

BLOCK 846 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) 1695 FORGE POND ROAD PERMIT NO. 12-2567



CONSTRUCTION PERMIT APPLICATION

C12-003195

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

I. IDENTIFICATION	
1. Proposed Work Site at:	<u>1695 FORGE POND ROAD</u>
2. Name of Owner In Fee:	<u>DNKSTRA</u>
Address:	<u>35 AWOSTING ROAD, HEWITT NJ 07421</u>
3. Ownership in Fee:	Public _____ Private _____
4. Principal Contractor:	<u>BRICK TWP HEATING & A/C Co</u> Tel. <u>(732) 477-3300</u>
Address:	<u>4105 BRICK BLVD, BRICK NJ 08753</u>
License No. OR, if new home, Builder Reg. No.	<u>13UHO1918000</u> Exp. Date <u>2/3/11</u>
Federal Employee No.	<u>21-0703175</u> FAX: <u>(732) 477-0205</u>
5. Architect or Engineer	_____ Tel. (____) _____
Address	_____ Contact _____
6. Responsible Person in Charge once Work has Begun	<u>CROIG LAW</u>
Tel.	<u>(732) 477-3300</u> FAX: <u>(732) 477-0205</u>

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$	<u>40</u>	
2. Electrical	\$	<u>50</u>	
3. Plumbing	\$	<u>135</u>	
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$	<u>2</u>	<u>2</u>
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$	<u>227</u>	<u>62</u>
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area -- Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. B								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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 BRICK TOWNSHIP HEATING & A/C CO

Address 465 BRICK BLVD.
BRICK, NJ 08723

Telephone (732) 477-3300

Signature Craig Law

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/9/2012
Control Number C-12-003195
Permit Number 12-2567
Permit Issue Date 9/11/2012
Certificate Number 12-2567

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1695 FORGE POND RD. Brick Township, NJ Block: 846 Lot: 17 Qual: _____
Owner in Fee: DYKSTRA, JAMES R & YOLANDA M
Owner Address: 35 AWOSTING RD HEWITT NJ 07421
Telephone: _____
Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Telephone: 7324773300 Fax: 7324770205
License Number or Builders Registration Number: 13VH01918000 Federal Emp. Number: 21-0103175

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: FURNACE, GAS PIPING

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

Date Printed: 10/9/2012

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



PERMIT UPDATE

Date Update Issued
Control # C-12-003195+A
Permit # +A

12-2561+A

IDENTIFICATION Block: 846 Lot: 17 Qualifier
Work Site Location: 1695 FORGE POND RD. Brick Township, NJ Contractor: BRICK TOWNSHIP HEATING & AIR
Address: 465 BRICK BLVD BRICK NJ 08723
Owner in Fee: DYKSTRA, JAMES R & YOLANDA M Telephone: 7324773300
35 AWOSTING RD HEWITT NJ 07421 Lic. No. or Bldrs. Reg. No. 13VH01918000
Telephone: Federal Employee No. 21-0103175

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:

HOT WATER HEATER

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 \$900

Construction Official

Date

9-7-12

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$62
Check No.	2914
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



CONSTRUCTION PERMIT

Date Issued 9-11-12
Control # 12-2567
Permit # C-12-003195

IDENTIFICATION Block: 846 Lot: 17 Qualifier: 3
Work Site Location: 1695 FORGE POND RD. Brick Township, NJ Contractor: BRICK TOWNSHIP HEATING & AIR
Owner in Fee: DYKSTRA, JAMES R & YOLANDA M Address: 465 BRICK BLVD BRICK NJ 08723
35 AWOSTING RD HEWITT NJ 07421 Telephone: 7324773300
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 13VH01918000
Federal Employee No. 21-0103175

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:

FURNACE, GAS PIPING

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: \$1,000

[Signature]
Construction Official

9-7-12
Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$50
Fire Protection	\$135
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$227
Check No. <u>2414</u>	
Cash	\$0
Credit	\$0
Collected By	

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

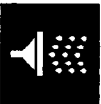
If you do not understand any of this information, please ask.

09/11/12 12:00PM 0015584753P

ELECTRICAL	\$40.00
PLUMBING	\$50.00
FIRE	\$135.00
DCA	\$2.00
CHECK	\$227.00



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____
Work Site Location 1695 FOREST ROAD
BAICK, NJ 08824
Owner [REDACTED] e-mail _____
Tel. () _____
Address 35 HUNTING ROAD, HEWITT, NJ 07421
Contractor BAICK TOWNSHIP HEATING & A/C CO. Tel. (732) 477-3300
Address 405 BAICK BLVD, BAICK, NJ 08823 e-mail _____
Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHA01918000
Federal Emp. ID No. 21-0703175 Tel. (732) 477-0205 FAX: (732) 477-0205

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 \$ 400.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES (Month/Day)	
PLAN REVIEW	DATE	Type	Slab	Failure	Approval
☐ No Plans Required		☐ Partial - Underslab Utilities Approved			
Date: _____		Approved by: _____			
☐ Plumbing Plans Approved		☐ Rough Water			
Date: _____		Approved by: _____			
☐ Joint Plan Review Required		☐ Fixtures			
☐ 1 Bldg. ☐ 1 Elec. ☐ 1 Fire ☐ 1 Elev.		☐ Gas Equipment			
SUBCODE APPROVAL FOR PERMIT		☐ Gas Piping			
Date: <u>8-4-12</u>		☐ LPG Gas Tank			
Approved by: <u>[Signature]</u>		☐ Fuel Oil Piping			
SUBCODE APPROVAL FOR CERTIFICATE		☐ Solar			
☐ 1 CO ☐ 1 GCO ☐ 1 CA		☐ TCO			
Date: <u>8-4-12</u>		☐ Tmol			
Approved by: <u>[Signature]</u>					

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.

Craig Daw

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

-(2) OIL TO GAS FURNACE REPLACEMENTS
- GAS HOT WATER HEATER
- GAS PIPE TO DRYER

QTY. FIXTURE/EQUIPMENT

Water Closet	_____
Urinal/Bidet	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bibb	_____
Water Heater	_____
Fuel Oil Piping	_____
Gas Piping	_____
LPG Gas Tank	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Sewer Connection	_____
Water Service Connection	_____
Stacks	_____
Other	_____
Other	_____

FEE (Office Use Only)
\$ _____

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

Date Received

Control #

Date Issued

Permit #



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 846 Lot 7 Qualification Code _____
Work Site Location 1695 FORGE ROAD
BRICK NJ 08724
Owner in Fee DUKES

Tel. _____ e-mail _____
Address 25 HUNTING ROAD, HEWITT, NJ 07421
Contractor OCEAN GATE MECHANICAL, LLC Tel. (732) 606-9824 Zip code 07421
Address 133 E. LAKEWOOD AVE, P.O. BOX 1177, OCEAN GATE, NJ 08740
Contractor License No. 7036 Exp. Date 6/30/2013
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04271700
Federal Emp. ID No. 96-0738304 FAX: (732) 606-9824

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 \$ 900.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Slab	Rough	Failure	Approval
☐ No Plans Required					Initial
☐ Partial - Under Slab Utilities Approved					
Date _____	Approved by: _____				
☐ Plumbing Plans Approved					
Date _____	Approved by: _____				
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date <u>9-4-12</u>	Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL FOR CERTIFICATE					
☐ CO ☐ CCO ☐ CA					
Date <u>10-4-12</u>	Approved by: <u>[Signature]</u>				

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]
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant

Update

Date Received
Control #
Date Issued
Permit #

9-11-12
12-2567+A

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HOT WATER HEATER REPLACEMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater TANKLESS-GAS	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
		Administrative Surcharge \$
		Minimum Fee \$
		State Permit Surcharge Fee \$
		TOTAL FEE \$

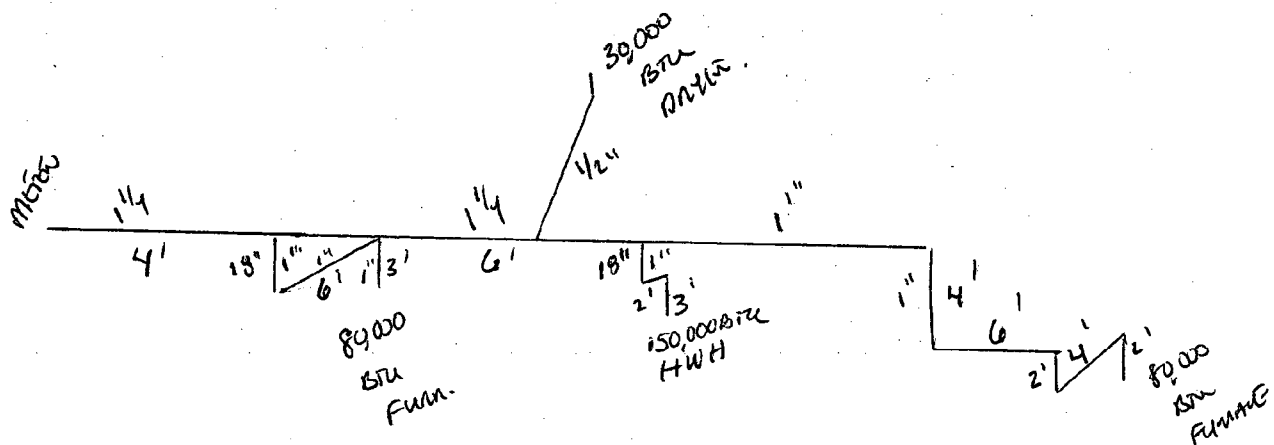
Craig Law

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
477-3300

PHONE: 732-477-3300
732-477-1494
FAX: 732-477-0205

OFFICE & SHOW ROOM:
465 BRICK BOULEVARD, (RT. 549), BRICK TOWNSHIP, NEW JERSEY 08723
MAIL: P.O. BOX 4068, OSBORNVILLE, BRICK, NJ 08723-0968

