BLOCK 1170 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) 970 Route 70 PERMIT NO. 06-2512

CONSTRUCTION PERMIT APPLICATION

06-103451

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

I. IDENTIFICATION

1. Proposed Work Site at: 970 Route 70
2. Name of Owner in Fee: JACO Management Tel. 850 784-3900
   Address 223 East Beach Dr. (street) Panama City (municipality), FL 32401 (zip code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Patrick T. Kerwin, Inc. Tel. (732) 295-2167
   Address 1624 Beaver Dam Rd., Point Pleasant, NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222-354-524 FAX: (732) 899-5521
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	50	
2. Electrical			
3. Plumbing		125	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review		3	
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	218	

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection					7-27-06	DS	8/9/06		
6. ☒ Plumbing					7/27/06				
7. ☒ Electrical					7/25/06		8/10/06		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Archive
NOTE
1/5/2017

. . . . Also see permit
#08-3718,
as all the info there was
combined with this
permit, previously.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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.

(X) Check if contractor.

Agent Name Patrick T. Kerwin, Inc.
Address 1624 Beaver Dam Rd.
Point Pleasant, NJ 08742
Telephone (732) 295-2167
Signature Erin M. Kerwin

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 04/20/2010
Control Number C-06-103451
Permit Number 06-2512
Permit Issue Date 07/31/2006
Certificate Number 06-2512

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 970 ROUTE 70 Brick Township, NJ Block: 1170 Lot: 16 Qual:

Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY

Owner Address: %JACO 223 E BEACH DR PANAMA CITY NJ 32401

Telephone: (850) 784-3900

Contractor PATRICK T KERWIN

Address 1624 BEAVER DAM ROAD POINT PLEASANT NJ 08742

Telephone: (732) 295-2167 Fax: (732) 899-5521

License Number or Builders Registration Number: 13VH01569000 Federal Emp. Number: 22-2354-524

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC

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: 04/20/2010 U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-2512

Date Issued / Permit # 7-31-06

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 Qualification Code

Work Site Location 970 Route 70

Owner in Fee JACO Management Co.

Address 223 East Beach Dr. Panama City, FL. 32401

Tel (850) 784-3900

Contractor Patrick T. Kerwin, Inc.

Address 1624 Beaver Dam Rd. Point Pleasant, NJ 08742

Tel (732) 295-2167 FAX (732) 899-5521

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. 222-354-524

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: Return

Heating System: [ ] New OR [ ] Existing [X] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location: Rooftop Unit # 11

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $

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: Installation of a packaged HVAC rooftop unit with smoke detector in return duct.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		Tie into alarm system.
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	95
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 [ ] Gas or [ ] Oil		50
Fireplace Venting/Metal Chimney	1	
Other HVAC unit w Smoke detector		
Administrative Surcharge $		
Minimum Fee $		125
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: 7-28-06

Approved by: [illegible]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 4/2010

Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	8-7-06		4/20/10	[illegible]
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	8-9-06	11/22/06	4/20/10	[illegible]
Other				

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

1 White = Inspector Copy 2 Canary = Office Copy

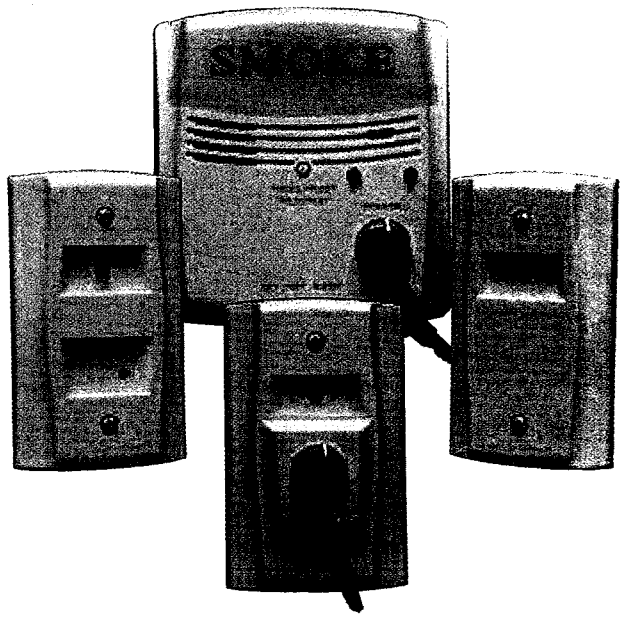
3 Pink = Office Copy 4 Gold = Applicant Copy

