BLOCK 849 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 1731 Forge Pond Road PERMIT NO. 13-4111

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-005108

I. IDENTIFICATION

1. Proposed Work Site at: 1731 Forge Pond Road Brick NJ 08724
2. Name of Owner in Fee: Burkes
   [redacted] e-mail n/a
   Address same as above (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: AJ Perri Tel. (732) 982-8700
   Address 1138 Pine Brook Road e-mail _____
   Tinton Falls, NJ 07724
   License No. OR, if new home, Builder Reg. No. 13VH00346300 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 36-427609-7 FAX: (732) ~~982-8745~~ 709-2889
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Greg Johnston
   Tel. (732) 720-2116 (Kristy) FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		50-	
3. Plumbing		50-	
4. Fire Protection		45-	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		11-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	156-	

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		SEP 06 2013							
☒ Electrical	1500				9/10/13	JJ			
☒ Plumbing	2700				9-12-13				
☒ Fire Protection	1800				9-11-13				
☐ Elevator									
TOTAL COST	$6000								

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/9/2013
Control Number C-13-005108
Permit Number 13-4111
Permit Issue Date 9/28/2013
Certificate Number 13-4111

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1731 FORGE POND RD. Brick Township, NJ Block: 849 Lot: 19 Qual:

Owner in Fee: BURRY, EDDA L.

Owner Address: 1731 FORGE POND RD. BRICK NJ 08724

Telephone: [redacted]

Contractor AJ PERRI INC

Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700 Fax: (732) 709-2889

License Number or Builders Registration Number: 13VH00346300 13296B 12323 Federal Emp. Number: 36-4726097

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 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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/9/2013 U.C.C. F260 (rev. 08/05)

Im for Cont. 9-17-13

CONSTRUCTION PERMIT

Date Issued 9/28/13
Control # C-13-005108
Permit # 13-4111

IDENTIFICATION Block: 849 Lot: 19 Qualifier

Work Site Location: 1731 FORGE POND RD. Brick Township, NJ

Owner in Fee: BURRY, EDDA L.
1731 FORGE POND RD. BRICK NJ 08724

Telephone: [redacted]

Contractor: AJ PERRI INC
Address: 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700
Lic. No. or Bldrs. Reg. No. 12323
Federal Employee. No. 36-4726097

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 HOT AIR FURNACE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$156
Check No.	14370
Cash	$0
Credit	$0
Collected By	

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 $6,000

David F Newman Jr 9/10/13
Construction Official — 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.

09/28/13 11:15am 8015884012
#007 SERV.007
#4111
ELECTRIC $50.00
PLUMBING $50.00
FIRE $45.00
$11.00
$156.00

☑ 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.

1352542

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/28/13
Control #

Date Issued
Permit # 13-4111

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

Block 849 Lot 9 Qualification Code

Work Site Location 1731 Forge Pond Road
Brick NJ 08724

Owner in Fee: Burke

Tel. [redacted] e-mail n/a

Address same as above
street municipality

Contractor: A.J. Perri, Inc. Tel. (732) 982-8700
zip code

Address 1138 Pine Brook Road e-mail
Tinton Falls, NJ 07724

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

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

Federal Emp. ID No. 36-427609-7 FAX: (732) 709-2889

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1800

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-11-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-23-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			10/18/13	LC
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/23/13	LC
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:
Replace furnace

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		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $

13S02542 38 BY WASHAM LODGE TO END SOUTH BOUND 88

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/28/13

Date Issued / Permit # 13-4111

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

Block 849 Lot 9 Qualification Code

Work Site Location 731 Forge Pond Road
Belmar, NJ 08724

Owner [redacted]

Tel. [redacted] e-mail n/a

Address Same as above
street municipality zip code

Contractor: RCLE Inc. Tel. (732) 982-8700

Address 9 Ellis Court e-mail

Monmouth Beach, NJ 07750

Contractor License No. Electric License # 7654 Exp. Date

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

Federal Emp. ID No. 2232938-37 FAX: (732) 709-2889

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

10 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: 9/30/13
Approved by: JT

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/22/13
Approved by: JT

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/18/13	JT
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace furnace

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	
		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	
		KW Elec. Sign/Outline Light	
1	70K BTU	Furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

AJ 019 07 13

1382542

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/28/13
Control #

Date Issued
Permit # 13-4111

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

Block 849 Lot 19 Qualification Code

Work Site Location 1731 Forge Pond Road
Brick NJ 08724

Owner in Fee: Ridni

Te [redacted] e-mail n/a

Address Same as above
street municipality zip code

Contractor: MICHAEL J. PERRI T/A AJ PERRI, INC. Tel. (732) 689-6363

Address 9 JOHNSON STREET e-mail
MONMOUTH BEACH, NJ 07750

Contractor License No. 12566 Exp. Date

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

Federal Emp. ID No. FAX: (732) ~~982-8717~~ 709-2889

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 $ 2700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 9-12-13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 09-12-13
Approved by: PA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-22-13
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				
Roof				
Final			10-15-13	✓

66/54

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner/contractor 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 Homeowner

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace furnace

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

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

U.C.C. F130 (rev. 12/07)
Internet version

AJ 020B Rev 01 13

FOR REPLACEMENT FURNACE

OLD BTU — INPUT 60,000 OUTPUT 48,000

NEW BTU — INPUT 66,000 OUTPUT 54,000

A/C REPLACEMENT

OLD UNIT_____BTU

NEW UNIT_____BTU

AND/OR

HEAT LOSS/HEAT GAIN

***IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNIT'S, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.

***IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.

**********WE ALSO WILL NEED **********

******COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE (NOT THE INSTALLATION GUIDE) AND /OR AIR CONDITION UNIT.

******CHIMNEY CERTIFICATION (CANNOT BE CERTIFICATION BY HOMEOWNER)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 849 LOT 19 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1731 FORGE POND ROAD

Owner in Fee BURRY

Verifying Individual Greg Johnston Company A.J. Perri, Inc.

Address [redacted] (Street) _____ (City) _____ (State) _____ (Zip Code)

Te [redacted] Fax: (732) 709-2889

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: **Size** 5"

- [✓] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURNACE	Oil / (Gas) / Other:	70,000
Appliance 2:	WATER HEATER	Oil / (Gas) / Other:	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature _____ Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

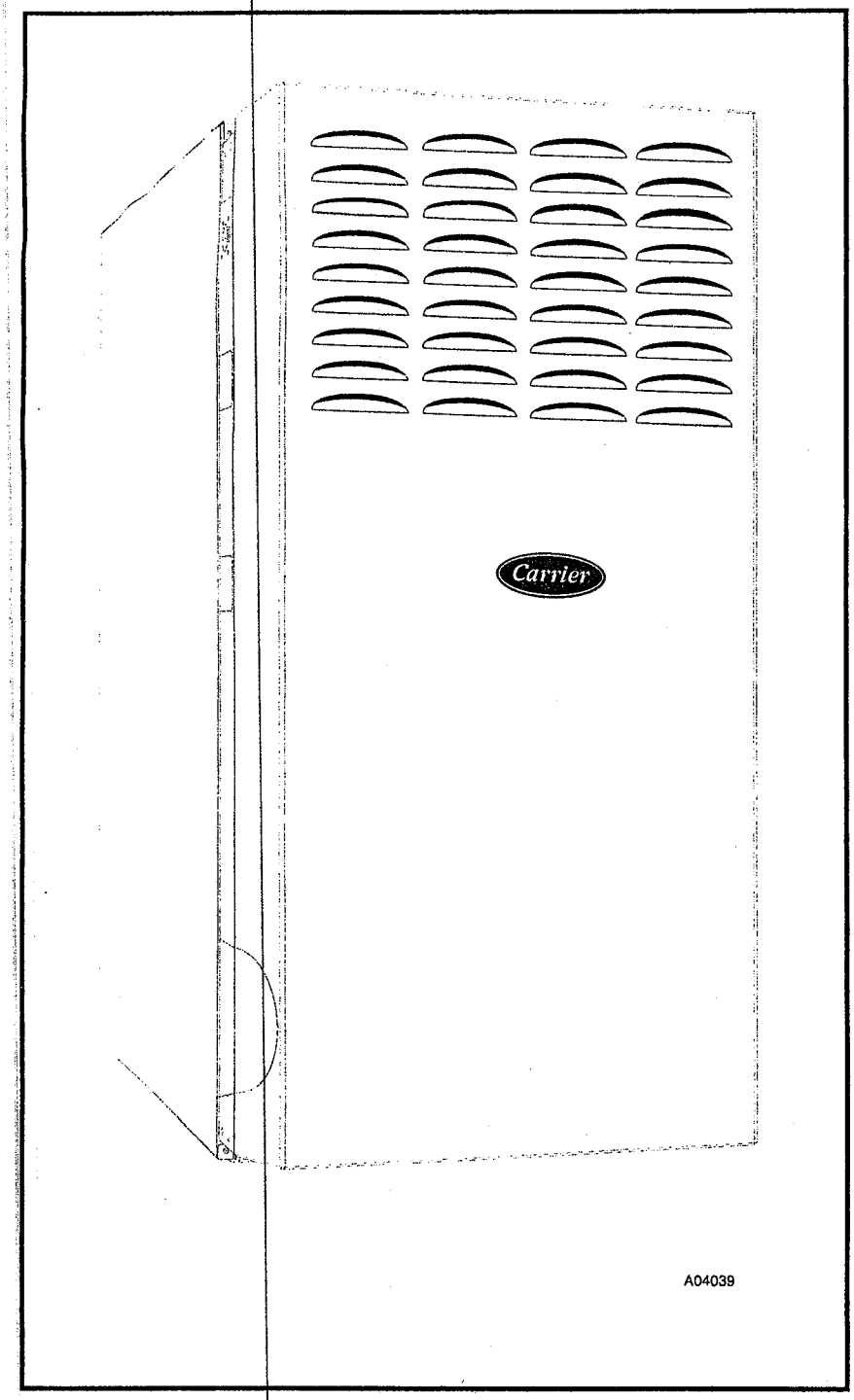
All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

