BLOCK 838 LOT 1 ADDRESS (SITE) 1710 Lauretton St PERMIT NO. 3175-97

RECEIVED
OCT 14 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1710 Lauretton St Brick
2. Name of Owner in Fee: Carole Novak Tel. [redacted]
   Address 1710 Lauretton St (street) Brick (municipality) ____ (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Air Force Heating Tel. (____) 370 4888
   Address 284 Laurel Mill Road Howell NJ
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-2888678 Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Tom DiPrisco Tel. (732) 370 4888

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		95	
4. Fire Protection		56	
5. Other			
6. Subtotal	$	151	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		5	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	156 ✓	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area—Largest Floor ____ sq. ft.
4. Building Area—All Floors ____ sq. ft.
5. Volume of Structure ____ cu. ft.
6. Construction Classification ____
7. Total Land Area Disturbed ____ sq. ft.
8. Flood Hazard Zone ____
9. Base Flood Elevation ____ ft.
10. Wetlands yes ____ sq. ft.
    no ____
11. Fire Grading ____
12. Max. Live Load ____
13. Max. Occupancy Load ____

II. PROPOSED WORK

Gas Conversion

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	
7. ☒ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WP	10/14/97						
			10-15-97		11-17-97		OK
			10-15-97		11-17-97		OK

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

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

10-16-97 called NOT

LDS BR 10103496

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 10-16-97
Control #
Permit # 3175-97

IDENTIFICATION Block 838 Lot 2

Work Site Location 1710 Lincoln St. Contractor Air Force Htg.

Address

Owner in Fee Carlo Monte

Address same

Tele. ( ) ##0002##

Lic. No. or Bldrs. Reg. No. Exp. Date 3175##

Federal Emp. No. BLOCK 0.00

or Social Security No. 838 #

LOT 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Gas conversion

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 $ 5700.-

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) #	
Building	5.00
Plumbing	95.-
Electrical	5.00
Fire Protection	56.-
Other	5.00
Other	3.00
DCA Training Fee	5.-
Cert. of Occ.	
Other	
Total	156.-
Check No.	
Cash	
Collected By:	

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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 Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 838 Lot 1
Work Site Location 1710 Laurelton ST
Brick NJ
Owner in Fee Carole Novak
Address 1710 Lauretton St
Brick NJ
Tele. ([redacted]
Contractor Air Force Heating and Cooling
Address 284 Lanes Mill Road
Howell NJ
Tele. (732 370 4888
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2888-678 or Social Security No.

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.

Signature Frank DePaige

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install Gas Furnace in Attic with Gas water heater in Utility Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (6' or over)
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other ____
  [ ] Other ____
[ ] Demolition

(Office Use Only)
FEE

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

Paid [ ] Check # ____
Collected by: ____

U.C.C. Form F-110B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10/16/97
Control #
Permit # 3175-97

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

Block 828 Lot 1 2
Work Site Location 1710 Laurelton St Brick

Owner in Fee Carole Novak
Address 1710 Laurelton st Brick NJ

Tele [redacted]

Contractor Air Force Heating & Cooling
Address 284 Lanes Mill Road
Howell NJ
Tele. (732) 370 4888
Lic. No.
Federal Emp. No. 22-2888678 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R3 Proposed
Constr. Class. Present 5 Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Attic for Furnace
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 10-15-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 11-17-97
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other CA Furnace/Hvac			11-17-97	JA
Other				
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.

Frank D. Pizza
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Install Gas Furnace and waterheater with New Ductwork
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision FURNACE
Central Supervision &
Proprietary Supervision HVAC

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
(Gas) or Oil Fired Appliance	2	46
OTHER		10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 56

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10/16/97
Control #
Permit # 3175-97

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

Block 828 Lot 2
Work Site Location 1710 Laurelton St Brick

Owner in Fee Carole Novak
Address 1710 Laurelton St Brick NJ
Tele. ([redacted])
Contractor Air Force Heating & Cooling
Address 284 Lewis Mill Road
Howell NJ
Tele. (732) 370 4888
Lic. No.
Federal Emp. No. 22-2858678 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Attic for Furnace
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 10-15-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Install Gas Furnace and water heater with New Ductwork

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision Furnace
Central Supervision +
Proprietary Supervision Fire II

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
(Gas) or Oil Fired Appliance	2	46
OTHER		10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 56

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-16-97
Control #
Permit # 3175-97

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

Block 838 Lot 2
Work Site Location 1710 Lourelton ST Brick NJ
Owner in Fee Carole Novak
Address 1710 Lourelton ST Brick NJ
Tele. [redacted]
Contractor Air Force Heating Cooling
Address 284 Lanes Mill Road Howell NJ
Tele. (732) 370 4888
Lic. No.
Federal Emp. No. 22-3868-678 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 10-15-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X]
Approved by:
Date: 11-7-97

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water HTR			11-17-97	
Sewer				
Fixtures per				
Gas Equipment			10-30-97	
Gas Final				
Solar				
TCO 9E cond			11-7-97	

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.

Kenneth J Walton
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) install Gas Furnace Replace A/C system and water heater

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	25
	Fuel Oil Piping	
1	Water Heater	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Replace A/C	35

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 95
Collected by: TOTAL $

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

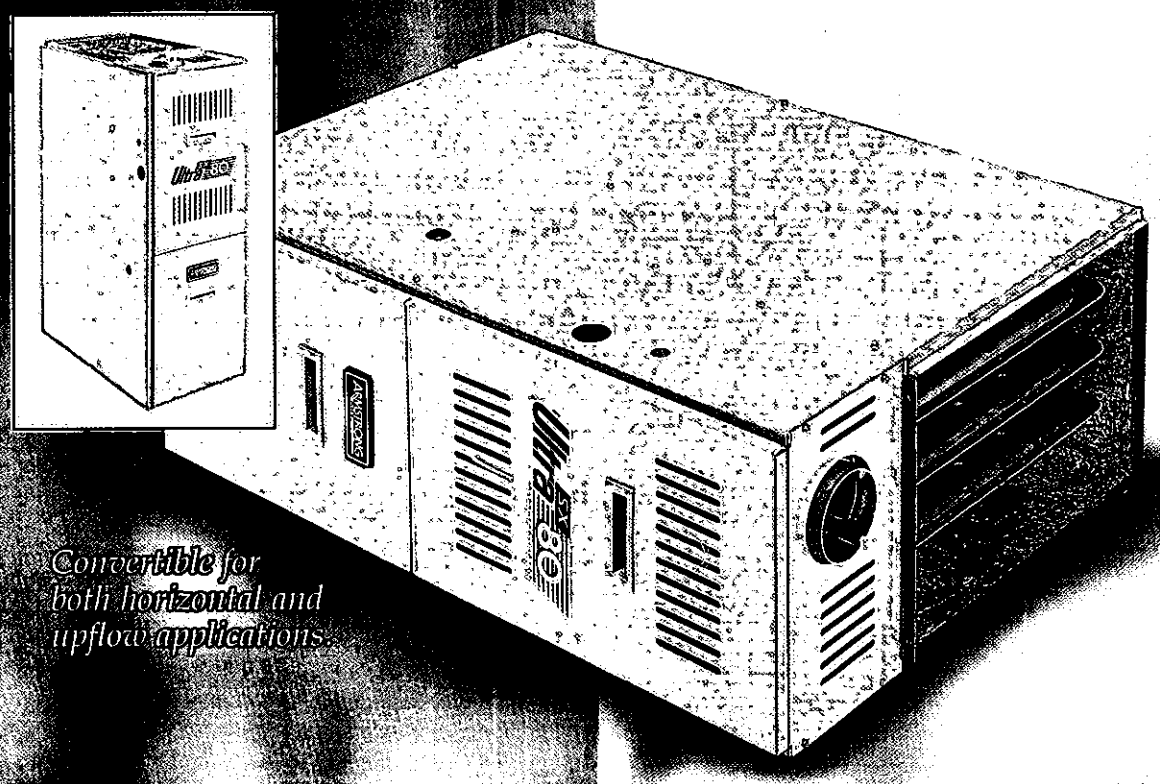
U L T R A

MID-EFFICIENCY

SX 80

GAS FURNACE

HORIZONTAL / UPFLOW



Convertible for both horizontal and upflow applications.

