

BLOCK 1170 LOT 18.03 QUALIFICATION CODE _____ ADDRESS (SITE) 415 JACK MARTIN BLD PERMIT NO. 14-3742



CONSTRUCTION PERMIT APPLICATION

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

C14-004192

I. IDENTIFICATION

1. Proposed Work Site at: 415 JACK MARTIN BLD. BRICK, NJ 08724

2. Name of Owner in Fee: MERIDIAN NURSING & REHAB

Tel. (732) 206-8036 e-mail _____

Address 3349 RT 138E, WALL, NJ 07719

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: MILLENNIUM HEATING & COOL Tel. (732) 730-0060

Address 308 CHANDLER ROAD e-mail p77 meryn@aol.com

JACKSON, NJ 08527

License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/14

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00416500

Federal Emp. ID No. 223-749-822/000 FAX: (732) 901-8593

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun JOSEPH DERUSSO

Tel. (732) 522-3010 FAX: (732) 901-8593

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>100</u>	Update <u>100</u>	Update <u>100</u>
2. Electrical	\$ <u>5</u>	Update <u>5</u>	Update <u>5</u>
3. Plumbing	\$ <u>100</u>	Update <u>100</u>	Update <u>100</u>
4. Fire Protection	\$ <u>170</u>	Update <u>170</u>	Update <u>170</u>
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ <u>45</u>	Update <u>37</u>	Update <u>37</u>
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other	\$ <u>510</u>	Update <u>212</u>	Update <u>75</u>
13. TOTAL	\$ <u>510</u>	Update <u>212</u>	Update <u>75</u>

VI. BUILDING/SITE CHARACTERISTICS

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 _____	
9. Total Land Area Disturbed _____	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes _____ no _____	

COMMERCIAL

IIa. PROPOSED WORK

- | | | | |
|---|--|---|---|
| ☐ Minor Work | ☐ 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)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>LT</u>		<u>10/22/14</u>	<u>10/29/14</u>	<u>LT</u>			
				<u>12/31/14</u>	<u>LT</u>			
				<u>10/21/14</u>	<u>LT</u>			
				<u>10/21/14</u>	<u>LT</u>			

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- | | |
|----------------|--|
| Gained, Sale | |
| Gained, Rental | |
| Lost, Sale | |
| Lost, Rental | |

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____

Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/20/2015
Control Number C-14-004492
Permit Number 14-3742
Permit Issue Date 11/17/2014
Certificate Number 14-3742

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ Block: 1170 Lot: 18.03 Qual: _____
Owner in Fee: MERIDIAN NURSING & REHAB INC.
Owner Address: 415 JACK MARTIN BLVD BRICK NJ 08724
Telephone: (732) 206-8036
Contractor: MILLENNIUM HEATING & COOLING
Address: 308 CHANDLER ROAD JACKSON NJ 08527
Telephone: (732) 730-0060 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RENOVATION - COMMERCIAL ...REPLACE WATER HEATER & (2) HVAC ROOFTOP UNITS

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

Date Printed: 1/20/2015

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

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.

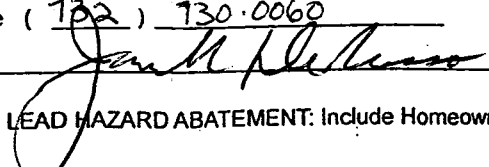
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name JOSEPH De RUSSO

Address 308 CHANDLER ROAD
JACKSON, NJ 08527

Telephone (732) 730-0060

Signature 

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 18.03 Qualification Code _____

Work Site Location 415 JACK MARTIN BLVD

Owner in Fee: BERKE NJ 08734

Tel. (732) 206-8036 e-mail _____

Address 3349 RT 138 E, WALL NJ 07719

Contractor: MILLENNIUM HEATING & COOLING, INC. Tel. (732) 730-0060

Address 308 CHANDLER ROAD e-mail P77merry@aol.com

Contractor License No. 131440416500 Exp. Date 12/31/14

Federal Emp. ID No. 223749822/000 FAX: (732) 961-8593

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 \$ 25,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Underlab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 10-2-14

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 1-5-15

Approved by: [Signature]

INSPECTIONS

Type: _____ Failure: _____ Approval: _____ Initial: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

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:

Print name here: Joseph De Russo

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DISCONNECT / ADAPT / RECONNECT GAS LINES FOR HVAC UNITS

QTY.

FIXTURE/EQUIPMENT

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 _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other AC _____

Date Received _____

14-3742

Control # _____

11/17/14

Date Issued _____

Permit # _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



SEE GREEN
FACILITY
MGR.

GREEN ROOF

14-3742

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

Block 1170.

Lot 18.03

Qualification Code

Work Site Location 415 JACK MAETIN BLVD

Owner In Fee: MEIDIAN NURSING + Rehab

Tel. 732 206 8036

Address 3349 RT. 138E LINDEN NJ 07719

Contractor: Central Jersey Electrical Contractors, LLC

Address 25 Aldrich Drive

Howell, NJ 07731

Contractor License No. 16971

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 273487689

FAX: (732) 534-9307

B. ELECTRICAL CHARACTERISTICS

Use Group Present

[] Pole/Pad # 1 Temporary [] Other

Building Occupied as Nursing + Rehab Utility Co.

Est. Cost of Elec. Work \$ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial—Under/Slab Utilities Approved

Date: 10/8/14 Approved by: ME

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/8/14

Approved by: ME

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 1/14/15

Approved by: ME

INSPECTIONS

Dates (Month/Day)

Type:

Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Barrier-Free

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

DESCRIPTION OF WORK:

QTY. SIZE

ITEMS

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

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Roof top Package units

Date Received
Control #
Date Issued
Permit #

11/17/14

Print name here: James F. Rogers

Licensed Elec. Contractor [] Certified and Registered [] Exempt Applicant

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

12-17-14 *AB*

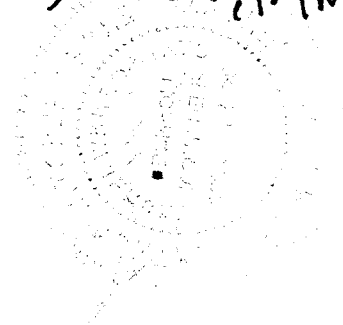
Hard pipe or Approved gas Flex ① Roof top units

→ *Steel*

12-17-14 HARD PIPE ON CHANGE TO HARD PIPE
BOND C-S-S-T

UP DATE PERMIT RECEPTACLE, SWITCH, LIGHT

(E) tech



12/17/14



ELECTRICAL SUBCODE TECHNICAL SECTION



update permit
10/16/14

24-004492-#
14-3742-#

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

Block 1170 Lot 18.03 Qualification Code 12171470

Work Site Location 415 JACK MARTIN BLVD.

Owner In Fee: MERIDIAN Nursing & Rehabilitation

Tel. 3349 444138 e-mail WMC NJ 07719

Address Central Jersey Electrical Contractors, LLC Tel. (732) 534-9307

Contractor: 25 Aldrich Drive e-mail Howell, NJ 07731

Contractor License No. 16971 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 273487689 FAX: (732) 534-9307

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as HEALTHCARE Utility Co.