58STA070

58STA/STX
4-Way Multipoise Induced-Combustion Gas Furnace
Input Capacities: 45,000 thru 155,000 Btuh

Carrier®
Turn to the Experts.℠

Product Data



THE CARRIER 58STA/STX GAS FURNACE

The 58STA/STX 4-way Multipoise Gas Furnaces feature Carrier's QuieTech™ noise reduction system for incredibly quiet induced draft operation. Applications are easy with 4-way multipoise design, through-the-furnace downflow venting, 13 different venting options, and a door designed for easy service access. An inner blower door is provided for tighter sealing in sensitive applications. The 58STA/STX furnaces are approved for use with natural or propane gas, and the 58STX is approved for use in Low NOx Air Management Districts.

STANDARD FEATURES

- **QuieTech™ system noise reduction system**
- **Microprocessor based control center**
  - LED diagnostics and self test feature
  - Adjustable heating air temperature rise
  - Adjustable cooling airflow
- **4-way Multipoise furnace, 13 vent applications**
- **Compact design – only 33-1/3 in. tall**
- **Power Heat™ Igniter**
- **Draft safeguard switch to ensure proper furnace venting**
- **Inner door for tighter sealing**
- **Hybrid Heat™ compatible**
- **All models are chimney friendly when used with accessory vent kit**
- **Twinning in Upflow, Downflow and Horizontal**
- **Residential installations eligible for consumer financing through the Retail Credit Program**

LIMITED WARRANTY

- 20-year warranty on "Super S™" heat exchanger
- 5-year parts warranty on all other components

Physical data

UNIT SIZE		045		070			090	
		08	12	08	12	16	14	16
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	58STX Upflow; all 58STA	35,000	36,000	53,000	54,000	53,000	71,000	71,000
	58STX Downflow/Horizontal	34,000	34,000	51,000	51,000	51,000	68,000	68,000
INPUT BTUH*	58STX Upflow; all 58STA	44,000	44,000	66,000	66,000	66,000	88,000	88,000
	58STX Downflow/Horizontal	42,000	42,000	63,000	63,000	63,000	84,000	84,000
AFUE%*	Nonweatherized ICS	80.0	80.0	80.0	80.0	80.0	80.0	80.0
SHIPPING WEIGHT (LBS.)		104	107	111	115	126	127	140
CERTIFIED TEMP RISE RANGE (°F)		30–60	20–50	40–70	30–60	25–55	40–70	30–60
CERTIFIED EXT STATIC PRESSURE	Heating	0.10	0.10	0.12	0.12	0.12	0.15	0.15
	Cooling	0.50	0.50	0.50	0.50	0.50	0.50	0.50
AIRFLOW CFM‡	Heating	920	1250	720	1195	1450	1375	1505
	Cooling	845	1160	900	1200	1530	1385	1720
LIMIT CONTROL		SPST						
HEATING BLOWER CONTROL		Solid-State Time Operation						
BURNERS (Monoport)		2	2	3	3	3	4	4
GAS CONNECTION SIZE		1/2-in. NPT						
GAS VALVE (Redundant) Manufacturer		White-Rodgers						
Minimum Inlet Pressure (in. wc)		4.5 (Natural Gas)						
Maximum Inlet Pressure (in. wc)		13.6 (Natural Gas)						
IGNITION DEVICE		Hot Surface						

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas code Table F4 or furnace Installation Instructions. In Canada, derate the unit 10 percent for elevations 2000 to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply. For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply. An airflow reduction of up to 7 percent may occur when using a Carrier 4-5/16 in. high efficiency media filter.

ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	045		070			090	
	08	12	08	12	16	14	16
DIRECT-DRIVE MOTOR Hp (PSC)	1/5	1/3	1/5	1/3	1/2	1/3	1/2
MOTOR FULL LOAD AMPS	2.9	5.2	2.9	5.2	7.9	5.2	7.9
RPM (Nominal) – Speeds	1075-3	1075-3	1075-3	1075-3	1075-3	1075-3	1075-3
BLOWER WHEEL DIAMETER × WIDTHS (IN.)	10 x 6	10 x 6	10 x 6	10 x 6	11 x 8	10 x 8	10 x 10

Physical data

		090	110			135		155
UNIT SIZE		20	12	16	22	16	22	20
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	58STX Upflow; all 58STA	71,000	89,000	89,000	89,000	107,000	107,000	125,000
	58STX Downflow/Horizontal	68,000	85,000	85,000	85,000	102,000	102,000	119,000
INPUT BTUH*	58STX Upflow; all 58STA	88,000	110,000	110,000	110,000	132,000	132,000	154,000
	58STX Downflow/Horizontal	84,000	105,000	105,000	105,000	126,000	126,000	147,000
AFUE%*	Nonweatherized ICS	80.0	80.0	80.0	80.0	80.0	80.0	80.0
SHIPPING WEIGHT (LBS.)		146	135	146	152	149	163	170
CERTIFIED TEMP RISE RANGE (°F)		25–55	50–80	40–70	30–60	50–80	40–70	45–75
CERTIFIED EXT STATIC PRESSURE	Heating	0.15	0.20	0.20	0.20	0.20	0.20	0.20
	Cooling	0.50	0.50	0.50	0.80	0.50	0.50	0.50
AIRFLOW CFM‡	Heating	1990	1335	1515	1900	1525	1850	1790
	Cooling	2025	1355	1680	2220	1710	2110	2230
LIMIT CONTROL		SPST						
HEATING BLOWER CONTROL		Solid-State Time Operation						
BURNERS (Monoport)		4	5	5	5	6	6	7
GAS CONNECTION SIZE		1/2-in. NPT						
GAS VALVE (Redundant) Manufacturer		White-Rodgers						
Minimum Inlet Pressure (In. wc)		4.5 (Natural Gas)						
Maximum Inlet Pressure (In. wc)		13.6 (Natural Gas)						
IGNITION DEVICE		Hot Surface						

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas code Table F4 or furnace Installation Instructions. In Canada, derate the unit 10 percent for elevations 2000 to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply. For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply. An airflow reduction of up to 7 percent may occur when using a Carrier 4-5/16 in. high efficiency media filter.