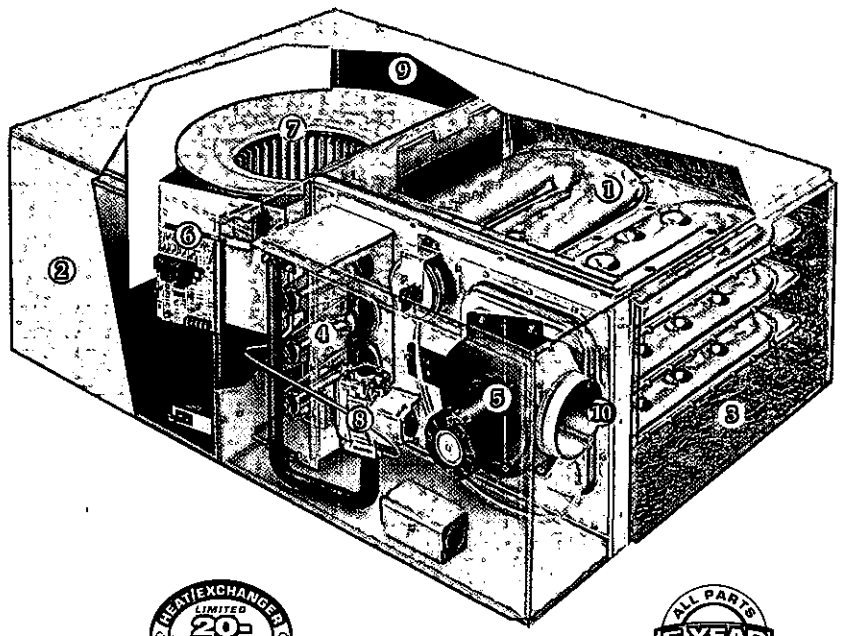
Give winter a warm welcome.

ARMSTRONG AIR

Armstrong Air gives you more to feel good about.

Quality features for quality performance.

Outstanding craftsmanship and dependable performance have always made an Armstrong Air heating system an investment you and your family can feel comfortable with. Now, with its leadership in ultra-high-efficiency heating technology, Armstrong Air gives you more to feel good about: significant energy savings that result in lower heating bills.



① Aluminized heat exchanger covered by a 20-year limited warranty.*

② Durable, one-piece steel cabinet with powder paint finish for maximum durability and rust resistance.

③ Foil-faced, high-density cabinet insulation for quieter, more efficient operation.

④ Aluminized steel in-shot burners for smooth light off and reliable combustion efficiency.

⑤ Heavy-duty induced draft motor with stainless steel shaft and fan cooling.

⑥ Solid-state integrated control board with A/C relay, plus terminals for adding an electronic air cleaner, humidifier and twinning two furnaces.

⑦ Multi-speed PSC blower motor with dynamically-balanced fan for quiet and efficient operation.

⑧ Honeywell SmartValve™ System Control increases unit reliability, integrating ignition and gas control functions.

⑨ Insulated blower compartment for quieter operation.

⑩ Power vented positive venting to maintain combustion and heat transfer efficiencies.

* See your dealer for limited warranty details. All specifications are subject to change without notice.

Your Armstrong Air dealer will help you select the Ultra SX80 horizontal/upflow gas furnace with the right capacities and efficiencies for your home.

All Ultra SX80 horizontal/upflow gas furnaces are designed, tested and assembled to assure quality, efficiency and dependability – and exceptional value in home heating. Naturally, all Ultra SX80 horizontal/upflow gas furnaces meet and exceed all recognized safety, performance and efficiency standards.

SPECIFICATIONS

MODEL	CABINET			HEATING	
	WIDTH	DEPTH	HEIGHT	BTUH	AFUE
GHJ050D10	14½"	28½"	40"	40,000	80.7
GHJ050D14	17½"	28½"	40"	40,000	81.7
GHJ075D09	14½"	28½"	40"	60,000	80.4
GHJ075D14	17½"	28½"	40"	60,000	80.4
GHJ075D16	22"	28½"	40"	60,000	80.5
GHJ100D14	22"	28½"	40"	80,000	80.2
GHJ100D20	22"	28½"	40"	80,000	80.6
GHJ125D20	22"	28½"	40"	100,000	80.6

ARMSTRONG
Air Conditioning Inc.
A LENNOX International Inc. Company
421 Monroe Street • Bellevue, OH 44811

Armstrong Air Conditioning Inc. has attained ISO 9001 certification. This assures quality processes and procedures are in place governing Armstrong's product design, development, production, and customer service.

