BLOCK 833 LOT 31 QUALIFICATION CODE _____ ADDRESS (SITE) 1647 Tilford Blvd PERMIT NO. 14-2024

Brick

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-002404

I. IDENTIFICATION

1. Proposed Work Site at: 1647 Tilford Blvd
2. Name of Owner in Fee: Richard Williamson
   Tel. [redacted] e-mail _____
   Address Same (street) (municipality ✓) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Point Bay Fuel Tel. (732) 349-5059
   Address 71 Irons St e-mail _____
   Toms River NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____ ✓
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun John Maines
   Tel. (732) 349-5059 FAX: (732) 349-1788

06-05-14A11:01 RCVD

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical	50 ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	11 ✓		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 101 ✓		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		CR							
☒ Electrical	220 —				6/6/24	TO			
☒ Plumbing	6300 —				6-3-24				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	6520 ✓								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/07/2014
Control Number C-14-002404
Permit Number 14-2021
Permit Issue Date 06/27/2014
Certificate Number 14-2021

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1647 TILFORD BLVD Brick Township, NJ Block: 833 Lot: 31 Qual:

Owner in Fee: WILLIAMSON, RICHARD & DORIS

Owner Address: 1647 TILFORD BLVD. BRICK NJ 08724

Telephone: [redacted]

Contractor POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ 08753-

Telephone: (732) 349-5059 Fax: (732) 349-1788

License Number or Builders Registration Number: 13VH01149900 Federal Emp. Number: 22-1817388

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: REPLACEMENT A/C

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: 08/07/2014

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 6/27/14

Date Issued Permit # 14-2021

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

Block 833 Lot 31 Qualification Code

Work Site Location 1647 TILFORD BLVD
BRICK NJ 08724

Owner in Fee: RICHARD WILLIAMSON

Tel. [redacted] e-mail

Address SAME

Contractor: POINT BAY FUEL, INC. (street / municipality) Tel. (732) 349-5059 (zip code)

Address 71 IRONS STREET e-mail
TOMS RIVER, NJ 08753

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VHO1149900

Federal Emp. ID No. 221817388 FAX: (732) 349-1788

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 $ 6,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-13-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-28-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-28-14	

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: JOHN MAINES

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE CONDENSER & AIR HANDLER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other REPL COND & AIR HANDLER	

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

U.C.C. F130 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received Control # 6/27/14

Date Issued Permit # 14-2021

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

Block 833 Lot 31 Qualification Code

Work Site Location 1647 TILFORD BLVD
BRICK NJ

Owner in Fee RICHARD WILLIAMSON

Address SAME

Tel ([redacted]

Contractor BLOMQUIST ELECTRIC

Address 443 E LONG BRANCH NJ
OCEAN GATE NJ 08740 (PO BOX 302)

Tel (732) 684-0606 FAX ( )

Contractor License No. 6937 EXP: 3/31/2015

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 220.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	REPL	CONDENSER & AIR HANDLER	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 6/6/14

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 7/29/14

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/28/14	PJC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

698

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 6/29/14
Control # C-14-002404
Permit # 14-2021

IDENTIFICATION Block: 833 Lot: 31 Qualifier
Work Site Location: 1647 TILFORD BLVD Brick Township, NJ

Owner in Fee: WILLIAMSON, RICHARD & DORIS
1647 TILFORD BLVD. BRICK NJ 08724
Telephone: [redacted]

Contractor: POINT BAY FUEL INC
Address: 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: (732) 349-5059
Lic. No. or Bldrs. Reg. No. 13VH01149900
Federal Employee. No. 22-1817388

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:
REPLACEMENT A/C

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

Estimated Cost of Work $6,520

David T. Newman Jr 6/30/14
Construction Official — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$101
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Point Bay Fuel Company Inc.
Timothy Bergin
71 Irons Street
Toms River NJ 08753

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

10/31/2013 TO 12/31/2014
VALID

13VH01149900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

D C A

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Point Bay Fuel Company Inc.
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
10/31/2013 TO 12/31/2014
VALID
SIGNATURE
13VH01149900
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

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

BERNARD J. BLOMQUIST
443 EAST LONGBRANCH AVE
P.O. Box 302
OCEAN GATE NJ 08740

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

03/11/2012 TO 03/31/2015
VALID

34EI00963700
LICENSE/REGISTRATION/CERTIFICATION #

Bernard J. Blomquist
Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

BERNARD J BLOMQUIST EL CONTR
BERNARD J BLOMQUIST
443 E LONGBRANCH AVENUE
P.O. 302
OCEAN GATE NJ 08740

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/11/2012 TO 03/31/2015
VALID

34EB00963700
LICENSE/REGISTRATION/CERTIFICATION #

Bernard J. Blomquist
Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

Richard Williamson
1647 Tilford Blvd
Block- 833
Lot-31

FOR REPLACEMENT FURNACE/BOILER

OLD BTU --- INPUT_____ OUTPUT 24000

NEW BTU --- INPUT_____ OUTPUT 24000

A/C REPLACEMENT

OLD UNIT 2 **TON**

NEW UNIT 2 **TON**

AND/OR

HEAT LOSS/HEAT GAIN

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

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

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

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

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

(CANNOT BE CERTIFICATION BY HOMEOWNER)

AirTemp

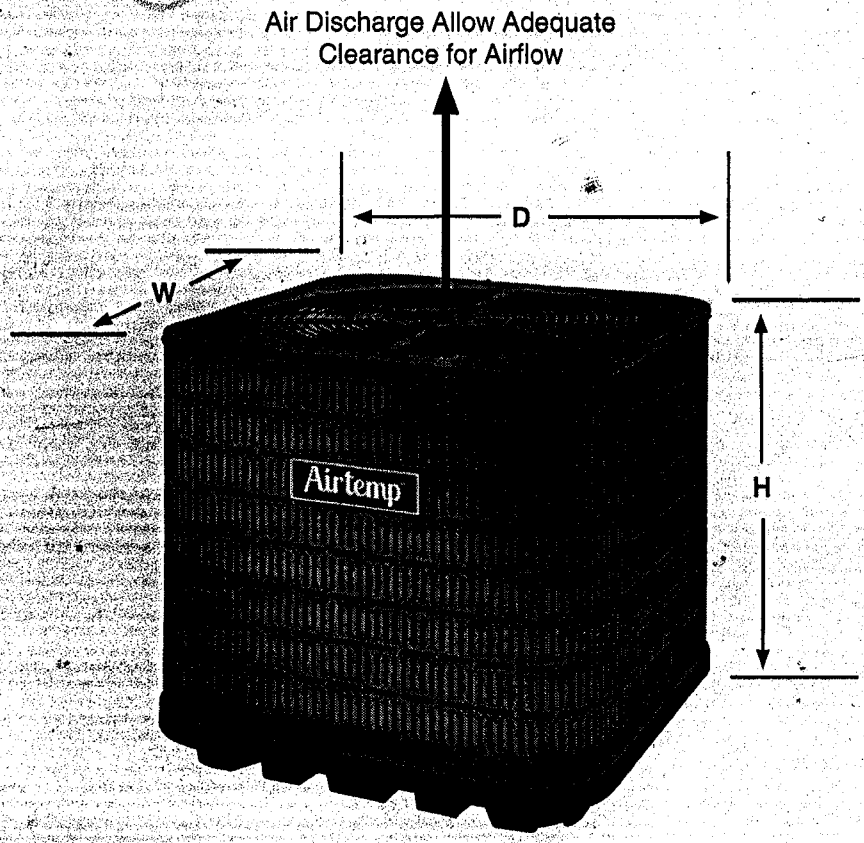
MODEL IDENTIFICATION CODES

EX: VS4BD-036KB — **VS 4 B D - 036 K B**

- **VS** - Air Conditioner / **VT** - Heat Pump
- **4** — Design Series
- **BD** = Braze 13 SEER — **Product Identifier**
- **036** — **Nominal Capacity** (000) BTU
- **K** = 208/230-60-1 — **Electrical Code**
- **B** — **Revision**

DIMENSIONS
AIR CONDITIONER OUTDOOR SECTION

VS4BD	018KB	024KB	030KB	036KB	042KB	048KB	060KB
H	23 1/2	23 1/2	27 1/2	27 1/2	27 1/2	27 1/2	31 1/2
W	22 3/4	22 3/4	22 3/4	22 3/4	30 3/4	30 3/4	30 3/4
D	22 3/4	22 3/4	22 3/4	22 3/4	30 3/4	30 3/4	30 3/4



PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

13 SEER — High Efficiency — Single Phase

Model Number VS4BD			018KB	024KB	030KB	036KB	042KB	048KB	060KB
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1
	Total Amps		9.3	13.5	14.8	18.0	19.4	23.2	27.8
	Delay Fuse Max. (2)		20	25	30	35	40	50	60
	Min. Circuit Ampacity		11.6	16.7	18.3	22.2	23.9	28.7	34.4
Component Data	Coil	Area	8.3	8.3	10.0	10.0	15.3	15.3	17.9
		Rows-FPI	1-18	1-18	1-18	1-18	1-18	1-18	1-18
		Tube Dia	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.35	0.7	0.7	1.4	1.5	1.5	1.5
		HP	0.05	0.1	0.1	0.25	0.25	0.25	0.25
	Fan Blade	Dia - # Blades	18" - 3	18" - 3	18" - 3	18" - 4	24" - 2	24" - 2	24" - 2
		SCFM	2600	2800	3000	3000	3500	3500	3800
	Compressor Data	RLA	9.0	12.8	14.1	16.6	17.9	21.8	26.4
		LRA	48.0	58.3	73.0	79.0	112.0	117.0	134.0
Refrigerant suction line O.D. NOTE: Liquid line is 3/8" O.D. for entire length.		0-24 ft.	3/4"	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"
		25-39 ft.	3/4"	3/4"	3/4"	7/8" (3)	7/8"	7/8"	1-1/8" (4)
		40-75 ft.	3/4"	3/4"	3/4"	7/8" (3)	7/8"	7/8"	1-1/8" (4)
Approximate Weight (lbs.)		Net	109	125	138	140	179	179	188
		Ship	114	130	144	146	187	187	197
Sound Rating db			72	72	72	75	79	79	79

(1) Operating Voltage Range: 187v min. — 253v max.
(2) HACR Type Circuit Breakers may be used.
(3) Requires 7/8" to 3/4" reducer from line to unit.
(4) Requires 7/8" to 1-1/8" reducer from line to unit.
(5) Additional charge for line sets above 15 feet.
Values based on suction line as follows with 3/8" liquid line.
a) 3/4" = 0.6 oz. per additional foot.
b) 7/8" = 0.7 oz. per additional foot.
c) 1 1/8 = 0.8 oz per additional foot.

ACCESSORIES - Condensing Unit

Start Assist Kit - 912933
Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

Extreme Wind Condition Mounting Kit - 920900

TECHNICAL
SPECIFICATIONS

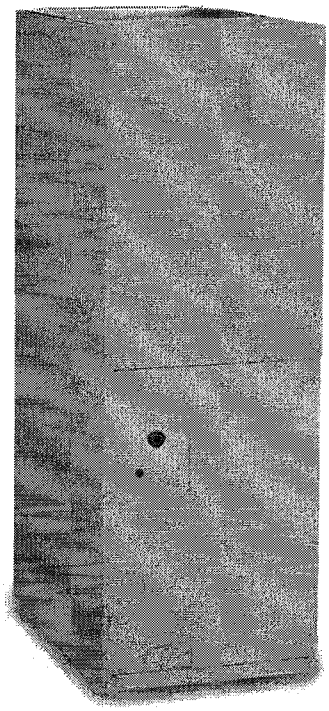
Airtemp™

B6BMM0 Series

Air Handler

13 SEER Residential System
18,000 - 60,000 Btuh (Heat Pump & Air Conditioner)

The B6BMM0 Series of air handlers, when combined with our heat pump or air conditioner, offer a full line of quality, split system heating and cooling equipment.



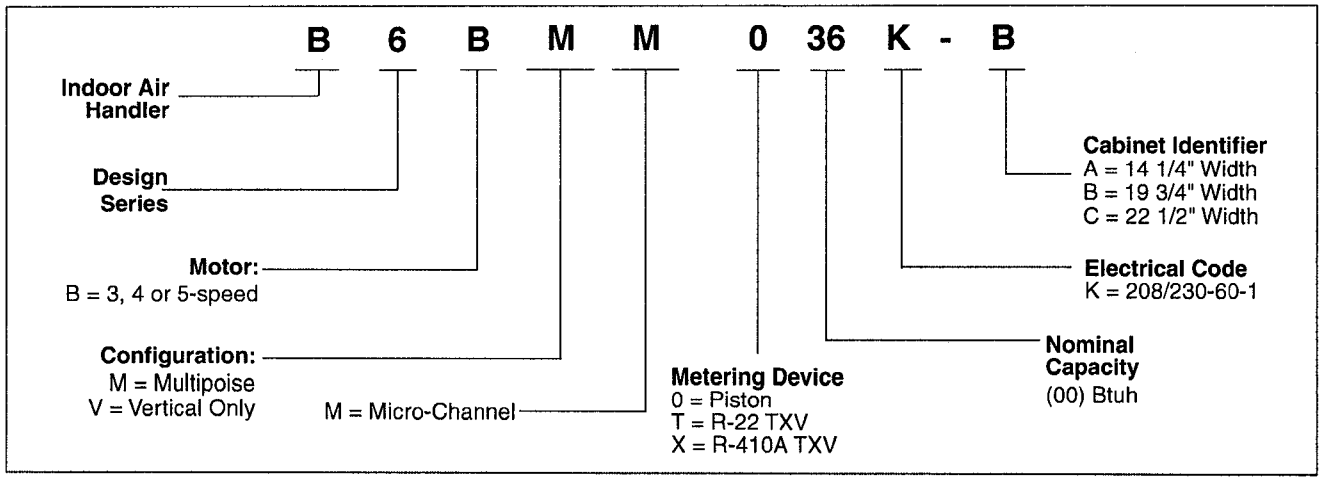
WARRANTY

- This product carries a 5-year all parts warranty. When installed with a matched outdoor unit, the air handler will carry the outdoor system warranty. See current warranty document or visit our consumer web site for warranty details.

