin irritation from ceramic fibers. If skin becomes irritated, wash gently with soap and water. See manual for correct log placement.

PERIODIC CLEANING - SEE PARTS DIAGRAM FOR LOCATION OF ITEMS DISCUSSED BELOW.

- Do not use cleaning fluid to clean logs or any part of gas logs.
- Logs - brush with soft bristle brush or vacuum with brush attachment.
- Vacuum loose particles and dust from the control and grate weldment.
- Inspect and clean burner air intake holes. Remove lint or particles with vacuum or brush. Failure to keep air intake holes clean will result in sooting and poor combustion.
- If embers (rock wool) have turned a rust color and become brittle, remove old embers (rock wool) from log set. Replace with new rock wool. Rock wool can be purchased from your local dealer. See log placement section for placement of embers.

ANNUAL CLEANING/INSPECTION - SEE PARTS DIAGRAM FOR LOCATION OF ITEMS DISCUSSED BELOW.

- Inspect and clean all burner ports.
- Verify burner and pilot flame pattern and log placement for proper operation.
- Verify smooth and responsive ignition of burner.
- Inspect and clean chimney.
- Inspect and clean burner air intake holes. Remove lint or particles with vacuum or brush. Failure to keep air intake holes clean will result in sooting and poor combustion.

WARNING

Turn off appliance and allow to cool before cleaning.
Only a qualified service person should service and repair the heater.

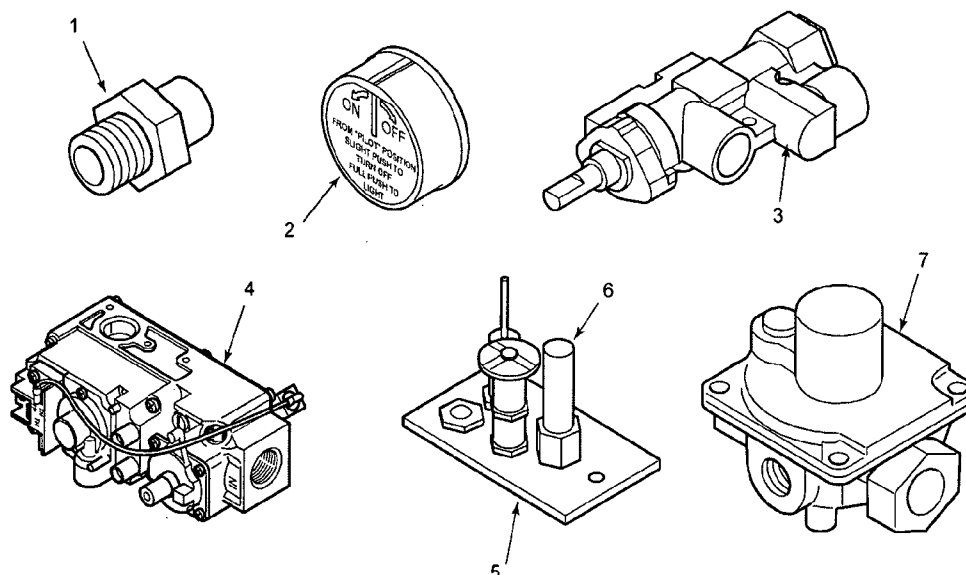
NOTE: All troubleshooting items are listed in order of operation.

Problem	Possible Cause	Solution
When ignitor button is pressed, there is no spark at pilot.	1. Ignitor electrode positioned wrong.	1. Replace ignitor.
	2. Ignitor electrode is broken.	2. Replace ignitor.
	3. Ignitor electrode not connected to ignitor cable.	3. Reconnect ignitor cable.
	4. Ignitor cable pinched or wet. Keep ignitor cable dry.	4. Free ignitor cable if pinched by any metal or tubing.
	5. Broken ignitor cable.	5. Replace ignitor cable.
	6. Bad piezo ignitor.	6. Replace piezo ignitor.
Appliance produces unwanted odors.	1. Appliance burning vapors from paint, hair spray, glues, etc.	1. Ventilate room. Stop using odor causing products while heater is running.
	2. Gas leak.	2. Locate and correct leaks.
	3. Fireplace spilling.	3. Check fireplace, adjust damper position to eliminate spillage (backdraft).
Appliance shuts off during use.	1. Low line pressure.	1. Locate and correct all leaks.
	2. Pilot is partially clogged.	2. Replace control valve.
	3. Defective thermopile.	
Gas odor even when control knob is in OFF position.	1. Gas leak.	1. Locate and correct all leaks.
	2. Control valve defective.	2. Replace control valve.
When ignitor button is pressed, there is spark at pilot, but no ignition.	1. Gas supply turned off or manual shutoff valve closed.	1. Turn on gas supply or open manual shutoff valve.
	2. Control knob not in PILOT position.	2. Turn control knob to PILOT position.
	3. Control knob not pressed in while in PILOT position.	3. Press in control knob while in PILOT position.
	4. Air in gas lines when installed.	4. Continue holding down control knob. Repeat igniting operation until air is removed.
	5. Pilot is clogged.	5. Replace pilot assembly or get it serviced
	6. Gas regulator setting is not correct.	6. Replace gas regulator.

Problem	Possible Cause	Solution
Pilot lights, but flame goes out when control knob is released.	1. Control knob not fully pressed in.	1. Press in control knob fully.
	2. Control knob not pressed in long enough.	2. After ODS/pilot lights, keep control knob pressed in for 30 seconds.
	3. Manual shutoff valve not fully open.	3. Fully open manual shutoff valve.
One or both burners do not light after pilot is lit.	1. Burner orifice is clogged or damaged	1. Clean burner or replace burner orifice.
	2. Burner is damaged.	2. Replace burner orifice.
	3. Gas regulator defective.	3. Contact qualified service person.
Burner backfires during combustion.	1. Manifold Pressure is too low.	1. Contact local gas company.
	2. Burner orifice is clogged.	2. Clean burner or replace burner orifice.
Slight smoke or odor during initial operation.	1. Burner orifice is clogged or damaged.	1. Clean burner or replace burner orifice.
	2. Burner is damaged.	2. Replace burner.
	3. Gas regulator is defective.	3. Replace gas regulator.
Logs appear to smoke after initial operation.	1. Vapors from paint or curing process of logs.	1. Problem will stop after a few hours of operation.
		2. Log heater is intended to be smokeless. Turn OFF heater and call qualified service person.
Heater produces a whistling noise when burner is lit.	1. Turning control knob to HIGH position when burner is cold.	1. Turn control knob to ON position and let warm up for a minute.
	2. Air in gas line.	2. Operate burner until air is removed from line. Have gas line checked by local gas company.
	3. Dirty or partially clogged burner orifices.	3. Clean burner or replace burner orifice.
No gas to pilot.	1. LP regulator shut down due to inlet pressure too high.	1. Verify LP tank regulator is installed and set at 11" to 13" w.c.
		2. Replace regulator on heater.

WARNING

If the gas quality is bad, your pilot may not stay lit, the burners may produce soot and the heater may backfire when lit. If the gas quality or pressure is low, contact your local gas supplier immediately.