PYKEMA 1695 FONGEPOND



TOWNSHIP OF BRICK

	INITIAL	DATE
RELEASED FOR PERMIT		
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 846 Work Site Location 1695 FORGE POND ROAD
BAICK, NJ 08824

Owner [REDACTED] e-mail [REDACTED]
Tel. () [REDACTED] Address 23 THUNDERBOLT ROAD, HAWTHORNE, NJ 07411

Contractor: BAICK TOWNSHIP HEATING & A/C CO. INC. (732) 477-3300
Address 445 BRICK BLVD, BRICK, NJ 08723 zip code 07732

Fire Protection Equipment, NJ Div of Fire Safety Permit No. [REDACTED]
Fire Protection Equipment, NJ Div of Fire Safety Installer No. [REDACTED]
Fire Alarm Contractor No. [REDACTED] Exp Date [REDACTED]
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000
Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Fuel Storage Tank:
Fuel Type: [] Flammable or [] Combustible Capacity _____
Heating System: [] New or [] Modification to Existing [] New or [] Existing
OR [X] Conversion or [] Replacement
Fuel Type: [X] Gas [] Oil [] Electric [] Solar [] Other _____
Location: HALLWAY CLOSET & BASEMENT
Total Cost of Fire Protection Work \$ 300.00

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
Type	Initial	Type	Failure	Approval	Initial
[] No Plans Required		Alarm System			
[] Partial/Understand Utilities Approved		Suppression-Sys			
Date: _____		Standpipe			
[X] Fire Protection Plans Approved		Fire Pump			
Date: _____		Pre-Eng. System			
Joint Plan Review Required:		Mechanical			
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control			
SUBCODE APPROVAL FOR PERMIT		TCO			
Date: _____		Flam/Combust Tanks			
Approved by: _____		Fireplace Venting			
SUBCODE APPROVAL FOR CERTIFICATE		Final			
[] CO [] CA		Other			
Date: _____					
Approved by: _____					

U.C.C. F140 (rev 12/07) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received
Control #
Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

[] Certified Contractor [X] Exempt Applicant
Applicant's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

(2) OIL TO GAS FURNACE REPLACEMENTS

- GAS HOT WATER HEATER

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 876 Lot 17 Qualification Code _____
Work Site Location 1695 FORGE POND ROAD
BAICK, NJ 08724

Owner [REDACTED] e-mail _____
Tel. _____

Address 22 HUNTING ROAD HENWITT, NJ 07421

Contractor: BAICK TOWNSHIP HEATING & A/C CO Tel. 732 477-3300

Address 405 BAICK BLVD. e-mail _____
BAICK, NJ 08723

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13476191800

Federal Emp. ID No. 91-0703175 FAX: 732 477-0205

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 400.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Rough	Barrier-Free	Failure	Approval
☒ No Plans Required					
☐ Partial - Underlab Utilities Approved					
Date: _____	Approved by: _____				
☐ Electric Plans Approved					
Date: _____	Approved by: _____				
Joint Plan Review Required:					
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>9/2/12</u>	Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA					
Date: <u>10-9-12</u>	Approved by: <u>[Signature]</u>				
Date of Grounding and Bonding Certification: _____					

UCC F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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:

Craig Law
CRAIG LAW

Print name here:

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK (2) OIL TO GAS FURNACE REPLACEMENT

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 UJW 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	
<u>2</u>		<u>GAS FURNACE REPLACEMENT</u>	

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

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____
 Work Site Location 1695 FORGE POND ROAD
BRICK NJ 08714
 Owner in Fee: DUKETRA

Tel. () _____ e-mail _____
 Address 55 INWOSTING ROAD HENWITT NJ 07431
 Contractor: OCEAN GATE MECHANICAL, LLC Tel. () 732 606-9834 zip code
 Address 133 E. LAKEWOOD AVE, P.O. BOX 177, OCEAN GATE, NJ 08740
 Contractor License No. 7026 Exp. Date 6/30/2012
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH04271700
 Federal Emp. ID No. 26-0738204 FAX: () 732 606-9834

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 \$ 100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Slab	Rough	Failure	Approval
() No Plans Required	_____	_____	_____	_____	_____
() Partial - Under Slab Utilities Approved	_____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____	_____
() Plumbing Plans Approved	_____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____	_____
Joint Plan Review Required	_____	_____	_____	_____	_____
() Bldg. () Elec. () Fire () Elev.	_____	_____	_____	_____	_____
SUBCODE APPROVAL FOR PERMIT					
Date _____	_____	_____	_____	_____	_____
Approved by _____	_____	_____	_____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE					
() CO () CCO () CA	_____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____	_____
Approved by _____	_____	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

Updated

Date Received
Control #
Date Issued
Permit #

9-11-12
12-2567+A

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1107 WATER HEATER REACEMENT

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	_____
1	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____
		Administrative Surcharge \$
		Minimum Fee \$
		State Permit Surcharge Fee \$
		TOTAL FEE \$

TANKLESS-GAS



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 846 Lot 17 Work Site Location 1105 FORGE ROAD BRICK, NJ 08724 Qualification Code _____

Owner [Redacted] Tel. [Redacted] e-mail _____
Address 57 UNIVERSITY BLVD, BRIDGE PLAZA, NJ 07411 zip code 07411
Contractor: CRIVELLO MECHANICAL LLC Tel. (973) 606-0824
Address 122 E. CAMDEN AVE, BRIDGE PLAZA, NJ 08760 e-mail CRIVELLO@CRIVELLOMECHANICAL.COM
Contractor License No. 7726 Exp. Date 6/30/2012
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 12VH04277700
Federal Emp. ID No. 36-0738224 FAX: (732) 606-9824

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 \$ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	☐ Partial - Under Slab/Utilities Approved	Type	Failure	Approval	Initial
Date: _____	Approved by: _____	Slab			
☐ Plumbing Plans Approved	☐ Plumbing Plans Approved	Rough			
Date: _____	Approved by: _____	Water			
Joint Plan Review Required	Joint Plan Review Required	Sewer			
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.	☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.	Fixtures			
SUBCODE APPROVAL FOR PERMIT		Gas Equipment			
Date: _____	Approved by: _____	Gas Piping			
☐ CO ☐ CCO ☐ CA	☐ CO ☐ CCO ☐ CA	LPG Gas Tank			
Date: _____	Approved by: _____	Fuel Oil Piping			
SUBCODE APPROVAL FOR CERTIFICATE		Solar			
Date: _____	Approved by: _____	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.

Applicant's Signature/Contractor's Seal and Signature _____
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

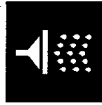
DESCRIPTION OF WORK

1107 WATER HEATER REPLACEMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater TANKLESS-GAS	
	Fuel Oil Piping	
	Gas Piping	
	LPG Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
Administrative Surcharge		\$
Minimum Fee		\$
State Permit Surcharge Fee		\$
TOTAL FEE		\$



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____
Work Site Location 1695 FORGE ROAD
BAILEY, NJ 08824
Owner [REDACTED] e-mail _____
Tel. () _____
Address 25 FARMINGTON ROAD, HEWITT, NJ 07421 zip code 07421
Contractor: PAUL TOWNSEND PLUMBING & AIR CO. Tel. () 732 477-3300
Address 445 BAILEY BLVD, BAILEY, NJ 08823 e-mail _____
Contractor License No. _____ Exp/ Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13W1101911002
Federal Emp. ID No. 21-0702175 FAX: () 732 477-0205

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 \$ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSTRUCTIONS		Dates (Month/Day)	
☐ No Plans Required	Type	Slab	Failure	Approval	Initial
☐ Partial - Under Slab Utilities Approved	Slab	Rough			
Date: _____ Approved by: _____	Water	Water			
☐ Plumbing Plans Approved	Sewer	Sewer			
Date: _____ Approved by: _____	Fixtures	Fixtures			
Joint Plan Review Required:	Gas Equipment	Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Piping	Gas Piping			
SUBCODE APPROVAL for PERMIT	LP Gas Tank	LP Gas Tank			
Date: <u>7-4-12</u>	Fuel Oil Piping	Fuel Oil Piping			
Approved by: <u>[Signature]</u>	Solar	Solar			
SUBCODE APPROVAL for CERTIFICATE	TCO	TCO			
☐ CO ☐ CCO ☐ CA					
Date: _____					
Approved by: _____					

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]

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

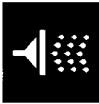
(2) OIL TO GAS FURNACE REQUIRMENTS
- GAS HOT WATER HEATER
- GAS PIPE TO DRYER

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	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>GAS FURNACE 80/20</u>	
	Other <u>REQUIRMENTS</u>	

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____
 Work Site Location 1105 FORGE ROAD
PAWINGTON, NJ 08054
 Owner in Esc. INDUSTRIAL
 Tel. [REDACTED] e-mail _____

Address 35 WINDSTING ROAD, HENRIETTA, NY 14457
 Contractor PAUL TOWNHOLM, INC. Municipality PAWINGTON Tel. (921) 477-3711
 Address 1105 FORGE ROAD, PAWINGTON, NJ 08054 e-mail _____
 Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 1201194001
 Federal Emp. ID No. 41-6702175 FAX: (921) 477-0215

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 \$ 400.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLANS REVIEW	Type	Slab	Rough	Failure	Approval
☐ No Plans Required					
☐ Partial - Underslab Utilities Approved					
Date: _____	Approved by: _____				
☐ Plumbing Plans Approved					
Date: _____	Approved by: _____				
Joint Plan Review Required:					
☐ Bldg	☐ Elec	☐ Fire	☐ Elev		
SUBCODE APPROVAL for PERMIT					
Date: _____	Approved by: _____				
SUBCODE APPROVAL for CERTIFICATE					
☐ CO	☐ CCO	☐ CA			
Date: _____	Approved by: _____				

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.

Paul Townholm

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- (2) OIL TO GAS FURNACE RETURN IS
- GAS HOT WATER HEATER
- GAS PIPE TO DEVER

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	
	Gas Piping	
	LPG Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>GAS FURNACE</u>	
	Other <u>PIPE</u>	

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

Date Received
 Control #
 Date Issued
 Permit #

9-11-12
 12-2567

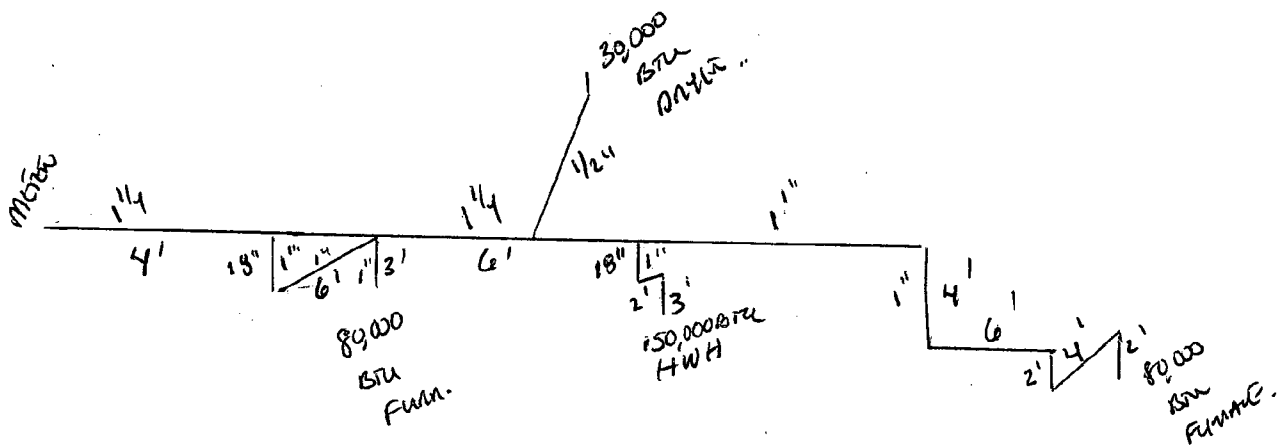
Craig Law

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
477-3300

PHONE: 732-477-3300
732-477-1494
FAX: 732-477-0205

OFFICE & SHOW ROOM:
465 BRICK BOULEVARD, (RT. 549), BRICK TOWNSHIP, NEW JERSEY 08723
MAIL: P.O. BOX 4068, OSBORNVILLE, BRICK, NJ 08723-0968

PYKEMA 1695 FONGEPANO



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode _____	_____	9-4-12
Plumbing Subcode _____	_____	_____
Fire Subcode _____	_____	_____
Electrical Subcode _____	_____	_____
Plan Reviewer _____	_____	_____
Plans Released _____	_____	_____
Construction Official _____	_____	_____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____

Work Site Location 1695 LARGE POND ROAD

BAIR, NJ 08724

Ownr _____

Tel. _____ e-mail _____

Address 35 HINDSING ROAD HEWITT, NJ 07421

Contractor: BAIR TOWNSHIP HEWITT, AK CO. 732 477-3300

Address 405 BAIR BLVD. BAIR, NJ 08723

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. 31-0703175 FAX: 732 477-0205

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 400.00

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: 7/4/12

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Temp. Cur-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)

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

APPLICANT'S SIGNATURE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

Date Received
Control #
Date Issued
Permit #

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:

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: OIL TO GAS EXCHANGE

REPLACEMENT

100

QTY. SIZE ITEMS

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

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

GAS TUBE REPLACEMENT

100

100

100

100

100

100

100

100

100

100

100

100

100

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

4. Gold = Applicant Copy



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____
Work Site Location 11-01-1 TORRE ROAD BUCK
PAUL, NJ 08724

Owner in Fee: _____ e-mail _____
Tel. _____

Address 25 HAWTHORNE ROAD HAWTHORNE, NJ 07421
zip code

Contractor: PAUL TRANKINS INC. CO. Tel. 973 477-3300
Address 445 BARK BLVD. e-mail _____
PAUL, NJ 07733

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. 31-2702175 FAX: 973 477-0205

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type	Failure	Approval	Initial	Failure	Approval
☒ No Plans Required					
☐ Partial - Underslab Utilities Approved					
Date: _____					
☐ Electric Plans Approved					
Date: _____					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Fire. [] Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>2/11/11</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL for CERTIFICATE					
[] CO [] CCO [] CA					
Date: _____					
Approved by: _____					

U.C.C. F.20 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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: CRAIG LAW

Print name here: _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE EXISTING LIGHT FIXTURES

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 _____
KW Central A/C Unit _____
HP/KW Space Heater/Air Handler _____
KW Baseboard Heat _____
HP Motors 1/4 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 \$ _____

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 846 Lot 17 Qualification Code _____
Work Site Location 11095 FORGE POND ROAD
BAICK, NJ 08224

Owner [REDACTED] e-mail _____
Tel. _____
Address 215 FIVE STAR ROAD, HENRIETTA, NY 14456
Contractor BAICK TOWNSHIPS HENRIETTA, NY 14456 Tel. (732) 477-3300
Address 465 BAICK BLVD, BAICK, NJ 08223 e-mail _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 134461918000
Federal Emp. ID No. 21-0703175 FAX: (732) 477-0305

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____

Heating System: [] New OR [] Modification to Existing [] New OR [] Existing
OR [] Conversion OR [] Replacement
Location of Panel: _____
Fuel Type: [X] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: HALLWAY CLOSURE DOCUMENT
Total Cost of Fire Protection Work \$ 200.00

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW	Type:	Dates (Month/Day)	Failure	Approval	Initial
[] No Plans Required.	Alarm System				
[] Partial Under-slab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[X] Fire Protection Plans Approved	Fire Pump				
Date: <u>9-5-12</u> Approved by: <u>[Signature]</u>	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL FOR PERMIT					
Date: <u>9-5-12</u>	TCO				
Approved by: <u>[Signature]</u>	Flam/Combust Tanks				
SUBCODE APPROVAL FOR CERTIFICATE					
Date: <u>9-5-12</u>	Fireplace Venting				
[] CO [] CA	Final				
Approved by: _____	Other				

U.O.C. F-140 (rev. 12/07) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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 _____
[] Exempt Applicant [X] Certified Contractor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

(2) OIL TO GAS TURBINE REPAIRS
- GAS HOT WATER HEATER
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

NUMBER

Flammable/Combustible Tanks _____

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____

Supervisory Devices (i.e., tamper, 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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

FEE (Office Use Only)

CO-201
State Permit Fee
200.00



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____

Work Site Location 11095 FORCE ROAD ROAD

BAILEY, NJ 07934

Owner in Fee: BAILEY

Tel. _____ e-mail _____

Address 25 INDUSTRIAL ROAD, HIGHTSTOWN

Contractor: BAILEY TOWN & HIGHTSTOWN

Address 445 BAILEY ROAD, BAILEY, NJ 07934

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

Fire Alarm Contractor No. _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 12446191500

Federal Emp. ID No. 21670275 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Fuel Storage Tank: _____

