9/17/03 Left Message on Machine

BLOCK 852 LOT 4.01 QUALIFICATION CODE C04-03 ADDRESS (SITE) 856 Route 70 (H&R Block) PERMIT NO 03-4139

BERKELEY TOWNSHIP
P.O. Box 'B'
Bayville, New Jersey 08721

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 856 Route 70 Bricktown (H&R Block)
2. Name of Owner in Fee: KIN PROPERTIES INC. Tel. (561) 620-9200
   Address 185 NW SPANISH RIVER Blvd. BOCA RATON, FLORIDA 33431-4230
   (street / municipality / zip code)
3. Ownership in Fee: Public X Private ____
4. Principal Contractor: Toms River Heating + Air Cond. Tel. (732) 270-3600
   Address 400 Corporate Circle Toms River 08755
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22 265-1591 FAX: (732) 270-3600
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Michael Beaulieu
   Tel. (732) 270-3600 FAX (732) 244-2589

Replace Rooftop Package unit / Gas Heat + A/C. H&R Block STORE.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	81	
2.	Electrical		35	
3.	Plumbing		Ltr	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1.00	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	117	

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	

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.	☐ Addition									
4.	☑ Alteration	500								
5.	☒ Fire Protection	1,500				9/10/03	RB			
6.	☒ Plumbing	2,000				9/4/03	RB			
7.	☒ Electrical	500				9/10/03	VWL			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	4,500								

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use: STORE front
2. Use Group:
3. Change in Use Group, Indicate Former:

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 _____

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name Toms River Heating and Air Conditioning

Address 400 Corporate Circle

Toms River NJ 08755

Telephone (732) 279-3600

Signature _____ (Agent)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/17/2003
Control #
Permit # 03-4139

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 352 Lot 4.01 Qual

Work Site Location 858 ROUTE 70-H & R BLOCK
REPLACE ROOFTOP UNIT
Owner in Fee KIN PROPERTIES INC
Address 185 NW SPANISH RIVER BLVD
BOCA RATON, FL 33431-4230
Telephone (561)620-9200

Contractor ACR SERVICE
Address 400 CORPORATE CIRCLE
TOMS RIVER, NJ
Telephone (800)400-2982
Lic. No. or Bldrs. Reg. No. 5188A
Federal Emp. No. 22-3240431

09/17/03 1:08PM 000000#3711
XX02 SERV.002
#4139
ELECTRIC $84.00
PLUMBING $35.00
FIRE $46.00
DCA $6.00
CHECK $171.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FOR H & R BLOCK ROOFTOP REPLACEMENT

PAYMENTS (Office Use Only)

Building	0
Electrical	84
Plumbing	35
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other	
Total	171
Check No.	2486
Cash	
Collected By	MJR

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 $ 4,000

Construction Official — Date 09/17/2003

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 9/11/03
Control # C04-03
Permit # 03-4139

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

Block 852 Lot 4.01 Qual
Work Site Location 856 ROUTE 70-H & R BLOCK
REPLACE ROOFTOP UNIT
Owner in Fee KIN PROPERTIES INC
Address 185 NW SPANISH RIVER BLVD
BOCA RATON, FL 33431-4230
Tele.(561)620-9200
Contractor TOMS RIVER HEATING AND AIRCON
Address 400 CORPORATE CR.
TOMS RIVER, NJ 08742-
Tele.(908)244-2880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2651591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ROOF
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 9-12-03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	28	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

1875 CFM

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA State Permit Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 9/17/03
Control # C04-03
Permit # 03-4139

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

Block 852 Lot 4.01 Qual
Work Site Location 856 ROUTE 70-H & R BLOCK
REPLACE ROOFTOP UNIT
Owner in Fee KIN PROPERTIES INC
Address 185 NW SPANISH RIVER BLVD
BOCA RATON, FL 33431-4230
Tele.(561)620-9200
Contractor TOMS RIVER HEATING AND AIRCON
Address 400 CORPORATE CR.
TOMS RIVER, NJ 08742-
Tele.(908)244-2880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2651591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ROOF
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 9-12-3
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	20	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

1875 cfm

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA State Permit Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 9/17/03
Control # C04-03
Permit # 03-4139

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

Block 852 Lot 4.01 Qual

Work Site Location 856 ROUTE 70-H & R BLOCK
REPLACE ROOFTOP UNIT

Owner in Fee KIN PROPERTIES INC

Address 185 NW SPANISH RIVER BLVD
BOCA RATON, FL 33431-4230

Tele.(561)620-9200

Contractor TOMS RIVER HEATING AND AIRCON

Address 400 CORPORATE CR.
TOMS RIVER, NJ 08742-

Tele.(908)244-2880

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2651591

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ] No Plans Required~~
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/4/03
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other REPLACE A/C	35
	Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA State Permit Fee	$ 3

