BLOCK 382.34 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) 108 Courtshire Drive PERMIT NO. 15-3558

CONSTRUCTION PERMIT APPLICATION

C-15-004901

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

I. IDENTIFICATION

1. Proposed Work Site at: 108 Courtshire Drive Brick, NJ 08723
2. Name of Owner in Fee: Salvietro
   Tel. [redacted] e-mail _____
   Address 108 Courtshire Drive Brick 08723
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Brick Township Heating & AC Tel. (732) 477-3300
   Address 465 Brick Blvd e-mail brickhvac@gmail.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): 13VH01918000
   Federal Emp. ID No. 21-0703175 FAX: (732) 477-0905
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) 477-0905

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	130 ✓	
2. Electrical		250 ✓	
3. Plumbing		30 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		12	
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
- ☐ 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	2000 -				9/28/15	PS			
☑ Plumbing	2000 -				10-14-15	[illegible]			
☑ Fire Protection	2000 -				9/28/15	[illegible]			
☐ Elevator									
TOTAL COST	$6,000								

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 12/29/2015
Control Number C-15-004901
Permit Number 15-3558
Permit Issue Date 10/16/2015
Certificate Number 15-3558

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 108 COURTSHIRE DRIVE Brick Township, NJ Block: 382.34 Lot: 17 Qual:

Owner in Fee: SALPIETRO, CARMELO & SHARON R

Owner Address: 108 COURTSHIRE DR BRICK NJ 08723

Telephone: [redacted]

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: 13VH01918000 Federal Emp. Number: 21-0103175

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC ... CONVERSION TO GAS

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: 12/29/2015

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

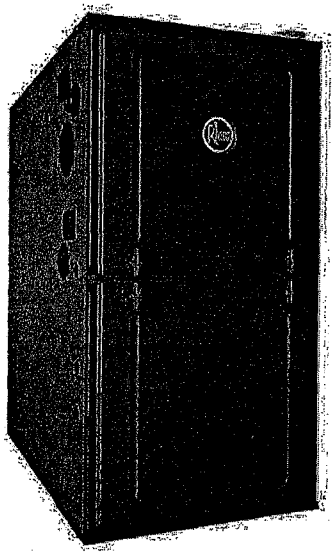
Telephone (732) 477-3300

Signature Craig Kay

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

The new degree of comfort™

Rheem *Classic®* Series
Multi position Gas Furnaces



R95P- Series

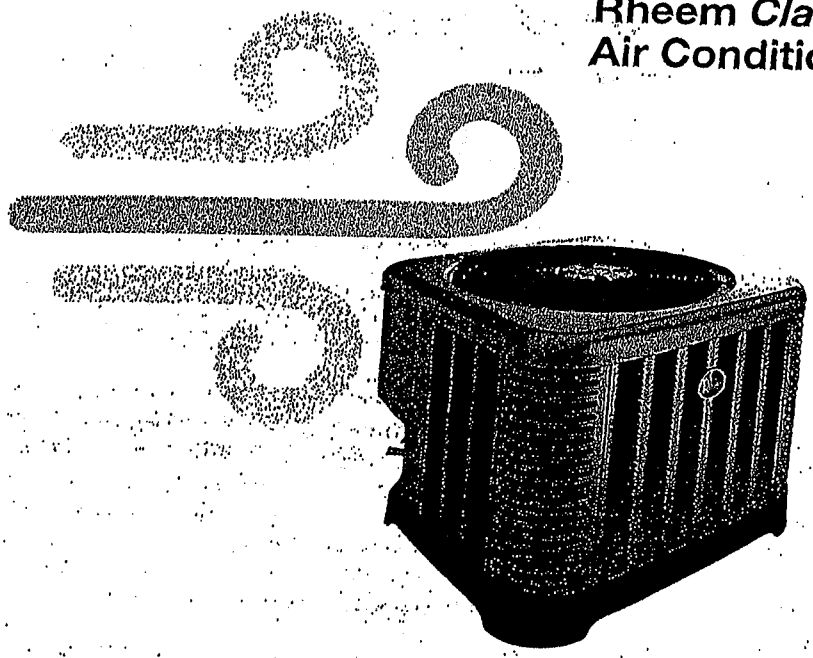
95% A.F.U.E.†
Input Rates from 40 to 115 kBTU
[11.72 to 33.71 kW]