~~08-3718~~ 06-2512

SYSTEM SENSOR®

Duct Smoke Detector Accessories

Expand the versatility of the InnovairFlex™ line of duct smoke detectors with System Sensor notification and test accessories.



Available Accessories

APA151	Piezo Annunciator
MHR	Mini-Horn, Red
MHW	Mini-Horn, White
RA100Z/RA100ZA	Remote Annunciator
RTS151	Remote Test Station
RTS151KEY	Remote Test Station with Key
RTS2	Multi-Signaling Accessory
AOS	Add-On Strobe
RTS2-AOS	Multi-Signaling Accessory

Duct smoke detector accessories add functionality to the duct smoke detection system by allowing quick, convenient inspections at eye level and effective audible and visible notification options. All System Sensor duct smoke detectors and accessories are UL listed.

The **APA151** piezo annunciator, which replaces the APA451 with a new, improved look, provides an audible alarm signal, a red LED to indicate alarm status, and a green LED to indicate power status. It is intended for use with System Sensor 4-wire conventional duct smoke detector applications without a system control panel, to comply with NFPA 90A.

The **MHR and MHW** SpectrAlert® Advance mini-horns feature temporal or continuous tones at high and low volume settings. Their small footprint allows mounting to single-gang back boxes for applications where a small device is desired.

The **RA100Z and RA100ZA** remote annunciators are designed for both conventional and intelligent applications. Their red LED provides visual indication of an alarm condition.

The **RTS151 and RTS151KEY** remote test stations are automatic fire detector accessories designed to test duct smoke detectors from a convenient location. For 4-wire detectors, the RTS151KEY test station features a multi-colored LED that alternates between steady green and red. For 2-wire detectors, the LED illuminates red for alarm.

The **RTS2 and RTS2-AOS** multi-signaling accessories are designed to work with InnovairFlex 4-wire conventional duct smoke detectors. These accessories include a key switch that can be used to select one of two connected sensors to be tested, reset, or both by a push button switch. They also enable sensitivity measurements using the SENS-RDR sensitivity reader (sold separately). The AOS (Add-On Strobe) is an optional accessory included with the RTS2-AOS model.

Agency Listings

UL LISTED FM APPROVED

Specifications, Duct Smoke Detector Accessories

APA151 Piezo Annunciator	
Voltage	Regulated 24 VDC
Operating Voltage	16 to 33 VDC
Maximum Alarm Current	30 mA
Temperature Range	0°C to 49°C (32°F to 120°F)
Relative Humidity	10 to 93% non-condensing
Wire Gauge	12 to 18 AWG
Dimensions	4.6˝H x 2.9˝W x .45˝D

MHR/MHW SpectrAlert® Advance Mini-Horns	
Voltage	Regulated 12 DC or FWR (Full Wave Rectified) or Regulated 24 VDC or FWR
Operating Voltage	8 to 33 VDC (9 to 33 VDC with Sync-Circuit™ Module)
Sounder Current Draw	22 mA RMS max. at 8 to 17.5 Volts DC 17 mA RMS max. at 8 to 17.5 Volts FWR 29 mA RMS max. at 16 to 33 Volts DC 25 mA RMS max. at 16 to 33 Volts FWR
Temperature Range	0°C to 49°C (32°F to 120°F)
Humidity Range	10 to 93% non-condensing
Nominal Sounder Frequency	3 kHz
Wire Gauge	12 to 18 AWG
Dimensions	4.6˝H x 2.9˝W x 0.45˝D

