BLOCK 820 LOT 18 QUALIFICATION CODE C22-820 ADDRESS (SITE) _____ PERMIT NO. 99-2593

6/9/99

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1587 Forge Pond Rd
2. Name of Owner in Fee: Diana & Brand-Palmer Tel. [redacted]
   Address 1587 Forge Pond Rd (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Self Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

6/30

L/M

oil to gas conver.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		84	35
3. Plumbing		60	35
4. Fire Protection		112	35
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		2	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	259	105

+A

2378

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☑ Fire Protection	
6. ☐ Plumbing	
7. ☑ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	$ 6000.00

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WP	6/9/99						
RESUBMIT			6235P	RW			
DATE	6/21/99	AM	6-30-99	RW	9-18-99		
			62399	MM			

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10400761

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.

X Signature D L Brandt-Palmer Date 6-9-99

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

7

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/13/99
Control #
Permit # 99-2593

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 820 Lot 18 Qual

Work Site Location 1567 FORGE POND RD
OIL TO GAS CONVERSION

Owner in Fee BRAND-PALMER, DIANA L.
Address SAME
BRICK, NJ
Telephone [redacted]

Contractor H O M E O W N E R
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
OIL TO GAS CONVERSION

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 4,500

J. Curiano / MS
Construction Official

07/13/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	84
Plumbing	60
Fire Protection	112
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	
Total	259
Check No.	2378
Cash	
Collected By	CS

U.C.C. P170 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/28/2003
Control #
Permit # 99-2593+A
Permit Issued 07/13/1999

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 820 Lot 1E Qual

Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION
Owner in Fee BRAND-PALMER, DIANA L
Address SAME
BRICK, NJ
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Esp. No. HO-

08/28/03 2:42PM 000000H3259
XX02 SERV.002
H2593
ELECTRIC $35.00
PLUMBING $35.00
FIRE $35.00
CHECK $105.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AC

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	35
Fire Protection retrofit	35
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	105
Check No.	194
Cash	
Collected By	MJK

Estimated Cost of Work $ 210

D. Newman

Construction Official

08/28/2003

Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/22/99
Date Issued 7/13/99
Control # C22-820
Permit # 99-2539

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

Block 820 Lot 18 Qual
Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION
Owner in Fee BRAND-PALMER, DIANA L
Address SAME
BRICK, NJ
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6 23 99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other FURNACE	9
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 84
	DCA Training Fee	$ 1

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

03 NJ UCCARS5.Paf

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 01/01/1954
Control 0
Permit # 99-2593+A

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

Block 820 Lot 18 Qual
Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION
Owner in Fee BRAND-PALMER, DIANA L
Address SAME
BRICK, NJ
Te[redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Erp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 82803
Approved By: VM

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	5
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 25
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 0

N.C.C. F120 (rev. 3/94)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/22/99
Date Issued 7/13/99
Control # C22-820
Permit # 99-2593

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

Block 820 Lot 18 Qual
Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION
Owner in Fee BRAND-PALMER, DIANA L
Address SAME
BRICK, NJ
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-23-99
Approved By: Ken
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other TANK REMOVAL		66

Comb air clearances

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	112
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

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

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 01/01/1954
Control #
Permit # 99-2593+A

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

Block 820 Lot 18 Qual

Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION

Owner in Fee BRAND-PALMER, DIANA L

Address SAME
BRICK, NJ

Tele [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U

Constr Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:

Total Est Cost of Fire Prot Work $ 10

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

Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] SO [ ] CEO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other REINSTATE		35
Other		0

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

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/22/99
Date Issued 7/13/99
Control # C22-820
Permit # 99-2539

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

Block 820 Lot 18 Qual
Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION
Owner in Fee BRAND-PALMER, DIANA L
Address SAME
BRICK, NJ
Tele.(__) Fax (__)
Contractor
Address

Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6-30-99
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 60
DCA Training Fee $ 1

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

C3J UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 01/01/1954
Control #
Permit # 99-2593+A

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

Block 820 Lot 18 Qual

Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION

Owner in Fee BRAND-PALMER, DIANA L

Address SAME
BRICK, NJ

Tel: [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 130

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8/28/03
Approved By:

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/22/99
Date Issued 7/13/99
Control # C22-820
Permit # 99-2539

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

Block 820 Lot 18 Qual

Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION

Owner in Fee BRAND-PALMER, DIANA L

Address SAME
BRICK, NJ

Tele.(__)_____ Fax (__)_____

Contractor

Address

Tele.(__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size_____ [ ] Public Sewer [ ] Private Septic

Water Sewer Size_____ [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6-30-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [illegible]
Approved By:
Date: 7-7-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.	7-20-99		9/13/99	
Gas Piping			7-6-99	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other _____	0
	Other _____	0

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ 60
DCA Training Fee $ 1

Paid [ ] Check # _____
Collected by: _____

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

C3J UCCERS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/28/2003
Date Issued 01/01/1954
Control #
Permit # 99-2593+A

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

Block 820 Lot 18 Qual

Work Site Location 1587 FORGE POND RD
OIL TO GAS CONVERSION

Owner in Fee BRAND-PALMER, DIANA L

Address SAME
BRICK, NJ

Tele. [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8/28/03
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO			9/13/03	

C. CERTIFICATION IN LIEU OF OATH

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Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

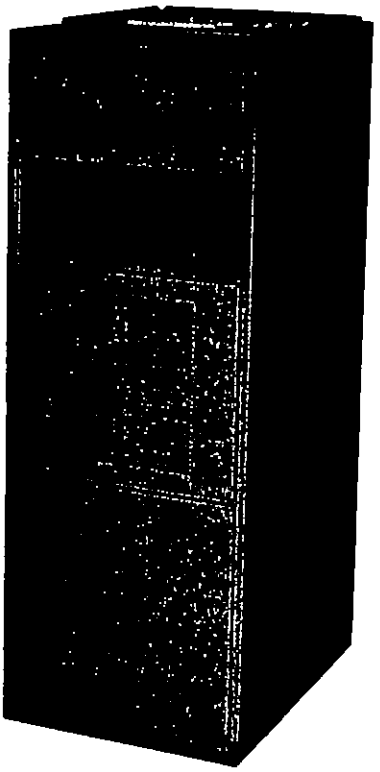
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0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