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar

Location: BAILEY TOWN & HIGHTSTOWN

Total Cost of Fire Protection Work \$ 300.00

Heating System: ☐ New OR ☒ Modification to Existing

Fire Alarm System: ☐ New OR ☒ Existing

Location of Panel: _____

Fire Suppression/Standpipe System: _____

Location of Main Control Valve: _____

Location: BAILEY TOWN & HIGHTSTOWN

Total Cost of Fire Protection Work \$ 300.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Alarm System				
☐ Partial—Underslab Utilities Approved	Suppression Sys.				
Date: _____	Standpipe				
☒ Fire Protection Plans Approved	Fire Pump				
Date: <u>9-5-12</u>	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control				
SUBCODE APPROVAL FOR PERMIT					
Date: _____	TCO				
Approved by: <u>[Signature]</u>	Flam/Combust Tanks				
SUBCODE APPROVAL FOR CERTIFICATE					
☐ CO ☐ O2 ☐ CA	Fireplace Venting				
Date: _____	Final				
Approved by: _____	Other				

U.O.C. F140 (rev. 12/07) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received
Control #

Date Issued
Permit #

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:

(2) ONE TO CAL TURBINE RESERVE UNITS

WATER SUPPLY SOURCE

Method of Alarm/Suppression System Supervision _____

NUMBER

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 846 LOT 17 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 1695 FORGE POND ROAD
Owner in Fee DYKSTRA
Verifying Individual CRAIG LAW Company BAIRL TOWNSHIP HEATING & A/C
Address 4405 BRICK BLVD BRICK NJ 08723
Tel: (732) 477-3300 Fax: (732) 477-0205

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:

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster
☒ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☒ Other DIRECT

Type _____ Fuel Type _____
Appliance 1: FURNACE Oil / Gas / Other: _____ BTU Rating (input/hour) 80,000
Appliance 2: FURNACE Oil / Gas / Other: _____ 80,000
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: (2)

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.

Craig Law
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.

(2) FURNACES

FOR REPLACEMENT FURANCE

Submit b.t.u. input & output of both new & old units.

(2) OLD B.T.U. _____ Input 80,000 Output 64,000

(2) NEW B.T.U. _____ Input 80,000 Output 76,000

And/Or

Heat loss for new Unit.

***If you do not have old b.t.u. and new b.t.u. of units,
you will have to submit a Heat Loss.

***If the New Unit B.T.U. are less than the Old Unit B.T.U.
you will have to submit a Heat Loss.

+++++ We also will need a

****Copy of the brochure for the furnace.

****Chimney Certification

NOT AN
ELIGIBLE
OR PLUMBERS
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
DIVISION OF CONSUMER AFFAIRS

HAS REGISTERED
T/A Brick Township Heating & Air Conditioning
Breton Woods Home Improvement, Inc.
Patrice Law
465 Brick Blvd.
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/22/2010 TO 12/31/2011
VALID

13VH01918000
LICENSE REGISTRATION CERTIFICATION #

Signature of licensee (sign and certificate holder)

ACTING DIRECTOR



BUILDING SUBCODE TECHNICAL SECTION



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

Block 846 Lot 17 Qualification Code _____
Work Site Location 1695 FORGE POND ROAD
BRICK, NJ 08724

Owner in Fee: DYKSTRA
Tel. [REDACTED] e-mail _____
Address 23 HUNTING ROAD, HEWITT, NJ 07421
Contractor: BRICK TOWNSHIP HEATING & AC Tel. (732) 477-3300
Address 405 BRICK PLVD, BRICK, NJ 08723 e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01918000
Federal Emp. ID No. 21-0703175 FAX: (732) 477-0305

JOB SUMMARY (Office Use Only)			
PLAN/REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Type _____
☐ All _____			Footings _____
☐ Footings/Foundations _____			Footings/Bonding _____
☐ Structural/Framework _____			Foundation _____
☐ Exterior _____			Slab _____
☐ Interior _____			Frame _____
Joint Plan Review Required:			Truss Sys./Bracing _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free _____
☐ Insulation _____			Insulation _____
☐ Finishes-Base Layer _____			Finishes-Base Layer _____
☐ Finishes-Final _____			Finishes-Final _____
Approved by: _____			Energy _____
			Mechanical _____
SUBCODE APPROVAL for CERTIFICATE			TCO _____
☐ CO ☐ CCO ☐ CA			Other _____
Date: _____			Final _____
Approved by: _____			Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ 6,000.00

3. Total (1+2) \$ 6,000.00

U.C.C. F110 (rev. 12/07)

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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.
Craig Shaw
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(2) OIL TO GAS WARM AIR FURNACES

- GAS TANKLESS HOT WATER HEATER

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft. _____
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NIAAC 5:17
- ☐ Radon Remediation
- ☒ Other (2) GAS FURNACES (0) HOT WATER HEATER
- ☐ Demolition

FEE (Office Use Only)

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

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

(2) FURNACES

TECHNICAL SPECIFICATIONS

Frigidaire

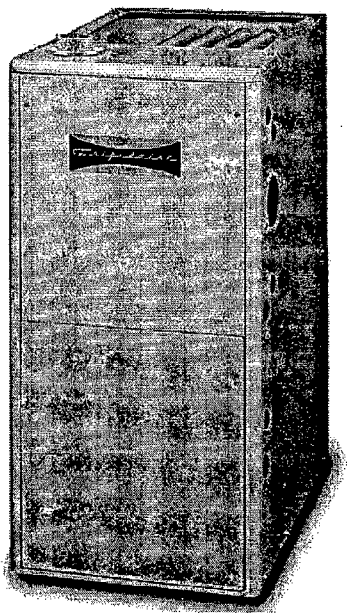
FG7T (C and L Series)

iSEER® Smartlite®

ecoLogic™

**Two Stage, Variable Speed,
Condensing Upflow/Horizontal
and Downflow Gas Furnaces**
Induced Draft - 95.1 AFUE
Input 60,000 - 120,000 Btuh

The high efficiency upflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. Upflow/horizontal units come ready for upflow or horizontal application. The extended flush jacket provides a pleasing "appliance appearance." Design certified by CSA for application in Canada and the United States.



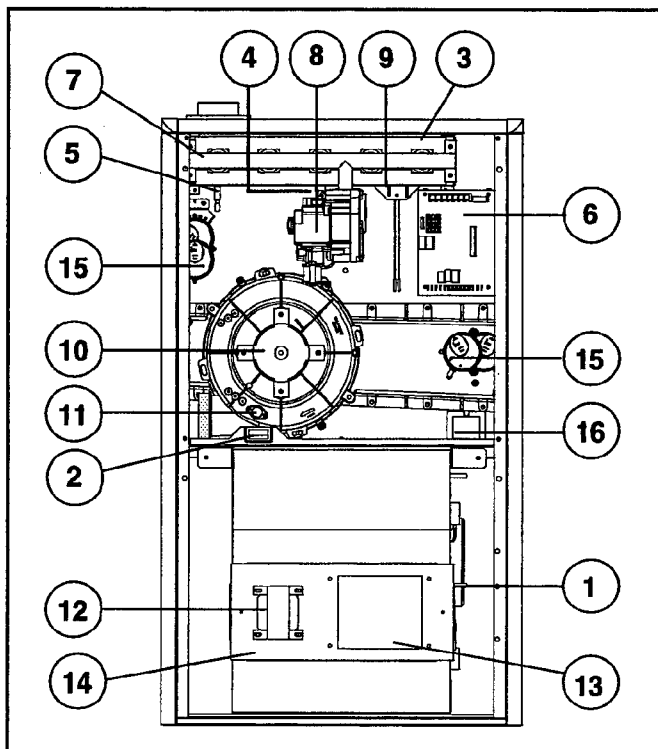
WARRANTY

- 10-year all-parts warranty.
- 10 Year Quality Pledge to replace the unit if the heat exchanger fails within the first 10 years of operation, to the original owner.
- Consumer product registration required for 10 year All Parts Warranty and Quality Pledge within a limited period of time after the installation. See current warranty document or visit our consumer web site listed on the back of this document for warranty details.
- When registered, this product is upgraded to a limited lifetime heat exchanger warranty.

