BLOCK 853 LOT 2 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 09-2941

CONSTRUCTION PERMIT APPLICATION 09-00 4055

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 848 Rt 70
2. Name of Owner in Fee:
   Tel. (732) 836 1000 e-mail
   Address 848 Rt 70 (street) Bricktown (municipality) NJ. ~~08724~~ 08753 (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: Four Point Refrigeration Tel. (732) 899 6704
   Address 3140 Rt 88 e-mail
   Point Pleasant NJ. 08742
   License No. OR, if new home, Builder Reg. No. 13VH00878300 Exp. Date 12/31/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 221925256 FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Greg Mazzo
   Tel. (732) 899 6704 FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical			
3. Plumbing			
4. Fire Protection	100		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 2		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 142		

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

Approved 10/14/09

Called 11/3/09

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Replace furnaces

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			11/2/09						
☐ Electrical					11-10-9	AS			
☐ Plumbing									
☐ Fire Protection					11-12-09	08			
☐ Elevator									
TOTAL COST									

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

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.

(X) Check if contractor.

Agent Name Four Point Refrigeration

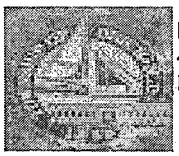
Address 3140 Rt 88

Point Pleasant NJ. 08742

Telephone (732 899 6704

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 11/30/2018
Control Number C-09-004055
Permit Number 09-2941
Permit Issue Date 11/24/2009
Certificate Number 09-2941

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 848 ROUTE 70 , NJ Block: 853 Lot: 2 Qual:

Owner in Fee: RS & L LLC

Owner Address: 848 ROUTE 70 BRICK NJ 08723

Telephone: (736) 836-1000

Contractor FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Telephone: (732) 899-6704 Fax: (732) 899-8399

License Number or Builders Registration Number: Federal Emp. Number: 221925256

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT HOT AIR FURNACE

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

FIRE SUBCODE
TECHNICAL SECTION

(F)

COMMERCIAL

Date Received 11/09/2009
Control # C-09-004055
Date Issued 11/24/09
Permit # 09-2941

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

Block 853 Lot 2 Qualification Code

Work Site Location: 848 ROUTE 70 , NJ Lumber Office

Owner in Fee: RS & L LLC

Address 848 ROUTE 70 BRICK NJ 08723

Tel. (736) 836-1000

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

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. 221925256

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M 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 REPLACEMENT Location of Main Control Valve:

Location: BASEMENT

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $500

C. CERTIFICATION IN LIEU OF OATH

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

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		
Alarm Systems ☐ System ☐ 110v Interconnected ☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil	2	$100
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		$1
TOTAL FEE		$101

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date: 11-25-09

Approved by: DB

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 11-27-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			11/27/09	
Final	3/2/10		3/28/10	
Other				

Joe Arkwell

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Bot 5

Date Received
Control # 09-2941

Date Issued
Permit # 11/24/09

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

Block 853 Lot 2 Qualification Code

Work Site Location 848 Rt 70 / Farmview Square
Brick NJ

Owner in Fee: Farmview Square

Tel. (732) 836-1000 e-mail

Address Same
street municipality zip code

Contractor: RJ McKeon Electric Tel. ( )

Address #1 River Place e-mail
Brielle NJ 08730

Contractor License No. 8513 Exp. Date

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

Federal Emp. ID No. 22-3127724 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required 11-09-09

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12/6/17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-5-17	MW
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of (2) Furnaces

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2			
		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	
		KW Central A/C Unit	
2		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	

COMPLETE

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

CONSTRUCTION PERMIT

Date Issued 11/24/09
Control # C-09-004055
Permit # 09-8941

IDENTIFICATION Block: 853 Lot: 2 Qualifier
Work Site Location: 848 ROUTE 70 , NJ

Owner in Fee: RS & L LLC
848 ROUTE 70 BRICK NJ 08723
Telephone: (736) 836-1000

Contractor: FOUR POINT REFRIGERATION CO INC
Address: 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884
Telephone: (732) 899-6704
Lic. No. or Bldrs. Reg. No. 13VH00878300
Federal Employee. No. 221925256

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$142
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $800

Construction Official

Date 11-17-09

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.