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

Paid [ ] Check #
Collected by:

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

INSTALLATION INSTRUCTIONS AND OPERATING PROCEDURE



GAS FIRED UPFLOW FURNACE

REVISED:
SEPTEMBER, 1985
SUPERSEDES:
MAY, 1985

GENERAL INFORMATION

SPECIFICATIONS AND INFORMATION

HEATING CAPACITIES	INPUT (BTUH)†		50,000	75,000		100,000		125,000		150,000	175,000[4]	200,000[4]
	OUTPUT (BTUH)‡		38,000	57,000		76,000		95,000		115,000	136,000	156,000
ELECTRICAL SPECIFICATIONS	UNIT VOLTAGE		120V 60 HZ									
	MIN./MAX. VOLTAGE RANGE		115/120									
	DIRECT DRIVE	BLOWER DRIVE (CFM)	800	800	1200	1200	1600	1600	2000	1600	2000	2000	3200
		FULL LOAD AMPS[3]	10.2	10.2	6.8	6.8	10.3	8.0	15.8	10.3	15.8	13.6	17.6
		AMPACITY	12	12	10	10	12	12	22.0	12	22.0	17.0	22
		MAX. FUSE SIZE	15	15	15	15	15	15	30	15	30	25.0	35
		MIN. WIRE SIZE[1]	14	14	14	14	14	14	10	14	10	12	10
AIR DELIVERIES	MAX. CFM @0.5 ESP[2]	DIRECT DRIVE	825	905	1195	1325	1660	1590	2025	1620	2025	—	—
		BELT DRIVE	—	—	—	—	—	—	—	—	—	2050	3300
STANDARD CONTROLS AND PIPING INFORMATION	ADJ. FAN & FIXED LIMIT CONTROL		STANDARD										
	TRANSFORMER (120V/24V)		STANDARD										
	COOLING BLOWER RELAY		STANDARD										
	GAS VALVE		STANDARD ½" INLET										
	MANIFOLD SIZE (INLET)		STANDARD ½ " N.P.T.										
GENERAL INFORMATION	AIR FILTER	FILTER TYPE	WASHABLE										
		FILTER SIZE	16 x 25 x 1							20 x 25 x 1 (EXTERNAL)		20 x 25 x 1 (EXTERNAL)	
	UNIT VENT SIZE		4	4		5		5		6		6	7
	UNIT SHIPPING WEIGHT LBS.		117	135		157		185		214		295	308

[1]MIN. WIRE SIZE BASED ON COPPER A.W.G. 60C 3% VOLTAGE DROP. WIRE LENGTH 50 FT. OF CIRCUIT ONE WAY.
[2]REFER TO PAGES 10-16 FOR COMPLETE BLOWER CHART.
[3]NOMINAL AMP. LOAD DEPENDING ON INSTALLATION CONDITIONS AND HEATING OR COOLING OPERATIONS.
[4]PILOT RELIGHT UNITS ONLY.
†RATINGS SHOWN ARE FOR ELEVATIONS UP TO 2000 FT. RATINGS SHOULD BE REDUCED 4% PER 1000 FT. FOR EACH 1000 FT. ABOVE SEA LEVEL.
‡RATED IN ACCORDANCE WITH D.O.E. TEST PROCEDURES. CAPACITY IS FOR STANDING PILOT.

CODE: GU400/GUF

INFORMATION CONTAINED IN THIS MANUAL IS DESIGNED TO ACQUAINT YOU WITH THE MECHANICAL FEATURES, AND TO SERVE AS AN EMERGENCY REPAIR GUIDE IN CASE OF HEAT FAILURE.

PROPER CARE OF YOUR GAS FURNACE WILL ASSURE YOU OF MANY YEARS OF ECONOMICAL COMFORT AND SERVICE. LIKE EVERY PIECE OF FINE MECHANICAL EQUIPMENT, YOUR FURNACE SHOULD BE SERVICED PERIODICALLY BY AN EXPERT. WE RECOMMEND A COMPLETE SERVICING BY AN AUTHORIZED SERVICEMAN AT LEAST ONCE EACH YEAR — USUALLY AT THE BEGINNING OF THE HEATING SEASON.

Section I — GENERAL INSTALLATION REQUIREMENTS

UNCRATING AND INSPECTING

After uncrating the unit, inspect thoroughly for concealed damage, if found, notify transportation company immediately and file concealed damage claim.

GENERAL REQUIREMENTS

All installations should be made as outlined in the latest edition of National Fuel Gas Code ANSI-Z223, 1-1984, and other applicable National and Local codes, including requirements of Local Utilities. In addition, the unit must be electrically grounded in accordance with the National Electric Code ANSI-NFPA-#70-1984. Current Code Edition(s) are available for a fee from the American Gas Association, 1515 Wilson Blvd. Arlington, Virginia 22209.

Select a level spot for the installation of the unit. Install as near to the flue or chimney as possible and install the vent pipe with a minimum number of elbows. It is also recommended that if possible, the unit be centralized with relation to the distribution system.

LOCATION OF THERMOSTAT

Thermostat should be mounted 4 to 5 feet above the floor, on an inside wall of the living room, dining room, or a hallway that has good air circulation from the other rooms being controlled by the thermostat. It is essential that there be free circulation of air at this location, of the same average temperature as other rooms being controlled. Movement of air should not be obstructed by furniture, doors, draperies, etc. The thermostat should not be mounted where it will be affected by drafts, hot or cold water pipes or air ducts in walls, radiant heat from a fireplace, lamps, the sun, T.V., etc., or on an outside wall. Consult Instruction Sheet packed with thermostat for mounting instructions.