FEATURES and BENEFITS

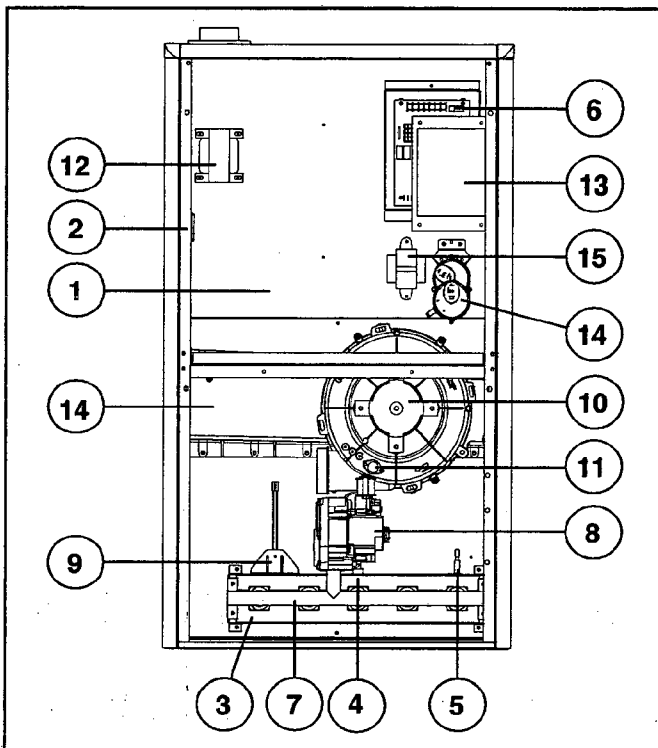
- **1 SEER** — Energy efficient brushless DC (ECM) motor gives up to 1 SEER point efficiency gain in cooling.
- **100% fired and tested** — All units and each component are tested on the manufacturing line.
- **Best packaging in the industry** — Unique corner post design assures product will arrive to the homeowner dent free.
- **30 second blower delay** — At start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 90, 120 and 180 seconds).
- **30 second post purge** — Increases life of heat exchanger.
- **Two Stage Inducer** — Optimizes efficiency on first stage heat and reduces sound levels.
- **Hot surface igniter** — Innovative application of a silicon nitride type igniter. Utilizes proven Smartlite® technology.
- **Color coded wire harness** — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- **Flexible category IV venting system** — May be vertically or horizontally vented using either a one-pipe or two-pipe system for maximum flexibility in installation.
- **High Static Blowers** — All models equipped with high static blowers.
- **Low Boy Height** — Easy to apply in low ceiling applications, works well with taller high SEER coils, easier to handle and install.
- **Tubular primary heat exchanger** — Heavy gauge aluminized steel heat exchanger and stainless steel secondary heat exchanger assures a long life.
- **90 second fixed cooling cycle blower-off delay (TDR)** — increases cooling performance when matched with a NORDYNE coil.
- **LP convertible** — Simple burner orifice and regulator spring change for ease of convertibility.
- **Diagnostic lights for easy troubleshooting without counting flashes** — Dedicated light for flame signal strength and 2 lights in combination to indicate all other fault codes with easy to recognize states without counting flashes.
- **Incorporates integrated control board** — with connections for electronic air cleaner, humidifier and twinning.
- **Two piece door design** — Enhances furnace appearance and uses captured screws to prevent losing door screws.
- **Blower Compartment** — Sealed door to reduce air leakage and insulated for ultra quiet operation.
- **Sealed Vestibule** — Reduces burner and inducer sound levels.

GAS FURNACE COMPONENTS



Upflow/Horizontal Gas Furnace

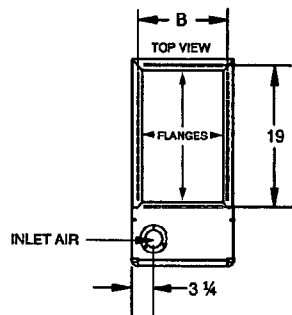
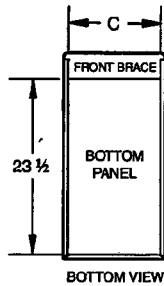
1. Blower Assembly
2. Blower Door Switch
3. Burner Assembly
4. Flame Roll-Out Switch
5. Flame Sensor
6. Furnace Control Board
7. Gas Manifold
8. Gas Valve
9. Igniter
10. Inducer Assembly
11. Inducer Limit Switch
12. Motor Choke (3/4 and 1HP only)
13. Motor Control Board
14. Motor Control Box
15. Pressure Switch(s)
16. Transformer



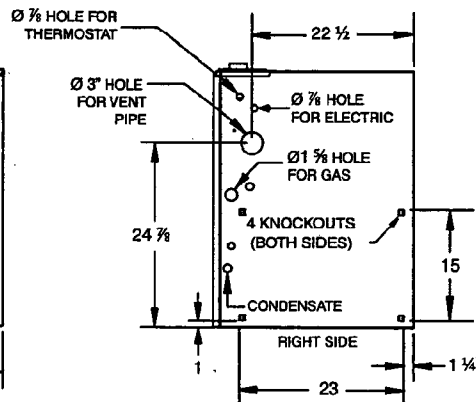
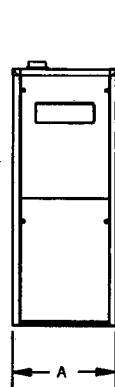
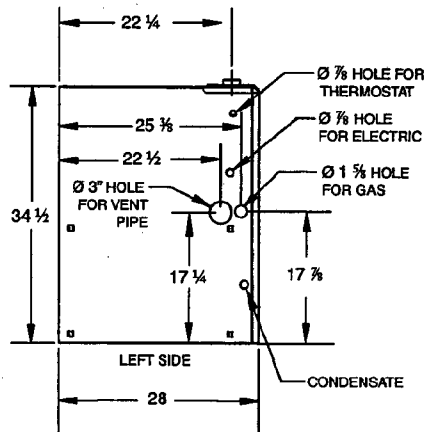
Downflow Gas Furnace

1. Blower Assembly
2. Blower Door Switch
3. Burner Assembly
4. Flame Roll-Out Switch
5. Flame Sensor
6. Furnace Control Board
7. Gas Manifold
8. Gas Valve
9. Igniter
10. Inducer Assembly
11. Inducer Limit Switch
12. Motor Choke (3/4 and 1HP only)
13. Motor Control Board
14. Pressure Switch(s)
15. Transformer

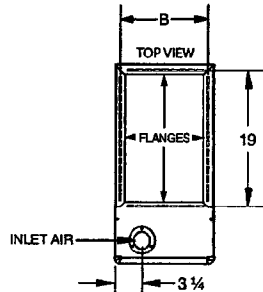
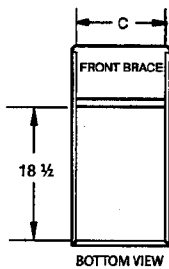
DIMENSIONS



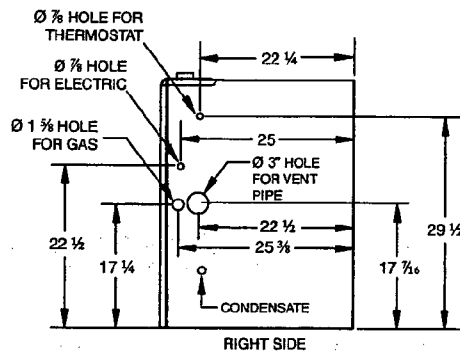
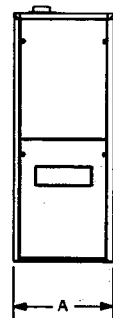
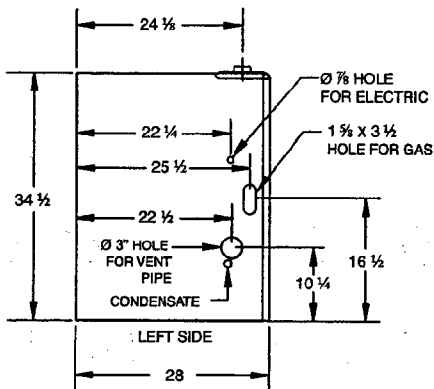
*TC Model #'s	Dimension "A"	Dimension "B"	Dimension "C"
060D-VB	17 1/2	15 7/8	16 1/2
080D-VC	21	19 3/8	19 3/8
100D-VC			
120D-VD	24 1/2	22 7/8	23 1/2



FG7TC 95.1+ High Efficiency Upflow/Horizontal Series

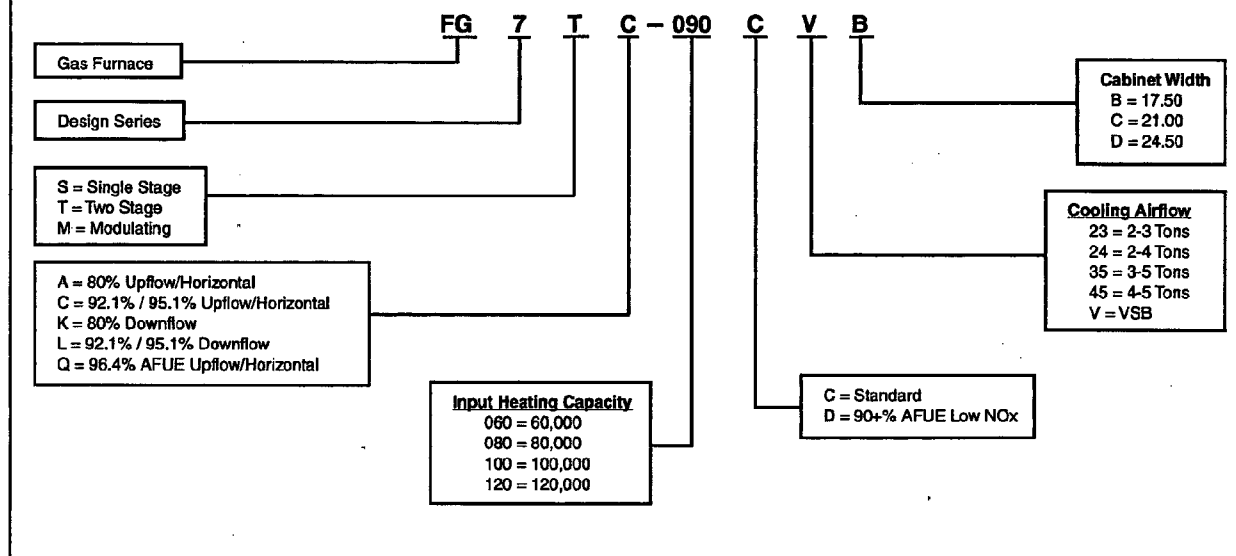


*TL Model #'s	Dimension "A"	Dimension "B"	Dimension "C"
060D-VB	17 1/2	15 7/8	16 1/2
080D-VC	21	19 3/8	19 3/8
100D-VC			
120D-VD	24 1/2	22 7/8	23 1/2