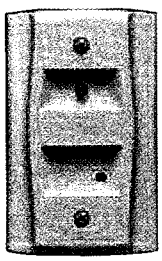
RA100Z/RA100ZA Remote Annunciator	
Voltage Range	Conventional System: 3.1 to 32 VDC Intelligent System: 18 to 32 VDC
Maximum Alarm Current	12 mA
Dimensions	4.6˝H x 2.8˝W x 1.3˝D

RTS151 Remote Test Station	
Power Requirements	Alarm LED: 2.8 to 32 VDC, 12 mA max. Total Current: 105 mA max.
Test Switch	10 VA @ 32 VDC
Reset Switch	10 VA @ 32 VDC
Alarm Response Time	40 seconds max.
Temperature Range	–10°C to 60°C (14°F to 140°F)
Relative Humidity	95% non-condensing
Wire Gauge	14 to 18 AWG
Dimensions	4.8˝H x 2.90˝W x 1.4˝D

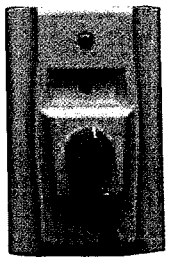
RTS151KEY Remote Test Station with Key	
Power Requirements	Power LED (Green): 14 to 35 VDC, 12 mA max. Alarm LED (Red): 2.8 to 32 VDC, 12 mA max. Total Current: 105 mA max.
Alarm Response Time	40 seconds max.
Temperature Range	–10°C to 60°C (14°F to 140°F)
Relative Humidity	95% non-condensing
Wire Gauge	14 to 18 AWG
Dimensions	4.6˝H x 2.75˝W x 1.8˝D

RTS2 and RTS2-AOS Multi-signaling Accessory	
Voltage	20 to 29 VDC
Power Requirements	Standby: 3.0 mA max. Trouble: 16.0 mA max. Alarm without strobe: 30 mA max. Alarm with strobe: 55 mA max.
Sounder	85 dBA at ten feet
Temperature Range	–10°C to 60°C (14°F to 140°F)
Relative Humidity	95% non-condensing
Wire Gauge	14 to 22 AWG
Dimensions	4.8˝W x 5.3˝H x 1.6˝D

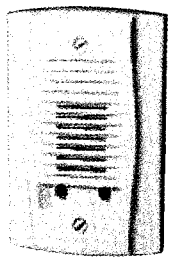
For the very latest product specifications and listing information, please visit the System Sensor Web site at www.systemsensor.com.



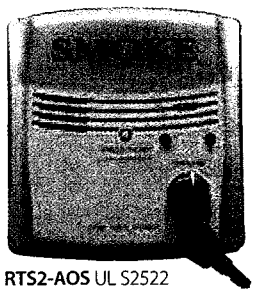
RTS151 UL S4011



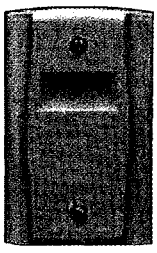
RTS151KEY UL S2522



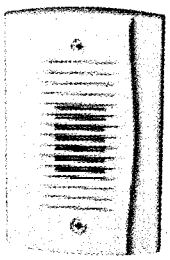
APA151 UL S4011



RTS2-AOS UL S2522

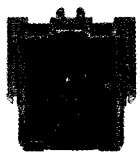


RA100Z UL S2522



MHW UL S4011

MHR UL S4011



AOS

SYSTEM SENSOR®

3825 Ohio Avenue • St. Charles, IL 60174
Phone: 800-SENSOR2 • Fax: 630-377-6495

A05-0423-000 • 5/09 • #1840

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 06-2512

Date Issued Permit # 7-31-06

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 Qualification Code

Work Site Location 970 Route 70

Owner in Fee JACO Management

Address 223 East Beach Drive

Panama City, FL 32401

Tel (850) 784-3900

Contractor Patrick T. Kerwin, Inc.