ACCESSIBILITY CLEARANCES

All servicing and cleaning of these units can be done from the front, and a minimum of 36″ horizontal clearance should be allowed. If necessary, these units can be installed at the clearances listed below. However, if access is required to some other piece of equipment, a minimum of 18″ should be allowed for passage.

In a closet or utility room installation, the door must be large enough to allow replacement of the unit if necessary or to permit replacement of any other appliance within the confined space. A minimum of 36″ clearance should be allowed at the front of the unit for servicing and cleaning when the closet door is open.

In addition adequate clearances must be provided around air openings into the combustion chamber. The furnace should not be installed directly on carpeting, tile or other combustible materials other than wood flooring.

If the furnace is installed in a residential garage the unit must be installed so that the burners and the ignition source are located not less than 18 (457 mm) inches above the floor. The unit must also be protected to avoid physical damage by vehicles.

THE ACCESSIBILITY CLEARANCES MUST TAKE PRECEDENCE OVER FIRE PROTECTION CLEARANCES.

PROVISIONS FOR COMBUSTION AIR AND VENTILATION

In a closet or utility room installation, it will be necessary to provide combustion and ventilation air from an area of adequate air supply. In open basements of normal con-

RECOMMENDED CLEARANCE GUIDE

(Dimensions shown in inches are the minimum clearances to combustible materials for which the furnace design has been certified.)

INPUT BTU/HR.	FRONT	REAR	SIDES	TOP	VENT CONNECTION	VENT DAMPER	FURNACE FLUE PIPE SIZE	COMBUSTIBLE FLOOR**
50,000	6†	0	2††	1	6*	6	4 Dia.	0
75,000	6†	0	1††	1	6*	6	4 Dia.	0
100,000	6†	0	0	1	6*	6	5 Dia.	0
125,000	6	0	0	1	6*	6	5 Dia.	0
150,000	6	0	0	1	6*	6	6 Dia.	0
175,000	6	0	0	1	6*	6	6 Dia.	0
200,000	6	0	0	1	6*	6	7 Dia.	0

† May be 3 inches to metal louvered door(s) when listed Type B-1 Vent is used.
†† May be 0 inches when listed Type B-1 Vent is used, except when optional listed vent damper is supplied.
* May be 1 inch when listed Type B-1 Vent is used. When optional Vent Damper is supplied, a 6 inch clearance to Vent Damper is required.
** Shall not be installed directly on carpeting, tile or other combustible materials, other than wood flooring.

TABLE 1

Maximum capacity of pipe in cubic feet of gas per hour for gas pressures of 0.5 PSIG or less and a pressure drop of 0.5 inch water column (based on 0.60 Specific Gravity gas)

Nominal Iron Pipe Size Inch	Internal Diameter Inches	LENGTH OF PIPE, FEET													
		10	20	30	40	50	60	70	80	90	100	125	150	175	200
3/8	.493	95	65	52	45	40	36	33	31	29	27	24	22	20	19
1/2	.622	175	120	97	82	73	66	61	57	53	50	44	40	37	35
3/4	.824	360	250	200	170	151	138	125	118	110	103	93	84	77	72
1	1.049	680	465	375	320	285	260	240	220	205	195	175	160	145	135
1 1/4	1.380	1,400	950	770	660	580	530	490	460	430	400	360	325	300	280
1 1/2	1.610	2,100	1,460	1,180	990	900	810	750	690	650	620	550	500	460	430

TABLE 2

Multipliers to be used when Specific Gravity is Other than 0.60

Spec. Grav.	Mult.	Spec. Grav.	Mult.	Spec. Grav.	Mult.	Spec. Grav.	Mult.
.35	1.31	.65	.962	1.00	.775	1.60	.612
.40	1.23	.70	.926	1.10	.740	1.70	.594
.45	1.16	.75	.895	1.20	.707	1.80	.577
.50	1.10	.80	.867	1.30	.680	1.90	.565
.55	1.04	.85	.841	1.40	.655	2.00	.547
.60	1.00	.90	.817	1.50	.633	2.10	.535

TABLE 3

Capacity of Semi-Rigid Tubing in 1000 BTU Per Hour of Undiluted Liquefied Petroleum Gases of 0.50 Pressure Drop

Outside Dia. Inches	Length of Tubing (Feet)									
	10	20	30	40	50	60	70	80	90	100
3/8	39	26	21	19	—	—	—	—	—	—
1/2	92	62	50	41	37	35	31	29	27	26
5/8	199	131	107	90	79	72	67	62	59	55
3/4	329	216	181	145	131	121	112	104	95	90
7/8	501	346	277	233	198	187	164	155	146	138

NOTES

1. Allowance has been made for an average number of fittings.
2. When using a gas with a specific gravity other than 0.60, multiply the capacity by the factor given in Table 2.
3. To convert BTU input per hour to cubic feet per hour, divide BTU per hour by the heating value of the gas to be used. This can be obtained from your local utility.
4. Piping systems of semi-rigid tubing (Table 3) that are to be supplied with gas of a specific gravity of 1.53 or less can be sized directly from Table 3 unless the authority having jurisdiction specifies that a gravity factor be applied. When the specific gravity of the gas is greater than 1.53, the gravity factor shall be applied.

Section III — FINAL ADJUSTMENTS

TEMPERATURE RISE

The furnace installation is to be adjusted to obtain a temperature rise within the range specified on the rating plate.

PRESSURE REGULATOR ADJUSTMENT

A pressure tap has been provided on the gas valve. Attach a pressure gauge to this tap and check the pressure. The pressure should be set as indicated on the rating plate. (If the pressure tap is not readily accessible on the gas valve, a pressure tap has been added to the gas manifold immediately before the first burner orifice. After use, replace securely the ⅛ inch pipe plug.)