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

- 95% residential gas furnace CSA certified
- 4 way multi-poise design
- PlusOne™ Diagnostics 7-Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- PlusOne™ Water Management System with patented Blocked Drain Sensor
- Heat exchanger is removable for improved serviceability. Aluminized steel primary and stainless steel secondary construction provide maximum corrosion resistance and thermal fatigue reliability.
- Low profile "34 inch" cabinet ideal for space constrained installations.
- Blower Shelf design – serviceable in all furnace orientations
- Pre marked hoses – insures proper system drainage
- Vent with 2" or 3" PVC
- Replaceable Collector box
- Hemmed edges on cabinet and doors
- Quarter turn fasteners for tool less access
- Integrated control boards feature dip switches for easy system set up
- Self priming condensate trap

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. Ask your Dealer for details or visit www.energystar.gov."

ew composite base pan – dampens sound, captures louver anels, eliminates corrosion and reduces number of fasteners eeded

owder coat paint system – for a long lasting professional finish

croll compressor – uses 70% fewer moving parts for higher ficiency and increased reliability

dern cabinet aesthetics – increased curb appeal with visu- appealing design

rved louver panels – provide ultimate coil protection, ance cabinet strength, and increased cabinet rigidity

imized fan orifice – optimizes airflow and reduces unit nd

t resistant screws – confirmed through 1500-hour salt y testing

One™ **Expanded Valve Space** – 3"-4"-5" service valve e – provides a minimum working area of 27-square s for easier access

One™ **Triple Service Access** – 15" wide, industry lead- rner service access – makes repairs easier and faster. wo fastener removable corner allows optimal access to al unit components. Individual louver panels come out fastener is removed, for faster coil cleaning and easier t 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 and Specifications—Upflow Models

U.S. and Canadian Models

MODEL NUMBERS	R95PA0401317MSA	R95PA0601317MSA	R95PA0701317MSA	R95PA085121MSA	R95PA1001521MSA	R95PA1151524MSA
HIGH FIRE INPUT BTU/HR [kW] ①	42,000 [12.31]	56,000 [16.41]	70,000 [20.50]	84,000 [24.61]	98,000 [38.71]	112,000 [32.82]
HEATING CAPACITY BTU/HR [kW]	40,320 [11.82]	53,760 [15.75]	67,200 [19.68]	80,640 [23.63]	94,080 [37.16]	107,520 [31.51]
HIGH ALTITUDE OUTPUT 10% DERATE [kW] ②	36,288 [10.64]	48,384 [14.18]	60,480 [17.72]	72,576 [21.28]	84,672 [24.81]	96,768 [28.36]
BLOWER (D x W) [mm]	11 x 7 [279 x 178]	11 x 8 [279 x 203]	11 x 8 [279 x 203]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 11 [279 x 279]
MOTOR H.P. [W]– TYPE	1/4 [187]-4-PSC	1/2 [373]-4-PSC	1/2 [373]-4-PSC	3/4 [559]-4-PSC	3/4 [559]-4-PSC	3/4 [559]-4-PSC
MOTOR FULL LOAD AMPS	4.0	6.8	6.8	8.3	8.3	8.3
HEATING SPEED	MED-HIGH	MED-HIGH	MED-HIGH	MED-HIGH	MED-HIGH	MED-HIGH
COOLING SPEED	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
MINIMUM EXT. STATIC PRESSURE (IN. W.C.) [kPa]	.18 [.045]	.20 [.050]	.23 [.057]	.28 [.070]	.28 [.070]	.28 [.070]
MAXIMUM EXT. STATIC PRESSURE (IN. W.C.) [kPa]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]	0.8 [0.19]
HEATING CFM @ .2" [.049 kPa] W.C. E.S.P. [L/s]	1049 [494]	1139 [537]	1211 [571]	1704 [804]	1748 [825]	1750 [825]
COOLING CFM @ .5" [.124 kPa] W.C. E.S.P. [L/s]	1121 [528]	1232 [581]	1318 [622]	1742 [822]	1782 [841]	1934 [912]
TEMPERATURE RISE-HIGH FIRE RANGE IN DEGREES °F [°C]	25 - 55 [14 -31]	35 - 65 [19 - 36]	40 - 70 [22 - 39]	35 - 65 [19 - 36]	35 - 65 [19 - 36]	45 - 75 [25 - 42]
RETURN AIR CABINETS (OPT.) RXGR- FILTER SIZE [mm]	C17B (2) 12" x 16" [305 x 406]	C17B (2) 12" x 16" [305 x 406]	C17B (2) 12" x 16" [305 x 406]	C21B (2) 12" x 20" [305 x 508]	C21B (2) 12" x 20" [305 x 508]	C24B (2) 24" x 16" [609 x 406]
APPROX. SHIPPING WEIGHT (LBS.) [kg]	123.5 [56]	128 [58]	132 [60]	147.5 [67]	152 [69]	165 [75]
AFUE ③	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