Est. Cost of Elec. Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type: <u>Rough</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
[] Partial -Underslab Utilities Approved	Type: <u>Barrier-Free</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
Date: <u>11/14/14</u> Approved by: <u>WMC</u>	Type: <u>Trench</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
[] Electric Plans Approved	Type: <u>Temp. Serv.</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
Date: <u>11/14/14</u> Approved by: <u>WMC</u>	Type: <u>Const. Serv.</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
Joint Plan Review Required:	Type: <u>TCO</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
[] Bldg. [] Plumb. [] Fire. [] Elev.	Type: <u>Other</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
SUBCODE APPROVAL for PERMIT	Type: <u>Service</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
Date: <u>11/14/14</u> Approved by: <u>WMC</u>	Type: <u>Barrier-Free</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
SUBCODE APPROVAL for CERTIFICATE	Type: <u>Temp. Cut-in-Card Date Issued</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
[] CO [] CCO [] TCA	Type: <u>Final Cut-in-Card Date Issued</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
Date: <u>12-17-14</u>	Type: <u>Annual Pool Inspection</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>
Approved by: <u>WMC</u>	Type: <u>Date of Grounding and Bonding</u>	Failure <u></u> Failure <u></u> Approval <u></u> Initial <u></u>

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent/owner of record) authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:

Print name here: James F. Rogers

[X] Licensed Elec. Contractor [] Certified Landscape/Tridation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

WIRE WATER HEATER from existing switch

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

0

\$

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 1/4 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 \$



ELECTRICAL SUBCODE TECHNICAL SECTION

UPDATE Permit # 14-3742



1/8/15

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

Block 1170 Lot 18.03 Qualification Code Work Site Location 415 JACK MACTIN BLVD

Owner in Fee: MEDICAL NURSING & REHABILITATION LLC, INC.

Tel. 3349 Hwy 138 Bldg C STEA WANC NJ

Address Central Jersey Electrical Contractors, LLC Tel. (732) 534-9307

Contractor: 25 Aldrich Drive e-mail Exp. Date 03/31/2015

Howell, NJ 07731 Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 273487689 FAX: (732) 534-9307

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed [] Pole/Pad # [] Temporary [] Other Building Occupied as HENHICARE Utility Co. Est. Cost of Elec. Work \$ 200.

JOB SUMMARY (Office Use Only)

PLAN REVIEW [x] No Plans Required [] Partial - Underslab Utilities Approved [] 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: Approved by:

C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the agent of owner/contractor and am authorized to make this application and perform the work listed on this application. Applicant sign/Contractor sign and seal here: James F. Rogers, 4153721307

Print name here: James F. Rogers, 4153721307 Licensed Elec. Contractor [] Certif Landscaper/Plumbing Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 2 Roof Top Units & Outlets

Table with 3 columns: QTY, SIZE, ITEMS. Rows include Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors—Fract. HP, Emergency & Exit Lights, Communications Points, Alarm Devices/F.A.C. Panel.

Table with 2 columns: TOTAL NUMBERS, FEE (Office Use Only). Rows include Pool Permit/with UV Lights, Storage 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 1/4 HP, KW Transformer/Generator, AMP Service, AMP Subpanels, AMP Motor Control Center, KW Elec. Sign/Outline Light.

Table with 2 columns: Fee Type, Amount. Rows include Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee, TOTAL FEE.



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 18.03 Qualification Code 08724

Work Site Location Brick NJ 08724

Owner in Fee: Meridian Nursing and Rehabilitation

Tel. (732) 206-8000 e-mail

Address 445 Jack Martin Blvd, Brick NJ 08724

Contractor MARK GANNON PLUMBING, HEATING & COOLING L.L.C. Tel. (732) 774-5098

Address 108 SOUTH MAIN STREET PO. BOX 353 OCEAN GROVE, NJ 07756 e-mail

Contractor License No. BT 07365 Date 6/30/15

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

Federal Emp. ID No. 54-2141049 FAX: (732) 776-6521

B. PLUMBING CHARACTERISTICS

Building Sewer Size Public Sewer Proposed

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 19,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: Approved by:

☐ Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 8-9-14

Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 1-15-15

Approved by:

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

Print name here: Mark Gannon

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace Hot water Heater with

40 Smith Cyclam BTMSO

QTY. 1

FIXTURE/EQUIPMENT

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

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

C14-004492 #A

14-3742 #A

11/17/14

Date Received

Control #

Date Issued

Permit #

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 11/17/14
Control # C-14-004492
Permit # 14-3742

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier _____
Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ Contractor MILLENNIUM HEATING & COOLING
Address 308 CHANDLER ROAD JACKSON NJ 08527
Owner in Fee MERIDIAN NURSING & REHAB INC. Telephone: (732) 730-0060
415 JACK MARTIN BLVD BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 206-8036 Federal Employee No. _____

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:

RENOVATION - COMERCIAL...REPLACE WATER HEATER & (2) HVAC ROOFTOP UNITS

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 \$26,650

David Newman Jr
Construction Official

Date 11/5/14

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$100
Electrical	\$75
Plumbing	\$150
Fire Protection	\$170
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$51
CO Fee	\$0
Other	\$0
Total	\$546
Check No. <u>2364</u>	
Cash	\$0
Credit	\$0
Collected By	

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 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.

11/17/14 12:00PM 001558#7109
#3742
ELECTRIC \$150.00
PLUMBING \$150.00
FIRE \$170.00
DCA \$51.00
CHECK \$546.00



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 18.03 Qualification Code _____

Work Site Location 415 JACK MARTIN BLD

Owner in Fee: BRICK NJ 08734

Tel. (732) 206.8036 e-mail _____

Address 3349 RT 138E, WALL NJ 07719

Contractor: MILLENNIUM HEATING & COOLING INC. (732) 730.0060

Address 308 CHANDLER ROAD e-mail _____

Contractor License No. or Builder Registration No. 13VH00416500 Exp. Date 12/31/14

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00416500

Federal Emp. ID No. 223749822/000 FAX: (732) 901.8593

CONTRACTOR: JACKSON NJ 08527

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Failure	Failure	Approval	Initial
☒ No Plans Required	<u>10/29/14</u>	<u>W</u>				
☐ Footings-Foundations						
☐ Structural/Framework						
☐ Exterior						
☐ Interior						
Joint Plan Review Required:						
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator						
SUBCODE APPROVAL for PERMIT	<u>10/30/14</u>					
Approved by: <u>W</u>						
SUBCODE APPROVAL for CERTIFICATE	<u>12/17/14</u>					
☐ CO ☐ CCO						
Date: <u>12/17/14</u>						
Approved by: <u>W</u>						
Barrier-Free						
Insulation						
Finishes -Base Layer						
Finishes -Final						
Energy						
Mechanical						
TCO						
Other						
Final						
Barrier-Free						

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		
Area — Largest Floor			HUD		
New Bldg. Area/All Floors			Est. Cost of Bldg. Work:		
Volume of New Structure			1. New Bldg.	\$ <u>1400</u>	
Max. Live Load			2. Rehabilitation	\$ <u>1400</u>	
Max. Occupancy Load			3. Total (1+2)	\$ <u>1400</u>	

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.

Sign here: Joseph De Russo

Print name here: JOSEPH DE RUSSO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DISCONNECT 2 - 8.5 TON ROOFTOP HVAC PACKAGE UNITS

INSTALLATION OF 2 - 8.5 TON ROOFTOP HVAC PACKAGE UNITS

Date Received 11/17/14
Contract # 14-3742
Date Issued 11/17/14
Permit # _____

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Rehabilitation	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Fence _____	Height (exceeds 6') Sq. Ft. \$ _____
☐ Sign _____	Sq. Ft. \$ _____
☐ Pool	\$ _____
☐ Retaining Wall _____	Sq. Ft. \$ _____
☐ Asbestos Abatement Subchapter 8	\$ _____
☐ Lead Haz. Abatement NJAC 5:17	\$ _____
☐ Radon Remediation	\$ _____
☐ Other _____	\$ _____
☐ Demolition	\$ _____

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

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

U.C.C. F110
(rev. 11/09)



PERMIT UPDATE

Date Update Issued 1/8/15
Control # C-14-004492+B
Permit # 14-3742+B

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier _____
Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ Contractor: MILLENNIUM HEATING & COOLING
Address: 308 CHANDLER ROAD JACKSON NJ 08527
Owner in Fee: MERIDIAN NURSING & REHAB INC.
415 JACK MARTIN BLVD BRICK NJ 08724 Telephone: (732) 730-0060
Telephone: (732) 206-8036 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

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:

ROOFTOP LIGHTS & OUTLETS

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 \$200

David Newman Jr
Construction Official

Date 1/5/15

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$75
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$0
Other	\$0
Total	\$75
Check No.	<u>1443</u>
Cash	\$0
Credit	\$0
Collected By	

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.



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 18.03 Qualification Code _____

Work Site Location 415 JACK MARTIN BLVD

Block NU 08724

Owner in Fee: MERIDIAN NURSING & REHAB

Tel. (732) 806-8036 e-mail _____

Address 3349 RT 138E, WALL, NJ 07719 Zip code _____

Contractor: MILLENNIUM HEATING & COOLING INC Tel. (732) 730-0060

Address 308 CHANDLER ROAD e-mail P77 MERRY @ 901.000

JACKSON, NJ 08527

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00 416-500

Federal Emp. ID No. 223749 822/000 FAX: (732) 901-8593

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Under/Under Utilities Approved

Date: _____ Approved by: _____

[] Fire Protection Plans Approved

Date: 12/11/14 Approved by: [Signature]

Joint Plan Review Required: _____

[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL for PERMIT 15-2014

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CP [] CA

Date: 12/11/14

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/Contractor sign here: Joseph DeRusso

Print name here: Joseph DeRusso

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110V Interconnected _____

[] CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., lamps, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances _____ Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

14-3742
11/17/14

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



PERMIT UPDATE

Date Update Issued 11/17/14
Control # C-14-004492+A
Permit # +A

14-3742+A

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier
Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ Contractor: MILLENIUM HEATING & COOLING
Address: 308 CHANDLER ROAD JACKSON NJ 08527
Owner in Fee: MERIDIAN NURSING & REHAB INC.
415 JACK MARTIN BLVD BRICK NJ 08724 Telephone: (732) 730-0060
Telephone: (732) 206-8036 Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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 WATER HEATER

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 \$19,500

Construction Official

Date 11/5/14

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$75
Plumbing	\$100
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$37
CO Fee	
Other	\$0
Total	\$212
Check No.	<u>2304</u>
Cash	\$0
Credit	\$0
Collected By	

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.

ELECTRIC
PLUMBING
DCA
CHECK

\$212.00

\$75.00
\$10.00
\$17.00



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1170 LOT 18.03 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 415 Jack Martin Blvd, Brick, NJ 08724
Owner in Fee Meridian Nursing and Rehabilitation, Inc.
Verifying Individual MARK GANNON PLUMBING Company Mark Gannon Jr.
Address HEATING & COOLING L.L.C.
Tel: (____) _____ P.O. BOX 353 City _____ State _____ Zip Code _____
108 SOUTH MAIN STREET
OCEAN GROVE, NJ 07756 Fax: (732) 276-6521

Check the Appropriate Box(es): (732)774-5098

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

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

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>HWH</u>	Oil / <u>Gas</u> / Other: _____	<u>500,000</u>
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: _____ 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? ☐ 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.

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 10/4/14

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 10/4/14

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 Number YSC10ZF4EHA**00*000000000000000000000000

Customer : Enter Customer

Project : Enter Project

Name : JOE MILLENIUM

② New - HVAC Unit

Y4C

General

Unit function	DX cooling, gas heat	Unit efficiency	Standard efficiency
Airflow	Convertible configuration	Airflow Application	Downflow
Tonnage	8.5 Ton	Cooling Entering DB	80.00
Cooling Entering WB	67.00	Ambient Temp	95.00
Heating capacity	High gas heat 3ph	Heating EAT	70.00
Voltage	460/60/3	Major design sequence	F - R-410A With Microchannel

Main Cooling

Tonnage	8.5 Ton	Cooling Entering DB	80.00
Cooling Entering WB	67.00	Ambient Temp	95.00

Main Heating

Heating capacity	High gas heat 3ph	Heating EAT	70.00
------------------	-------------------	-------------	-------

Motor/Electrical

Voltage	460/60/3
---------	----------

DX Cooling, Gas Heat 3-10 Ton

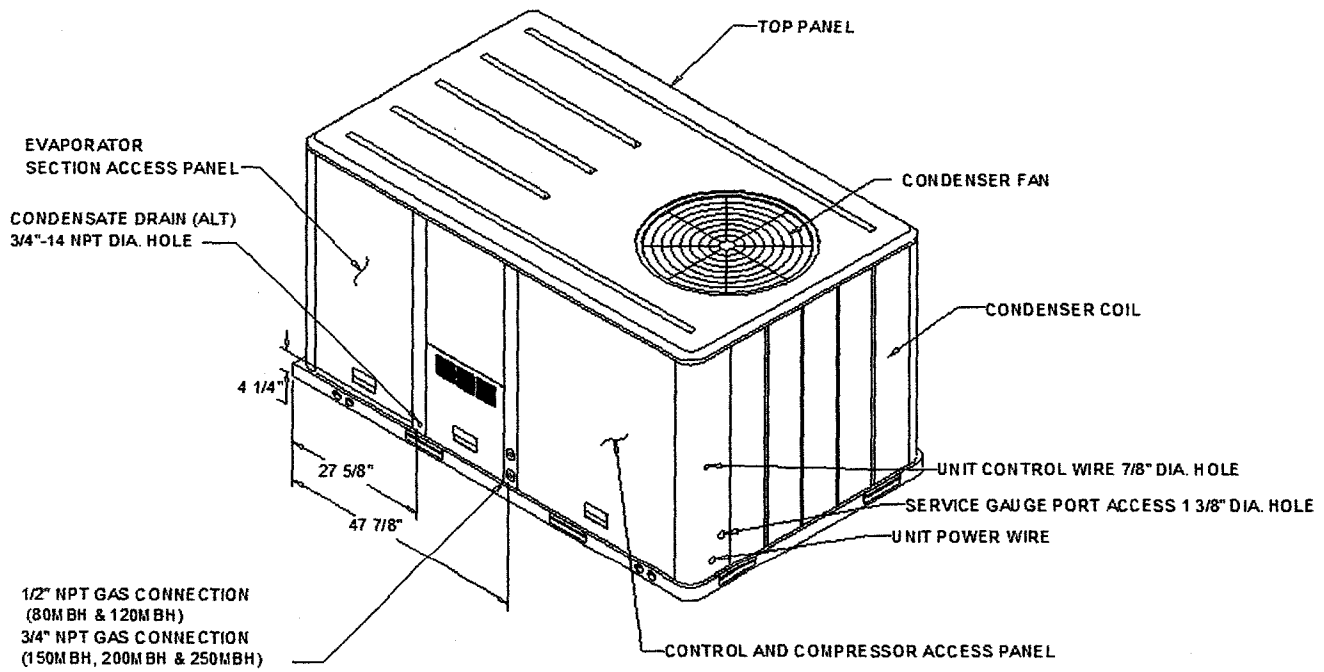
Unit controls	Electro mechanical controls 3ph
---------------	---------------------------------

