NO HEAT JOB EMERGENCY

BLOCK 825 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 09-0102

CONSTRUCTION PERMIT APPLICATION (609-600-6847)

BRICK NJ 8724

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

I. IDENTIFICATION

1. Proposed Work Site at 1626 Forge Pond Rd
2. Name of Owner in Fee: Hensley Goorbe
   Tel. ([redacted]) e-mail _____
   Address 1626 Forge Pond Rd (street) Brick NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Air Experts, Inc. Tel. (_____) _____
   Address 727C 17th Avenue Lake Como, NJ 07719 e-mail _____
   License No. OR, if new home, Builder Reg. No. 0090 Fax: 732-280-2213 Exp. Date _____
   Federal Employee No. Lic# 13VH01546400 FEIN# 223324128 FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40 ✓	
2.	Electrical		45 ✓	
3.	Plumbing		100 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		12	
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

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	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building					3/27/09	[illegible]			
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing				3-31-09		BW	4-14-09		BW
7.	☐ Electrical					3-26-9	[illegible]			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 3/25/09

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 Air Experts, Inc.

Address 727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

Telephone (732) 681-9090

Signature _____ 3/25/09

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/4/2012
Control Number C-09-000794
Permit Number 09-0702
Permit Issue Date 4/15/2009
Certificate Number 09-0702

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1626 FORGE POND RD. , NJ Block: 825 Lot: 16 Qual:

Owner in Fee: GEORGE, HEDLEY

Owner Address: 1626 FORGE POND RD. BRICK NJ 08724

Telephone: [redacted]

Contractor AIR EXPERTS INC

Address 727C 17TH AVE S BELMAR NJ 07719-

Telephone: (732) 681-9090 Fax: (732) 280-2213

License Number or Builders Registration Number: 13VH01546400 Federal Emp. Number: 22-3324128

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GAS PIPING, REPLACEMENT BOILER, REPLACEMENT WATER HEATER 2-ZONE HEAT. INSIDE CHIMNEY CONCRETE; MASONRY CMINEY RE-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: 12/4/2012

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

CONSTRUCTION PERMIT

Date Issued
Control # C-09-000794
Permit #

IDENTIFICATION Block: 825 Lot: 16 Qualifier

Work Site Location: 1626 FORGE POND RD. , NJ

Owner in Fee GEORGE, HEDLEY
1626 FORGE POND RD. BRICK NJ 08724

Telephone: [redacted]

Contractor AIR EXPERTS INC
Address 727C 17TH AVE S BELMAR NJ 07719-

Telephone: (732) 681-9090
Lic. No. or Bldrs. Reg. No. 13VH01546400
Federal Employee. No. 22-3324128

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

GAS PIPING, REPLACEMENT BOILER, REPLACEMENT WATER HEATER 2-ZONE HEAT.
INSIDE CHIMNEY CONCRETE; MASONRY CMINEY RE-USED.

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 $7,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$45
Plumbing	$100
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$197
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 1626 Forge Pond NJ Brick NJ 08724

Owner in Fee Hanley George

Address 1626 Forge Pond NJ Brick NJ 08724

Tel. [redacted]

Contractor Air Experts, Inc.

Address 727C 17th Avenue Lake Como, NJ 07719

Tel: 732-681-9090 Fax: 732-280-2213

Tel. (_____) _____

Lic# 13VH01546400 FEIN# 223324128

Lic. No. or Bldrs. Reg. No. _____

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:

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 $ 7000.00

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

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

☐ 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 the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 1626 Forge Pond Rd Brick NJ 08724

Owner in Fee Hanley George

Address 1626 Forge Pond Rd Brick NJ 08724

Tel. [redacted]

Contractor Air Experts, Inc.

Address 727C 17th Avenue Lake Como, NJ 07719

Tel: 732-681-9090 Fax: 732-280-2213

Lic# 13VH01546400 FEIN# 223324128

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

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:

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 $ 7000.00

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

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

☐ 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 the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tel. (___) _____

Contractor Air Experts, Inc.