To adjust the pressure regulator, remove the cap covering the screw out to decrease the pressure and in to increase the pressure. After the pressure regulator has been adjusted to its proper value, check the input by the following formula:

INPUT IN BTU/HR =

$$\frac{\text{Heating value of gas in BTU-Per-CU. ft. x 3600 x CU. Ft. gas measured}}{\text{Time in seconds for CU. ft. of gas measured}}$$

If the input does not correspond to that shown on the rating plate, adjust the input with the regulator screw of the pressure regulator until the rating plate input is obtained. The pressure in the manifold should not vary more than plus or minus 0.3 inches of water column from the specified. Any necessary major changes in the

FURNACE CLEANING

This heating system, like anything mechanical, will give the best comfort performance when it is properly adjusted, correctly operated, and given regular careful maintenance. Because the modern heating plant is so automatic in operation, the modern owner has a tendency to forget it is in his home. The furnace will require occasional inspection, adjustment, and cleaning in order to enable it to provide year after year of indoor comfort at minimum operation expense. This inspection should be performed at the beginning of the heating season.

HEAT EXCHANGER AND BURNER CLEANING PROCEDURE:

When it is found necessary to clean the inside of the heat exchanger, proceed as follows:

1. Disconnect power source to the unit.
2. Remove louver panel from the unit and set aside.
3. Turn gas supply "off" at the gas valve. Allow a few minutes for unit to cool down.
4. Remove two (2) screws holding the secondary air shield in place and set aside. Then remove air shield.
5. Removing the standing pilot:
   A. Disconnect the pilot tubing and thermocouple at the gas valve.
   B. Remove (2) screws from pilot bracket and remove *pilot assembly from pouch.*

   Removing the intermittent ignition pilot:
   A. Disconnect pilot tubing at gas valve.
   B. Remove (2) screws from pilot bracket and remove pilot assembly from pouch.
6. Remove *all* the burners from the unit. This is accomplished by pulling back on the burner so that it compresses the spring that is located between the manifold and burner. Tilt the burner up into the heat exchanger tube. Then slide burner off the orifice and remove from the unit. See Figure 6.

   After each burner has been taken from the unit, tap the end of the burner with the primary air shutter attached, lightly on the ground, thereby removing any residue from inside the burner. Then run the vacuum hose across the top of the burner thereby removing any *foreign material that might be lodged between the port.*

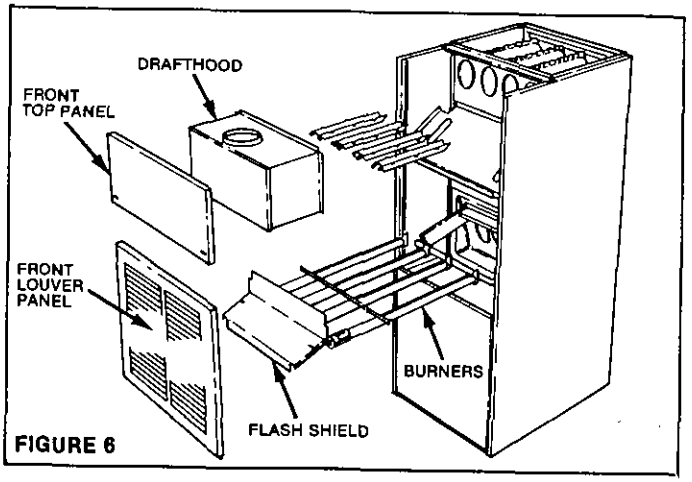


FIGURE 6

7. Next, *remove the screws that secure the drafthood.* Pull the drafthood free, taking care not to bend or kink any part of the drafthood in as much as the black mastic used as a seal may have hardened.
8. Begin by cleaning the upper part of the heat exchanger with a stiff bristled brush taking care not to change location of baffles in the tubes. After each opening at the top of the heat exchanger is brushed, repeat operation at the bottom. Use a front to back motion with the brush. After each section has been brushed, use a vacuum with a long hose to pick up residue that falls to the bottom of each section. See Figure 7.
9. To reassemble the unit, reverse the above procedure.

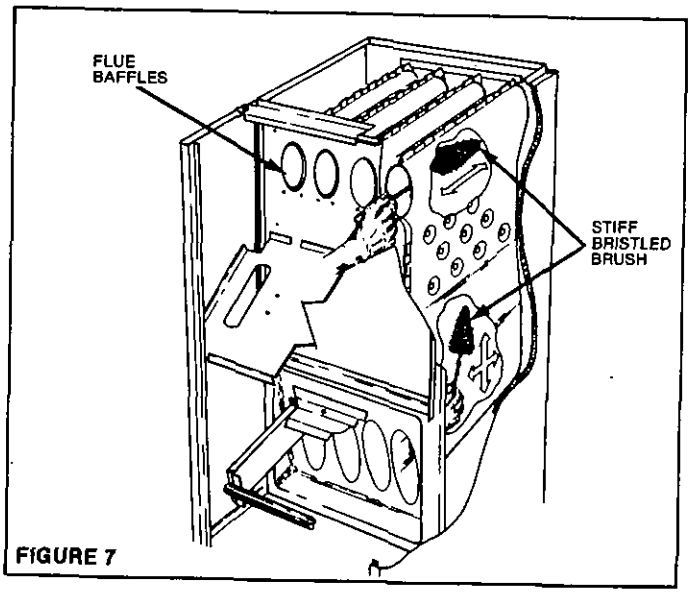


FIGURE 7

BALANCING THE SYSTEM

There is one adjustment of your heating system that you *are in a position to do more satisfactorily* than anyone else. This is the balancing of the system to provide equal comfort in every room. Best balancing is done on a typical cold day. Proceed as follows:

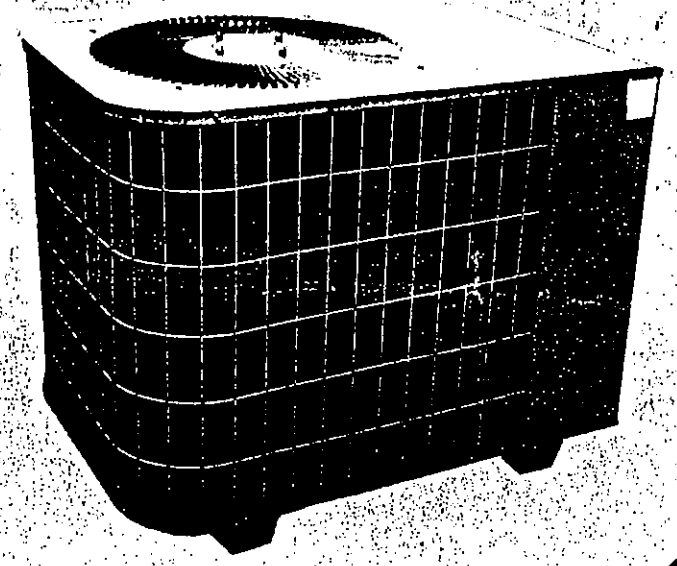
1. Be sure that dampers or valves in pipes or register are wide open in all runs to the room or rooms that seem a little cool.
2. It is best to do this balancing in the evening after sundown.
3. The room thermostat should be left at one setting for several hours before you attempt to do any balancing.
4. Check the temperature in all rooms, you can do this with a thermometer.
5. In the room or rooms that are too warm, turn down the register valve.
6. Wait several hours until room comfort balances out at this new setting and then recheck temperature.
7. By doing the adjusting a little at a time, you will accomplish the temperature balance you want. After a pipe damper or register valve has been adjusted it takes time for the temperature to conform with the new setting. By *adjusting a little at a time, you will soon accomplish* better system balance than can be done by anyone else who does not live in the house.

JANITROL

air conditioning & heating

10+ SEER SPLIT SYSTEM
HIGH EFFICIENCY AIR CONDITIONING
1½ thru 5 ton

"CE" SERIES



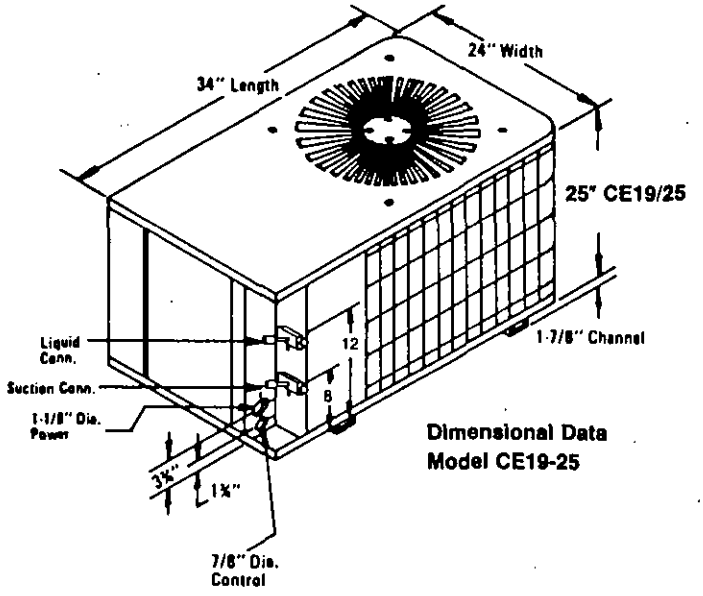
Super high efficiency *is the watch word for this 10+ SEER* ***JANITROL*** *Air Conditioner. With high SEER ratings, the condenser runs more efficiently giving you more comfort for less cost. While shorter running time costs you less to operate, high efficiency air conditioning in the past has cost more to install. Not so with the "CE" series. This heavy gauge zinc clad condenser is appointed with a baked enamel sandstone finish with a 500 hr. salt spray approval. Heavy duty, attractive and very very quiet, this unit is designed to provide you with comfort for less money.*

Invest in quality:

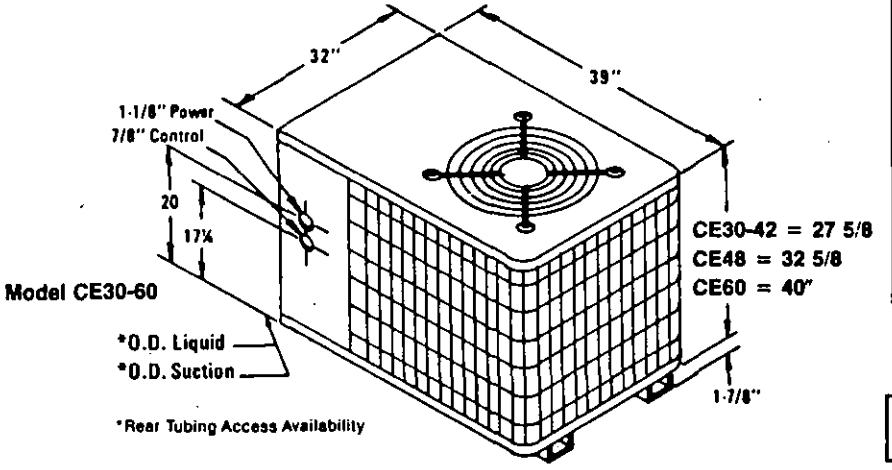
JANITROL SUPER HIGH EFFICIENCY AIR CONDITIONING

Physical Data

Model	Condenser Fan Dia. In.	Condenser Fan RPM	Liquid	Suction	Type	Approx. Shipping Wt.
CE19-1	18	1080	3/8	5/8	Sweat	153
CE25-1A	18	1080	3/8	3/4	Sweat	163
CE30-1A	22	1080	3/8	3/4	Sweat	225
CE36-1A	22	1080	3/8	7/8	Sweat	230
CE42-1	22	1080	3/8	7/8	Sweat	235
CE48-1	22	1080	3/8	7/8	Sweat	250
CE60-1	22	1080	3/8	7/8	Sweat	275



