BLOCK 1170.01 LOT 1 ADDRESS(site) 1658 Route 88 West PERMIT NO 2977-93

RECEIVED
DEC 17 1993
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

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

I. IDENTIFICATION

1. Proposed Work-site at: 1658 Route 88 West
2. Name of Owner in Fee: Bernard Auerbach Tel. (908) 323-0593
   Address 1050 A Thornberry Lane (street) Lakehurst (municipality) N.J. (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Four Seasons Service Co. Tel. (908) 364-9246
   Address 198 Ocean Ave Lakewood, N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-6101988 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work Jim Gibson Tel. (908) 364-9246

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		40.-	
3. Plumbing		33.-	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$	73	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		2.-	
10. Subtotal	$		
11. Cert. of Occupancy		20.-	
12. Other			
13. TOTAL	$	95.-	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Oil & gas

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	500
7. ☐ Plumbing	1565
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	2065

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			12/20/93		1-10-94		
			12/24/93		1-11-94		

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

LDS BR 10404705

U.C.C. F-100B

PRO 101 B

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Four Seasons Service Co.

Address 198 Ocean Ave
Lakewood. N J.

Telephone (908) 364-9276

Signature Jim Gibson Date 12/16/94

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ *Soil Conservation*									
☐ NJ Department of Community Affairs									
☐ NJ Department of Transportation									
☐ NJ Department of Environmental Protect.									
☐ 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.				

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 1170.01 Lot 1

Work Site Location 1658 Route 88 west
Brickton, N.J.

Owner in Fee Bernard Auerbach
Address 1030 A Thornbury Lane
Lakehurst, N.J.
Tele. (908) 323-0593

Contractor Four Seasons Service Co.
Address 198 Ocean Ave
Lakewood, N.J.
Tele. (908) 364-9246
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-6101988
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK: Replace Gas Furnace
Run Gas Lines

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 2065.00

PAYMENTS (Office Use Only)
Building
Plumbing
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

U C C. Form 1708

CONSTRUCTION PERMIT

Date Issued 12-29-93
Control # 2977-93
Permit # 2977-93

IDENTIFICATION Block 1170.01 Lot 1

Work Site Location 1658 Rt. 88 W. Contractor Four Seasons Service Co

Address

Owner in Fee Bernard Weinbach

Address 1630A Thornberry La Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Oakhurst, NJ. Federal Emp. No.

Tele. ( ) or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

oil to gas

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 2065.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	LOT	0.00
	PLANNING	10.00
Building	FIRE	3.00
Plumbing 40.	D.C.A.	2.00
Electrical	C / O	20.00
Fire Protection 33.	TOTAL	95.00
Other	CASH	95.00
Other	CHANGE	0.00
DCA Training Fee 2.	0012A005	0.21
Cert. of Occ. 20.		
Other		
Total 95.		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-29-93
Control #
Permit # 2977-93

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

Block 1170.01 Lot 1
Work Site Location 1658 Route 88 West
Bricktown, N.J.
Owner in Fee Bernard Auerbach (Tee Jays)
Address 1030A Thornbury Lane
Lakehurst N.J.
Tele. (908) 323-0593
Contractor Four Seasons Service Co.
Address 198 Ocean Ave
Lakehurst. N.J.
Tele. (908) 364-9216
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [✓] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: Combustible Cell
Total Est. Cost of Fire Prot. Work $ 500 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 12/20/93
Approved by: JC
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 1-10-94
Approved by: JC

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			1-10-94	JC
TCO				
Other				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work oil to Gas

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	✓	33
OTHER		
Administrative Surcharge		$ 33-
Minimum Fee		$
TOTAL FEE		$

Paid [ ] Check # _____
Collected by _____

U.C.C. Form F-140A

1 White = Applicant Copy
3 Pink = Tax Assessor Copy
Canary = Office Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-29-93
Control #
Permit # 2977-93

cal to go

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

Block 1170.01 Lot 1
Work Site Location 1658 Route 88 West
Bricktown, N.J.
Owner in Fee Bernard Auerbach
Address 1030 A Thornbrey Lane
Lakehurst, N.J.
Tele. (908) 323-0593
Contractor Four Seasons Service Co.
Address 198 Ocean Ave
Lakewood, N.J.
Tele. (908) 364-9246
Lic. No.
Federal Emp. No. 22-6101988 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 1565

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12/20/93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 1-11-94

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas ~~Equipment~~ Lines			12-30-93	Jack
Gas Piping				
Solar				
TCO				

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.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
✓	Other FURNACE	15

Administrative Surcharge $ 40-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

55 gallon tank already

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A. J. Cierzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

Re: Tank Removals and Demolitions

From: Arthur J. Cierzo, Construction Code Official

Please advise all applicants for the above that they must send a copy of attached application to the State within thirty days prior to the beginning of work, they must also submit certification on tanks being emptied and purged to the building department with a receipt from where tanks are discarded before a final can be signed off.