Form No. AGHJ-300 (8/96)

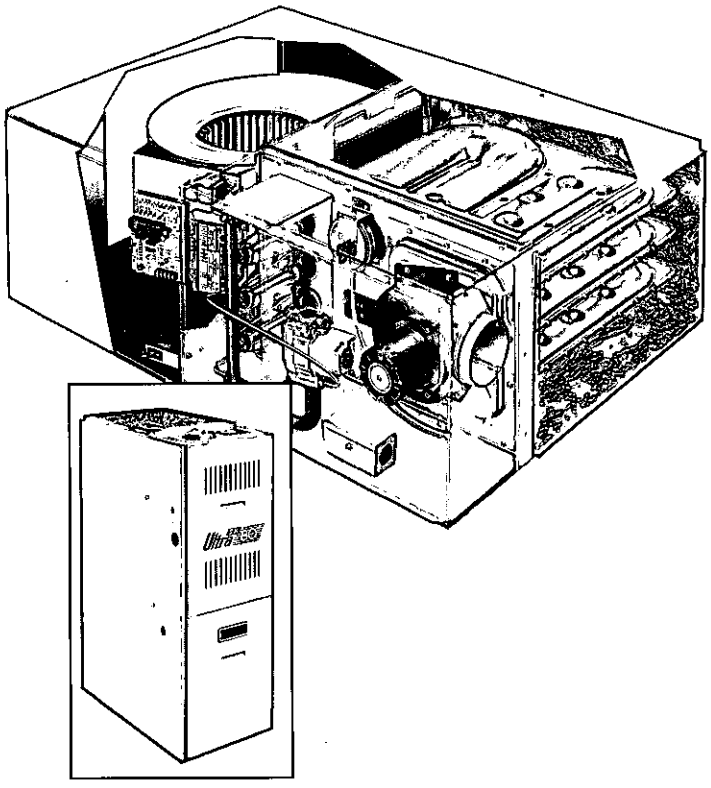
Printed in U.S.A.

ARMSTRONG AIR

80% Gas Furnace

Horizontal/Upflow

GHJ



HEAT EXCHANGER

- Aluminized steel tapered S-curve
- 20 year limited warranty
- Crimped no weld construction for longer life

CABINET

- Compact 40" height
- Insulation to minimize heat loss and reduce sound levels
- Unitized construction for cabinet integrity
- Prepainted steel for maximum durability

BLOWER

- Insulated compartment to reduce sound
- Slide-out design with quick plug-in wiring
- Multi-speed for wide airflow range
- PSC prelubricated motors for low maintenance and maximum efficiency
- Dynamically balanced blower with resilient motor mounts for smooth and quiet operation

BURNERS

- Aluminized steel inshot burners for smooth ignition

CONTROLS

- Easily available tradeline parts
- Solid state integrated board with terminals for electronic air cleaner, humidifier, and twinning
- Adjustable fan off time
- 40 VA transformer
- Continuous low speed fan function for improved air cleaning and comfort
- Color coded wiring for easy service

VENTING

- Draft motor with stainless steel shaft and fan cooling for long life

INSTALLATION

- Left or right gas entry
- 2" front clearance
- Left or right electrical entry
- "Zero" clearance (side and back)
- Start holes for side return duct connection
- L models comply with California Energy Commission Low NOx regulations

ACCESSORIES

- Propane Conversion kit
- Twinning kit
- Side return filter kit

Ultra SX 80 HIGH-EFFICIENCY

DESIGN CERTIFIED AMERICAN GAS ASSOCIATION

EFFICIENCY RATING CERTIFIED Gama

APPROVED

Model Number Guide

G H J 100 D 14 L - 2C

G - Gas

C - Counterflow/Horizontal
H - Horizontal/Upflow
U - Upflow

Nominal Efficiency
J - 80% AFUE
K - 90% AFUE

Revision Code

L - Low NOx Model

Nominal Airflow
14 - 1400 cfm @ .5 in. w.c.