FG7TL 95.1+ High Efficiency Downflow Series

MODEL IDENTIFICATION CODE



SPECIFICATIONS

(x2)

FG7TC/TL MODELS NUMBERS:	-060D-VB	-080D-VC	-100D-VC	-120D-VD
Input - Btuh (a)	60,000 / 39,000	80,000 / 52,000	100,000 / 65,000	120,000 / 78,000
Heating Capacity - Btuh	57,000 / 37,050	76,000 / 49,400	95,000 / 61,750	114,000 / 74,100
AFUE	95.1	95.1	95.1	95.1*
Blower D x W	11 x 8	11 x 10	11 x 10	11 x 10
Motor H.P. - Speed - Type	1/2 - Variable	3/4 - Variable	3/4 - Variable	1 - Variable
Motor FLA	6.2	8.7	8.7	11.70
Rated Ext. SP - In. W.C.	0.5	0.5	0.5	0.5
Temperature Rise Range - °F	30-60	35-65	35-65	40-70
Shipping Weights	125lbs	135lbs	145lbs	160lbs

*TL 120 is 94.8% AFUE

Note:

All models are 115V, 60 Hz. Gas Connections are 1/2" N.P.T. AFUE = Annual Fuel Utilization Efficiency

(a) Ratings to 2,000 ft. Over 2,000 ft. reduce 4% for each 1,000 ft. above sea level.

BLOWER PERFORMANCE - FG7TC/TL

Nominal Heating Airflows (CFM) and Temperature Rise (°F)

B Cabinet					*TC/TL-060D-VB Models	
Switch Settings HEAT					Input (BTU) 60000	
A/B	2	3	4		CFM	Temp Rise (°F)
1	0	0	0		1000	53
1	0	0	1		1100	48
1	0	1	0		1200	44
1	0	1	1		1300	41
1	1	0	0		1400	38
1	1	0	1		1500	35
1	1	1	0		1600	33
1	1	1	1		1700	31

D Cabinet					*TC/TL-120D-VD Models	
Switch Settings HEAT					Input (BTU) 120000	
A/B	2	3	4		CFM	Temp Rise (°F)
#	0	0	0		1500	70
#	0	0	1		1615	65
#	0	1	0		1730	61
#	0	1	1		1845	57
#	1	0	0		1960	54
#	1	0	1		2075	51
#	1	1	0		2190	48
#	1	1	1		2305	46

C Cabinet					*TC/TL-080D-VC Models		*TC/TL-100D-VC Models	
Switch Settings HEAT					Input (BTU) 80000		Input (BTU) 100000	
A/B	2	3	4		CFM	Temp Rise (°F)	CFM	Temp Rise (°F)
#	0	0	0		1000	70	1000	88
#	0	0	1		1115	63	1115	79
#	0	1	0		1230	57	1230	72
#	0	1	1		1345	52	1345	65
#	1	0	0		1460	48	1460	60
#	1	0	1		1575	45	1575	56
#	1	1	0		1690	42	1690	52
#	1	1	1		1805	39	1805	49

Switch not used - can be 0 or 1

Notes:

- Two openings are recommended for airflows above 1600 CFM if the filter(s) is (are) adjacent to the furnace.
- Temperature rises in the table are approximate. Actual temperature rises may vary.
- Temperature rises that are shaded in grey are for reference only. These conditions are not recommended.

COOLING AIRFLOW

A Cabinet							Nominal A/C and HP Capacity
Switch Settings					CFM		
HEAT		COOL					
A/B	5	6	7	8	LOW	HIGH	
0	0	0	0	0	360	525	3 TON 2.5 TON 2 TON 1.5 TON
0	0	0	0	1	400	580	
0	0	0	1	0	440	635	
0	0	0	1	1	475	690	
0	0	1	0	0	515	745	
0	0	1	0	1	550	800	
0	0	1	1	0	590	855	
0	0	1	1	1	630	910	
0	1	0	0	0	665	965	
0	1	0	0	1	705	1020	
0	1	0	1	0	740	1075	
0	1	0	1	1	780	1130	
0	1	1	0	0	820	1185	
0	1	1	0	1	855	1240	
0	1	1	1	0	895	1295	
0	1	1	1	1	930	1350	

B Cabinet							Nominal A/C and HP Capacity
Switch Settings					CFM		
HEAT		COOL					
A/B	5	6	7	8	LOW	CFM	3.5 TON 3 TON 2.5 TON 2 TON
1	0	0	0	0	485	700	
1	0	0	0	1	525	760	
1	0	0	1	0	565	820	
1	0	0	1	1	605	880	
1	0	1	0	0	650	940	
1	0	1	0	1	690	1000	
1	0	1	1	0	730	1060	
1	0	1	1	1	775	1120	
1	1	0	0	0	815	1180	
1	1	0	0	1	855	1240	
1	1	0	1	0	895	1300	
1	1	0	1	1	940	1360	
1	1	1	0	0	980	1420	
1	1	1	0	1	1020	1480	
1	1	1	1	0	1065	1540	
1	1	1	1	1	1105	1600	

C Cabinet							Nominal A/C and HP Capacity
Switch Settings				CFM			
HEAT		COOL					
A/B	5	6	7	8	LOW	CFM	
#	0	0	0	0	705	1025	5 TON 4 TON 3.5 TON 3 TON 2.5 TON
#	0	0	0	1	750	1090	
#	0	0	1	0	795	1155	
#	0	0	1	1	840	1220	
#	0	1	0	0	885	1285	
#	0	1	0	1	930	1350	
#	0	1	1	0	975	1415	
#	0	1	1	1	1020	1480	
#	1	0	0	0	1065	1545	
#	1	0	0	1	1110	1610	
#	1	0	1	0	1155	1675	
#	1	0	1	1	1200	1740	
#	1	1	0	0	1245	1805	
#	1	1	0	1	1290	1870	
#	1	1	1	0	1335	1935	
#	1	1	1	1	1380	2000	

D Cabinet							Nominal A/C and HP Capacity
Switch Settings					CFM		
HEAT		COOL					
A/B	5	6	7	8			
#	0	0	0	0	965	1400	5 TON 4 TON 3.5 TON
#	0	0	0	1	995	1440	
#	0	0	1	0	1020	1480	
#	0	0	1	1	1050	1520	
#	0	1	0	0	1075	1560	
#	0	1	0	1	1105	1600	
#	0	1	1	0	1130	1640	
#	0	1	1	1	1160	1680	
#	1	0	0	0	1185	1720	
#	1	0	0	1	1215	1760	
#	1	0	1	0	1240	1800	
#	1	0	1	1	1270	1840	
#	1	1	0	0	1295	1880	
#	1	1	0	1	1325	1920	
#	1	1	1	0	1350	1960	
#	1	1	1	1	1380	2000	

Switch not used - can be 0 or 1

VENTING

All models are approved for vertical non direct (1 pipe) and direct (2 pipe) venting applications. See Vent Table below for specified sizes and allowable lengths.

VENT TABLE

FURNACE MODELS (BTU)	FURNACE INSTALLATION	SINGLE PIPE LENGTH (FT.) with 1 long radius elbow**		DIRECT VENT, DUAL PIPE LENGTH (ft.) WITH 1 long radius elbow on each pipe**	
		OUTLET	OUTLET	INLET/OUTLET	INLET/OUTLET
		2" Diameter	3" Diameter	2" Diameter	3" Diameter
60,000	Upflow	90	90	90	90
	Horizontal	50	90	50	90
	Downflow	30	90	30	90
80,000	Upflow	90	90	90	90
	Horizontal	30	90	30	90
	Downflow	30	90	30	90
100,000	Upflow	60	90	60	90
	Horizontal	30	90	30	90
	Downflow	30	90	25	90
120,000	Upflow	N/A	90	N/A	90
	Horizontal	N/A	90	N/A	90
	Downflow	N/A	90	N/A	90

*NOTES:

1. Subtract 2.5 ft. for each additional 2 inch long radius elbow, 5 ft. for each additional 2 inch short radius elbow, 3.5 ft. for each additional 3 inch long radius elbow, and 7 ft. for each additional 3 inch short radius elbow. Subtract 5ft for each 2" tee and 8ft for each 3" tee.
2. Two 45 degree elbows are equivalent to one 90 degree elbow.
3. This table applies for elevations from sea level to 2,000 ft. For higher elevations, decrease pipe lengths by 8% per 1,000 ft of altitude.