AJC/jss

ASBESTOS ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project:

Street:

Town:

Contractor: Lic No:
Address:

A.S.C.M.: Lic No:
Address:

OSHA Air Monitor:
Address:

Building Owner: Mtn. Averbrook
Street: 1658 Route 88 West
Town: Brickstown, NJ.
Phone: County: Zip:

Engineer/Architect:

Street:
Town:
Phone: ( ) - County: Zip:

Waste Hauler: Four Seasons Service Co. Lic. No.:
Address: / Toms

Land Fill:
Town:

Job Size: (Circle One) Minor Small Large

Quantity of Waste Generated: CU. Yds.:
(All Applicable) Linear Footage:
Sq. Footage:

Proposed Start Date: Proposed Finish Date:

Cost of work:$

(To be filled in by the Construction Official)
Construction Permit No.: Date Issued: / /

0843A
1/19/89

STATE OF NEW JERSEY

THOMAS H. KEAN
GOVERNOR

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT

ANTHONY M. VILLANE JR., D.D.S.
COMMISSIONER

3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

_____

1256A
3/15/88

ASBESTOS JOBS

Under D.C.A. Subchapter 8

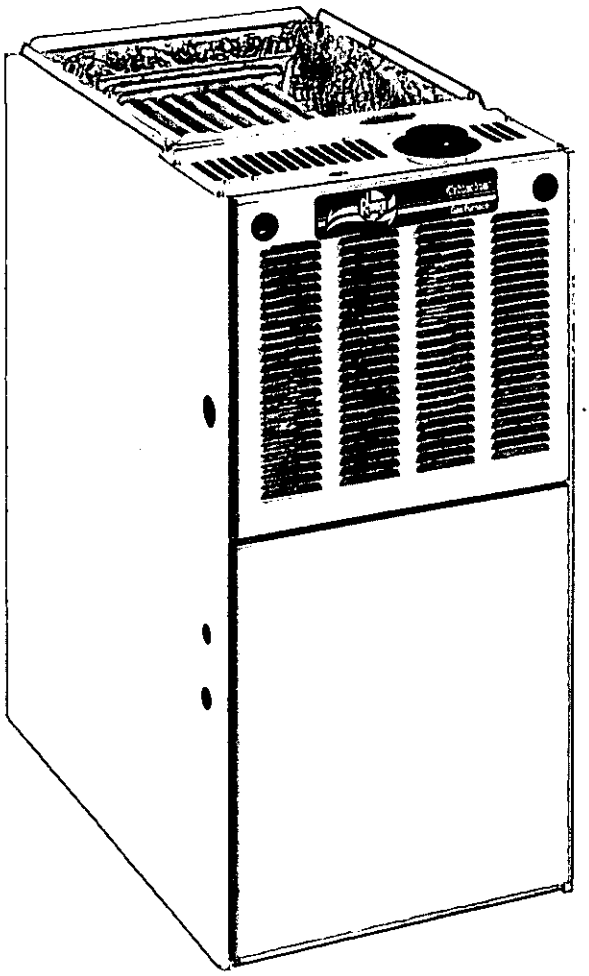
	LARGE	SMALL	MINOR
uare Feet	≥ 160	< 160 to > 25	≤ 25
ıear Feet	≥ 260	< 260 to > 10	≤ 10
:ker Training	5 day (W)	5 day (W)	2 day (M&C)
. Permit	Yes	Yes	No
ıtractor License	Yes	Yes	No
ıstruction Permit	Yes	Yes	No
:ice to Adm. Authority	Yes	Yes	No
ıpletion Report to Adm. Av.	Yes	Yes	No
ıtractor Daily Log	Yes	Yes	Yes
ıtractor Written Emerg. Plan	Yes	No[1,2]	N/A
	Yes	No[1,2]	N/A
on. Unit	Yes	No[2]	No
k Area Enclosure	Yes	Yes	General Isolation[3]
. Air Filtration	Yes	No[2]	No
ly Air Monitoring	Yes	No[2]	No
ke Test[4]	Yes	No[2]	No
al Air Sample	Yes	Yes	Yes(glovebag)
commencement Inspection	Yes	Yes	No
gress Inspection	Yes	Yes	No
-Sealent Inspection	Yes	No[1,2]	No
n-Up Inspection	Yes	Yes	No
:oved Landfill	Yes	Yes	Yes

notes

Highly recommended.
ASCM may request variance.
Ground cover, local vents sealed, etc.
Smoke test is required for all glovebag type removals.

