BLOCK 00825 LOT 00005 ADDRESS (SITE) 1638 Forge Pond Rd PERMIT NO. 3116-94

RECEIVED
OCT 25 1994
DIV. OF CONSTRUCTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: 1638 Forge Pond Rd, Brick

2 Name of Owner in Fee: Michael Arnone Tel [redacted]

Address 629 Rolling Hills Dr (street) Brick (municipality) 08724 (zip code)

3 Ownership in Fee: Public ____ Private ✓

4 Principal Contractor: self Tel. (____) ____

Address ____

License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____

Federal Emp. No. ____ Social Security No. [redacted]

5 Architect or Engineer self Tel. (____) ____

Address ____

6 Responsible Person In Charge of Work self Tel. (____) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 30.-		
2. Electrical			
3. Plumbing	35		
4. Fire Protection			
5. Other			
6. Subtotal	$ 65.		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2.		
10. Subtotal	$		
11. Cert. of Occupancy	20.-		
12. Other			
13. TOTAL	$ 87.-		

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

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☒ Small Job ($5,000 and no prior approvals)	2,000.00
3 ☐ New Building	
4 ☐ Addition	
5 ☐ Alteration	
6 ☐ Fire Protection	
7 ☐ Plumbing	
8 ☐ Electrical	~~$ 00~~
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	2000.00

A/C new duct

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	10/25/94		10/27/94		10/13/95		
			10/26/95	JAJ	5/30/95		

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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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:

LDS BR 10411483

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. (X) Plumbing

D. (X)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.

X Signature Michael Amme Date 10-7-94

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									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ 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.		

CONSTRUCTION PERMIT

Date Issued 10-27-94
Control #
Permit # 3116-94

IDENTIFICATION Block 825 Lot 5

Work Site Location 1638 FARGE POND RD Contractor Self

Address 0

Owner in Fee [illegible]

Address [illegible] Tele. ( ) [illegible]

Tele. ( ) [illegible] Lic. No. or Bldrs. Reg. No. [illegible] Exp. Date [illegible]

Federal Emp. No. [illegible]

or Social Security No. [illegible]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER [illegible]

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

A/c unit + duct work

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 $ 2000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)	
Building 30.-	BUILDING 30.00
Plumbing 35.-	PLUMBING 35.00
Electrical	D.C.A. 2.00
Fire Protection	C / O 20.00
Other	TOTAL 87.00
Other	CHECK 87.00
DCA Training Fee 2.	CHANGE 0.00
Cert. of Occ. 20.-	10/27/94 NO. 5 0005A005 15246
Other	
Total 87.-	
Check No.	
Cash	
Collected By:	

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

0010
943116*A 0.00
BLOCK 825 # 0.00
LOT 5 # 35.00
BUILDING 35.00
TOTAL 35.00
CHECK 0.00
CHANGE 10:53
NO. 5 0012A005
10/05/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/05/99
Control #
Permit # 94-3116+A
Permit Issued 10/27/94

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 825 Lot 5 Qual

Work Site Location 1638 FORGE POND RD
DUCT WORK REINSTATED
Owner in Fee ARNONE M
Address 1638 FORGE POND ROAD
BRICK, NJ 08724-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REINSTATE 1994 PERMIT FOR DUCT WORK

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1169
Cash	
Collected By	NMH

Estimated Cost of Work $ 2

Construction Official

10/05/99
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/05/99
Date Issued 10/05/99
Control #
Permit # 94-3116+A

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

Block 825 Lot 5 Qual
Work Site Location 1638 FORGE POND RD
DUCT WORK REINSTATED
Owner in Fee ARNONE M
Address 1638 FORGE POND ROAD
BRICK, NJ 08724-
Tele [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE 1994 PERMIT FOR DUCT WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2
3. Total (1+2) $ 2

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

	Administrative Surcharge	$ 0
Paid [X] Check # 1169	Minimum Fee	$ 35
Collected by: MHM	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/05/99
Date Issued 10/05/99
Control #
Permit # 94-3116+A

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

Block 825 Lot 5 Qual
Work Site Location 1638 FORGE POND RD
DUCT WORK REINSTATED
Owner in Fee ARNOHE M
Address 1638 FORGE POND ROAD
BRICK, NJ 08724-
Tele [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I an the (agent of) owner of record and an authorized to nake this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE 1994 PERMIT FOR DUCT WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2
3. Total (1+2)$ 2

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [X] Check # 1169 Minimum Fee	$ 35
Collected by: MHH TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3116-94

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

Block 00825 Lot 00005
Work Site Location 1638 Forge Pond Rd
Brick
Owner in Fee Michael Arnone
Address 629 Rolling Hills Dr
Brick NJ 08724
Tele. ( )
Contractor self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[ ] All	10/27/94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
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) $

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.

Michael A Arnone
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DUCT WORK / AC UNIT

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 $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3116-94

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

Block 00825 Lot 00005
Work Site Location 1638 Forge Pond Rd
Brick
Owner in Fee Michael Arnone
Address 629 Rolling Hills Dr
Brick NJ 08724
Tele. ( )
Contractor self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[ ] All	10/27	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	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) $

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.

Michael A Arnone
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DUCT WORK / AC UNIT

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 $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3116-94

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

Block 00825 Lot 00005
Work Site Location 1638 Forge Pond Rd

Owner in Fee Michael Arnone
Address 629 Rolling Hills Dr
[redacted] 08724
Tele. ([redacted])
Contractor self
Address

Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/26/94
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] COA
Approved By: [signature]
Date: 5/30/95

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
	2-16-95			

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.