Dimensional Data
Model CE19-25



Model CE30-60

Performance Ratings

Condenser Model	Evaporator Model	Total BTUH	Sensible BTUH	SEER	Sound Rating BELS
CE19-1	A18-XX	17800	13300	9.70	8.0
	EF18-XX + UDC18-30	18000	13600	10.00	
	U18/UC18	18000	13600	9.70	
	H24	18000	13600	10.00	
	U24/UC24	18600	14500	10.10	
	UDC18-30	18600	14500	10.10	
	A24-XX	18600	14500	10.00	
CE25-1A	H24	23000	17200	9.50	8.0
	U24/UC24	23000	17200	9.60	
	A24-XX	23000	17200	9.60	
	EF24-XX + UDC18-30	24000	18400	10.00	
	UDC18-30	24000	18400	10.00	
	U30/UC30	24000	18400	10.00	
	HE31	24000	18400	10.00	
	A30-XX	24000	18400	10.00	
	UE31/UCE31	24000	18400	10.00	
CE30-1A	A30-XX	29200	21600	10.00	8.0
	EF30-XX + UDC18-30	29200	21600	10.00	
	U30/UC30	29200	21600	10.00	
	UDC18-30	29200	21600	10.00	
	H36	29600	22000	10.00	
	HE31	29600	22000	10.10	
	A36-XX	30000	22800	10.10	
	EF36-XX + UDC36	30000	22800	10.10	
	UDC36	30000	22800	10.10	
	U36/UC36	30000	22800	10.10	
	UE31/UCE31	30000	22800	10.10	
	UE37/UCE37	30800	24000	10.30	
	HE37	30800	24000	10.30	
CE36-1A	A36-XX	34000	25800	10.30	8.0
	EF36-XX + UDC36	34000	25800	10.30	
	H36	33600	25200	10.00	
	UDC36	34000	25800	10.30	
	U36/UC36	34000	25800	10.30	
	A43-XX	34600	26300	10.50	
	U43/UC43	35000	27300	10.50	
	HE37	35200	27400	10.60	
	UE37/UCE37	35200	27400	10.60	
CE42-1	A43-XX	39000	26800	10.00	8.0
	EF43-XX + UDC48-60	39000	26800	10.00	
	U43/UC43	39500	29200	10.10	
	A48-XX	40000	30800	10.00	
	H48	40000	30800	10.10	
	U48/UC48	40500	31200	10.20	
	UDC48-60	40500	31200	10.20	
	UE49/UCE49	41000	32400	10.30	
	HE49	41000	32400	10.50	
CE48-1	A43-XX	43000	30100	9.50	8.2
	U43/UC43	43500	30400	9.60	
	EF48-XX + UDC48-60	46000	33600	10.00	
	U48/UC48	46000	33600	10.05	
	H48	46000	33600	10.05	
	A48-XX	46000	33600	10.00	
	UDC48-60	46500	35800	10.10	
	U60/UC60	46500	35800	10.10	
	UE49/UCE49	46500	35800	10.20	
	HE49	47000	37000	10.20	
CE60-1	A60-XX	52000	38000	10.00	8.4
	U60/UC60	52000	38000	10.00	
	EF60-XX + UDC48-60	52000	33000	10.00	
	UDC48-60	52000	38000	10.00	
	H60	52500	38500	10.00	
	UE61/UCE61	52500	39000	10.00	
	HE61	54500	42000	10.10	

NOTE XX of A Models Designate Electric Heat Quantity
See A Series Specifications For Electric Heat Offerings

DUE TO CONSTANT IMPROVEMENTS, WE RESERVE THE RIGHT TO CHANGE SPECIFICATIONS WITHOUT NOTICE.

Electrical Data

Model	Volts	Phase	ELECTRICAL SUPPLY REQUIRED Wire Ampacity	Maximum Overcurrent Protection	Minimum Volts	Maximum Volts
CE19-1C	208/230	1	11.9	20	197	253
CE25-1AC	208/230	1	14.9	25	197	253
CE30-1AC	208/230	1	18.7	30	197	253
CE36-1AC	208/230	1	18.9	30	197	253
CE42-1C	208/230	1	24.2	40	197	253
CE48-1C	208/230	1	28.7	50	197	253
CE60-1C	208/230	1	31.6	50	197	253

AUTHORIZED TECHNICIAN:

B-Bristol Compressor

TANK ABATEMENT OR ASBESTOS ABATEMENT NOTIFICATION

Date: 6-22-99

Project: Oil tank removal

Street: 1587 Forge Pond Rd.

Town: Brick NJ 08724

Contractor: self License No. ~~~~

Address: above

A.S.C.M: _____ License No. _____

Address: _____

OSHA AIR MONITOR: _____

Address: _____

BUILDING OWNER: Diana Brand-Palmer

Street: 1587 Forge Pond Rd

Town: Brick NJ 08742

Phone: 732-836-0565 County: Ocean Zip 08742

Engineer/Architect: _____

Street: _____

Town: _____

Phone: _____ County _____ Zip _____

Waste Hauler: self license No. _____

Address: _____

Land Fill: Ocean County landfill

Town: _____

Job Size: (Circle one) (Minor) Small Large

Quantity of Waste Generated: (All applicable)

Cu. Yds _____

Linear Footage: _____

Square Footage: _____

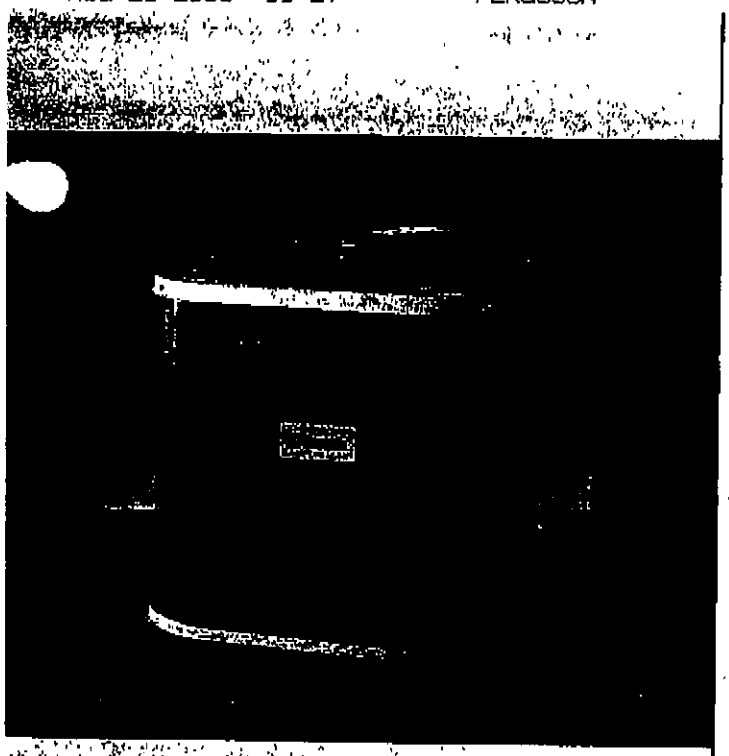
Proposed Start Date: 7-22-99 Proposed Finish Date: 8-22-99

Cost of work: $ _____

Construction permit number: _____ Date issued: _____

OS43A

1-19-89



AC10 AIR CONDITIONER

Ducane®

AIR CONDITIONING AND HEATING

THE DIFFERENCE IS QUALITY.™

DUCANE AIR CONDITIONERS

FEATURES

- Durable *Copeland* compressors, with internal pressure relief valves and inherent thermal protection
- High quality Ducane made condenser coil-copper tube with enhanced louvered fin for maximum heat transfer capability
- Permanently lubricated condenser fan motor
- Vertical air discharge
- All units run tested
- Heavy gauge, beige pre-painted cabinet provides corrosion protection
- Easy access to electrical panels, pre-wired for easy hook-up
- Hinged control panel allows simple access to internal components
- Service valve gauge ports positioned to allow plenty of access room
- Warranties: 5 year parts; 5 year compressor
- Liquid line filter drier shipped with every unit
- All units ETL, ETLC approved and ARI listed
- Charged for 15 feet of interconnecting tubing

UNIT DIMENSIONS

MODEL NUMBER	SQUARE BASE (INCHES)	HEIGHT (INCHES)
AC10B18	22 1/2 x 22 1/2	23 1/2
AC10B24	22 1/2 x 22 1/2	23 1/2
AC10B30	22 1/2 x 22 1/2	27 1/2
AC10B36, AC10B36-3*	22 1/2 x 22 1/2	27 1/2
AC10B42	30 x 30	23 1/2
AC10B48, AC10B48-3*	30 x 30	27 1/2
AC10B60, AC10B60-3*	30 x 30	27 1/2

*208/230 3 Phase

OUTDOOR UNIT	INDOOR SECTION	AIRFLOW (SCFM)	NET CAPACITY (BTUH/HR)	SEER (BTUH/WATT)
AC10B18	DUP18AA	600	18,000	10.00
AC10B24	DUP24AA	800	24,000	10.00
AC10B30	DUP30AA	1000	29,400	10.00
AC10B36, 36-3	DUP36BA	1200	34,000	10.00
AC10B42	DUP42BA	1400	40,000	10.20
AC10B48, 48-3	DUP48CA	1650	45,500	10.00
AC10B60, 60-3	DUP60CA	1850	57,000	10.00

DUCANE AIR CONDITIONERS

AC10B30

MODEL NUMBER		AC10B18	AC10B24	AC10B30	AC10B36, 36-3		AC10B42	AC10B48, 48-3		AC10B60, 60-3	
PHYSICAL DATA											
	Face Area (ft²)	6.19		9.83			12.36	14.83			
	Tube / Fin Material	Cu / Al									
	Tube Diameter (in.)	3/8									
	No. of rows	1									
	Fins per inch	16	22				20	22			
	Diameter (in.)	18					22				
	No. of blades	3									
	RPM	1100									
	Motor HP	1/10			1/4						
Liquid Line Connection (in.)		3/8									
Vapor Line Size Required (in.)		5/8		3/4			7/8			1-1/8	
Vapor Line Connection (in.)		5/8		3/4			7/8				
ELECTRICAL DATA											
	Rated Voltage (Volts)	208/230									
	Phase	1			1	3	1	1	3	1	3
	Frequency (Hz)	60									
	Rated Load Amps	9.6	10.9	15.3	16.6	11.4	19.0	20.4	14.0	28.6	17.2
	Locked Rotor Amps	49	56	75	96	75	105	102	91	170	12.4
	Full Load Amps	0.75			1.45						
	Locked Rotor Amps	1.4			3.8						
	Max. Fuse Size*	20	25	30	35	25	40	45	30	60	40
	Min. Circuit Ampacity**	12.8	14.4	20.4	22	15.9	25.2	26.9	18.9	37.2	22.9

** Time delay fuse/HACR Breaker*

***Refer to national Electrical Code (or Canadian Electrical Code) to determine wire size, fuse and disconnect size requirements*

NOTE: Three phase data not available at press time.

ACCESSORIES

Unit Size	18	24	30	36	36-3	42	48	48-3	60	60-3
High Pressure Switch	HPS01A									
Low Pressure Switch	LPS01A									
Short Cycle Protection	SCP01A									
Hard Start Kit	HSK01A	HSK02		HSK03		HSK04	HSK05		HSK06	
Crankcase Heater	CCH01A					CCH01A			CCH02	
Sound Blanket	CSB02A								CSB02A	
Low Ambient Kit	LAK01A									

Shading means not available or factory installed.

