BLOCK 1033.06 LOT 32 QUALIFICATION CODE _____ ADDRESS (SITE) 85 Oak Knoll Dr Brick NJ 08724 PERMIT NO. 14-0009

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-006753

I. IDENTIFICATION

1. Proposed Work Site at: 85 Oak Knoll Drive, Brick, NJ 08724
2. Name of Owner in Fee: George Pizzuta
   Te [redacted] e-mail _____
   Address 85 Oak Knoll Drive, (street) Brick, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Allied Construction Tel. (856) 528-2822
   Address 100 Dobbs Lane, Suite 102 e-mail _____
   Cherry Hill NJ 08034
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/2014
   Home Improvement Contractor Registration No. or Exemption Reason 13VH062202
   Federal Emp. ID No. 274623527 FAX: (856) 528-2823
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun D Yvette Miller
   Tel. (856) 528-2822 FAX: (856) 528-2823

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	40-J	
2. Electrical		110-J	
3. Plumbing		45-J	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		11a	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	211	

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	4,000	DEC 06 2013		12/10/13	12-9-13	JS Elect			
☒ Plumbing	1,000				12-12-13	2			
☒ Fire Protection	4,000				12-11-13	B			
☐ Elevator									
TOTAL COST	$9,000								

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

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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 03/20/2014
Control Number C-13-006753
Permit Number 14-0009
Permit Issue Date 01/06/2014
Certificate Number 14-0009

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 85 OAK KNOLL DR. Brick Township, NJ Block: 1033.05 Lot: 32 Qual:

Owner in Fee: PIZZUTA, GEORGE J. & NANCY A.

Owner Address: 85 OAK KNOLL DR. BRICK NJ 08724

Telephone: [redacted]

Contractor ALLIED CONSTRUCTION GROUP

Address 100 DOBBS LANE SUITE 102 CHERRY HILL NJ 08034

Telephone: (856) 258-6216 Fax:

License Number or Builders Registration Number: 13VH06220200 Federal Emp. 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, WATER HEATER

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: 03/20/2014

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

CONSTRUCTION PERMIT

Date Issued
Control # C-13-006753
Permit #

IDENTIFICATION Block: 1033.05 Lot: 32 Qualifier
Work Site Location: 85 OAK KNOLL DR. Brick Township, NJ
Contractor ALLIED CONSTRUCTION GROUP
Address 100 DOBBS LANE SUITE 102 CHERRY HILL NJ 08034

Owner in Fee PIZZUTA, GEORGE J. & NANCY A.
85 OAK KNOLL DR. BRICK NJ 08724
Telephone: (856) 258-6216
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Telephone: [redacted]

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, WATER HEATER

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 $9,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$110
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	
Other	$0
Total	$211
Check No.	
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

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.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Super Storm Sandy NO DAMAGE Report

The purpose of this document is to confirm that we have reported to the Brick Township building department that our residence has sustained NO damage from Super Storm Sandy. We acknowledge that our residence may be subject to a site visit from the building department or other authorized township agencies to verify said documentation.

Name George Pizzuta Jr

Address 85 Oak Knoll Drive

Block/Lot 1033.05 32

Signature George Pizzuta

4/18/13

311 ACCESS BRICK TOWNSHIP

B Tavern ext

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/6/14

Date Issued / Permit # 14-0009

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

Block 1033.05 Lot 32 Qualification Code

Work Site Location 85 Oak Knoll Drive, Brick, NJ 08724

Owner in Fee: George Pizzuta

Tel. [redacted] e-mail

Address 85 Oak Knoll Drive, (street) Brick, NJ (municipality) 08724

Contractor: Allied Construction, LLC Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail

Cherry Hill NJ 08034

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 12/31/2014

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

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:

Total Cost of Fire Protection Work $ 4,000

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: 2-11-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-26-14
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2-26-14	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2-26-14	
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

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: D Yvette Miller

Print name here: D. Yvette Miller

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

DESCRIPTION OF WORK:
Water Supply Source Replace Furnace, HW Heater
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	0	
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	2	
Fireplace Venting/Metal Chimney		
Other		

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/6/14
Control #
Date Issued
Permit # 14-0009

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

Block 1033.05 Lot 32 Qualification Code

Work Site Location 85 Oak Knoll Drive, Brick, NJ 08724

Owner in Fee: George Pizzuta

[redacted] e-mail

Address 85 Oak Knoll Drive (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: Sean McFadden-Allied Construction, LLC Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail

Cherry Hill NJ 08034

Contractor License No. 34EB01653400 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4,000

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: Sean McFadden

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Remove and replace A/C, Furnace & Hot Water Heater

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	
0		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	
1		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 12-9-13 JK
[ ] 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: 12/24/13
Approved by: JT
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-24-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/24/14	ZO
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/6/14
Control #
Date Issued
Permit # 14-0009

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

Block 1033.05 Lot 32 Qualification Code
Work Site Location 85 Oak Knoll Drive, Brick, NJ 08724

Owner in Fee: George Pizzuta
Te [redacted] e-mail
Address 85 Oak Knoll Drive Brick, NJ 08724
(street) (municipality) (zip code)
Contractor: Allied Construction LLC Tel. (856) 528-2822
Address 100 Dobbs Lane, Suite 102 e-mail
Cherry Hill NJ 08034

Contractor License No. 36BI01261500 Exp. Date 06/30/2015
Home Improvement Contractor Registration No. or Exemption Reason 13VH062202
Federal Emp. ID No. 274623527 FAX: (856) 528-2823

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1,000

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: 12-12-13
Approved by: JW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] TCA
Date: 2-24-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			2-24-14	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:
Print name here: Michael Wilson

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove and replace hot water heater, furnace & AC

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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Condensate 35	
1	Furnace 90/96	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

U.C.C. F130 (rev. 11/09)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/6/14

Date Issued / Permit # 14-0009

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

Block 1033.05 Lot 32 Qualification Code

Work Site Location 85 Oak Knoll Drive, Brick, NJ 08724

Owner in Fee: George Pizzuta

T [redacted] e-mail

Address 85 Oak Knoll Drive (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: Allied Construction LLC Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail

Cherry Hill NJ 08034

Contractor License No. 36BI01261500 Exp. Date 06/30/2015

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,000

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: 12-12-13
Approved by: JV

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Michael Wilson

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove and replace hot water heater, furnace & AC

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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Condensate 35	
1	Furnace 90/96	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

U.C.C. F130 (rev. 11/09)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/6/14
Date Issued / Permit # 14-0009

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

Block 1033.05 Lot 32 Qualification Code

Work Site Location 85 Oak Knoll Drive, Brick, NJ 08724

Owner in Fee: George Pizzuta

Tel [redacted] e-mail

Address 85 Oak Knoll Drive (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: Sean McFadden-Allied Construction, LLC Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail

Cherry Hill NJ 08034

Contractor License No. 34EB01653400 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 12-9-13 JK

[ ] 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: 12/24/13

Approved by: JT

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type	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: Sean McFadden

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Remove and replace A/C, Furnace & Hot Water Heater

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	
0		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	
1		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/6/14

Date Issued / Permit # 14-0009

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

Block 1033.05 Lot 32 Qualification Code

Work Site Location 85 Oak Knoll Drive, Brick, NJ 08724

Owner in Fee: George Pizzuta

Tel. [redacted] e-mail

Address 85 Oak Knoll Drive, Brick, NJ 08724
(street / municipality / state / zip)

Contractor: Allied Construction, LLC Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail

Cherry Hill NJ 08034

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 12/31/2014

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

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:

Total Cost of Fire Protection Work $ 4,000

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: 12-11-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: D Yvette Miller

Print name here: D. Yvette Miller

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

DESCRIPTION OF WORK:
Water Supply Source Replace Furnace, HW Heater
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	0	
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	2	
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.

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 Allied Construction LLC

Address 100 Dobbs Lane, Suite 102

Cherry Hill NJ 08034

Telephone (856) 528-2822

Signature _____

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

Allied Construction LLC 5131

Brick Township 12/30/2013

85 Oak Knoll		211.00
589 Kirk Lane		72.00

The Bank 283.00

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, December 10, 2013

To: PIZZUTA, GEORGE J. & NANCY A.
85 OAK KNOLL DR.
BRICK, NJ 08724

RE: Electrical Subcode
Block: 1033.05 Lot: 32 Qual:
85 OAK KNOLL DR.
Permit Number: Control Number: C-13-006753
Last Submit Date: Friday, December 06, 2013

Dear PIZZUTA, GEORGE J. & NANCY A.,

The following comments were made during the Plan Review process:

Inside permit jacket not completed or signed

Sincerely,

Geoffrey Stahl, Subcode Official

12/13/13

CC:

Please find signed & completed jacket for 85 Oak Knoll Dr.

Lynette
856-528-2822

BLOCK 1033.05 LOT 32 QUALIFICATION CODE _____ ADDRESS (SITE) Brick NJ 08723 PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 85 Oak Knoll Drive, Brick, NJ 08724
2. Name of Owner in Fee: George Pizzuta
   Tel. [redacted] e-mail _____
   Address 85 Oak Knoll Drive (street) Brick, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Allied Construction Tel. (856) 528-2822
   Address 100 Dobbs Lane, Suite 102 e-mail _____
   Cherry Hill NJ 08034
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date 12/31/2014
   Home Improvement Contractor Registration No. or Exemption Reason 13VH062202
   Federal Emp. ID No. 274623527 FAX: (856) 528-2823
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun D Yvette Miller
   Tel. (856) 528-2822 FAX: (856) 528-2823

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
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
- ☐ 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	4,000								
☒ Plumbing	1,000								
☒ Fire Protection	4,000								
☐ Elevator									
TOTAL COST	$9,000								

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

** Transmit Confirmation Report **

P.1
BRICK TWP BUILDING DEP Fax:732-262-2941

Dec 13 2013 02:31pm

Name/Fax No.	Mode	Start	Time	Page	Result	Note
18565282823	Normal	13,02:31pm	0'25"	1	O K	

for: 856-528-2823 12/13/13 CH

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, December 10, 2013

To: PIZZUTA, GEORGE J. & NANCY A.
85 OAK KNOLL DR.
BRICK, NJ 08724

RE: Electrical Subcode
Block: 1633.05 Lot: 32 Qual:
85 OAK KNOLL DR.
Permit Number: Control Number: C-13-006753
Last Submit Date: Friday, December 06, 2013

Dear PIZZUTA, GEORGE J. & NANCY A.,

The following comments were made during the Plan Review process:

Inside permit jacket not completed or signed

Sincerely,

Geoffrey Stahl, Subcode Official

CC:

fax: 856-528-2823 12/13/13 LH

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, December 10, 2013

To: PIZZUTA, GEORGE J. & NANCY A.
85 OAK KNOLL DR.
BRICK, NJ 08724

RE: Electrical Subcode
Block: 1033.05 Lot: 32 Qual:
85 OAK KNOLL DR.
Permit Number: Control Number: C-13-006753
Last Submit Date: Friday, December 06, 2013

Resubmit to Elec - 12/19/13

Dear PIZZUTA, GEORGE J. & NANCY A.,

The following comments were made during the Plan Review process:

Inside permit jacket not completed or signed

Sincerely,

Geoffrey Stahl, Subcode Official

CC:

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 Allied Construction LLC

Address 100 Dobbs Lane, Suite 102

Cherry Hill NJ 08034

Telephone (856) 528-2822

Signature _____

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1033.05 LOT 32 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 85 Oak Knoll Dr. Brick NJ

Owner in Fee George Pizzuta

Verifying Individual Tom DeRusso Company Allied

Address 100 Dobbs Lane Suite 102 Cherry Hill NJ 08034
Street City State Zip Code

[redacted] Fax: 856 528-2823

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: _____	_____
Appliance 2:	HWH	Oil / (Gas) / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER NA

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.

N. Lynch Miller 12/3/13
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.

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Allied Construction LLC
Alfred Sciubba
110 Kresson-Gibbsboro Rd
Suite 2
Voorhees NJ 08043

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

11/08/2013 TO 12/31/2014
VALID

13VH06220200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

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

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Allied Construction LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/08/2013 TO 12/31/2014
VALID

SIGNATURE

DIRECTOR

13VH06220200
License/Registration/Certificate #

PLEASE DETACH HERE

George Pizzuta
HVAC Load Calculations

for

George Pizzuta
85 Oak Knoll Dr
Brick, NJ 08724

Prepared By:

Al Sciubba
Allied Construction LLC
100 Dobbs Ln
Cherry Hill, NJ 08034
856.528.2822
Friday, November 29, 2013

Rhvac is an ACCA approved Manual J and Manual D computer program.
Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.

Project Report

General Project Information

Project Title:	George Pizzuta
Designed By:	Allied Construction LLC
Project Date:	Thursday, 12 September, 2013
Client Name:	George Pizzuta
Client Address:	85 Oak Knoll Dr
Client City:	Brick, NJ 08724
Client Phone:	732-899-1895
Company Name:	Allied Construction LLC
Company Representative:	Al Sciubba
Company Address:	100 Dobbs Ln
Company City:	Cherry Hill, NJ 08034
Company Phone:	856.528.2822
Company Fax:	856.528.2823

Design Data

Reference City:		Long Branch, New Jersey
Building Orientation:		Front door faces East
Daily Temperature Range:		Medium
Latitude:	40	Degrees
Elevation:	36	ft.
Altitude Factor:	0.999	

	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel.Hum	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30

Check Figures

Total Building Supply CFM:	1,374	CFM Per Square ft.:	0.703
Square ft. of Room Area:	1,954	Square ft. Per Ton:	667
Volume (ft³) of Cond. Space:	15,632		

Building Loads

Total Heating Required Including Ventilation Air:	62,101 Btuh	62.101	MBH
Total Sensible Gain:	30,183 Btuh	86	%
Total Latent Gain:	4,945 Btuh	14	%
Total Cooling Required Including Ventilation Air:	35,128 Btuh	2.93	Tons (Based On Sensible + Latent)

Notes

Rhvac is an ACCA approved Manual J and Manual D computer program.
Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.
All computed results are estimates as building use and weather may vary.
Be sure to select a unit that meets both sensible and latent loads according to the manufacturer's performance data at your design conditions.

Miscellaneous Report

System 1 Main Input Data	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel.Hum	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30.17

Duct Sizing Inputs

	Main Trunk		Runouts	
Calculate:	Yes		Yes	
Use Schedule:	Yes		Yes	
Roughness Factor:	0.00300		0.01000	
Pressure Drop:	0.1000	in.wg./100 ft.	0.1000	in.wg./100 ft.
Minimum Velocity:	650	ft./min	450	ft./min
Maximum Velocity:	900	ft./min	750	ft./min
Minimum Height:	0	in.	0	in.
Maximum Height:	0	in.	0	in.

Outside Air Data

	Winter		Summer	
Infiltration Specified:	0.700	AC/hr	0.400	AC/hr
	182	CFM	104	CFM
Infiltration Actual:	0.700	AC/hr	0.400	AC/hr
Above Grade Volume:	X 15,632	Cu.ft.	X 15,632	Cu.ft.
	10,942	Cu.ft./hr	6,253	Cu.ft./hr
	X 0.0167		X 0.0167	
Total Building Infiltration:	182	CFM	104	CFM
Total Building Ventilation:	0	CFM	0	CFM

---System 1---

Infiltration & Ventilation Sensible Gain Multiplier: 16.48 = (1.10 X 0.999 X 15.00 Summer Temp. Difference)
Infiltration & Ventilation Latent Gain Multiplier: 20.49 = (0.68 X 0.999 X 30.17 Grains Difference)
Infiltration & Ventilation Sensible Loss Multiplier: 62.62 = (1.10 X 0.999 X 57.00 Winter Temp. Difference)
Winter Infiltration Specified: 0.700 AC/hr (182 CFM)
Summer Infiltration Specified: 0.400 AC/hr (104 CFM)

Duct Load Factor Scenarios for System 1

No.	Type	Description	Location	Attic Ceiling	Duct Leakage	Duct Insulation	Surface Area	From [T]MDD
1	Supply		Basement	-	0.12	0	528	No
1	Return		Basement	-	0.24	0	488	No

Total Building Summary Loads

Component Description	Area Quan	Sen Loss	Lat Gain	Sen Gain	Total Gain
1D-cv-o: Glazing-Double pane, operable window, clear, vinyl frame, white color roller shade with 25% coverage, u-value 0.57, SHGC 0.56	229	7,441	0	9,963	9,963
1D-cv-d: Glazing-Double pane, sliding glass door, clear, vinyl frame, u-value 0.57, SHGC 0.56	42	1,365	0	2,578	2,578
8Ar-smm: Glazing-Skylight, Flat single pane reflective, small curb, metal sash no break, metal curb, no insulation, plywood shaft, no insulation, horizontal, u-value 1.52, SHGC 0.36	16	1,386	0	1,842	1,842
11D: Door-Wood - Solid Core	21	467	0	213	213
12B-0sw: Wall-Frame, R-11 insulation in 2 x 4 stud cavity, no board insulation, siding finish, wood studs	1956	10,814	0	4,571	4,571
16B-50: Roof/Ceiling-Under Attic with Insulation on Attic Floor (also use for Knee Walls and Partition Ceilings), Vented Attic, No Radiant Barrier, Dark Asphalt Shingles or Dark Metal, Tar and Gravel or Membrane, R-50 insulation	875	998	0	875	875
22A-ph: Floor-Slab on grade, No edge insulation, no insulation below floor, any floor cover, passive, heavy moist soil	120	9,289	0	0	0
Subtotals for structure:		31,760	0	20,042	20,042
People:	5		1,000	1,150	2,150
Equipment:			0	1,200	1,200
Lighting:	0			0	0
Ductwork:		18,921	1,809	3,827	5,635
Infiltration: Winter CFM: 182, Summer CFM: 104		11,420	2,136	1,717	3,853
Ventilation: Winter CFM: 0, Summer CFM: 0		0	0	0	0
AED Excursion:		0	0	2,248	2,248
Total Building Load Totals:		62,101	4,945	30,183	35,128

Check Figures

Total Building Supply CFM:	1,374	CFM Per Square ft.:	0.703
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Be sure to select a unit that meets both sensible and latent loads according to the manufacturer's performance data at your design conditions.

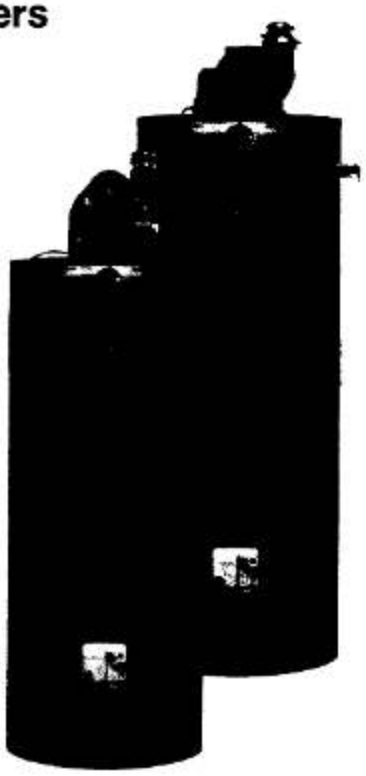
Pizzuta
85 Oak Knoll Dr

Rheem

The new degree of comfort.™

Water | Residential Gas
Professional Classic
Power Vent Water Heaters

Professional Classic™ Power Vent gas water heaters offer up to 100 foot vent runs, energy efficiency and the Guardian System



Efficiency

- .67 EF
- ENERGY STAR® rated

Performance

- FHR: Up to 87 gallons for 50-gallon models and up to 71 gallons for 40-gallon models
- Recovery rate is 32.4 to 42.4 for 50-gallon models and 32.4 to 40.4 for 40-gallon models at a 90 degree rise

Self-Diagnostic System

- Electronic gas control for improved monitoring and service

Low Emissions

- Eco-friendly burner, low NOx design

Features

- Uses indoor air for combustion; blower exhausts the flue gases
- Standard 120 VAC electrical connection
- New whisper quiet blower

Guardian System™ & Sensor

- Exclusive air/fuel shut-off device
- Maintenance free – no filter to clean
- Disables the heater in the presence of flammable vapor accumulation

Combustion Shut-off System

Flame Arrestor Plate

Maintenance Free

Flexible Venting Options

- Long venting lengths up to 100 equivalent feet
- PVC, ABS, or CPVC vent pipe options
- Vertical or horizontal termination

Longer Life

- Rheem exclusive R-Tech (resistored) anode rod provides long-lasting tank protection

High Altitude Compliant

- Tall models certified for applications up to 7,700 ft. above sea level and short models up to 6,000 feet above sea level

Plus...

- Enhanced flow brass drain valve
- Temperature and pressure relief valve included
- Low lead compliant
- Durable Silicon Nitride Ignitor (HSI)
- EverKleen™ patented system fights sediment build-up
- Standard replacement parts

Warranty

- 6-Year limited tank and parts warranty*
- With ProtectionPlus™ the 6-year limited tank warranty becomes 10-year

*See Residential Warranty Certificate for complete information

Units meet or exceed ANSI requirements and have been tested according to D.O.E. procedures. Units meet or exceed the energy efficiency requirements of NAECA, ASHRAE standard 90, ICC Code and all state energy efficiency performance criteria.

Professional Classic Power Vent

40 and 50-Gallon Capacities
Up to 42,000 Btu/h
Natural and LP Gas

LEED Point = 1

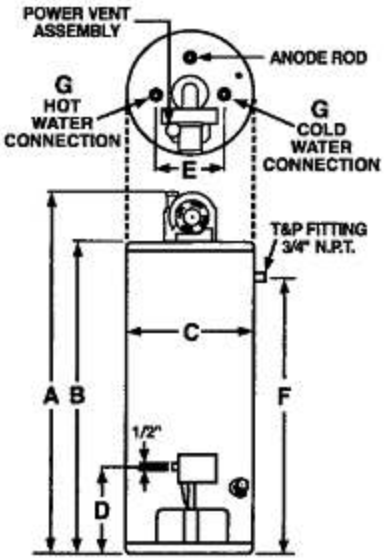
See dimensions chart on back.

PRINTED IN U.S.A. 09/13 WP FORM NO. PROG RHPV

Professional Classic™ Power Vent Specifications

DESCRIPTION			FEATURES					ROUGHING IN DIMENSIONS (SHOWN IN INCHES)								ENERGY INFO.	
TYPE	GAL. CAP.	MODEL NUMBER	GAS INPUT IN THOUS. BTU/H		RECOVERY IN G.P.H. 90° RISE		FIRST HOUR DEL. G.P.H.	HT. TO TOP OF ASSEMBLY A	TANK HT. B	DIAM. C	HT. TO GAS CONN. D	WATER CONN. CNTR. E	HT. TO SIDE T&P VALVE F	WATER CONN. SIZE G	SHIP. WT. (LBS)	ENERGY FACTOR	
			NAT.	LP	NAT.	LP	NAT.									NAT.	LP
Tall	40	PROG40-40N RH67 PV	40		40.4		68	67-3/8	59	19-3/4	14	8	53-1/2	3/4	140	0.67	
Tall	40	PROG40-36P RH67 PV		36		36.4		67-3/8	59	19-3/4	14	8	53-1/2	3/4	140		0.67
Tall	50	PROG50-42N RH67 PV	42		42.4		87	66-3/8	58	21-3/4	14	8	52-1/2	3/4	170	0.67	
Tall	50	PROG50-42P RH67 PV		42		42.4		66-3/8	58	21-3/4	14	8	52-1/2	3/4	170		0.67
Short	40	PROG40S-36N RH67 PV	36		36.4		71	52-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155	0.67	
Short	40	PROG40S-32P RH67 PV		32		32.4		52-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155		0.67
Short	50	PROG50S-36N RH67 PV	36		36.4		85	52-1/2	51-1/4	23-3/4	14	8	44	3/4	175	0.67	
Short	50	PROG50S-32P RH67 PV		32		32.4		52-1/2	51-1/4	23-3/4	14	8	44	3/4	175		0.67

Energy Factor based on D.O.E. (Department of Energy) test procedures.



Maximum and Minimum Vent Lengths for 2" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	4.0	44.0	24.0
One (1)	One (1)	4.0	41.0	21.0
Two (2)	None	4.0	38.0	18.0
Two (2)	One (1)	4.0	35.0	15.0
Three (3)	None	4.0	32.0	12.0

For the 2" vent, one 90° elbow is approximately equal to 6 feet of pipe.
One 45° elbow is approximately equal to 3 feet of pipe.
*2,000' – 6,000' for short models.

Maximum and Minimum Vent Lengths for 3" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	5.0	95.0	75.0
One (1)	One (1)	5.0	92.5	72.5
Two (2)	None	5.0	90.0	70.0
Two (2)	One (1)	5.0	87.5	67.5
Three (3)	None	5.0	85.0	65.0

For the 3" vent, one 90° elbow is approximately equal to 5 feet of pipe.
One 45° elbow is approximately equal to 2.5 feet of pipe.
*2,000' – 6,000' for short models.

P. Pizzuto
85 Oak Knoll Dr

Air | Gas Furnaces
RGFG Series

The new degree of comfort™

Rheem *Prestige Series*™ Modulating Upflow Gas Furnace equipped with the *Comfort Control*² *System*

RGFG- Series

95% A.F.U.E. or Above
Input Rates 60 – 120 kBTU
With *Contour Comfort Control*®

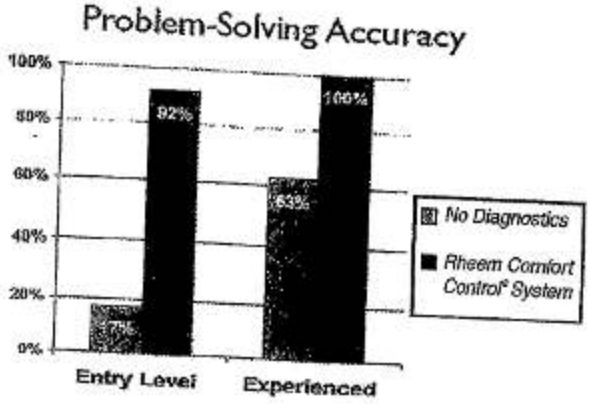
†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- The Rheem *Prestige Series*™ 90 Plus High Efficiency line of upflow gas furnaces are designed for utility rooms, closets, or alcoves. Because of the low-profile 34 inch height, the RGFG- model can be used vertically to satisfy most applications that traditionally call for a horizontal furnace. The design is certified by CSA.
- The *Comfort Control*² *System*™ provides 28 on-board diagnostic codes and fault history codes by detecting system and electrical problems. "Call for Service" alert notification is sent to the thermostat to alert the homeowner of required service.
- Serial Communication Enhanced: when installed with a Serial Communicating Condensing Unit and user interface control (RHC-TST550CMMS) 500 Series thermostat this unit offers 4 or 2 wire installation, auto-configuration, and diagnostic messaging with full communicating capability.
- Modulating Function: when used with a modulating or communicating thermostat, modulation rate between 40% and 100% of total capacity.
- Two-stage Function: when used with a two-stage thermostat, furnace operates at 40% on first stage, and stages up to 65%, then 100% for second stage.
- Multistage Function: when used with a single-stage thermostat, furnace functions as a three stage furnace operating at 40%, 65% and 100% of total capacity.
- Heat exchanger is constructed of all aluminized steel for maximum corrosion resistance and thermal fatigue reliability.
- Reduced firing rates, electrically efficient ECM 3.0 motor, and solid doors provide the ultimate in quiet operation.
- Low speed constant fan.
- Constant temperature rise for superior comfort.
- Seven segment LED for system diagnostics.
- Diagnostic history for troubleshooting.
- Variable speed induced draft motor.
- Hot surface ignition with remote sense.
- Optional indoor or outdoor combustion air.
- A variety of cooling coils and plenums designed to use with the *Prestige Series*™ 90 Plus gas furnaces are available as optional accessories.

The *Comfort Control*[2] *System*™ Features:

- **The Rheem Dual 7-Segment LED Display easily shows system operating status codes and diagnostic codes.**
- **The Status Indication System Diagnostics feature thermostat communication capability and built-in diagnostics.** The thermostat communication capability and alerts the homeowner to any necessary service requirements. Faster, more accurate service is provided by the built-in diagnostics, by providing the HVAC professional with dependable information.

- **The fault recall feature will allow for the last six fault-codes to be displayed, and will retain these codes even if power failure occurs.**
- **In order to save time and money, replacement automotive style fuses can be utilized instead of replacing the entire control board.**



Features of RGFG Series:

- Serial Communication Enhanced: when installed with a Serial Communicating Condensing Unit and user interface control (RHC-TST550CMMS) 500 Series thermostat this unit offers 4 or 2 wire installation, auto-configuration, and diagnostic messaging with full communicating capability.
- Modulating Function: when used with a modulating or communicating thermostat, modulation rate between 40% and 100% of total capacity.
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IMPORTANT! BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

General Data

U.S. and Canadian Models

MODEL NUMBERS	RGFG-06EMCK	RGFG-07EMCK	RGFG-09EZCM	RGFG-10EZCM	RGFG-12ERCM
INPUT–MAXIMUM (BTU/HR) [kW]	60,000 [17.58]	75,000 [21.98]	90,000 [26.38]	105,000 [30.77]	120,000 [35.17]
HEATING CAPACITY–MAXIMUM [kW]	55,800 [16.35]	72,000 [21.10]	86,000 [25.20]	100,000 [29.31]	115,000 [33.70]
INPUT–MINIMUM (BTU/HR) [kW]	24,000 [7.03]	30,000 [8.79]	36,000 [10.55]	42,000 [12.31]	48,000 [14.07]
HEATING CAPACITY–MINIMUM [kW]	22,560 [6.61]	28,200 [8.26]	33,840 [9.92]	39,000 [11.57]	45,120 [13.22]
HEATING EXT. STATIC PRESSURE [kPa]	0.12 [.029]	0.12 [.029]	0.15 [.037]	0.20 [.049]	0.20 [.049]
BLOWER (D X W IN.) [mm]	11 x 7 [279 x 178]	11 x 7 [279 x 178]	12 x 11 [305 x 279]	12 x 11 [305 x 279]	11 x 10 [279 x 254]
ECM MOTOR HP [W]	1/2 [373]	1/2 [373]	1 [746]	1 [746]	1 [746]
UNIT AMPS	8.7	8.7	12.0	12.0	12.0
MAXIMUM OVERCURRENT PROTECTION	15	15	15	15	15
HEATING CFM–MAXIMUM [L/s]	795 [375]	995 [470]	1195 [564]	1395 [658]	1595 [753]
HEATING CFM–MINIMUM [L/s]	320 [151]	430 [203]	515 [243]	600 [283]	685 [323]
COOLING CFM–RANGE [L/s]	600-1200 [283-566]	600-1200 [283-566]	1200-2000 [566-944]	1200-2000 [566-944]	1200-2000 [566-944]
MAXIMUM EXT. STATIC PRESSURE [kPa]	0.80 [0.20]	0.80 [0.20]	0.80 [0.20]	0.80 [0.20]	0.80 [0.20]
TEMPERATURE RISE RANGE °F [°C]	40-70 [22.2-38.9]	40-70 [22.2-38.9]	40-70 [22.2-38.9]	40-70 [22.2-38.9]	40-70 [22.2-38.9]
MAX OUTLET AIR TEMPERATURE °F [°C]	170 [76.7]	180 [82.2]	180 [82.2]	180 [82.2]	180 [82.2]
RETURN AIR CABINETS–RXGR-	C17B	C17B	C21B	C21B	C24B
FILTER SIZE (IN.) [mm] BOTTOM	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	19¼ x 25 [489 x 635]	19¼ x 25 [489 x 635]	22¾ x 25 [578 x 635]
FILTER SIZE (IN.) [mm] SIDE	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]	15¾ x 25 [400 x 635]
APPROX. SHIPPING WEIGHT (LBS.) [kg]	127 [57.6]	133 [60.3]	158 [71.7]	162 [73.5]	170 [77.1]
AFUE	96.0%	95.3%	95.1%	95.3%	95.6%

Model Number Identification

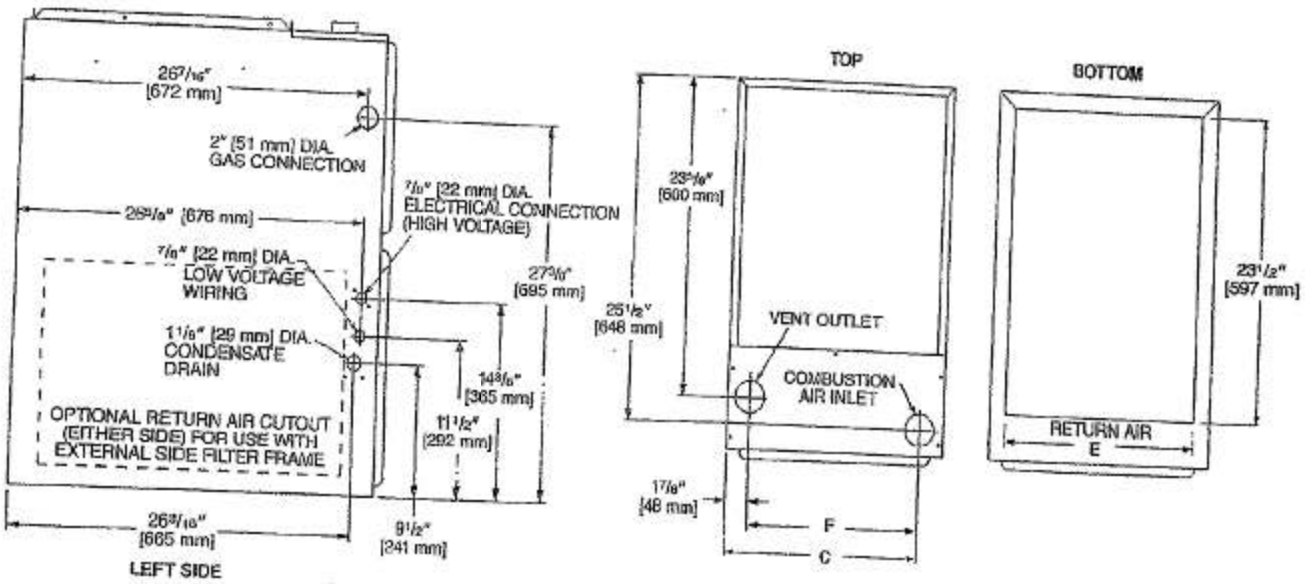
R G F G — 07E M C K S

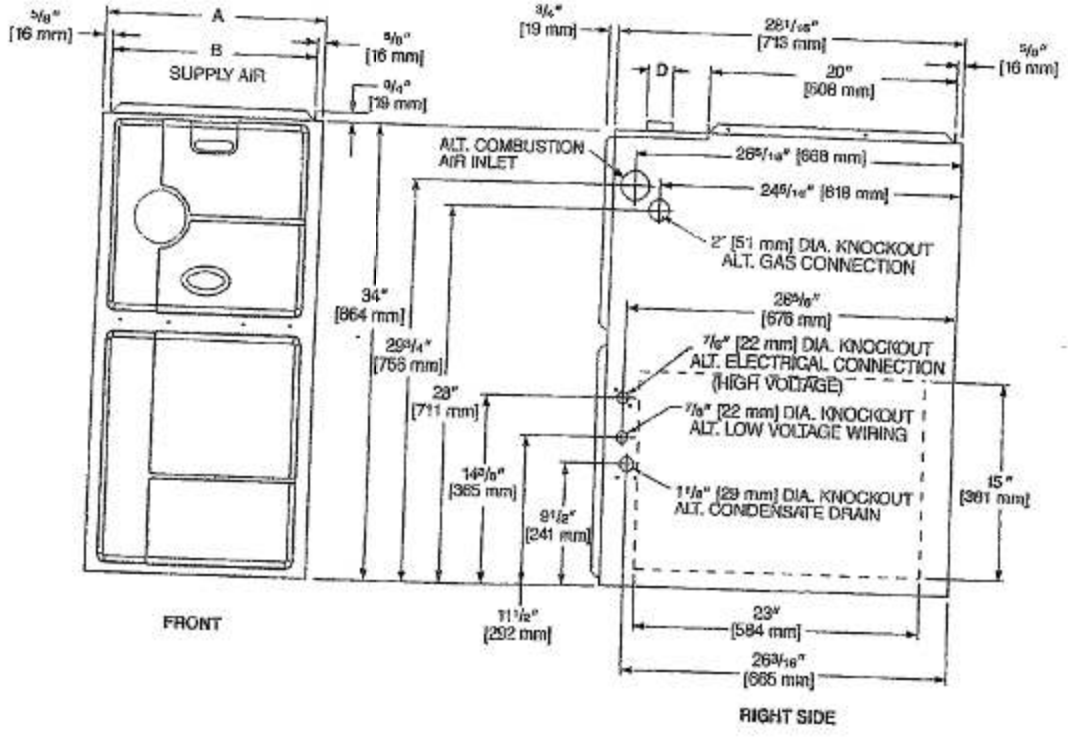
- **R** — Rheem
- **G** — Gas Furnace
- **F** — Modulating *Prestige Series*™ 90 Plus Gas Furnace
- **G** — Design Series Communicating
- **07E** — Heating Input Designation

