BLOCK 842 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 1715 RT 88 West PERMIT NO. 18-0367

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CB-000014

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

I. IDENTIFICATION

1. Proposed Work Site at: 1715 Rt 88 West Brick NJ 08724
2. Name of Owner in Fee: Oxford International
   Tel. (732) 740-6173 e-mail _____
   Address 1361 Vincenzo Dr (street) Toms River (municipality) 08753 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Brick Township Heating + A/C Tel. (732) 477-3300
   Address 465 Brick Blvd e-mail info@bricktownshipnvac.com
   Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHB198000
   Federal Emp. ID No. 21-0703175 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Craig Law
   Tel. (732) 477-3300 FAX: (732) 477-0205

Jersey Waves

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150	180	
2. Electrical		150	
3. Plumbing		100	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		18	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	300	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work — HVAC
- ☐ 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	1500	TM			02/07/18	MM			
☒ Electrical	1500	12/28/17			1/2/18	PSC			
☒ Plumbing	1500				1-5-18	[illegible]			
☒ Fire Protection	1500				1/18/18	ISO			
☐ Elevator									
TOTAL COST	4,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/2/2018
Control Number C-18-000014
Permit Number 18-0367
Permit Issue Date 2/12/2018
Certificate Number 18-0367

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1715 ROUTE 88 Brick Township, NJ Block: 842 Lot: 28 Qual:

Owner in Fee: OXFORD INTERNATIONAL LLC

Owner Address: 1361 VINCENZO DR TOMS RIVER NJ 08753

Telephone: (732) 740-6173

Contractor BRICK TOWNSHIP HEATING & AIR

Address 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300 Fax: (732) 477-0205

License Number or Builders Registration Number: Federal Emp. Number: 21-0103175

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC - JERSEY WAVES ...REPLACEMENT OF R.T.U.

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: 3/2/2018

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(f)1.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Brick Township Heating + A/C

Address 465 Brick Blvd

Brick NJ 08723

Telephone (732) 477-3300

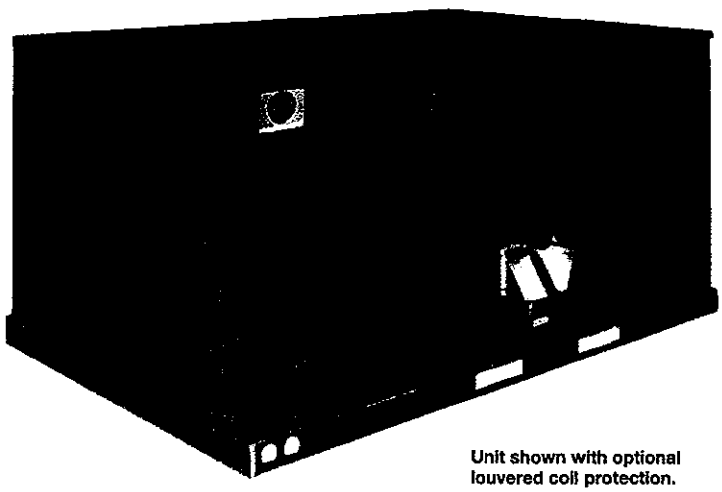
Signature Craig Law

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

Rheem

The new degree of comfort.™

Rheem *Commercial Value Series* Package Gas Electric Unit



Unit shown with optional louvered coil protection.

RKKL-B Standard Efficiency Series

Nominal Sizes 7.5, 10 & 12.5 Tons
[26.4, 35.2 & 44.0 kW]
ASHRAE 90.1-2010 Compliant Models

"Proper sizing and installation of equipment is critical to achieve optimal performance. Ask your Contractor for details or visit www.energystar.gov."

Jersey Waves

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NJ UNIFORM CONSTRUCTION CODE

NW

Date Received / Control # 2/12/18

Date Issued / Permit # 18-0367

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

Block 842 Lot 28 Qualification Code

Work Site Location 1715 RT 88 West
Brick NJ 08724

Owner in Fee: Oxford Int'l

Tel. (732) 740-6173 e-mail

Address 1361 Vincenzo Dr (street) Toms River (municipality) 08753 (zip code)

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail
Brick NJ 08723

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): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Roof

Total Cost of Fire Protection Work $ 1500

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:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Craig Law

Print name here: Craig Law

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace roof-Top UNIT

Water Supply Source

Method of Alarm/Suppression System Supervision

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

Carbon Monoxide alarm req

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 1/8/18
Approved by: LG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 2-16-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			2218	RM
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2218	RM
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2218	RM
Other				

Co alarm installed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/12/18

Date Issued / Permit # 18-0367

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

Block 842 Lot 28 Qualification Code

Work Site Location 1715 RT 88 West
Brick NJ 08724

Owner In Fee Oxford Int'l

Address 1361 Vincenzo Dr
Toms River NJ 08753

Tel (732) 740-6173

Contractor Brick Township Heating + A/C

Address 465 Brick Blvd
Brick NJ 08723

Tel (732) 477-3300 FAX (732) 477-0205

Contractor License No. 19HC00520700

Federal Emp. No. 21-0703175

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500

C. CERTIFICATION IN LIEU OF OATH

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

Craig Law
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
7	7	KW Central A/C Unit RTU	
		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	7½ TON	Roof-Top Unit	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved SPECS

Date: 1/2/18

Approved by: PD

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 3/1/18

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/28/18	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

NOM. SIZES 7.5 TON [26.4 KW] ASHRAE 90.1-2007 COMPLIANT MODELS

Model RKKL- Series	B090CL15E	B090CL22E	B090CM15E	B090CM22E
Cooling Performance[1]				CONTINUED →
Gross Cooling Capacity Btu [kW]	87,000 [25.49]	87,000 [25.49]	87,000 [25.49]	87,000 [25.49]
EER/SEER[2]	11.2/NA	11.2/NA	11.2/NA	11.2/NA
Nominal CFM/AHRI Rated CFM [L/s]	2800/2925 [1321/1380]	2800/2925 [1321/1380]	2800/2925 [1321/1380]	2800/2925 [1321/1380]
AHRI Net Cooling Capacity Btu [kW]	84,000 [24.61]	84,000 [24.61]	84,000 [24.61]	84,000 [24.61]
Net Sensible Capacity Btu [kW]	64,800 [18.99]	64,800 [18.99]	64,800 [18.99]	64,800 [18.99]
Net Latent Capacity Btu [kW]	19,200 [5.63]	19,200 [5.63]	19,200 [5.63]	19,200 [5.63]
IEER[3]	12.1	12.1	12.1	12.1
Net System Power kW	7.5	7.5	7.5	7.5
Heating Performance (Gas)[4]				
Heating Input Btu [kW] (1st Stage / 2nd Stage)	75,000/150,000 [21.97/43.95]	112,500/225,000 [32.96/65.92]	75,000/150,000 [21.97/43.95]	112,500/225,000 [32.96/65.92]
Heating Output Btu [kW] (1st Stage / 2nd Stage)	60,750/121,500 [17.8/35.6]	91,125/182,250 [26.7/53.4]	60,750/121,500 [17.8/35.6]	91,125/182,250 [26.7/53.4]
Temperature Rise Range °F [°C] (1st Stage / 2nd Stage)	25-55 [13.9-30.6] / 25-55 [13.9-30.6]	40-70 [22.2-38.9] / 40-70 [22.2-38.9]	25-55 [13.9-30.6] / 25-55 [13.9-30.6]	40-70 [22.2-38.9] / 40-70 [22.2-38.9]
Steady State Efficiency (%)	81	81	81	81
No. Burners	6	9	6	9
No. Stages	2	2	2	2
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.75 [19]	0.5 [12.7]	0.75 [19]
Compressor				
No./Type	1/Scroll	1/Scroll	1/Scroll	1/Scroll
Outdoor Sound Rating (dB)[5]	88	88	88	88
Outdoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	MicroChannel	MicroChannel	MicroChannel	MicroChannel
MicroChannel Depth in. [mm]	1 [25.4]	1 [25.4]	1 [25.4]	1 [25.4]
Face Area sq. ft. [sq. m]	13.5 [1.25]	13.5 [1.25]	13.5 [1.25]	13.5 [1.25]
Rows / FPI [FPcm]	1 / 23 [9]	1 / 23 [9]	1 / 23 [9]	1 / 23 [9]
Indoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	13.5 [1.25]	13.5 [1.25]	13.5 [1.25]	13.5 [1.25]
Rows / FPI [FPcm]	2 / 18 [7]	2 / 18 [7]	2 / 18 [7]	2 / 18 [7]
Refrigerant Control	Orifices	Orifices	Orifices	Orifices
Drain Connection No./Size in. [mm]	1/1 [25.4]	1/1 [25.4]	1/1 [25.4]	1/1 [25.4]
Outdoor Fan—Type	Propeller	Propeller	Propeller	Propeller
No. Used/Diameter in. [mm]	1/24 [609.6]	1/24 [609.6]	1/24 [609.6]	1/24 [609.6]
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1	Direct/1
CFM [L/s]	4500 [2124]	4500 [2124]	4500 [2124]	4500 [2124]
No. Motors/HP	1 at 1/2 HP	1 at 1/2 HP	1 at 1/2 HP	1 at 1/2 HP
Motor RPM	1075	1075	1075	1075
Indoor Fan—Type	FC Centrifugal	FC Centrifugal	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/15x15 [381x381]	1/15x15 [381x381]	1/15x15 [381x381]	1/15x15 [381x381]
Drive Type/No. Speeds	Belt/Variable	Belt/Variable	Belt/Variable	Belt/Variable
No. Motors	1	1	1	1
Motor HP	2	2	2	2
Motor RPM	1725	1725	1725	1725
Motor Frame Size	56	56	56	56
Filter—Type	Disposable	Disposable	Disposable	Disposable
Furnished	Yes	Yes	Yes	Yes
(No.) Size Recommended in. [mm x mm x mm]	(6)2x18x18 [51x457x457]	(6)2x18x18 [51x457x457]	(6)2x18x18 [51x457x457]	(6)2x18x18 [51x457x457]
Refrigerant Charge Oz. [g]	117.6 [3334]	117.6 [3334]	117.6 [3334]	117.6 [3334]
Weights				
Net Weight lbs. [kg]	882 [400]	918 [416]	882 [400]	918 [416]
Ship Weight lbs. [kg]	919 [417]	955 [433]	919 [417]	955 [433]

See Page 20 for Notes.

Old weight 975

[ ] Designates Metric Conversions

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/12/18
Control #
Date Issued
Permit # 18-0367

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

Block 842 Lot 28 Qualification Code

Work Site Location 1715 RT 88 West Brick NJ 08724

Jersey Waves

Owner in Fee: Oxford Int'l

Tel. (732) 740-6173 e-mail

Address 1361 Vincenzo Dr (street) Toms River (municipality) 08753 (zip code)

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd e-mail ~~brick~~info@bricktownshiphvac.com

Brick NJ 08723

Contractor License No. 19HC00520700 Exp. Date 6/30/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Craig Law

Print name here: Craig Law

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace roof-top UNIT

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 7½ Ton - Roof Top UNIT	

COMMERCIAL

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 1-5-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-1-18
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				
Final			2-26-18	

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/12/18

Date Issued / Permit # 18-0367

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

Block 842 Lot 28 Qualification Code

Work Site Location 1715 RT 88 West Brick NJ 08724 Jersey Waves

Building Owner Oxford International

Address 1361 Veincenzo Dr Toms River NJ 08753

Tel. (732) 740-6173

Contractor Brick Township Heating + A/c

Address 465 Brick Blvd. Brick NJ 08723

Tel. (732) 477-3300 FAX (732) 477-0205

Contractor License No. or Builder Registration No. 19HC00520700

Federal Emp. No 21-0703175

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [✓] No Plans Required 02/07/18 KW
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Subcode ~~Joint~~ Plan Review ~~Required~~: App'd 02/07/18 KW

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 02/28/18

Approved by: KW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/28/18	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure Ft.

Area—Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Distributed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 1500
3. Total (1+2) $ 1500

C. CERTIFICATION IN LIEU OF OATH

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

Craig Laur

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace roof-top UNIT

COMMERCIAL

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other Roof-Top UNIT 7 1/2 TON
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 07/03)

1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 2/12/18
Control # C-18-000014
Permit # 18-0367

IDENTIFICATION Block: 842 Lot: 28 Qualifier
Work Site Location: 1715 ROUTE 88 Brick Township, NJ
Owner in Fee: OXFORD INTERNATIONAL LLC
1361 VINCENZO DR TOMS RIVER NJ 08753
Telephone: (732) 740-6173

Contractor: BRICK TOWNSHIP HEATING & AIR
Address: 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000 19HC00520700
Federal Employee. No. 21-0103175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HVAC - JERSEY WAVES .. REPLACEMENT OF R.T.U.

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$150
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$562
Check No.	8045
Cash	$0
Credit	$0
Collected By	M. Fagan

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 $6,000

D. Newman Jr. 2/8/18
Construction Official Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

02/12/18 [illegible] 0015584554? [illegible]

BUILDING $150.00
ELECTRIC $150.00
[illegible] $150.00
[illegible] $100.00
DCA $12.00
$562.00

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

Craig L. Law
465 Brick Blvd
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

06/21/2016 TO 06/30/2018
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

ELECTRICAL DATA – RKKL SERIES

		B090CL	B090CM	B090CN	B090DL	B090DM	B090DN	B090YL	B090YM	B090YN	B120CL	B120CM
Unit Information	Unit Operating Voltage Range	187-253	187-253	187-253	414-506	414-506	414-506	518-632	518-632	518-632	187-253	187-253
	Volts	208/230	208/230	208/230	460	460	460	575	575	575	208/230	208/230
	Minimum Circuit Ampacity	40/40	40/40	45/45	20	20	23	15	15	19	51/51	56/56
	Minimum Overcurrent Protection Device Size	50/50	50/50	60/60	25	25	30	20	20	25	60/60	70/70
	Maximum Overcurrent Protection Device Size	60/60	60/60	60/60	30	30	30	20	20	25	80/80	80/80
Compressor Motor	No.	1	1	1	1	1	1	1	1	1	1	1
	Volts	200/240	200/240	200/240	480	480	480	600	600	600	200/240	200/240
	Phase	3	3	3	3	3	3	3	3	3	3	3
	RPM	3450	3450	3450	3450	3450	3450	3450	3450	3450	3450	3450
	HP, Compressor 1	6	6	6	6	6	6	6	6	6	10	10
	Amps (RLA), Comp. 1	23.2/23.2	23.2/23.2	23.2/23.2	11.2	11.2	11.2	7.9	7.9	7.9	30.1/30.1	30.1/30.1
	Amps (LRA), Comp. 1	164/164	164/164	164/164	75	75	75	54	54	54	225/225	225/225
	HP, Compressor 2	—	—	—	—	—	—	—	—	—	—	—
	Amps (RLA), Comp 2	—	—	—	—	—	—	—	—	—	—	—
	Amps (LLA), Comp 2	—	—	—	—	—	—	—	—	—	—	—
Condenser Motor	No.	1	1	1	1	1	1	1	1	1	2	2
	Volts	208/230	208/230	208/230	460	460	460	575	575	575	208/230	208/230
	Phase	1	1	1	1	1	1	1	1	1	1	1
	HP	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/3	1/3
	Amps (FLA, each)	2.3/2.3	2.3/2.3	2.3/2.3	1.5	1.5	1.5	1	1	1	2.4/2.4	2.4/2.4
	Amps (LRA, each)	5.6/5.6	5.6/5.6	5.6/5.6	3.1	3.1	3.1	2.2	2.2	2.2	4.7/4.7	4.7/4.7
Evaporator Fan	No.	1	1	1	1	1	1	1	1	1	1	1
	Volts	208/230	208/230	208/230	460	460	460	575	575	575	208/230	208/230
	Phase	3	3	3	3	3	3	3	3	3	3	3
	HP	2	2	3	2	2	3	2	2	3	2	3
	Amps (FLA, each)	8/8	8/8	13/13	4	4	7	4	4	8	8/8	13/13
	Amps (LRA, each)	56/56	56/56	74.5/74.5	28	28	38.1	19	19	20	56/56	74.5/74.5