ACCESSORIES

FG7TC/TL KITS	
Description	SKU
2" Concentric vent kit	904177
3" Concentric vent kit	904176
"A" Cabinet downflow sub base kit	902974
"B", "C", "D" Cabinet downflow sub base kit	904911
2" Side wall vent kit	904617
3" Side wall vent kit	904347
U.S. LP Conversion kit (0 to 10,000 ft.)	904914
Canada LP Conversion kit (0 to 4,500 ft.)	904915
Bottom return filter 20 per box, "A" cabinet	903088
Bottom return filter 20 per box, "B" cabinet	904916
Bottom return filter 20 per box, "C" cabinet	904917
Bottom return filter 20 per box, "D" cabinet	904918
Side return filter kit	- 541036
Neutralizer kit	902377



GENERAL TERMS OF LIMITED WARRANTY

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the first ten years of installation, in accordance with the terms of the warranty.

For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the NORDYNE warranty department for a copy.

www.frigidaire.net

NORDYNE 8000 Phoenix Parkway | O'Fallon MO 63368-3827

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840C-1008 (Replaces 840C-0908)

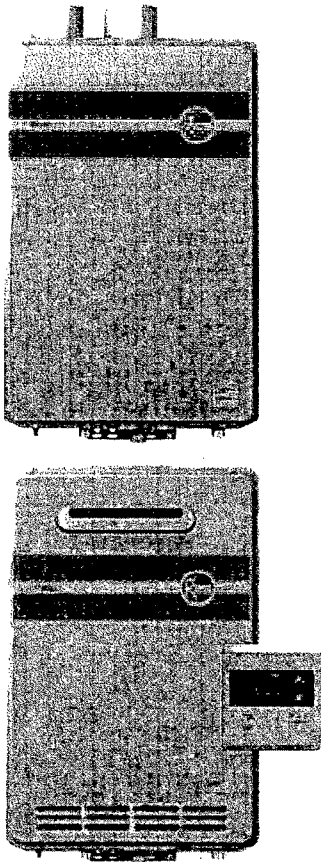
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Product Brochure
Residential Water Heaters | Condensing Tankless Series



The new degree of comfort.™

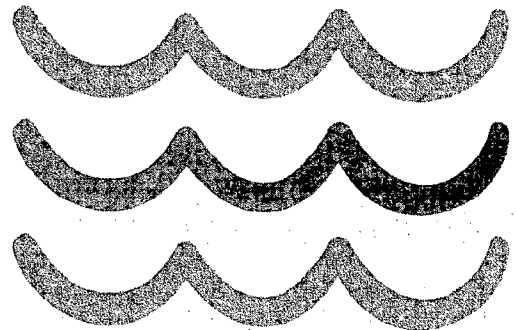
C^oNDENSING TANKLESS



The Next Level of Tankless:

Prestige™ high efficiency condensing tankless gas water heaters

- 94% energy efficient and exceeds ENERGY STAR® requirements
- Indoor direct vent with PVC piping and outdoor models
- RTGH-95 series – 11,000-199,900 Btu/h for 3 bathroom homes
- RTGH-84 series – 11,000-157,000 Btu/h for 2-3 bathroom homes



Rheem Prestige™ Condensing Tankless offers an unbeatable combination of ultra-high efficiency and continuous hot water

Rheem uses sophisticated condensing technology to create the most efficient whole home tankless water heating solution available from Rheem. The popularity of luxury bathrooms and oversize tubs is growing, and so is the demand for large volumes of low-cost hot water. Rheem's Prestige™ tankless design offers unparalleled convenience and low-cost operation.

Efficiency

- 94% energy efficient with stainless steel condensing heat exchanger
- Intelligent electronic controls designed to increase energy efficiency and safety
- Third-party efficiency listed by AHRI

Performance

- Industry First! 0.26 GPM minimum flow rate, 0.40 GPM minimum activation flow rate
- RTGH-95 for 3 bathroom homes*— 9.5 gal./min. at 35°F rise max., 8.4 gal./min. at 45°F rise SCAQMD 1146.2 compliant
- RTGH-84 for 2-3 bathroom homes*— 8.4 gal./min. at 35°F rise max., 6.6 gal./min. at 45°F rise SCAQMD 1146.2 compliant

Compact Size

- Compact space saving design – about the size of a medicine cabinet

Self-Diagnostic System

- Self-diagnostic system for easy installation and service
- Digital display shows temperature setting and maintenance codes

High Altitude Compliant

- High-altitude capability – up to 9,840 ft. elevation above sea level

* Based on simultaneous showers using 2.5 gallons per minute. Flow rates vary depending on temperature of cold water supply.

Technology

- Two-pipe direct vent system designed for PVC pipe, see instructions for details
- Hot start programming helps minimize fluctuation in water temperature, referred to as the "cold water sandwich" effect, during periods of frequent on/off operation
- Built-in electric blower
- Exclusive! Guardian overhear film wrap (OFW)
- EZ-Link cable available for higher demand applications to connect two tankless units to operate as one
- Manifold up to six units with an optional MIC-6 manifold control board
- Manifold up to 20 units with the optional MIC-185 plus the MICS-180 manifold control assembly

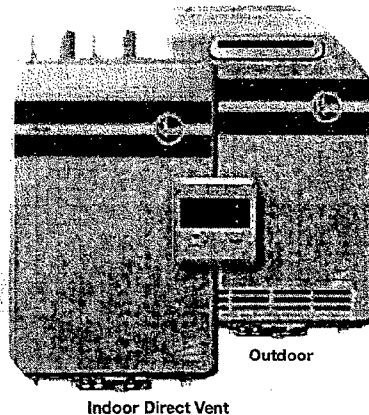
Plus...

- Up to 38 ft. of 3" PVC Pipe or 5 ft. of 2" PVC Pipe, see instructions for details
- Digital remote control and 10 ft. of thermostat wire included
- Supplied with a 120 volt power cord (indoor models only)
- Freeze protection to -30°F
- EZ-Spec™ Sizing Software –advanced online tool that takes the guess work out of sizing tankless applications – available at www.rheem.com/tankless

Warranty

- 12-Year on heat exchanger, 5-year on parts and 1-year on labor

See Residential Warranty Certificate for complete information



Commercial Applications

The Prestige Condensing Tankless Series can be upgraded for high-volume commercial use

- Temperature range is 85°F to 185°F

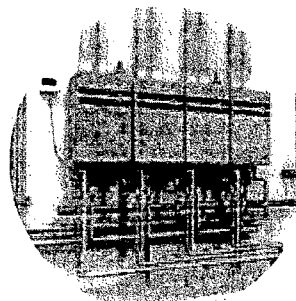
RTGH-95 Upgrade Kits

RTG20240A for RTGH-95DVLN
RTG20240B for RTGH-95DVLN
RTG20240C for RTGH-95XLN
RTG20240D for RTGH-95XLP

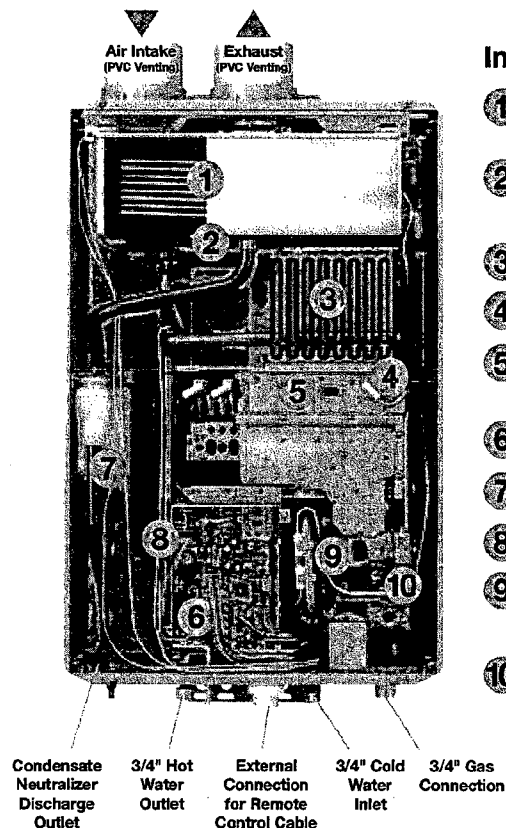
RTGH-84 Upgrade Kits

RTG20241A for RTGH-84DVLN
RTG20241B for RTGH-84DVLN
RTG20241C for RTGH-84XLN
RTG20241D for RTGH-84XLP

Note: These upgrade kits are not compatible with previous models. See the 2012 Tankless Parts Catalog for a complete listing.