FORM NO. G11-442 REV. 2
Supersedes Form No. G11-442 Rev. 1

GAS FURNACES



RGDG- SERIES

Models with Input Rates from 50,000 to 150,000 BTU/HR (U.S. & Canadian Models)

CRITERION® 78%-80% A.F.U.E.† UPFLOW GAS FURNACES

The Rheem® Criterion® line of upflow gas furnaces are designed for utility rooms, closets, or alcoves. **Because of the Criterion's low-profile 34 inch height, the upflow model can also be used to satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by the American Gas Association. Canadian models are certified by the Canadian Gas Association.

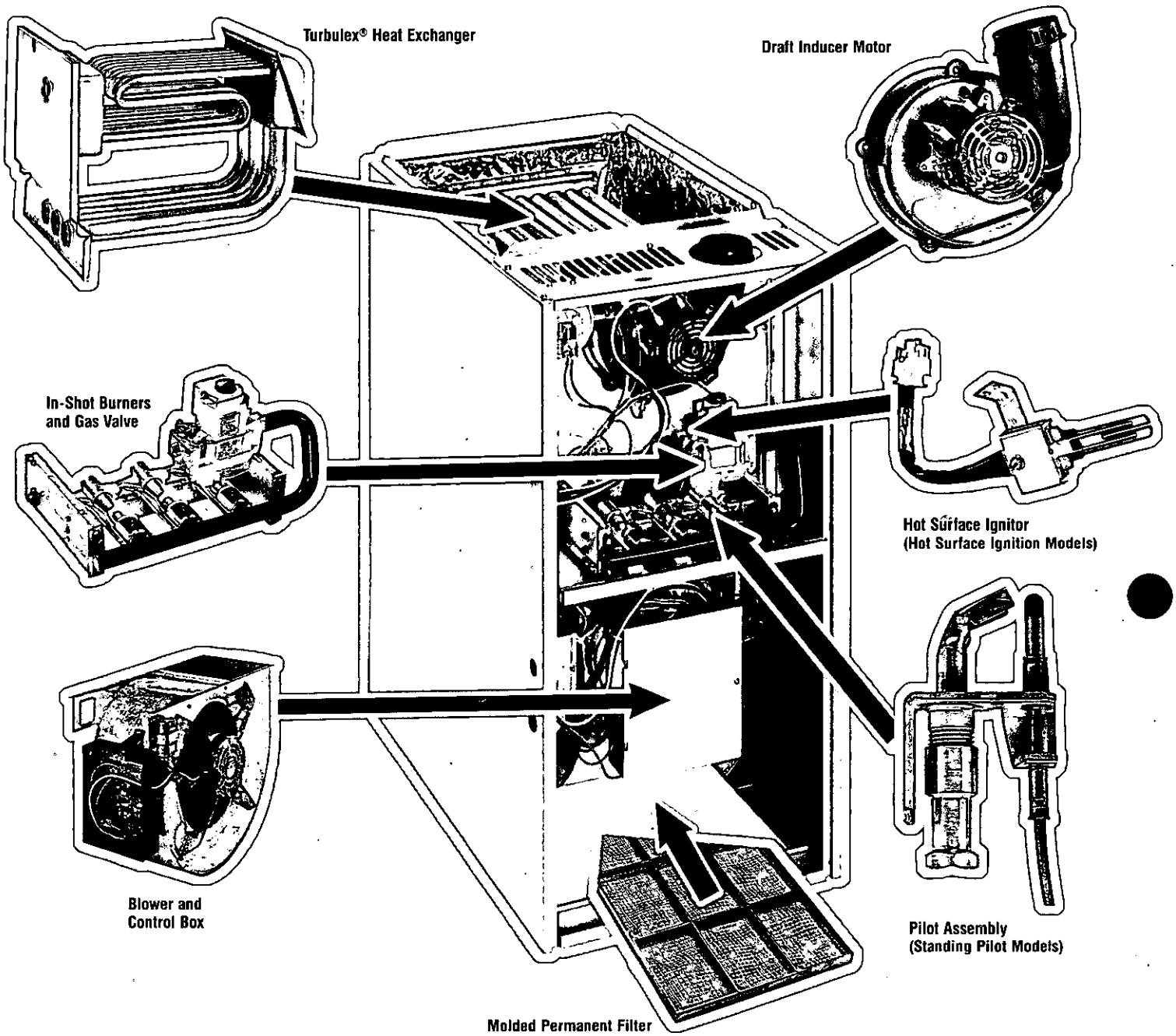
Features

- Patented Turbulex® Heat Exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" design is lighter and easier to handle, and leaves room for optional equipment.
- Both standing pilot and hot surface ignition models available.
- Left or right side gas and electric inlet connections with quick, simple change.
- Hot surface ignition models feature an integrated board with humidifier and electronic air cleaner hookups. An accessory kit is available for standing pilot models.
- Insulated blower compartment, a slow-open gas valve and a specially designed draft inducer motor make it one of the quietest furnaces on the market today.
- Integrated solid state control board.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