Address 1624 Beaver Dam Rd.

Point Pleasant, NJ 08742

Tel (732) 295-2167 FAX (732) 899-5521

Contractor License No. 13VH01569000

Federal Emp. No. 22-354-524

VA Clinic NJ

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7/27/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8-9-06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			8/7/06	

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.

Clin M. Kerwin

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks ~~Reconnect~~	
X-1	Other HVAC-gas pipe to roof top	
	Other P-trap roof top unit	

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

ROOF TOP UNIT Reconnect Gas

U.C.C. F130 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 06-2512

Date Issued 7-31-06
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 Qualification Code

Work Site Location 970 Route 70

Owner in Fee JACO Management Co.
Address 223 East Beach Dr.
Panama City, FL. 32401
Tel (850) 784-3900

Contractor HORIZON ELECTRIC
Address 50 WOODLAND DR
BRICK N.J. 08723
Tel (732) 920 5086 FAX ( ) SAME

Contractor License No. 12803
Federal Emp. No. 22-3446627

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.00

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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	
		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 REPLACE	
1	12	KW Central A/C Unit EXISTING	
		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 — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/28/06
Approved by: MW

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/7/06
Approved by: MW

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
~~Other~~ ap			8/7/06	MW
Service				
Final				
Barrier-Free				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-2512
Date Issued / Permit # 7-31-06

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 Qualification Code _____
Work Site Location 970 Route 70

Owner in Fee JACO Management Co.
Address 223 East Beach Dr.
Panama City, FL. 32401
Tel (850) 784-3900
Contractor Patrick T. Kerwin, Inc.
Address 1624 Beaver Dam Rd.
Point Pleasant, NJ 08742
Tel (732) 295-2167 FAX (732) 899-5521
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. 222-354-524

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [ ] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: Rooftop Unit #11

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: Return
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ _____

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: Installation of a packaged HVAC rooftop unit with smoke detector in return duct.

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		Fire interface system
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	75
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 [ ] Gas or [ ] Oil	1	150
Fireplace Venting/Metal Chimney		
Other: HVAC unit w Smoke detector	1	
Administrative Surcharge $		
Minimum Fee $		125
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 7-28-06
Approved by: [signature]

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 _____				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 06-2512

Date Issued Permit # 7-31-06

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 Qualification Code

Work Site Location 970 Route 70

Owner in Fee JACO Management

Address 223 East Beach Drive
Panama City, FL 32401

Tel (850) 784-3900

Contractor Patrick T. Kerwin, Inc.

Address 11624 Beaver Dam Rd.
Point Pleasant, NJ 08742

Tel (732) 295-2167 FAX (732) 899-5521

Contractor License No. 13VH01569000

Federal Emp. No. 22-354-524

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7/27/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks ~~Reconnect~~	
X-1	Other HVAC-gas pipe to roof top	
	Other P-trap roof top unit	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ROOF TOP UNIT
Reconnect Gas

U.C.C. F130 (rev. 01/04)

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

CONSTRUCTION PERMIT

Date Issued 7/31/2006
Control # C-06-103451
Permit # 06-2512

IDENTIFICATION Block: 1170 Lot: 16 Qualifier
Work Site Location: 970 ROUTE 70 Brick Township, NJ
Contractor PATRICK T KERWIN
Address 1624 BEAVER DAM ROAD POINT PLEASANT NJ 08742

Owner in Fee MEDICAL CENTER OF OCEAN COUNTY
Address %JACO 223 E BEACH DR PANAMA CITY NJ 32401
Telephone: (850) 784-3900
Telephone: (732) 295-2167
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2354-524

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:
HVAC

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,600

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$40
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$218
Check No.	8033
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06-2512
Control #

Date Issued 7-31-06
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 Qualification Code