24/18 MODELS

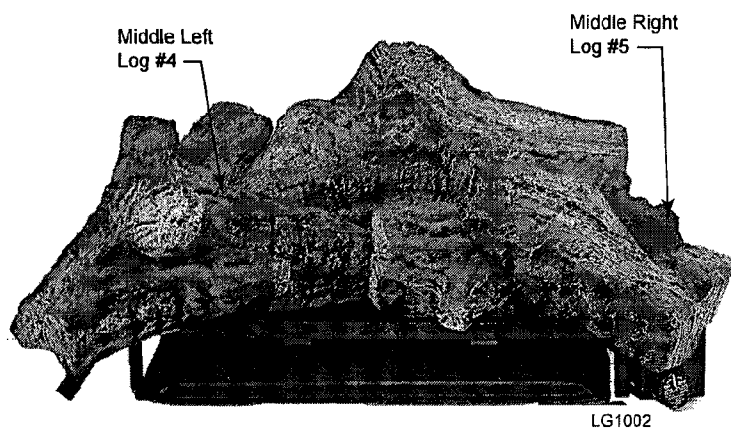
Ref.	Description	VDY24/18NMP	VDY24/18PMP	VDY24/18NVP	VDY24/18PVP
1.	Main Injector	32D0100	32D0118	32D0100	32D0507
2.	Control Knob	27D0602	27D0602	18D0603	18D0603
3.	Manual Control Valve w/Pilot	27D8951	27D8951	—	—
4.	Millivolt Control Valve w/Pilot	—	—	27D8006	27D8005
5.	Pilot	27D8972	27D8971	27D8974	27D8973
6.	Thermocouple/Thermopile	28D0400	28D0400	28D0566	28D0566
7.	Regulator	24D0305	24D0306	—	—

30 MODELS

Ref.	Description	VDY30NMP	VDY30PMP	VDY30NVP	VDY30PVP
1.	Main Injector	32D0090	32D0113	32D0090	32D0117
2.	Control Knob	27D0602	27D0602	18D0603	18D0603
3.	Manual Control Valve w/Pilot	27D8951	27D8951	—	—
4.	Millivolt Control Valve w/Pilot	—	—	27D8006	27D8005
5.	Pilot	27D8972	27D8971	27D8974	27D8973
6.	Thermocouple/Thermopile	28D0400	28D0400	28D0566	28D0566
7.	Regulator	24D0305	24D0306	—	—

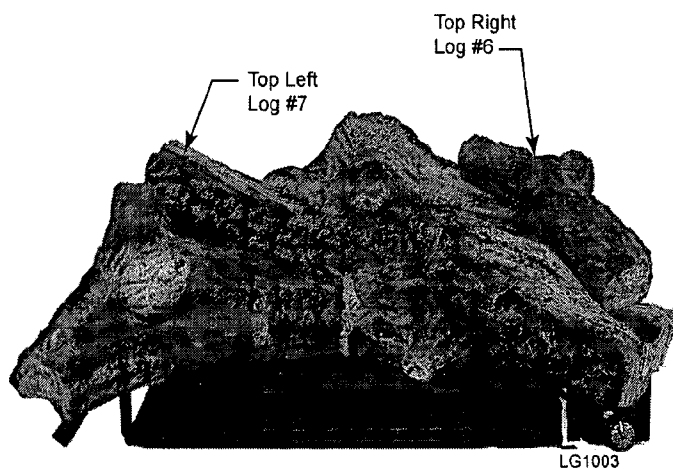
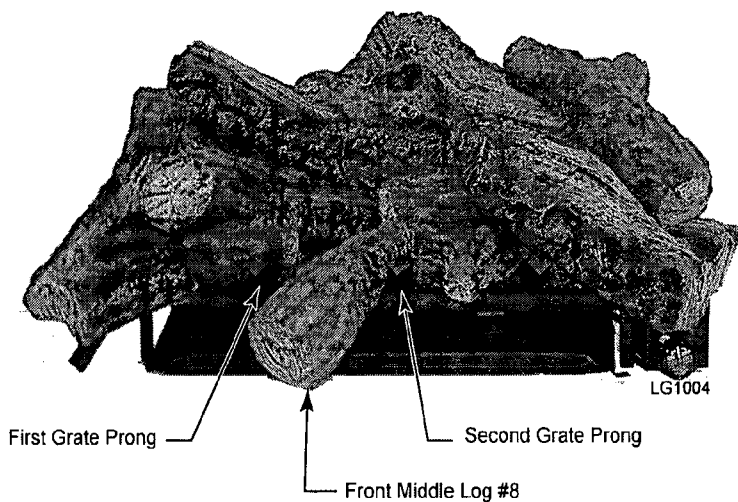
ACCESSORIES

Flex Connector	Flexcon30	All models
Wall Kit Switch w/20' wire	MVWS	Millivolt
On/Off Remote Control Kits	RCB, RCM, TLM, WWTD	Millivolt
Remote Receiver Cover - Embers	RRCE	Millivolt
Remote Receiver Cover - Metal	RRCM	Millivolt
Volcanic Rock	VR1000A	All models
Decorative Ceramic Fiber Embers	EMBERS	All models
Ceramic Fiber Cinders	CINDERS	All models
Rock Wool	DV-RWA	All Models

**Figure 42**

4. Place one end of middle left log (#4) on bottom left log. Rest other end of middle left log (#4) behind middle right log. *Figure 42*
5. Place middle right log (#5) on top of bottom right log. *Figure 42*

6. Rest top right log (#6) on back log and bottom right log. *Figure 43*
7. Place top left log (#7) on bottom left log. *Figure 43*

**Figure 43****Figure 44**

8. Place front middle log (#8) between the first and second prongs. *Figure 44*

DUZY V VDY30D5 LOG PLACEMENT

1. Place back log (#1) on back of base aligning two (2) pins on base with holes in bottom of log. *Figures 45 and 46*

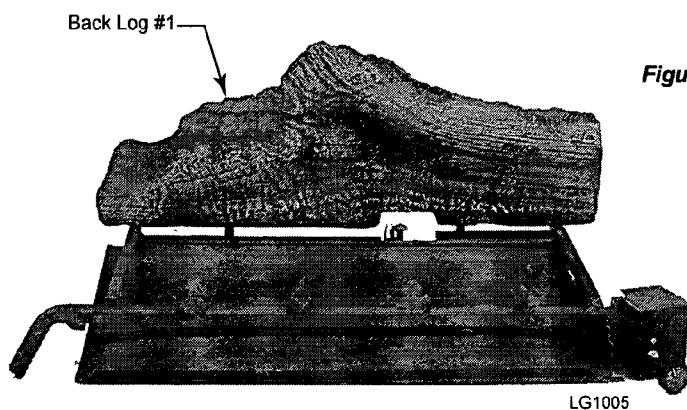


Figure 46

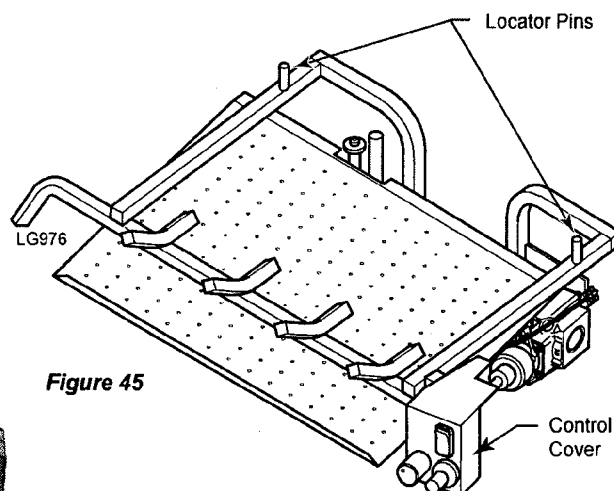


Figure 45

2. Place bottom right log (#2) on right side of grate in front of back log. *Figure 47*
3. Place bottom left log (#3) on left side of grate in front of back log. *Figure 47*