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 9/17/03
Control # C04-03
Permit # 03-4139

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

Block 852 Lot 4.01 Qual

Work Site Location 856 ROUTE 70-H & R BLOCK
REPLACE ROOFTOP UNIT

Owner in Fee KIN PROPERTIES INC

Address 185 NW SPANISH RIVER BLVD
BOCA RATON, FL 33431-4230

Tele.(561)620-9200

Contractor TOMS RIVER HEATING AND AIRCON

Address 400 CORPORATE CR.
TOMS RIVER, NJ 08742-

Tele.(908)244-2880

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2651591

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ] No Plans Required~~
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/4/03
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other REPLACE A/C	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 3

U.C.C. F130 (rev. 3/96)

BERKELEY TOWNSHIP
P.O. Box 'B'
Bayville, New Jersey 08721

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-17-03
Control #
Permit # 03-4139

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

Block 852 Lot 4.01
Work Site Location 856 Route 70 Brick 1/4 & R Block

Owner in Fee/Occupant Kim Properties INC
Address 185 NW SPANISH River Boulevard
Box 500 Boca Raton Florida 33431-4230
Tele. (561) 620-9200
Contractor ACR Electrical Services
Address 400 Corporate Circle
Toms River, NJ 08755
Tele. (732) 244-2880 Fax (732) 244-2889
Lic. No. 5188
Federal Emp. No. 22-3240431

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/10/03
Approved by: VML

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5 Ton	KW Central A/C Unit Replacement.	
		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 $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

U.C.C. F120
(rev. 3/96)

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

BERKELEY TOWNSHIP
P.O. Box 'B'
Bayville, New Jersey 08721

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9-17-03
Date Issued
Control #
Permit # 03-4139

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

Block 852 Lot 4.01
Work Site Location 856 Route 70 Brick Mini Block

Owner in Fee/Occupant Kim Properties Inc.
Address 1515 NW Spanish River Boulevard
Box 100 Boca Raton Florida 33431-4230
Tele. (561) 620-9200

Contractor ACR Electrical Services
Address 400 Corporate Circle
Toms River, NJ 08755
Tele. (732) 244-2880 Fax (732) 244-2889
Lic. No. 5188
Federal Emp. No. 22-3240431

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/100
Approved by: AM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5 Ton	KW Central A/C Unit Replacement.	
		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 $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

U.C.C. F120 (rev. 3/96)

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

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 856 Route 70 Brick / H+R Block Store.
Block: 852 Lot: 4.01
Owner's Name: Kin Properties, Inc.
Owner's Mailing Address: 185 NW Spanish River Blvd.
Boca Raton Florida 33431-4230
Phone: ( ) 561 620-9200

BUILDING

Contractor: Toms River Heating and Air Cond.
Address: 400 Corporate Circle
Toms River NJ 08755
Phone#: 732 270-3600
Lis #
Federal Emp # or SSN 22 265-1591

Technical Data

Description of Work: Replace Heat/cool Package unit Rooftop of H+R Block Store.

Type of Work

___New Building	___Siding
_X_ Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 500

Cost of New Building: $

Total Cost of New Building Work: $ 500

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

Signature: Michael Beaulieu Agent
Please Print Name Michael Beaulieu

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KV
Oven/Surface Unit	KW
Electric Water Heater	KV
Electric Dryer	KV
Dishwasher	KV
Garbage Disposal	H
A/C Unit –Central Air	KV
Space Heater/Air Handler	KV
Baseboard Heating	KV
Motors 1+ HP	
Transformer/Generator	KV
Light Stander	AMI
Service	AMI
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	KV
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Phone #: 732 - 270 - 3600
Lic #:

FIRE

Phone #: 732 - 270 - 3600
Lic #:

NEW Unit.