FEATURES and BENEFITS

- **Durable, Attractive Cabinet:** Galvanized steel with a polyester urethane finish. The 950 hour salt spray finish resists corrosion 50% better than comparable units. The plastic drain pan is corrosion-resistant.
- **Multi-poised:** Can be used in horizontal, upflow, downflow and vertical applications.
- **Multi-speed:** Gives flexibility of installation.
- **Ease-of-Service:** Plug-in wire connections and built-in filter rack makes the air handler easy to service.
- **Plug-in Heater Kits:** Available in 5kw - 30kw (Not for use in 115 Volt units)
- **Circuit Board:** Incorporating blower time delay relay, low voltage terminal strip, and heat-strip sequencing.
- **Air Handler Control Board:** Controls time-sequencing of heat stages with field-selectable sequence timing.
- **Breaker Accessibility:** Breaker accessible from front of unit when heater is applied.
- **No Fasteners on Sides or Back:** Smooth surfaces for ease of installation.
- **Designed to Meet the Requirements 610.2.A.2:** Meets Florida building code requirements for air leakage.
- **Micro-Channel Evaporator Coil:** All aluminum design to prevent leaks caused by corrosion formicary.
- **Cabinet Insulation:** 1" insulation with an R-value of 4.2 contributes to quiet operation and prevents cabinet sweating in difficult applications.

