BLOCK 838 LOT 19 ADDRESS (SITE) 1670-81 PERMIT NO. 03-0225

CONSTRUCTION PERMIT APPLICATION

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

Called 11/10/03

I. IDENTIFICATION

1. Proposed Work-site at: 1670 Forge Pond
2. Name of Owner in Fee: Altilio Tel. ([redacted]
   Address 1670 Forge Pond (street) Brick, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: A.J. Perri/Blue Dot Tel. (____) ____
   Address 401 Highway 35 Red Bank, NJ 0770[illegible]
   License No. OR, if new home, Builder Reg. No. 732 747-3131 Exp. Date ____
   Federal Emp. No. 36-427609-7 Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work Rich Holman Tel. (732) 747-3131

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 53		
2. Electrical	35		
3. Plumbing	46		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 138		

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. 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. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	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	1095.36
7. ☒ Plumbing	1642.95
8. ☒ Electrical	912.75
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3651

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
			11-6-03		2/14/03		
			11/9/03		10-14-07		
			11/8/03		2/14/07		

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:

U.C.C. Form F-100B

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.

X) Check if contractor.

Agent Name A.J. Perri/Blue Dot

Address 401 Highway 35
Red Bank, NJ 07701

Telephone (732) 747-3131

36-427609-7

Signature _____ Date _____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/17/2008
Control Number
Permit Number 03-0225
Permit Issue Date 01/23/2003
Certificate Number 03-0225

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1670 FORGE POND RD REPLACE FURNACE & A/C , NJ Block: 838 Lot: 19 Qual:

Owner in Fee: ALTILIO

Owner Address: SAME BRICK NJ 08724-

Telephone: [redacted]

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used:

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/17/2008

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1-23-03
Date Issued
Control #
Permit # 03-0225

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

Block 838 Lot 19
Work Site Location 1670 Forge Pond Rd
Owner in Fee Pithio
Address 1670 Forge Pond Rd
Brick NJ 08724
Tele. ( ) [redacted]
Contractor A.J. Perri/Blue Dot
Address 401 Highway 35
Red Bank, NJ 07701
Tele. ( ) 732 747-3131
Lic. No.
Federal Emp. No. 36-427609-7 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: ____
Total Est. Cost of Fire Prot. Work $ 1095.30 [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 1-10-03
Approved by: DB
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 2.15.03
Approved by: LB

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			2-14-03	DB
TCO				
Other Final			2-14-03	DB
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

Water Supply Source ____
Method of Valve Supervision ____
Local Alarm Supervision ____
Central Supervision ____
Proprietary Supervision ____

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		
OTHER Furnace	1	
	Administrative Surcharge	$
Paid [ ] Check # ____	Minimum Fee	$
Collected by ____	TOTAL FEE	$

U.C.C. Form F-140A

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-23-3
Control #
Permit # 03-0225

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

Block f38 Lot 19
Work Site Location 1670 Forge Pond Rd

Owner in Fee Athilio
Address 1670 Forge Pond Rd
Brick NJ 08724
Tele. ( ) [redacted]
Contractor
Address A.J. Perri/Blue Dot
401 Highway 35
Red Bank, NJ 07701
Tele. ( ) 732 747-3131
Lic. No.
Federal Emp. No. 36-427609-7 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 1642.95

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1/9/03
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 10-11-07

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO AC Condensate	2/14/03		10/5/07	

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	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 Furnace Piston	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
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

2/14/03

① - A/C CONDENSATE INCOMPLETE
(A/C NOT INSTALLED)

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-23-3
Control #
Permit # 03-0225

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

Block F38 Lot 79
Work Site Location 1670 Forge Pond Rd
Owner in Fee Altilio
Address 1670 Forge Pond Rd Brick NJ 08723
Tele. ([redacted]
Contractor AJ Perri Electric
Address 401 Hwy 35 Red Bank, NJ 07701
Tele. (732) 747-3131
Lic. No. 13296B
Federal Emp. No. 364276097 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 9275

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1/8/03
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/4/03
Approved By:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other Furnace			2/4 02	
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Richard John
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1	___	Other Furnace	
1		A/C Coil	

Paid [ ] Check # ____ ____
Collected by: ____

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA Training Fee $ ____
TOTAL FEE $ ____

U.C.C. Form F-120B

1 White - Office Copy
2 Canary - Office Copy
3 Pink - Applicant Copy
4 Manila - Inspector Copy

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/23/2003
Control #
Permit # 03-0225

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 838 Lot 19 Qual

Work Site Location 1670 FORGE POND RD
REPLACE FURNACE & A/C
Owner in Fee ALTILIO
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor AJ PERRI/BLUE DOT
Address 401 HWY 35
RED BANK, NJ
Telephone (732)747-3131
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 36-4276097

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACE A/C & FURNACE

PAYMENTS (Office Use Only)

Building	0
Electrical	53
Plumbing	35
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	138
Check No.	40230712
Cash	
Collected By	DC

01/23/03 12:02PM 0000008?307
XXD1 SERV.001

#030225	
ELECTRIC	$53.00
PLUMBING	$35.00
FIRE	$46.00
DCA	$4.00
XXXTOTAL	$138.00
CHECK	$138.00
CHANGE	$0.00

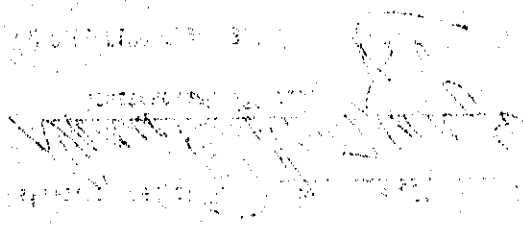
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 3,651

Construction Official

01/23/2003
Date

U.C.C. F170 (rev. 3/96)



Blue Dot.
Cooling • Heating • Plumbing • and more

A.J. PERRI, Inc.
401 Highway 35
Red Bank, NJ 07701
PERMIT ACCOUNT

040230712

13 - 1
420

DATE 1/20/03

PAY TO THE ORDER OF Brick Township - Construction Dept. $ 138.00

One hundred thirty-eight and 0/100 DOLLARS

VOID AFTER 120 DAYS
NOT VALID OVER $250.00

Firstar Bank N.A.

[redacted]

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY.

A.J. PERRI, Inc.

040230 12.

DATE	INVOICE NO.	DESCRIPTION	AMOUNT
	25756	1670 Forge Pond Athlio Blue Dot. Cooling • Heating • Plumbing •	138.00

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 838 LOT 19 PERMIT # _____

WORK SITE ADDRESS _____

Applicant Maaic Attillo

Certifying Individual Tim Burke Company AJ Peari

Address 401 Hwy 70 Red Bank NJ 07701
Street City State Zip Code

Tel. (732) ~~Hwy 70 Kea~~ 747-3171

Check the Appropriate Box

Type of Replacement:

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

needs

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 herby 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.

Tim Burke 12/4/12
Signature Date

Oil to Oil or Gas to Gas Replacements:

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

_____
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

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

U.C.C. F370
(rev. 3/96)

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

JAMES E. McGREEVEY
Governor

DAVID SAMSON
Attorney General
RENI ERDOS
Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

August 27, 2002

TO WHOM IT MAY CONCERN

Our records indicate that the holder of License and Business Permit No. 13296B has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

Mr. Richard Holman
A J Perri Inc.
401 Highway 35
Red Bank, NJ 07701

This letter will be rendered invalid 140 days after the date of its issuance.

Sincerely,

Barbara A. Cook

Barbara A. Cook
Executive Director

BAC:lm

58CVA/CVX

Physical data

UNIT SIZE			070-12	090-16	110-22	135-22	155-22
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	all 58CVA; 58CVX Upflow	High	54,000	71,000	90,000	107,000	125,000
		Low	35,000	47,000	59,000	70,000	82,000
	58CVX Downflow/ Horizontal	High	51,000	68,000	86,000	102,000	119,000
		Low	35,000	47,000	59,000	70,000	82,000
INPUT BTUH*	all 58CVA; 58CVX Upflow	High	66,000	88,000	110,000	132,000	154,000
		Low	43,500	58,000	72,500	87,000	101,500
	58CVX Downflow/ Horizontal	High	63,000	84,000	105,000	126,000	147,000
		Low	43,500	58,000	72,500	87,000	101,500
SHIPPING WEIGHT (lb)			126	151	161	177	183
CERTIFIED TEMP RISE RANGE (°F)		High	30-60	40-70	30-60	40-70	45-75
		Low	30-60	30-60	25-55	25-55	30-60
CERTIFIED EXT STATIC PRESSURE	Heating		0.12	0.15	0.20	0.20	0.20
	Cooling		0.5	0.5	0.5	0.5	0.5
AIRFLOW CFM‡	Heating-High/Low		1160/735	960/1195	1440/2005	1700/1905	1715/1965
	Cooling		1225	1400	2100	2100	2095
AFUE%*	Nonweatherized ICS		80.0	80.0	80.0	80.0	80.0

LIMIT CONTROL	SPST				
HEATING BLOWER CONTROL	Solid-State Time Operation				
BURNERS (Monoport)	3	4	5	6	7
GAS CONNECTION SIZE	1/2-in. NPT				
GAS VALVE (Redundant) Manufacturer	White-Rodgers				
Minimum Inlet Pressure (In. wc)	4.5 (Natural Gas)				
Maximum Inlet Pressure (In. wc)	13.6 (Natural Gas)				
IGNITION DEVICE	Hot Surface				

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas Code Table F4 or furnace Installation Instructions. In Canada, derate the unit 10 percent for elevations 2000 to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply. For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply.