Michael A Arnone
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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	~~Water Cooled~~ A/C ~~or Refrigeration~~ Unit	25
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 35

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3116-94

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

Block 10825 Lot 00005
Work Site Location 1638 Forge Pond Rd
Owner in Fee Michael Arnone
Address 629 Rolling Hills Dr
Manl NJ 08724
Tele. [redacted]
Contractor self
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/26/94
Approved by: JON

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Michael A Arnone
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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water-Cooled A/C or Refrigeration Unit	25
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 35

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.ghshost.com/brick
http://www.twp.brick.nj.us

Date: September 30, 1999

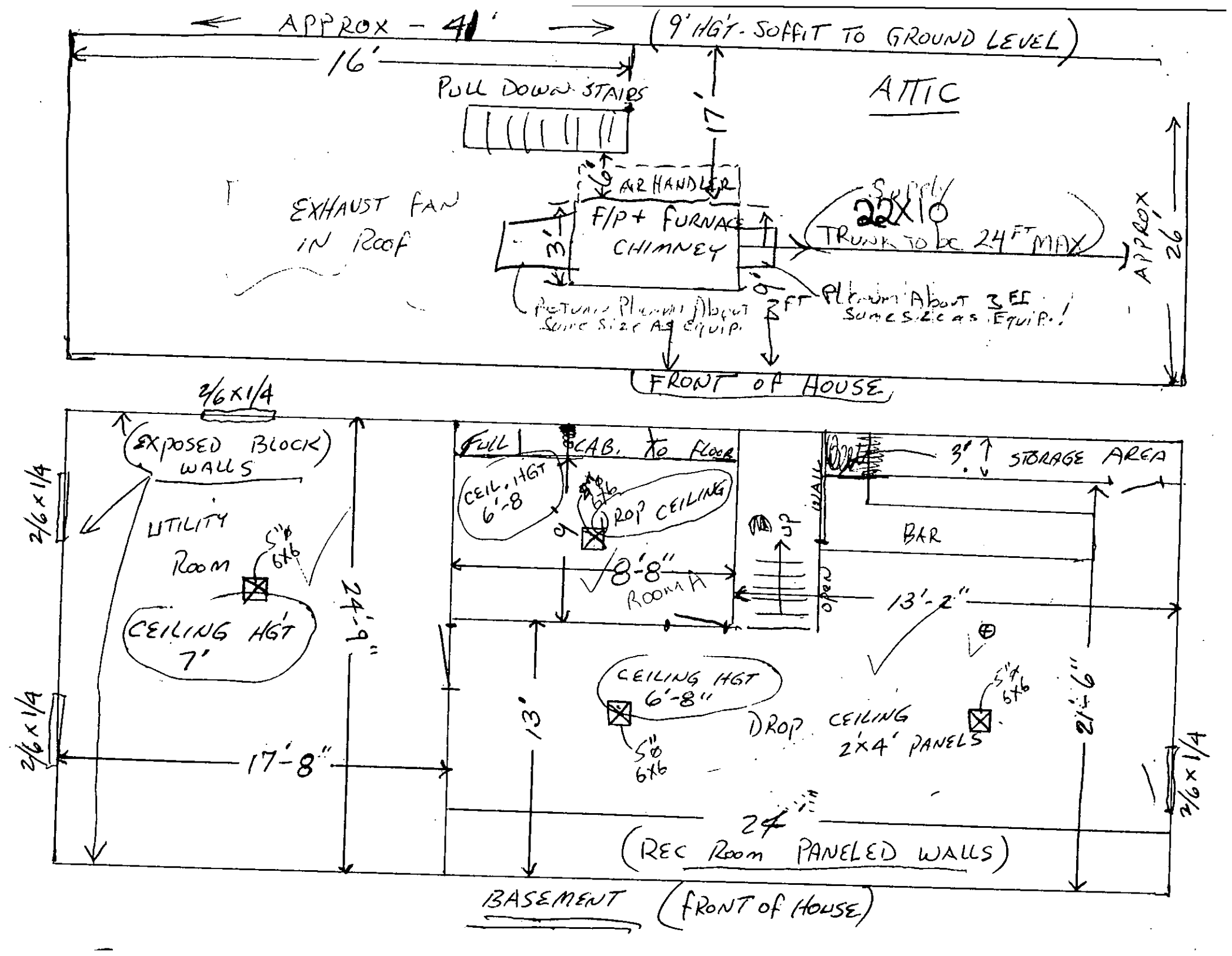
Dear Homeowner:

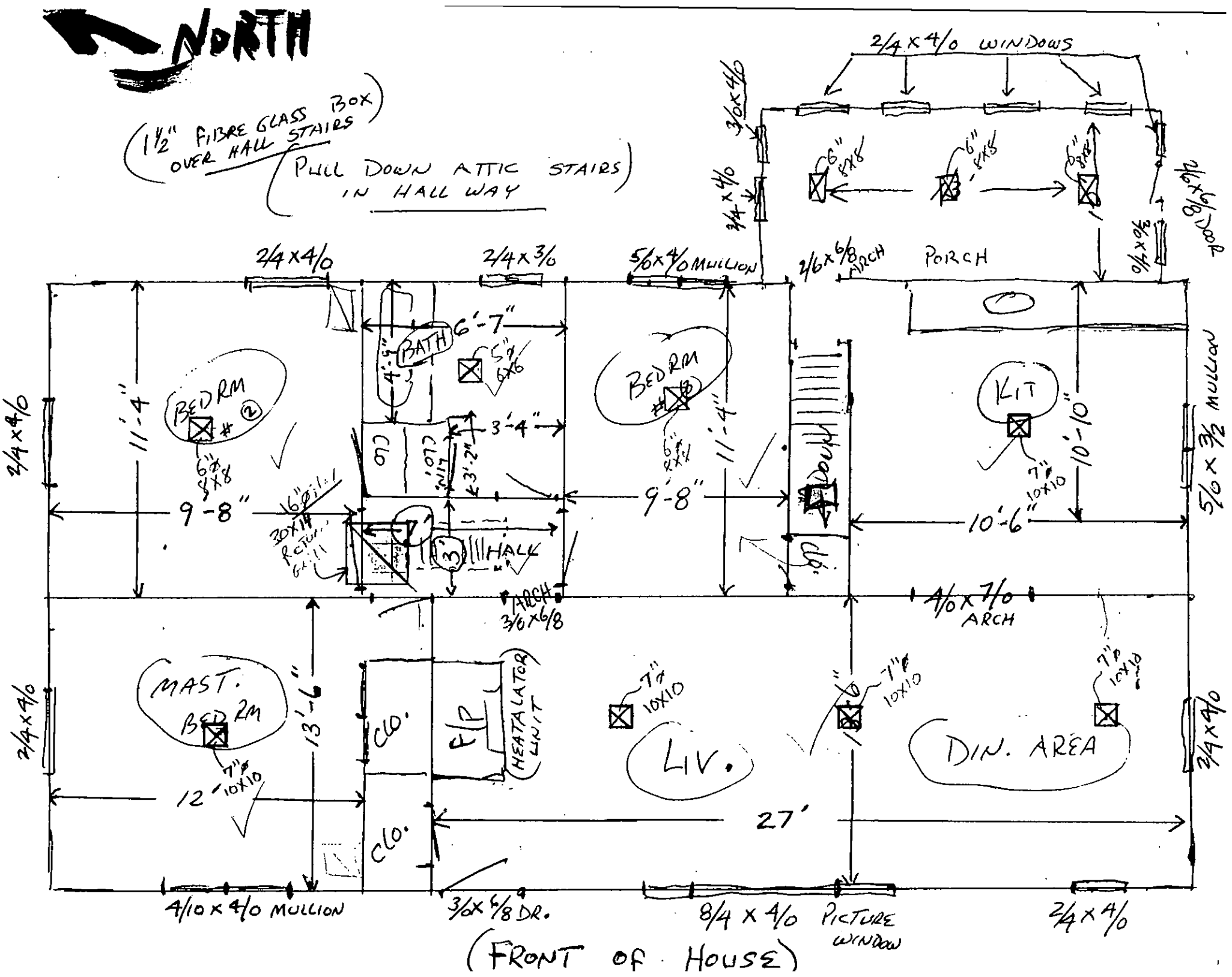
This letter is to inform you that permit # 94-3116 for a Duct Work /AC unit has expired without recieving its final inspections. In order to recieve your final X building, ___ fire, ___ electric, ___ plumbing inspection(s), you must first reinstate your permit. The fee for reinstatement is $35.00 for each subcode. You can make payment Monday through Friday 8am to 3:30pm downstairs in the Municipal Complex. If you have any questions feel free to contact Nicole at 262-4627.

Thank you for your cooperation on this matter.

Sincerely,

Joseph Curiazza
Construction Official


APPROX - 41'
(9' HGT. SOFFIT TO GROUND LEVEL)
16'
PULL DOWN STAIRS
ATTIC
17'
AIR HANDLER
F/P + FURNACE
CHIMNEY
3'
EXHAUST FAN IN ROOF
Supply
22X10
TRUNK TO BE 24FT MAX
APPROX 26'
6'
6FT
Return Plenum About Same Size As Equip.
Plenum About 3 EE Same Size as Equip.!
FRONT OF HOUSE
2/6X1/4
(EXPOSED BLOCK) WALLS
2/6 x 1/4
UTILITY Room
5" ø 6x6
CEILING HGT 7'
24'-9"
FULL CAB. TO FLOOR
CEIL. HGT 6'-8
DROP CEILING
8'-8"
ROOM A
UP
open
WALL
3' STORAGE AREA
BAR
13'-2"
CEILING HGT 6'-8"
13'
DROP CEILING 2'x4' PANELS
5" ø 6x6
21'-6"
17'-8"
24'
(REC Room PANELED WALLS)
BASEMENT
(FRONT of HOUSE)


NORTH
(1½" FIBRE GLASS BOX OVER HALL STAIRS)
(PULL DOWN ATTIC STAIRS IN HALL WAY)
2/4 x 4/0 WINDOWS
3/0 x 4/0
3/4 x 4/0
6" SQ
2/4 x 6/8 DOOR
3/4 x 4/0
2/4 x 4/0
2/4 x 3/0
5/0 x 4/0 MULLION
2/6 x 6/8 ARCH
PORCH
BATH
6'-7"
4'-5"
5" SQ
BEDRM #2
BEDRM #3
KIT
11'-4"
10'-10"
3'-4"
3'-2"
CLO
CLO
9'-8"
9'-8"
10'-6"
6" SQ
7" 10X10
5/0 x 3/0 MULLION
2/4 x 4/0
16" SQ
30X14 RETURN AIR GRILL
HALL
3/0 x 6/8 ARCH
4/0 x 7/0 ARCH
MAST. BEDRM
13'-6"
CLO.
F/P
HEATALATOR UNIT
7" 10X10
LIV.
DIN. AREA
12'-10"
27'
CLO.
4/10 x 4/0 MULLION
3/0 x 6/8 DR.
8/4 x 4/0 PICTURE WINDOW
2/4 x 4/0
(FRONT OF HOUSE)

L&H Plumbing and Heating Supplies, Inc.
Air Conditioning • Well • Pump & Irrigation Equipment

MAIN OFFICE:
190 OBERLIN AVENUE N.
LAKEWOOD, NEW JERSEY 08701

FAX # (908) 905-9628
(908) 905-1000

Dear Customer:

Enclosed is the Load Calculation Report you requested. L&H Plumbing and Heating Supplies, Inc. is happy to provide this as a service to you, our valued customer.