	Model No. Low NO_x Models	GCS16-048-75 GCS16X-048-75	GCS16-048-120 GCS16X-048-120	GCS16-060-75 GCS16X-060-75	GCS16-060-120 GCS16X-060-120
Heating Performance	Input - Btuh (kW)	75,000 (22.0)	120,000 (35.2)	75,000 (22.0)	120,000 (35.2)
	Output - Btuh (kW)	60,000 (17.0)	96,000 (28.1)	60,000 (17.0)	96,000 (28.1)
	☆A.F.U.E	80.0%	80.0%	80.0%	80.0%
	California Seasonal Efficiency	75.0%	75.0%	75.0%	75.0%
	Gas Supply Connections npt - in.	1/2	1/2	1/2	1/2
	Recommended Gas Supply Pressure - Natural Gas	7 in. w.c. (1.7 kPa)	7 in. w.c. (1.7 kPa)	7 in. w.c. (1.7 kPa)	7 in. w.c. (1.7 kPa)
	LPG/Propane	11 in. w.c. (2.7 kPa)	11 in. w.c. (2.7 kPa)	11 in. w.c. (2.7 kPa)	11 in. w.c. (2.7 kPa)
Cooling Performance	Nominal Tonnage (kW)	4 (14.1)	4 (14.1)	5 (17.6)	5 (17.6)
	★Cooling capacity - Btuh (kW)	46,500 (13.6)	46,500 (13.6)	58,500 (17.1)	58,500 (17.1)
	Total unit watts	4890	4890	6570	6570
	★SEER (Btuh/Watts)	10.35	10.35	10.00	10.00
	EER (Btuh/Watts)	9.50	9.50	8.90	8.90
	*Sound Rating Number (dB)	82	82	82	82
	Refrigerant Charge (HCFC-22)	5 lbs. 11 oz. (2.58 kg)	5 lbs. 11 oz. (2.58 kg)	7 lbs. 0 oz. (3.18 kg)	7 lbs. 0 oz. (3.18 kg)
Condenser Coil	Net face area - sq. ft. (m^2) Outer coil	14.3 (1.33)	14.3 (1.33)	14.3 (1.33)	14.3 (1.33)
	Inner coil	5.9 (0.55)	5.9 (0.55)	13.7 (1.27)	13.7 (1.27)
	Tube diameter - in. (mm)	3/8 (9.5)	3/8 (9.5)	3/8 (9.5)	3/8 (9.5)
	Number of rows	1.4	1.4	2	2
	Fins per inch (m)	20 (787)	20 (787)	20 (787)	20 (787)
Condenser Fan	Motor horsepower (W)	1/4 (187)	1/4 (187)	1/4 (187)	1/4 (187)
	Motor watts	340	340	360	360
	Diameter - in. (mm)	24 (610)	24 (610)	24 (610)	24 (610)
	Number of blades	4	4	4	4
	Air volume - cfm (L/s)	3880 (1830)	3880 (1830)	3770 (1780)	3770 (1780)
Evaporator Coil	Net face area - sq. ft. (m^2)	5.3 (0.49)	5.3 (0.49)	6.2 (0.58)	6.2 (0.58)
	Tube diameter - in. (mm)	3/8 (9.5)	3/8 (9.5)	3/8 (9.5)	3/8 (9.5)
	No. of rows	2	2	2	2
	Fins per inch (m)	15 (591)	15 (591)	15 (591)	15 (591)
	Condensate drain coupling size npt - in.	3/4	3/4	3/4	3/4
Evaporator Blower	Motor horsepower (W)	3/4 (560)	3/4 (560)	3/4 (560)	3/4 (560)
	Blower wheel nominal diameter x width - in. (mm)	11-1/2 x 9 (292 x 229)	11-1/2 x 9 (292 x 229)	11-1/2 x 9 (292 x 229)	11-1/2 x 9 (292 x 229)
Filters	Cleanable, polyurethane - Number & size - in.	(1) 20 x 25 x 1	(1) 20 x 25 x 1	(1) 20 x 25 x 1	(1) 20 x 25 x 1
	mm	508 x 635 x 25	508 x 635 x 25	508 x 635 x 25	508 x 635 x 25
Shipping Data	Net weight of basic unit - lbs. (kg)	496 (225)	496 (225)	526 (239)	526 (239)
	Shipping weight of basic unit - lbs. (kg) 1 pkg.	605 (274)	605 (274)	635 (288)	635 (288)
Electrical characteristics (60hz)		208/230v - 1 ph, 208/230v or 460v - 3 ph	208/230v - 1 ph, 208/230v, 460v or 575v - 3 ph	208/230v - 1 ph, 208/230v or 460v - 3 ph	208/230v - 1 ph, 208/230v, 460v or 575v - 3 ph

*Sound Rating Number in accordance with test conditions included in ARI Standard 270.
☆Annual Fuel Utilization Efficiency based on DOE test procedures and FTC labeling regulations.
★Certified in accordance with the USE certification program, which is based on ARI Standard 210/240: 95°F (35°F) outdoor air temperature and 80°F (27°C) db/67°F (19°C) wb entering evaporator coil air.