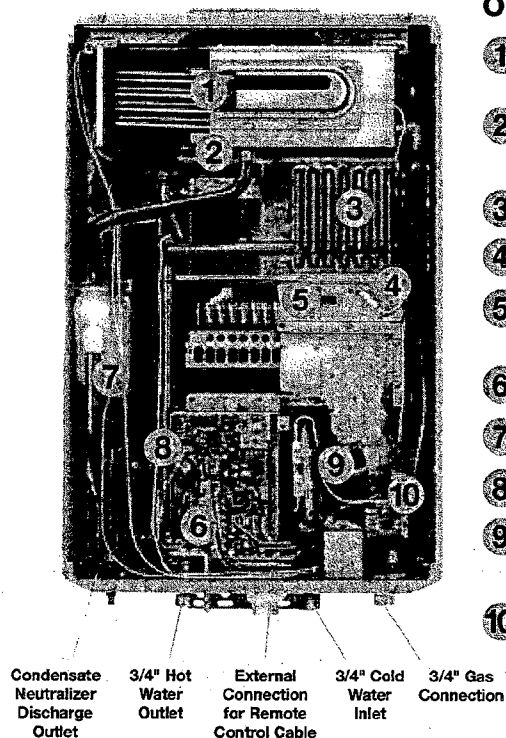


Superior Construction and Reliability



Indoor Direct Vent

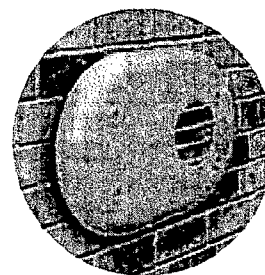
- ① Stainless Steel Secondary Heat Exchanger
- ② All-Copper Primary Heat Exchanger
- ③ Over Heat Film Wrap
- ④ Electronic Spark Ignition
- ⑤ 199,900 Btu/h Modulating Burner
- ⑥ Electronic Control Board
- ⑦ Condensate Reservoir
- ⑧ Variable Speed Fan
- ⑨ Water Flow Control System
- ⑩ Modulating Gas Valve



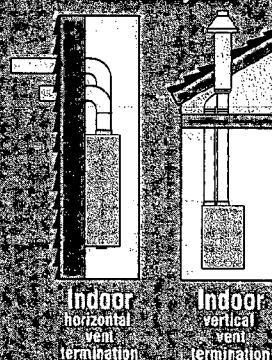
Outdoor

- ① Stainless Steel Secondary Heat Exchanger
- ② All-Copper Primary Heat Exchanger
- ③ Over Heat Film Wrap
- ④ Electronic Spark Ignition
- ⑤ 199,900 Btu/h Modulating Burner
- ⑥ Electronic Control Board
- ⑦ Condensate Reservoir
- ⑧ Variable Speed Fan
- ⑨ Water Flow Control System
- ⑩ Modulating Gas Valve

Venting Options and Installations

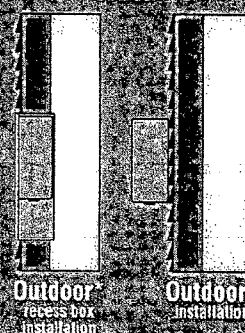


PVC Vent System



All indoor tankless units must be vented vertically or horizontally to the outdoors using manufacturer approved venting material. See the installation instructions for each specific model. (UL 6636 Pipe must be used for Canada.)

Outdoor



Outdoor units do not require venting materials. Venting details, including clearances and diagrams can be found in the "Use & Care Manual" of Rheem indoor tankless water heaters.





The new degree of comfort™



Water

Commercial Gas
Prestige Tankless Water Heaters

Rheem Prestige RTGH-95 Specifications for 3 Bathroom Homes

DESCRIPTION			FEATURES					ROUGHING IN DIMENSIONS (SHOWN IN INCHES)						ENERGY INFO.			
MODEL NUMBER	GAS INPUT BTU/H	TYPE	TEMP. RANGE	MIN. FLOW/ACTIVATION GPM	GPM @ 77° RISE MAX.	GPM @ 45° RISE MAX.	MAX. GPM	CONNECTION		HEIGHT	WIDTH	DEPTH	VENT DIAM.	SHIP. WEIGHT (LBS.)	ENERGY FACTOR	% OF THERM. EFFICIENCY	D.O.E. ANN. OR COST NAT/LP
									WATER								
RTGH-95DVLN	11,000-199,900	Indoor Direct Vent	85° to 140° F	0.26/0.40	4.9	8.4	9.5	3/4	3/4	27-1/2	18-1/2	9-3/4	2" or 3" PVC 2-Pipe	82	.94	94%	\$194/326
RTGH-95XLN	11,000-199,900	Outdoor	85° to 140° F	0.26/0.40	4.9	8.4	9.5	3/4	3/4	27-1/2	18-1/2	9-3/4	N/A	82	.94	94%	\$194/326

Rheem Prestige RTGH-84 Specifications for 2-3 Bathroom Homes

DESCRIPTION			FEATURES					ROUGHING IN DIMENSIONS (SHOWN IN INCHES)						ENERGY INFO.			
MODEL NUMBER	GAS INPUT BTU/H	TYPE	TEMP. RANGE	MIN. FLOW/ACTIVATION GPM	GPM @ 77° RISE MAX.	GPM @ 45° RISE MAX.	MAX. GPM	CONNECTION		HEIGHT	WIDTH	DEPTH	VENT DIAM.	SHIP. WEIGHT (LBS.)	ENERGY FACTOR	% OF THERM. EFFICIENCY	D.O.E. ANN. OR COST NAT/LP
								WATER	GAS								
RTGH-84DVLN	11,000-157,000	Indoor Direct Vent	85° to 140° F	0.26/0.40	3.9	6.6	8.4	3/4	3/4	27-1/2	18-1/2	9-3/4	2" or 3" PVC 2-Pipe	82	.94	94%	\$194/326
RTGH-84XLN	11,000-157,000	Outdoor	85° to 140° F	0.26/0.40	3.9	6.6	8.4	3/4	3/4	27-1/2	18-1/2	9-3/4	N/A	82	.93	94%	\$198/333

Energy Factor and Average Annual Operating Costs based on D.O.E. (Department of Energy) test procedures, D.O.E. national average fuel rate natural gas \$1.218/therm; LP \$1.87/gallon.

All models are available in Natural Gas and Propane (LP). For Propane replace the N with P when ordering.

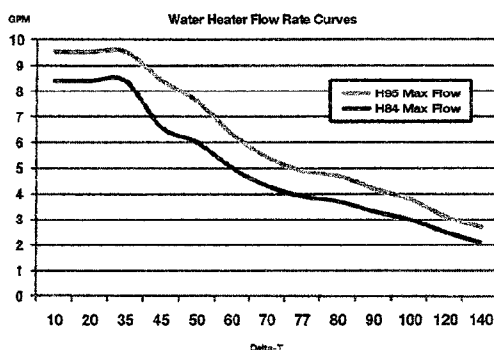
- SCAQMD 1146.2 compliant.
- Factory set maximum temperature is 120° F. See Use and Care Manual for setting.
- Consult factory for information on sizing the application.
- Add a "C" to the model number when ordering Canadian models. Outdoor models are only for seasonal use in Canada. Please contact Rheem Canada Ltd for details.

Vent Termination Kits are required for Direct Vent models. Contact your distributor for details.

Proper gas pressure must be ensured to supply tankless gas water heaters – up to 199,900 Btu/h for RTGH-95 models, up to 157,000 Btu/h for RTGH-84 models. (Consult your gas supplier).

Model Number	Temperature Rise (° F)									
	35°	45°	50°	60°	70°	77°	80°	90°	100°	
RTGH-95 Water Flow (GPM)	9.5	8.4	7.6	6.3	5.4	4.9	4.7	4.2	3.8	
RTGH-84 Water Flow (GPM)	8.4	6.6	6.0	5.0	4.3	3.9	3.7	3.3	3.0	

Above estimates are for sizing purposes only.



Maximum Vent Length (intake/outlet):

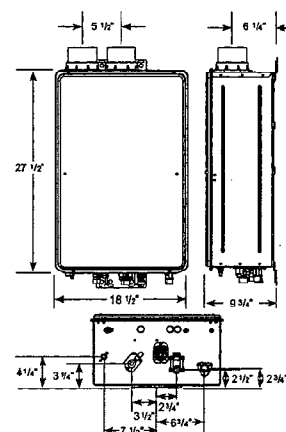
Number of 90° Elbows	Maximum Length of 2" Straight Pipe	Maximum Length of 3" Straight Pipe
0 or 1	5.0 ft. (1.5 m)	38.0 ft. (11.6 m)
2	3.5 ft. (1.0 m)	36.5 ft. (11.1 m)
3	2.0 ft. (0.6 m)	35.0 ft. (10.6 m)
4	Not Available	33.5 ft. (10.2 m)
5	Not Available	32.0 ft. (9.8 m)
6	Not Available	30.5 ft. (9.3 m)

(ULCS636 pipe must be used for Canada.)

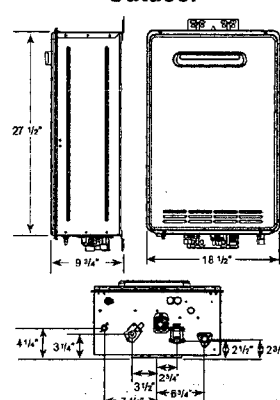


LEED Points = 2

Indoor Direct Vent



Outdoor



In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice.

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