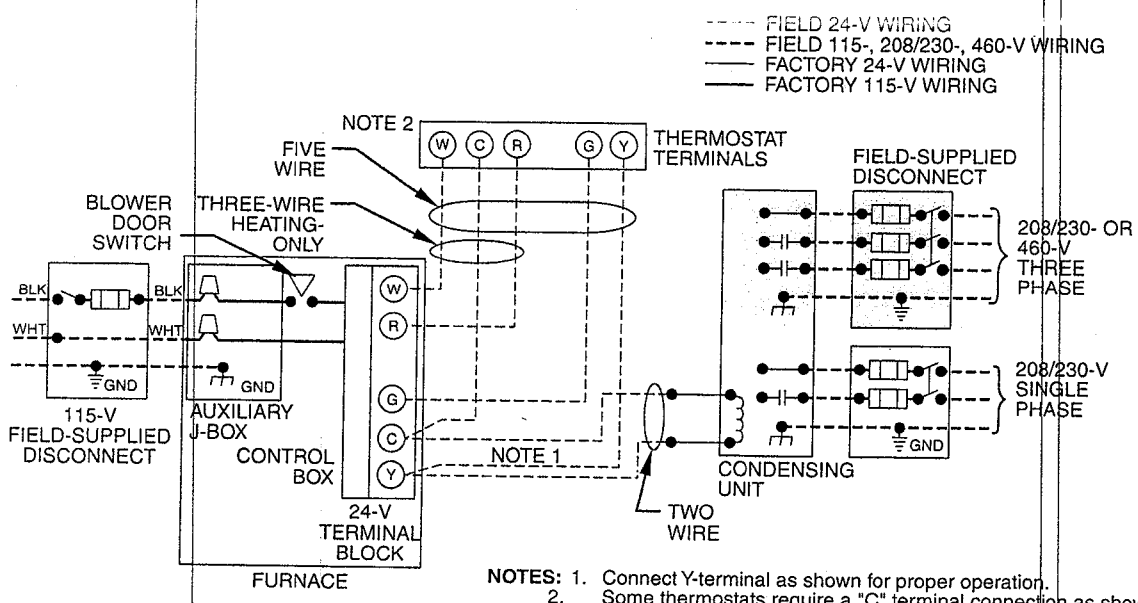
ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	090	110			135		155
	20	12	16	22	16	22	20
DIRECT-DRIVE MOTOR Hp (PSC)	3/4	1/3	1/2	3/4	1/2	3/4	3/4
MOTOR FULL LOAD AMPS	11.1	5.2	7.9	11.1	7.9	11.1	11.1
RPM (Nominal) – Speeds	1075-3	1075-3	1075-3	1075-3	1075-3	1075-3	1075-3
BLOWER WHEEL DIAMETER × WIDTHS (IN.)	11 x 11	10 x 8	10 x 10	11 x 11	10 x 10	11 x 11	11 x 11

PSC-Permanent Split Capacitor

Typical wiring schematic



NOTES: 1. Connect Y-terminal as shown for proper operation.
2. Some thermostats require a "C" terminal connection as shown.
3. If any of the original wire, as supplied, must be replaced, use same type or equivalent wire.

A02186

Electrical data

58STA/STX UNIT SIZE	VOLTS-HERTZ-PHASE	OPERATING VOLTAGE RANGE		MAXIMUM UNIT AMPS	MAXIMUM WIRE LENGTH (FT)‡	MAXIMUM FUSE OR CKT BKR AMPS†	MINIMUM WIRE GAGE
		Maximum*	Minimum*				
045-08	115-60-1	127	104	5.4	49	15	14
045-12	115-60-1	127	104	7.0	39	15	14
070-08	115-60-1	127	104	5.0	52	15	14
070-12	115-60-1	127	104	6.8	40	15	14
070-16	115-60-1	127	104	9.5	29	15	14
090-14	115-60-1	127	104	8.2	34	15	14
090-16	115-60-1	127	104	10.0	28	15	14
090-20	115-60-1	127	104	13.6	32	20	12
110-12	115-60-1	127	104	8.2	34	15	14
110-16	115-60-1	127	104	10.1	28	15	14
110-22	115-60-1	127	104	14.8	30	20	12
135-16	115-60-1	127	104	10.2	27	15	14
135-22	115-60-1	127	104	14.4	30	20	12
155-20	115-60-1	127	104	15.0	29	20	12

* Permissible limits of the voltage range at which unit operates satisfactorily.
† Time-delay type is recommended.
‡ Length shown is as measured one way along wire path between unit and service panel for maximum 2 percent voltage drop.

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 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. 5:23-2.15(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.

A.J. Per
Agent Name 1138 Pine Brook Rd.
Address Tinton Falls, NJ 07724
1-800-287-2164
36-427609-7
Telephone ( )
Signature _____

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