This report was prepared using A.C.C.A. Manual–J 7th edition data, an approved industry standard for residential load applications. As such, we feel confident that the results in this report are as accurate as is reasonably possible.

If you have any questions regarding this report or need any other assistance, please feel free to contact L&H Plumbing and Heating Supplies' Technical Services Department at 908/905-1000.

Thank you for your continued patronage.

Sincerely,

L&H Plumbing and HeatingSupplies, Inc.
Technical Services Staff

Computed results are estimates, since building construction and operating conditions are subject to variation.

25 Cooper Road
Middletown, N.J. 07701
(908) 530-7200

401 Main Street
Avon, N.J. 07717
(908) 775-5270

830 Route 22
Bridgewater, N.J. 08807
(908) 725-0566

737 Route 9
Forked River, N.J. 08731
(609) 693-0077

621 Black Horse Pike
Williamstown, N.J. 08094
(609) 629-5005

S/N 1345 RIGHT-J SHORT FORM 08-01-94

Job #: 229511/JAN & RICH WEHNER/Michael Arnone
For: JAN WEHNER (W182)
27 MARY ANN DRIVE
BRICK NJ 08723
(908) 477-6012

By: L & H PLUMBING & HEATING SUPPLIES INC.
190 OBERLIN AVE. NORTH
LAKEWOOD NJ 08701
(908)905-1005

	Htg	Clg
Outside db	0	95
Inside db	70	75
Design TD	70	20
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	31
Const. Quality		a
# of Fireplaces		1

HEATING EQUIPMENT

Make	COMFORTMAKER, BURNHAM
Model	OR WEIL McLAIN
Type	
Efficiency / HSPF	0.0
Heating Input	0 Btuh
Heating Output	0 Btuh
Low Output Basebrd	570 Btuh/Ft
Total Low Basebrd	96 Feet
High Output Basebrd	800 Btuh/Ft
Total High Basebrd	68 Feet
Space Thermostat	HONEYWELL

COOLING EQUIPMENT

Make	COMFORTMAKER OR TOSHIBA
Model	
Type	10.0 S.E.E.R. MIN.
COP/EER/SEER	0.0
Sensible Cooling	0 Btuh
Latent Cooling	0 Btuh
Total Cooling	0 Btuh
Actual Cooling Fan	1340 CFM
Clg Air Flow Factor	0.039 CFM/Btuh

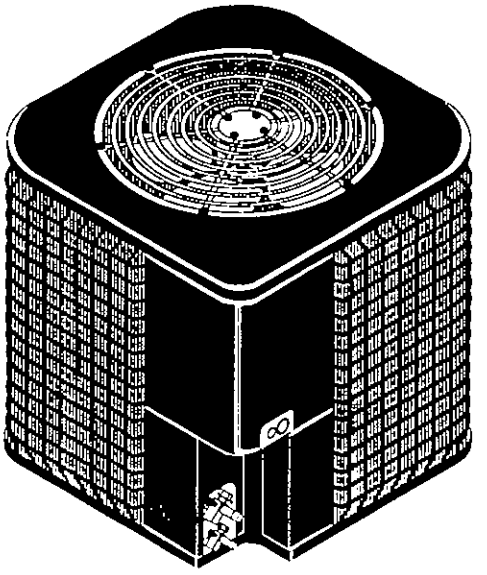
Load Sensible Heat Ratio 89

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	BSBRD FT LOW	BSBRD FT HIGH	CLG CFM
UTILITY ROOM	450	4278	978	8	5	38
REC ROOM	427	5503	866	10	7	34
ROOM A	81	473	26	1	1	1
BED 2	115	3794	2241	7	5	88
BATH	60	1704	1394	3	2	55
HALL	21	1198	301	2	1	12
BED 3	132	3252	2754	6	4	108
KITCHEN	154	3245	3141	6	4	124
DIN/LIV	365	12171	9996	21	15	393
MAS BED	203	5622	3710	10	7	146
PORCH	130	13487	8660	24	17	341
Entire House	2137	54727	34068	96	68	1340
Ventilation Air		0	0			
Equip. @ 1.00 RSM			34068			
Latent Cooling			4220			
TOTALS	2137	54727	38288	96	68	1340