MODEL IDENTIFICATION CODE



ELECTRICAL DATA

			Voltage 240								Voltage 208							
			Min. Circuit Amp.				Maximum Over-current Rating				Min. Circuit Amp.				Maximum Over-current Rating			
Cabinet	Capacity	Model Number H6HK-	Circuit A	Circuit B	Circuit C	Single Circuit	Circuit A	Circuit B	Circuit C	Single Circuit	Circuit A	Circuit B	Circuit C	Single Circuit	Circuit A	Circuit B	Circuit C	Single Circuit
A	24	NONE	1.6	-	-	1.6	15.0	-	-	15.0	1.6	-	-	1.6	15.0	-	-	15.0
		005H-XX	26.6	-	-	26.6	30.0	-	-	30.0	23.3	-	-	23.3	25.0	-	-	25.0
		008H-XX	41.2	-	-	41.2	45.0	-	-	45.0	35.9	-	-	35.9	40.0	-	-	40.0
		010H-XX	51.6	-	-	51.6	60.0	-	-	60.0	45.0	-	-	45.0	45.0	-	-	45.0
		009Q-XX	-	-	-	28.7	-	-	-	30.0	-	-	-	18.8	-	-	-	30.0
B	24	None	1.6	-	-	1.6	15.0	-	-	15.0	1.6	-	-	1.6	15.0	-	-	15.0
		005H-XX	26.6	-	-	26.6	30.0	-	-	30.0	23.3	-	0.0	23.3	25.0	-	-	25.0
		008H-XX	41.2	-	-	41.2	45.0	-	-	45.0	35.9	-	-	35.9	40.0	-	-	40.0
		010H-XX	51.6	-	-	51.6	60.0	-	-	60.0	45.0	-	-	45.0	45.0	-	-	45.0
		009Q-XX	-	-	-	28.7	-	-	-	30.0	-	-	-	18.8	-	-	-	30.0
A	30	None	3.1	-	-	3.1	15.0	-	-	15.0	3.1	-	-	3.1	15.0	-	-	15.0
		005H-XX	28.1	-	-	28.1	30.0	-	-	30.0	24.8	-	-	24.8	25.0	-	-	25.0
		008H-XX	42.7	-	-	42.7	45.0	-	-	45.0	37.4	-	-	37.4	40.0	-	-	40.0
		010H-XX	53.1	-	-	53.1	60.0	-	-	60.0	46.5	-	-	46.5	50.0	-	-	50.0
		015H-XX	53.1	25.0	-	65.6	60.0	30.0	-	80.0	46.5	21.7	-	68.1	50.0	25.0	-	70.0
		009Q-XX	-	-	-	30.2	-	-	-	35.0	-	-	-	26.6	-	-	-	30.0
		015Q-XX	-	-	-	46.4	-	-	-	50.0	-	-	-	40.6	-	-	-	45.0
B	30/36	None	2.6	-	-	2.6	15.0	-	-	15.0	2.6	-	-	2.6	15.0	-	-	15.0
		005H-XX	27.6	-	-	27.6	30.0	-	-	30.0	24.3	-	-	24.3	25.0	-	-	25.0
		008H-XX	42.2	-	-	42.2	45.0	-	-	45.0	36.9	-	-	36.9	40.0	-	-	40.0
		010H-XX	52.6	-	-	52.6	60.0	-	-	60.0	46.0	-	-	46.0	50.0	-	-	50.0
		015H-XX	52.6	25.0	-	64.7	60.0	30.0	-	80.0	46.0	21.7	-	67.6	50.0	25.0	-	70.0
		020H-XX	52.6	50.0	-	102.6	60.0	60.0	-	110.0	46.0	43.3	-	89.3	50.0	45.0	-	90.0
		009Q-XX	-	-	-	29.7	-	-	-	30.0	-	-	-	26.1	-	-	-	30.0
		015Q-XX	-	-	-	45.9	-	-	-	50.0	-	-	-	40.2	-	-	-	45.0
B	42/48	None	3.1	-	-	3.1	15.0	-	-	15.0	3.1	-	-	3.1	15.0	-	-	15.0
		005H-XX	28.1	-	-	28.1	30.0	-	-	30.0	24.8	-	-	24.8	25.0	-	-	25.0
		008H-XX	42.7	-	-	42.7	45.0	-	-	45.0	37.4	-	-	37.4	40.0	-	-	40.0
		010H-XX	53.1	-	-	53.1	60.0	-	-	60.0	46.5	-	-	46.5	50.0	-	-	50.0
		015H-XX	53.1	25.0	-	65.6	60.0	30.0	-	80.0	46.5	21.7	-	68.1	50.0	25.0	-	70.0
		020H-XX	53.1	50.0	-	103.1	60.0	60.0	-	110.0	46.5	43.3	-	89.8	50.0	45.0	-	90.0
		009Q-XX	-	-	-	30.2	-	-	-	35.0	-	-	-	26.6	-	-	-	30.0
		015Q-XX	-	-	-	46.4	-	-	-	50.0	-	-	-	40.7	-	-	-	45.0
C	48	None	5.4	-	-	5.4	15.0	-	-	15.0	5.4	-	-	5.4	15.0	-	-	15.0
		005H-XX	30.4	-	-	30.4	35.0	-	-	35.0	27.0	-	-	27.0	30.0	-	-	30.0
		008H-XX	45.0	-	-	45.0	45.0	-	-	45.0	39.7	-	-	39.7	40.0	-	-	40.0
		010H-XX	55.4	-	-	55.4	60.0	-	-	60.0	48.7	-	-	48.7	50.0	-	-	50.0
		015H-XX	55.4	25.0	-	80.4	60.0	30.0	-	90.0	48.7	21.7	-	70.4	50.0	25.0	-	80.0
		020H-XX	55.4	50.0	-	105.4	60.0	60.0	-	110.0	48.7	43.3	-	92.0	50.0	45.0	-	100.0
		025H-XX	55.4	50.0	25.0	130.4	60.0	60.0	60.0	150.0	48.7	43.3	21.7	113.7	50.0	45.0	45.0	125.0
		030H-XX	55.4	50.0	50.0	155.4	60.0	60.0	60.0	175.0	48.7	43.3	43.3	135.4	50.0	45.0	45.0	150.0
		009Q-XX	-	-	-	32.4	-	-	-	35.0	-	-	-	28.8	-	-	-	30.0
		015Q-XX	-	-	-	48.7	-	-	-	50.0	-	-	-	42.9	-	-	-	45.0
C	60	None	6.3	-	-	6.3	15.0	-	-	15.0	6.8	-	-	6.8	15.0	-	-	15.0
		005H-XX	31.3	-	-	31.3	35.0	-	-	35.0	28.4	-	-	28.4	30.0	-	-	30.0
		008H-XX	45.8	-	-	45.8	50.0	-	-	50.0	41.1	-	-	41.1	45.0	-	-	45.0
		010H-XX	56.3	-	-	56.3	60.0	-	-	60.0	50.1	-	-	50.1	60.0	-	-	60.0
		015H-XX	56.3	25.0	-	81.3	60.0	30.0	-	90.0	50.1	21.7	-	71.8	60.0	25.0	-	80.0
		020H-XX	56.3	50.0	-	106.3	60.0	60.0	-	110.0	50.1	43.3	-	93.4	60.0	45.0	-	100.0
		025H-XX	56.3	50.0	25.0	131.3	60.0	60.0	30.0	150.0	50.1	43.3	21.7	115.1	60.0	45.0	25.0	125.0
		030H-XX	56.3	50.0	50.0	156.3	60.0	60.0	60.0	175.0	50.1	43.3	43.3	136.8	60.0	45.0	45.0	150.0
		009Q-XX	-	-	-	33.3	-	-	-	35.0	-	-	-	30.2	-	-	-	35.0
		015Q-XX	-	-	-	49.6	-	-	-	50.0	-	-	-	44.3	-	-	-	45.0