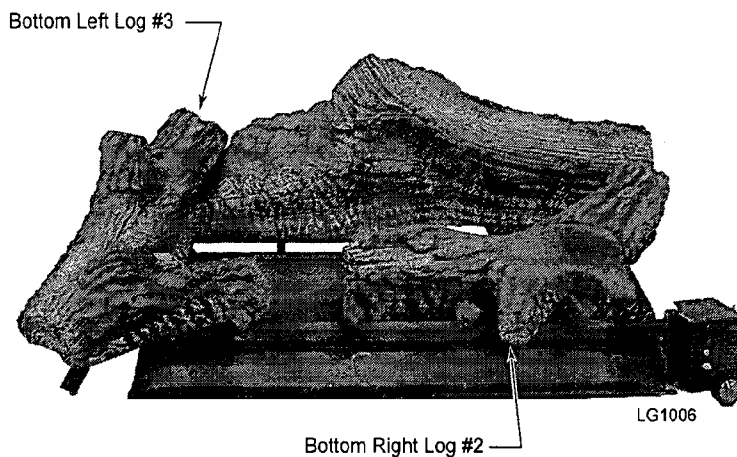


Figure 47

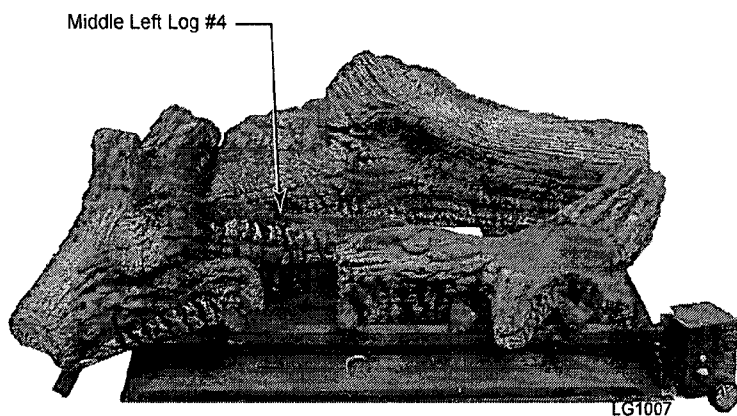
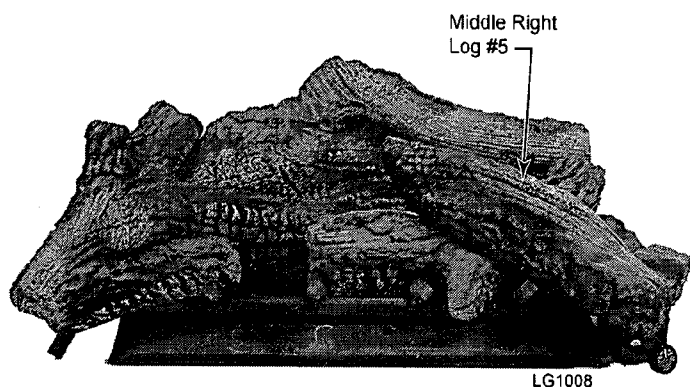


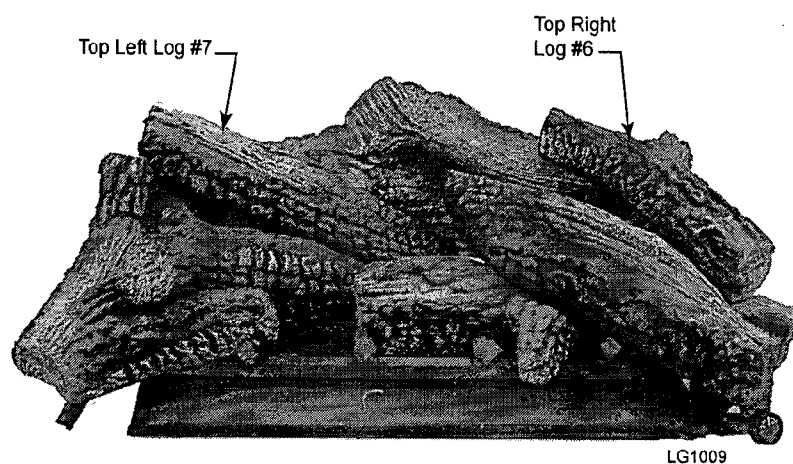
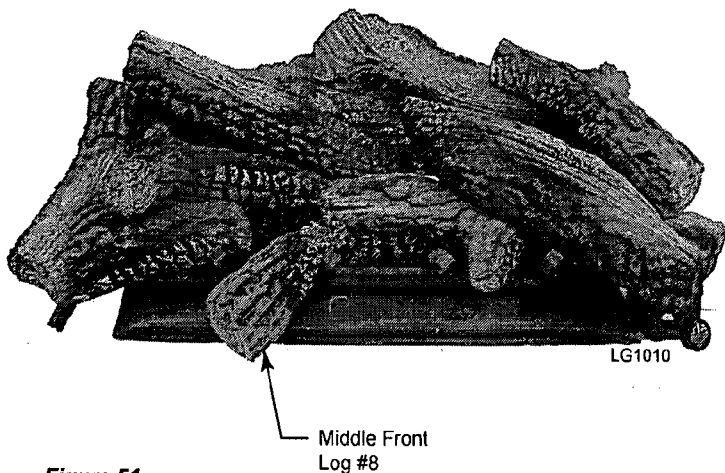
Figure 48

4. Place middle left log (#4) on top of bottom left log. *Figure 48*

**Figure 49**

5. Place middle right log (#5) on top of bottom right log. *Figure 49*

6. Place top right log (#6) on middle right log and back log. *Figure 50*
7. Place top left log (#7) on bottom left log and middle left log. *Figure 50*

**Figure 50****Figure 51**

8. Place middle front log (#8) between second and third grate bars. *Figure 51*

PLACEMENT OF THE GLOWING EMBERS

Cover the burner pan with glowing embers (rock wool) provided. Tear pieces approximately 1/2" in size (roughly the size of a nickel) and cover the burner evenly.

DO NOT...

1. Pile the rock wool too thickly on pan.
2. Place rock wool higher than the top of the front grate bar.
3. Cover the pilot with rock wool.

PLACEMENT OF DECORATIVE VOLCANIC ROCK

Sprinkle volcanic rock in front of front glowing embers and to both sides. **DO NOT SPRINKLE ON BURNERS, PILOT OR LOGS.**

IMPORTANT: FIREPLACE DRAFT TEST DURING INITIAL INSTALLATION

It is critical to verify that your chimney is drafting properly because the fireplace and gas logs function as a system.

Although MHSC goes to great lengths to design vented gas log sets that minimize sooting, all vented log sets will soot over time. Sooting normally appears as areas of a black powder-like substance on the logs. It is important to periodically clean and inspect the logs per the cleaning and servicing section of the manual.

WARNING

Fireplace systems that do not draft properly can increase the amount of soot produced by normal operation of the log set and in extreme cases can cause soot to be deposited within the room. This effect can be a sign of a blocked chimney, a faulty vent system or the result of negative pressure within the home. The dealer should be able to diagnose if a problem exists and be able to provide a solution to improve the venting of the fireplace.

FIREPLACE DRAFT TEST METHOD

To determine if your fireplace is drafting properly, turn the log set on. After the log set has been burning for about 10 minutes, place a match or smoke stick along the top and sides of the fireplace opening. If the flame or smoke is not pulled into the fireplace, then the **fireplace is not venting properly**. At this point the damper stop should be adjusted so that the damper opening is increased. If the problem remains after the open area of the damper is increased, then the fireplace system should be professionally inspected to determine if your firebox/chimney is venting properly.

CHECKING BURNER FLAMES

In normal operation at full rate after approximately 15 minutes, the following flame appearance should be observed.

Burner flames should become yellow as they contact embers on the face of the log. The log face will glow a bright reddish orange.

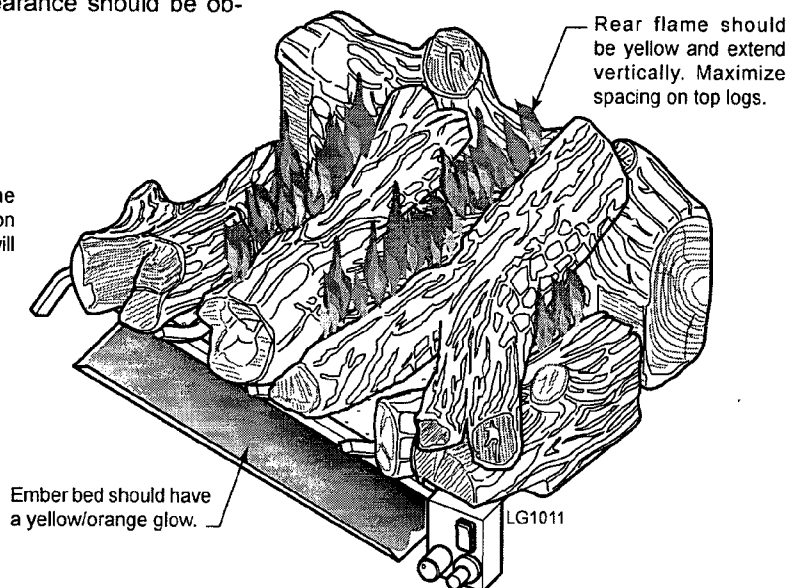


Figure 52 - Proper Flame Appearance

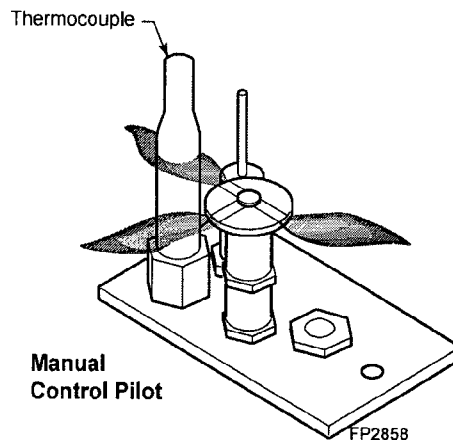
MANUAL AND MILLIVOLT CONTROL WITH PILOT ONLY

PILOT FLAME APPEARANCE

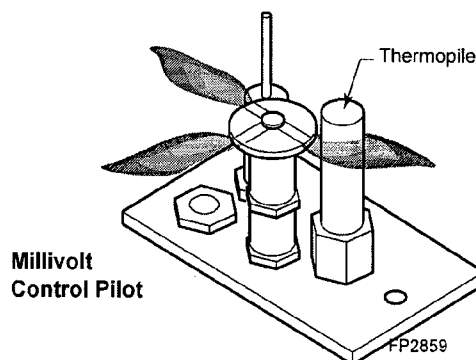
The pilot flame must always be present when appliance is in operation. It should touch the thermocouple or thermopile body.

INITIAL STARTUP

During manufacturing, fabricating and shipping, various components of this appliance are treated with certain oils, films or bonding agents. These chemicals are not harmful, but may produce annoying smoke and smells as they are burned off during the initial operation of the appliance. The initial break-in operation should last 2-3 hours with the burner at the highest setting. The appliance must not be used with glassed doors in the closed position. This can result reduced combustion and overheating.



Manual Control Pilot



Millivolt Control Pilot

Figure 53 - Correct Pilot Flame Appearance

PLACE AND SECURE APPLIANCE

WARNING

You must secure the gas log heater to the fireplace floor. Properly securing the grate prevents movement of the entire unit when you adjust the controls. Grate movement could cause a gas leak.

ASSEMBLY PROCEDURE

1. Center the gas log unit in the fireplace or firebox. Make certain the front feet of the grate sit inside the front edge of the fireplace or firebox.
2. Refer to *Figure 4* for hole locations. After centering the grate correctly, mark the hole positions on the fireplace/firebox floor. Drill two (2) 5/32" diameter holes approximately 1½" deep.
3. Anchor the grate to the fireplace/firebox floor using the screws provided. *Figure 4*

Proper installation of the grate is essential to prevent any movement of the gas logs and controls during operation.

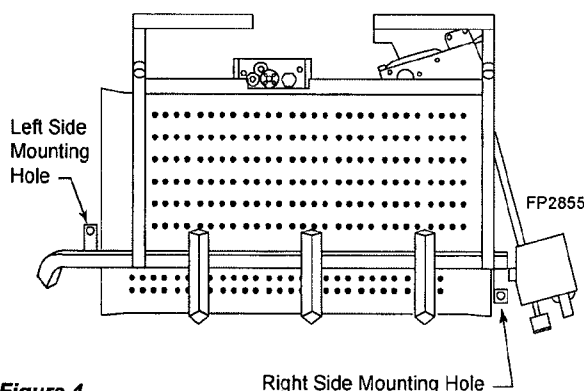


Figure 4 -
Securing Heater to Floor of
Fireplace/Firebox

GAS LINE CONNECTION

NOTICE: A qualified gas appliance installer must connect the heater to the gas supply. Consult all local codes.

CAUTION

Use new black iron or steel pipe. Internally tinned copper or copper tubing can be used per National Fuel Code, section 2.6.3, providing gas meets hydrogen sulfide limits, and where permitted by local codes. Gas piping system must be sized to provide minimum inlet pressure (Listed on Data Plate) at the maximum flow rate (BTU/Hr). Undue pressure loss will occur if the pipe is too small.

A manual shutoff valve must be installed upstream of the appliance. Union tee and plugged 1/8" NPT pressure tapping point should be installed upstream of the appliance. *Figure 5*

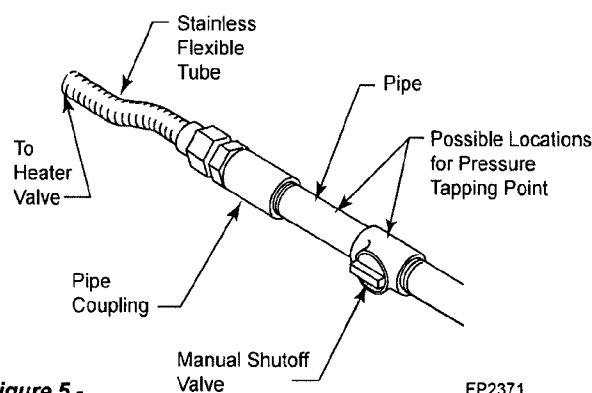


Figure 5 -
Gas Connection

IMPORTANT: Hold appliance regulator firmly with a wrench to prevent movement when connecting to inlet piping.

Check gas type: The gas supply must be the same as stated on the gas logs rating plate. If the gas supply is different, **DO NOT INSTALL THE GAS LOGS**. Contact your dealer for the correct model.

Always use an external regulator for all propane/LPG gas logs only, to reduce the supply tank pressure to a maximum of 13" w.c. This is in addition to the regulator fitted to the gas log set. High pressure natural gas systems require a regulator to reduce supply pressure to 10" w.c.

WARNING

Connecting directly to an unregulated propane/LPG tank can cause an explosion

The heater gas inlet connection is 3/8" NPT at the regulator, inlet on the right side facing the gas log. If a left side connection is required, the connecting pipe may be led under the rear of the gas logs or behind the grate for connection to the inlet.

NOTE: The millivolt valve has an internal regulator, thus the incoming gas line connects directly to the valve.

Test all gas joints from the gas meter to the appliance regulator for leaks using a gas analyzer or soap and water solution after completing connection. **DO NOT USE AN OPEN FLAME.**

Check the gas pressure with the appliance burning.

MANUAL CONTROL

Figure 6

The pressure regulator is preset and locked to discourage tampering. If the pressure is not as specified, replace with the correct part from the parts list in this manual.

Remove 1/8" NPT plug, located on side of regulator body. Install fitting and tubing to pressure gauge. After taking pressure reading, re-install test plug. Check for gas leaks.

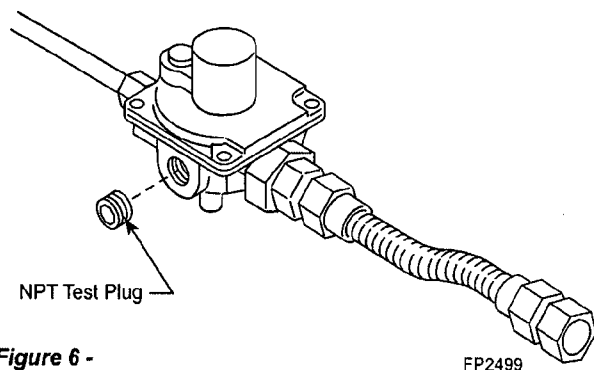


Figure 6 -
Manual Control Pressure
Test Point Location

MILLIVOLT CONTROL

Figure 7

The valve regulator controls the burner pressure which should be checked at the pressure test point. Turn captured screw counter clockwise 2 or 3 turns and then place tubing to pressure gauge over test point (Use test point labeled "OUT"). After taking pressure reading, be sure and turn captured screw clockwise firmly to re-seal. Do not over torque. Check for gas leaks.