11/24/09 2:17PM 00155844787
XX01 SERV.001
#8941
ELECTRIC $40.00
FIRE $100.00
DCA $2.00
TOTAL $142.00

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Control #

Date Issued

Permit #

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

Block 833 Lot 2 Qualification Code

Work Site Location 848 Rt 70
Bricktown NJ 08723

Owner In Fee Furniture Source

Address 848 Rt 70
Bricktown NJ. 08723

Tel (732) 836 1000

Contractor Four Point Refrigeration

Address 3140 Rt 88
Point Pleasant NJ. 08742

Tel (732) 899 6704 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 Emp. No. 221925256

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

[X] Other Replacement

Location: Basement

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 500.00

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of (2) Furnaces

Water Supply Source 1

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	2	
Fireplace Venting/Metal Chimney		
Other		

COMPLETED AT

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) 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				

U.C.C. F140 (rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

From: Four Point Refrigeration
3140 Rt 88
Point Pleasant NJ

For Job: Furniture Source
848 Rt 70
Bricktown NJ.

	Furnace	BTU Input	output
(2)	new Payne Furnaces	132,000	107,000
(2)	old Furnaces Lennox	135,000	105,000

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

Four Point Refrigeration Co., Inc.
Harold H. Johnson
3140 Route 88
Pt Pleas Bch NJ 08742-2844

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

12/03/2008 TO 12/31/2009
VALID

13VH00878300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Four Point Refrigeration Co., Inc.
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
12/03/2008 TO 12/31/2009
VALID
SIGNATURE
13VH00878300
License/Registration/Certificate #
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

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 848 Rt 70

Applicant Furniture Source

Certifying Individual Greg Mulgaro Company Four Point Refrigeration

Address 3140 Rt 88 Point Pleasant NJ 08742

Street City State Zip Code

Tel. (_____) _____

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

- [X] B Label Vent
- [ ] L Label Vent
- [ ] 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.

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 _____

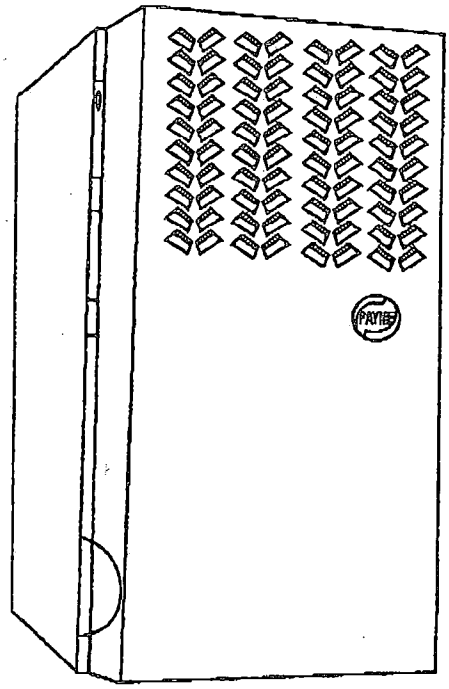
Direct Vent Appliance:

No certification required:

Signature _____ Date _____

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

PAYNE
Heating & Cooling



MULTIPOISE GAS FURNACE

Model PG8M/PG8J Series A

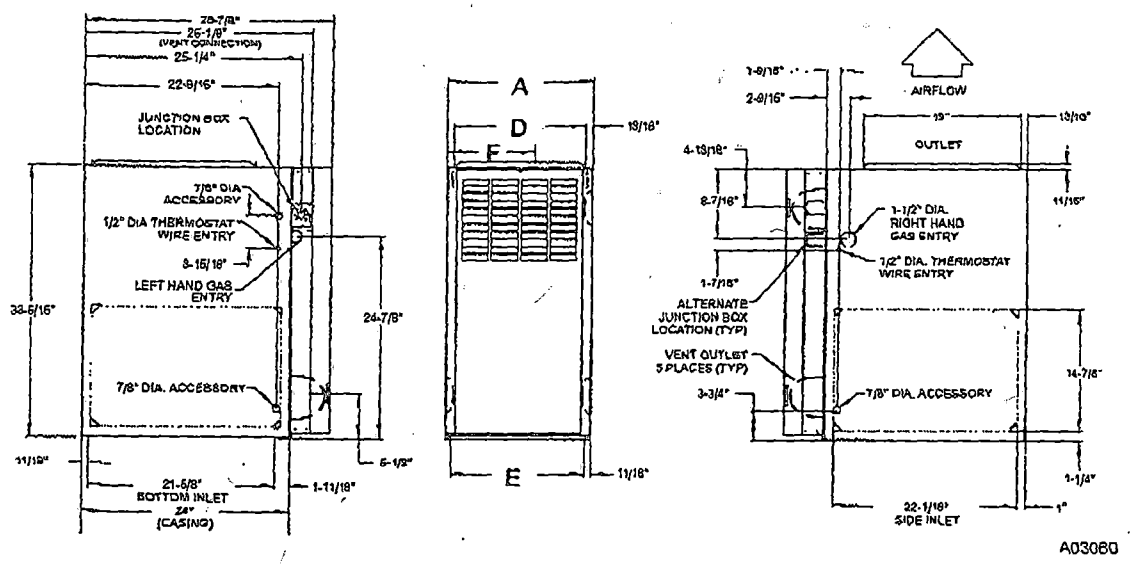
The Payne PG8MAA/JAA 80% AFUE Gas Furnaces feature 4-way Multipoise design and through-the-furnace downflow venting. The PG8MAA/JAA furnaces are approved for use with natural or propane gas, and the PG8JAA is approved for use in Low NOx Air Quality Management Districts.