Notes

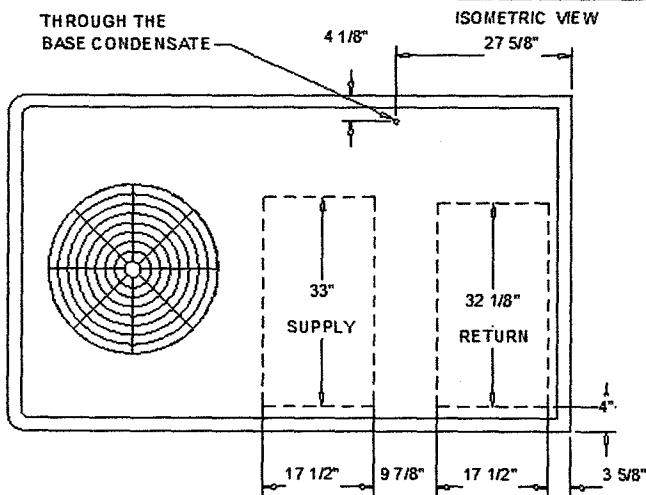
Enter Notes



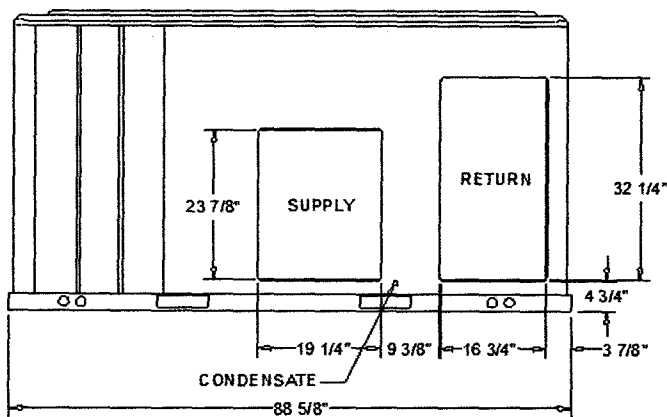
TRANE



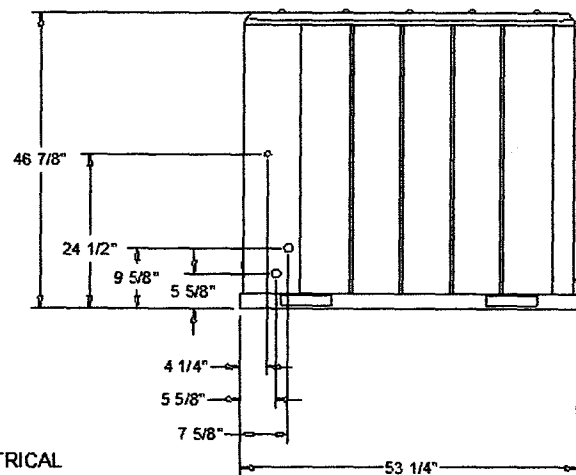
PACKAGED GAS / ELECTRICAL



**PLAN VIEW UNIT
DIMENSION DRAWING**



**PACKAGED GAS / ELECTRICAL
DIMENSION DRAWING**

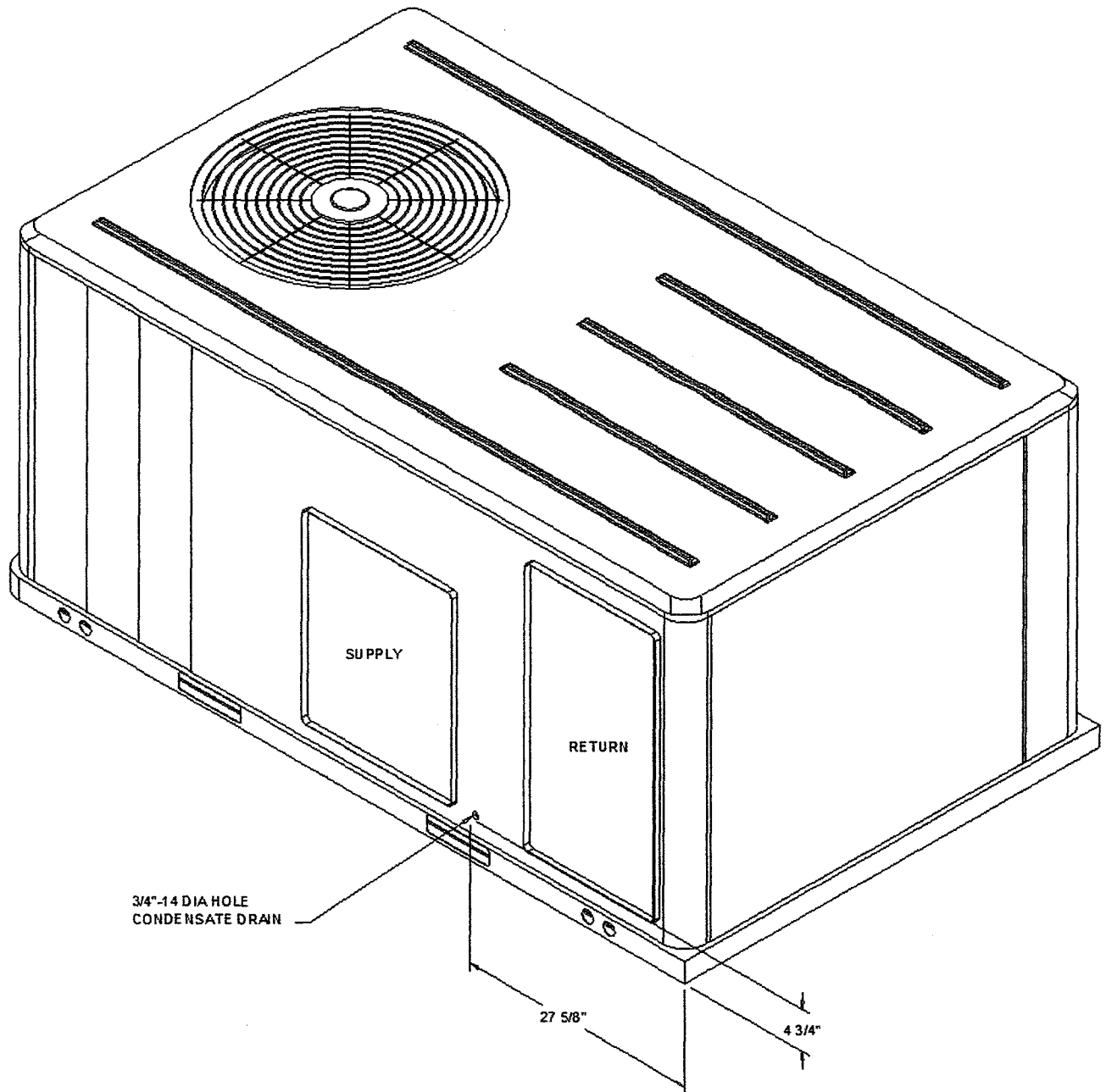


→
HORIZONTAL
AIR FLOW

- NOTES:**
1. THRU -THE -BASE ELECTRICAL IS NOT STANDARD ON ALL UNITS.
 2. VERIFY ALL DIMENSIONS WITH INSTALLER DOCUMENTS BEFORE INSTALLATION.



TRANE



ISOMETRIC-PACKAGED COOLING

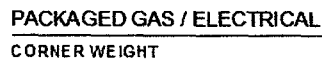


ELECTRICAL / GENERAL DATA

GENERAL (2)(4)(6) Model: YSC102F Oversized Motor Unit Operating Voltage: 414-506 MCA: N/A Unit Primary Voltage: 460 MFS: N/A Unit Secondary Voltage: — MCB: N/A Unit Hertz: 60 Unit Phase: 3 EER 11.2 Standard Motor MCA: 21.4 MCA: N/A MFS: 25.0 MFS: N/A MCB: 25.0 MCB: N/A			HEATING PERFORMANCE HEATING - GENERAL DATA Heating Model: High Heating Input (BTU): 200,000/140,000 Heating Output (BTU): 160,000/112,000 No. Burners: 4 No. Stages: 2 Gas Inlet Pressure Natural Gas (Min/Max): 4.5/14 LP (Min/Max): 11.0/14.0 Gas Pipe Connection Size: 3/4"		
INDOOR MOTOR Standard Motor Oversized Motor Field Installed Oversized Motor Number: 1 Number: N/A Number: N/A Horsepower: 2.0 Horsepower: N/A Horsepower: N/A Motor Speed (RPM): — Motor Speed (RPM): N/A Motor Speed (RPM): N/A Phase: 3 Phase: N/A Phase: N/A Full Load Amps: 3.6 Full Load Amps: N/A Full Load Amps: N/A Locked Rotor Amps: 24.0 Locked Rotor Amps: N/A Locked Rotor Amps: N/A					
COMPRESSOR Circuit 1/2 Number: 2 Horsepower: 3.7/3.7 Phase: 3 Rated Load Amps: 7.1/6.1 Locked Rotor Amps: 52.0/41.0			OUTDOOR MOTOR Number: 1 Horsepower: 0.75 Motor Speed (RPM): 1100 Phase: 1 Full Load Amps: 2.8 Locked Rotor Amps: 6.8		
POWER EXHAUST ACCESSORY (3) (Field Installed Power Exhaust) Phase: N/A Horsepower: N/A Motor Speed (RPM): N/A Full Load Amps: N/A Locked Rotor Amps: N/A		FILTERS Type: Throwaway Furnished: Yes Number: 4 Recommended: 20"x25"x2"		REFRIGERANT (2) Type: R-410 Factory Charge Circuit #1: 4.4 lb Circuit #2: 3.5 lb	

NOTES:

1. Maximum (HACR) Circuit Breaker sizing is for installations in the United States only.
2. Refrigerant charge is an approximate value. For a more precise value, see unit nameplate and service instructions.
3. Value does not include Power Exhaust Accessory.
4. Value includes oversized motor.
5. Value does not include Power Exhaust Accessory.
6. EER is rated at AHR1 conditions and in accordance with DOE test procedures.



ACCESSORY				WEIGHTS			
ECONOMIZER							
MOTORIZED OUTSIDE AIR DAMPER							
MANUAL OUTSIDE AIR DAMPER							
BAROMETRIC RELIEF							
OVERSIZED MOTOR							
BELT DRIVE MOTOR							
POWER EXHAUST							
THROUGH THE BASE ELECTRICAL/GAS (FIOPS)							
UNIT MOUNTED CIRCUIT BREAKER (FIOPS)							
UNIT MOUNTED DISCONNECT (FIOPS)							
POWERED CONVENIENCE OUTLET (FIOPS)							
HINGED DOORS (FIOPS)							
HAIL GUARD							
SMOKE DETECTOR, SUPPLY/RETURN							
NOVAR CONTROL							
STAINLESS STEEL HEAT EXCHANGER							
REHEAT							
ROOF CURB							
BASIC UNIT WEIGHTS		CORNER WEIGHTS		CENTER OF GRAVITY			
SHIPPING	NET	(A)	279.0 lb	(C)	157.0 lb	21.5"	13.5"
1042.4	1000.0	(B)	252.0 lb	(F)	186.0 lb	21.5"	22"

New

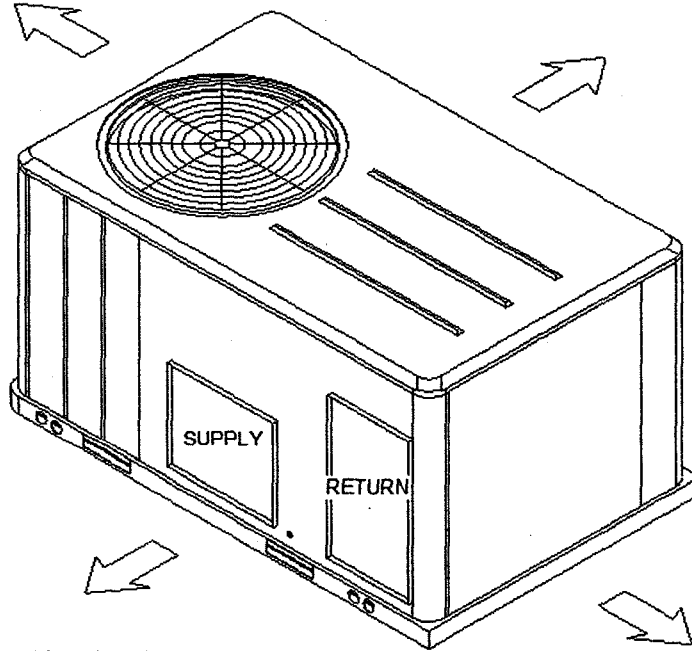
-
2. TO ESTIMATE SHIPPING WEIGHT ADD
3. BASIC UNIT WEIGHT DOES NOT INCLUDE
WEIGHT, ADD ACCESSORY NET WEIGHT
4. WEIGHTS FOR OPTIONS NOT LISTED A

PACKAGED GAS / ELECTRICAL
RIGGING AND CENTER OF GRAVITY

CLEARANCE 36"

CLEARANCE FROM TOP OF UNIT 72"

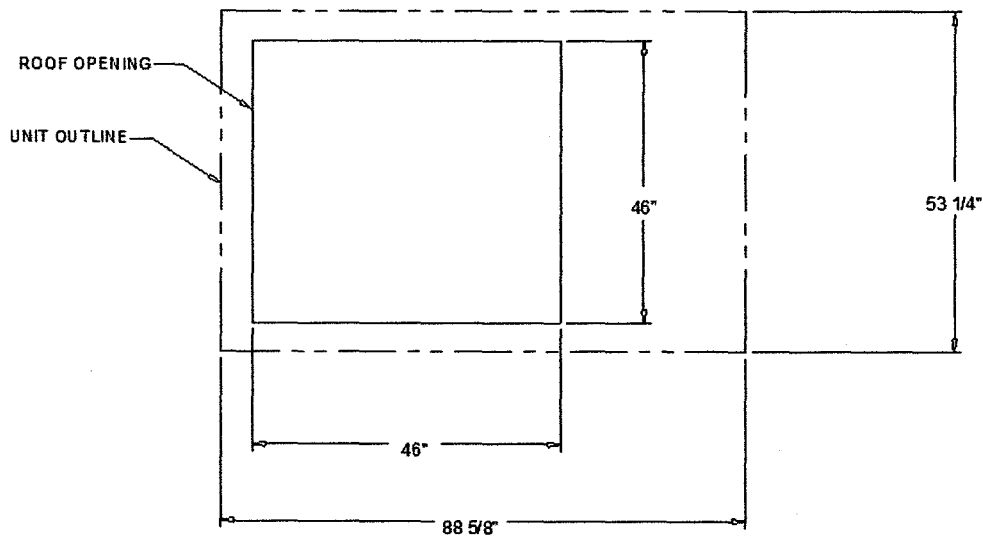
CLEARANCE 48"



DOWNFLOW CLEARANCE 36"
HORIZONTAL CLEARANCE 18"

CLEARANCE 36"

PACKAGED GAS / ELECTRIC
CLEARANCE



PACKAGED GAS / ELECTRIC
DOWNFLOW TYPICAL ROOF OPENING



The units shall be convertible airflow. The operating range shall be between 115°F and 0°F in cooling as standard from the factory for units with microprocessor controls. Operating range for units with electromechanical controls shall be between 115°F and 40°F. Cooling performance shall be rated in accordance with ARI testing procedures. All units shall be factory assembled, internally wired, fully charged with R-410A, and 100 percent run tested to check cooling operation, fan and blower rotation, and control sequence before leaving the factory. Wiring internal to the unit shall be colored and numbered for simplified identification. Units shall be cULus listed and labeled, classified in accordance for Central Cooling Air Conditioners.

Casing

Unit casing shall be constructed of zinc coated, heavy gauge, galvanized steel. Exterior surfaces shall be cleaned, phosphatized, and finished with a weather-resistant baked enamel finish. Unit's surface shall be tested 672 hours in a salt spray test in compliance with ASTM B117. Cabinet construction shall allow for all maintenance on one side of the unit. Service panels shall have lifting handles and be removed and reinstalled by removing two fasteners while providing a water and air tight seal. All exposed vertical panels and top covers in the indoor air section shall be insulated with a cleanable foil-faced, fire-retardant permanent, odorless glass fiber material. The base of the unit shall be insulated with 1/8 inch, foil-faced, closed-cell insulation. All insulation edges shall be either captured or sealed. The unit's base pan shall have no penetrations within the perimeter of the curb other than the raised 1 1/8 inch high downflow supply/return openings to provide an added water integrity precaution, if the condensate drain backs up. The base of the unit shall have provisions for forklift and crane lifting, with forklift capabilities on three sides of the unit.

Unit Top

The top cover shall be one piece construction or, where seams exist, it shall be double-hemmed and gasket-sealed. The ribbed top adds extra strength and enhances water removal from unit top.

Compressors

All units shall have direct-drive, hermetic, scroll type compressors with centrifugal type oil pumps. Motor shall be suction gas-cooled and shall have a voltage utilization range of plus or minus 10 percent of unit nameplate voltage. Internal overloads shall be provided with the scroll compressors.