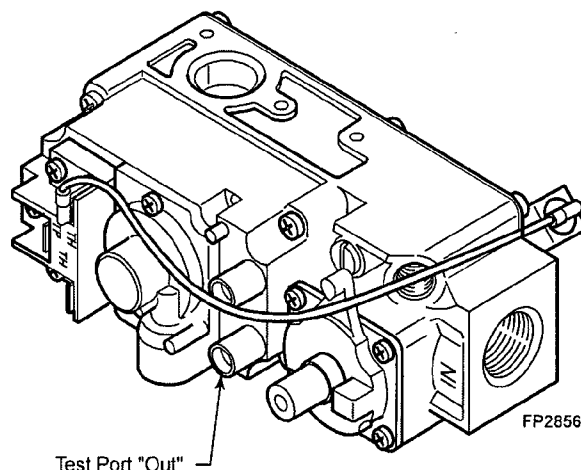
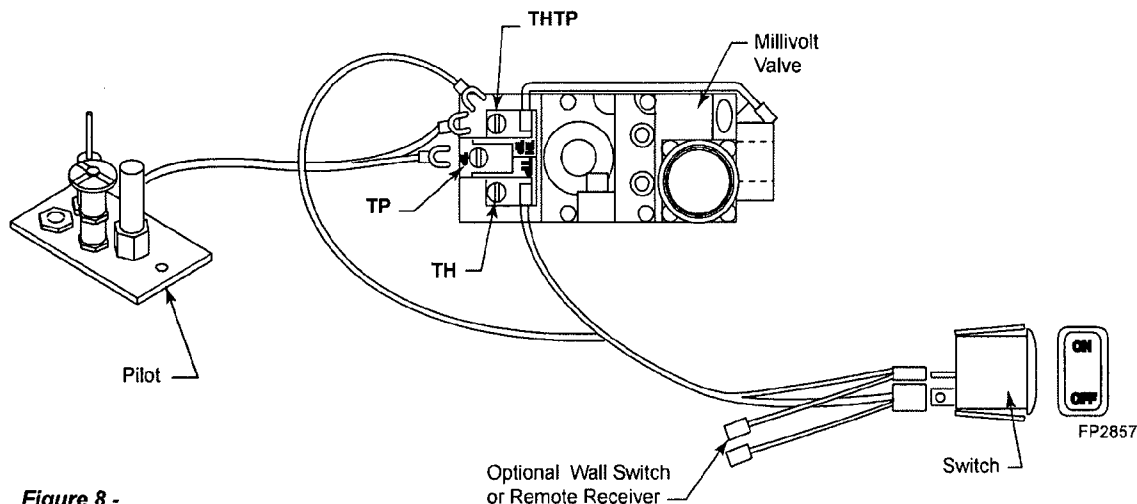


Figure 7 -
Pressure Test Point Location

WARNING

Label all wires prior to disconnection when servicing controls.
Wiring errors can cause improper and dangerous operation.
Verify proper operation after servicing.



**Figure 8 -
Wiring Diagram**

The Millivolt (thermopile) is a self powered combination gas control that does not require 110VAC to operate. See *Figure 8* and installation instructions provided with optional wall switch or remote control for wiring instructions. A maximum length of 15 feet of 18awg two conductor wire is to be used for wall switch. Note switches must be suitable for millivolt operation.

CHECKING SYSTEM OPERATION

The millivolt system and individual components may be checked with a millivolt meter having a 1-1000 mV range. Conduct each check shown in chart by connecting meter test leads to terminals as indicated.

Check Test	To Test	Connect Meter Leads To Terminals	Meter Reading Should Be
A	Complete System	TH & THTP	Minimum 100mV
B	Thermopile Output	TP & THTP	Minimum 325mV

A. Complete Millivolt System Check

("A" Reading - Contacts CLOSED - Control knob "ON" - Main burner should turn ON)

1. If reading is more than 100 millivolts and the automatic valve still does not come on, replace the control.
2. If the closed circuit reading ("A" reading) is less than 100 millivolts, determine cause for low reading, proceed to Section B.

B. Thermopile Output Reading Check

("B" Reading - Contacts OPEN - Main burner OFF)

1. 325 millivolts minimum. If the minimum millivolt reading is not obtainable, readjust pilot for maximum millivolt output. If millivolt reading is still below minimum specified, replace thermopile.

LOG PLACEMENT

IMPORTANT: Remove logs, handling carefully by holding gently at each end. Gloves are recommended to prevent skin irritation from ceramic fibers. If skin becomes irritated, wash gently with soap and water.

DUZY II VDY24/18D2A

1. Install the rear log (#1) on the two locating pins of base. *Figure 9*. Visually check to verify the log is securely placed on the pins and in contact with the grate. *Figure 10*

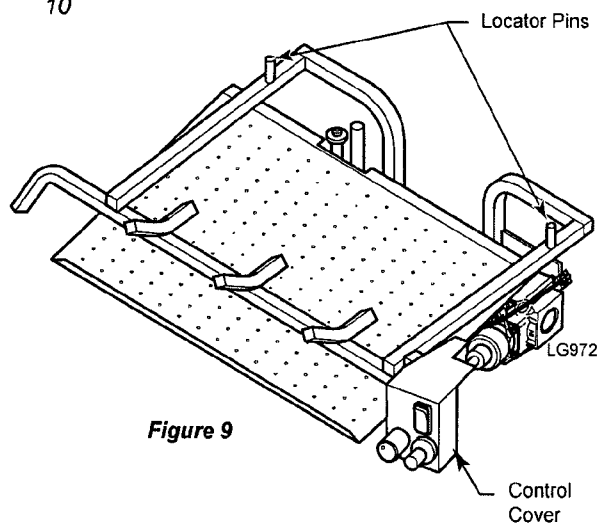


Figure 9

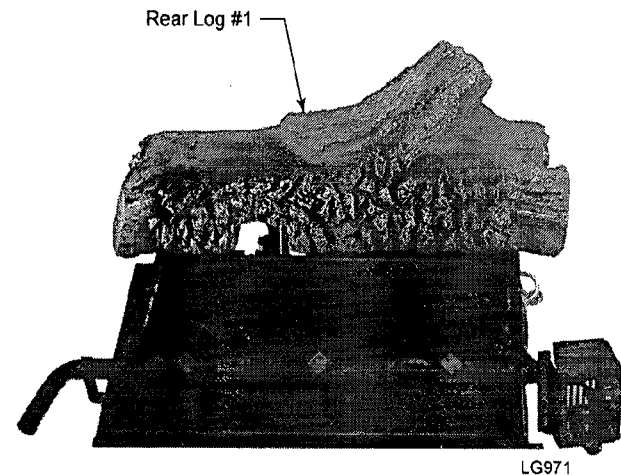


Figure 10

2. Install the right log (#2) on top of the control cover. Slide the log back until touching the rear log (#1). Visually check to verify the log is resting on the grate and control cover. *Figure 11*
3. Install the left log (#3) with its bottom groove resting on the right side of the grate bar. Slide the log back until touching the rear log (#1). Visually check to verify the log is resting on the grate. *Figure 12*

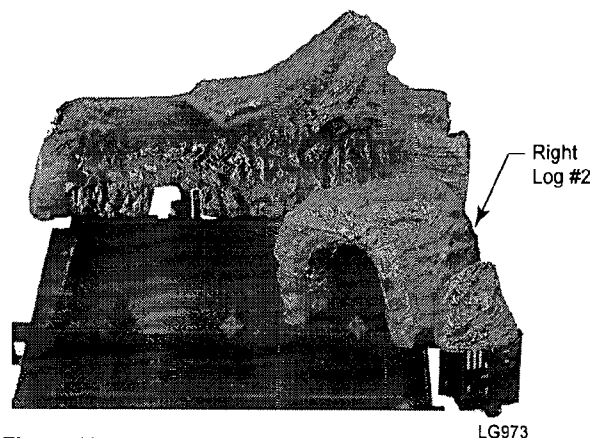


Figure 11

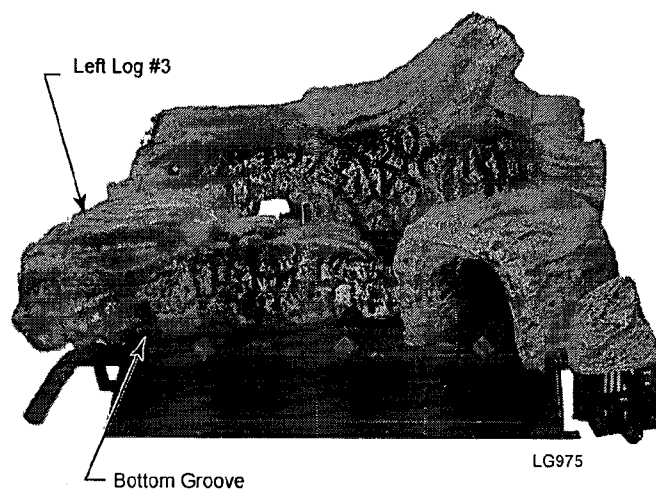


Figure 12

4. Install the top log (#4) with the base sitting on the rear log (#1) and the top sitting on log (#4). Visually check to verify the log is resting on the rear log (#1) and left log (#3). *Figure 13*

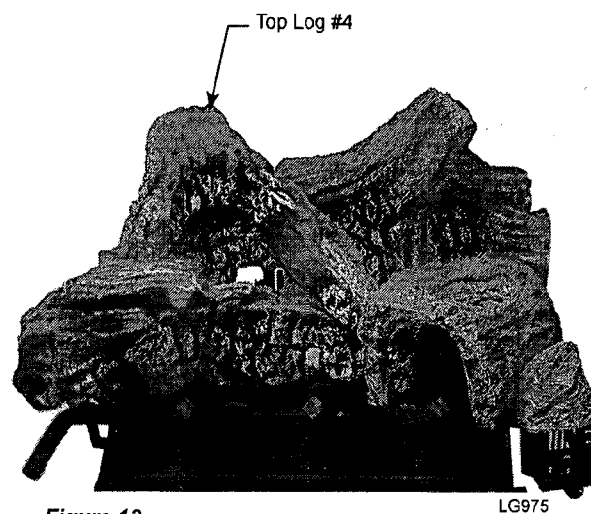
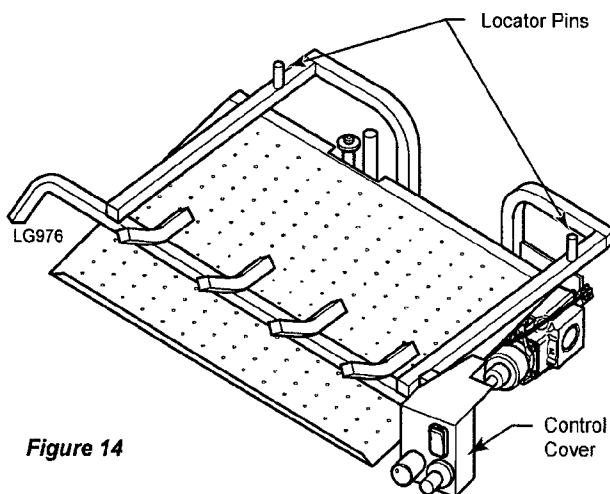
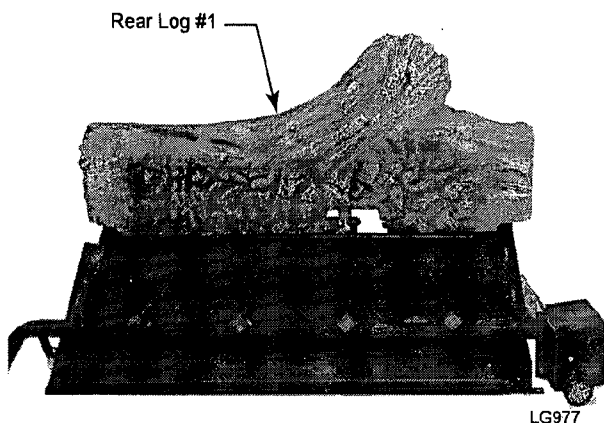


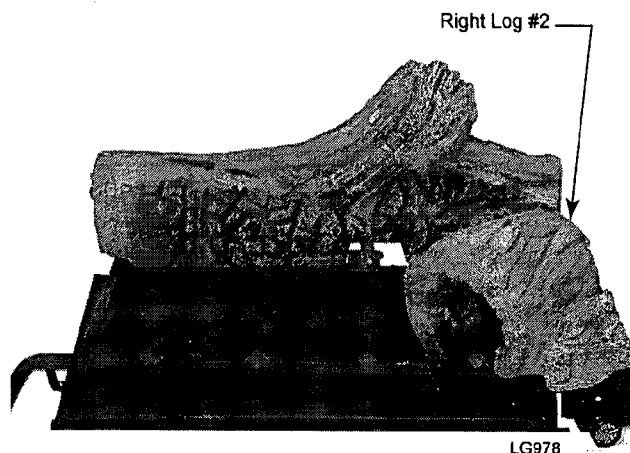
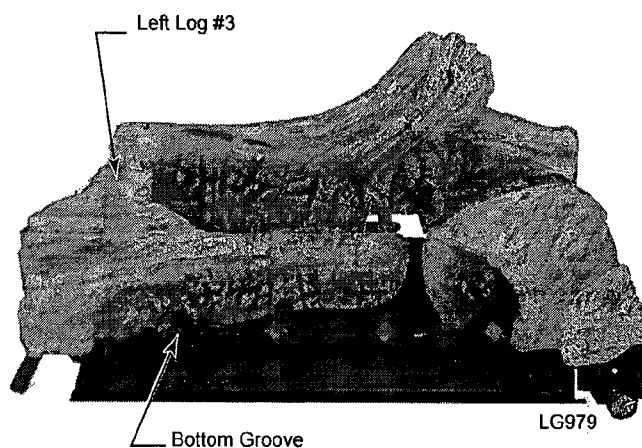
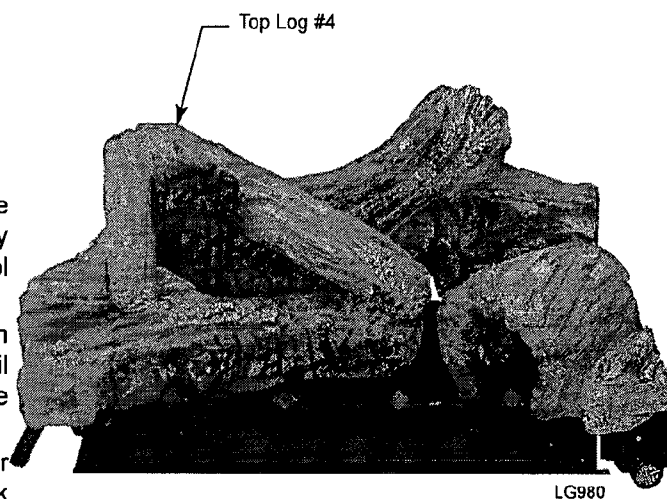
Figure 13

DUZY II VDY30D2A LOG PLACEMENT

1. Install the rear log (#1) on the two locating pins of base. *Figure 14*. Visually check to verify the log is securely placed on the pins and in contact with the grate. *Figure 15*

**Figure 14****Figure 15**

2. Install the right log (#2) on top of the control cover. Slide the log back until touching the rear log (#1). Visually check to verify the log is resting on the grate and control cover. *Figure 16*
3. Install the left log (#3) with its bottom groove resting on the right side of the grate bar. Slide the log back until touching the rear log (#1). Visually check to verify the log is resting on the grate. *Figure 17*
4. Install the top log (#4) with the base sitting on the rear log (#1) and the top sitting on log (#4). Visually check to verify the log is resting on the rear log (#1) and left log (#3). *Figure 18*

**Figure 16****Figure 17****Figure 18**

DUZY III VDY24/18D3R LOG PLACEMENT

1. Align pins on bottom of rear log #1 with pins on grate bar and place on grate. *Figures 19 and 20*

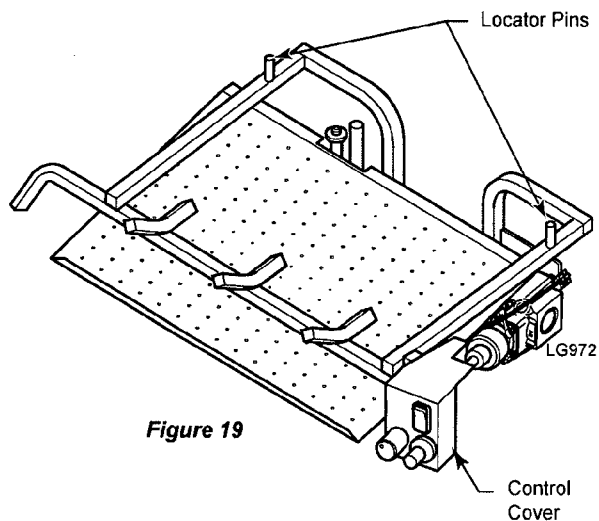


Figure 19

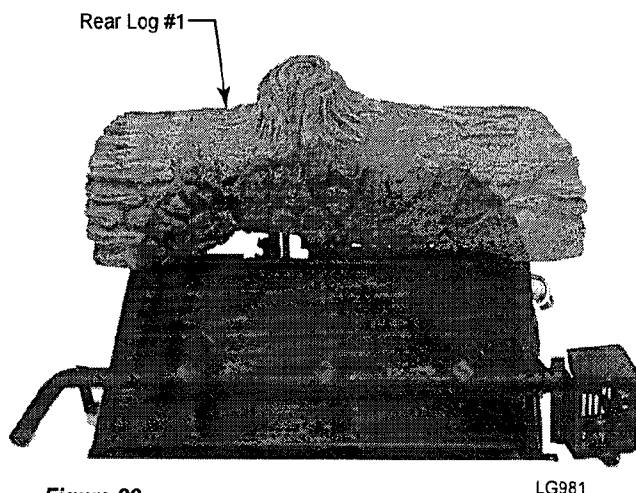


Figure 20

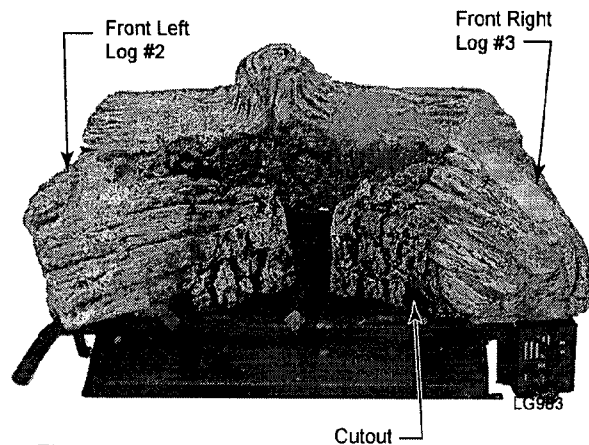


Figure 21

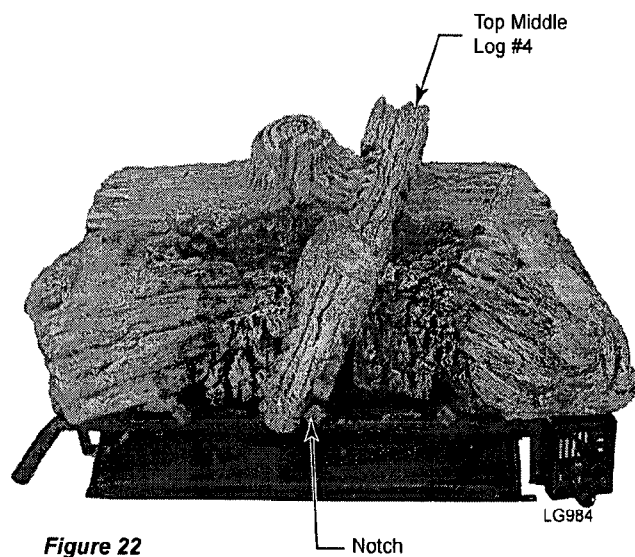


Figure 22

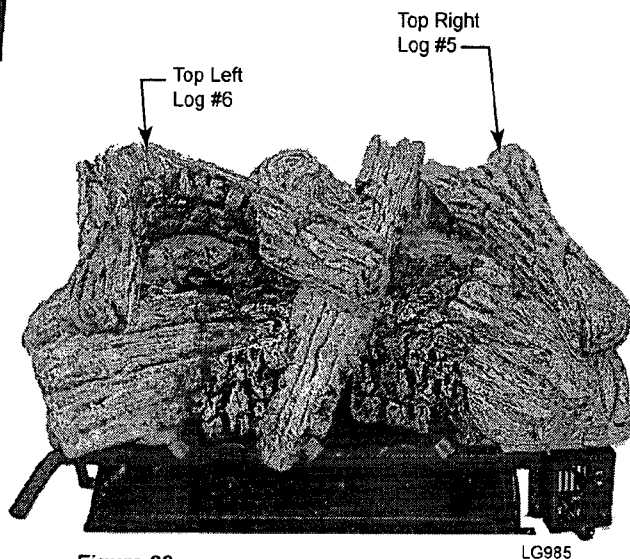
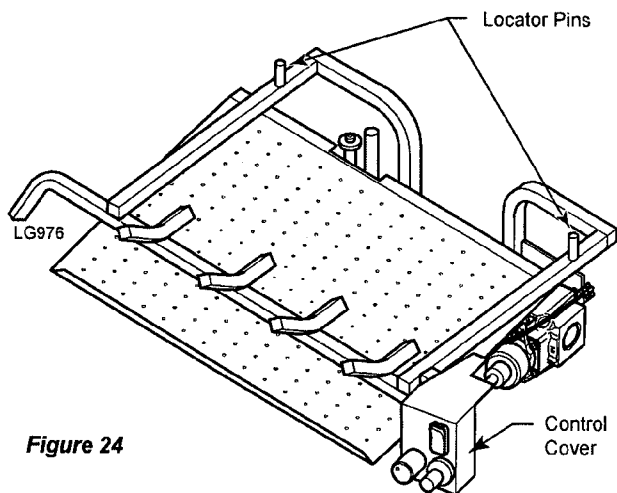
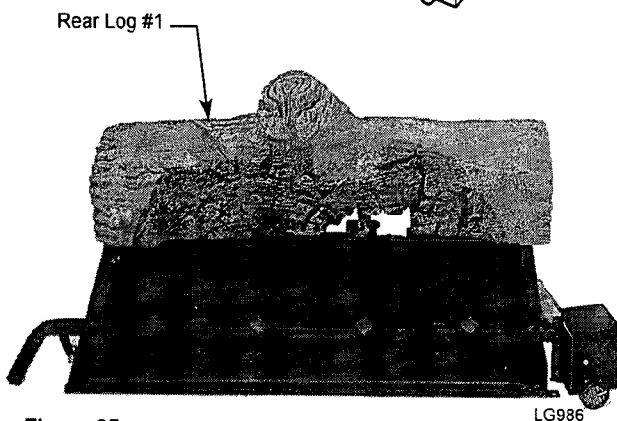
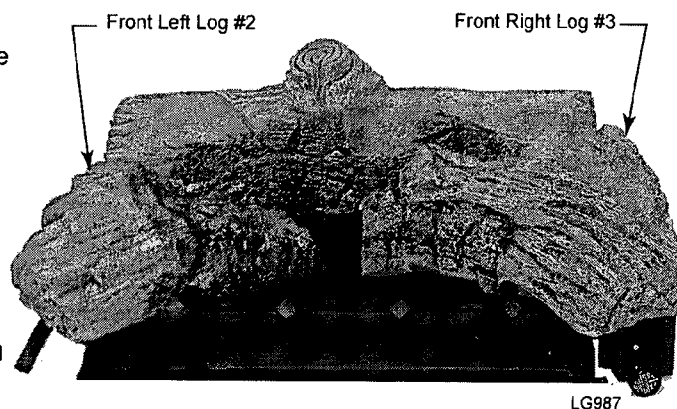
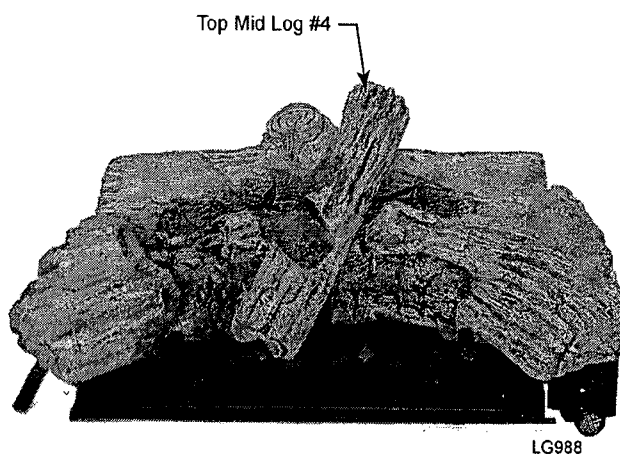