STANDARD FEATURES

- **Four-position furnace: upflow, horizontal right, horizontal left, downflow**
- **Electronic control center**
  Adjustable heating air temperature rise, LED diagnostics and self test feature
- **Hot surface ignition (HSI)**

LIMITED WARRANTY

- 20-year warranty on heat exchanger
- 5-year parts warranty on all other components



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NOTES:
1. Two additional 7/8-in. dia knockouts are located in the top plate.
2. Minimum return-air openings at furnace, based on metal duct. If flex duct is used, see flex duct manufacturers recommendations for equivalent diameters.
3. Minimum return-air opening at furnace:
   a. For 800 CFM-16-in. round or 14-1/2 x 19-1/2-in. rectangle.
   c. For 1600 CFM-22-in. round or 14-1/2 x 22-1/16-in. rectangle.
   d. For Airflow requirements above 1600 CFM, see Air Delivery table in Product Data literature for specific use of single side inlets. The use of both side inlets, a combination of 1 side and the bottom, or the bottom only will ensure adequate return air openings for airflow requirements above 1600 CFM.

DIMENSIONS (In.)

UNIT SIZE	A (CABINET WIDTH)	D (SUPPLY WIDTH)	E (BOTTOM RETURN WIDTH)	F (TOP VENT OUTLET)	VENT CONNECTION SIZE*†	SHIPPING WEIGHT
024045	14-3/16	12-9/16	12-11/16	9-5/16	4	104
036045	14-3/16	12-9/16	12-11/16	9-5/16	4	107
024070	14-3/16	12-9/16	12-11/16	9-5/16	4	111
036070	14-3/16	12-9/16	12-11/16	9-5/16	4	115
048070	17-1/2	15-7/8	16-1/8	11-9/16	4	126
042090	17-1/2	15-7/8	16-1/8	11-9/16	4	127
048090	21	19-3/8	19-1/2	13-5/16	4	140
060090	21	19-3/8	19-1/2	13-5/16	4	146
036110	17-1/2	15-7/8	16-1/8	11-9/16	4	135
048110	21	19-3/8	19-1/2	13-5/16	4	146
066110	21	19-3/8	19-1/2	13-5/16	4	152
048135	21	19-3/8	19-1/2	13-5/16	4*	149
066135	24-1/2	22-7/8	23	15-1/16	4*	163
060155	24-1/2	22-7/8	23	15-1/16	4*	170

* 135 and 155 size furnaces require 5-in. vents. Use a 4-5 in. vent adapter between furnace and vent stack.
† See Installation Instructions for complete installation requirements.

INSTALLATION

MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION
DISTANCE MINIMALE EN POUCES AUX CONSTRUCTIONS COMBUSTIBLES

This forced air furnace is equipped for use with natural gas at altitudes 0-10,000 ft (0-3,050m).

An accessory kit, supplied by the manufacturer, shall be used to convert to propane gas use or may be required for some natural gas applications.

This furnace is for indoor installation in a building constructed on site.

This furnace may be installed on combustible flooring in alcove or closet at minimum clearance as indicated by the diagram from combustible material.

This furnace may be used with a Type B-1 Vent and may be vented in common with other gas fired appliances.

Cette fournaise à air pulsé est équipés pour utilisation avec gaz naturel et altitudes comprises entre 0-3,050m (0-10,000 pi).

Utiliser une trousse de conversion, fournie par le fabricant, pour passer au gaz propane ou pour certaines installations au gaz naturel.

Cette fournaise est prévue pour être installée dans un bâtiment construit sur place.

Cette fournaise peut être installée sur un plancher combustible dans une alcôve ou dans un garde-robe en respectant le minimum d'espace libre des matériaux combustibles, tel qu'indiqué sur le diagramme.