Work Site Location 970 Route 70

Owner in Fee JACO Management Co.
Address 223 East Beach Dr,
Panama City, FL. 32401
Tel (850) 784-3900
Contractor HORIZON ELECTRIC
Address 50 WOODLAND DR
BRICK N.J. 08723
Tel (732) 920 5086 FAX ( ) SAME
Contractor License No. 12803
Federal Emp. No. 22-3446627

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.00

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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	
		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 REPLACE	
1	12	KW Central A/C Unit EXISTING	
		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 — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/28/06
Approved by: MM

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Patrick T Kerwin, Inc.
Patrick T Kerwin
1624 Beaver Dam Rd
Point Pleasant NJ 08742-5109

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

12/30/2005 TO 12/31/2006
VALID

13VH01569000
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
Patrick T Kerwin, Inc
Home Improvement Contractor

12/30/2005 TO 12/31/2006
VALID

SIGNATURE

DIRECTOR

13VH01569000
License/Registration/Certificate #

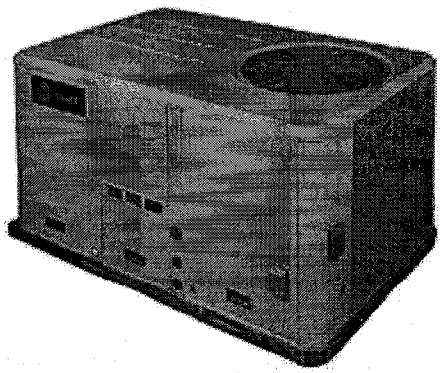
PLEASE DETACH HERE

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

PLEASE DETACH HERE

3 to 10 Tons

This line of packaged units ranges from 3 to 10 tons. This factory assembled product is available in cooling with electric heat. Trane customers have been instrumental in setting the standard for a product that provides exceptional reliability, meets stringent performance requirements and is competitively priced.



Trane recently introduced the "13 SEER" 3,4, and 5-ton high-efficiency Precedent units.

The "13 SEER" is a member of the Precedent Cooling and Gas/Electric family of light commercial packaged rooftop-units. It's efficiency is certified in accordance to ARI Standard 210/240 and is ideal for high-efficiency applications generating a return on investment.

Precedent...The Perfect Light Commercial Solution

Things like a compact cabinet, variety of motor and drive types, reversible drain pan, and range of gas and electric heat options make Precedent the perfect choice in either new construction or the replacement market.

Features

- Compact cabinet is aesthetically pleasing, takes less room in warehouse, lower shipping costs. One piece beveled and ridged top prevents water from pooling, ridges give added strength to top. Smoother design with rounded corners eliminates sheet metal cuts from sharp edges. Recessed access handles reduce shipping damage and eliminates broken handles from improper use. Reduced crating creates less waste to dispose of at site.
- Two cabinet sizes for 3-5 and two sizes for 6-10 tons with identical footprints so that selected roofcurb fits both.
- Standard through the base condensate connections allows condensate drain through the curb instead of via a roof penetration. One piece base pan eliminates water leakage.
- Trane-built scroll compressors so we control the reliability. Patent Pending hybrid 1+1+1 multi-row coil with gaps for easy to clean design – 1 person 30 minutes.
- Progressive tubular gas heat exchanger with stainless steel burners eliminates need for tubulators, allows for compact cabinet, includes positive pressure gas valve, reliable and proven direct spark ignition. Stainless steel inshot burners for corrosion resistance.
- Flexible options include convertible airflow;electromechanical or ReliaTel™ microprocessor controls; standard or high efficiency cooling capacities; low, medium or high heat capacities; direct or belt drive – standard or oversized motors choose motor that best meets airflow requirements; 1" throwaway filters with filter rack, convertible in field to accept 2" filters (3-5 tons); 2" throwaway filters (6-10 tons);no prepackaged options; choose

Trane publications:

3 to 10 Ton Precedent™ Cooling & Gas/Electric Catalog 60 Hz

3 to 10 Ton Precedent™ Heat Pump Catalog 60 Hz

3 to 10 Ton Precedent™ Product Sales Brochure

CDQ™ Dehumidification with Trane Rooftop Units Sales Brochure

3 to 10 Ton Precedent™ CompleteCoat™ Sales Brochure

factory-installed options tailored to suit each job.