Comfortmaker®
Air Conditioning & Heating

AJ Series
SPECIFICATIONS
Ultra High Efficiency
Condensing Unit
2 thru 5 Ton

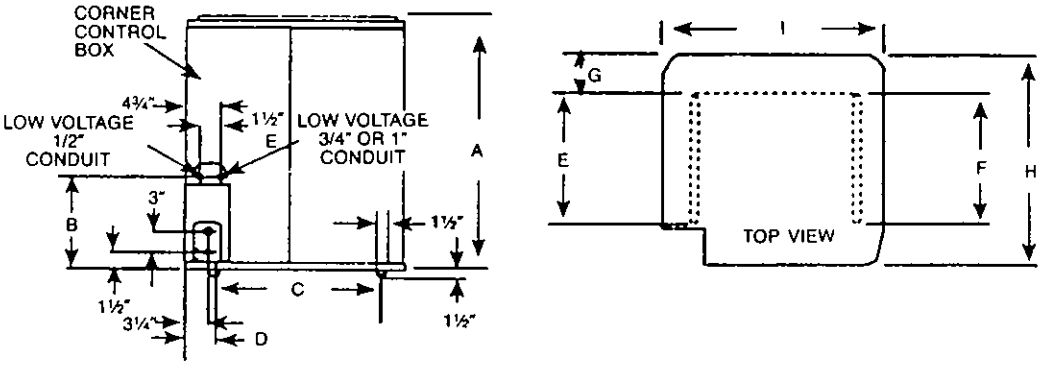
STANDARD EQUIPMENT
- U.L. LISTED-A.R.I. CERTIFIED
- C.S.A. APPROVED-PERFORMANCE VERIFIED
- COPELAND "COMPLIANT" SCROLL COMPRESSOR
- 3 MINUTE TIME DELAY COMPRESSOR PROTECTION
- PRE-CHARGED FOR 25 FOOT LINES
- BRASS SERVICE VALVES WITH SWEAT CONNECTIONS
- COPPER TUBE/ALUMINUM FIN COIL
- TOTALLY ENCLOSED FAN MOTOR
- TWO SPEED CONDENSER FAN
- LOW PRESSURE SWITCH
- HIGH PRESSURE SWITCH



ARI STANDARD 240

c UL®

WARRANTY: (LIMITED)
Standard warranties of motors, controls and coils are extended for a period of five years. The compressor is guaranteed for a period of ten years against defects in workmanship or materials. Limited warranties to this equipment are set forth in the manufacturer's published warranty statement, which is available from our office (address on this literature) and from local distributors of our products in your area (see your phone directory).



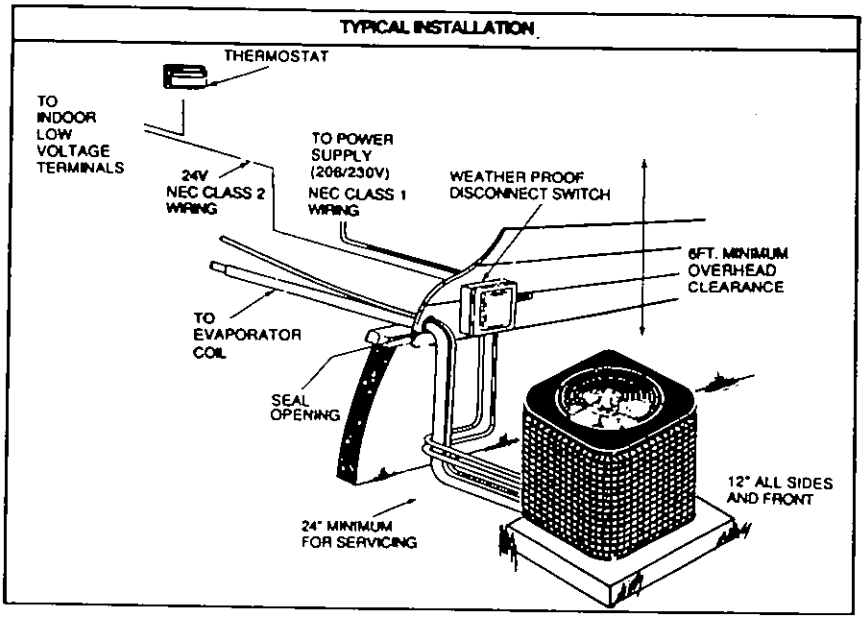
UNIT DIMENSIONS AND VALVE SIZE						
MODEL	AJ024	AJ030	AJ036	AJ042	AJ048	AJ060
A	30	30	30	30	35	40
B	14¾	19¾	14¾	14¾	19¾	24¾
C	21¾	21¾	21¾	21¾	21¾	21¾
D	4	4	4	4	4	4
E	17⅝	17⅝	17⅝	17⅝	17⅝	17⅝
F	18¾	18¾	18¾	18¾	18¾	18¾
G	6¼	6¼	6¼	6¼	6¼	6¼
H	36	36	36	36	36	36
I	34	34	34	34	34	34

1136 Heil-Quaker Boulevard, LaVergne, TN 37086
7611-093
PRINTED: JUNE, 1994

SPECIFICATION DATA

		AJ024G	AJ030G	AJ036G	AJ042G	AJ048G	AJ060G
ELECTRICAL SPECIFICATION	VOLTAGE (NAMEPLATE)	208/230-1-60					
	MIN. & MAX. VOLTAGE RANGE	197/253					
	NOMINAL COOLING WATTS①	1887	2330	2679	2850	3362	4571
	MINIMUM CKT. AMPACITY	15.2	17.6	20.0	21.5	24.4	37.6
	OVERCURRENT PROTECTION	20	25	25	30	30	45
COOLING PERFORMANCE	COOLING CAPACITY BTUH	25,200	31,000	36,400	39,500	45,000	59,500
	SEER②	13.05	13.05	13.25	13.05	13.05	13.05
OUTDOOR FAN INFORMATION	MATCHED INDOOR UNIT	U24YX	U30YX	U36YX	U42YX	U48YX	U60YX
	TYPE/NO. USED	PROPELLER/1					
	FAN BLADE DIA./NO. OF BLADES	26/2	26/2	26/2	26/3	26/3	26/3
	TYPE DRIVE/SPEED	DIRECT DRIVE/2					
	CFM @ 0.0 IN. WG.	2950	2950	2950	4480	4480	4480
	MOTOR TYPE/HP	PSC 1/8	PSC 1/8	PSC 1/8	PSC 1/4	PSC 1/4	PSC 1/4
	RPM	840	840	840	840	840	840
	VOLTS	208/230-1-60					
	FULL LOAD AMPS	0.8	0.8	0.8	1.4	1.4	1.4
OUTDOOR COIL INFORMATION	TYPE	COPPER TUBE/ALUMINUM FIN					
	FACE AREA (SQ. FT.)	20.0	20.0	20.0	20.0	23.4	26.7
	NUMBER OF ROWS	1	1	2	2	2	2
	TUBE DIA.	3/8	3/8	3/8	3/8	3/8	3/8
	FINS PER INCH	20	20	20	20	20	20
COMPRESSOR	TYPE/NO. OF SPEED	SCROLL/1					
	VOLTS PHASE HZ (NAMEPLATE)	208/230-1-60					
	RLA/LRA③	11.5/62.5	13.5/76.0	15.4/88.0	16.0/95.0	18.3/109.0	28.8/169
REFRIGERANT CONNECTIONS	LIQUID LINE (IN.)	5/16	5/16	5/16	3/8	3/8	1/2
	SUCTION LINE (IN.)	3/4	3/4	3/4	7/8	7/8	7/8*
	CHARGE (R-22)④	93	110	156	156	200	221
GENERAL INFORMATION	SHIPPING WEIGHT (LBS.)	182	200	232	240	247	301
	NET WEIGHT (LBS.)	173	190	223	231	256	291