Dual compressors are outstanding for humidity control, light load cooling conditions and system back-up applications. Dual compressors are available on 7½-10 ton models and allow for efficient cooling utilizing 3-stages of compressor operation for all high efficiency models.

Notes:

Crankcase heaters are optional on YSC (036, 048, 060, 072, 090, 102, 120); standard on YHC (036, 048, 060, 072, 092, 102, 120).

Indoor Fan

The following units shall be equipped with a direct drive plenum fan design (T/YSC120E, T/YHC092,102, 120E). Plenum fan design shall include a backward-curved fan wheel along with an external rotor direct drive variable speed indoor motor. All plenum fan designs will have a variable speed adjustment potentiometer located in the control box. 3-5 ton units (standard efficiency 3-phase or high efficiency 3-phase with optional motor) are belt driven, FC centrifugal fans with adjustable motor sheaves. 3-5 ton units (1-phase or high efficiency 3-phase) have multispeed, direct drive motors. All 6-8½ ton units (standard efficiency) shall have belt drive motors with an adjustable idler-arm assembly for quick-adjustment to fan belts and motor sheaves. All motors shall be thermally protected. All 10 tons and 7½-8½ (high efficiency) have variable speed direct drive motors. All indoor fan motors meet the U.S. Energy Policy Act of 1992 (EPACT).

Outdoor Fans

The outdoor fan shall be direct-drive, statically and dynamically balanced, draw-through in the vertical discharge position. The fan motor shall be permanently lubricated and shall have built-in thermal overload protection.

Evaporator and Condenser Coils

Internally finned, 5/16" copper tubes mechanically bonded to a configured aluminum plate fin shall be standard. The microchannel type condenser coil is standard for the T/YSC 10 ton models and 7½ ton high efficiency models. The microchannel type condenser coil is not offered on the 7½ ton dehumidification model. Due to flat streamlined tubes with small ports, and metallurgical tube-to-fin bond, microchannel coil has better heat transfer performance. Microchannel condenser coil can reduce system refrigerant charge by up to 50% because of smaller internal volume, which leads to better compressor reliability. Compact all-aluminum microchannel coils also help to reduce the unit weight. All-aluminum construction improves re-cyclability. Galvanic corrosion is also minimized due to all aluminum construction. Strong aluminum brazed structure provides better fin protection. In addition, flat streamlined tubes also make microchannel coils more dust resistant and easier to clean. Coils shall be leak tested at the factory to ensure the pressure integrity. The evaporator coil and condenser coil shall be leak tested to 600 psig. The assembled unit shall be leak tested to 465 psig. The condenser coil shall have a patent pending 1+1+1 hybrid coil designed with slight gaps for ease of cleaning. A removable, reversible, double-sloped condensate drain pan with through the base condensate drain is standard.

Controls

Unit shall be completely factory-wired with necessary controls and contactor pressure lugs or terminal block for power wiring. Unit shall provide an external location for mounting a fused disconnect device. A choice of microprocessor or electromechanical controls shall be available. Microprocessor controls provide for all 24V control functions. The resident control algorithms shall make all heating, cooling, and/or ventilating decisions in response to electronic signals from sensors measuring indoor and outdoor temperatures. The control algorithm maintains accurate temperature control, minimizes



drift from set point, and provides better building comfort. A centralized microprocessor shall provide anti-short cycle timing and time delay between compressors to provide a higher level of machine protection. 24-volt electromechanical control circuit shall include control transformer and contactor

High Pressure Control

All units include High Pressure Cutout as standard.

Phase monitor

Phase monitor shall provide 100% protection for motors and compressors against problems caused by phase loss, phase imbalance, and phase reversal. Phase monitor is equipped with an LED that provides an ON or FAULT indicator. There are no field adjustments. The module will automatically reset from a fault condition.

Refrigerant Circuits

Each refrigerant circuit offer thermal expansion valve as standard. Service pressure ports, and refrigerant line filter driers are factory-installed as standard. An area shall be provided for replacement suction line driers.

Gas Heating Section

The heating section shall have a progressive tubular heat exchanger design using stainless steel burners and corrosion resistant steel throughout. An induced draft combustion blower shall be used to pull the combustion products through the firing tubes. The heater shall use a direct spark ignition (DSI) system. On initial call for heat, the combustion blower shall purge the heat exchanger for 20 seconds before ignition. After three unsuccessful ignition attempts, the entire heating system shall be locked out until manually reset at the thermostat/zone sensor. Units shall be suitable for use with natural gas or propane (field-installed kit) and also comply with the California requirement for low NOx emissions (Gas/Electric Only).

**** Transmit Confirmation Report ****

P.1
BRICK TWP BUILDING DEP Fax:732-262-2941

Oct 25 2014 09:05am

Name/Fax No.	Mode	Start	Time	Page	Result	Note
7329018593	Normal	25,09:04am	0'30"	1	O K	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, October 22, 2014

To: MERIDIAN NURSING & REHAB INC.
415 JACK MARTIN BLVD
BRICK, NJ 08724

RE: Building Subcode
Block: 1170 Lot: 18.03 Qual:
415 JACK MARTIN BLVD
Permit Number: Control Number: C-14-004492
Last Submit Date: Thursday, October 09, 2014

Dear MERIDIAN NURSING & REHAB INC.,

Your request is hereby denied based upon the following infractions.

Provide specific information regarding the brands and models of the existing and new units with regards to their weights. If the new unit weighs more than an engineers analysis of the existing roof structure will be required.

Sincerely,

A handwritten signature in black ink, appearing to be 'M. Vecchio', written over a horizontal line.

Michael Vecchio, ~~Seal of the Township~~

CC:

SERVICE FACTS

Customer Property—Contains wiring and service information. Please ret

2 New HVAC Units

Models:

YCD/YCH102B4LOCA, B4LBCA, B4LFCA, BWLOCA
YCD/YCH102B4HOCA, B4HBCA, B4HFCA, BWHOCA
YCD102B4LACA, B4LCCA, B4LGCA, BWLACA
YCD102BWHACA, B4HACA, B4HCCA, B4HGCA

Library	Service Literature
Product Section	Unitary
Product	Rooftop Air Conditioner
Model	YC*
Literature Type	Service Facts
Sequence	2B
Date	June 1993
File No.	SV-UN-RT-YC*102-SF-2B 6/93
Supersedes	New

Packaged Cooling / Gas Heat 8½ Tons—Downflow & Horizontal Micro-Electronic Controls

IMPORTANT NOTE: This unit is equipped with advanced electronic controls which provide convenient service functions significantly different from conventional units. Refer to your service literature carefully when performing service or maintenance.

Table 1—Contents

	Page
Product Specifications	1
Optional Equipment	2
Sequence of Operation	3
Static Pressure Drop	4
Motor Sheave/Fan Speed	4
Fan Performance	4
Operating Pressure	5
Superheat Charging	5
Connection Diagram	6-7
Power Schematic	8-9
Control Schematic	10-11
Gas Heating Data	12
Refrig. Circuit Diagram	12

Table 2—Product Specifications

MODEL	YC*102B4	YC*102BW
RATED VOLTS/PH/Hz	460/3/60	575/3/60
A.R.I. Ratings		
Cooling ¹		
BTUH	101,000	
Part Load GBTUH/PLV ²	56,500/9.45	
Indoor Air Flow (CFM)	3000	
System Power (KW) (YCD/YCH)	10.86/11.22	
EER (BTU per Watt) (YCD/YCH)	9.30/9.00	
Heating ³		
1st Stage, Input BTUH (L/H Models)	100,000/175,000	
Output BTUH ⁴ (L/H Models)	81,000/142,000	
2nd Stage, Input (BTUH) (L/H Models)	150,000/250,000	
Output BTUH ⁴ (L/H Models)	122,000/203,000	
Temp. Rise—Min. F (L/H Models)	20/45	
Temp. Rise—Max. F (L/H Models)	50/70	
Type of Gas/Pipe Size (In.)	Natural/1.50	
POWER CONNS.—V/PH/Hz	460/3/60	575/3/60
Min. Circuit Ampacity ⁵		
Standard Motor/Oversize Motor	29.0/31.0	19.0/N/A
Fuse Size—Max. (Amps)		
Standard Motor/Oversize Motor	30/40	20
COMPRESSOR		
No. Used/HP	2/4.3	575/3/60
Volts/Ph/Hz	460/3/60	575/3/60
R.L. AMPS	10.0	5.9
L.R. AMPS	71.0	43.0
OUTDOOR COIL—Type	Plate Fin	
Rows/F.P.I.	2/16	
Face Area (Sq. Ft.)	10.0	
Tube Size (In.)	.375	
INDOOR COIL—Type	Plate Fin	
Rows/F.P.I.	2/15	
Face Area (Sq. Ft.)	9.5	
Tube Size (In.)	.375	
Refrigerant Control	Capillary Tube	
Drain Conn. Size (In.)	1.0 NPT	
OUTDOOR FAN—Type	Propeller	
CFM	6200	
No. Used/Dia. (In.)	1/26	

Footnotes:

¹ Capacity rated in accordance with A.R.I. Standard 210. A.R.I. standard rating conditions are: 80 D.B. & 67 W.B. entering air to indoor coil, and 95 D.B. entering air to outdoor coil.

