BLOCK 820 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 1589 Forge Pond Rd PERMIT NO. 08-3384

CONSTRUCTION PERMIT APPLICATION 08-005116

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

I. IDENTIFICATION

1. Proposed Work Site at: 1589 Forge Pond Rd. ~~Jamesburg~~ Brick.
2. Name of Owner in Fee: Worth
   Tel. [redacted] e-mail X
   Address 1584 Forge Pond Rd, Brick, NJ. 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Air Quality Heating + Cooling Tel. (732) 914-0332
   Address 201 Cliesthill Rd. Tomsriver, 08755 e-mail X
   License No. OR, if new home, Builder Reg. No. 13VH04531500 Exp. Date 12/2008
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3971175 FAX: (732) 914-0333
5. Architect or Engineer X Contact X
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun John King
   Tel. (732) 914-0332 FAX: (732) 914-0335

11/6/08 Left Message

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45 ✓		
2. Electrical			
3. Plumbing	45		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 90		

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 _____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical					11508	MR	1-21-09		
☐ Plumbing	1,800.00		10/29/08						
☐ Fire Protection	50				103008	OB			
☐ Elevator	1850								
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   - Before Construction
   - After Construction
   - Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*

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

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/30/2017
Control Number C-08-005116
Permit Number 08-3384
Permit Issue Date 11/7/2008
Certificate Number 08-3384

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1589 FORGE POND RD. Brick Township, NJ Block: 820 Lot: 15 Qual:

Owner in Fee: WORTH, SHIRLEY A.

Owner Address: 1589 FORGE POND RD. BRICK NJ 08724

Telephone: [redacted]

Contractor AIR QUALITY CONTROL

Address 201 CRESTHILL ROAD TOMS RIVER NJ 08753-

Telephone: (732) 901-2668 Fax: (732) 914-0335

License Number or Builders Registration Number: 13VH04531500 Federal Emp. Number: 22-3257480

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/30/2017

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

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.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Air Quality Heating + Cooling

Address 201 Crest Hill Rd
Toms River NJ. 08755

Telephone (732) 914-0332

Signature John Kig

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

820

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 08-3384

Date Issued / Permit # 11/7/08

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

Block 820 Lot 15 Qualification Code

Work Site Location 1589 forge pond rd. Brick NJ. 08724

Owner in Fee: Worth

Tel. [redacted] e-mail X

Address JANE

Contractor: Air Quality Heating + Cooling Tel. (732) 914-0332

Address 201 Crest Hill Rd. Toms River, NJ. 08755 e-mail X

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [✓] Existing [ ] HVAC

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

Location: Basement

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] ~~No Plans Required~~

~~Joint~~ Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 10 30 08

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 1-14-09

Approved by: DB

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			1/14/09	RSD
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/14/09	RD
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. H. K.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Repl.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	1	45
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

820 - 15

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 08-3384

Date Issued Permit # 11/7/08

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

Block 800 Lot 12 Qualification Code _____

Work Site Location 1589 FORGE POND RD

BRICK, NJ 08724

Owner in Fee: CHARLES WARREN

Tel [redacted] e-mail _____

Address _____
street municipality zip code

Contractor: POWER FACTOR ELECTRIC Tel. (_____)

Address 744 PERRINEVILLE RD, e-mail _____

PERRINEVILLE, N.J. 08535

Contractor License No. LIC.# 14942 PH.# 609-448-3600 Exp. Date _____

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

FED. I.D. 01-0668257

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 50.00/100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] 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: 11 5 08

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 11-24-08

Approved by: [signature]

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-19-08	
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
1		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	115	GAS FURNACE REPLACE	
		_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

CONSTRUCTION PERMIT

Date Issued 11/7/2008
Control # C-08-005116
Permit # 08-3384

IDENTIFICATION Block: 820 Lot: 15 Qualifier
Work Site Location: 1589 FORGE POND RD. Brick Township, NJ
Owner in Fee WORTH, SHIRLEY A.
1589 FORGE POND RD. BRICK NJ 08724
Telephone: [redacted]

Contractor AIR QUALITY CONTROL
Address 201 CRESTHILL ROAD TOMS RIVER NJ 08753-
Telephone: (732) 901-2668
Lic. No. or Bldrs. Reg. No. 13VH04531500
Federal Employee. No. 22-3257480

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
REPLACEMENT HOT AIR FURNACE

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $51

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$90
Check No.	3216
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 08-005116

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1589 Fuller Pond Rd

DATE REVIEWED: 10.29.08

REVIEWED BY: DSP

CONTACT CALLED/FAXED: [redacted] Air Quality + HTG

- need Electric tech for the furnace
- spoke w/ Secretary - will get tech to me by Friday

Resubmit 11/3/08 MS

Frank/plan review template

Arcoaire®
Air Conditioning & Heating

H8MPV

2-Stage Variable Speed 80

Flexibility

- 40" high, for more noise reduction and ease of installation.
- Factory shipped for natural gas, with LP gas conversion kits available.
- Four position - upflow/downflow/ horizontal installation.
- Category I venting.
- Three position inducer capability.
- Common venting with water heater.

Service

- Self diagnostics.
- Entire blower assembly mounted on rails.

Quality

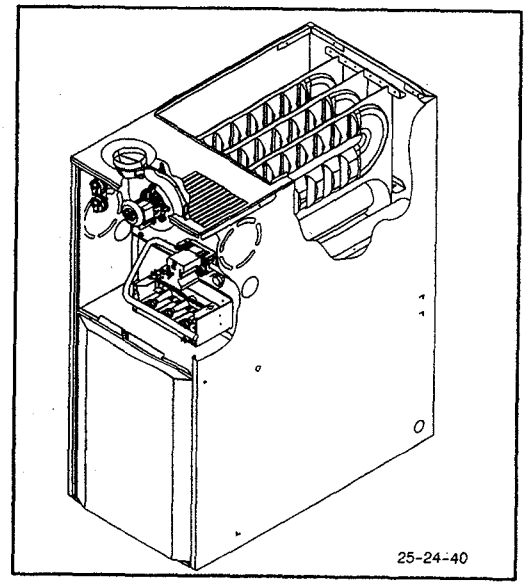
- RPJ3 Aluminized steel heat exchanger.
- 25 year limited warranty on heat exchangers and 5 years on parts.
- High temperature limit control prevents overheating.
- Hot surface pilot ignition device.
- Flame roll-out sensors standard.
- Louvered doors.
- One piece prepainted steel cabinet.
- Masonry chimney adapter available. (Some models)

Comfort

- Adjustable timed blower Off delay.
- Humidifier terminal
- Electronic air cleaner terminal.

Efficiency

- 80% AFUE efficiency range.
- Two stage gas valve operation.
- Two stage fan timer.
- Variable speed brushless DC motor.
- Induced draft blower.
- In-shot burners.



Representative drawing only, some models may vary in appearance.

WARNING

This furnace is not designed for use inside mobile homes, trailers, or recreational vehicles. Such use could result in property damage, bodily injury, and/or death.

UPFLOW/DOWNFLOW/HORIZONTAL NATURAL GAS

Model Number	Heat Exchangers #	Dimensions H x W x D (In.)	Price
H8MPV050B12A	25 year	40 x 15 1/2 x 29	
H8MPV075F14A	25 year	40 x 19 1/8 x 29	
H8MPV100J20A	25 year	40 x 22 3/4 x 29	
H8MPV125J20A	25 year	40 x 22 3/4 x 29	

25 YEAR LIMITED WARRANTY

PERFORMANCE/CAPACITY/HEATING

Model Number	Input (MBTUH)	Efficiency AFUE	Cooling Cap. @ .5" W.C.
*8MPV050B12A	50,000	80%	1.5 - 3.0 TON
*8MPV075F14A	75,000	80%	1.5 - 3.5 TON
*8MPV100J20A	100,000	80%	2.5 - 5.0 TON
*8MPV125J20A	125,000	80%	3.0 - 5.0 TON

* Denotes Brand

ENERGUIDE
Annual Fuel Utilization Efficiency (AFUE)
THIS MODEL
80.0
MIN MAX
78% 82% 88% 97%

DESIGN CERTIFIED

LIMITED PARTS 5 YEAR WARRANTY

EFFICIENCY RATING CERTIFIED Gama

441 31 2011 03 (09/2003)

Heating, Cooling & Continuous Airflow Settings

Continuous Blower (CFM) @ 0.10" Static

Switch Settings		Furnace Model		
#1	#2	50K	75K	100/125K
0*	0*	542	632	698
0	1	664	771	858
1	0	777	903	1032
1	1	911	1046	1174

*Factory Setting

Heating Air Temperature Adjustment (° F)*

Switch Settings			Furnace Model			
#3	#4	#5	50K	75K	100K	125K
0**	0**	0**	0	0	0	0
0	0	1	1	1	3	3
0	1	0	2	2	5	5
0	1	1	3	4	7	8
1	0	0	6	5	8	10
1	0	1	-3	-3	-5	-1
1	1	0	-5	-6	-8	-2
1	1	1	-7	-9	-12	-4

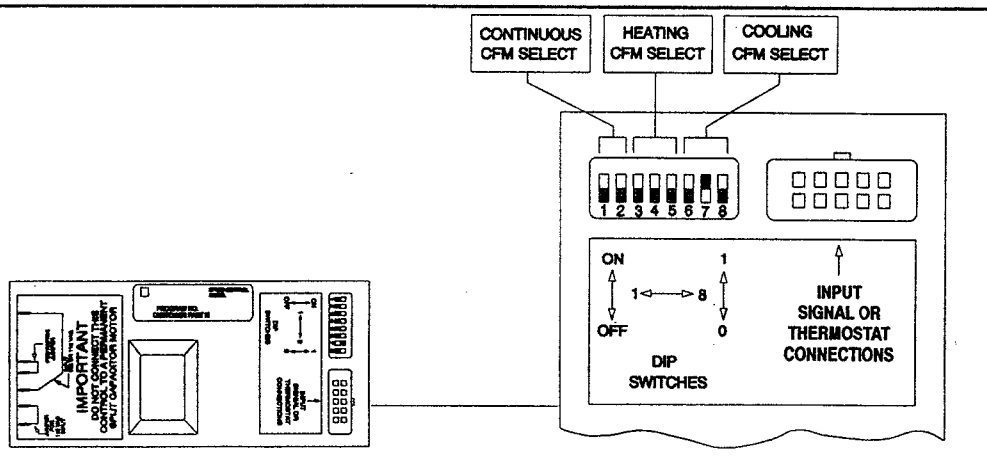
*Approximate air temperature change from factory setting @ 0.20" static on high heat)low heat speed changes with change of high heat speed on most settings)
**Factory setting

Cooling (CFM) @ 0.50" Static
(See Figure 1 - 3 for complete Airflow Range)

Switch Settings			Furnace Model		
#6	#7	#8	50K	75K	100/125K
0*	0*	0*	1167	1414	2169
0	0	1	1115	1306	2003
0	1	0	1000	1209	1806
0	1	1	907	1105	1601
1	0	0	810	1009	1408
1	0	1	760	907	1204
1	1	0	703	842	1006
1	1	1	656	816	813

*Factory setting

Blower Motor Settings



25-23-10

0 1 0

*EXAMPLE
Cooling Airflows Switches 6, 7 & 8:

000 3.5 Ton
001 3.0 Ton
010 2.5 Ton
011 2.0 Ton

*See "Technical Support Manual" for correct airflow rates.

Heating, Cooling & Continuous Airflow Settings

Figure 1

***8MPV050B12 COOLING**

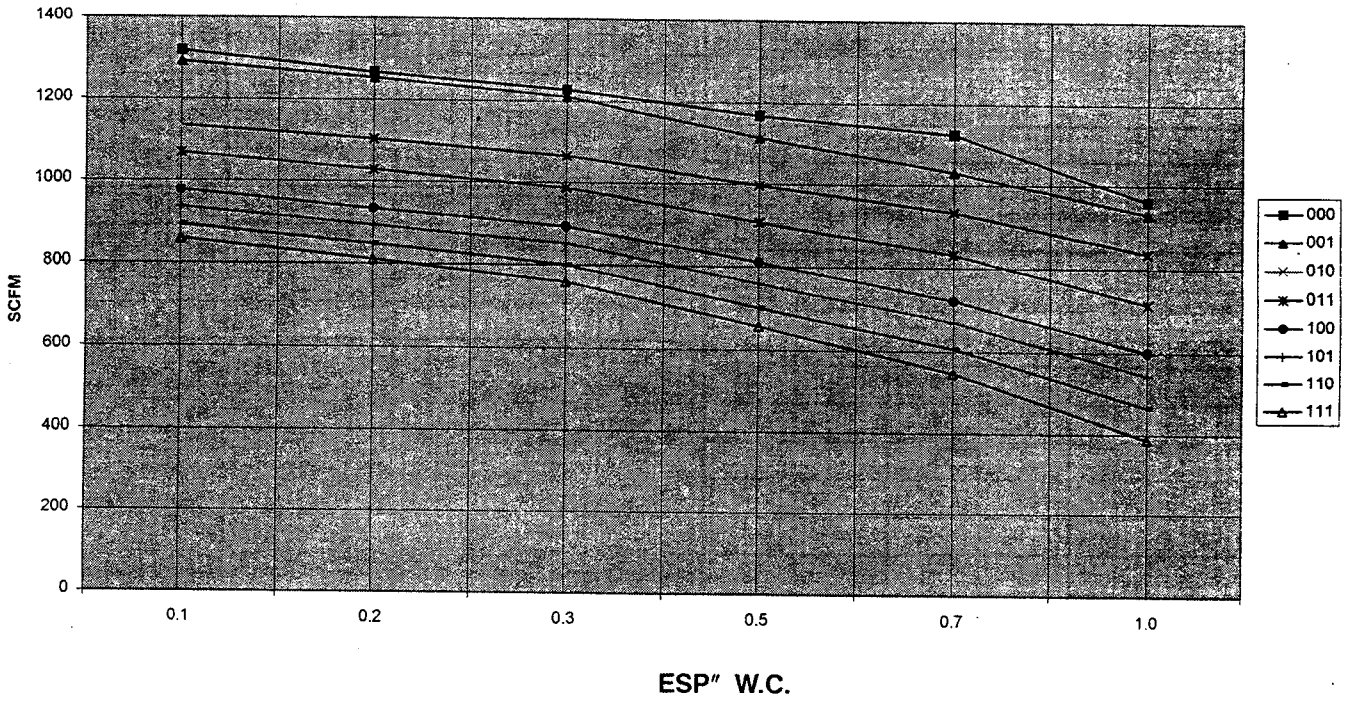
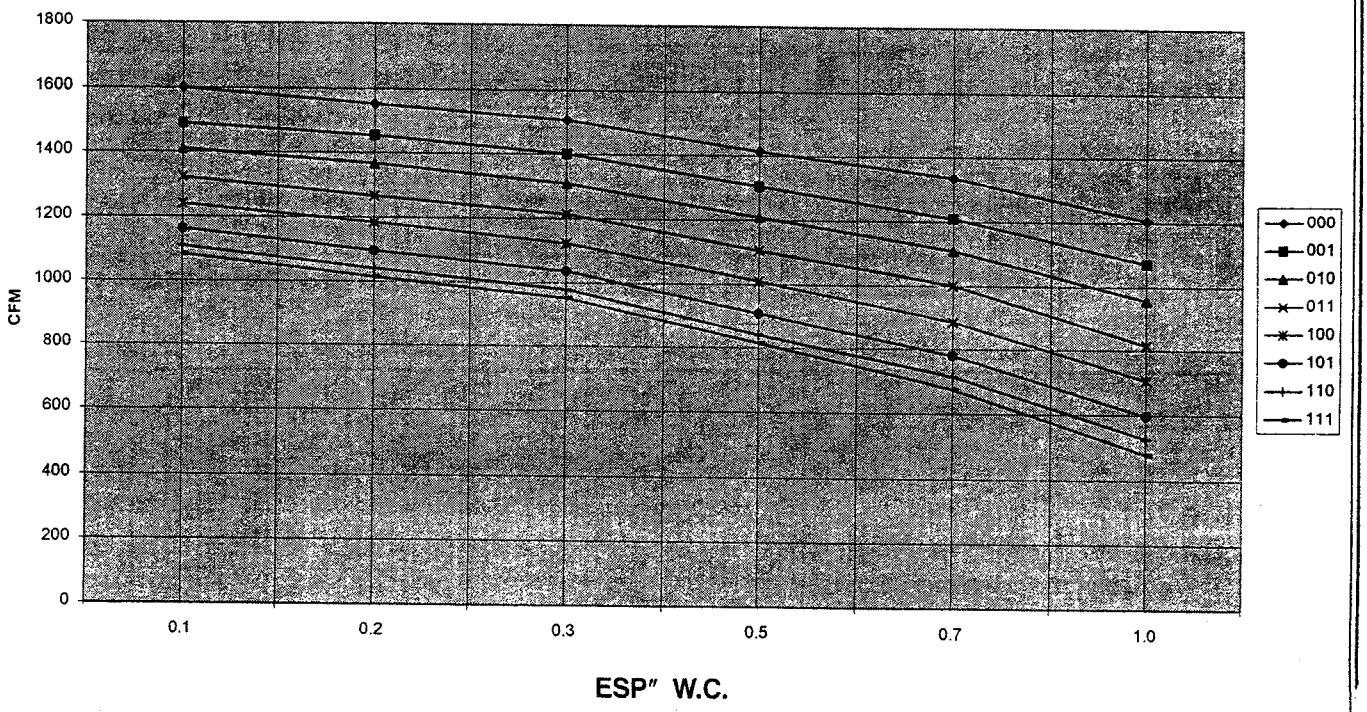


Figure 2

***8MPV075F14 COOLING**



Heating, Cooling & Continuous Airflow Settings

Figure 3

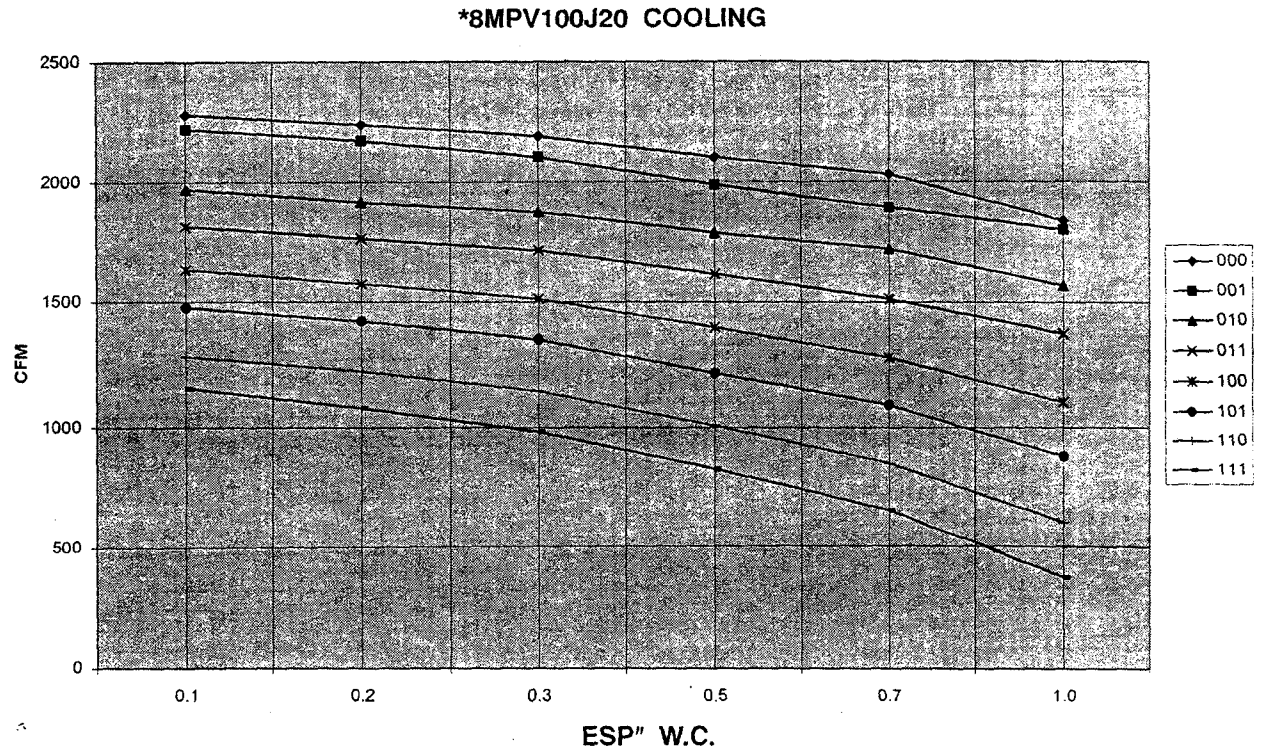
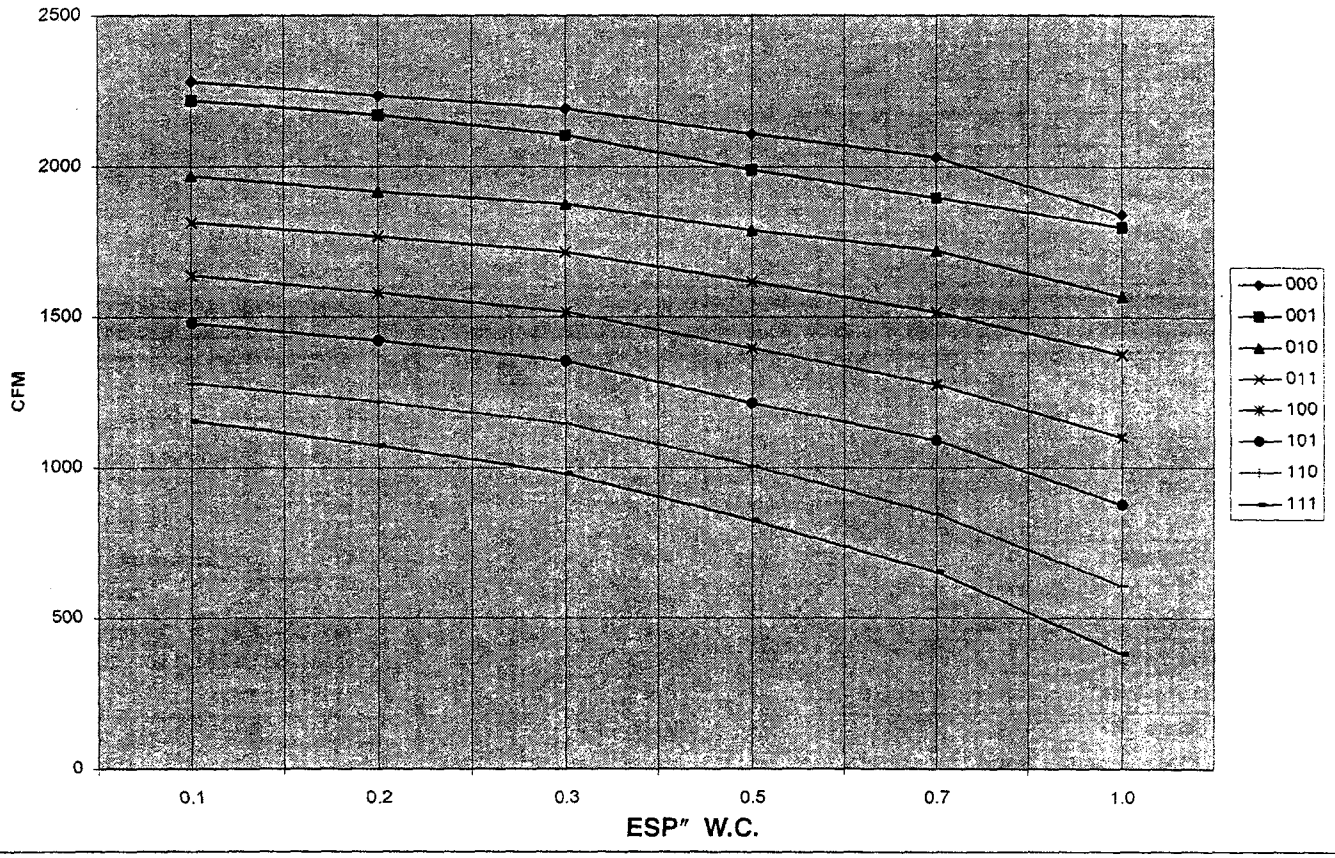


Figure 4



FURNACE SPECIFICATIONSCE MULTI-POSITION

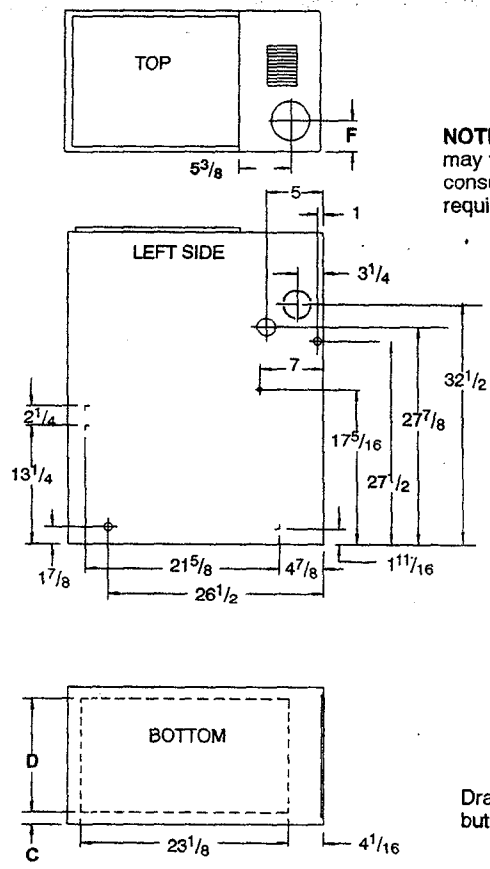
Model Number NATURAL GAS	27265	27266	27267	27268
INPUT (btuh) Hi Fire Lo Fire	50,000 35,000	75,000 52,500	100,000 70,000	125,000 87,500
HTG. CAP. (btuh) Hi Fire Lo Fire	40,000 28,000	60,000 42,000	81,000 61,000	101,000 71,000
AFUE % (ICS)	80.0%	80.0%	80.0%	80.0%
CSE	73.0%	73.0%	73.0%	73.0%
NOx (Ng/J)	<40	<40	<40	<40
TEMP. RISE (deg. F) Hi Fire Lo Fire	30 - 60 25 - 55	30 - 60 25 - 55	35 - 65 35 - 65	30 - 60 25 - 55
VOLTS/PH/HZ	115/60/1	115/60/1	115/60/1	115/60/1
F.L.A.	8.2	9.0	12	12
TRANSFORMER (V.A.)	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2
CATEGORY I VENT SIZE	4"	4"	4"	4"
COOLING CAP.	3.0 TON	3.5 TON	5.0 TON	5.0 TON
FILTER SIZE (IN.) (1 required)	14 x 25 x 1	14 x 25 x 1	16 x 25 x 1 (2)	16 x 25 x 1 (2)
SHIPPING WEIGHT (LBS.)	130	129	174	177
DIMENSIONS (in.) HEIGHT	40	40	40	40
WIDTH X DEPTH	$15^1/_2$ x $28^1/_2$	$19^1/_8$ x $28^1/_2$	$22^3/_4$ x $28^1/_2$	$22^3/_4$ x $28^1/_2$

ACCESSORIES

Model Number	Description	Used With Models
GAS CONVERSION KITS		
*1011789	Natural gas to LP (propane) conversion Kit. Allows field conversion to LP (propane) gas.	ALL *8MPV FURNACES
*1011787	LP (Propane) to natural gas conversion kit. Allows field conversion to natural gas. (Single Stage)	ALL *8MPV FURNACES
FILTER KITS		
NAHA001FF	External filter frame. 16" x 25"	Side Return (All Furnaces) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
NAHA002FF	Bottom return filter frame kit 20" x 25".	(All "J" $22^3/_4$" Furnaces)
NAHA003FF	Bottom or side return filter frame kit 14" x 25".	(All "B" $15^1/_2$" Furnaces)
NAHA004FF	Bottom return filter frame kit 25" x 25".	*8MPT125
NAHA001TK	Duct Standoff Filter Kit. To adapt 20" x 25" filter for single side return.	Side Return (All single return applications with 1650 CFM or greater) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
COMBUSTIBLE FLOOR SUBBASES		
NAHH001SB	Subbase Furnace ONLY: All $15^1/_2$" wide furnace models	*8MPV050
NAHH002SB	Subbase Furnace ONLY: All $19^1/_4$" wide furnace models	*8MPV075-100
NAHH003SB	Subbase Furnace ONLY: All $22^3/_4$"wide furnace models	*8MPV100-125
NAHH004SB	Subbase Furnace w/$15^1/_2$" cased coil	Counterflow furnace *8MPV050
NAHH005SB	Subbase Furnace w/$19^1/_4$" cased coil	Counterflow furnace *8MPV075-100
NAHH006SB	Subbase Furnace w/$22^3/_4$" cased coil	Counterflow furnace *8MPV100-125
MASONRY CHIMNEY ADAPTER		
NAHA001DH	Chimney adapter (6")	*8MPV075, 100
NAHA002DH	Chimney adapter (7")	*8MPV125
VENT GUARD		
NAHA002VC	Downflow vent guard	All downflow applications
COIL ADAPTER		
NAHA001CA	Coil Adapter for Downflow Furnaces	All Multi- Position Furnaces in the Downflow Application

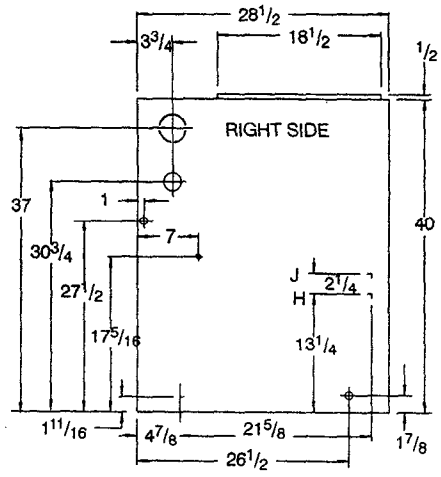
* Fast part number

UNIT DIMENSIONS



NOTE: Evaporator "A" coil drain pan dimensions may vary from furnace duct opening size. Always consult evaporator specifications for duct size requirements.

Drawing is representative, but some models may vary



Unit is designed for bottom return or side return.

Return air through back of unit is NOT allowed.

25-23-44a

ALL DIMENSIONS IN INCHES

Unit Capacity	Cabinet		Top	Bottom		Duct Size
	A	B	F	C	D	
*8MPV050B12	15 1/2	14	6	1 3/8	12 5/8	H
*8MPV075F14	19 1/8	17 1/2	7 3/4	2 1/8	14 3/4	J
*8MPV100J20 *8MPV125J20	22 3/4	21 1/4	9 1/2	1 15/16	18 3/4	J

* Denotes Brand

MODEL NUMBER IDENTIFICATION GUIDE

*	8	MP	V	075	B	12	A	#

Brand

Brand Efficiency
8 = Non-Condensing, 80+% Gas Furnace
9 = Condensing, 90+% Gas Furnace

Installation Configuration
UP = Upflow DN = Downflow
UH = Upflow/Horizontal HZ = Horizontal
DH = Downflow/Horizontal
MP = Multiposition, Upflow/Downflow/Horizontal

Major Design Feature
1 = One (Single) Pipe N = Single Stage
2 = Two Pipe P = PVC Vent
D = 1 or 2 Pipe T = Two Stage
L = Low NOx V = Variable Speed

Input (Nominal MBTUH)

Cabinet Width
B = 15.5" Wide J = 22.8" Wide
F = 19.1" Wide L = 24.5" Wide

Cooling Airflow
08 = 800 CFM 16 = 1600 CFM
12 = 1200 CFM 20 = 2000 CFM
14 = 1400 CFM

Marketing Digit
Denotes minor change

Engineering Rev.
Denotes minor changes

* Denotes Brand

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

NOT AN ELECTRICIAN'S OR PLUMBER'S 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

Air Quality Heating & Cooling Specialist, Inc.
Heather L. King
201 CrestHill Rd.
Toms River NJ 08755

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

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Air Quality Heating & Cooling Specialist, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

06/04/2008 TO 12/31/2008
VALID

SIGNATURE

13VH04531500
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

06/04/2008 TO 12/31/2008
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH04531500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

Air Quality Heating & Cooling Specialist, Inc. EXPIRATION DATE **2008**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 04531500** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

CHIMNEY CERTIFICATION FOR REPLACEMENT OF
FUEL FIRED EQUIPMENT

BLOCK: 870 LOT: 15 PERMIT #:

WORKSITE ADDRESS: 1589 Forge Pond Rd.

CERTIFYING INDIVIDUAL (PRINT NAME)
Name: Worth
Address
Street: ~~&~~ 1589 Forge Pond Rd.
State: NJ. 08724

COMPANY
Name: Air Quality Heating & Cooling
City: Toms River. NJ. 08755
~~Zip~~: 201 CrestHill Rd
Phone# ( ) 732-914-0337

CHECK THE APPROPRIATE BOX
TYPE OF REPLACEMENT
( ) Oil to Gas Conversion
(✓) Gas appliance Replacement
( ) Oil to Oil Replacement

( ) Other (describe): _____

EXISTING VENT/CHIMNEY:
( ) B label vent
( ) L label vent
(✓) Masonry chimney-tile lined
( ) Flexible liner
( ) Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

FOR OIL TO GAS CONVERSIONS:
I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

OIL TO OIL OR GAS TO GAS REPLACEMENTS
I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lied and sized for the appliance being installed.

Signature Date

CERTIFICATION NOT SUBMITTED:
I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

DIRECT VENT APPLIANCE:
NO CERTIFICATION REQUIRED:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 820 Lot 15 Qualification Code

Work Site Location 1589 Forge Pond Rd, Brick, NJ, 08724

Owner in Fee: Worth.

Tel. [redacted] e-mail X

Address SAME

Contractor: Air Quality Heating & Cooling (street, municipality) Tel. ( )

Address 201 Crestmont Rd Tomsriver (zip code) e-mail

Contractor License No. 13VH04531500 Exp. Date 12-31-08

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

Federal Emp. ID No. 22-3971175 FAX: (732) 914-0335

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 $ 1,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Furnace Repl.	
	Other	

N/A

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