- IAQ double-sloped reversible PVC drain pan can easily be removed for cleaning, ability for drain connections on either side of unit, foil-faced insulation, insulation edges captured or sealed Prevents insulation in air stream.

Unit specs-Convertible Gas/Electric*

Nominal tons	Std or High Efficiency	SEER**	MBh Cooling Capacity	MBh Heating Capacity	No. of Heating Stages	Dimensions H x W x L	Ship Weight
3	Std	10.7	37.4	60 (L) 80 (M) 120 (H)	1	36 x 44 x 70	534
3	Hi	12.5	38.0	60 (L) 80 (M) 120 (H)	1	36 x 44 x 70	551
4	Std	10.0	49.2	60 (L) 80 (M) 120 (H)	1	36 x 44 x 70	559
4	Hi	11.9	49.8	60 (L) 80 (M) 120 (H)	1	36 x 44 x 70	593
5	Std	10.2	63.1	60 (L) 80 (M) 130 (H)	1	36 x 44 x 70	576
5	Hi	12.2	62.4	60 (L) 80 (M) 130 (H)	1	36 x 44 x 70	628
6	Std	10.1	72.0	80 (L) 120 (W) 150 (H)	1 1 2	47 x 53 x 89	822
6	Hi	11.4	72.0	80 (L) 120 (W) 150 (H)	1 1 2	47 x 53 x 89	859
7½	Std	10.3	90.1	120 (L) 150 (M) 200 (H)	1 2 2	47 x 53 x 89	907
7½	Hi	11.4	90.1	120 (L) 150 (M) 200 (H)	1 2 2	47 x 53 x 89	1010
8½	Std	10.5	105.0	120 (L) 150 (M) 200 (H)	1 2 2	47 x 53 x 89	986
8½	Hi	11.4	102.0	120 (L) 150 (M) 200 (H)	1 2 2	47 x 53 x 89	1044
10	Std	10.3	117.0	150 (L) 200 (M) 250 (H)	2	47 x 53 x 89	1074
10	Hi	11.3	116.0	150 (L) 200 (M) 250 (H)	2	47 x 53 x 89	1147

*All ratings are for three phase. Single phase may vary slightly.
** 6-10 ton ratings are EER.

Unit specs - Convertible Packaged Cooling*

Nominal tons	Std or High Efficiency	SEER	MBh Cooling Capacity	Kw Heating Capacity	Dimensions H x W x L	Ship weight
3	Std	10.7	37.4	5 - 14	32 x 44 x 70	463

3	High	12.5	38.0	6 - 18	32 x 44 x 70	480
4	Std	10.0	49.2	5 - 18	32 x 44 x 70	488
4	High	11.9	49.8	6 - 18	32 x 44 x 70	522
5	Std	10.2	63.1	5 - 18	32 x 44 x 70	505
5	High	12.2	62.4	6 - 23	41 x 53 x 89	572
6	Std	10.3	72.0	9 - 36	41 x 53 x 89	768
6	High	11.4	72.0	9 - 36	41 x 53 x 89	805
7½	Std	10.3	90.0	9 - 36	41 x 53 x 89	843
7½	High	11.4	90.0	9 - 36	41 x 53 x 89	944
8½	Std	10.3	105.0	9 - 36	41 x 53 x 89	922
8½	High	11.4	102.0	9 - 36	41 x 53 x 89	980
10	Std	10.5	117.0	18 - 54	41 x 53 x 89	996
10	High	11.4	116.0	18 - 54	41 x 53 x 89	1069

*All ratings are for three phase. Single phase may vary slightly.

Unit specs - Convertible Packaged Heat Pumps*

Nominal tons	SEER	MBh Cooling Capacity	MBh Heating Capacity	Kw Electric Heating Capacity	HSPF %	Dimensions H x W x L	Ship Weight
3	10.2	38.1	35.0 (H) 18.6 (L)	6 - 18	6.95	32 x 44 x 70	496
4	10.7	50.8	47.0 (H) 28.8 (L)	6 - 18	6.9	32 x 44 x 70	528
5	10.1	62.1	59.0 (H) 36.2 (L)	6 - 23	7.0	32 x 44 x 70	546
6	10.1	72.0	66.0 (H) 39.0 (L)	9 - 36	__	41 x 53 x 89	859
7½	10.1	92.0	85.0 (H)	9 - 36	__	41 x 53 x 89	881
10	10.1	119.0	109.0 (H) 62.0 (L)	8 - 54	__	41 x 53 x 89	1028

*All ratings are for three phase. Single phase may vary slightly.

Table 3. General Data —7½-8½ Tons

	7½ Tons		8½ Tons
	T/YSC090A3,4W,K Single Compressor	**T/YSC092A3,4,W(i) Dual Compressor**	**T/YSC102A3,4,W,K(ii)**
Cooling Performance(iii)			
Gross Cooling Capacity	95,000	92,000	105,000
SEER/EER(iv)	10.3/10.1	10.4/10.3	10.3/10.1
Nominal CFM / ARI Rated CFM	3,000/2,625	3,000/2,625	3,400/3,000
ARI Net Cooling Capacity	90,000	87,000	100,000
Integrated Part Load Value(v)	—	11.0	11.8
System Power (kW)	8.91	8.37	9.9
Compressor			
Number/Type	1/Scroll	2/Scrolls	2/Scrolls
Sound			
Outdoor Sound Rating (dB)(vi)	90	87	86
Outdoor Coil			
Type	Lanced	Lanced	Lanced
Tube Size (in.)	0.3125	0.3125	0.3125
Face Area (sq. ft.)	17.0	17.0	19.83
Rows/FPI	3/17	2/17	2/17
Indoor Coil			
Type	Lanced	Lanced	Lanced
Tube Size (in.)	0.3125	0.3125	0.3125
Face Area (sq. ft.)	9.89	9.89	12.36
Rows/FPI	3/16	3/16	3/16
Refrigerant Control	Short Orifice	Short Orifice	Short Orifice
Drain Connection Number/Size (in.)	1¾ NPT	1¾ NPT	1¾ NPT
Outdoor Fan			
Type	Propeller	Propeller	Propeller
Number Used/Diameter (in.)	1/26	1/26	1/26
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1
CFM	6,200	6,500	7,100
Number Motors/HP	1/0.70(vii)	1/0.70	1/0.75
Motor RPM	1,075	1,075	1,075
Belt Drive Indoor Fan			
Type	FC Centrifugal	FC Centrifugal	FC Centrifugal
Number Used/Diameter (in.)	1/12x12	1/12x12	1/15x15
Drive Type/Number Speeds	Belt/Variable Sheave	Belt/Variable Sheave	Belt/Variable Sheave
Number Motors	1	1	1
Motor HP (Standard/Oversized)	2.00/3.00	2.00/3.00	2.00/3.00
Motor RPM (Standard/Oversized)	1,750/1,750	1,750/1,750	1,750/1,750
Motor Frame Size (Standard/Oversized)	56/56	56/56	56/56
Filters(viii)			
Type Furnished	Throwaway	Throwaway	Throwaway
Number Size Recommended	(4) 16x25x2	(4) 16x25x2	(4)20x25x2
Refrigerant Charge (Lbs. of R-22)(ix)			
Pounds of R-22	11.9	6.2 Circuit 1/3.4 Circuit 2	7.9 Circuit 1/4.0 Circuit 2