² All models are U.L. listed. Limit settings and rating data were established and approved under laboratory test conditions using standards by American National Standards Institute.

³ Based on ANSI Z21.47 standards.

⁴ Convertible to LPG with orifice change.

⁵ This value is approximate. For more precise value, see unit nameplate.

⁶ Values do not include power exhaust accessory.

	YC*102B4	YC*102BW
OUTDOOR FAN (cont.)		
Type Drive/No. Speeds	Direct/1	
No. Motors/HP	1/1.0	
Motor Speed R.P.M.	1125	
Volts/Ph/Hz	460/1/60	575/1/60
F.L. Amps/L.R. Amps	3.0/9.3	2.0/5.7
INDOOR FAN—Type	FC Centrifugal	
Dia.xWidth (Ins.)	15x11	
No. Used	1	
Type Drive/No. of Speeds	Belt/1	
No. Motors/HP		
(Standard Motors)	1/2	
(Oversize Motors)	1/3	
Motor Speed R.P.M.	1740	
Volts/Ph/Hz	460/3/60	575/3/60
F.L. Amps/L.R. Amps	3.4/23.8	3.0/22.8
(Standard Motors)	4.8/40.5	N/A
(Oversize Motors)		
COMBUSTION FAN—Type	Centrifugal	
No. Used	1	
Drive/No. of Speeds	Direct/2	
Motor HP—RPM		
(Low Heat Models)	¾—3500/2800	
(High Heat Models)	¾—3500/2800	
Volts/Ph/Hz	208-230/1/60	
L.R. Amps (Low Heat Models)	.40	
(High Heat Models)	.65	
FILTER		
Type Furnished	Throwaway	
Filters (In.)	YCD 20x20x2 (Qty 3), & 16x20x2 (Qty 3)	
YCH 20x25x2 (Qty 4)		
REFRIGERANT		
Charge (Lbs. OF R-22) ⁶	6.5 per circuit	
DIMENSIONS		
Crated (In.)	LxWxH 96x69x52	
Uncrated (In.)	95x64x49	
WEIGHT (Approx. Lbs.)		
Shipping/Net	YCD 1415/1140	
YCH 1455/1140		

WARNING: HAZARDOUS VOLTAGE—DISCONNECT POWER BEFORE SERVICING

Failure to **DISCONNECT POWER** before servicing could lead to severe personal injury or death.

SAFETY NOTICE

This information is intended for use by individuals possessing adequate backgrounds of electrical and mechanical experience. Any attempt to repair a central air conditioning product may result in personal injury and/or property damage. The manufacturer or seller cannot be responsible for the interpretation of this information, nor can it assume any liability in connection with its use.

RE-CONNECT ALL GROUNDING DEVICES

All parts of this product capable of conducting electrical current are grounded. If grounding wires, screws, straps, clips, nuts or washers used to complete a path to ground are removed for service, they must be returned to their original position and properly fastened.

Table 3—Optional Equipment

ZSM1—1 Sp Man. Changeover	ASYSTAT661	TCI Accessory	BAYICSI001B
ZSM2—2 Sp Auto Changeover	ASYSTAT663	Sensor Mounting Plate	BAYMTPL001A
Programmable T'stat	ASYSTAT665	Power Exhaust—	
Stand Alone Unoccupied Timer	BAYCLK001A	Downflow only (460 Volt)	BAYPWRX017A
Field Installed CTI	BAYCTHI001C	Downflow only (575 Volt)	BAYPWRX018A
Roof Curb—		Roof Curb Adapter Kit—	
for Downflow models	BAYCURB025A	Downflow models only	BAYQACB001A
Clogged Filter Switch	BAYDFPS001A	Downflow models only	BAYQACB002A
Fan Failure Switch	BAYDFPS002A	ZSM1—1 Sp Man Changeover	BAYSENS006A
I/O Expansion Board	BAYDIAG001A	ZSM2—2 Sp Auto Changeover	BAYSENS008A
Manual Outside Air	BAYDMPRO29B	ZSM2—2 Sp Auto C/O W/LEDS	BAYSENS010A
Power Fresh Air	BAYDMPRO42B	ZSM3—Programmable	BAYSENS012A
Economizer W/DB—		ZSM4—4 With Button	BAYSENS013A
for Downflow models	BAYECON061B	ZSM4—4 W/Button & Set Pt	BAYSENS014A
Downflow models/no controls	BAYECON058B	Temp Sensor	BAYSENS016A
for Horizontal models	BAYECON064B	Remote Sensor (Use W/ZSM2)	BAYSENS017A
Reference Enthalpy Control	BAYENTH003A	ZSM3—Prog. W/Indicators	BAYSENS018A
Comparative Enthalpy Control	BAYENTH004A	Digital, Dual Setpoint, Manual/Auto	BAYSENS022A
High Temp Sensor	BAYFRST001A	Selective Res. Service Tester	BAYSERV001A
High Static Drive Kit	BAYHSDR001A	Remote Sens. For Progr. T'stat	BAYSTAT021
Oversize Motor (460 Volt)	BAYHSMT037B	Remote Rheostat	BAYSTAT023
Oversize Motor (575 Volt)	BAYHSMT038B		

Sequence of Operation

These units are equipped with an electronic control board called "**Unitary Control Processor (UCP)**"; it is the brain of the unit control system. This board contains powerful control logic information that manages the functioning of the unit and system.

Note: Time delays are built in as noted below. These time delays increase reliability by protecting the compressor, and by maximizing efficiency of unit performance.

1) Unit Start-Up

Each time power is applied to the system, the **UCP** performs internal self-diagnostic checks. It determines the system configuration (including installed options), and prepares for control of this configuration. It also checks itself for proper internal functioning. Within one second of start-up, the **UCP** system indicator (a red light on the **UCP** board) glows if programming is intact and functional.

On units with the optional economizer, the damper(s) is driven open for 15-20 seconds, and then closed for approximately 90 seconds. This assures proper damper calibration.

2) Cooling Operation/Mechanical Compressor Cycle (For cooling without economizer operation)

NOTE: The compressors are controlled to a minimum run time of 3 minutes, and once shut off will not start again for 3 minutes.

Cooling Sequence—When mechanical cooling is required, the **UCP** energizes the Compressor Contactor (**CC1**) coil. When the **CC1** contacts close, the Compressor **CPR1** and Outdoor Fan Motor(s) (**ODM1/ODM2**) start. **ODM2** cycles off/on based on outdoor ambient temperature measured by the Outdoor Air Sensor (**OAS**); **OFF** if temperature falls below 60 (± 2)°F, and **ON** if temperature rises above 65 (± 2)°F. **CPR1** cycles on and off as required by cooling demands, but within the time minimums mentioned above.

Additional Cooling—If additional cooling is required with **CPR1** running, the **UCP** energizes the 2nd compressor contactor (**CC2**) to bring on **CPR2**.

Note: A minimum of 10 seconds must have elapsed since energizing CC1.