Address 727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

_____

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:

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 $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

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

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☐ 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 the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tel. (_____) _____

Contractor Air Experts, Inc.

Address 727C 17th Avenue
Lake Como, NJ 07719

Tel: 732-681-9090 Fax: 732-280-2213

Lic# 13VH01546400 FEIN# 223324128

Lic. No. or Bldrs. Reg. No. _____

_____

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:

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 $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

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2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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.

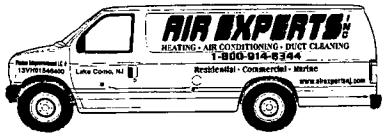
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ 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.

24 Hour Emergency
Service

FRANK X. AMBROSE
Comfort Consultant



Sales • Service • Installation

"EXPERT Service Makes Satisfied Customers"

727-C 17th Ave.
Lake Como, N.J. 07719

(732) 681-9090
732-298-1194 Cell
(732) 280-2213 Fax

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 09-0702
Control #

Date Issued 4-15-09
Permit #

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

Block 825 Lot 16 Qualification Code

Work Site Location 1626 Farbe Pond Rd Brick NJ 08724

Owner in Fee: Hensler, George

Tel. [redacted] Mail

Address 1626 Farbe Pond Rd Brick NJ 08724
street municipality zip code

Contractor: Air Experts, Inc. Tel. ( )

Address 727C 17th Avenue Lake Como, NJ 07719 e-mail
Tel: 732-681-9090 Fax: 732-280-2213

Contractor License No. 13VH01546400 FEIN# 223324128 Exp. Date

Federal Employee No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 350.00

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	
1		Receptacles	
1		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	
1	3	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	
1	X	KW Elec. Sign/Outline Light	
		GAS Boiler 2-zone	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	3-26-09	

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 11/29/12

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	11-21-12		11-28-12	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 03/26/2009
Control # C-09-000794
Date Issued 4-15-09
Permit # 09-0702

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

Block 825 Lot 16 Qualification Code

Work Site Location: 1626 FORGE POND RD. , NJ

Owner in Fee: GEORGE, HEDLEY

Address 1626 FORGE POND RD. BRICK NJ 08724

Tel [redacted]

Contractor: AIR EXPERTS INC

Address 727C 17TH AVE S BELMAR NJ 07719-

Tel. (732) 681-9090 Fax. (732) 280-2213

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-3324128

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other	3/27/09	

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

SUBCODE APPROVAL
☐ CO ☐ CCO ☑ CA
Date: 11/27/12
Approved by:

INSPECTIONS	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Type:				
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final	* 11-21-12 W		11-26-12	G.F
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number 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. Rehabilitation $150
3. Total (1+2) $150

* No Access

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS PIPING, REPLACEMENT BOILER, REPLACEMENT WATER HEATER, 2-ZONE HEAT.

MASONRY CHIMNEY RE-USED

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence ____ Height (exceeds 6')
- ☐ Sign ____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

	$4
Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	
TOTAL FEE	$40

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0702

Date Issued / Permit # 4-15-09

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

Block 625 Lot 16 Qualification Code

Work Site Location 1626 FORGE POND RD BRICK NJ 08724

Owner in Fee: CHAN Pui Ki Rudge

Tel. [redacted] e-mail

Address 1626 Forge Pond Rd

street municipality zip code

Contractor: Shorelands Plumbing Tel. (732) 556-9060

Address PO Box 431 e-mail

Beckman NJ 07719

Contractor License No. # 11776 Exp. Date

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

Federal Emp. ID No. 52-2418828 FAX: (732) 556 9060

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 $ 6500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 4-14-09 Approved by: JD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11-27-12
Approved by: JD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			04.16.09 PA	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	11.15.12		11.21.12 PA	

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace / Boiler GAS X was oil Hot Water Heater GAS Pipe

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	
1	Water Heater GAS	
	Fuel Oil Piping	
1	Gas Piping GAS	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler BLACK PIPE 130,000	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 09-0102

Date Issued Permit # 4-15-09

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

Block 525 Lot 16 Qualification Code

Work Site Location 1626 FORGE POND RD BRICK NJ 08724

Owner in Fee: EPAMINA ROIGE

Tel. [redacted] e-mail

Address 1626 FORGE POND RD BRICK NJ 08724
street municipality zip code

Contractor: SHORELANDS PLUMBING Tel. (732) 556-9060

Address PO BOX 431 e-mail
BELMAR NJ 07719

Contractor License No. # 11776 Exp. Date

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

Federal Emp. ID No. 52-2418828 FAX: (732) 556 9060

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 $ 6500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 4.14.09 Approved by: BJ
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				
CCO				
Final				

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE WAS OIC BOILER GAS X HOT WATER + PIPING GAS PIPE

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	
V 1	Water Heater GAS	
	Fuel Oil Piping	
V 1	Gas Piping GAS	
	LPGas Tank	
	Steam Boiler	
V 1	Hot Water Boiler BLACK PIPE 130,000	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 09-0703
Control #

Date Issued 4-15-09
Permit #

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

Block 435 Lot 16 Qualification Code

Work Site Location 1626 Forge Pond Rd

[illegible] NJ 08724

Owner in Fee: [illegible]

[redacted] mail

Address 1626 Forge Pond Rd (street / municipality / zip code)

Contractor: [illegible] Plumbing Tel. (732) 556-9160

Address PO Box 431 e-mail

[illegible] NJ 07719

Contractor License No. #11776 Exp. Date

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

Federal Emp. ID No. 52-2418828 FAX: (732) 556-9160

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 $ 6500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[✓] Plumbing Plans Approved

Date: 4.14.09 Approved by: EJ

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: ______

Approved by: ______

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

(The Failure, Failure, Approval and Initial columns are printed under "Dates (Month/Day)".)

Stamp: KARL [illegible] — STATE OF NEW JERSEY — LICENSED MASTER PLUMBER

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace / Boiler GAS X

WAS OIL / [illegible]

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	
✓ 1	Water Heater GAS	
	Fuel Oil Piping	
✓ 1	Gas Piping GAS	
	LPGas Tank	
	Steam Boiler	
✓ 1	Hot Water Boiler [illegible]	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F130 (rev. 12/07) Reorder from OCS Printing 609-390-1400

Page (3)

Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2218
Lic# 19VH01548400 FEIN# 223324128

George, Headley
Block: 825 Lot 16 QUAL: Brick NJ 08723
1626 Forge Pond Rd
Permit Number Control Number C-09-000794

Gas Pipe Drawing

Brick Township
Plan Review Class Date By
Zoning
Plumbing 4-14-09 Q
Building
Fire
Electrical

Need Air Test

Basement Floor

1 1/4 size

50 ft 1 1/4

To Boiler HWH

1 1/4 Pipe size 1 1/2 Drop

3/4 Drop

Boiler

HWH

40 gal AO Smith Nat Draft

Out Input 130000 Heat Cap 111000 BTUs

1 1/4 size pipe

1 1/4 size pipe

1 1/4 size pipe

Page 1

AIR EXPERTS INC.
HEATING & AIR CONDITIONING
727C 17TH AVENUE
Lake Como, NJ 07719
Phone: 732-681-9090 Fax 732-280-2213

Fax "Plumbing"

To: Robert Wennlund From: Frank Ambrose
Fax: 732-262-8954 Pages: 4
Phone: 732-262-1024 Date: 4/9/09
Re: Permits Filed CC: 732-298-1194

X Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

SUBJECT:

George, Hesley

We need you To Review Permits So we CAN (Pick Up. (Gas Pipe Ready)

Page 2

AIR EXPERTS, INC.

HEATING & AIR CONDITIONING& DUCT CLEANING
727C 17TH AVENUE
LAKE COMO, NJ 07719
PHONE: 732-681-9090 FAX: 732-280-2213

Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2218
Lic# 13VH01548400 FEIN# 223324128

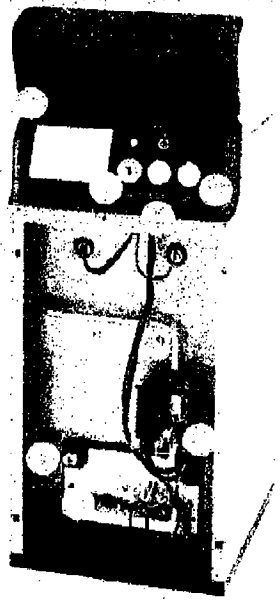
George, Hedley
Block: 825 Lot 16 QUAL:
1626 Forge Pond Rd
Permit NUMBER: CONTRAC NUMBER
C-09-000794
LAST Submit DATE: FRIDAY 3/27/09

OLD Boiler * Peerless Oil HOT WATER 2-ZONE
OUTPUT 102,000 BTU HR 89,000 #SER WB085W0404, 85 OIL
#MODEL 2382-068J N

NEW Boiler * TRANE GAS HOT WATER 2-ZONE NATURAL DRAFT
INPUT BTU H 130,000 HEAT CAPACITY BTUH 111,000 AFUE 83.6
MODEL # TG-BWF130A94AV

BASEBOARD 140 ft STANDARD

PAGE 4



Features and components may vary by model and are shown for illustration purposes only.

Single-pass design provides efficient heat transfer, while the composition provides resilience to thermal stresses for longer life. (not shown)

Corrosion resistant for longer life, optimal combustion efficiency and quiet ignition.

Automatically lights the burner and regulates the gas supply for safe, efficient operation.

Provides an attractive, technically advanced, premium appearance.

Finished with an ultra-tough, appliance-grade coating for lasting protection.

Encircles heat exchanger to reduce standby loss, limit operating sound and save energy. (not shown)

Displays supply water temperature in degrees Fahrenheit and pressure in pounds per square inch.

Allows the temperature to be set from 140°F to 194°F.

Gives the homeowner or technician the ability to quickly and easily shut off the boiler.

Quarter-turn ball valve enables easy draining of the boiler for servicing.

Prevents warm air from escaping up the chimney to save energy when the boiler is off. (not shown)

Ensures induced draft for safe operation. (not shown)

Model	Input BTUH	Heat Capacity BTUH	Net Water Rating BTUH	AFUE	Flue Size (In.)	# Sections	Height (In.)	Width (In.)	Depth (In.)	Ship Weight (Lbs.)
TGBWF090A93AV	90,000	76,000	66,000	83.6	5	3	33.5	15.8	24.2	276
TGBWF130A94AV	130,000	111,000	96,000	83.5	6	4	33.5	19.7	24.2	345
TGBWF173A95AV	173,000	145,000	126,000	83.4	6	5	33.5	19.7	24.2	406
TGBWF215A96AV	215,000	180,000	156,000	83.3	7	6	33.5	23.6	24.2	468
TGRWF130A94A0	130,000	110,000	96,000	84.3	3	4	33.5	19.7	24.2	360

As part of our continuous product improvement, Trane reserves the right to change specifications and design without notice.

Trane extended warranties create additional income. Selling extended warranties is another way to protect your customers and generate future business.

We know that when you recommend our products to your loyal customers, you are placing your livelihood and reputation in our hands. We salute your expertise in delivering Trane technology and innovation to your customers — making their homes a better place for living. You are the reason we can say, "expect more from Trane."

It's Hard To Stop A Trane.®

Pub No. TR-GASBLR-01 06/07

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

Subcode Official Review

To: 1626 FORGE POND RD. BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 825 Lot: 16 Qual:
1626 FORGE POND RD.
Permit Number: Control Number: C-09-000794
Last Submit Date: Friday, March 27, 2009

Date: Tuesday, March 31, 2009

Dear GEORGE, HEDLEY,

The following comments were made during the Plan Review process:

1- GAS DRAWING DOES NOT REFLECT PIPE SIZES, DISTANCES OR BTU LOADS.

2- submit b.t.u. input&output of both new&old units or heat loss for new unit

13.30.09 faxed
732-280-2213

Sincerely,

Robert Wennlund, Subcode Official

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

P.1 Mar 31 2009 14:46

Telephone Number	Mode	Start	Time	Page	Result	Note
7322802213	NORMAL	31,14:45	0'23"	1	* O K	

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

Subcode Official Review

To: 1626 FORGE POND RD. BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 825 Lot: 16 Qual:
1626 FORGE POND RD.
Permit Number: Control Number: C-09-000794
Last Submit Date: Friday, March 27, 2009

Date: Tuesday, March 31, 2009

Dear GEORGE, HEDLEY,

The following comments were made during the Plan Review process:
1- GAS DRAWING DOES NOT REFLECT PIPE SIZES, DISTANCES OR BTU LOADS.

2- submit b.t.u. input&output of both new&old units or heat loss for new unit

13.30.09 fax# 732-280-2213

Sincerely,

Robert Wennlund, Subcode Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 03/26/2009
Control # C-09-000794
Date Issued 4-15-09
Permit # 09-0702

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

Block 825 Lot 16 Qualification Code

Work Site Location: 1626 FORGE POND RD. , NJ

Owner in Fee: GEORGE, HEDLEY

Address 1626 FORGE POND RD. BRICK NJ 08724

[redacted]

Contractor: AIR EXPERTS INC

Address 727C 17TH AVE S BELMAR NJ 07719-

Tel. (732) 681-9090 Fax. (732) 280-2213

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-3324128

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other	3/27/09	

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

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number 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. Rehabilitation $150
3. Total (1+2) $150

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS PIPING, REPLACEMENT BOILER, REPLACEMENT WATER HEATER, 2-ZONE HEAT.

MASONRY CHIMNEY RE-USED

TYPE OF WORK

☐ New Building
☐ Addition
☑ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence Height (exceeds 6')
☐ Sign Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

	$4
Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	
TOTAL FEE	$40

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 03/26/2009
Control # C-09-000794
Date Issued
Permit #

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

Block 825 Lot 16 Qualification Code

Work Site Location: 1626 FORGE POND RD. , NJ

Owner in Fee: GEORGE, HEDLEY

Address 1626 FORGE POND RD. BRICK NJ 08724

Te [redacted]

Contractor: AIR EXPERTS INC

Address 727C 17TH AVE S BELMAR NJ 07719-

Tel. (732) 681-9090 Fax. (732) 280-2213

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-3324128

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

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

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number 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. Rehabilitation $150
3. Total (1+2) $150

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS PIPING, REPLACEMENT BOILER, REPLACEMENT WATER HEATER, 2-ZONE HEAT.

TYPE OF WORK

☐ New Building
☐ Addition
☑ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence Height (exceeds 6')
☐ Sign Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

$4

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	
TOTAL FEE	$40

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 09-0702
Control #

Date Issued 4-15-09
Permit #

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

Block 825 Lot 16 Qualification Code

Work Site Location 1626 Forge Pond Rd Brick NJ 08724

Owner in Fee: Headley George

Tel. [redacted] e-mail

Address 1626 Forge Pond Rd Brick NJ 08724
street municipality zip code

Contractor: Air Experts, Inc. Tel. ( )

Address 727C 17th Avenue Lake Como, NJ 07719 e-mail

Contractor License No. Tel: 732-681-9090 Fax: 732-280-2213 Exp. Date
Lic# 13VH01546400 FEIN# 223324128

Federal Employee No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500.00

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	
1		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	
1		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	5	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	
X		GAS BOILER 2-Zone	
		Administrative Surcharge	$
		Minimum Fee	$
		State Permit Surcharge Fee	$
		TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

[X] No Plans Required 3-26 MS

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Dates (Month/Day) Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0702

Date Issued
Permit # 4-15-09

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

Block 325 Lot 16 Qualification Code

Work Site Location 1626 Forge Pond Rd Brick NJ 08724

Owner [redacted]

Tel [redacted] e-mail

Address 1626 Forge Pond Rd Brick NJ 08724
street municipality zip code

Contractor: Tel. ( )

Address e-mail

Contractor License No. Exp. Date

Federal Employee No. FAX: ( )

Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000

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	
8	1	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	
1		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	X	KW Elec. Sign/Outline Light	
		GAS Furnace 2-Zone	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Date 3-16-09 Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

5/6 bldg instead of fire

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 1626 Forbe Pond NJ Brick NJ 08724

Owner in Fee: Headley George

Tel. ([redacted] e-mail _____

Address 1626 Forbe Pond NJ Brick NJ 08724
street municipality zip code

Contractor: Air Experts, Inc. Tel. (_____)

Address 727C 17th Avenue Lake Como, NJ 07719 e-mail _____

Tel: 732-681-9090 Fax: 732-280-2213

Lic# 13VH04546800 CPM# 23324128

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

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar

[X] Other Oil to Gas

Location: Basement Boiler

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 15000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Boiler Hot Water Heater

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	____	____
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	____
Supervisory Devices (i.e., tampers, low/high air)	____	____
Signaling Devices (i.e., horn/strobes, bells)	____	____
Other Devices _____	____	____
TOTAL	____	____
Suppression Systems		
Fire Pump ____ GPM Type ____	____	____
Dry Pipe/Alarm Valves	____	____
Pre-action Valves	____	____
Sprinkler Heads (Dry and Wet)	____	____
Standpipes	____	____
Pre-engineered Systems		
Wet Chemical	____	____
Dry Chemical	____	____
CO_2 Suppression	____	____
Foam Suppression	____	____
FM200 Suppression	____	____
Other _____	____	____
Other Systems		
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Fired Appliances [ ] Gas or [ ] Oil	____	____
Fireplace Venting/Metal Chimney	____	____
Other Insul-Chimney Concrete	V	____
Administrative Surcharge $		____
Minimum Fee $		____
State Permit Surcharge Fee $		____
TOTAL FEE $		____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	____	____	____	____
Suppression Sys.	____	____	____	____
Standpipe	____	____	____	____
Fire Pump	____	____	____	____
Pre-Eng. System	____	____	____	____
Mechanical	____	____	____	____
Smoke Control	____	____	____	____
TCO	____	____	____	____
Flam/Combust Tanks	____	____	____	____
Fireplace Venting	____	____	____	____
Final	____	____	____	____
Other _____	____	____	____	____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

5/6 bldg instead of Fire

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 1626 Forge Pond Rd Brick NJ 08724

Owner in Fee: Meadow Georgie

Tel. [redacted] e-mail _____

Address 1626 Forge Pond Rd Brick NJ 08724
street municipality zip code

Contractor: Air Experts, Inc. Tel. (_____) _____
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213

Address _____ e-mail _____

Lic# NJ Dr015463 FEIN# 226024128

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[X] Other Oil to Gas

Location: Basement Boiler Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 15000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am (the agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Boiler Hot Water Heater

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Install Chimney Liner	1	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 1626 Junction Rd

Lake Como NJ 07719

Owner in Fee: [illegible]

Tel. [redacted] e-mail _____

Address 1626 Junction Rd Lake Como NJ 07719
street municipality zip code

Contractor: Air Experts, Inc. Tel. ( ) _____
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic#: 19VH01846400 FEIN# 223324128

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. _____ FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: Basement Boiler

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 15000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Boiler Like for Like

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Install Chimney	✓	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: Air Experts, Inc. Tel. (____) _____

Address 727C 17th Avenue e-mail _____
Lake Como, NJ 07719

Fire Protection Equipment, NJ Div of Fire Safety Tel: 732-681-9090 Fax: 732-280-2213 _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. Lic# 13VH01546400 FEIN# 223324128 _____

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. _____ FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System:[ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fire Alarm System:[ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, Newark, NJ 07102

David Szuchman
Director

Mailing Address:
P.O. Box 45024
Newark, NJ 07102
(973) 504-6200

LICENSEE VERIFICATION LETTER

DATE: Thu Mar 26 07:40:02 EDT 2009

TO WHOM IT MAY CONCERN

This is to verify that the licensee was issued a New Jersey license. The current information for this license is reported below.

The BOARD's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME: Home Improvement Contractors
OCCUPATION: Home Improvement Contractor

LICENSE NUMBER: 13VH01546400 STATUS: Active
NAME: Air Experts, Inc
ADDRESS: 727C 17th Ave

Belmar NJ 07719-3077

LICENSE ISSUED: 12/29/2005
EXPIRATION DATE: 12/31/2009
CHANGE OF STATUS DATE: 12/29/2005

VERY TRULY YOURS,
David Szuchman
Director

TRANE XR80 AND XB80 GAS-FIRED BOILER

Your Profit-ability

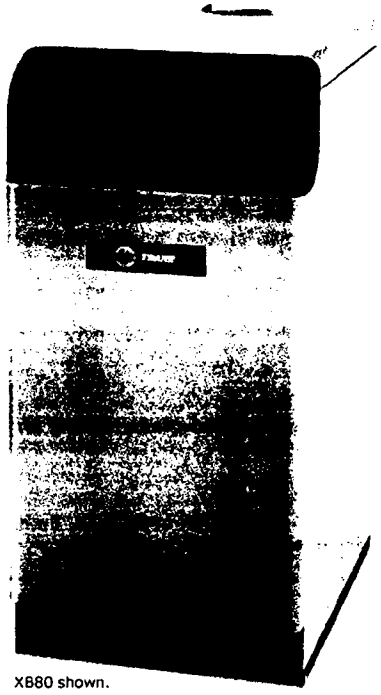
Industry leader and brand reputation
High efficiency stainless steel tubular burner and cast iron heat exchanger
Great reliability and durability
Packaged boiler with sophisticated design and appearance

Easily convertible to liquid propane with orifice kit
Convenient piping hookup with NPT threads
Simplified field wiring connections
Factory-installed ASME relief valve in natural draft models (shipped with direct vent models)
Steel base and adjustable leveling feet
Configurable circulator and burner operation
Quick jacket removal for easy handling

Factory-installed temperature/pressure gauge and brass boiler drain with quarter-turn ball valve
High and low voltage terminal strip for troubleshooting from one location
Easy-to-clean combustion chamber and flue passageways
Ignition control with flame lockout service indicator

Up to 84.3% AFUE for direct vent models
Up to 83.6% AFUE for natural draft models
Heavily insulated heat exchanger and burner reduce standby loss and improve efficiency

Individually factory tested before shipping
Resilient cast iron heat exchanger design
Securely encased controls for a premium appearance
Covered by Trane's industry-leading limited warranties
Durable powder-paint, appliance-grade finish



XB80 shown.
Other models may vary.

TRANE
It's Hard To Stop A Trane.

Limited lifetime heat exchanger
5-year functional parts

Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

Delivering and our new gas-fired boilers are ideal for customers looking to replace or upgrade their existing heating system. With a and an our gas-fired boilers make a great choice for improved fuel economy, quiet operation and long life. Featuring a with and backed by these boilers are a solid long-term investment for your customers and a sales-enhancing solution for you.

An insulated cast iron heat exchanger and stainless steel tubular burner provide quiet, efficient operation and consistent comfort.

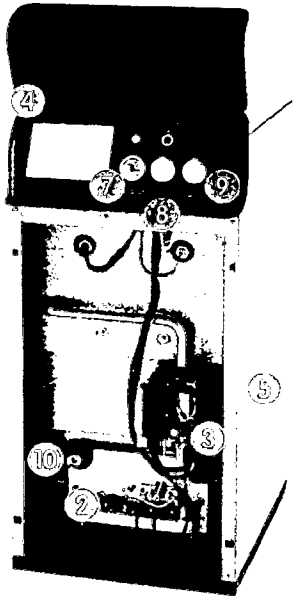
Precision engineering, design innovation and rigorous testing deliver long-lasting performance and durability.

An efficienct cast iron heat exchanger design helps customers maximize their heating dollars.

Sleek and compact with encased controls. A durable powder-paint finish also ensures looks that last.

Advanced components backed by industry-leading warranties deliver worry-free operation, year after year.

TRANE XR80 AND XR90 GAS-FIRED BOILER



Features and components may vary by model and are shown for illustration purposes only.

① Cast-iron heat exchanger

Single-pass design provides efficient heat transfer, while the composition provides resilience to thermal stresses for longer life. (not shown)

② High-efficiency stainless steel tubular burner

Corrosion resistant for longer life, optimal combustion efficiency and quiet ignition.

③ Hot-surface ignition control and gas valve

Automatically lights the burner and regulates the gas supply for safe, efficient operation.

Provides an attractive, technically advanced, premium appearance.

Finished with an ultra-tough, appliance-grade coating for lasting protection.

Encircles heat exchanger to reduce standby loss, limit operating sound and save energy. (not shown)

Displays supply water temperature in degrees Fahrenheit and pressure in pounds per square inch.

⑦ Adjustable supply water thermostat

Allows the temperature to be set from 140°F to 194°F.

⑨ Power disconnect switch

Gives the homeowner or technician the ability to quickly and easily shut off the boiler.

Quarter-turn ball valve enables easy draining of the boiler for servicing.

Prevents warm air from escaping up the chimney to save energy when the boiler is off. (not shown)

Ensures induced draft for safe operation. (not shown)

Model	Input BTUH	Heat Capacity BTUH	Net Water Rating BTUH	AFUE	Flue Size (In.)	# Sections	Height (In.)	Width (In.)	Depth (In.)	Ship Weight (Lbs.)
TGBWF090A93AV	90,000	76,000	66,000	83.6	5	3	33.5	15.8	24.2	276
TGBWF130A94AV	130,000	111,000	96,000	83.5	6	4	33.5	19.7	24.2	345
TGBWF173A95AV	173,000	145,000	126,000	83.4	6	5	33.5	19.7	24.2	406
TGBWF215A96AV	215,000	180,000	156,000	83.3	7	6	33.5	23.6	24.2	468
TGRWF130A94A0	130,000	110,000	96,000	84.3	3	4	33.5	19.7	24.2	360

As part of our continuous product improvement, Trane reserves the right to change specifications and design without notice.

Warranties

Trane extended warranties create additional income. Selling extended warranties is another way to protect your customers and generate future business.

We know that when you recommend our products to your loyal customers, you are placing your livelihood and reputation in our hands. We salute your expertise in delivering Trane technology and innovation to your customers — making their homes a better place for living. You are the reason we can say, "expect more from Trane."

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Pub No. TR-GASBLR-01 05/07

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 1626 Forbes Pond Rd Brick NJ 08724

Applicant Hensley Geoge

Certifying Individual _____ Company _____

Address 1626 Forbes Pond Rd Brick NJ 08724

City State Zip Code

Tel. [redacted]

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Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined NOW INSIDE
- [ ] 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.

Reuse Inside Chimney

Signature 3/25/09 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 3/25/09 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)

INSIDE Chimney IN BASEMENT