Figure 23

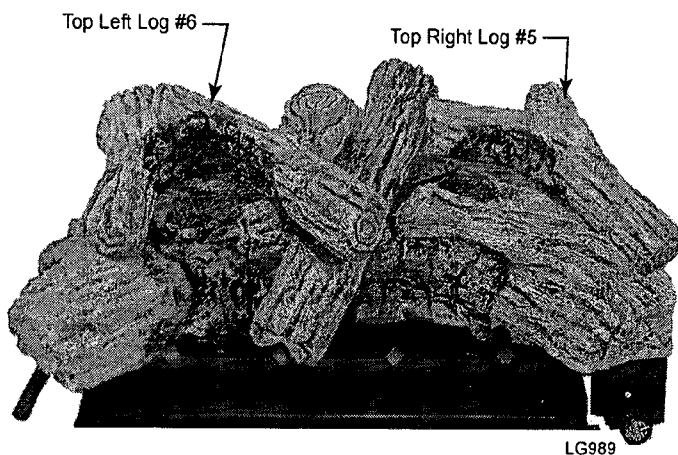
2. Place front left log #2 on left front of grate bar aligning cutout in bottom of log with grate bar. *Figure 21*
3. Place front right log #3 on right front of grate bar aligning cutout in bottom of log with grate bar. Make sure log #3 touches log #1. *Figure 21*
4. Place back end top middle log #4 on log #1. Press the side of log #4 against raised area of log #1. Align notch in front end of #4 with grate bar. *Figure 22*
5. Rest top right log #5 on log #3. *Figure 23*
6. Align top left log #6 with notches on log #2 and log #4. *Figure 23*

DUZY III VDY30D3R LOG PLACEMENT

1. Align pins on bottom of rear log #1 with pins on grate bar and place on grate. *Figures 24 and 25*

**Figure 24****Figure 25****Figure 26****Figure 27**

2. Place front left log #2 on left front of grate bar aligning cutout in bottom of log with grate bar. *Figure 26*
3. Place front right log #3 on right front of grate bar aligning cutout in bottom of log with grate bar. Make sure log #3 touches log #1. *Figure 26*
4. Place back end top middle log #4 on log #1. Press the side of log #4 up against raised area of log #1. Align notch in front end of #4 with grate bar. *Figure 27*
5. Rest top right log #5 on log #3. *Figure 28*
6. Align top left log #6 with notches on log #2 and log #4. *Figure 28*

**Figure 28**

DUZY IV VDY24/18D4 LOG PLACEMENT

1. Place bottom front log (#2) on front of grate. *Figure 29*
2. Place back log (#1) on back of grate aligning two (2) pins on grate with holes in bottom of log. *Figure 30*

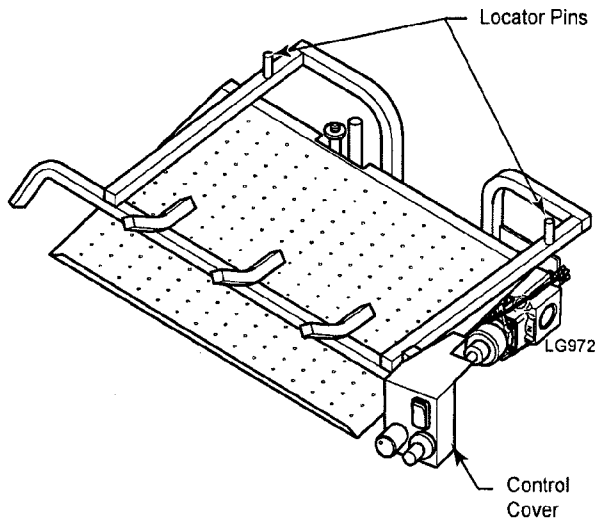


Figure 30

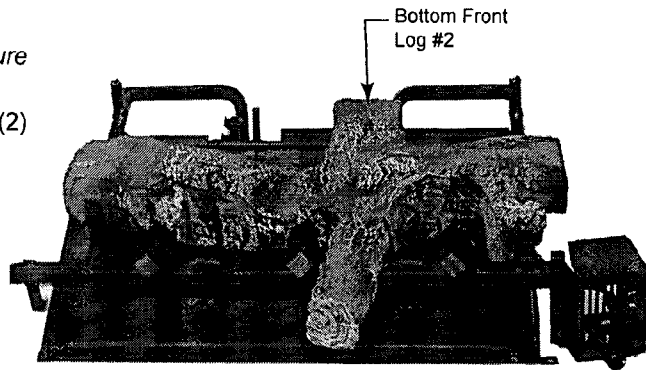
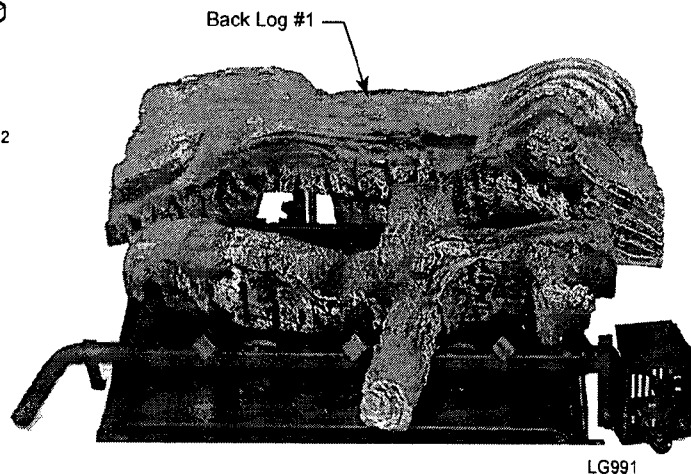


Figure 29



LG991

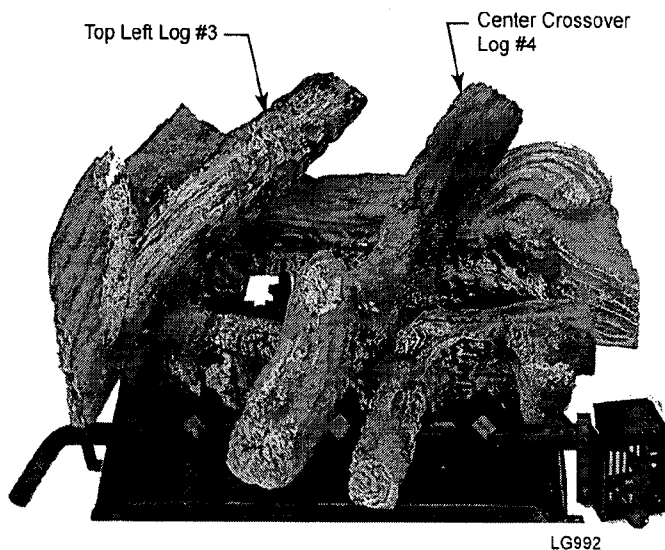


Figure 31

3. Place left top log (#3) on left end of bottom front and back logs. *Figure 31*
4. Place center crossover log (#4) across middle of bottom front and back logs. *Figure 31*