BLOCK 1170 LOT 16.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-3942

CONSTRUCTION PERMIT APPLICATION C-17-005283

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

I. IDENTIFICATION

1. Proposed Work Site at: 982 Falkenberg Rd Brick
2. Name of Owner in Fee: Corp. Laura McKinney
   Tel [redacted] e-mail [redacted]
   Address 402 Stuyvesant St (sheet) For Red River (municipality) NJ (zip code) 08731
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: C. Simone Heating & Air Cond. Tel. (732) 735-6462
   Address 23 Ravenna Rd. e-mail CSimoneHVAC@gmail.com
   Manchester N.J. 08759
   License No. OR, if new home, Builder Reg. No. 19HC00743400 Exp. Date 6/30/2018
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00438100
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Christopher Simone
   Tel. (732) 735-6462 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150 ✓	
3. Plumbing			
4. ~~Fire Protection~~ N		125 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
Subtotal	$		
Cert. of Occupancy			
12. Other			
13. TOTAL	$	275	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	250.00								
☒ Plumbing	250.00								
☐ Fire Protection									
☐ Elevator									
TOTAL COST $500.00									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/19/2018
Control Number C-17-005283
Permit Number 17-3942
Permit Issue Date 12/4/2017
Certificate Number 17-3942

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 982 FALKENBURG RD. Brick Township, NJ Block: 1170 Lot: 16.01 Qual:

Owner in Fee: MAHONEY, SEAN & LAURA

Owner Address: 402 STUYVESANT ST FORKED RIVER NJ 08731

Telephone: [redacted]

Contractor C. SIMONE HEATING & AIR CONDITIONING

Address 23 RAVENNA ROAD MANCHESTER NJ 08759

Telephone: (732) 735-6462 Fax:

License Number or Builders Registration Number: 19HC00743400 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT BOILER

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/19/2018

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

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 C. Simone Heating & Air Conditioning

Address 23 Ravenna Rd Manchester N.J. 08759

Telephone (732) 735-6468

Signature Christopher A. Simone

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/4/17
Control # 394L
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 1170 Lot 16.01 Qualification Code

Work Site Location 982 Falkenberg Rd. Brick N.J.

Owner [redacted]

Tel. [redacted]

Address 402 Stuyvesant St. Forked River N.J. 08731
street municipality zip code

Contractor: C. Simone Heating & Air Conditioning Tel.

Address 23 Ravenna Rd e-mail CSimoneHVAC@gmail.com
Manchester N.J. 08759

Contractor License No. 19HC00743400 Exp. Date 6/30/2018

Home Improvement Contractor Registration No. or Exemption Reason 13VH00438100

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Christopher A. Simone

Print name here: Christopher A. Simone

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Apply for Permit & correct existing boiler install

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1	15A	Gas Boiler	
		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	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/16/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	1-9-18	VMA	1-12-18	MA
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 12/4/17
Control # 3942

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

Block 1170 Lot 16.01 Qualification Code

Work Site Location Sean Maloney
982 Falkenberg Rd. Brick N.J.

Owner [redacted]

Tel. [redacted]

Address 402 Stuyvesant st. Forked River N.J. 08731
street municipality zip code

Contractor: C. Simone Heating & Air Cond. Tel. 732 735-6462

Address 23 Ravenna Rd. Manchester e-mail CSimoneHVAC@gmail.com
N.J. 08759

Contractor License No. 19HC00743400 Exp. Date 6/30/2018

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH00438100

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4, or R-5 (circle one) Proposed: R-3, R-4, or R-5 (circle one)

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

Type: [X] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 1-18-18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL	1-9-18	1-12-18	1-16-18	MW

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner or owner's authorized to make this application.

Sign here: Christopher A. Simone

Print name here: Christopher A. Simone

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Apply for Permit & Correct boiler installation - Previously installed boiler.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
X	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	

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

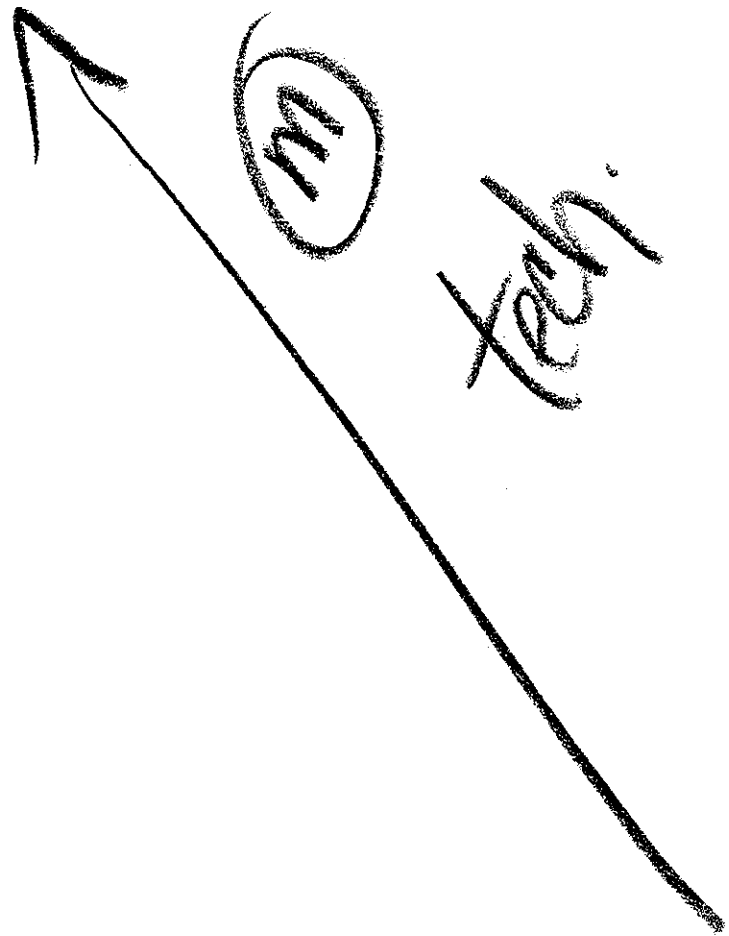
1 White = Inspection Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

U.C.C. F145 (rev. 11/09)
Internet version

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

1-9-18 - mm lb area

1-9-18 /D
No Entry 10:00 AM
7-12-18 /D
Fix Leaks
strap pipes & Tank
Replace circulator



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 987 Falkenberg Brick N.J.

Owner in Fee Sean Mahoney

Verifying Individual Christopher Simone Company C. Simone Heating & Air Cond

Address 23 Ravenna Rd Manchester N.J. 08759
(City, State, Zip Code)

Tel [redacted] Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: **Size** 7"X6"

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Boiler	Oil / Gas / Other: gas	62,000 BTUs
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER Not needed

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [X] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Christopher A Simone 1/11/2018
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

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

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION

CONSTRUCTION PERMIT

Date Issued 12/4/17
Control # C-17-005283
Permit # 17-3942

IDENTIFICATION Block: 1170 Lot: 16.01 Qualifier
Work Site Location: 982 FALKENBURG RD. Brick Township, NJ
Owner in Fee MAHONEY, SEAN & LAURA
402 STUYVESANT ST FORKED RIVER NJ 08731
Telephone: [redacted]

Contractor C. SIMONE HEATING & AIR CONDITIONING
Address 23 RAVENNA ROAD MANCHESTER NJ 08759
Telephone: (732) 735-6462
Lic. No. or Bldrs. Reg. No. 19HC00743400 19HC00743400
Federal Employee. No. 19HC00743400

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 BOILER

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 $500

Construction Official

12/1/17
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$276
Check No.	1840155844281
Cash	XX03 SERV $0
Credit	#3942 $0
Collected By	CW ELECTR $150.00
	HEAT $125.00
	DCA $1.00
	CHECK $275.00

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

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

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

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

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

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

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

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Sharon
Acting

License Information

Accurate as of November 28, 2017 8:43 AM

Return to Search Results

Name: Christopher A Simone

Address: Manchester,NJ

Profession/License Type: HVACR,Master HVACR Contractor

License No: 19HC00743400

License Status: Active

Status Change Reason: License Issuance

Issue Date: 1/5/2016

Expiration Date: 6/30/2018

Board Action: No

The City of New York requires a Licensed Master Plumber supervise the installation of this product.

The Massachusetts Board of Plumbers and Gas Fitters has approved the Force™ Series Boiler. See the Massachusetts Board of Plumbers and Gas Fitters website, **http://license.reg.state.ma.us/pubLic/pl_products/pb_pre_form.asp** for the latest Approval Code or ask your local Sales Representative.