ACCESSORIES

Accessory Kit Description	Cabinet Size A	Cabinet Size B	Cabinet Size C	Order Number
Down-flow adaptor kit	X			917342
		X		919321
			X	919322
Single circuit adaptor for 2 circuit breakers	X	X	X	913874
Single circuit adaptor for 3 circuit breakers	n/a	n/a	X	913556
Mammoth Logo Kit	X	X	X	904196

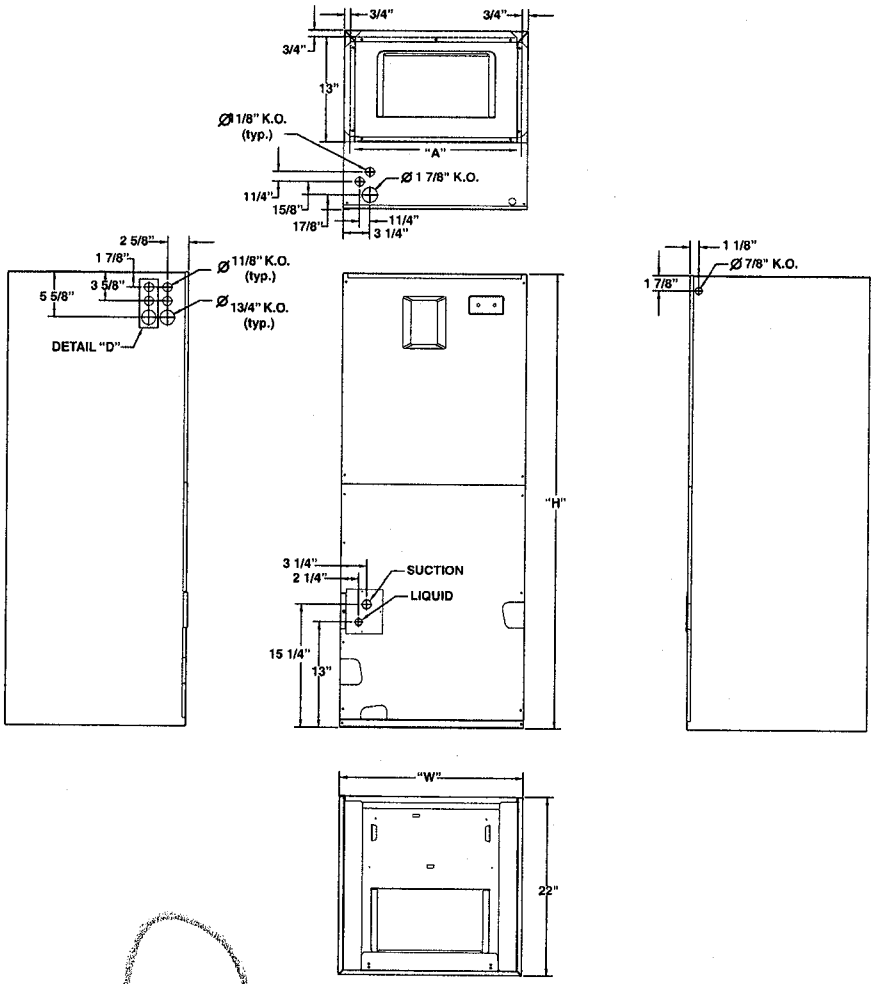
240V Single-Phase Heater Kit Application

Nominal KW	Matched Units									Order Number	
	*24K-A	*30K-A	*24K-B	*30K-B	*36K-B	*42K-B	*48K-B	*48K-C	*60K-C	With Circuit Breakers	Without Circuit Breakers
5	X	X	X	X	X	X	X	X	X	904407	904406
8	X	X	X	X	X	X	X	X	X	904409	904408
10	X	X	X	X	X	X	X	X	X	904412	904411
15	n/a	X	n/a	X	X	X	X	X	X	904414	n/a
20	n/a	n/a	n/a	X	X	X	X	X	X	904416	n/a
25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	X	X	921609	n/a
30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	X	X	921610	n/a

240V Three-Phase Heater Kit Application

Nominal KW	Matched Units									Order Number	
	*24K-A	*30K-A	*24K-B	*30K-B	*36K-B	*42K-B	*48K-B	*48K-C	*60K-C	With Circuit Breakers	Without Circuit Breakers
9	X	X	X	X	X	X	X	X	X	904410	n/a
15	n/a	X	n/a	X	X	X	X	X	X	904415	n/a

DIMENSIONS



SPECIFICATIONS

Model Number B6BMM0-	*24K-A	*30K-A	*24K-B	*30K-B	*36K-B	*42K-B	*48K-B	*48K-C	*60K-C
Nominal cooling capacity - BTUh [1]	24000	30000	24000	30000	36000	42000	48000	48000	60000
Orifice size (if supplied) [2]	0.055	0.062	0.055	0.062	0.067	0.074	0.079	0.079	0.087
Maximum Available Auxilary Heat	10	15	10	20	20	20	20	30	30
Nominal Blower Size (Dia. x Width)	10 x 6	10 x 6	10 x 8	10 x 8	10 x 8	10 x 8	10 x 8	10 x 10	11 x 10
Motor Hp-speeds-type	1/5-3-PSC	1/3-3-PSC	1/5-3-PSC	1/3-3-PSC	1/3-3-PSC	1/3-3-PSC	1/3-3-PSC	1/2-3-PSC	3/4-5-BDC
Filter Size (supplied internal filter rack) [3]	12x20x1	12x20x1	18x20x1	18x20x1	18x20x1	18x20x1	18x20x1	20x20x1	20x20x1
Approximate Shipping Weight, lbs	80	82	98	101	101	119	119	137	142
Height, "H", in.	43-5/16	43-5/16	43-5/16	43-5/16	43-5/16	49-5/16	49-5/16	55-15/16	55-15/16
Width, "W", in.	14-3/16	14-3/16	19-11/16	19-11/16	19-11/16	19-11/16	19-11/16	22-7/16	22-7/16
Supply Air Outlet Dimension, in.	12-7/8 x 12-3/4	12-7/8 x 12-3/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 18-1/4	12-7/8 x 21	12-7/8 x 21
Ref. Connection Sizes, in. (suc./liq.)	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	3/4 - 3/8	7/8 - 3/8	7/8 - 3/8	7/8 - 3/8	7/8 - 3/8

[1] See current AHRI Directory for certified combinations and ratings.
[2] When supplied, orifice is sized for most common R-410A 13 SEER HP match. See outdoor unit documentation for orifice size.
[3] Filter is not supplied with unit.