While CPR1 continues to run, CPR2 cycles on/off as needed to meet cooling requirements.

Defrost Cycle in Cooling Mode—During periods of low outdoor air temperature, the UCP performs an evaporator defrost cycle. For units with two condenser fans, this cycle is performed at temperatures below 40°F, and for units with one condenser fan, at temperatures below 55°F. The defrost cycle is performed after each 10 minutes of accumulated compressor run time under these conditions. During the defrost cycle the compressor(s) is turned off and the supply fan stays energized. After completion of the defrost cycle, which lasts approximately three (3) minutes, the compressor is allowed to operate as required.

Indoor Fan Operation—If the indoor fan is set to "AUTO", the UCP energizes the Indoor Fan Contactor (F) coil approximately one second after energizing the compressor contactor. The Indoor Fan Motor (IDM) starts when contacts of F close. When the cooling cycle is complete and CC1 is de-energized, the UCP keeps the F coil energized for 60 seconds of additional IDM operation to enhance unit efficiency.

3) Cooling Operation/Economizer Cycle

Operation—The economizer option allows cooling with outdoor air when its temperature is below 60 (± 2)°F. This air is drawn into the unit through modulating dampers. When cooling is required and economizing is possible, the UCP signals the Unitary Economizer Module (UEM) to open/close the ventilation damper(s) by energizing the Economizer Actuator (ECA). The UCP tries to cool the space to slightly below the cooling set-point. If the Supply Air Sensor (SAS) senses that supply air is below 45°F, the dampers modulate closed until supply air temperature rises, or until dampers close to their minimum position.

If a power exhaust accessory is present, the power exhaust fan motor is energized whenever the economizer damper is at a position greater than 25% of the actuator stroke.

During simultaneous economizing and mechanical compressor cooling, the UCP continues to modulate the ECA to keep the supply air temperature in the 45-55°F range.

NOTE: CPR2 is locked out during operation of the optional economizer cycle.

When economizing is not possible, dampers go to minimum position.

4) Continuous Fan Operation

If the indoor fan switch is set to "ON", the UCP keeps the F coil energized for continuous fan operation. On units with an optional economizer, the UCP also causes the Economizer Actuator (ECA) to move to its proper operating position at minimum position or greater.

5) Heating Operation/Gas Heat

NOTE: Minimum 4-minute heat cycle. The UCP controls each heat cycle to run at least 4 minutes. This reduces the possibility of condensation in the unit's heating components.

When the space temperature falls below the heating set-point, the UCP initiates a heating cycle by energizing the relay (K5) coil, the heat relay (H) coil, and the ignition control module (IGN). The H contacts close to energize the combustion fan motor (CFM). K5 contacts close to energize the high speed windings of CFM. (After a 60 second delay, K5 is de-energized to revert the CFM to its low speed windings.)

The IGN starts the ignition process by preheating the hot surface ignition probe (IP) for 45 seconds. After preheat of the IP, the gas valve (GV) is energized up to 7 seconds to ignite the burner. If the burner does not ignite, the system goes through two more preheat and ignition tries before locking out. When the gas lights, the IP is de-energized and then functions as a flame sensor.

If the fan is set to "AUTO", the UCP energizes the fan contactor (F) 45 seconds after initiation of the heat cycle. The F contacts close and the IDM starts.

If the space temperature remains below the heating set-point with stage 1 heat operating, the UCP energizes the K5 coil (after a minimum of 10 seconds have elapsed since initiation of the heating cycle). This activates the high speed windings of CFM supplying stage 2 heat capacity.

When the space temperature rises above the heating set-point, the UCP de-energizes K5, H, and IGN, turning off the heat functions. The F coil remains energized for 10 seconds after which it is de-energized, provided the fan mode is AUTO.

To reset an IGN lockout, power must be removed from IGN by switching the unit mode on the zone sensor to "OFF" and then to the desired position.

Limit Controls—High limit (TCO1) and fan fail limit (TCO2) protect against overheating if the IDM fails to operate. These controls will signal the UCP that a failure has occurred. The UCP will de-energize K5, H, and IGN, and energize the F coil. The UCP also signals the heat failure by flashing the "HEAT LED" on the zone sensor.

TCO1 is located in the bottom right corner of the gas valve/burner compartment, on both the downflow and horizontal units. This automatic reset control protects against abnormally high leaving air temperature.

TCO2 is located on the indoor motor partition panel, below and to the right of the blower housing on downflow units. On horizontal units, it is located on the indoor motor partition panel above the blower housing. This automatic control protects against abnormally high heat build up, which could be caused by extended cycling of TCO1, or failure of the IDM to operate.

**Table 4—Static Pressure Drops Through Accessories
(Inches Water Column)**

Economizer		
CFM	100% OA	100% RA
2700	.13	.04
3000	.14	.05
3200	.15	.06
3400	.16	.08
3600	.17	.09
4000	.18	.10
4400	.20	.13
4800	.23	.14

*Reflects DF drop, worse case between DF & HZ DWG. NO. 5000-5285

Table 5—Motor Sheave/Fan Speed

Motor Sheave Position	Fan Speed (RPM)		
	Standard Motor & Sheave	Standard Motor & High Static Drive Kit	Oversize Motor & Sheave Kit
5 Turns Open	620	716	800
4 Turns Open	663	765	850
3 Turns Open	706	816	900
2 Turns Open	749	865	950
1 Turn Open	792	916	1000
Closed	835	968	1050

DWG. NO. 5000-3519B

Table 6—Evaporator Fan Performance

EXTERNAL STATIC PRESSURE (INCHES OF WATER COLUMN)																		
CFM	0.100		0.200		0.300		0.400		0.500		0.600		0.700		0.800		0.900	
	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP
2720	—	—	Field Supplied Low Static Drive															
3060	505*	0.63*	503* 0.53*	540* 0.61*	574* 0.66*	611* 0.74*	643	0.82	674	0.89	705	0.97	736	1.06				
3400	554* 0.85*	548* 0.72*	583* 0.80*	613* 0.87*	643	0.94	677	1.03	707	1.11	735	1.19	762	1.27				
3740	604* 1.11*	593* 0.95*	625	1.02	656	1.13	683	1.20	710	1.27	740	1.37	769	1.47	795	1.56		
4080	655	1.42	636	1.21	670	1.30	699	1.40	726	1.52	750	1.59	774	1.67	801	1.77	828	1.88
			680	1.52	715	1.64	742	1.73	768	1.85	793	1.97	815	2.06	837	2.14	861	2.23
Standard Motor & Sheaves																		
Std. Motor & Optimized Sheaves																		

EXTERNAL STATIC PRESSURE (INCHES OF WATER COLUMN)																						
	1.000		1.100		1.200		1.300		1.400		1.500		1.600		1.700		1.800		1.900		2.000	
CFM	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP
Standard Motor & Sheaves										Standard Motor & Optimized Sheaves												
2720	766	1.15	794	1.24	820	1.34	846	1.43	871	1.53	895	1.63	918	1.73	941	1.84	964	1.95	986	2.06	1008	2.18
3060	790	1.37	818	1.46	845	1.57	870	1.67	895	1.77	919	1.88	941	1.99	964	2.09	986	2.20	1007	2.32	1028	2.43
3400	820	1.64	844	1.73	869	1.83	894	1.94	919	2.05	943	2.17	966	2.28	988	2.40	1010	2.52	1031	2.63	—	—
3740	854	1.98	877	2.08	899	2.18	922	2.27	944	2.38	967	2.50	990	2.62	1012	2.74	1034	2.87	—	—	—	—
4080	886	2.35	911	2.47	934	2.59	955	2.69	975	2.79	996	2.90	1016	3.01	1037	3.13	—	—	—	—	—	—
3 HP Oversize Motor and Sheaves																						

* These levels can be achieved with a field supplied Browning AK99 fan sheave, the standard 2 HP motor, and possibly a belt change.

DWG. NO. 5000-3512A

Motor Efficiency: 85%

Data includes pressure drop due to wet coils and filters.