Electric Ignition	Electric Ignition–NOx Models	Input BTU/HR
06E	06N	60,000 [17.6 kW]
07E	07N	75,000 [22.0 kW]
09E	09N	90,000 [26.4 kW]
10E	10N	105,000 [30.7 kW]
12E	—	120,000 [35.2 kW]

- **M** — Blower Size
  - M = 11 x 7 [279 x 178 mm]
  - R = 11 x 10 [279 x 254 mm]
  - Z = 12 x 11 [305 x 279 mm]
- **C** — Variations C = Single/Multi Zone
- **K** — Heat/Cool Designation
  - K = 600-1200 CFM [283-566 L/s]
  - M = 1200-2000 CFM [566-944 L/s]
- **S** — Fuel Code S = U.S. and Canadian Natural Gas

[ ] Designates Metric Conversions





MODEL RGFG-	A	B	C	D	E	F	LEFT SIDE	MINIMUM CLEARANCE (IN.) [mm]				
								RIGHT SIDE	BACK	TOP	FRONT	VENT
06	17½ [445]	16⅜ [416]	15⅝ [397]	2 [51]	15 [422]	13¹³/₁₆ [351]	0	0	0	1 [25]	2 [51]	0
07	17½ [445]	16⅜ [416]	15⅝ [397]	2 [51]	15 [422]	13¹³/₁₆ [351]	0	0	0	1 [25]	2 [51]	0
09	21 [533]	19⅞ [505]	19⅛ [487]	2 [51]	18½ [511]	17⁵/₁₆ [440]	0	0	0	1 [25]	2 [51]	0
10	21 [533]	19⅞ [505]	19⅛ [487]	2 [51]	18½ [511]	17⁵/₁₆ [440]	0	0	0	1 [25]	2 [51]	0
12	24½ [622]	23⅜ [594]	22⅝ [575]	2 [51]	22 [600]	20¹⁹/₁₆ [529]	0	0	0	1 [25]	2 [51]	0

[ ] Designates Metric Conversions

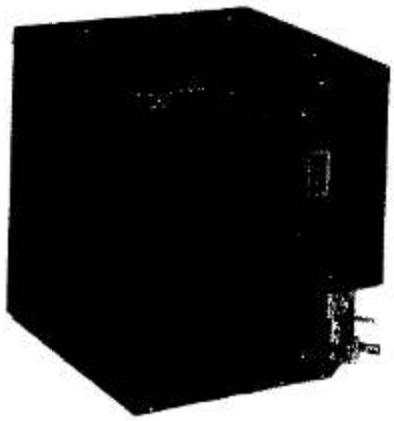
MODEL RGFG-	BLOWER SIZE (D x W) IN. [mm]	ECM MOTOR H.P. [W]	BLOWER SPEED (SELECTED W/DIP SWITCHES)	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN [kPa]
				0.1 [.02]-0.8 [.20]
06	11 x 7 [279 x 178]	1/2 [373]	HIGH MED-HI MED LOW	1200 [566] 1000 [472] 800 [378] 600 [283]
07	11 x 7 [279 x 178]	1/2 [373]	HIGH MED-HI MED LOW	1200 [566] 1000 [472] 800 [378] 600 [283]
09	12 x 11 [305 x 279]	1 [746]	HIGH MED-HI MED LOW	2000 [944] 1600 [755] 1400 [661] 1200 [566]
10	12 x 11 [305 x 279]	1 [746]	HIGH MED-HI MED LOW	2000 [944] 1600 [755] 1400 [661] 1200 [566]
12	11 x 10 [279 x 254]	1 [746]	HIGH MED-HI MED LOW	2000 [944] 1600 [755] 1400 [661] 1200 [566]

[ ] Designates Metric Conversions

Pizzuta
85 Oak Knoll Dr.

The new degree of comfort.™

Rheem *Value Series*
Air Conditioners



Note: Above image does not show deep drawn basepan.

14AJM- Series

Efficiencies up to 16 SEER/13 EER
Nominal Sizes 1½-5 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 Contractor for details or visit www.energystar.gov."

- Outdoor air conditioner designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

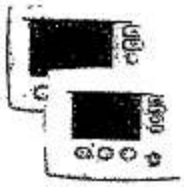
Model Number Identification

14	A	J	M	18	A	01
14.5 SEER	A = AIR CONDITIONER	VOLTAGE J = 208-230 SINGLE PHASE	DESIGN SERIES M = 1ST DESIGN R-410A	NOMINAL COOLING CAPACITY 19 = 18,000 BTU/HR [5.28 kW] 25 = 24,000 BTU/HR [7.03 kW] 30 = 30,000 BTU/HR [8.79 kW] 36 = 36,000 BTU/HR [10.55 kW] 42 = 42,000 BTU/HR [12.31 kW] 48 = 48,000 BTU/HR [14.07 kW] 49 = 47,000 BTU/HR [13.77 kW] 56 = 54,000 BTU/HR [15.83 kW] 60 = 60,000 BTU/HR [17.58 kW]	CABINET A = FULL METAL JACKET	RHEEM VALUE SERIES

Accessories

- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure

Thermostats



200-Series *
Programmable

300-Series *
Deluxe Programmable

400-Series *
Special Applications/ Programmable

500-Series *
Communicating/ Programmable

Brand		Descriptor (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
RHC	-	TST	213	UN	MS
RHC=Rheem		TST=Thermostat	200=Programmable 300=Deluxe Programmable 400=Special Applications/ Programmable 500=Communicating/ Programmable	GE=Gen/Electric UN=Universal (ACM-PKG6) MD=Modulating Furnace DF=Dual Fuel CM=Communicating	SS=Single-Stage MS=Multi-Stage

** Photos are representative. Actual models may vary.*

For detailed thermostat match-up information, see specification sheet form number T11-001.

Scroll® Compressor

The reliable scroll compressor is the key to efficiency for this Rheem model. It's the latest in high-efficiency compressor technology. The advanced scroll compressor offers low noise and vibration characteristics and features tolerance to liquid refrigerant and system contamination. The scroll compressor also has low start torque, reducing start problems in the field. And its unique design enables air conditioners to perform efficiently and quietly.

[ ] Designates Metric Conversions

Electrical and Physical Data

Model Number 14AJM	ELECTRICAL							PHYSICAL						
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 6/14/2012													
19	1-60-208/230	9/9	46	0.5	12/12	15/15	20/20	11.82 [1.10]	1	2805[1324]	87 [2466]	140 [63.5]	157 [71.2]
25	1-60-208/230	13.6	58.3	.36	18/18	25/25	30/30	13.72 [1.27]	1	2805[1324]	91 [2580]	154 [69.9]	171 [77.6]
30	1-60-208/230	12.8/12.8	64	1.4	18/18	25/25	30/30	16.39 [1.52]	1	2915[1376]	112 [3175]	157 [71.2]	175 [79.4]
36	1-60-208/230	16.7/16.7	79	1.9	23/23	30/30	35/35	21.85 [2.03]	1	3435[1621]	130.4 [3697]	181 [82.1]	201 [91.2]
42	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	21.85 [2.03]	1	3550[1675]	145.12 [4114]	205 [93]	225 [102]
48	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	21.85 [2.03]	2	4310[2034]	216 [6124]	249 [112.9]	269 [122]
49	1-60-208/230	19.9/19.9	109	1.9	27/27	35/35	45/45	21.85 [2.03]	2	3615[1706]	213 [6039]	249 [112.9]	269 [122]
56	1-60-208/230	21.4/21.4	135	1.9	29/29	35/35	50/50	21.85 [2.03]	2	3615[1706]	241 [6832]	254 [115.2]	274 [124.3]
60	1-60-208/230	26.4/26.4	134	2.8	36/36	45/45	60/60	21.85 [2.03]	2	4310[2034]	240 [6804]	254 [115.2]	274 [124.3]

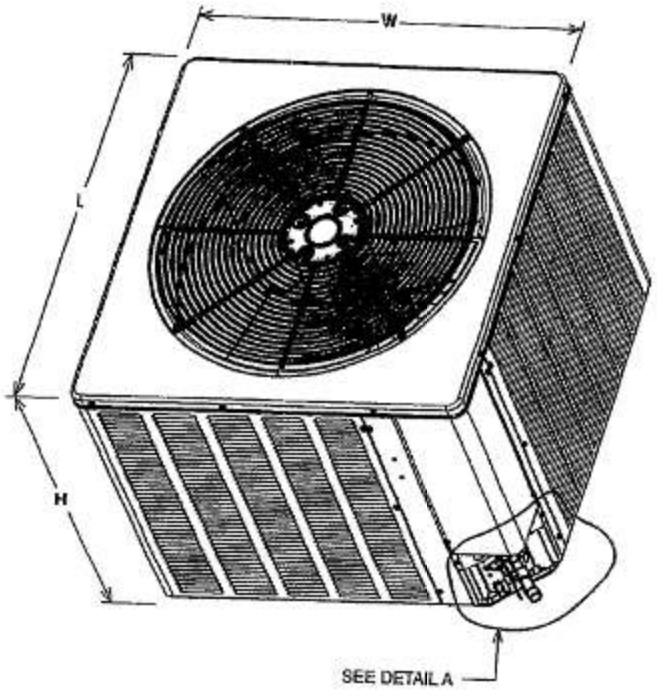
NOTE: Factory Refrigerant Charge includes refrigerant for 15 feet of standard line set.

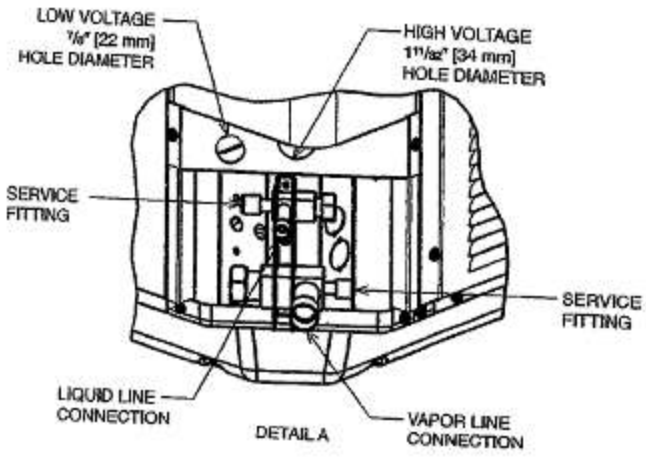
[ ] Designates Metric Conversions

Unit Dimensions

Model No. 14AJM	Unit Dimensions		
	Width "W" Inches [mm]	Length "L" Inches [mm]	Height "H" Inches [mm]
19, 25	27⅝ [702]	27⅝ [702]	24¼ [616]
30	31⅝ [803]	31⅝ [803]	27⅜ [695]
L 36, 42, 48, 49, 56, 60	31⅝ [803]	31⅝ [803]	35⅜ [899]

[ ] Designates Metric Conversions





NOTE: Illustrations show the deep drawn baspan.