Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 825 LOT 41 QUALIFICATION CODE _____ ADDRESS (SITE) 1621 Tilford Blvd PERMIT NO. 17-2869

CONSTRUCTION PERMIT APPLICATION C-17-03618

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1621 Tilford Blvd
2. Name of Owner in Fee: Sal Frisina
   Tel. ([redacted]) e-mail _____
   Address 1621 Tilford Blvd (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Tom Bostron Co. Tel. (732) 223-8221
   Address 2490 Tiltons Corner Rd e-mail permits@tombostron.com
   Wall, NJ 07719
   License No. OR, if new home, Builder Reg. No. 19HC00223800 Exp. Date 6/31/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00574400
   Federal Emp. ID No. _____ FAX: (732) 965-2632
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bill Suer
   Tel. (732) 223-8221 FAX: (732) 965-2632

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical			
3. Plumbing			
4. ~~Fire Protection~~ M	125		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 13		
11. Cert. of Occupancy			
12. Other	288		
13. TOTAL	$ 288		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical		CW	8/11/17						
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

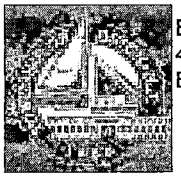
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/18/2020
Control Number C-17-003618
Permit Number 17-2869
Permit Issue Date 8/29/2017
Certificate Number 17-2869

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1621 TILFORD BLVD Brick Township, NJ Block: 825 Lot: 41 Qual:

Owner in Fee: FRISINA, SALVATORE JOHN & JESSICA L

Owner Address: 1621 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor TOM ROSTRON CO INC

Address 2490 Tiltons Corner Road Wall NJ 08736-

Telephone: (732) 223-8221 Fax: (732) 223-9380

License Number or Builders Registration Number: Federal Emp. Number: 22-3397127

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

MECHANICAL INSPECTOR
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 8/28/17 8/29/17

Date Issued / Permit # 17-2869

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

Block 825 Lot 41 Qualification Code

Work Site Location 1621 Tilford Blvd
Brick NJ 08724

Owner in Fee: Sal Frisina

Tel [redacted] e-mail

Address SAME

street municipality zip code

Contractor: Tom Rostron Inc. Tel. (732) 223-8221

Address 2490 Tiltons Corner Rd. e-mail permits@tomrostron.com
Wall, NJ 07719

Contractor License No. or Builder Registration No. 19HC00223800 Exp. Date 6/30/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00573400

Federal Emp. ID No. FAX: (732) 965-2632

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 1000.00

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.

Sign here:

Print name here: Tom Rostron Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace condenser and
AIR Handler

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
1	Other A/C

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 2-7-20
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Re-Inspection			2-10-20	

U.C.C. F145
(rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/29/18 Control # 18128-17
Date Issued 7-28-18 Permit # 17-2869

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

Block 825 Lot 41 Qualification Code

Work Site Location 1621 Tilford Blvd Brick

Owner in Fee: Sal Frisina

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: Tom Bostron CO. Tel. (732) 223-8221

Address 2490 Tiltons Corner Rd. e-mail permits@tombostron.com
Wall, NJ 07719

Contractor License No. 19HC00223800 Exp. Date 6/31/2018

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00573400

Federal Emp. ID No. FAX: (732) 965-2652

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6000.-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 sign/Contractor sign and seal here:

Print name here: Tom Bostron Jr.

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Condenser and Air Handler

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	25A	KW Central A/C Unit	
1	15A	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	

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

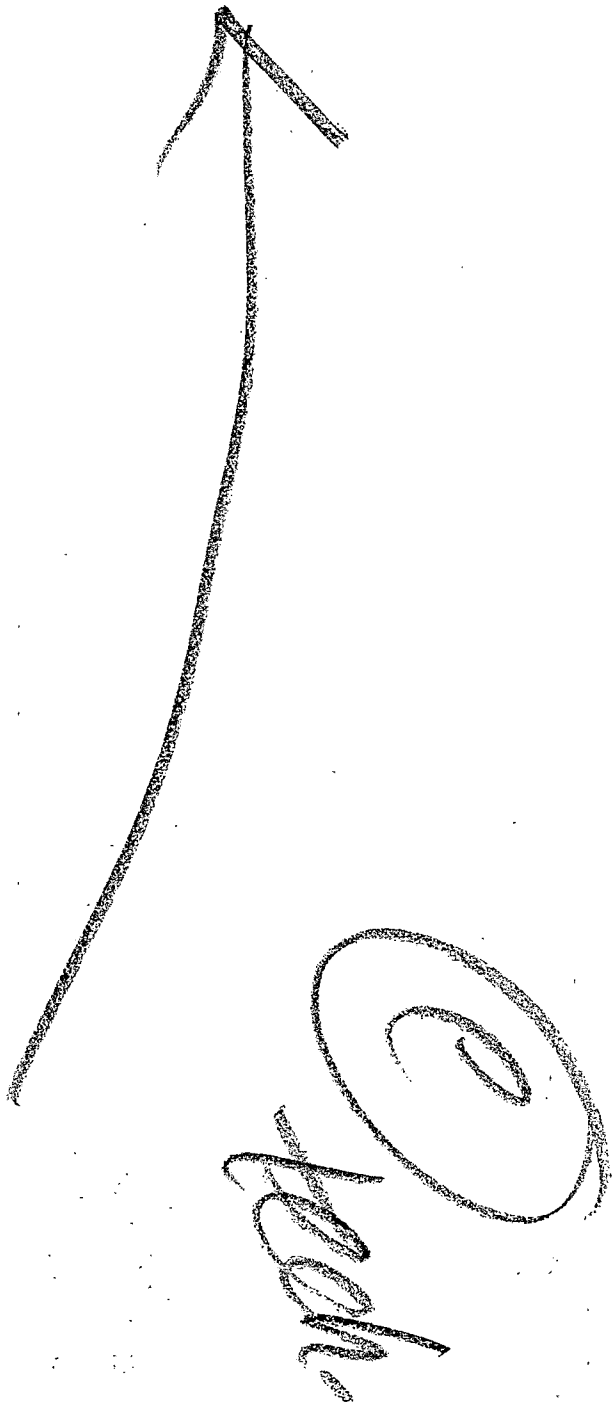
JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-10-2020
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	11/14/20 TO		2/10/20	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

11/4/20 no ACCESS 9:20



CONSTRUCTION PERMIT

3/29/17

Date Issued
Control # C-17-003618
Permit # 17-2869

IDENTIFICATION Block: 825 Lot: 41 Qualifier
Work Site Location: 1621 TILFORD BLVD Brick Township, NJ
Owner in Fee FRISINA, SALVATORE JOHN & JESSICA L
1621 TILFORD BLVD BRICK NJ 08724
Telephone: [redacted]

Contractor TOM ROSTRON CO INC
Address 2490 Tiltons Corner Road Wall NJ 08736-
Telephone: (732) 223-8221
Lic. No. or Bldrs. Reg. No. 13VH00573400 19HC00223800
Federal Employee. No. 22-3397127

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☑ OTHER

DESCRIPTION OF WORK:
REPLACEMENT A/C

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$288
Check No.	545
Cash	$0
Credit	$0
Collected By	

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 $7,000

D. Newman Jr. — Construction Official

3/29/17 — Date

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

SPECIFICATIONS

General Data	Model No.	All Regions	EL16XC1-018	EL16XC1-024	EL16XC1-030	---
		North / South Regions	---	[illegible]	---	EL16XC1S036
		Southwest Region	---	[illegible]	---	EL16XC1-036
		Nominal Tonnage	1.5	[illegible]	2.5	3
Connections (sweat)		Liquid line (o.d.) - in.	3/8	[illegible]	3/8	3/8
		Suction line (o.d.) - in.	3/4	[illegible]	3/4	7/8
Refrigerant		[1] R-410A charge furnished	4 lbs. 9 oz.	[illegible]	5 lbs. 8 oz.	7 lbs. 1 oz.
Outdoor Coil	Net face area - sq. ft.	Outer coil	13.22	[illegible]	21.00	16.33
		Inner coil	---	[illegible]	---	15.75
		Tube diameter - in.	5/16	[illegible]	5/16	5/16
		No. of rows	1	[illegible]	1	2
		Fins per inch	26	[illegible]	26	22
Outdoor Fan		Diameter - in.	18	[illegible]	22	22
		No. of blades	3	[illegible]	3	3
		Motor hp	1/10	[illegible]	1/6	1/6
		Cfm	2290	[illegible]	3160	3160
		Rpm	1075	[illegible]	825	825
		Watts	160	[illegible]	215	190
Shipping Data - lbs. 1 pkg.			155	[illegible]	187	205

ELECTRICAL DATA

Line voltage data - 60hz			208/230V-1ph	[illegible]	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			20	[illegible]	25	30
[3] Minimum circuit ampacity			11.9	[illegible]	17	18.0
Compressor		Rated load amps	9.0	[illegible]	12.8	13.6
		Locked rotor amps	48	[illegible]	67.8	79
		Power factor	0.97	[illegible]	0.97	0.96
Outdoor Fan Motor		Full load amps	0.7	[illegible]	1	1
		Locked rotor amps	1.3	[illegible]	1.9	1.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	•	•	•	•
Compressor Hard Start Kit		10J42	•	•	•	•
Compressor Low Ambient Cut-Off Switch		45F08	•	•	•	•
Compressor Timed-Off Control		47J35	•	•	•	•
Freezestat	3/8 in. tubing	93G35	•	•	•	•
	5/8 in. tubing	50A93	•	•	•	•
Indoor Blower Off Delay Relay		58M81	•	•	•	•
Loss of Charge Switch Kit		84M23	•	•	•	•
[4] Low Ambient Kit (Fan Cycling)		34M72	•	•	•	•
Refrigerant Line Sets	L15-41-20 L15-41-30	L15-41-40 L15-41-50	•	•	•	
	L15-65-40	L15-65-40 L15-65-50				•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the Installation Instructions for information about line set length and additional refrigerant charge required.

[2] HACR type breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

SPECIFICATIONS

General Data	Model Number	CBX32MV-018/024	CBX32MV-024/030	CBX32MV-036
	Nominal tonnage	1.5 to 2	2 to 2.5	3
	Refrigerant	R-410A	R-410A	R-410A
Connections In.	Suction / vapor (o.d.) line - sweat	5/8	3/4	3/4
	Liquid line (o.d.) - sweat	3/8	3/8	3/8
	Condensate drain - in. (fpt)	(2) 3/4	(2) 3/4	(2) 3/4
Indoor Coil	Net face area - ft.[2]	3.56	4.44	5.0
	Tube outside diameter - in.	3/8	3/8	3/8
	Number of rows	3	3	3
	Fins per inch	12	12	12
Blower Data	Wheel nominal diameter x width - in.	10 x 7	10 x 8	10 x 8
	Motor output - hp	1/2	1/2	1/2
Filters	[1] Number and size - in.	(1) 15 x 20 x 1	(1) 20 x 20 x 1	(1) 20 x 20 x 1
Shipping Data - 1 Package - lbs.		126	152	183

ELECTRICAL DATA

	Voltage - phase - 60hz	208/230V-1ph	208/230V-1ph	208/230V-1ph
	[2] Maximum overcurrent protection (unit only)	15	15	15
	[3] Minimum circuit ampacity (unit only)	5	5	5

CONTROLS

iComfort® S30 Thermostat	12U67	12U67	12U67
iComfort Wi-Fi® Thermostat	10F81	10F81	10F81
ComfortSense® 7500 Thermostat	13H14	13H14	13H14
[4] Remote Outdoor Sensor (for dual fuel and Humiditrol®)	X2658	X2658	X2658
[5] Discharge Temperature Sensor	88K38	88K38	88K38

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Circuit Breaker Cover Kit	82W01	82W01	82W01
Downflow Combustible Flooring Base	34J72	44K15	44K15
Electric Heat	See Electric Heat Data tables		
Healthy Climate Germicidal Light UVC-24V (24V)	X9423	X9423	X9423
Shielding Baffle (required)	Y5172	Y5172	Y5172
UVC-41W-S (110/230v-1 ph)	X9424	X9424	X9424
Shielding Baffle (required)	Y5171	Y5171	Y5171
Horizontal Support Frame Kit	56J18	56J18	56J18
Hot Water Heat Kit	90W84	90W84	90W84
Side Return Unit Stand (Upflow)	45K31	45K32	45K32
Single-Point Power Source Control Box	21H39	21H39	21H39
Wall Hanging Bracket Kit (Upflow)	45K30	45K30	45K30
High Performance Economizer (Commercial Only)	10U53	10U53	10U53

[1] Disposable frame type filter.

[2] HACR type circuit breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements. Use wires suitable for at least 167°F.

[4] Remote Outdoor Temperature Sensor is used with conventional (non-iComfort®-enabled) outdoor units (sensor is furnished with iComfort®-enabled outdoor units). Allows the thermostat to display outdoor temperature. Required in dual-fuel and Humiditrol® applications.

[5] Optional for EvenHeater® electric heat operation and service diagnostics.