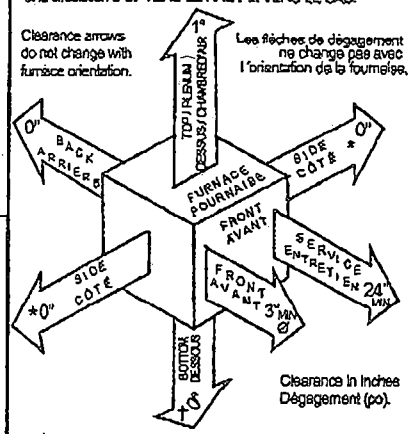
Cette fournaise peut être utilisée avec un conduit d'évacuation de Type B-1 ou connectée au conduit commun d'autres appareils à gaz.

This furnace is approved for UPFLOW, DOWNFLOW, and HORIZONTAL installations.

Cette fournaise est approuvée pour l'installation HORIZONTALE et la circulation d'air VERS LE HAUT et VERS LE BAS.

Clearance arrows do not change with furnace orientation.

Les flèches de dégagement ne change pas avec l'orientation de la fournaise.



Clearance in inches
Dégagement (po).

Vent Clearance to combustibles:
For Single Wall vents 6 inches (6 po).
For Type B-1 vent type 1 inch (1 po).

Dégagement de l'évent avec combustibles:
Pour conduit d'évacuation à paroi simple 6 po (6 inches).
Pour conduit d'évacuation de Type B-1 1 po (1 inch).

MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION

DOWNFLOW POSITIONS:

† Installation on non-combustible floors only.
For installation on combustible flooring only when installed on special base, Part No. KGASB0201ALL, Coil Assembly, Part No. CD5 or CK5, or Coil Casing, Part No. KCAKC.

Ø 18 inches front clearance required for alcove.

* Indicates supply or return sides when furnace is in the horizontal position. Line contact only permissible between lines formed by intersections of the Top and two Sides of the furnace jacket, and building joists, studs or framing.

DÉGAGEMENT MINIMUM EN POUCES AVEC ÉLÉMENTS DE CONSTRUCTION COMBUSTIBLES

POUR LA POSITION COURANT DESCENDANT:

† Pour l'installation sur plancher non combustible seulement.
Pour l'installation sur un plancher combustible seulement quand on utilise la base spéciale, pièce n° KGASB0201ALL, l'ensemble serpentin, pièce n° CD5 ou CK5, ou le carter de serpentin, pièce n° KCAKC.

Ø Dans une alcôve, on doit maintenir un dégagement à l'avant de 18 po (450mm).

* La position indiquée concerne le côté d'entrée ou de retour quand la fournaise est dans la position horizontale.
Le contact n'est permis qu'entre les lignes formées par les intersections du dessus et des deux côtés de la chemise de la fournaise et les solives, montant sous cadre de charpente.

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SPECIFICATIONS continued

UNIT SIZE		060090	036110	048110	066110	048135	066135	060155
RATINGS AND PERFORMANCE								
Input Btuh*	PG8JAA Upflow; all PG8MAA	88,000	110,000	110,000	110,000	132,000	132,000	154,000
Nonweatherized ICS	PG8JAA Downflow/Horizontal	84,000	105,000	105,000	105,000	126,000	126,000	147,000
Output Capacity (Btuh)	PG8JAA Upflow; all PG8MAA	71,000	89,000	89,000	89,000	107,000	107,000	125,000
Nonweatherized ICS†	PG8JAA Downflow/Horizontal	69,000	85,000	85,000	85,000	102,000	102,000	119,000
AFUE†		80.0	80.0	80.0	80.0	80.0	80.0	80.0
Certified Temperature Rise Range °F		25-55	50-80	40-70	30-60	50-80	40-70	45-75
Certified External Static Pressure	Heat/Cool	0.15/0.50	0.20/0.50	0.20/0.50	0.20/0.80	0.20/0.50	0.20/0.50	0.20/0.50
Airflow CFM‡	Heating	1990	1335	1515	1900	1525	1850	1790
	Cooling	2025	1355	1680	2220	1710	2110	2230
ELECTRICAL								
Unit Volts—Hertz—Phase		115-60-1						
Operating Voltage Range	Min-Max	104-127						
Maximum Unit Amps		13.6	8.1	10.0	13.6	10.0	14.4	15.0
Maximum Wire Length (Measure 1 Way in Ft)		32	34	28	32	28	30	28
Minimum Wire Size		12	14		12	14	12	
Maximum Fuse or Ckt Bkr Size (Amps)**		20	15		20	15	20	
Transformer (24v)		40va						
External Control	Heating	12va						
Power Available	Cooling	35va						
Air Conditioning Blower Relay		Standard						
CONTROLS								
Limit Control		SPST						
Heating Blower Control		Solid-State Time Operation						
Burners (Monoport)		4	5	5	5	6	6	7
Gas Connection Size		1/2-in. NPT						
GAS CONTROLS								
Gas Valve (Redundant)		White Rodgers						
	Min Inlet Pressure (in. wc)	4.5 (Natural Gas)						
	Max Inlet Pressure (in. wc)	13.6 (Natural Gas)						
Ignition Device		Hot Surface						
BLOWER DATA								
Direct-Drive Motor HP (PSC)		3/4	1/3	1/2	3/4	1/2	3/4	3/4
Motor Full Load Amps		11.1	5.2	7.9	11.1	7.9	11.1	11.1
RPM (Nominal)-Speeds		1075-3	1075-3	1075-3	1075-3	1075-3	1075-3	1075-3
Blower Wheel Diameter x Width (in.)		11 x 11	10 x 8	10 x 10	11 x 11	10 x 10	11 x 11	11 x 11
FILTER ARRANGEMENT		External filter rack required						

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas Code Table F4 or furnace installation instructions. In Canada, derate the unit 10 percent for elevations 2000 ft to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply for the as-shipped speed tap. For air delivery above 1800 CFM, see Air Delivery table for other options. A filter is required for each return-air supply. An airflow reduction of up to 7 percent may occur when using the factory-specified 4-5/16 in. wide, high efficiency media filter.

** Time-delay type is recommended.

ICS Isolated Combustion System

SPECIFICATIONS

UNIT SIZE		024045	036045	024070	036070	048070	042090	048090
RATINGS AND PERFORMANCE								
Input Btuh*	PG8JAA Upflow; all PG8MAA	44,000	44,000	66,000	66,000	66,000	88,000	88,000
Nonweatherized ICS	PG8JAA Downflow/Horizontal	42,000	42,000	63,000	63,000	63,000	84,000	84,000
Output Capacity (Btuh)	PG8JAA Upflow; all PG8MAA	35,000	36,000	53,000	54,000	53,000	71,000	71,000
Nonweatherized ICS†	PG8JAA Downflow/Horizontal	34,000	34,000	51,000	51,000	51,000	68,000	68,000
AFUE†		80.0	80.0	80.0	80.0	80.0	80.0	80.0
Certified Temperature Rise Range °F		30-60	20-50	40-70	30-60	25-55	40-70	30-60
Certified External Static Pressure	Heat/Cool	0.10/0.50	0.10/0.50	0.12/0.50	0.12/0.50	0.12/0.50	0.15/0.50	0.15/0.50
Airflow CFM‡	Heating	920	1250	720	1195	1450	1375	1505
	Cooling	845	1160	900	1200	1530	1385	1720
ELECTRICAL								
Unit Volts—Hertz—Phase		115-60-1						
Operating Voltage Range	Min-Max	104-127						
Maximum Unit Amps		5.6	7.0	5.0	8.7	9.4	8.1	9.8
Maximum Wire Length (Measure 1 Way In Ft)		47	39	52	40	29	34	28
Minimum Wire Size		14						
Maximum Fuse or Ckt Bkr Size (Amps)**		15						
Transformer (24v)		40va						
External Control Power Available	Heating	12va						
	Cooling	35va						
Air Conditioning Blower Relay		Standard						
CONTROLS								
Limit Control		SPST						
Heating Blower Control		Solid-State Time Operation						
Burners (Monoport)		2	2	3	3	3	4	4
Gas Connection Size		1/2-in. NPT						
GAS CONTROLS								
Gas Valve (Redundant)		White Rodgers						
	Min Inlet Pressure (In. wc)	4.5 (Natural Gas)						
	Max Inlet Pressure (In. wc)	13.6 (Natural Gas)						
Ignition Device		Hot Surface						
BLOWER DATA								
Direct-Drive Motor HP (PSC)		1/5	1/3	1/5	1/3	1/2	1/3	1/2
Motor Full Load Amps		2.9	5.2	2.9	5.2	7.9	5.2	7.9
RPM (Nominal)-Speeds		1075-3	1075-3	1075-3	1075-3	1075-3	1075-3	1075-3
Blower Wheel Diameter x Width (in.)		10 x 6	10 x 6	10 x 6	10 x 6	11 x 8	10 x 8	10 x 10
FILTER ARRANGEMENT		External filter rack required						

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas Code Table F4 or furnace Installation Instructions. In Canada, derate the unit 10 percent for elevations 2000 ft to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply for the as-shipped speed tap. For air delivery above 1800 CFM, see Air Delivery table for other options. A filter is required for each return-air supply. An airflow reduction of up to 7 percent may occur when using the factory-specified 4-5/16 in. wide, high efficiency media filter.

** Time-delay type is recommended.

ICS Isolated Combustion System

N/A Not Applicable