The Commonwealth of Massachusetts requires this product to be installed by a licensed Plumber or Gas fitter.

The following terms are used throughout this manual to bring attention to the presence of hazards of various risk levels, or to important information concerning product life.

DANGER

Indicates an imminently hazardous situation which, if not avoided, will result in death, serious injury or substantial property damage.

CAUTION

Indicates a potentially hazardous situation which, if not avoided, may result in moderate or minor injury or property damage.

WARNING

Indicates a potentially hazardous situation which, if not avoided, could result in death, serious injury or substantial property damage.

NOTICE

Indicates special instructions on installation, operation, or maintenance which are important but not related to personal injury hazards.

Table of Contents

AHRI CERTIFIED© www.ahridirectory.org

Table 1A: Ratings

Force Gas Ratings

Boiler Model	Input (MBH)	DOE Heating Capacity (MBH)	Net AHRI Rating Water (MBH) [1]	AFUE (%)
FORCE02	37.5	30	26	82
FORCE03	62	50	43	82
FORCE04	96	78	68	82
FORCE05	130	106	92	82
FORCE06	164	134	117	82
FORCE07	198	164	143	82
FORCE08	232	191	166	82
FORCE09	266	218	190	82
FORCE10	299	244	212	82

[1] Net AHRI Water Ratings shown are based on a piping and pickup allowance of 1.15. Consult manufacturer before selecting boiler for installations having unusual piping and pickup requirements, such as intermittent system operation, extensive piping systems, etc.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 982 Falkenberg Rd. Brick N.J.

Owner in Fee Sean & Lavra Mahoney

Verifying Individual Christopher Simone Company C. Simone Heating & Air Cond.

Address 23 Ravenna Rd. Manchester N.J. 08759
Street City State Zip Code

[redacted] Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: **Size** 6X6½"

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [X] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [X] Chimney-Exterior
- [X] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Hot water boiler	Oil / Gas / Other: Gas	62,000 BTU
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: Deflect-O Model: Easy Liner 5" UL Listing: UL ICUL

Material of Liner: Stainless Steel _____ Aluminum X

Size of Appliance Vent: 4" Size of Liner: 5" Height of Chimney: 15FT

Length of Connector: 2.5FT Vent Connector Rise: _____

How does the appliance vent? [X] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Christopher A. Simone _____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

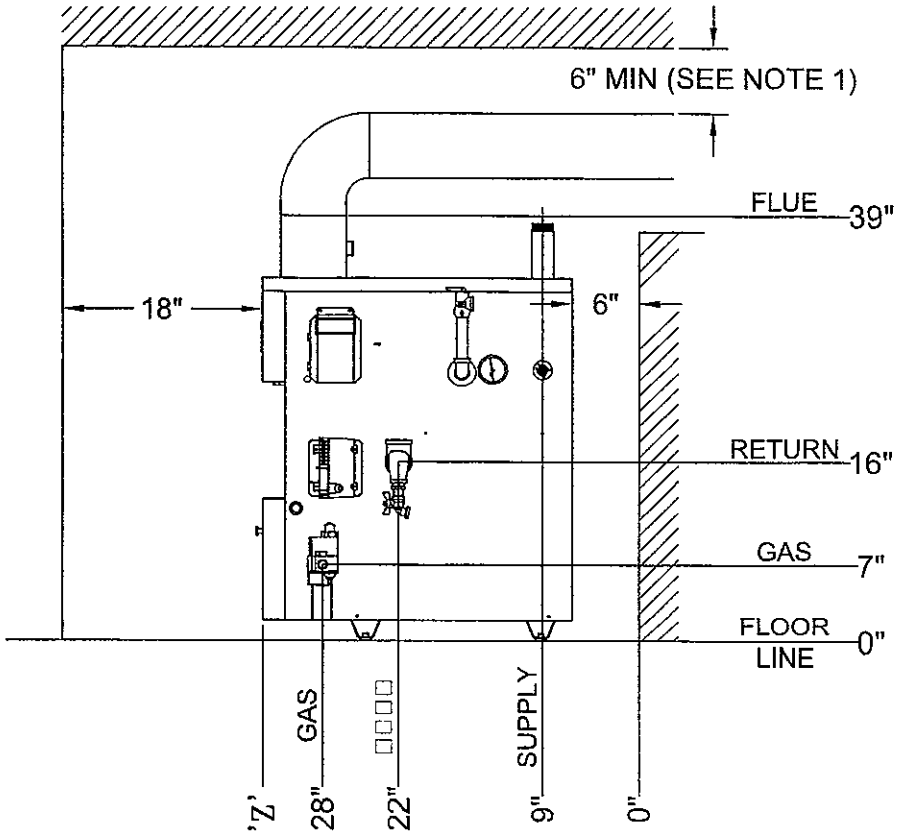
Verification Not Submitted:

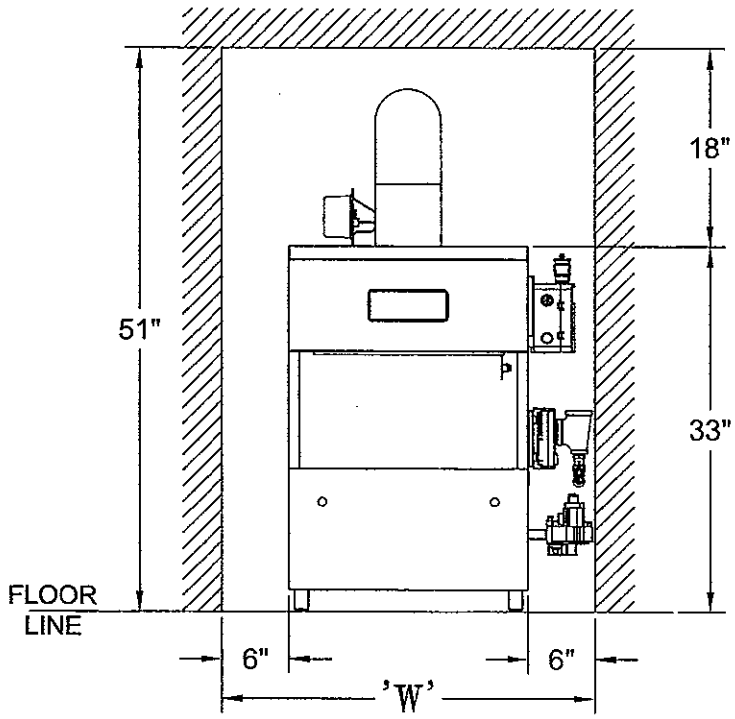
I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

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





MODEL	'W'	'Z'
FORCE02	22.50"	34"
FORCE03	23.75"	
FORCE04	27.00"	
FORCE05	30.25"	
FORCE06	33.50"	
FORCE07	36.75"	36"
FORCE08	40.00"	
FORCE09	43.25"	
FORCE10	46.50"	

NOTES:
1. MINIMAL RADIAL DISTANCE AROUND VENT PIPE AND BREECHING FOR SINGLE-WALL METAL PIPE VENT CONNECTOR. OTHERWISE, FOLLOW VENT CONNECTOR MANUFACTURER'S RECOMMENDED CLEARANCES.
2. ADD HEIGHT REQUIRED TO MAINTAIN 6" CLEARANCE FROM ALL BREECHING COMPONENTS.

Figure 1: Minimum Clearance to Combustible Materials

Table 1B: Dimensions and Connections

Boiler Model	Supply NPT (inch)	Return NPT (inch)	Vent (inch)	Gas NPT (inch)	Relief Valve NPT (inch)	Drain NPT (inch)
FORCE02	1¼	1¼	4	½	¾	¾
FORCE03	1¼	1¼	4	½	¾	¾
FORCE04	1¼	1¼	5	½	¾	¾
FORCE05	1¼	1¼	6	½	¾	¾
FORCE06	1¼	1¼	6	½	¾	¾
FORCE07	1¼	1¼	7	¾	¾	¾
FORCE08	1¼	1¼	7	¾	¾	¾
FORCE09	1¼	1¼	8	¾	¾	¾
FORCE10	1¼	1¼	8	¾	¾	¾

Electrical Requirements: 120VAC, 60 Hz, 1-ph, less than 12A
Maximum Allowable Working Pressure - 50 psi. Boiler shipped from factory with a 30 psi relief valve.