A variety of cooling coils and plenums designed to use with Rheem Criterion gas furnaces are available as optional accessories for air conditioning models.

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

RHEEM CRITERION 78-80% UPFLOW GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.)

OPTIONAL EQUIPMENT

Side filter frame assembly. Return air cabinet for all sizes. (See Page 5)

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Rheem distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Rheem parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form No. 92-21519-30 for U.S. models and Form No. 92-21519-31 for Canadian models.

WARNING

THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR USE IN MOBILE HOMES

BLOWER PERFORMANCE DATA—UPFLOW MODELS

MODEL NUMBER	BLOWER SIZE	MOTOR H.P.	BLOWER SPEED	CFM AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN						
				.7	.6	.5	.4	.3	.2	.1
RGDG-050AUE*	11 x 6	1/2	LOW	575	605	635	680	695	715	735
RGDG-05MAUER			MED-LO	895	920	940	955	970	980	990
RGDG-05EAUE*			MED-HI	1060	1085	1105	1125	1150	1170	1190
RGDG-05NAUER			HIGH	1250	1290	1320	1350	1390	1440	—
RGDG-075AUE*	11 x 6	1/2	LOW	800	820	840	855	870	885	900
RGDG-07MAUER			MED	995	1020	1045	1060	1080	1095	1115
RGDG-07EAUE*			HIGH	1160	1200	1235	1265	1295	1320	1345
RGDG-07NAUER										
RGDG-075AMG*	11 x 7	3/4	LOW	985	1010	1025	1035	1040	1045	1050
RGDG-07MAMGR			MED-LO	1105	1135	1155	1170	1185	1195	1205
RGDG-07EAMG*			MED-HI	1385	1425	1450	1480	1510	1535	1565
RGDG-07NAMGR			HIGH	1475	1525	1585	1640	1690	1740	—
RGDG-100AUE*	11 x 6	1/2	LOW	770	795	810	830	845	860	875
RGDG-10MAUER	11 x 6		MED	920	945	970	990	1010	1030	1050
RGDG-10EAME*	11 x 7		HIGH	1120	1120	1155	1190	1220	1250	1280
RGDG-10NAMER	11 x 7									
RGDG-100BRJ*	11 x 10	3/4	LOW	1095	1110	1120	1125	1130	1135	1140
RGDG-10MRJR			MED-LO	1265	1285	1300	1310	1315	1320	1325
RGDG-10EBRJ*			MED-HI	1615	1655	1680	1705	1725	1735	1745
RGDG-10NBRJR			HIGH	1865	1935	2010	2080	2145	2200	—
RGDG-125ARJ*	11 x 10	3/4	LOW	1130	1140	1150	1160	1170	1175	—
RGDG-12MARJR			MED-LO	1300	1315	1330	1340	1350	1355	1360
RGDG-12EARJ*			MED-HI	1665	1710	1740	1760	1775	1780	—
RGDG-12NARJR			HIGH	1895	1975	2050	2120	2195	2285	—
RGDG-150ARJ*	11 x 10	3/4	LOW	1150	1170	1175	1180	1185	1190	1195
RGDG-15MARJR			MED-LO	1300	1330	1345	1360	1365	1375	1385
RGDG-15EARJ*			MED-HI	1655	1695	1735	1775	1800	1830	1845
RGDG-15NARJR			HIGH	1775	1847	1915	1980	2045	2110	—

NOTES: *Designates "R" for U.S. models, and "A" for Canadian models.

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, and Local codes, regulations, and practices.

RHEEM
AIR CONDITIONING
DIVISION

P.O. Box 17010, Fort Smith, Arkansas 72917-7010

"In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice."

PRINTED IN U.S.A. 6-92 BP

FORM NO. G11-442 REV. 2
Supersedes Form No. G11-442 Rev. 1

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS—U.S. MODELS (UPFLOW)

MODEL NUMBERS	RGDG-050AUER RGDG-05MAUER RGDG-05EAUER RGDG-05NAUER	RGDG-075AUER RGDG-07MAUER RGDG-07EAUER RGDG-07NAUER	RGDG-075AMGR RGDG-07MAMGR RGDG-07EAMGR RGDG-07NAMGR	RGDG-100AUER RGDG-10MAUER RGDG-10EAMER RGDG-10NAMER	RGDG-100BRJR RGDG-10MBRJR RGDG-10EBRJR RGDG-10NBRJR	RGDG-125ARJR RGDG-12MARJR RGDG-12EARJR RGDG-12NARJR	RGDG-150ARJR RGDG-15MARJR RGDG-15EARJR RGDG-15NARJR
INPUT-BTU/HR ②	50,000	75,000	75,000	100,000	100,000	125,000	150,000
HEATING CAPACITY BTU/HR	41,000	59,500	60,500	80,000	81,000	99,000	119,500
HEAT EXT. STATIC PRESSURE	.10	.12	.12	.15	.15	.20	.20
BLOWER (D x W)	11 x 6	11 x 6	11 x 7	11 x 6 = RGDG-10*AU 11 x 7 = RGDG-10*AM	11 x 10	11 x 10	11 x 10
MOTOR H.P.—SPEEDS—TYPE	1/2-4-PSC	1/2-3-PSC	3/4-4-PSC	1/2-3-PSC	3/4-4-PSC	3/4-4-PSC	3/4-4-PSC
MOTOR FULL LOAD AMPS	6.8	6.8	9.5	6.8	9.5	9.5	9.5
HEATING SPEED	MED-LOW	MED	MED-LOW	MED	MED-LOW	MED-LOW	MED-LOW
COOLING SPEED	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
COOLING CFM @ .5" E.S.P. (NOMIMAL)	1200	1200	1600	1200	2000	2000	2000
MAX. EXT. STATIC PRESSURE (IN.)	.50	.50	.50	.50	.50	.50	.50
TEMPERATURE RISE RANGE °F	25-55	40-70	25-55	55-85 = RGDG-10*AU 50-80 = RGDG-10*AM	40-70	35-65	50-80
STANDARD FILTER	15 3/4 x 25	15 3/4 x 25	15 3/4 x 25	15 3/4 x 25	19 1/4 x 25	22 3/4 x 25	22 3/4 x 25
APPROX. SHIPPING WEIGHT (LBS.)	85	105	105	115	120	140	150
RETURN AIR CABINETS (OPT.) RXGR-FILTER SIZE	C14B (2) 12 x 16	C17B (2) 12 x 16	C17B (2) 12 x 16	C17B (2) 12 x 16	C21B (2) 20 x 16	C24B (2) 24 x 16	C24B (2) 24 x 16
FILTER FRAME (OPT.) RXGF-FILTER SIZE	Z16B (1) 16 x 25	Z16B (1) 16 x 25	Z33B (2) 16 x 25	Z16B (1) 16 x 25	Z33B (2) 16 x 25	Z33B (2) 16 x 25	Z33B (2) 16 x 25
AFUE-STANDING PILOT MODELS ①	78.7%	78.7%	78.6%	78%	78.6%	78.2%	78.1%
AFUE-H.S.I. MODELS ①	81.4%	80.6%	80.5%	80%	80.1%	80%	80%
CALIFORNIA SEASONAL EFFICIENCY-H.S.I./NO_x MODELS	74.9/75.4	74.9/75.4	74.7/75.3	75.4/75.4	73.9/74.5	74.2/74.2	74.7/74.7

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-30 for high altitude derate.

PHYSICAL DATA AND SPECIFICATIONS—CANADIAN MODELS (UPFLOW)

MODEL NUMBERS	RGDG-050AUEA RGDG-05EAUEA	RGDG-075AUEA RGDG-07EAUEA	RGDG-075AMGA RGDG-07EAMGA	RGDG-100AUEA RGDG-10EAMEA	RGDG-100BRJA RGDG-10EBRJA	RGDG-125ARJA RGDG-12EARJA	RGDG-150ARJA RGDG-15EARJA
INPUT-BTU/HR ②	50,000	75,000	75,000	100,000	100,000	125,000	150,000
HEATING CAPACITY BTU/HR	41,000	59,500	60,500	80,000	81,000	99,000	119,500
HIGH ALTITUDE INPUT	45,000	67,500	67,500	90,000	90,000	112,500	135,000
HIGH ALTITUDE OUTPUT CAPACITY	36,500	53,500	54,000	72,000	72,500	89,000	107,500
HEAT EXT. STATIC PRESSURE	.10	.12	.12	.15	.15	.20	.20
BLOWER (D x W)	11 x 6	11 x 6	11 x 7	11 x 6 = RGDG-10*AU 11 x 7 = RGDG-10*AM	11 x 10	11 x 10	11 x 10
MOTOR H.P.—SPEEDS—TYPE	1/2-4-PSC	1/2-3-PSC	3/4-4-PSC	1/2-3-PSC	3/4-4-PSC	3/4-4-PSC	3/4-4-PSC
MOTOR FULL LOAD AMPS	6.8	6.8	9.5	6.8	9.5	9.5	9.5
HEATING SPEED	MED-LOW	MED	MED-LOW	MED	MED-LOW	MED-LOW	MED-LOW
COOLING SPEED	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
COOLING CFM @ .5" E.S.P. (NOMINAL)	1200	1200	1600	1200	2000	2000	2000
MAX. EXT. ST. PRESSURE (IN.)	.50	.50	.50	.50	.50	.50	.50
TEMPERATURE RISE RANGE °F	25-55	40-70	25-55	55-85 = RGDG-10*AU 50-80 = RGDG-10*AM	40-70	35-65	50-80
STANDARD FILTER	15 3/4 x 25	15 3/4 x 25	15 3/4 x 25	15 3/4 x 25	19 1/4 x 25	22 3/4 x 25	22 3/4 x 25
APPROX. SHIPPING WEIGHT (LBS.)	85	105	105	115	120	140	150
RETURN AIR CABINETS (OPT.) RXGR-FILTER SIZE	C14B (2) 12 x 16	C17B (2) 12 x 16	C17B (2) 12 x 16	C17B (2) 12 x 16	C21B (2) 20 x 16	C24B (2) 24 x 16	C24B (2) 24 x 16
FILTER FRAME (OPT.) RXGF-FILTER SIZE	Z16B (1) 16 x 25	Z16B (1) 16 x 25	Z33B (2) 16 x 25	Z16B (1) 16 x 25	Z33B (2) 16 x 25	Z33B (2) 16 x 25	Z33B (2) 16 x 25
AFUE-STANDING PILOT MODELS ①	78.7%	78.7%	78.6%	78%	78.6%	78.2%	78.1%
AFUE-H.S.I. MODELS ①	81.4%	80.6%	80.5%	80%	80.1%	80%	80%

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-31 for high altitude derate.

MODEL IDENTIFICATION—UPFLOW MODELS

R	G	D	G	—	07E	A	U	E	R
Rheem	Gas Furnace	Upflow	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type

Standing Pilot	NO_x Model	Hot Surface Ignition	NO_x Model	Input BTU/HR
050	05M	05E	05N	50,000
075	07M	07E	07N	75,000
100	10M	10E	10N	100,000
125	12M	12E	12N	125,000
150	15M	15E	15N	150,000

A = Std. Cabinet
B = Wide Cabinet

U = 11 x 6
M = 11 x 7
R = 11 x 10

E = 1100-1330 CFM
G = 1450-1750 CFM
J = 1800-2075 CFM

R = Natural Gas, U.S. Standard Furnace
A = Natural Gas, Canadian Standard Furnace

UPFLOW DIMENSIONS

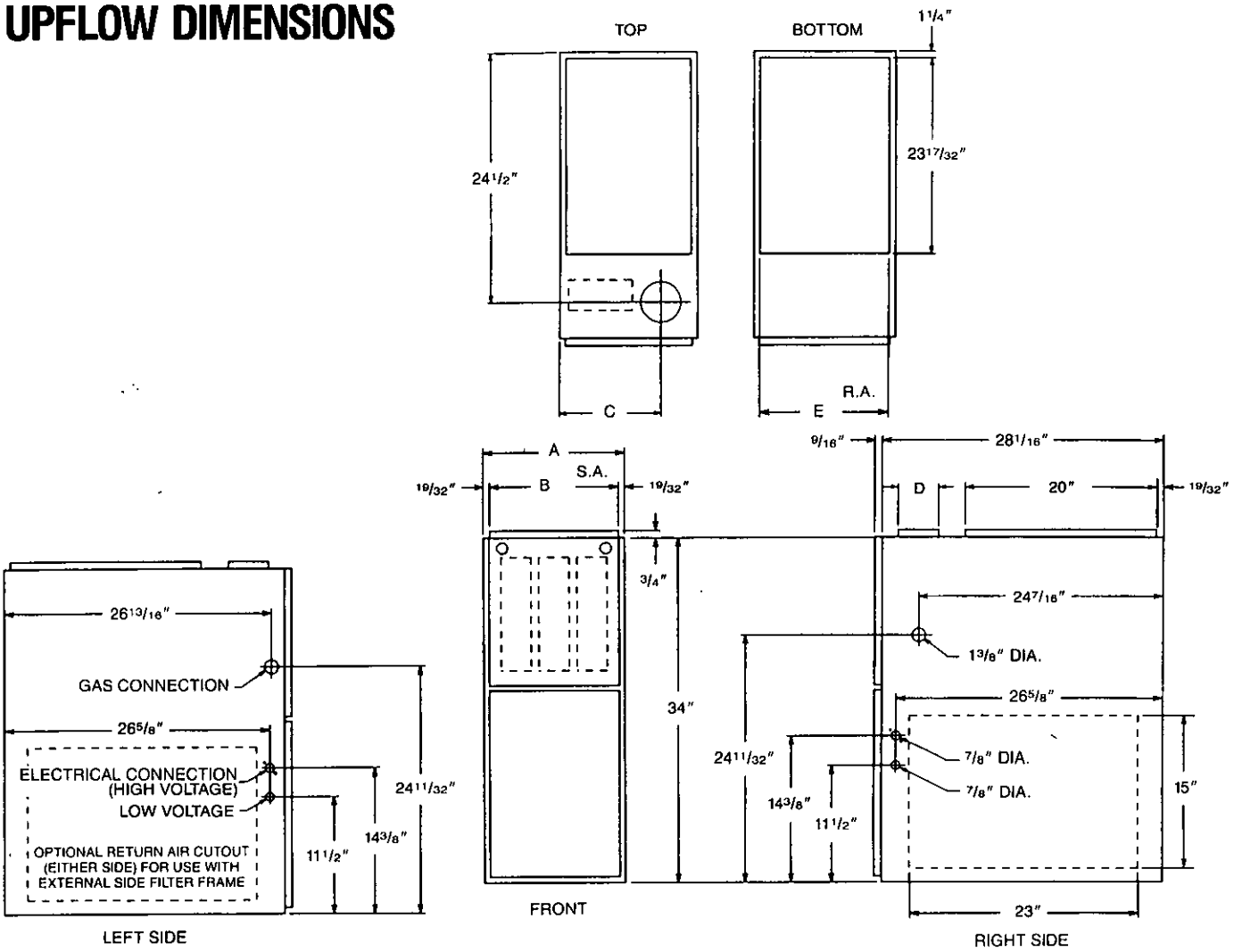


TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES)

MODEL	A	B	C	D	E	REDUCED CLEARANCES (IN.)					
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT
RGDG-05	14	12 27/32	10 3/8	Ⓐ	11 1/2	0	4Ⓑ	0	1	6	6Ⓒ
RGDG-07	17 1/2	16 11/32	12 1/8	Ⓐ	15	0	3Ⓑ	0	1	6	6Ⓒ
RGDG-10(-)A	17 1/2	16 11/32	12 1/8	Ⓐ	15	0	3Ⓑ	0	1	6	6Ⓒ
RGDG-10(-)B	21	19 27/32	13 7/8	Ⓐ	18 1/2	0	0	0	1	6	6Ⓒ
RGDG-12	24 1/2	23 11/32	15 5/8	Ⓐ	22	0	0	0	1	6	6Ⓒ
RGDG-15	24 1/2	23 11/32	15 5/8	Ⓐ	22	0	0	0	1	6	6Ⓒ

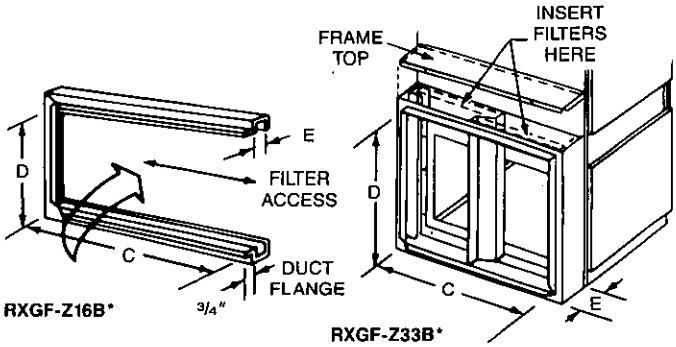
NOTES: Ⓐ Vent diameter connection as shipped from the factory is 3". Certain installations will require a 3" to 4" or 3" to 5" adaptor.
Ⓑ May be 0" with type "B-1" vent.
Ⓒ May be 1" with type "B-1" vent.
Furnaces must be vented in accordance with AGA/GAMA rating guidelines included with each furnace, and in accordance with local codes.

ACCESSORIES—UPFLOW

PLENUM DATA

Plenum adapters are required in some instances for use on upflow applications when plenum and furnace size do not match.

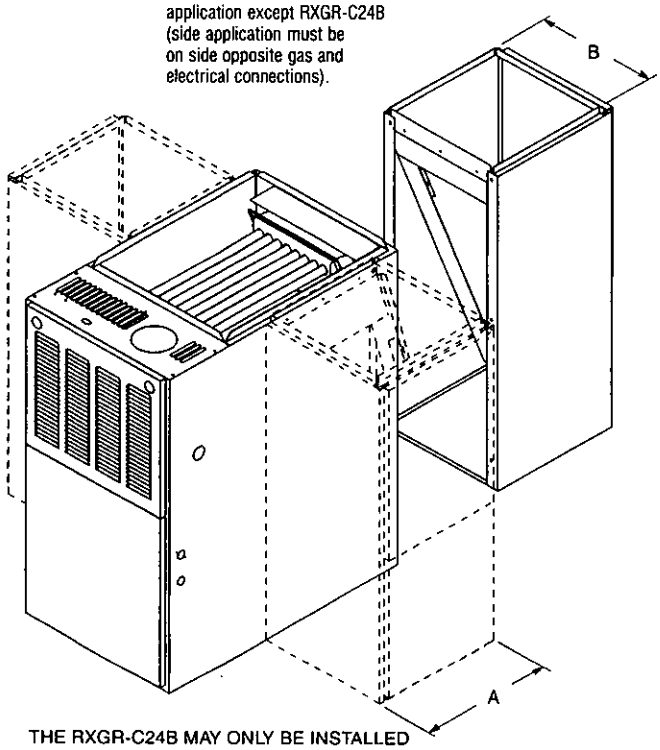
FURNACE WIDTH	PLENUM WIDTH	PLENUM ADAPTER UPFLOW	COIL PLENUM
14	16 1/4	RXAA-C171	RXAL-B16BU
14	20 1/4	RXAA-C172	RXAL-B20BU
17 1/2	16 1/4	RXAA-C185	RXAL-B16BU
17 1/2	20 1/4	RXAA-C173	RXAL-B20BU
17 1/2	21 5/8	RXAA-C187	RXAL-B21BU
17 1/2	25 1/4	RXAA-C174	RXAL-B25BU
21	25 1/4	RXAA-C175	RXAL-B25BU
21	22 1/4	RXAA-C176	RXAL-B22BU
21	21 5/8	RXAA-C188	RXAL-B21BU
24 1/2	25 1/4	RXAA-C177	RXAL-B25BU
24 1/2	21 5/8	RXAA-C187	RXAL-B21BU



EXTERNAL SIDE FILTER FRAMES	C	D	E
RXGF-Z16B	23	14	1 1/4
RXGF-Z33B	26 1/2	23 1/2	6

NOTE: C and D are plenum dimensions.
*Filters supplied with filter frame.

ACCESSORY RETURN AIR CABINETS
Return Air Cabinets may be installed on rear or either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MAY ONLY BE INSTALLED ON REAR AND LEFT SIDES.

RETURN AIR CABINETS	A	B	FILTER SIZE
RXGR-C14B	14	12 27/32	(2) 12 x 16
RXGR-C17B	17 1/2	16 11/32	(2) 12 x 16
RXGR-C21B	21	19 27/32	(2) 20 x 16
RXGR-C24B	24 1/2	23 11/32	(2) 24 x 16

RXGW-AAA01

Humidifier and Electronic Air Cleaner Accessory Board for Robertshaw Control RBC1 and Honeywell ST9101A 1014 Blower Controls.
NOTE: Available for standing pilot models only.

RXPF-E01

FOSSIL FUEL KIT—is for use with Rheem Heat Pumps and Criterion warm air furnaces.

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE OR REAR AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS.

FURNACE WIDTH	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE
14	RXGB-B14	AE-61229-02	12 3/4 x 24 11/16
17 1/2	RXGB-B17	AE-61229-03	16 1/4 x 24 11/16
21	RXGB-B21	AE-61229-04	19 3/4 x 24 11/16
24 1/2	RXGB-B24	AE-61229-05	23 1/4 x 24 11/16

GENERAL TERMS OF LIMITED WARRANTY*

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Gas Heat Exchanger Warranty . . . . . Twenty (20) Years
Draft Inducer Warranty . . . . . Five (5) Years
Integrated Blower Control Board Warranty . . . Five (5) Years
(Standing Pilot and Hot Surface Ignition Boards)
Any Other Part . . . . . One (1) Year

***For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Factory for a Copy.**