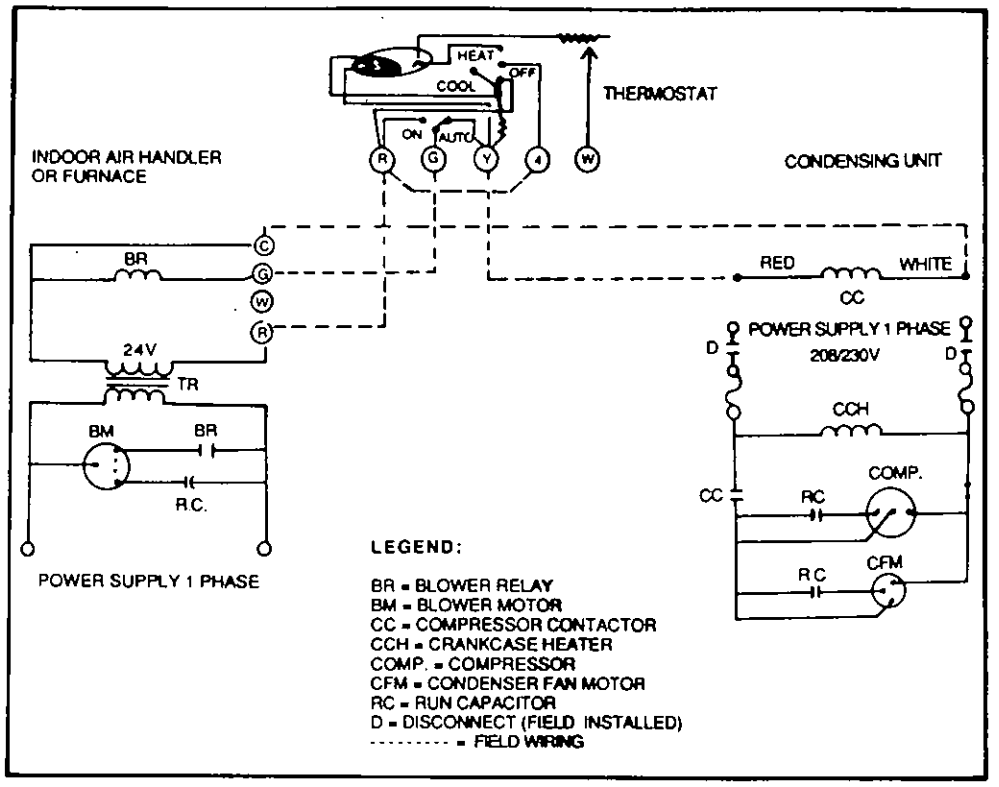
*⅞-1⅛ ADAPTER PROVIDED.
①OUTDOOR COOLING WATTS ONLY FOR WATTAGES AT DIFFERENT CONDITIONS. REFER TO PERFORMANCE DATA CHART IN SECTION II.
②BASED ON A.R.I. CONDITIONS WITH HIGHEST SALES VOLUME INDOOR UNIT.
③RATED LOAD AMPS BASED ON A.R.I. CONDITIONS 95°O.A., 80°DB, 67°WB.
④REPRESENTS FACTORY CHARGE OF SYSTEMS UP TO 25' OF LINE SET. LINE SIZE MAY VARY AT DIFFERENT LENGTHS. FOR DETAILED REFRIGERATION PIPING, REFER TO SECTION IV.



For exact wiring, refer to the diagram shipped with each unit. All wiring must conform with local and national codes. Power wiring to be selected based on minimum wire amps specified on the unit nameplate. Line voltage wiring must be NEC Class 1.

The room thermostat should be located in the natural path of room air. The device should never be placed where it is directly exposed to supply air, sun or anything that could affect its operation and prevent the thermostat from properly controlling the room temperature.

TYPICAL SYSTEM WIRING DIAGRAM



SEQUENCE OF OPERATION

Thermostat system switch in "cool" position. Thermostat calls for cooling. 24 volts are applied to contactor and blower relay through terminals "Y" and "G" on sub-base. Contactor contacts close applying line voltage to compressor and outdoor fan. Blower relay contacts close applying line voltage to blower motor. Outdoor fan motor, compressor and indoor blower motor run.

Throughout the mechanical refrigeration system, the indoor unit absorbs heat from the indoor air and the outdoor unit discharges heat to the atmosphere. Demand for cooling is satisfied.

The thermostat contacts open and 24 volts are removed from the contactor and blower relay. The outdoor fan, compressor and indoor blower motor stop.

For exact wiring, refer to the diagram shipped with each unit. All wiring must conform with applicable local and national codes. Power wiring to be selected based on minimum wire size amps specified on the unit nameplate. Line voltage wiring must be NEC Class 1.

The room thermostat should be located in the natural circulation path of room air. The device should never be placed where it is directly exposed to supply air, sun or anything that could affect its operation and prevent the thermostat from properly controlling the room temperature.

ENGINEERING GUIDE SPECIFICATIONS

- **FURNISH AND INSTALL:**

  ... where indicated on plans and air-cooled condensing unit. The unit shall contain sufficient refrigerant (R-22) for complete system and be equipped with refrigerant line fittings which permit sweat connection. Brass service valves with fittings and service ports shall be located on the unit.

- **TOTAL COOLING CAPACITIES:**

  ... shall be ___ Btuh or greater with an evaporator air quantity of ___ cfm and entering wet-bulb temperature of ___F coincident with ___F dry-bulb temperature of air entering condenser. Total sensible heat capacity shall be ___ Btuh or greater with ___F room dry-bulb temperature. Unit cooling per watt of electric power shall be ___ Btuh or more.

- **COMPRESSOR:**

  ... shall be of the welded hermetic type with internal vibration isolation and be located in the unit. Compressor motor power input shall not exceed ___kw at specified operating conditions.

- **CONTROLS:**

  ... shall be factory wired and placed in a location readily accessible from the rear of the unit. Compressor motor shall have both internal temperature and current sensitive overload devices.

- **CONDENSER COIL:**

  ... shall be constructed with aluminum plate fins mechanically bonded to copper tubing. Condenser fan shall be propeller type, direct driven and arranged for vertical air discharge. Fan motor shall be factory lubricated and internally protected.

- **CABINET:**

  ... shall be constructed of heavy gauge galvanized steel, treated with a five step metal preparation and finished with a thermally cured urethane polyester paint ... shall be equipped with individually removable exterior panels with screw type fasteners.

MAX Series

Vertical / Horizontal / Counterflow Air Handler

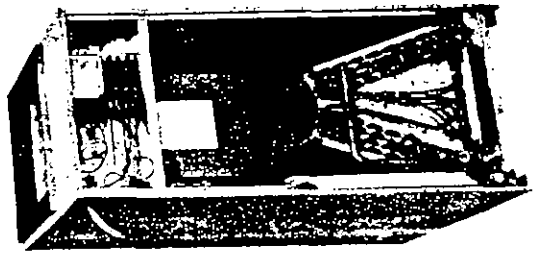
Heat pump or DX - with electric heat

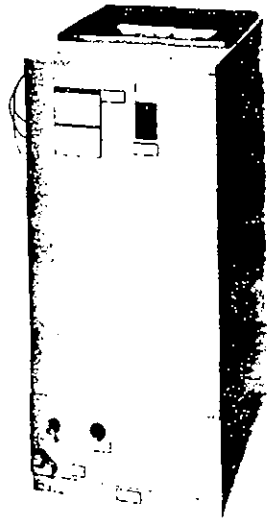
1-1/2 - 5 tons, 0 - 25KW

Description :

The **MAX** series air handler is designed to offer the industry an air handler that includes every available feature as well as the highest efficiency possible when matched with todays higher efficiency condensing units and heat pumps. The **MAX** is completely factory assembled with a cooling coil, electric heat (except 0KW models), 240V motor, relay / transformer, horizontal drain pan, electrical disconnect (over 10KW models), and throwaway filter. All components are installed within a fully insulated, galvanized steel cabinet with an attractive epoxy finish.
New Feature: Field installable expansion valve kit for optimum cooling performance.
Counterflow conversion kits available (see #10 below)

MAXimum *efficiency* **MAX**imum *cooling* **MAX**imum *features*



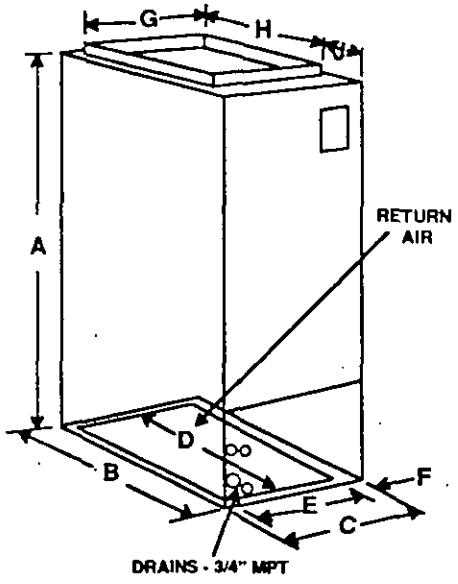


FEATURES:

1. Completely prewired with 0-25KW electric heat (except 0KW models)
2. High efficiency copper tube coil with piston-type metering device and extra large surface area
3. Optional expansion valve kit for cooling coil (field installed)
   For 18/24MAX, order Part # 978-5
   For 30/36MAX, order Part # 978-6
   For 48MAX, order Part # 978-7
   For 60MAX, order Part # 978-8
4. Throwaway filter
5. Fully insulated and painted galvanized steel cabinet
6. 24/240V. relay/transformer for low voltage control
7. Factory installed horizontal drain pan (air flow from right to left)
8. Factory installed electrical disconnect (over 10KW models)
9. Primary and secondary condensate drains.
10. Counterflow conversion kits - (contact factory for approved installation) *(field installed)*
    For 18-36MAX, order Part # 919-5
    For 48-60MAX, order Part # 919-6

FIRST CO. - 8070 MOPERLY LANE - DALLAS, TEXAS USA 75227 - (214) 388-5751 - FAX (214) 388-9655

MAX Series



All technical specifications subject to change without notice.