NOTES: All models are 115V, 60HZ, 1 phase Gas connection size for all models is 1/2" [13 mm] N.P.T.
① Installation instructions for high altitude derate.
② Canadian installations only.
③ In accordance with D.O.E. test procedures.
*S=Standard Models
NOTE: Standard model complies with California low nox requirements.

[ ] Designates Metric Conversions

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]	56	66	78	92	111	112	154
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	2040	2325	2795	2900	2465	4145	3870
RPM	1075	1075	1075	1075	1075	850	820
watts	144	137	189	186	176	280	233
Shipping weight – lbs.	127	129	140	150	173	182	192
Operating weight – lbs.	120	122	133	143	166	175	185

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	21	24	29	35
Compressor							
Rated load amps	9.7	11.2	12.8	15.4	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	2.5	1.3	2	2
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	—	—	—	2.5	1.3	2	2
Line Voltage Data (Volts-Phase-Hz)	—	—	—	460-3-60	460-3-60	460-3-60	460-3-60
Maximum overcurrent protection (amps)[2]	—	—	—	TBD	TBD	TBD	TBD
Minimum circuit ampacity[3]	—	—	—	TBD	TBD	TBD	TBD
Compressor							
Rated load amps	—	—	—	TBD	TBD	TBD	TBD
Locked rotor amps	—	—	—	TBD	TBD	TBD	TBD
Condenser Fan Motor							
Full load amps	—	—	—	TBD	TBD	TBD	TBD
Locked rotor amps	—	—	—	TBD	TBD	TBD	TBD

[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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received / Control # 10/16/15

Date Issued / Permit # 15-3558

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

Block 382.34 Lot 17 Qualification Code

Work Site Location 108 Coulterhire Drive Brick, NJ 08723

Owner in Fee Salcedo

Address 108 Coulterhire Drive Brick NJ 08723

Tel [redacted]

Contractor EUREKA ELECTRIC SERVICE

Address PO BOX 4075 BRICK, NJ 08723

Tel (732) 255-2822 FAX (732) 255-7932

Contractor License No. 4872

Federal Emp. No. 221814013

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 20000 -

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: 9/28/15

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 12/14/15

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-11-15	
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.

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	
1		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	4 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		Gas Furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received: 10/16/15
Control #
Date Issued
Permit #: 15-3558

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

Block 388.34 Lot 17 Qualification Code ______

Work Site Location 108 Courtshire Drive
Brick, NJ 08723

Owner in Fee: Sal Pioten

Tel. [redacted] e-mail ______

Address 108 Courtshire Drive (street) Brick (municipality) 08723 (zip code)

Contractor: Ocean Gate Mechanical, LLC Tel. (732) 606-9824

Address 133 Elmwood Ave; POB 477 e-mail ______
Ocean Gate, NJ 08740

Contractor License No. 7036 Exp. Date 6/30/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04271100

Federal Emp. ID No. 26-0738304 FAX: (____) ______

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 $ 2000—

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: 10-14-15

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12-11-15

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water HTR				
Sewer				
Fixtures				
Gas Equipment furnace			11-4-15	[initials]
Gas Piping			11-4-15	[initials]
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12-11-15	[initials]

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: [signature]

Print name here: James R Parks

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Conv to gas high Furnace & AC unit (using existing ductwork)

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub 30'	
	Lavatory	
	Shower 100 000	
	Floor Drain 1"	
	Sink 1	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
3	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 Unit	
1	Other Furnace	

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

Michele 10/16

CONSTRUCTION PERMIT

Date Issued 10/16/15
Control # C-15-004901
Permit # B-3558

IDENTIFICATION Block: 382.34 Lot: 17 Qualifier
Work Site Location: 108 COURTSHIRE DRIVE Brick Township, NJ

Owner in Fee: SALPIETRO, CARMELO & SHARON R
108 COURTSHIRE DR BRICK NJ 08723

Telephone: [redacted]

Contractor: BRICK TOWNSHIP HEATING & AIR
Address: 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000
Federal Employee. No. 21-0103175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HVAC ... CONVERSION TO GAS

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 $6,000

Daniel J. Newman Jr
Construction Official

Date 10/14/15

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$130
Plumbing	$250
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$462
Check No.	6140
Cash	$0
Credit	$0
Collected By	

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

10/16/15 10:[illegible] 00155845[illegible]
X408 SERV 008
$3558
ELEC $130.00
PLUM $250.00
FIRE $70.00
DCA $12.00
CHECK $462.00
CHANGE $0.00

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:

☐ 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received / Control # 10/16/15

Date Issued / Permit # 15-3558

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

Block 388.34 Lot 17 Qualification Code

Work Site Location 108 Courtshire DRIVE BRICK, NJ 08723

Owner in Fee: Mr Pistern

Tel. [redacted] e-mail

Address 108 Courtshire DRIVE BRICK 08723

Contractor: Brick Township Heating + AIC (street / municipality) Tel. (732) 477-3300 (zip code)

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 [ ] Replacement

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

Location: ATTIC

Total Cost of Fire Protection Work $ 2000 —

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

D. TECHNICAL SITE DATA [ ] Certified Contractor [✓] Exempt Applicant

DESCRIPTION OF WORK: Conv to Gas - Furnace, AIC + HWH

Water Supply Source

Method of Alarm/Suppression System Supervision (using exist ductwk)

	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 [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

Add 5 CO detectors required

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: 12/9/15 Approved by: KD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-30-15

Approved by: KR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 12-31-15

Approved by: KR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			12/11/15	KW
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/11/15	KW
Other				

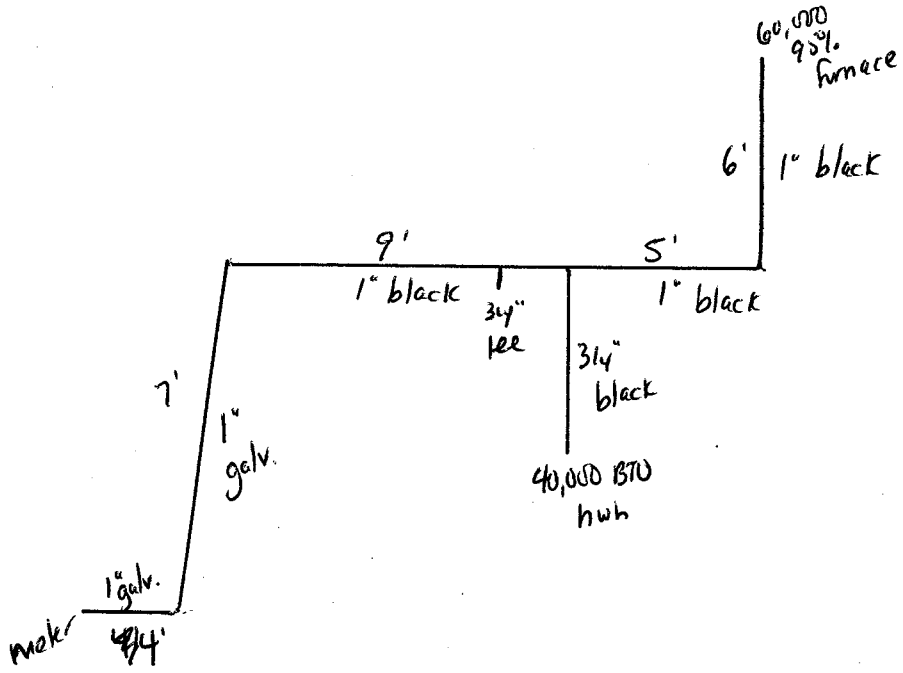
Craig Law

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
477-3300

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

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

108 Courtshire Drive, Brick



PLUMBING
OCT 14 2015
APPROVED

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
T/A Brick Township Heating & Air Conditioning
BRETON WOODS HOME IMPROVEMENT, INC.
Patrice Law
465 Brick Blvd.
Brick NJ 08723

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

03/09/2015 TO 03/31/2016
VALID

13VH01918000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

08/25/2015 TO 06/30/2016
VALID

19HC00520700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 382.34 LOT 17 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 108 Coventshire Drive Brick, NJ 08723

Owner in Fee Sal Pietro

Verifying Individual CRAIG KAW Company Brick Township Heating + A/C

Address 1605 Brick Blvd (Street) Brick (City) NJ (State) 08723 (Zip Code)

Tel: (732) 477-3388 Fax: (732) 477-0205

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [✓] Other Like → Like

Existing Vent/Chimney: Size _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [✓] Other Direct

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) Other:	100,000
Appliance 2:	HWH	Oil / (Gas) Other:	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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.

_____ Signature _____ Date

Direct Vent Appliance:

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

Craig Kaw 9/22/2015
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 EMRGENCY 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.

Project Summary
Entire House
BRICK TOWNSHIP

Job:
Date:
By:

465 BRICK BLVD, BRICK, NJ 08723 Phone: 732-477-3300

Project Information

For: BRICK TOWNSHIP HEATING AND COOLING

Notes:

Design Information

Weather: Long Branch, NJ , US

Winter Design Conditions

Outside db	13	°F
Inside db	70	°F
Design TD	57	°F

Summer Design Conditions

Outside db	90	°F
Inside db	75	°F
Design TD	15	°F
Daily range	M	
Relative humidity	50	%
Moisture difference	30	gr/lb

Heating Summary

Building heat loss	18818	Btuh
Ventilation air	36	cfm
Ventilation air loss	2243	Btuh
Design heat load	21061	Btuh

Sensible Cooling Equipment Load Sizing

Structure	18420	Btuh
Ventilation	590	Btuh
Design temperature swing	3.0	°F
Use mfg. data	n	
Rate/swing multiplier	0.95	
Total sens. equip. load	18060	Btuh

Infiltration

Method	Simplified
Construction quality	Tight
Fireplaces	0

	Heating	Cooling
Area (ft²)	1210	1210
Volume (ft³)	9680	9680
Air changes/hour	0.30	0.15
Equiv. AVF (cfm)	48	24

Latent Cooling Equipment Load Sizing

Internal gains	600	Btuh
Ventilation	738	Btuh
Infiltration	499	Btuh
Total latent equip. load	2071	Btuh
Total equipment load	20131	Btuh
Req. total capacity at 0.70 SHR	2.1	ton

Heating Equipment Summary

Make		
Trade		
Model		
Efficiency	80	AFUE
Heating input	0	Btuh
Heating output	0	Btuh
Temperature rise	0	°F
Actual air flow	986	cfm
Air flow factor	0.052	cfm/Btuh
Static pressure	0.00	in H2O
Space thermostat		

Cooling Equipment Summary

Make		
Trade		
Cond		
Coil		
Efficiency	0	EER
Sensible cooling	0	Btuh
Latent cooling	0	Btuh
Total cooling	0	Btuh
Actual air flow	986	cfm
Air flow factor	0.054	cfm/Btuh
Static pressure	0.00	in H2O
Load sensible heat ratio	90	%

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Short Form
Entire House
BRICK TOWNSHIP

Job:
Date:
By:

465 BRICK BLVD, BRICK, NJ 08723 Phone: 732-477-3300

Project Information

For: BRICK TOWNSHIP HEATING AND COOLING

Design Information

	Htg	Clg
Outside db (°F)	13	90
Inside db (°F)	70	75
Design TD (°F)	57	15
Daily range	-	M
Inside humidity (%)	-	50
Moisture difference (gr/lb)	-	30

Infiltration

Method	Simplified
Construction quality	Tight
Fireplaces	0

HEATING EQUIPMENT

Make		
Trade		
Model		
Efficiency	80 AFUE	
Heating input	0	Btuh
Heating output	0	Btuh
Temperature rise	0	°F
Actual air flow	986	cfm
Air flow factor	0.052	cfm/Btuh
Static pressure	0.00	in H2O
Space thermostat		

COOLING EQUIPMENT

Make		
Trade		
Cond		
Coil		
Efficiency	0 EER	
Sensible cooling	0	Btuh
Latent cooling	0	Btuh
Total cooling	0	Btuh
Actual air flow	986	cfm
Air flow factor	0.054	cfm/Btuh
Static pressure	0.00	in H2O
Load sensible heat ratio	90	%

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
BEDROOM	178	3304	2398	173	128
MASTER BEDROOM	204	2844	1379	149	74
LIVING/DINING	324	6155	6713	322	359
HALL	186	2418	1041	127	56
GARAGE	180	0	0	0	0
LAUNDRY	56	1281	2193	67	117
BATH 2	80	1190	845	62	45
BATH	50	178	114	9	6
KITCHEN	132	1448	3736	76	200

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Entire House Ventilation air Equip. @ 0.95 RSM Latent cooling	d	1390	18818 2243	18420 590 18060 2071	986	986
TOTALS		1390	21061	20131	986	986

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.