BLOCK 825 LOT 53 QUALIFICATION CODE _____ ADDRESS (SITE) 1609 Tilford Blvd PERMIT NO. 19-2128

CONSTRUCTION PERMIT APPLICATION C-19-003870

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

I. IDENTIFICATION

1. Proposed Work Site at: 1609 Tilford Blvd. Egg Harbor Twp
2. N[redacted]
   Te[redacted]ail
   Address same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: **ITAK Heating & Cooling** Tel. (732) 892-4957
   Address **175 Ramtown Greenville Rd. Howell NJ 07731** e-mail **itak.heatingcooling@gmail.com**
   License No. OR, if new home, Builder Reg. No. **Master HVAC-R #104** Exp. Date 6/30/20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. **223689154** FAX: (732) 202-1332
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun **Paul Mitchell**
   Tel. (732) 892-4957 FAX: (732) 202-1332

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection M	200 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 2		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 352		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	750								
☑ Plumbing	350								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1100								

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

RECEIVED Aug 01 2019

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(**X**) Check if contractor.

Agent Name **Paul Mitchell / ITAK Heating & Cooling**

Address **175 Ramtown Greenville Rd**

Howell NJ 07731

Telephone **(732) 892-4957**

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/13/2019
Control Number C-19-002870
Permit Number 19-2128
Permit Issue Date 8/13/2019
Certificate Number 19-2128

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1609 TILFORD BLVD Brick Township, NJ Block: 825 Lot: 53 Qual:

Owner in Fee: GRIATZKY, NICHOLAS

Owner Address: 1609 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor ITAK HEATING & COOLING

Address 175 RAMSTOWN GREENVILLE RD Suite 205-Second Floor Howell NJ 07731

Telephone: (732) 892-4957 Fax: (732) 202-1332

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

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, REPLACEMENT HOT AIR FURNACE

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:

Daniel J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/13/2019

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

MECHANICAL INSPECTION
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/13/19
Control #
Date Issued
Permit # 19-2128

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

Block 825 Lot 53 Qualification Code

Work Site Location 1609 Tilford Blvd.

Owner in Fee: Gnatzky

[redacted]

Address same
street municipality zip code

Contractor: ITAK Heating & Cooling Tel
175 Ramtown Greenville Rd
Address Howell N.J 07731
Phone (732) 892-4957
Fax (732) 202-1332
Contractor License No. Exp. Date
Federal ID 223689154
Home Improvement Contractor Registration No. or Exemption Reason HVAC-R Lic#19HC00010400
Federal Emp. ID No. FAX:

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: Paul J Mitchell

Print name here: PAUL J MITCHELL

[ ] Licensed Contractor [ ] Exempt Applicant

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5 Proposed: R-3-or R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 350-

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of A/C - Fan Coil, Condenser

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	~~Generator~~ Condensate Line	
	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: 9-5-19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			9-4-19	

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/13/19
Control #
Date Issued
Permit # 19-2128

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

Block 825 Lot 53 Qualification Code

Work Site Location 1609 Tilford Blvd

Owner in Fee: [redacted] GRIATZKY

Tel. 732) 500-1223 e-mail

Address SAME

Contractor: SANSONE ELECTRIC LLC (street / municipality) Tel. (732) 751-1166 (zip code)

Address 63 LAKESIDE DR e-mail

FARMINGDALE NJ 07727

Contractor License No. 12808 Exp. Date 03/21

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 750-

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: 9/5/19

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/4/19	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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: MICHAEL SANSONE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of A/C - Condenser & Fan Coil

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	2 TON	KW Central A/C Unit	
1	2 TON	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 $

U.C.C. F120 (rev. 11/09)

CONSTRUCTION PERMIT

Date Issued 8/13/19
Control # C-19-002870
Permit # 19-2128

IDENTIFICATION Block: 825 Lot: 53 Qualifier
Work Site Location: 1609 TILFORD BLVD Brick Township, NJ
Owner in Fee GRIATZKY, NICHOLAS
1609 TILFORD BLVD BRICK NJ 08724
Telephone: [redacted]

Contractor ITAK HEATING & COOLING
Address 175 RAMSTOWN GREENVILLE RD Suite 205-Second Floor Howell NJ 07731
Telephone: (732) 892-4957
Lic. No. or Bldrs. Reg. No. 13VH00236700 19HC00017300
Federal Employee. 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:
REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

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 $1,100

Construction Official

Date 8/6/19

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$200.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$352
Check No.	3246
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

ITAK Heating & Cooling
175 Ramtown Greenville Rd.
Howell, NJ 07731
732-892-4957
HVAC-R MASTER LIC# 19HC00010400

BLOCK: 825

LOT: 53

ADDRESS: 1609 Tilford Blvd.

REPLACEMENT FURNACE

OLD BTU -- INPUT_____ OUTPUT_____

NEW BTU – INPUT_____ OUTPUT_____

A/C REPLACEMENT

OLD UNIT 24,000 BTU

NEW UNIT 24,000 BTU

ELECTRICAL DATA

UNIT SIZE – VOLTAGE, SERIES	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA		
18–30	208/230/1	253	197	48.0	9.0	0.5	11.7	20
24–30				58.3	13.5	0.8	17.6	30
30–30				73.0	14.1	1.1	18.7	30
36–30				79.0	16.7	1.1	21.9	35
42–30				109.0	19.9	1.2	26.0	40
48–30				117.0	21.8	1.2	28.4	40
60–31				134.0	26.3	1.2	34.1	50

* Permissible limits of the voltage range at which the unit will operate satisfactorily.