PHYSICAL DIMENSIONS												
UNIT MODEL	A	B	C	D	E	F	G	H	J	LIQ. (SWEAT)	SUCT. (SWEAT)	FILTER
18/24MAX	40	20	20	18-1/2	16	2	18	16	3	3/8	5/8	18 x 20 x 1
30/36MAX	42	23	20	21-1/2	16	2	18	17	5	3/8	3/4	20 x 22 x 1
48/60MAX	48	28	21-1/4	26-1/4	17	2	19-7/8	18-1/2	8-7/8	1/2	7/8	20 x 25 x 1

BLOWER DATA									
UNIT MODEL	FAN SPEED	DUTY	MOTOR H.P. (240V)	CFM vs. EXTERNAL STATIC PRESSURE					
				0.10	0.15	0.20	0.25	0.30	0.40	0.50
18MAX	LOW	COOL	1/6	780	750	720	700	660	600	510
	LOW	HEAT		780	750	720	700	660	600	510
24MAX	HIGH	COOL	1/6	900	880	860	830	790	700	600
	LOW	HEAT		740	710	690	660	630	570	490
30MAX	LOW	COOL	1/3	1210	1190	1160	1140	1110	1050	990
	LOW	HEAT		1210	1190	1160	1140	1110	1050	990
36MAX	HIGH	COOL	1/3	1410	1380	1340	1310	1270	1190	1060
	LOW	HEAT		1170	1150	1130	1100	1080	1030	970
48MAX	HIGH	COOL	1/2	1760	1730	1680	1640	1580	1480	1360
	MED	COOL		1490	1480	1430	1400	1370	1300	1210
	LOW	HEAT		1280	1260	1230	1210	1190	1130	1080
60MAX	HIGH	COOL	3/4	2130	2110	2090	2060	2025	1930	1820
	LOW	HEAT		1690	1680	1660	1640	1620	1580	1540

NOTE: Use 48MAX for 3.5 ton applications and field convert to medium speed for cooling.

PERFORMANCE DATA

UNIT MODEL		NOM. CFM	(1) NOM. COOL BTUH	(4) COIL #	ELECTRIC HEAT CAPACITY				TOTAL AMPS		MIN. CIR. AMPACITY		MAX. FUSE OR HACR BREAKER	
					KW		BTUH							
					240V	208V	240V	208V	240V	208V	240V	208V	240V	208V
	0				0	0	0	0	1.6					
	3				3	2.3	10,200	7,700	14	13	18	16	20	20
18MAX	4	600	18,000	USM318AP	4	3	13,600	10,200	19	16	23	20	25	20
&	5				5	3.8	17,000	13,000	23	20	28	25	30	25
24MAX	6	800	24,000	USM424AP	6	4.5	20,500	15,400	27	24	36	29	40	30
	8				8	6	27,300	20,500	35	31	46	38	50	40
	10				10	7.5	34,100	25,600	44	38	54	47	60	50
	0				0	0	0	0	2.5					
30MAX	5	1,000	30,000	USM330AP	5	3.8	17,000	13,000	24	21	30	26	30	30
&	8				8	6	27,300	20,500	36	32	46	40	50	40
36MAX	10	1,200	36,000	USM436AP	10	7.5	34,100	25,600	45	39	56	49	60	50
	(2) 15				15	11.3	51,100	38,500	45	39	56	49	60	50
									21	18	26	23	30	25
	0				0	0	0	0	3.5					
	5				5	3.8	17,000	13,000	25	22	30	27	30	30
	8				8	6	27,300	20,500	37	33	47	40	50	40
48MAX	10	1,600	48,000	USM348AP	10	7.5	34,100	25,600	46	40	57	50	60	50
	(2) 15				15	11.3	51,100	38,500	46	40	57	50	60	50
									21	18	27	23	30	25
	(2) 20				20	15	68,200	51,100	46	40	57	50	60	50
									42	36	53	46	60	50
	(2) 25				25	18.75	85,250	63,900	46	40	57	50	60	50
									42	36	53	46	60	50
									21	18	27	23	30	25
	0				0	0	0	0	6.0					
	5				5	3.8	17,000	13,000	27	24	34	30	35	30
	8				8	6	27,300	20,500	40	35	49	44	50	45
60MAX	10	2,000	60,000	USM460AP	10	7.5	34,100	25,600	48	42	60	53	60	60
	(2) 15				15	11.3	51,100	38,500	48	42	60	53	60	60
									21	18	27	23	30	25
	(2) 20				20	15	68,200	51,100	48	42	60	53	60	60
									42	36	53	46	60	50
	(2) 25				25	18.75	85,250	63,900	48	42	60	53	60	60
									42	36	53	46	60	50
									21	18	27	23	30	25

NOTES:

1. Nom. cooling at 45 degree suction temp. 80 DB/67 WB air on
2. 15KW and 20KW models require 2 supply circuits. 25KW models require 3 supply circuits.
3. Units suitable for installation with 0" clearance to combustible material.
4. Coil manufacturer is U.S. A/C Products - A.R.I. listed with most condensing unit manufacturers.

8273 Moberly Lane
Dallas, Texas 75227
(214) 388-5751
FAX (214) 388-2255

Catalog No. MAX893 (Replaces MAX1192)