D - Direct Drive

Input
100 - 100,000 BTUH

Physical and Electrical

Model	Input (Btuh)	Output (Btuh)	AFUE (ICS)	Nom. Cooling Cap.	Gas Inlet (in.)	Flue Size (in.)	Volts/Ph/hz	Min. Time Delay Breaker or Fuse	Nominal F.L.A.	Trans. (V.A.)	Appr. Weight (lbs.)
GHJ050D10	50,000	40,000	80.7	1.5-2.5	1/2	4	115/1/60	15	5.7	40	120
GHJ050D14	50,000	40,000	81.7	2.5-3.5	1/2	4	115/1/60	15	8.2	40	130
GHJ075D09	75,000	60,000	80.4	1.5-2.5	1/2	4	115/1/60	15	5.7	40	125
GHJ075D14	75,000	60,000	80.4	2.5-3.5	1/2	4	115/1/60	15	8.3	40	135
GHJ075D16	75,000	60,000	80.5	3.0-4.0	1/2	4	115/1/60	15	8.3	40	145
GHJ100D14	100,000	80,000	80.2	2.5-3.5	1/2	4	115/1/60	15	9.1	40	155
GHJ100D20	100,000	80,000	80.6	3.5-5.0	1/2	4	115/1/60	15	12.2	40	165
GHJ125D20	125,000	100,000	80.6	3.5-5.0	1/2	5 *	115/1/60	15	12.2	40	170

* - Connection to the combustion blower is 4 inch.
Vent must be 5 in. for Cat. 1 installation

Accessories

Description	Used with	Kit Number
Propane Conversion Kit	All Ultra SX 80 and 90	ALPKT516-1
Horizontal/Upflow Side Return Filter Kit (16 x 25 filter)	Ultra SX 80 GHJ Series	AFILT524-1
Twinning Kit	All Ultra SX 80 and 90	ATWIN526-1
Side Return Filter Kit for Single Return with 5 tons airflow (double 16 x 20 filter)	All Ultra SX 80 and 90 Upflows	AFILTHA7-2
Bottom Return Kit	All Ultra SX 80 and 90 Upflows and Horizontals	AFILT529-1

Filter Requirement

Airflow Descriptor	Disposable Filters			Permanent Filters		
	Min Area (sq. in.)	Size (in.)	Quantity	Min Area (sq. in.)	Size (in.)	Quantity
09	480	20 x 25	1	240	16 x 20	1
10	480	20 x 25	1	240	16 x 20	1
12	576	16 x 20	2	288	16 x 20	1
14	672	20 x 20	2	336	20 x 20	1
16	768	20 x 20	2	384	20 x 20	1
20	960	20 x 25	2	480	20 x 25	1

1. The Airflow Descriptor is the two digits following the "D" in the model number; e.g. "20" is the Airflow Descriptor for Model GHJ125D20

2. Areas and dimensions shown for permanent filters are based on filters rated at 600 feet per minute face velocity.

3. Typical filter sizes are shown; however, any combination of filters whose area equals or exceeds the minimum area shown is satisfactory.

4. Filters are field supplied or kits are available from Armstrong.

Blower Performance

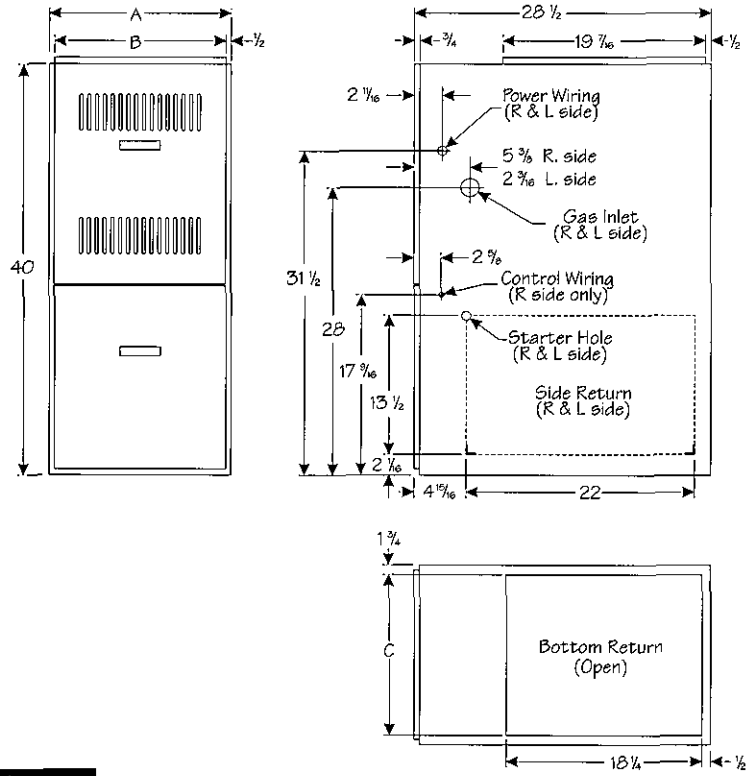
Model	Motor Size(hp)	Blower Size	Temp. Rise	Blower Speed	CFM @ ext. static pressure - in. w.c. with filter(s) †							
					.20	.30	.40	.50	.60	.70	.80	.90
GHJ050D10	1/4	10 X 6	40-70	Hi	1170 ‡	1130 ‡	1110 ‡	1060 ‡	1020 ‡	990 ‡	910	840
				Med	900	900	870	850	830	790	740	650
				Low	720	710	690	670	650	610	550	460 ‡
GHJ050D14	1/3	10 X 8	20-50	Hi	1580	1540	1490	1420	1340	1250	1160	1050
				Med	1430	1420	1350	1310	1250	1780	1090	990
				Low	1210	1220	1220	1190	1160	1100	1020	920
GHJ075D09	1/4	10 X 6	50-80	Hi	1050	1000	960	930	870	810	740	650‡
				Med	850	830	810	760	720	680‡	600‡	540‡
				Low	670‡	660‡	650‡	620‡	580‡	550‡	490‡	410‡
GHJ075D14	1/3	10 X 8	40-70	Hi	1480 ‡	1430 ‡	1390	1350	1280	1200	1110	1000
				Med	1270	1270	1250	1210	1160	1090	920	830
				Low	1070	1090	1080	1060	1030	980	920 ‡	820 ‡
GHJ075D16	1/2	10 X 8	36-65	Hi	1870	1790	1710	1630	1540	1440	1350‡	1260‡
				Med	1500	1450	1410	1370	1300	1240	1160‡	1070‡
				Low	1170	1170	1160	1150	1090	1050	990‡	910‡
GHJ100D14	1/3	10 X 8	45-75	Hi	1450	1430	1370	1350	1290	1230	1160	1070
				Med	1200	1180	1180	1170	1150	1100	1030	960
				Low	980	980	1000	990	970	940	900	830
GHJ100D20	3/4	12 X 9	35-65	Hi	2290 ‡	2210 ‡	2130	2060	1980	1900	1820	1740
				Med	1820	1760	1710	1670	1630	1600	1500	1450
				Low	1300	1280	1250	1220	1210	1160	1120 ‡	1000 ‡
GHJ125D20	3/4	12 X 9	50-80	Hi	2260 ‡	2180 ‡	2100 ‡	2020 ‡	1950 ‡	1870	1780	1680
				Med	1900	1850	1810	1730	1700	1610	1550	1450
				Low	1440	1420	1390	1360	1320	1270	1210	1130 ‡

Notes: † .50 in. w.c. max. approved ext. static pressure. Airflow rated with AFILT524-1 filter kit.

‡ Not Recommended for heating; Temperature rise may be outside acceptable range

Dimensions (in.)

Model	A	B	C	D
GHJ050D10	14 1/2	13 1/2	13 1/4	4 7/8
GHJ050D14	17 1/2	16 1/2	16 1/4	6 3/8
GHJ075D09	14 1/2	13 1/2	13 1/4	4 7/8
GHJ075D14	17 1/2	16 1/2	16 1/4	6 3/8
GHJ075D16	22	21	20 3/4	8 5/8
GHJ100D14	22	21	20 3/4	8 5/8
GHJ100D20				
GHJ125D20	22	21	20 3/4	8 5/8



Clearances (in.)

Upflow

Model	Left Side	Right Side	Front	Back	Vent	Top
GHJ050D10	3[1]	0	4[2]	0	6[3]	1
GHJ050D14	2[1]					
GHJ075D09	3[1]					
GHJ075D14	2[1]	0	4[2]	0	6[3]	1
GHJ075D16	0					
GHJ100D14	0	0	4[2]	0	6[3]	1
GHJ100D20						
GHJ125D20	0	0	4[2]	0	6[3]	1

[1] 0" if B1 vent is used
[2] 2" if B1 vent is used
[3] 1" if B1 vent is used

Horizontal

Model	Left Side	Right Side	Front	Back	Vent	Air Flow L to R Top	Air Flow L to R Bottom	Air Flow R to L Top	Air Flow R to L Bottom
GHJ050D10	1	1	18	0	6[2]	1	3[1]	3[3]	0
GHJ050D14							2[1]	2[3]	
GHJ075D09							3[1]	3[3]	
GHJ075D14	1	1	18	0	6[2]	1	2[1]	2[3]	0
GHJ075D16							0	1	
GHJ100D14	1	1	18	0	6[2]	1	0	1	0
GHJ100D20									
GHJ125D20	1	1	18	0	6[2]	1	0	1	0

[1] 0" if B1 vent is used
[2] 1" if B1 vent is used
[3] 1" if B1 vent is used

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Form # AGHJ-100 (2/95)
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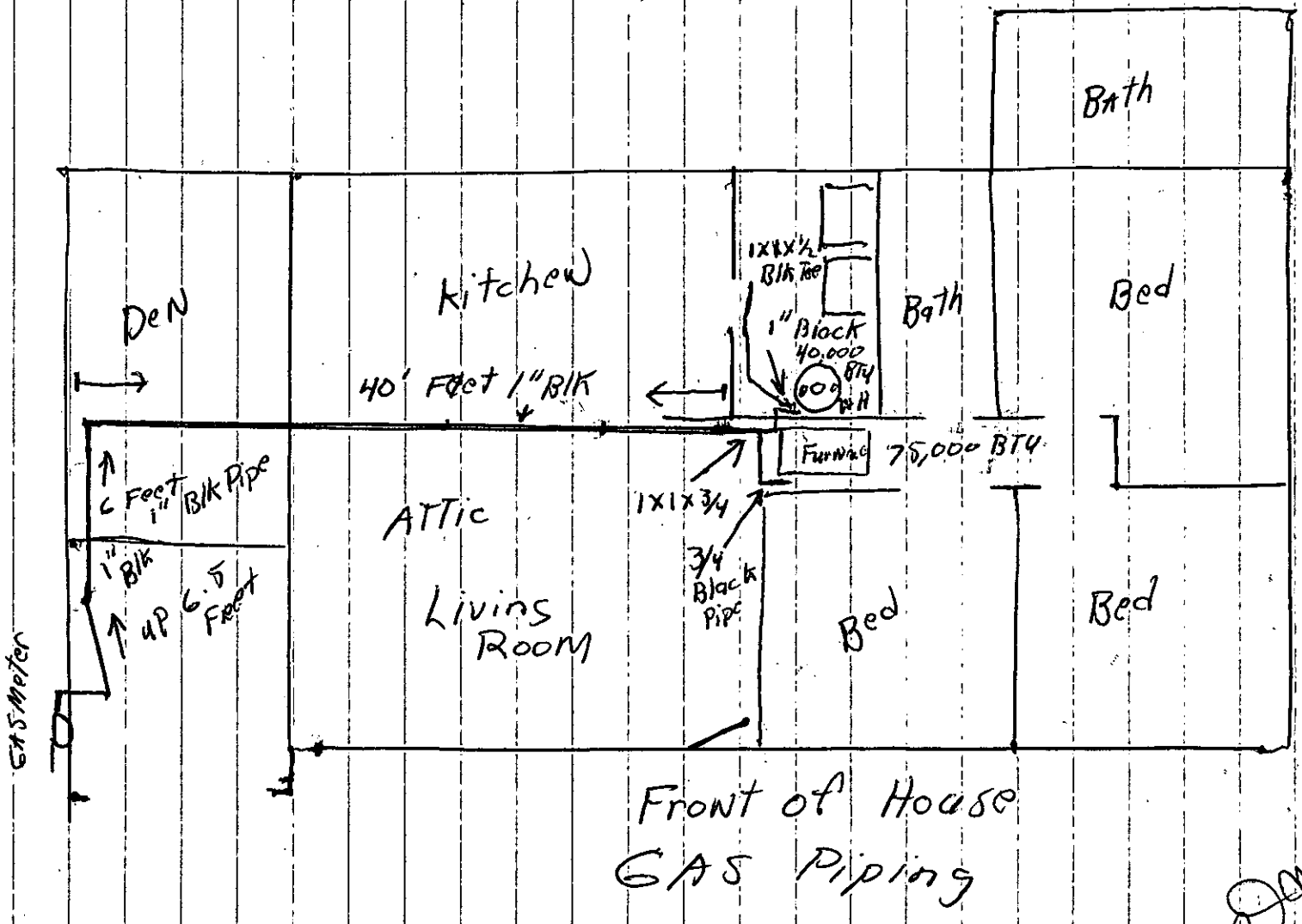

GAS Piping

DAO
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