INSTALLATION CLEARANCES WITH ELECTRIC HEAT

Cabinet	0 inch (0 mm)
To Plenum	1 inch (25 mm)
To Outlet Duct within 3 feet (914 mm)	1 inch (25 mm)
Floor	See Note #1
Service / Maintenance	See Note #2

[1] Units installed on combustible floors in the downflow position with electric heat require optional downflow combustible flooring base.

[2] Front service access - 24 inches (610 mm) minimum.

NOTE - If cabinet depth is more than 24 inches (610 mm), allow a minimum of the cabinet depth plus 2 inches (51 mm).

SPECIFICATIONS

General Data	Model Number	CBX32MV-048	CBX32MV-060	CBX32MV-068
	Nominal tonnage	4	5	5+
	Refrigerant	R-410A	R-410A	R-410A
Connections in.	Suction / vapor (o.d.) line - sweat	7/8	7/8	1-1/8
	Liquid line (o.d.) - sweat	3/8	3/8	3/8
	Condensate drain - in. (fpt)	(2) 3/4	(2) 3/4	(2) 3/4
Indoor Coil	Net face area - ft.[2]	7.22	7.22	7.77
	Tube outside diameter - in.	3/8	3/8	3/8
	Number of rows	3	3	3
	Fins per inch	12	12	12
Blower Data	Wheel nominal diameter x width - in.	12 x 9	12 x 9	15 x 9
	Motor output - hp	1	1	1
Filters	[1] Number and size - in.	(1) 20 x 24 x 1	(1) 20 x 24 x 1	(1) 20 x 25 x 1
Shipping Data - 1 Package - lbs.		212	212	244

ELECTRICAL DATA

Voltage - phase - 60hz	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (unit only)	20	20	20
[3] Minimum circuit ampacity (unit only)	11	11	11

CONTROLS

iComfort® S30 Thermostat	12U67	12U67	12U67
iComfort Wi-Fi® Thermostat	10F81	10F81	10F81
ComfortSense® 7500 Thermostat	13H14	13H14	13H14
[4] Remote Outdoor Sensor (for dual fuel and Humiditrol®)	X2658	X2658	X2658
[5] Discharge Temperature Sensor	88K38	88K38	88K38

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Circuit Breaker Cover Kit		82W01	82W01	82W01
Downflow Additive Base		44K15	44K15	44K15
Electric Heat		See Electric Heat Data tables		
Healthy Climate Germicidal Light	UVC-24V (24V)	X9423	X9423	X9423
	Shielding Baffle (required)	Y5172	Y5172	Y5172
	UVC-41W-S (110/230v-1 ph)	X9424	X9424	X9424
	Shielding Baffle (required)	Y5171	Y5171	Y5171
Horizontal Support Frame Kit		56J18	56J18	N/A
Hot Water Heat Kit		90W84	90W84	90W84
Side Return Unit Stand (Upflow)		45K32	45K32	N/A
Single-Point Power Source Control Box		21H39	21H39	21H39
Wall Hanging Bracket Kit (Upflow)		45K30	45K30	45K30
High Performance Economizer (Commercial Only)		10U53	10U53	10U53

[1] Disposable frame type filter.

[2] HACR type circuit breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements. Use wires suitable for at least 167°F.

[4] Remote Outdoor Temperature Sensor is used with conventional (non-iComfort®-enabled) outdoor units (sensor is furnished with iComfort®-enabled outdoor units). Allows the thermostat to display outdoor temperature. Required in dual-fuel and Humiditrol® applications.

[5] Optional for EvenHeater® electric heat operation and service diagnostics.

REPLACEMENT CIRCUIT BREAKERS

Voltage	Description	Catalog No.
208/240V - 1 Phase	25 amp, 2 pole	41K13
	30 amp, 2 pole	17K70
	35 amp, 2 pole	72K07
	40 amp, 2 pole	49K14
	45 amp, 2 pole	17K71
	50 amp, 2 pole	41K12
	60 amp, 2 pole	17K72
208/240V - 3 Phase	30 amp, 3 pole	64W47
	35 amp, 3 pole	41K14
	40 amp, 3 pole	41K16
	45 amp, 3 pole	18M86
	50 amp, 3 pole	41K15
	60 amp, 3 pole	41K17

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Thomas L. Rostron Jr.
2500 Tiltons Corner Road
Wall NJ 07719

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

05/04/2016 TO 06/30/2018
VALID

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Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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Tom Rostron
2490 Tiltons Corner Rd.
Wall NJ 07719

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