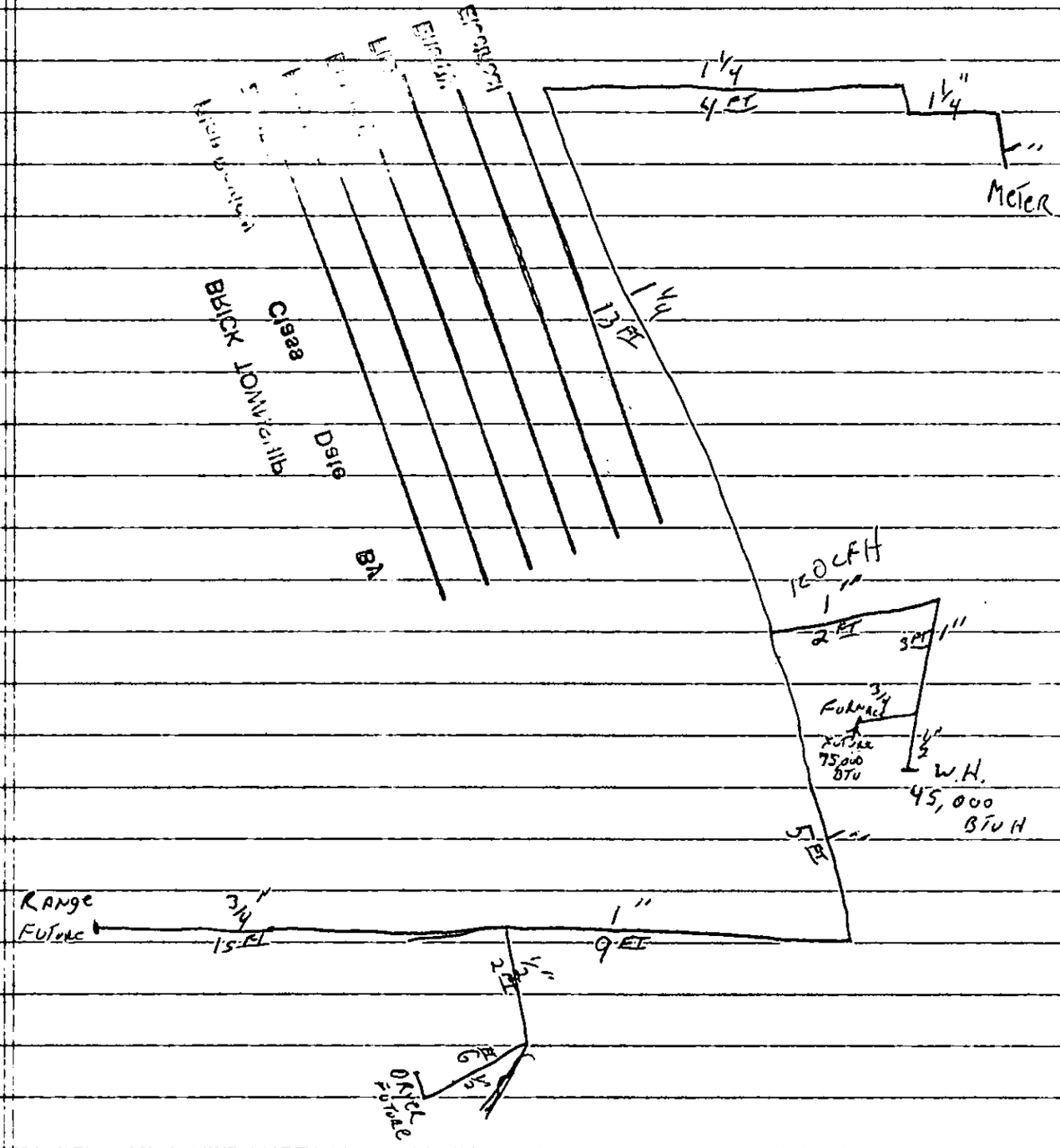
DUCANE® AIR CONDITIONING AND HEATING

www.ducane.com

For more information, contact your local Ducane distributor.

Printed on recycled paper.

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE



46'

RANGE + DRYER Less then 215 GAS PIPING

1587 FORGE AND RD.

Plan Review

Zoning

Plumbing

Building

Fire

Energy

Electrical

BRICK TOWNSHIP

Class

Date

By

update 99-2593 +A

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1587 Forge Road Rd.
Block: 820 Lot: 18
Owner's Name: Diana Brand-Palmer
Owner's Mailing Address: Same
Phone: [redacted]

BUILDING

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

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

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

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $

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

Signature:
Please Print Name

ELECTRICAL

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

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air 1 KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: $ 50 –

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

Signature:
Please Print Name Diana L. Brand

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work # 150 —

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

Signature:_____
Please Print Name: Diana L Brand

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____
Print Name:_____

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1587 Forge Pond Rd Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: Diana Brand-Palmer Control #:
Address: 1587 Forge Pond Rd Permit #:
Brick
State: NJ Zip: 08724 Pho [redacted]
SS [redacted] Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: self
ADDRESS: 1587 Forge Pond Rd
Brick, NJ 08724
PHON [redacted]
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Gas Piping
	Fuel Oil Piping
1	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
1	Gas Service Connection gas furnace
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $ 1,500
Signature: D L Brand-Palmer
Owner ☒ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS: N/A
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

existing ducts & chimney for A/C

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: D L Brand-Palmer

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Self

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	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 w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit	1	KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service	1	200 AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other furnace	1	69
Other		
Other		

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name): D. Brand-Palmer

Owner ☒ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: Self

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler Basement

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:

Combustable Liquid Storage Tanks Capacity: Fuel:

L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	

Gas or Oil Fired Appliance 1 furnace

Other ✓ Tank Removal

Other

Estimated Cost of Fire Protection Work: $

Signature: D. Brand-Palmer

Owner ☒ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by: