BLOCK 835 LOT 37 QUALIFICATION CODE _____ ADDRESS (SITE) 1669 Hwy 88 PERMIT NO. 15-5096

BRICK

CONSTRUCTION PERMIT APPLICATION

C05-140188

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

I. IDENTIFICATION

1. Proposed Work Site at: 1669 HWY 88 WEST BRICK NJ [redacted]
2. Name of Owner in Fee: PAUL GANGI Tel. ([redacted]
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: POINT BAY FUEL, INC. Tel. (732) 349-5059
   Address 71 IRONS STREET TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-1817388 FAX: (732) 349-1788
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun BOB VALENTINE
   Tel. (732) 349-5059 FAX: (732) 349-1788

REPLACE OIL FURNACE

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45		
2. Electrical			
3. Plumbing			
4. Fire Protection	45		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$ 1		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 91		

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction									
5. ☒ Fire Protection	5300.00				12-1-05	RR	5/1/06		
6. ☐ Plumbing									
7. ☒ Electrical	100.00				12-30-05	MR	5/3/06		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	5400.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10524456

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(e)1.vii:

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 Point Bay Fuel

Address 71 Irons St

Toms River NJ

Telephone (732) 349-5019

Signature Bob Valenti

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

HOME IMPROVEMENT CONTRACTOR
LICENSE #13VH01149900

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building	_____	Energy	_____	Other _____
Electrical	_____	Barrier Free	_____	_____
Plumbing	_____	Flood Hazard	_____	_____
Fire Protection	_____	As Built Elevation Cert.	_____	_____
Mechanical	_____	Other	_____	_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

CONSTRUCTION PERMIT

Date Issued 12/28/2005
Control # C-05-140188
Permit # 05-5096

IDENTIFICATION Block: 835 Lot: 37 Qualifier
Work Site Location: 1669 ROUTE 88 WEST Brick Township, NJ
Contractor POINT BAY FUEL INC
Address 71 IRONS ST TOMS RIVER NJ 08753-
Owner in Fee GANGI, PAUL
Address 1669 ROUTE 88 WEST BRICK NJ 08723
Telephone: 732/349-5059
Lic. No. or Bldrs. Reg. No.
Telephone: [redacted]
Federal Employee. No. 22-1817388

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 HOT AIR FURNACE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $5,400

Construction Official — 12/28/2005 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$97
Check No.	231463
Cash	$0
Credit	$0
Collected By	Ellen Privett

U.C.C. F170
equiv (rev 8/03)
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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/15/2005
Date Issued 12/31/1899
Control # C-05-140188
Permit # 05-5096

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

Block 835 Lot 37 Qualification Code

Work Site Location: 1669 ROUTE 88 WEST Brick Township, NJ

Owner in Fee: GANGI, PAUL

Address 1669 ROUTE 88 WEST BRICK NJ

T[redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 12 2005
Approved by: MM

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA

Date: 31306
Approved by: MM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	3-1-06		31306	MM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

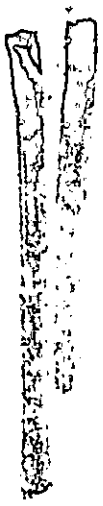
QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
1		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
2		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
1	3	HP/KW Space Heater/Air	$10
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$45

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

3-1-06 SUPPORT FLEX

FLEX FITTINGS 90° NOT TIGHT TO BOX



FIRE SUBCODE
TECHNICAL SECTION

Date Received 12/15/2005 9:56:22 AM
Control # C-05-140188
Date Issued 12/31/1899
Permit # 055096

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

Block 835 Lot 37 Qualification Code

Work Site Location: 1669 ROUTE 88 WEST Brick Township, NJ

Owner in Fee: GANGI, PAUL

Address 1669 ROUTE 88 WEST BRICK NJ

T [redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☑ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☑ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $5,300

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT HOT AIR FURNACE,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$0
Sprinkler Heads (Dry and Wet)	0	$0
Standpipes	0	$0
Pre-engineered Systems		
Wet Chemical	0	$0
Dry Chemical	0	$0
CO2 Suppression	0	$0
Foam Suppression	0	$0
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☐ Gas ☑ Oil	1	$45
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$45
State Permit Surcharge Fee		$7
TOTAL FEE		$52

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date: 12-15-05

Approved by: DB

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 3-1-06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2-1-06	DB
Smoke Control				
TCO				
Final			3-1-06	DB
Other				

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

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1669 HWY 88 WEST BRICK NJ 08723
Block: 835 Lot: 37
Owner's Name: GANGI GRAPHICS/PAUL GANGI
Owner's Mailing Address: SAME

Pho [redacted]

BUILDING

Contractor:
Address:

Phone#:
Lis.#
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: POINT BAY FUEL, INC.
Address: 71 IRONS STREET
TOMS RIVER NJ 08753
Phone#: (732) 349-5059
Lis #:
Federal Emp # or SSN 22-1817388

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	1
Switches	1
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	K
Oven/Surface Unit	KV
Electric Water Heater	K
Electric Dryer	K
Dishwasher	K
Garbage Disposal	H
A/C Unit –Central Air	K
Space Heater/Air Handler	K
Baseboard Heating	K
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service	AM
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	K
Furnace	
Steam Boiler	

Other:
REPLACE OIL FURNACE

Estimated Cost of Electrical Work: $100.00

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

Signature: Bob Valentini
Please Print Name Bob Valentini

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: POINT BAY FUEL, INC.
Address: 71 IRONS STREET
TOMS RIVER NJ 08753
Phone #: (732) 349-5059
Lis #:_____
Federal Emp # or SSN 22-1817388

Technical Data

Description of Work:

Heating Type: ___Gas X Oil ___Electric ___Solar
Heating System is ___New X Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

REPLACE OIL FURANCE

Estimated Cost of Fire Work $5300.00

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

Signature: Bob Valentine
Print Name: Bob Valentine

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 835 LOT 37 PERMIT # _____

WORK SITE ADDRESS 1669 Hwy 88 West Brick

Applicant Paul Gangi

Certifying Individual Bob Valentine Company Point Bay Fuel, Inc.

Address Same (Street) 71 Irons St. Toms River, N.J. 08753 (City, State, Zip Code)

Tel. (732) 840-8080 732-349-5059

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [x] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

R. Valentine 12/8/05
Signature Date

Certification Not Submitted:

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

_____ _____
Signature Date

Direct Vent Appliance:

No certification required:

_____ _____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/99)

Hallmark

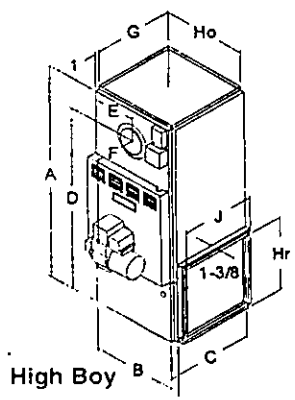
Specifications

	Low Boy								High Boy								Horizontal			CF
																				6
Model	LB85	LBD85	LB115	LBD115	LB145	LB145C	LB160	LB160C	HB85	HBD85	HB115	HBD115	HB145	HB145C	HB160	HB160C	HSD84	HSD112	HSD140	CF85
B.T.U.H. Input	105,000	105,000	140,000	140,000	175,000	175,000	189,000	189,000	105,000	105,000	140,000	140,000	175,000	175,000	189,000	189,000	84,000	112,000	140,000	105,000
B.T.U.H. Output	86,000	86,000	114,000	114,000	145,000	145,000	155,000	155,000	86,000	86,000	114,000	114,000	145,000	145,000	155,000	155,000	68,000	92,000	114,000	86,000
Nozzle Beckett AFG 1	.65 80° A	.65 80° A	.85 80° A	.85 80° A	1.00 80° B	1.00 80° B	1.10 80° B	1.10 80° B	.65 80° A	.65 80° A	.85 80° A	.85 80° A	1.00 80° B	1.00 80° B	1.10 80° B	1.10 80° B	.65 80° A	.85 80° A	1.00 80° A	.65 80° A
Nozzle Riello 40 Series 2	.50 60° A	.50 60° A	.65 60° W	.65 60° W	.80 60° W	.80 60° W	.90 60° W	.90 60° W	.50 60° A	.50 60° A	.65 60° W	.65 60° W	.80 60° W	.80 60° W	.90 60° W	.90 60° W	.50 60° A	.65 60° W	.80 60° W	.50 60° A
Nozzle Riello 35 Series 2	.65 60° A	.65 60° A	.85 60° W	.85 60° W	1.00 60° W	1.00 60° W	1.10 45° B	1.10 45° B	.65 60° A	.65 60° A	.85 60° W	.85 60° W	1.00 60° W	1.00 60° W	1.10 45° B	1.10 45° B				.65 60° A
Flue Size (Inches)	6	6	6	6	8	8	8	8	6	6	6	6	8	8	8	8				6
AFUE Seasonal Efficiency	82.6%	82.6%	80.0%	80.0%	83.2%	83.2%	82.9%	82.9%	81.4%	81.4%	80.7%	80.7%	83.9%	83.9%	82.9%	82.9%	82.6%	82.6%	82.5%	83.0%
Filter Size	16 x 20	16 x 20	20 x 20	20 x 20	(1) 16 x 20 (1) 20 x 20	(1) 16 x 20 (1) 20 x 20	(1) 16 x 20 (1) 20 x 20	(1) 16 x 20 (1) 20 x 20	16 x 20	16 x 20	20 x 20	20 x 20	20 x 25	20 x 25	20 x 25	20 x 25	20 x 20	20 x 20	20 x 25	2-14 x 20
Blower Size	100-10BD	100-10DD	110-10BD	110-10DD	120-12BD	120-12BD	120-12BD	120-12BD	100-10BD	100-10DD	100-10BD	110-10DD	120-12BD	120-12BD	120-12BD	120-12BD	100-10BD	110-10DD	100-10DD	100-10DD
Blower Motor	1/3	1/3 Spd	1/3	1/2 Spd	1/3	1/2	1/2	1/2	1/4	1/4 3 Spd	1/3	1/2 3 Spd	1/3	1/2	1/3	1/2	1/3 Spd	1/2 3 Spd	3/4 3 Spd	1/2 3 Spd
Motor Pulley	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2	—	3 1/2	—	3 1/2	3 1/2	3 1/2	3 1/2				—
Blower Pulley	6	—	6	—	6	—	6	6	6	—	5	—	7	6	6	6				—
Belt	38	—	38	—	44	42	42	42	38	—	37	—	44	42	42	42				—
CFM @ .20" W.C.	950	1000	1250	1300	1575	1575	1750	1750	950	1000	1250	1300	1575	1575	1750	1750	750	1000	1525	1000
CFM @ .50" W.C.	1200	1200	1400	1600	1800	2000	1800	2000	1200	1200	1400	1600	1800	2000	1800	2000	1000	1400	1800	1200
Cooling Capacity (Tons)	3	3	3 1/2	4	4 1/2	5	4 1/2	5	3	3	3 1/2	4	4 1/2	5	4 1/2	5	2 1/2	3 1/2	4 1/2	3
Shipping Weight	385	385	435	435	485	485	485	485	350	350	400	400	450	450	450	450	225	320	375	350

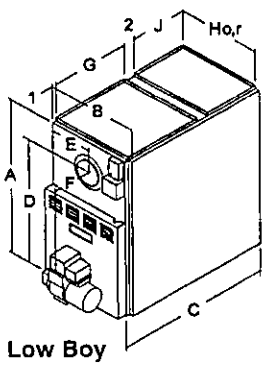
Dimensions (INCHES)