BLOWER PERFORMANCE DATA

	Dry Coil ESP	0.10	0.20	0.30	0.40	0.50	0.60	0.70	0.80
*24K, A-Cabinet	Low	683	647	607	563	515	463	406	345
	Corrected ESP[1]	*0.00*	*0.07*	*0.19*	*0.30*	*0.42*	*0.53*	*0.65*	*0.76*
	Medium	861	823	781	734	682	625	564	498
	Corrected ESP[1]	*0.00*	*0.00*	*0.11*	*0.23*	*0.36*	*0.48*	*0.60*	*0.72*
	High	1072	1026	975	920	860	797	730	659
	Corrected ESP[1]	*0.00*	*0.00*	*0.00*	*0.14*	*0.27*	*0.40*	*0.53*	*0.67*
	Dry Coil ESP	**0.10**	**0.20**	**0.30**	**0.40**	**0.50**	**0.60**	**0.70**	**0.80**
*30K, A-Cabinet	Low	849	825	793	753	704	647	581	508
	Corrected ESP[1]	*0.00*	*0.04*	*0.15*	*0.27*	*0.38*	*0.50*	*0.62*	*0.74*
	Medium	1118	1087	1046	997	940	874	799	717
	Corrected ESP[1]	*0.00*	*0.00*	*0.04*	*0.17*	*0.29*	*0.42*	*0.55*	*0.68*
	High	1277	1233	1184	1130	1070	1005	935	860
	Corrected ESP[1]	*0.00*	*0.00*	*0.00*	*0.10*	*0.23*	*0.36*	*0.49*	*0.63*
	Dry Coil ESP	**0.10**	**0.20**	**0.30**	**0.40**	**0.50**	**0.60**	**0.70**	**0.80**
*24K, B-Cabinet	Low	708	690	664	628	584	532	471	401
	Corrected ESP[1]		*0.08*	*0.19*	*0.30*	*0.41*	*0.53*	*0.64*	*0.76*
	Medium	909	904	886	854	810	753	683	600
	Corrected ESP[1]			*0.10*	*0.22*	*0.33*	*0.46*	*0.58*	*0.71*
	High	1118	1132	1126	1101	1056	992	908	805
	Corrected ESP[1]				*0.09*	*0.22*	*0.35*	*0.49*	*0.64*
	Dry Coil ESP	**0.10**	**0.20**	**0.30**	**0.40**	**0.50**	**0.60**	**0.70**	**0.80**
*30/*36K, B-Cabinet	Low	953	915	871	821	764	701	631	555
	Corrected ESP[1]	*0.00*	*0.04*	*0.16*	*0.27*	*0.39*	*0.51*	*0.62*	*0.74*
	Medium	1265	1232	1188	1133	1067	991	903	805
	Corrected ESP[1]	*0.00*	*0.00*	*0.03*	*0.15*	*0.28*	*0.41*	*0.54*	*0.68*
	High	1427	1385	1333	1270	1196	1113	1018	913
	Corrected ESP[1]	*0.00*	*0.00*	*0.00*	*0.09*	*0.23*	*0.36*	*0.50*	*0.64*
	Dry Coil ESP	**0.10**	**0.20**	**0.30**	**0.40**	**0.50**	**0.60**	**0.70**	**0.80**
*42K, *48K B-Cabinet	Low	1324	1302	1271	1233	1187	1134	1072	1003
	Corrected ESP[1]	*0.00*	*0.06*	*0.17*	*0.27*	*0.38*	*0.49*	*0.61*	*0.72*
	Medium	1485	1455	1418	1373	1320	1260	1193	1118
	Corrected ESP[1]	*0.00*	*0.00*	*0.13*	*0.24*	*0.36*	*0.47*	*0.58*	*0.70*
	High	1637	1601	1558	1506	1447	1380	1305	1223
	Corrected ESP[1]	*0.00*	*0.00*	*0.00*	*0.21*	*0.33*	*0.44*	*0.56*	*0.68*
	Dry Coil ESP	**0.10**	**0.20**	**0.30**	**0.40**	**0.50**	**0.60**	**0.70**	**0.80**
*48K, C-Cabinet	Low	1605	1606	1592	1565	1524	1468	1399	1316
	Corrected ESP[1]	0	*0.11*	*0.21*	*0.31*	*0.42*	*0.52*	*0.63*	*0.74*
	Medium	1977	1939	1890	1830	1758	1675	1580	1474
	Corrected ESP[1]	0	0	*0.18*	*0.28*	*0.39*	*0.50*	*0.61*	*0.72*
	High	2264	2182	2095	2003	1906	1805	1698	1586
	Corrected ESP[1]	*0.00*	*0.00*	*0.00*	*0.26*	*0.37*	*0.49*	*0.60*	*0.71*

[1] ESP estimate with wet coil and filter

Notes:

1) Airflow is shown in cfm, +/- 5%.
2) External static pressure (ESP) is shown in inches w.c.
3) See unit nameplate or installation instructions for maximum recommended external static pressure.

	Switch Setting				Cooling or Heating Airflow (CFM)							
					Dry Coil ESP							
	1/5	2/6	3/7	4/8	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8
*60K, C-Cabinet	0	0	0	0	710	580	395					
	1	0	0	0	830	690	675	530	505			
	0	1	0	0	930	875	710	665	560	530		
	1	1	0	0	1065	1015	900	840	800	705	665	635
	0	0	1	0	1185	1115	1010	960	925	875	830	745
	1	0	1	0	1275	1220	1175	1120	1060	970	930	890
	0	1	1	0	1365	1350	1255	1200	1150	1105	1060	1025
	1	1	1	0	1480	1430	1370	1325	1265	1225	1185	1140
	0	0	0	1	1560	1535	1485	1430	1375	1335	1285	1240
	1	0	0	1	1650	1600	1545	1500	1450	1405	1360	1305
	0	1	0	1	1730	1685	1660	1610	1570	1520	1470	1420
	1	1	0	1	1785	1740	1695	1645	1615	1545	1510	1470
	0	0	1	1	1865	1820	1785	1750	1695	1655	1605	1560
	1	0	1	1	1920	1890	1850	1805	1765	1715	1675	1640
	0	1	1	1	2010	1965	1960	1900	1850	1810	1775	1730
	1	1	1	1	2065	2020	1985	1955	1915	1880	1840	1810

NOTE: 0 = OFF, 1 = ON

GENERAL TERMS OF LIMITED WARRANTY

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the first five years of installation, in accordance with the terms of the warranty.

For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the NORDYNE warranty department for a copy.

NORDYNE
COMPLETE COMFORT. GENUINE VALUE. 8000 Phoenix Parkway I O'Fallon, MO 63368-3827

Specifications and illustrations subject to change without notice and without incurring obligations. Printed in U.S.A (12/2011)

836D-1211

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 Point Bay Fuel

Address 71 Irons St

Toms River

Telephone (732) 349-5059

Signature [signature]

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