Table 1C: Weights and Volume

Boiler Model	Shipping Weight (lbs)	Water Content (gal)
FORCE02	220	2.4
FORCE03	270	3.2
FORCE04	320	4.0
FORCE05	370	4.7
FORCE06	420	5.5
FORCE07	470	6.3
FORCE08	520	7.0
FORCE09	570	7.8
FORCE10	620	8.6

Technical Product Specifications
Two or More Category "I" Appliances

Appliances Listed For Use With B-Vent Appliances
Gas Vent Capacity For Deflecto's Easy-Liner® Chimney Liners
(Liners Derated 20% From B-Vent Tables)

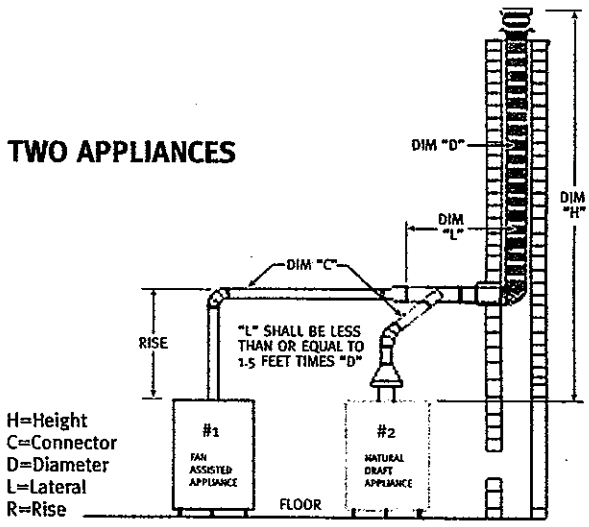
HEIGHT	CONNECTOR	EASY-LINER® COMMON VENT DIAMETER – "D" (INCHES)																	
		4"			5"			5 1/2"			6"			7"			8"		
		COMBINED APPLIANCE INPUT RATING IN THOUSANDS OF BTU PER HOUR																	
"H"	"C"	FAN +fan	FAN +Nat	NAT Nat	FAN +fan	FAN +Nat	NAT Nat	FAN +fan	FAN +Nat	NAT Nat	FAN +fan	FAN +Nat	NAT Nat	FAN +fan	FAN +Nat	NAT Nat	FAN +fan	FAN +Nat	NAT Nat
15'	DOUBLE	100	90	73	156	131	115	190	156	139	227	182	165	342	282	224	445	355	292
	SINGLES	97	86	70	151	127	112	185	152	135	220	177	160	333	274	219	435	347	286
25'	DOUBLE	116	104	88	184	157	138	225	185	165	270	221	198	409	341	268	537	434	350
	SINGLE	111	100	84	178	152	134	220	180	162	262	214	192	398	332	261	524	423	342
30'	DOUBLE	122	110	94	195	168	148	240	200	180	289	238	213	438	367	288	576	468	376
	SINGLE	116	106	90	189	162	143	233	195	175	280	229	206	426	357	279	562	456	367
35'	DOUBLE	125	113	98	202	175	154	250	210	186	301	249	222	457	385	300	603	492	392
	SINGLE	119	109	93	195	168	148	242	202	180	291	239	214	444	374	291	588	479	382
45'	DOUBLE	151	119	104	216	189	166	270	230	200	325	271	240	494	420	326	656	541	424
	SINGLE	125	114	99	208	180	158	260	218	194	314	260	229	480	407	316	640	426	413

* NOT RECOMMENDED

GENERAL VENTING REQUIREMENTS

1) The sizing charts are a guide **ONLY** for the most common of (fan) furnace and/or furnace (fan) plus hot water heater (+NAT) combinations.
2) All of the specifications are in accordance with the International Fuel Gas Code (2003) Part VI.
3) These charts are not intended to replace the actual sizing calculations, but **ONLY** as a guideline. Local authorities may over rule the foregoing charts and their specifications.
4) It is very important that sufficient air, for combustion and ventilation, is provided to room containing the appliance(s) to enable correct and efficient working of the appliances(s) and the chimney.
5) **Easy-Liner®** systems are UL/CUL Listed for existing masonry or factory built chimneys and vents serving Category "I" natural gas or propane fired appliances.
6) See our "Instruction and Installation Manual" for more information.
7) The use of a "Y" fitting rather than a "T" fitting is recommended when common venting into a manifold system.

TWO APPLIANCES



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