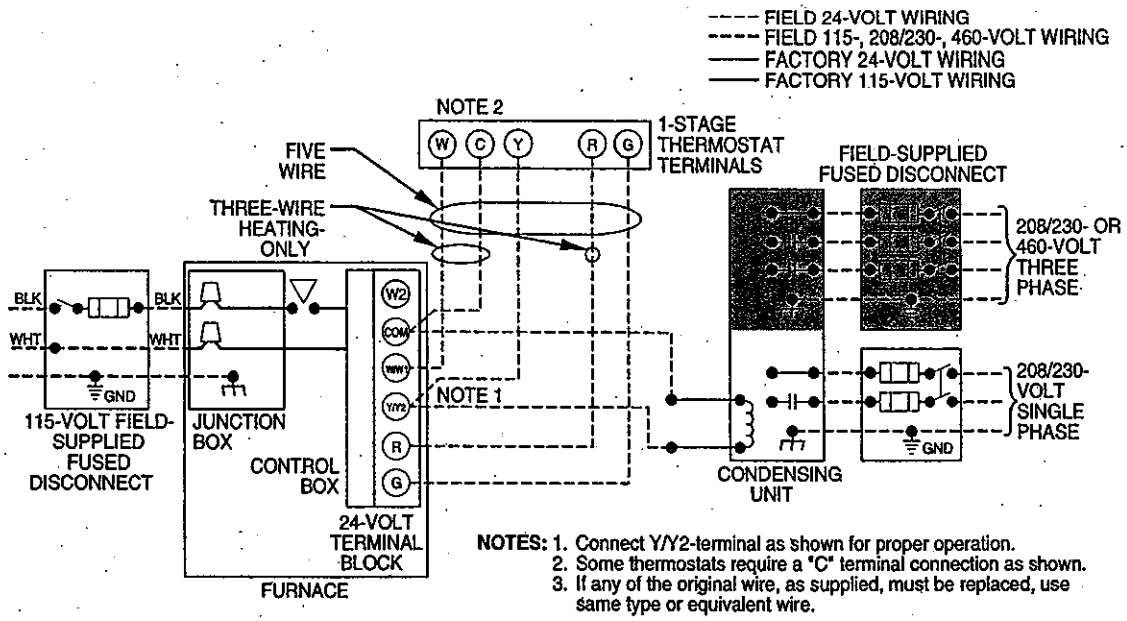
ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	070-12	090-16	110-22	135-22	155-22
DIRECT-DRIVE MOTOR Hp (ECM)	1/2	1/2	1	1	1
MOTOR FULL LOAD AMPS	7.7	7.7	12.8	12.8	12.8
RPM (Nominal)	300-1300	300-1300	300-1300	300-1300	300-1300
BLOWER WHEEL DIAMETER × WIDTHS (In.)	10 x 6	10 x 8	11 x 11	11 x 11	11 x 11

ECM Electronically Commutated Motor, Variable Speed

Typical wiring schematic



NOTES: 1. Connect Y/Y2-terminal as shown for proper operation.
2. Some thermostats require a "C" terminal connection as shown.
3. If any of the original wire, as supplied, must be replaced, use same type or equivalent wire.

A95236

Electrical data

UNIT SIZE	VOLTS-HERTZ-PHASE	OPERATING VOLTAGE RANGE*		MAXIMUM UNIT AMPS	MAXIMUM WIRE LENGTH (FT)†	MAXIMUM FUSE OR CKT BKR AMPS*	MINIMUM WIRE GAGE
		Maximum	Minimum				
070-12	115-60-1	127	104	9.0	30	15	14
090-14	115-60-1	127	104	9.6	29	15	14
110-22	115-60-1	127	104	15.1	29	20	12
135-22	115-60-1	127	104	14.9	30	20	12
155-20	115-60-1	127	104	15.0	29	20	12

* Permissible limits of the voltage range at which unit operates satisfactorily.
Time-delay type is recommended.

† Length shown is as measured 1 way along wire path between unit and service panel for maximum 2 percent voltage drop.