Cabinet Height	A	42	42	42	42	53	53	53	53	55	55	60	60	60	60	60	60	25-1/2	25-1/2	25-1/2	57
Cabinet Width	B	23	23	24	24	24	24	24	24	23	23	24	24	24	24	24	24	17	17	17	23
Cabinet Depth	C	38	38	42	42	53	53	53	53	22	22	22	22	29-5/8	29-5/8	29-5/8	29-5/8	22-1/2	22-1/2	24-5/8	22
Center Line Flue To Floor	D	35-1/2	35-1/2	36-1/2	36-1/2	37-1/2	37-1/2	37-1/2	37-1/2	48-1/2	48-1/2	53-1/2	53-1/2	52-1/2	52-1/2	52-1/2	52-1/2	10-1/2	10-1/2	12-3/4	32-1/2
Center Line Flue To Side	E	11-1/2	11-1/2	12	12	12	12	12	12	11-1/2	11-1/2	12	12	12	12	12	12	6-7/8	6-7/8	6-7/8	11-1/2
Depth Of Burner Housing	F	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	8-1/2	8-1/2	8-1/2	10
Warm Air Supply Depth	G	20	20	20	20	27-5/8	27-5/8	27-5/8	27-5/8	20	20	20	20	27-5/8	27-5/8	27-5/8	27-5/8	20-1/2	20-1/2	20-1/2	20
Warm Air Supply Width	Ho	21	21	22	22	22	22	22	22	21	21	22	22	22	22	22	22	15-1/2	15-1/2	23-1/2	20-3/4
Return Air Supply Width	Hr	21	21	22	22	22	22	22	22	15	15	18-7/8	18-7/8	18-7/8	18-7/8	18-7/8	18-7/8	15-1/2	15-1/2	23-7/8	21
Return Air Supply Depth	J	14-1/8	14-1/8	16-1/8	16-1/8	21-1/2	21-1/2	21-1/2	21-1/2	18-7/8	18-7/8	18-7/8	18-7/8	23-7/8	23-7/8	23-7/8	23-7/8	18-7/8	18-7/8	18-7/8	20

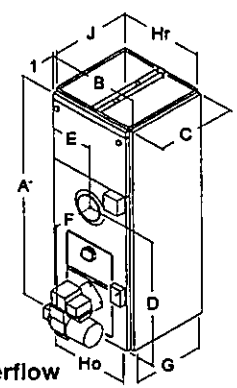
1. The pump pressure for the AFG burner is set at 140 PSI.
2. The pump pressure for the 35 and 40 series burners is set at 160 PSI.
3. Left to right airflow units are shown. Right to left airflow units are available.
4. Horizontal model furnaces are not field reversible.
5. Horizontal furnaces are equipped with AF burners with the pump pressure set at 100 PSI.
6. Order the optional base when installing the CF85 on combustible floor. Available with front flue only.



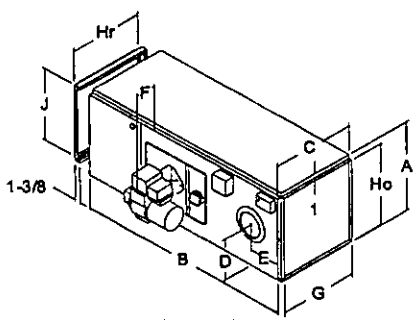
High Boy



Low Boy



Counterflow



Horizontal

MADE IN U. S. A.

Manufactured by
BOYERTOWN FURNACE COMPANY
P.O. Box 100
Boyertown, PA 19512

member gama

MEA Approval No. 176-93-E

State of Maine Oil and Solid Fuel Board Registration No. MF 10008458

Due to ongoing engineering, specifications are subject to change. 2 - 98