BLOCK 842 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 1715 Route 88 PERMIT NO. 19-2272

CONSTRUCTION PERMIT APPLICATION C-19-003170

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1715 Route 88 Brick 08724
2. Name of Owner in Fee: Oxford International LLC
   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 & AIR CONDITIONING Tel. (732) 477-3300
   Address 465 Brick Blvd. Brick, NJ 08723 e-mail info@bricktownshiphvac.com
   License No. OR, if new home, Builder Reg. No. 19HC00520700 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000
   Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205
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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	150 ✓	
2. Electrical		150 ✓	
3. Plumbing		25 ✓	
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	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

☐ Minor Work AC Furn ☐ 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	500	CW	3/22/19						
☒ Plumbing	500								
☒ Fire Protection	500								
☐ Elevator									
TOTAL COST	1500								

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

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.

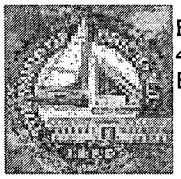
Agent Name BRICK TOWNSHIP HEATING & AIR CONDITIONING

Address 465 Brick Blvd. Brick, NJ 08723

Telephone (732) 477-3300

Signature Craig Law

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/23/2019
Control Number C-19-003170
Permit Number 19-2272
Permit Issue Date 8/28/2019
Certificate Number 19-2272

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: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - AC and 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:

David J. Newman Jr.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/23/2019

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/28/19
Control #
Date Issued
Permit # 19-2272

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 Route 88 Unit #6
Brick NJ 08724

Owner in Fee: Oxford International LLC

Tel. (732) 740-6173 e-mail

Address 1361 Vincenzo Dr (street) T.R (municipality) 08753 (zip code)

Contractor: BRICK TOWNSHIP HEATING & AIR CONDITIONING Tel. (732) 477-3300

Address 465 Brick Blvd. Brick, NJ 08723 e-mail info@bricktownshiphvac.com

Contractor License No. 19HC00520700 Exp. Date 6/30/20

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 $ 500

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace existing Furnace & A/C

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	
1	~~Stacks~~ A/C 2 TON	
1	Other Furnace 75,000 BTU	

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:

[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-18-19
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			9-16-19	

AC condensor on Roof
coil & Furnace in unit

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/28/19
Control #
Date Issued
Permit # 19-2272

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 Route 88
Brick NJ 08724

Owner in Fee: Oxford International LLC

Tel. (732) 740-6173 e-mail

Address 1361 Vincenzo Dr Toms River 08753
street municipality zip code

Contractor: Brick Twsp Htg & AC 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):

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: Utility Room

Total Cost of Fire Protection Work $ 500

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

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-16-19
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			9-16-19	DH
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/16/19	DH
Other				

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 sign (Contractor sign and seal here: Craig Law
Print name here: Craig Law
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace existing furnace & A/C
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		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

9720

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/28/19
Control #
Date Issued
Permit # 19-2272

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
Brick NJ 08724

Owner in Fee Oxford International LLC

Address 1361 Vincenzo Dr
Toms River NJ 08753

Tel ( )

Contractor RTF Electric LLC

Address 22 St Thomas Ave
Toms River

Tel (732) 684-3786 FAX ( )

Contractor License No. 11395-A

Federal Emp. No. 806497698

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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	
1	2 TON	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	75,000 BTU	Furnace	

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 9/16/19

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/16/19	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

CONSTRUCTION PERMIT

Date Issued 8/28/19
Control # C-19-003170
Permit # 19-2272

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:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL AC and FURNACE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$150
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$387
Check No.	1164
Cash	$0
Credit	$0
Collected By:	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,500

Construction Official

Date 8/28/19

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

☑ 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.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 842 LOT 28 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1715 Route 88 Brick

Owner in Fee Oxford International LLC

Verifying Individual Craig Law Company Brick Twsp Heating & A/C

Address 415 Brick Blvd (Street) Brick (City) NJ (State) 08723 (Zip Code)

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

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: **Size** _____

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

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	75,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

Craig Law Signature 8/16/19 Date

Direct Vent Appliance:

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

_____ Signature _____ Date

Verification Not Submitted:

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

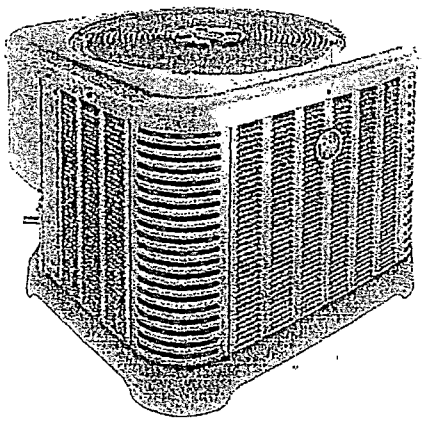
_____ Signature _____ Date

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

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

The new degree of comfort.™

Rheem *Classic*® Series Air Conditioners



RA13 Series

Efficiencies 13-15.5 SEER/11.5-13 EER
Nominal Sizes 1½ to 5 Ton [5.28 to 17.6 kW]
Cooling Capacities 17.3 to 60.5 kBTU
[5.7 to 17.7 kW]

"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet Energy Star. Ask your Contractor for details or visit www.energystar.gov."

- New composite base pan – dampens sound, captures louver panels, eliminates corrosion and reduces number of fasteners needed
- Powder coat paint system – for a long lasting professional finish
- Scroll compressor – uses 70% fewer moving parts for higher efficiency and increased reliability
- Modern cabinet aesthetics – increased curb appeal with visually appealing design
- Curved louver panels – provide ultimate coil protection, enhance cabinet strength, and increased cabinet rigidity
- Optimized fan orifice – optimizes airflow and reduces unit sound
- Rust resistant screws – confirmed through 1500-hour salt spray testing
- PlusOne™ **Expanded Valve Space** – 3"-4"-5" service valve space – provides a minimum working area of 27-square inches for easier access
- PlusOne™ **Triple Service Access** – 15" wide, industry leading corner service access – makes repairs easier and faster. The two fastener removable corner allows optimal access to internal unit components. Individual louver panels come out once fastener is removed, for faster coil cleaning and easier cabinet reassembly
- Diagnostic service window with two-fastener opening – provides access to the high and low pressure.
- External gauge port access – allows easy connection of "low-loss" gauge ports
- Single-row condenser coil – makes unit lighter and allows thorough coil cleaning to maintain "out of the box" performance
- 35% fewer cabinet fasteners and fastener-free base – allow for faster access to internal components and hassle-free panel removal
- Service trays – hold fasteners or caps during service calls
- QR code – provides technical information on demand for faster service calls
- Fan motor harness with extra long wires allows unit top to be removed without disconnecting fan wire.

Physical Data

PHYSICAL DATA							
Model No.	RA1318A	RA1324A	RA1330A	RA1336A	RA1342A	RA1348A	RA1360A
Nominal Tonnage	1.5	2.0	2.5	3.0	3.5	4.0	5.0
Valve Connections							
Liquid Line O.D. – in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Suction Line O.D. – in.	3/4	3/4	3/4	3/4	7/8	7/8	7/8
Refrigerant (R410A) furnished oz.[1]	50	60	72	86	105	106	148
Compressor Type				Scroll			
Outdoor Coil							
Net face area – Outer Coil	5.9	9.1	9.1	12.1	14.2	14.8	18.8
Net face area – Inner Coil	—	—	—	—	—	—	—
Tube diameter – in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Number of rows	1	1	1	1	1	1	1
Fins per inch	22	18	22	22	22	22	22
Outdoor Fan							
Diameter – in.	20	20	20	20	20	24	26
Number of blades	2	2	3	3	2	3	2
Motor hp	1/8	1/8	1/4	1/4	1/8	1/6	1/5
CFM	2038	2325	2795	2900	2465	4145	3870
RPM	1075	1075	1075	1075	1075	850	820
watts	144	137	189	186	175	279	233
Shipping weight – lbs.	127	129	140	164	195	202	235
Operating weight – lbs.	120	122	133	157	188	195	228

Electrical Data

Line Voltage Data (Volts-Phase-Hz)	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60	208/230-1-60
Maximum overcurrent protection (amps)[2]	20	25	30	35	40	50	60
Minimum circuit ampacity[3]	13	15	18	23	24	29	35
Compressor							
Rated load amps	9.7	11.2	12.8	16.7	17.9	21.8	26.4
Locked rotor amps	46	60.8	64	83.9	112	117	134
Condenser Fan Motor							
Full load amps	0.7	0.7	1.3	1.3	0.7	1	1.2
Locked rotor amps	1.3	1.3	2.5	2.6	1.3	2.2	2.0
Line Voltage Data (Volts-Phase-Hz)	—	—	—	208/230-3-60	208/230-3-60	208/230-3-60	208/230-3-60
Maximum overcurrent protection (amps)[2]	—	—	—	20	30	30	35
Minimum circuit ampacity[3]	—	—	—	15	18	19	22
Compressor							
Rated load amps	—	—	—	10.4	13.2	13.7	16
Locked rotor amps	—	—	—	73	88	83.1	110
Condenser Fan Motor							
Full load amps	—	—	—	1.3	0.7	1	1.3
Locked rotor amps	—	—	—	2.6	1.3	2.2	2.0
Line Voltage Data (Volts-Phase-Hz)	—	—	—	460-3-60	460-3-60	460-3-60	460-3-60
Maximum overcurrent protection (amps)[2]	—	—	—	15	15	15	15
Minimum circuit ampacity[3]	—	—	—	8	8	9	11
Compressor							
Rated load amps	—	—	—	5.8	6.0	6.2	7.8
Locked rotor amps	—	—	—	38	44	41	52
Condenser Fan Motor							
Full load amps	—	—	—	.6	.3	.6	.6
Locked rotor amps	—	—	—	2.5	.9	1.6	1.1

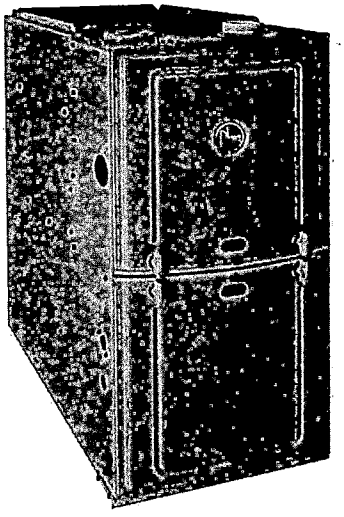
[1]Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the installation instructions for information about set length and additional refrigerant charge required.
[2]HACR type circuit breaker of fuse.
[3]Refer to National Electrical Code manual to determine wire, fuse and disconnect size requirements.

The new degree of comfort.™

Rheem *Classic*® Series Upflow/Horizontal Gas Furnace

R801P- Upflow/Horizontal Series

80% A.F.U.E.†
Input Rates 50-150 kBTU



†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- 80% residential Gas Furnace CSA certified
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics — 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Solid bottom
- Insulated blower compartment
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design – serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Control board features dip switches for easy system set up
- QR code for quick access to product information from your smart phone or tablet

Model Features

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Physical Data and Specifications

MODEL NUMBERS R801P SERIES	R801PA050314M*A	R801PA075317M*A	R801PA075417M*A	R801PA100417M*A	R801PA100521M*A	R801PA125524M*A	R801PA150524M*A
Input-BTU/Hr ②	50,000	75,000	75,000	100,000	100,000	125,000	150,000
Heating Capacity BTU/Hr ①	40,000	61,000	60,000	80,000	80,000	100,000	120,000
Heat Ext. Static Pressure	.18	.20	.20	.28	.28	.28	.28
Blower (D x W)	11 x 6	11 x 7	11 x 7	11 x 7	11 x 10	11 x 10	11 x 10
Motor H.P.–Speed–Type	1/3-4-PSC	1/2-4-PSC	1/2-4-PSC	1/2-4-PSC	1/2-4-PSC	3/4-4-PSC	3/4-4-PSC
Min. Circuit Ampacity	9	10	11	11	11	12	13
Min. Overload Protection Device	15	15	15	15	15	15	15
Max. Overload Protection Device	15	15	15	15	15	15	20
Heating Speed	Med-Low	Med-High	Med-High	Med-High	Med-Low	Med-High	Med-High
Cooling Speed	High	Low	Med-Low	Med-Low	High	High	High
Cooling CFM @ 70° W.C. E.S.P.	1164	1198	1657	1582	1807	1742	1916
Max. E.S.P. (In. W.C.)	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Temperature Rise Range °F	25-55	25-55	25-55	35-65	35-65	35-65	45-75
Max. Outlet Air Temp. °F	155	155	155	165	180	165	190
Approx. Shipping Weight (Lbs.)	110	110	125	110	140	150	160
AFUE ①	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

NOTES: All models are 115V, 60HZ, 1 Ph. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form for high altitude derate.
* S = Standard, X = Low Nox

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

06/14/2018 TO 06/30/2020
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR