BLOCK 524 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 964 Rosewood Avenue PERMIT NO. 23-1435

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C23-001642

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

I. IDENTIFICATION

Proposed Work Site at: 964 Rosewood Avenue, Brick, NJ 08723

Name of Owner in Fee: Temesta

Tel. [redacted] e-mail _____

Address Same (street) (municipality) (zip code)

Ownership in Fee: Public _____ Private _____

4. Principal Contractor: **Guaranteed Service.com** Tel. (732) 784-6447

Address **2675 Route 70** e-mail **AshleyR@GuaranteedService.com**

Manasquan, NJ 08736

License No. OR, if new home, Builder Reg. No. 2961 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): **13VH09833100**

Federal Emp. ID No. **82-3741173** FAX: (732) 852-7818

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun **Guaranteed Service.com**

Tel. (732) 784-6447 FAX: (732) 852-7818

V. FEE SUMMARY (for office use only)

		Update
1. Building	$ 150.00	✓
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices	200.00 Mech	✓
6. Subtotal		
7. Less 20% for State Plan Review	$	
8. Subtotal	$ 21.00	
9. State Permit Surcharge Fee		
10. Subtotal	$	
11. Cert. of Occupancy		
12. Other	37.00	
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 ____

RECEIVED MAY 01 2023

IIa. PROPOSED WORK

- [X] Minor Work — Replace 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									
[ ] Plumbing									
[ ] Fire Protection									
[ ] Elevator									
TOTAL COST	11,000								

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-restrict*
   - 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
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name **Guaranteed Service.com**

Address **2675 Route 70**

Manasquan, NJ 08736

Telephone **732 - 784-6447**

Signature Adam Belitz

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued	7/21/2023
Control Number	C-23-001642
Permit Number	23-1435
Permit Issue Date	5/22/2023
Certificate Number	23-1435

Identification

Work Site Location: 964 ROSEWOOD AVE Brick Township, NJ Block: 524 Lot: 27 Qual:

Owner in Fee: TEMPESTA, MATTHEW

Owner Address: 964 ROSEWOOD AVENUE BRICK NJ 08723

Telephone: [redacted]

Contractor: GUARANTEED SERVICE.COM

Address: 2675 ROUTE 70 MANASQUAN NJ 08736

Telephone: (732) 784-6447 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☑ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

David J. Newman Jr

Construction Official

Fee: $0.00

Check Number:

Collected By:

Date Printed: 7/21/2023

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/22/23
Control #
Date Issued
Permit # 23-1435

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

Block 524 Lot 27 Qualification Code

Work Site Location 964 Rosewood Avenue, Brick, NJ 08723

Owner in Fee: Temnesta

Te [redacted] e-mail

Address Same
street municipality zip code

Contractor: Guaranteed Service.com Tel. 732 784-6447

Address 2675 Route 70 e-mail AshleyR@GuaranteedService.com
Manasquan, NJ 08736

Contractor License No. 7961 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH09833100

Federal Emp. ID No. 82-3741173 FAX: 732 852-7818

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co.

Est. Cost of Elec. Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 7-20-23

Approved by: SD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-20-23	RC
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 sign/Contractor sign and seal here:

Print name here: Adam Reitz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: AC + Furnace

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		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		Furnace	

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

1. White-Inspector Copy 2 Canary-Applicant Copy 3. Pink-Office Copy 4 Goldenrod-Office Copy

U.C.C. F120 (rev. 11/09) Internet version

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

MECHANICAL INSPECTION
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/22/23
Control #
Date Issued
Permit # 23-1435

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

Block 524 Lot 27 Qualification Code

Work Site Location 964 Rosewood Avenue, Brick, NJ 08723

Owner in Fee: Tempesta

Tel [redacted] e-mail

Address Same
street municipality zip code

Contractor: Guaranteed Service.com Tel. 732 784-6447

Address 2675 Route 70 e-mail AshleyR@GuaranteedService.com
Manasquan, NJ 08736

Contractor License No. 29161 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH09833100

Federal Emp. ID No. 82-3741173 FAX: 732 852-7818

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 7000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 5-12-23
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			7-12-23	

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 sign/Contractor sign and seal here:

Print name here: Adam Belitz

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AC + Furnace

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
1	Generator
	Other

FEE (Office Use Only)

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. Goldenrod-Office Copy

U.C.C. F145 (rev. 12/18)

CONSTRUCTION PERMIT

Date Issued 5/22/23
Control # C-23-001642
Permit # 23-1435

IDENTIFICATION Block: 524 Lot: 27 Qualifier
Work Site Location: 964 ROSEWOOD AVE Brick Township, NJ
Owner in Fee TEMPESTA, MATTHEW
964 ROSEWOOD AVENUE BRICK NJ 08723
Telephone: [redacted]

Contractor GUARANTEED SERVICE.COM
Address 2675 ROUTE 70 MANASQUAN NJ 08736
Telephone: (732) 784-6447
Lic. No. or Bldrs. Reg. No. 34EB01857700 36BI00973400
Federal Employee. No. 19HC00296100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$200.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$371
Check No.	4595
Cash	$0
Credit	$0
Collected By	KM

5/4 IB

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 $11,000

David A. Newman Jr 5/4/23 KM
Construction Official Date

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.

MECHANICAL INSPECTION
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/22/23
Control #
Date Issued
Permit # 1435

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

Block 524 Lot 27 Qualification Code

Work Site Location 964 Rosewood Avenue, Brick, NJ 08723

Owner in Fee: Tenant

Tel [redacted] e-mail

Address Same
street municipality zip code

Contractor: **Guaranteed Service.com** Tel. **732 784-6447**

Address **2675 Route 70** e-mail **AshleyR@GuaranteedService.com**

Manasquan, NJ 08736

Contractor License No. 34601 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason **13VH09833100**

Federal Emp. ID No. **82-3741173** FAX: **732 852-7818**

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 7000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contractor sign and seal here:

Print name here: Adam Bolitz

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AC + Furnace

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
1	Other

FEE (Office Use Only)

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. Goldenrod-Office Copy

U.C.C. F145 (rev. 12/18)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 5/22/23
Permit # 23-1435

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

Block 524 Lot 27 Qualification Code

Work Site Location 964 Rosewood Avenue, Brick, NJ 08723

Owner in Fee: Temnesta

Tel. [redacted] e-mail

Address same
street municipality zip code

Contractor: Guaranteed Service.com Tel. 732 784-6447

Address 2675 Route 70 e-mail AshleyR@GuaranteedService.com
Manasquan, NJ 08736

Contractor License No. 29161 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH09833100

Federal Emp. ID No. 82-3741173 FAX: 732 852-7818

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co.

Est. Cost of Elec. Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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 sign/Contractor sign and seal here:

Print name here: Adam [illegible]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: AC + Furnace,

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		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		FURNACE	

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

1. White-Inspector Copy 2 Canary-Applicant Copy 3. Pink-Office Copy 4 Goldenrod-Office Copy

U.C.C. F120 (rev. 11/09)
Internet version

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 524 LOT 27 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 964 Rosewood Avenue

Owner in Fee Tempesta

Verifying Individual Adam Belitz Company GUARANTEED SERVICE 2675 ROUTE 70 MANASQUAN, NJ 08736

Address _____
Street City State Zip Code

Tel: (732) 784-6447 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
- ☐ Gas to Oil Conversion
- ☒ Gas Appliance Replacement
- ☐ Oil to Oil Replacement
- ☐ Other _____

Existing Vent/Chimney:

- ☐ "B" Label Vent
- ☐ "L" Label Vent
- ☐ Flexible Liner
- ☒ Power Vent/Exhauster

Size _____

- ☐ 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:	80K
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.

_____ _____
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.

Adam Belitz 3/5/14
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.

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

	ASXH3 N1810A*	ASXH3 N2410A*	ASXH3 N3010A*	ASXH3 N3610A*	ASXH3 N4210A*	ASXH3 N4810A*	ASXH3 N6010A*
COOLING CAPACITY							
Nominal Cooling (BTU/h)	18,000	24,000	30,000	36,000	42,000	48,000	60,000
Decibels (dBA)	68.0	68.0	72.0	70.0	69.0	73.0	73.0
COMPRESSOR							
RLA	9.0	11.5	12.8	14.1	17.7	18.5	25.6
LRA	47.5	59.5	67.8	87.4	110.2	124	150
Stage	Single	Single	Single	Single	Single	Single	Single
Type	Scroll	Scroll	Scroll	Scroll	Scroll	Scroll	Scroll
CONDENSER FAN MOTOR							
Motor Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
Horsepower (RPM)	1/8	1/8	1/6	1/6	1/6	1/4	1/4
FLA	0.70	0 70	0.95	0.95	0.95	1.30	1.30
REFRIGERATION SYSTEM							
Refrigerant Line Size[1]							
Liquid Line Size ("O.D)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Line Size ("O.D.)	¾"	¾"	¾"	⅞"	1⅛"	1⅛"	1⅛"
Refrigerant Connection Size							
Liquid Valve Size ("O.D.)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Valve Size ("O.D.) [2,3]	¾"	¾"	¾"	¾"	⅞"	⅞"	⅞"
Valve Connection Type	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge4	62	75	78	71	115	120	130
ELECTRICAL DATA							
Voltage-Phase	208/230-1	208/230-1	208/230-1	208/230-1	208/230-1	208/230-1	208/230-1
Minimum Circuit Ampacity [5]	12.0	15.1	17.0	18.6	23.1	24.4	33.3
Max Overcurrent Protection [6]	20	25	25	30	40	40	50
Min / Max Volts	197/253	197/253	197/253	197/253	197/253	197/253	197/253
Electrical Conduit Size	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"
Equipment Weight (lbs)	122	136	151	153	188	215	227
Ship Weight (lbs)	135	149	166	168	203	235	247

[1] Line sizes denoted for 25' line sets, tested and rated in accordance with AHRI Standard 210/240 For other line-set lengths or sizes, refer to the installation & Operating instructions and/or the long line-set guidelines

[2] Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes

[3] Must use time-delay fuses or HACR-type circuit breakers of the same size as noted

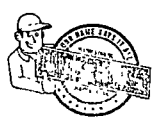
[4] Installer will need to supply ¾" to ⅞" adapters for suction line connections

[5] Installer will need to supply ⅞" to 1⅛" adapters for suction line connections

[6] Must use time-delay fuses or HACR-type circuit breakers of the same size as noted

NOTES

- Always check the S&R plate for electrical data on the unit being installed



GUARANTEED SERVICE
2675 ROUTE 70
MANASQUAN,NJ 08736

B:524

L:27

	AM9S96 0403AN	AM9S96 0603BN	AM9S96 0803BN	AM9S96 0804CN	AM9S96 0805CN	AM9S96 1005CN	AM9S96 1205DN
HEATING DATA							
High Fire Input[1]	40,000	60,000	80,000	80,000	80,000	100,000	120,000
High Fire Output[1]	38,440	57,660	76,880	76,880	76,880	96,100	115,320
AFUE[2]	96	96	96	96	96	96	96
Temperature Rise Range (°F)	25-55	35-65	35-65	25-55	25-55	30-60	35-65
Vent Diameter[3]	2"- 3"	2"- 3"	2"- 3"	2"- 3"	2"- 3"	2"- 3"	3"
No. of Burners	2	3	4	4	4	5	6
CIRCULATOR BLOWER							
Available AC @ 0.5" ESP	1.5- 3	1.5- 3	1 5- 3	1.5- 4	3- 5	3- 5	3- 5
Size (D x W)	11" x 6"	11" x 8"	11" x 8"	11" x 10"	11" x 10"	11" x 10"	11" x 11"
Horsepower @ 1075 RPM	1/2	1/2	1/2	3/4	1	1	1
Speed	9	9	9	9	9	9	9
FILTER SIZE (IN²) (QTY)	(1) 16xX 25 (side) or (1) 14 X 25 (bottom)	(1) 16xX 25 (side or bottom)	(1) 16xX 25 (side or bottom)	(1) 16xX 25 (side or bottom)	(1) 20 x 25 (bottom) or (2) 16 x 25 (side)	(1) 20 x 25 (bottom) or (2) 16 x 25 (side)	(1) 20 x 25 (bottom) or (2) 16 x 25 (side)
ELECTRICAL DATA							
Min. Circuit Ampacity[4]	10.3	10.3	10.3	14.1	16.93	16.93	16.93
Max. Overcurrent Device (amps)[5]	15	15	15	15	20	20	20
SHIPPING WEIGHT (LBS)	108	118	118	141	142	144	156

1 Natural Gas BTU/h

2 DOE AFUE based upon Isolated Combustion System (ICS)

3 Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required) Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC

4 Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps Wire size should be determined in accordance with National Electrical Codes Extensive wire runs will require larger wire sizes.

5 Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size May use fuses or HACR-type circuit breakers of the same size as noted

NOTES

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply
- Gas Service Connection ½" FPT
- Important. Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes
- For bottom return Failure to unfold flanges may reduce airflow by up to 18% This could result in performance and noise issues
- For servicing or cleaning, a 24" front clearance is required Unit connections (electrical, flue and drain) may necessitate greater clearances than the minimum clearances listed above. In all cases, accessibility clearance must take precedence over clearances from the enclosure where accessibility clearances are greater

B: 524
L: 27

GUARANTEED SERVICE
2675 ROUTE 70
MANASQUAN,NJ 08736