SPECIFICATIONS

Existing - Old unit

Model No.			GCS10-461-463-75 ††GCS10X-461-463-75	GCS10-511-513-75 ††GCS10X-511-513-75	GCS10-651-653-75 ††GCS10X-651-653-75
Heating capacity input (Btuh)			75,000	75,000	75,000
†Heating capacity output (Btuh)			58,000	58,000	58,000
†A.F.U.E.			75.7%	75.7%	75.7%
California Seasonal Efficiency			71.2%	71.2%	71.2%
★ARI Standard 270 SRN (bels)			8.0	8.4	8.2
*ARI Standard 210 Ratings	Total cooling capacity (Btuh)		41,500	48,000	58,500
	Total unit watts		5130	5740	6650
	SEER (Btuh/Watts)		8.9	9.20	9.45
	EER (Btuh/Watts)		8.10	8.35	8.80
Refrigerant (R-22) charge			5 lbs. 10 oz.	5 lbs. 8 oz.	7 lbs. 5 oz.
Evaporator Blower	Blower wheel nominal diameter x width (in.)		10 x 9	12 x 12	12 x 12
	Motor horsepower		1/3	3/4	3/4
Evaporator Coil	Net face area (sq. ft.)		5.56	5.56	5.56
	Tube diameter (in.) & Number of rows		3/8 - 3	3/8 — 3	3/8 — 3
	Fins per inch		13	15	15
Condenser Coil	Net face area (sq. ft.)		15.1	15.1	15.1
	Tube diameter (in.) & Number of rows		3/8 — 1.27	3/8 — 1.55	3/8 — 2
	Fins per inch		18	18	18
Condenser Fan	Diameter (in.) & Number of blades		20 — 3	24 — 4	24 — 4
	Air volume (cfm)		3300	5000	5000
	Motor horsepower		1/6	1/2	1/2
	Motor watts		220	550	590
Gas Piping connection mpt (in.)		Natural and **LPG	1/2	1/2	1/2
Recommended gas supply pressure (wc-in.)		Natural	7	7	7
		LPG	11	11	11
**LPG changeover kit -- Optional			LB-33151CAF	LB-33151CAF	LB-33151CAF
Condensate drain size mpt (in.)			3/4	3/4	3/4
Net weight (lbs.) of basic unit			520	540	570
Shipping weight (lbs.) of basic unit — 1 package			555	575	605
Optional Economizer (Net Weight) — Number & size of filters (in.)			REMD10M-65 (160 lbs.) (1) 20 x 25 x 1 (Throwaway)		
Optional Horizontal Economizer (Net Weight) — Number & size of filters (in.)			EMDH10M-65 (80 lbs.) (1) 20 x 25 x 1 (Throwaway)		
Optional Gravity Exhaust Air Dampers (Net Weight)			GED10-65 (4 lbs.) (use with EMDH10M)		
Optional Duct Enclosure with Manual Outdoor Air Damper (Net Weight) and Number & size of filters (in.)			RDE10-65 (110 lbs.) (1) 20 x 25 x 1 (Throwaway)		
Optional Triangular Duct Enclosure with Manual Outdoor Air Damper (Net Weight) and Number & size of filters (in.)			RTDE10-65 (90 lbs.) (1) 20 x 25 x 1 (Throwaway)		
Optional Roof Mounting Frame (Net Weight)			RMFG10-65 (130 lbs.)		
Optional Combination Ceiling Supply and Return Diffusers (Net Weight)		Step-down	RTD9-65 (67 lbs.)		
		Flush	FD9-65 (33 lbs.)		

★Sound Rating Number in accordance with ARI Standard 270.
*Rated in accordance with ARI Standard 210 and DOE; 95°F outdoor air temperature and 80°F db/67°F wb entering evaporator air.
**For LPG units a field changeover kit is required and must be ordered extra.
†Annual Fuel Utilization Efficiency based on DOE test procedures and FTC labeling regulations. (Non 'X' models only)
††'X' models available for natural gas only.

HIGH ALTITUDE DERATE

Elevation Above Sea Level (feet)	Manifold Pressure (in. wc) †Heating Value (Btu/ft³) Natural Gas					LPG
	900	950	1000	1050	1100	Only
Sea Level — 0	4.32	3.88	3.50	3.17	2.89	9.00
1000	4.32	3.88	3.50	3.17	2.89	9.00
2000	3.65	3.30	2.95	2.70	2.45	7.61
3000	3.35	3.00	2.70	2.45	2.25	6.97
4000	3.05	2.75	2.45	2.25	2.04	6.35
5000	2.77	2.48	2.25	2.05	1.85	5.76
6000	2.50	2.25	2.00	1.85	1.65	5.20

†Heating value is based on an atmospheric pressure of 30 inches mercury and temperature at 60°F. Consult your gas utility for the local natural gas heating value.
NOTE - This is the only permissible field derate for the units.

Units must be derated when installed at an elevation of 2000 feet or more above sea level. Table shows the derate manifold pressure for high altitude operation with both natural gas and LPG. Operating the unit at manifold pressure specified will insure proper unit heat input at high altitude.