** Time–Delay fuse.

FLA – Full Load Amps

LRA – Locked Rotor Amps

MCA – Minimum Circuit Amps

RLA – Rated Load Amps

NOTE: Control circuit is 24–V on all units and requires external power source. Copper wire must be used from service disconnect to unit.
All motors/compressors contain internal overload protection.
Complies with 2010 requirements of ASHRAE Standards 90.1

A–WEIGHTED SOUND POWER LEVEL (dBA)

UNIT SIZE – VOLTAGE, SERIES	STANDARD RATING (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
18–30	75	50.0	59.0	65.5	69.5	64.5	61.0	55.0
24–30	75	53.0	60.0	68.0	69.5	68.0	63.0	58.5
30–30	77	57.0	66.5	71.0	73.0	69.5	66.5	59.0
36–30	77	55.0	66.5	71.0	70.5	69.0	67.0	63.5
42–30	77	57.0	60.0	66.5	69.0	68.0	64.5	58.0
48–30	80	57.0	60.0	68.0	75.0	69.0	66.5	65.5
60–31	80	59.5	65.0	71.5	72.0	67.0	65.0	62.0

NOTE: Tested in compliance with AHRI 270–2008 but not listed with AHRI.

A–WEIGHTED SOUND POWER LEVEL (dBA) WITH SOUND SHIELD

UNIT SIZE – VOLTAGE, SERIES	STANDARD RATING (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
18–30	73	50.5	60.0	66.0	68.0	64.0	60.5	54.0
24–30	73	53.5	60.0	67.0	68.5	66.5	61.5	56.0
30–30	77	57.5	66.0	71.0	72.5	69.0	65.5	57.5
36–30	76	55.5	66.0	70.0	69.5	68.5	66.0	61.5
42–30	74	57.0	60.5	66.5	67.5	67.0	62.5	56.5
48–30	78	57.0	60.5	67.5	74.0	68.0	64.0	62.5
60–31	77	59.5	65.0	71.0	68.5	66.0	61.5	58.5

NOTE: Tested in compliance with AHRI 270–2008 but not listed with AHRI.

CHARGING SUBCOOLING (TXV–TYPE EXPANSION DEVICE)

UNIT SIZE – VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
18–30	8 (4.4)
24–30	11 (6.1)
30–30	9 (5.0)
36–30	10 (5.6)
42–30	11 (6.1)
48–30	12 (6.7)
60–31	11 (6.1)

PHYSICAL DATA

ORDERING NO.	NOMINAL COOLING CAPACITY (Btuh)	DIMENSIONS			SHIPPING WEIGHT
		Height	Width	Depth	
FB4CN(F,P)018L	18,000	42–11/16 in. 1084mm	14–5/16 in. 363mm	22–1/16 in. 560mm	112 lb 51 kg
FB4CNF024L	24,000	42–11/16 in. 1084mm	14–5/16 in. 363mm	22–1/16 in. 560mm	112 lb 51 kg
FB4CNP025L	24,000	49–5/8 in. 1260mm	17–5/8 in. 447mm	22–1/16 in. 560mm	122 lb 55 kg
FB4CN(F,P)030L	30,000	49–5/8 in. 1260mm	17–5/8 in. 447mm	22–1/16 in. 560mm	122 lb 55 kg
FB4CN(F,P)036L	36,000	49–5/8 in. 1260mm	17–5/8 in. 447mm	22–1/16 in. 560mm	122 lb 55 kg
FB4CN(F,P)042L	42,000	49–5/8 in. 1260mm	21–1/8 in. 536mm	22–1/16 in. 560mm	157 lb 71 kg
FB4CN(F,P)048L	48,000	49–5/8 in. 1260mm	21–1/8 in. 536mm	22–1/16 in. 560mm	157 lb 71 kg
FB4CNP060L	60,000	53–7/16 in. 1357mm	21–1/8 in. 536mm	22–1/16 in. 560mm	175 lb 79 kg
FB4CNP061L	60,000	59–3/16 in. 1503mm	24–11/16 in. 447mm	22–1/16 in. 560mm	201 lb 91 kg

SPECIFICATIONS

FB4C	18	24	25	30	36	42	48	60	61
EVAPORATOR COIL									
Face Area (sq. ft)	2.23		2.97	2.97		4.45		5.93	7.42
Configuration	Slope					A			
FB4CNF Metering Device (Teflon–ring piston) Puron Refrigerant	EA52PT049	EA52PT055	N/A	EA52PT061	EA52PT067	EA52PT076	EA52PT080	N/A	N/A
FB4CNP Metering Device Puron Refrigerant	TXV	TXV	TXV	TXV	TXV	TXV	TXV	TXV	TXV
FILTER*									
21–1/2–in (546 mm) X	13–in (330 mm)		16–3/8–in (417 mm)	16–3/8–in (417 mm)		19–7/8–in (505 mm)			23–5/16–in (585 mm)
BLOWER ASSEMBLY									
Motor Type (ECM)	Multi–tap ECM								
Motor HP	1/3	1/3	1/3	1/3	1/2	1/2	3/4	3/4	3/4
CFM	600	800	800	1000	1200	1400	1600	1750	2000

*Filter must be field–supplied for FB4C units.