BLOCK 1170 LOT 18.03 QUALIFICATION CODE _____ ADDRESS (SITE) 415 Jack Martin Blvd PERMIT NO. 17-0875

CONSTRUCTION PERMIT APPLICATION

C16-002387

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

I. IDENTIFICATION

1. Proposed Work Site at: 415 Jack Martin Blvd.
2. Name of Owner in Fee: Meridian Nursing & Rehab
   Tel. (732) 206-8036 e-mail _____
   Address 3349 RT 138 E. Wall NJ 07719 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Millennium Heating & Cool Inc Tel. (732) 730-0860
   Address 308 Chandler Rd e-mail pjmerry@aol.com
   Jackson NJ 08527
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00416500
   Federal Emp. ID No. 223749822/000 FAX: (732) 901-8593
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150-		
2. Electrical	150-		
3. Plumbing	246-		
4. Fire Protection	140-		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

HVAC

IIb. SUBCODES (Check all that apply)

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

RECEIVED MAY 17 2017 BUILDING

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	LA			01/16/16	[illegible]			
				6/7/16	PE			
				5-26-16	[illegible]			
				[illegible]				

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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 DeRusso

Address 36 Chamolen Rd.

Telephone (732-) 730-0060

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building	_____	Energy	_____	Other _____
Electrical	_____	Barrier Free	_____	_____
Plumbing	_____	Flood Hazard	_____	_____
Fire Protection	_____	As Built Elevation Cert.	_____	_____
Mechanical	_____	Other	_____	_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
7/19/16	Called. Ready for p/u	
3/15/17	- L/M Diane w/Contractor Needs to be paid	LH

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/31/2017
Control Number C-16-002387
Permit Number 17-0875
Permit Issue Date 3/22/2017
Certificate Number 17-0875

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 415 JACK MARTIN BLVD MERIDIAN NURSING & REHAB 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:

Contractor MILLENIUM HEATING & COOLING

Address 308 CHANDLER ROAD JACKSON NJ 08527

Telephone: (732) 730-0060 Fax:

License Number or Builders Registration Number: 19HC00215800 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC ...DIRECT REPLACEMENT OF (2) 10-TON RTU's

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: 3/31/2017

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0875

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.
BRICK TOWNSHIP NJ 08724

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 206.8036 e-mail

Address 3349 RT 138E. WALL NJ 07719

Contractor: Millennium Heating & Cooling Inc (street / municipality) Tel. (732) 730.0060 (zip code)

Address 308 Chandler Rd e-mail pjmerry@aol.com
Jackson, NJ 08527

Contractor License No. or Builder Registration No. Exp. Date

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

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

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 DeRusso

Print name here: Joseph DeRusso

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DISCONNECT 1- 10 TON ROOFTOP HVAC PACKAGE UNIT

INSTALLATION OF 1- 10 TON ROOF TOP HVAC PACKAGE UNIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	07/16/16	VCP
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 07/16/16
Approved by: VCP

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 03/28/17
Approved by: VCP

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/27/17	
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

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

CONNECTED TO A

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 40.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ 40.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0875

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 Brick NJ

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 206-8036 e-mail

Address 3349 RT 138E WALL NJ 07719 (street, municipality, zip code)

Contractor: Central Jersey Electrical LLC Tel. (732) 534-9307

Address 25 Aldrich Pl. Howell NJ 07731 e-mail

Contractor License No. 16971 Exp. Date 3/18

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 750 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved SPECS.

Date: 6/7/16 Approved by: PE

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/7/16

Approved by: PE

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 3/27/17

Approved by: PE

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-27-17	MF
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here.

Print name here: James K Hoag

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Roof Top unit disconnect & extend to new unit

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	
2	10	KW Central A/C Unit	
1		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	
2	TOTAL	Roof Top unit	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 3/22/17
Control #:
Date Issued:
Permit #: 17-0875

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
Brick TOWNSHIP, NJ

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 206.8036 e-mail

Address 3349 RT 138 E, WALL, NJ 07719
street municipality zip code

Contractor: Millennium Heating & Cooling Inc Tel. (732) 730.0060

Address 308 Chandler Road e-mail pTMerry@aol.com
Jackson, NJ 08527

Contractor License No. Exp. Date

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

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

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 $ 950.

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 DeRusso

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DISCONNECT/ADAPT/RECONNECT GAS LINES FOR HVAC UNIT

QTY.	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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other HVAC	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$ 300.00
State Permit Surcharge Fee	$ 50.00
TOTAL FEE	$

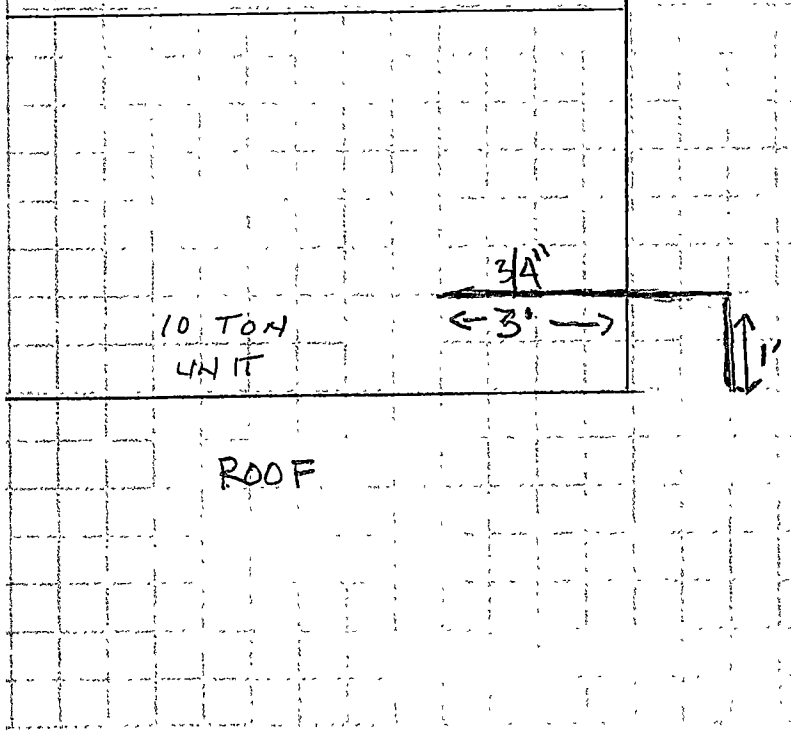
JOB SUMMARY (Office Use Only)

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: 5-26-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-28-17
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				
Final			3-27-17	



PLUMBING
MAY 26 2016
APPROVED

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0875

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
BRICK TOWNSHIP, NJ 08724

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 206-8036 e-mail

Address 3349 RT 138 E., WALL NJ 07719

Contractor: Millennium Heating & Cooling Inc (street, municipality) Tel. (732) 730-0060 (zip code)

Address 308 Chandler Rd. e-mail p77merry@aol.com
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). 13VH00416500

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 175.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel.

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here Joseph DeRusso

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 2 Rooftop Units

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (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		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

* to be reconnected to fire alarm

COMMERCIAL

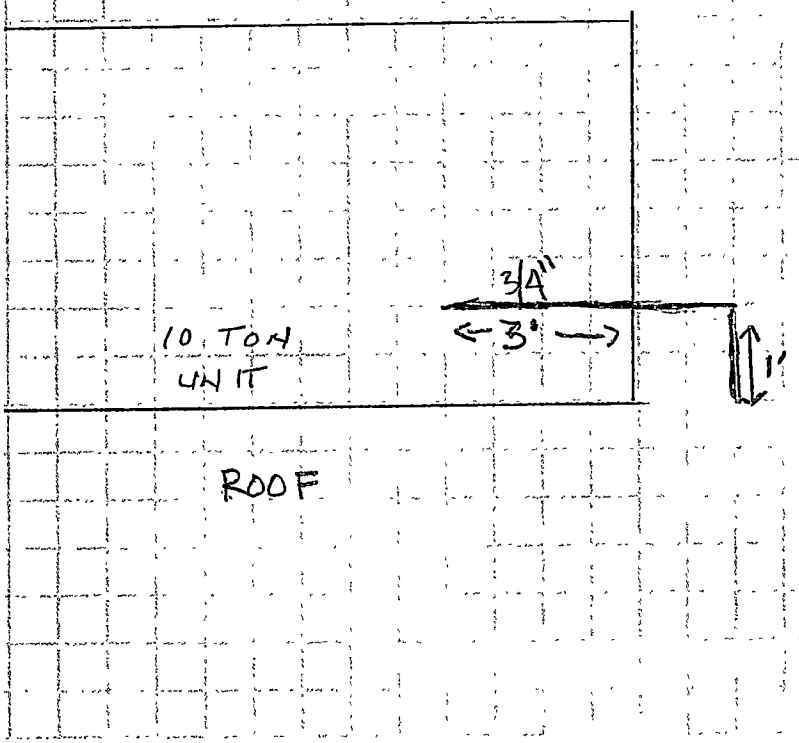
JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 3/31/17 Approved by: MTC
Joint Plan Review Required.
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-31-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-28-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			3/27/17	PM
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/27/17	PM
Other				



James McReanicin A/C
Unit 1

PLUMBING
MAY 26 2016
APPROVED

CONSTRUCTION PERMIT

Date Issued 2/22/17
Control # C-16-002387
Permit # 17-0875

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier
Work Site Location: 415 JACK MARTIN BLVD MERIDIAN NURSING & REHAB Brick Township, NJ
Owner in Fee: MERIDIAN NURSING & REHAB INC. 415 JACK MARTIN BLVD BRICK NJ 08724
Telephone:
Contractor: MILLENIUM HEATING & COOLING
Address: 308 CHANDLER ROAD JACKSON NJ 08527
Telephone: (732) 730-0060
Lic. No. or Bldrs. Reg. No. 19HC00215800 19HC00215800
Federal Employee. No. 19HC00215800

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
HVAC ...DIRECT REPLACEMENT OF (2) 10-TON RTU's

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,615

Construction Official Date 2/22/17

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$240
Fire Protection	$190
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$732
Check No.	5127
Cash	$0
Credit	$0
Collected By	CW

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:

- [x] 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".

- [x] 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

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0875

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
BRICK TOWNSHIP, NJ 08724

Owner in Fee· Meridian Nursing & Rehab

Tel. (732) 206·8036 e-mail

Address 3349 RT 138 E., WALL NJ 07719

Contractor: (street) Millennium Heating & Cooling Inc (municipality) Tel. (732) 730·0060 (zip code)

Address 308 Chandler Rd. e-mail p77merry@aol.com
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) 13VH00416500

Federal Emp. ID No. 223,749 822/000 FAX: (732) 901.8593

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location·

Total Cost of Fire Protection Work $ 175.00

Fuel Storage Tank:
Fuel Type. [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here·

Print name here. Joseph DeRusso

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace 2 Rooftop units

Water Supply Source

Method of Alarm/Suppression System Supervision

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by
[✓] Fire Protection Plans Approved
Date 5/31/16 Approved by MJC
Joint Plan Review Required.
[ ] Bldg. [ ] Elec [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-31-16
Approved by: CA

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0715

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

BRICK TOWNSHIP NJ 08724

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 206-3036 e-mail

Address 3349 RT 138 E., WALL NJ 07719

Contractor: (street) Millennium Heating & Cooling Inc (municipality) Tel. (732) 730-0060 (zip code)

Address 3088 Chandler Rd. e-mail pzimenty@.101.com

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). 13VH00416500

Federal Emp. ID No. 223,749,322/000 FAX: (732) 901.8593

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

Fuel Type. [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 17[illegible]

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel.

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Joseph DeRusso

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace 2 Rooftop Units

Water Supply Source

Method of Alarm/Suppression System Supervision

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by

[X] Fire Protection Plans Approved

Date: 5/31/17 Approved by: MJC

Joint Plan Review Required.

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

SUBCODE APPROVAL for PERMIT

Date: 5-31-17

Approved by: CCO

SUBCODE APPROVAL for CERTIFICATE

[ ] 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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 3/22/17

Date Issued / Permit # 17-0875

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
Brick TOWNSHIP, NJ

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 206-8036 e-mail

Address 3349 RT 138 E, WALL NJ 07719
street municipality zip code

Contractor: Millennium Heating & Cooling Inc Tel. (732) 730-0060

Address 308 Chandler Road e-mail pjmerry@aol.com
Jackson, NJ 08527

Contractor License No. Exp. Date

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

Federal Emp. ID No. 223749822/000 FAX: (732) 901-8593

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 $ 950.

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 DeRusso

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DISCONNECT/ADAPT/RECONNECT GAS LINES FOR HVAC UNIT

QTY.	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	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other HVAC	

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: 5-26-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Final				

Administrative Surcharge $
Minimum Fee $ 500.00
State Permit Surcharge Fee $
TOTAL FEE $ 500.00

U C C F130 (rev 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 3/22/17

Date Issued / Permit # 17-0875

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee. _____

Tel. ( ) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. ( ) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

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 $ 250.

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: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

_____

QTY.	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	
2	Gas Piping	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
____	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
2	Other HVAC	

Administrative Surcharge $ _____

Minimum Fee $ 500.00

State Permit Surcharge Fee $ _____

TOTAL FEE $ 500.00

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: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Final				
_____				

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0875

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
Brick NJ

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 206-8036 e-mail

Address 3349 RT 138 E WALL NJ 07719
street municipality zip code

Contractor: Central Jersey Electrical Co. Tel. (732) 534-9307

Address 25 Aldrich Dr. Howell NJ 07731 e-mail

Contractor License No. 16971 Exp. Date 3/18

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 750 –

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved Specs.
Date: 6/7/16 Approved by: NT

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

SUBCODE APPROVAL for PERMIT
Date: 6/7/16
Approved by: NT

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

INSPECTIONS Type:	Dates (Month/Day) 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

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 JAMES [illegible]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK.
Replace roof top unit disconnects extend to new unit

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	
2	10	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec Sign/Outline Light	
2	TOTAL	ROOF TOP UNIT	

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

U.C.C. F120 (rev 11/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

3/22/17

17 0875

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block [illegible] Lot 18.63 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. (732) [illegible] e-mail

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. (732) 536-[illegible]

Address [illegible] e-mail

07751

Contractor License No. [illegible] Exp. Date [illegible]

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

Federal Emp. ID No. 22-[illegible] FAX (732) 536-9367

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 750

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved SPECS

Date: 6/7/16 Approved by: [illegible]

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/7/16

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] 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

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 [signature]

Print name here [illegible]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible]

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	
		2	10	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec Sign/Outline Light	
2	[illegible]	[illegible]	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0875

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
BRICK TOWNSHIP NJ 08724

Owner in Fee Meridian Nursing & Rehab

Tel. (732) 206-8036 e-mail

Address 3349 RT 138E. WALL NJ 07719

Contractor: Millennium Heating & Cooling Inc (street / municipality) Tel. (732) 730.0060 (zip code)

Address 308 Chandler Rd J e-mail pjmerry@aol.com
Jackson NJ 08527

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 223749822/000 FAX. (732) 901-8593

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required 03/16/17 LG
[ ] All
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

Joint Plan Review Required
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 03/16/17
Approved by: KEB

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories
Height of Structure ____ ft.
Area — Largest Floor ____ sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building.
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ 40.00
2. Rehabilitation $
3. Total (1+ 2) $

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:
Print name here. Joseph DeRusso

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DISCONNECT 2 - 10 TON ROOFTOP HVAC PACKAGE UNIT

INSTALLATION OF 2 - 10 TON ROOF TOP HVAC PACKAGE UNIT

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

UCC F110
(rev. 11/09)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/22/17
Control #
Date Issued
Permit # 17-0815

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 415 [illegible] MILLTOWN BLVD

[illegible] TOWNSHIP NJ 08724

Owner in Fee. [illegible]

Tel. ( ) _____ e-mail _____

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. ( ) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

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: _____

Print name here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible] INSTALLATION OF 2 - IN TWO FAMILY TWO UNIT

INSTALLATION OF 2 - IN TWO FAMILY TWO UNIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	3/22/17	[illegible]
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 8/16/17
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type.	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building.
State Approved _____ HUD _____

Est. Cost of Bldg. Work: 440.00
1. New Bldg. $ 440.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ 440.00

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

FEE (Office Use Only)
$ _____

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

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

1 White = Inspector Copy
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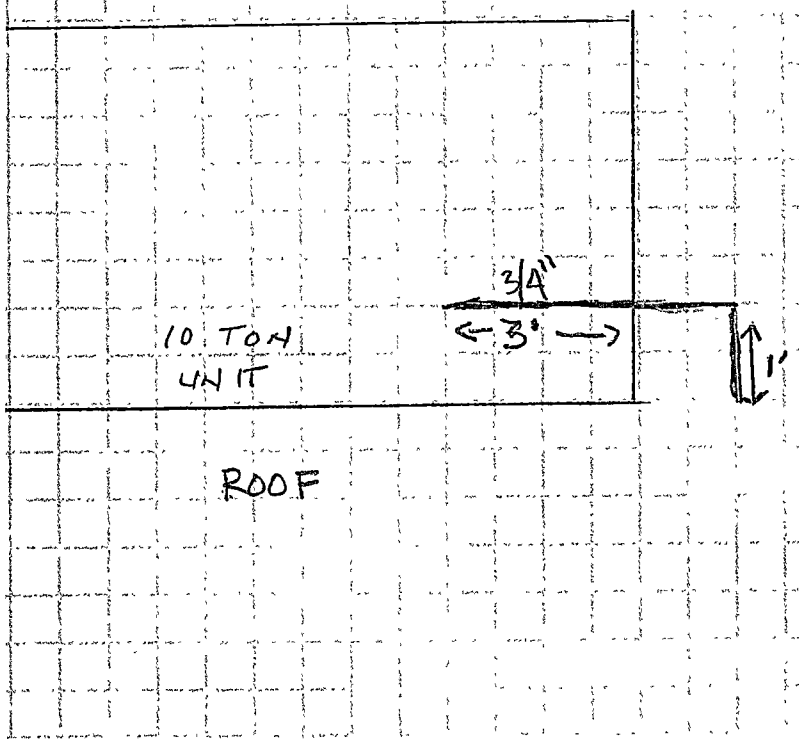
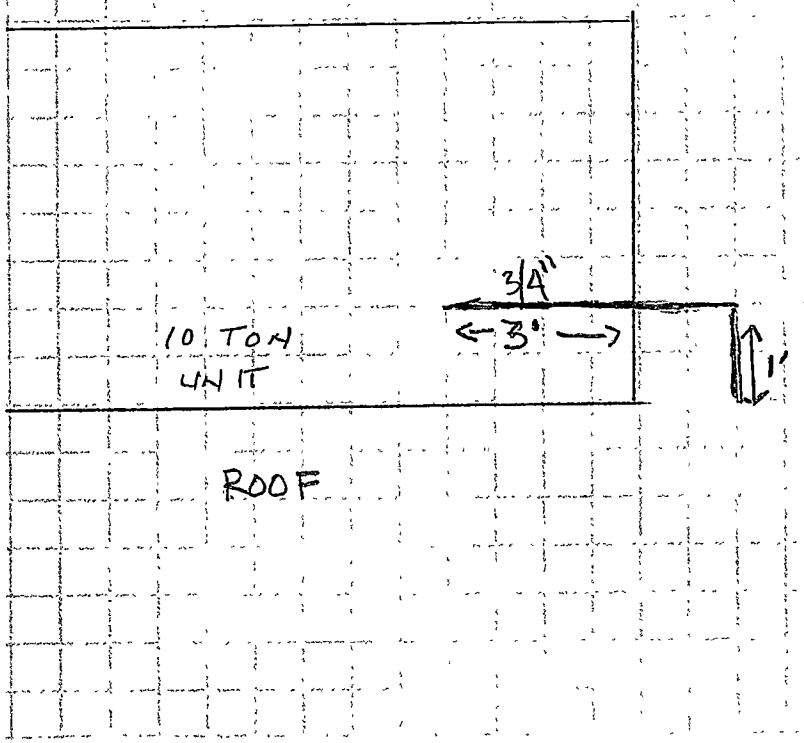
Unit 1



PLUMBING
MAY 26 2016
APPROVED



PLUMBING
MAY 26 2016
APPROVED

Jack Klein
McLennan AJ
Unit 2

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Joseph A. DeRusso
Master HVACR Contractor

01/08/2015 TO 06/30/2016
VALID

SIGNATURE

19HC00215800
License/Registration/Certificate #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Millennium Heating & Cooling, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

03/20/2016 TO 03/31/2017
VALID

SIGNATURE

13VH00416500
License/Registration/Certificate #

ACTING DIRECTOR

REPLACEMENT ROOF TOP UNITS FOR COMMERICAL

WEIGHT OF OLD UNIT 1185

WEIGHT OF NEW UNIT 1058

IF THE NEW UNIT WEIGHT IS MORE WE WILL NEED AN ENGINEER TO CERTIFY ROOF STRUCTURE, OR PROVIDE DETAILED REINFORCEMENT PLAN.

PLUMBING TECH FILLED OUT AND SIGNED AND SEALED.

BTU'S OF OLD AND NEW UNITS OR NEED TO SUPPLY HEAT LOSS/COOLING

OLD BTU'S _____ INPUT _____ OUTPUT

NEW BUT'S 250.000 INPUT 205,500 OUTPUT

NEED TO SUPPLY LOAD CALCUATIONS

ELECTRIC TECH FILLED OUT AND SIGNED AND SEALED.

BUILDING TECH FILLED OUT AND SIGNED AND SEALED.

BROCHURE/SPEC'S OF NEW UNIT (NOT INSTALLATION GUIDE)

7/26/11

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Millennium Heating & Cooling, Inc.
Joseph A. DeRusso
308 Chandler Rd
Jackson NJ 08527-4322

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

03/20/2016 TO 03/31/2017
VALID

13VH00416500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Plumbing Permit Application Checklist

Be aware that the storm has increased the departments' work-load. Please follow this checklist; it may help to get your permit quicker.

BLOCK: 1170 Lot: 18.03 Address: 415 JACK MARTIN BLVD, BRICK Date: 5/16/16

1. Complete the Plumbing Subcode Technical Section Form 130:
   - [✓] Section A. License Number
   - [✓] Section B. Water and Sewer Size
   - [✓] Section C. Signature and Seal
   - [✓] Section D. Description of Work
   - [✓] Address w/zip (P.O. Box **NOT** accepted)
   - [✓] Estimated Cost of Work
   - [✓] Expiration of License
   - [ ] QTY of Existing Fixtures and Equipment

2. [✓] Apply for Electric and Fire Permit (if applicable)

3. [✓] Submit copy of Home Improvement Contractor Registration

4. [✓] Complete a Signed and Dated Chimney Verification Form 370

5. [ ] Submit TWO COPIES of *Isometric Plans* for : DWV ____ GAS ____
   a. For GAS:
      i. Indicate location of meter and appliances (w/ BTU input)
      ii. Gas pipe material
         1. For schedule 40 steel pipe use International Fuel Gas Code Table 402.4(2)
         2. For CSST use Table 402.4(13)
            a. Indicate CSST size in Equivalent Hydraulic Diameter (EHD)
            b. Submit electrical permit application for bonding CSST

   b. For DWV:
      i. Cleanouts at the base of stacks
      ii. Make, model and location of any Air Admittance Valves

   c. For WATER:
      i. **Water Supply Fixture Units (new and existing) for new work, additions, etc.**
      ii. Indicate the size of water service from the curb to the meter

6. [ ] Submit Floor Plans Indicating Fixture Clearances (COMMERCIAL ONLY)

7. [ ] Submit Field Fabricated Fiber Glass Shower Pan Notice

TRANE

new unit

Model Number YSC120F4EHA**C0000000000000000000000000

Customer :

Project :

Name : ysc120f4eha0001

Y4C

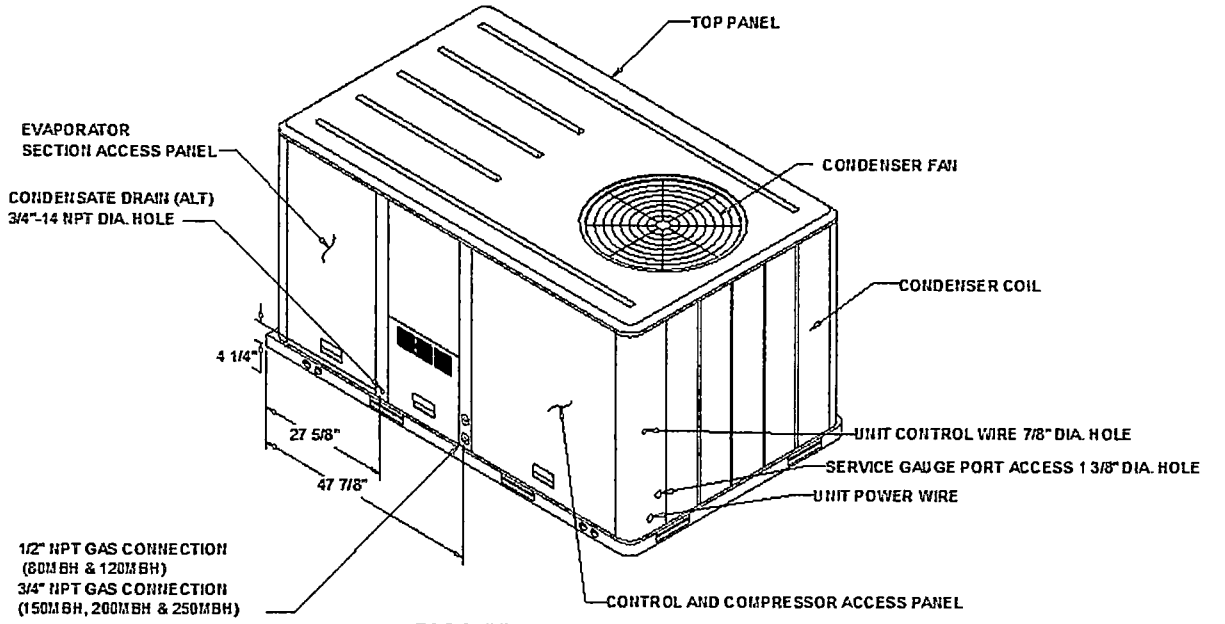
General			
Unit function	**DX cooling, gas heat**	Unit efficiency	**Standard efficiency**
Airflow	**Convertible configuration**	Airflow Application	**Downflow**
Fresh air selection	**Econ-dry bulb 0-100% 3hp**	Tonnage	**10 Ton**
Cooling Entering DB	**80.00**	Cooling Entering WB	**67.00**
Ambient Temp	**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	**10 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**

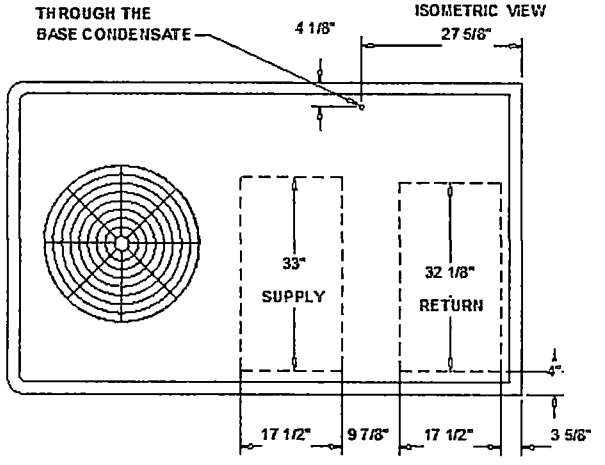
Motor/Electrical	
Voltage	**460/60/3**

DX Cooling, Gas Heat 3-10 Ton	
Unit controls	**Electro mechanical controls 3ph**



PACKAGED GAS / ELECTRICAL

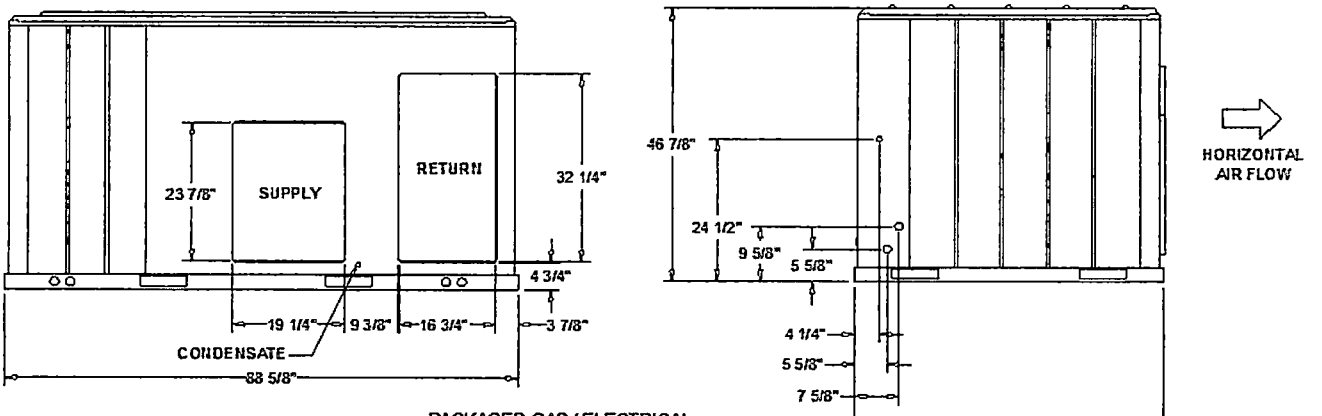
ISOMETRIC VIEW



PLAN VIEW UNIT

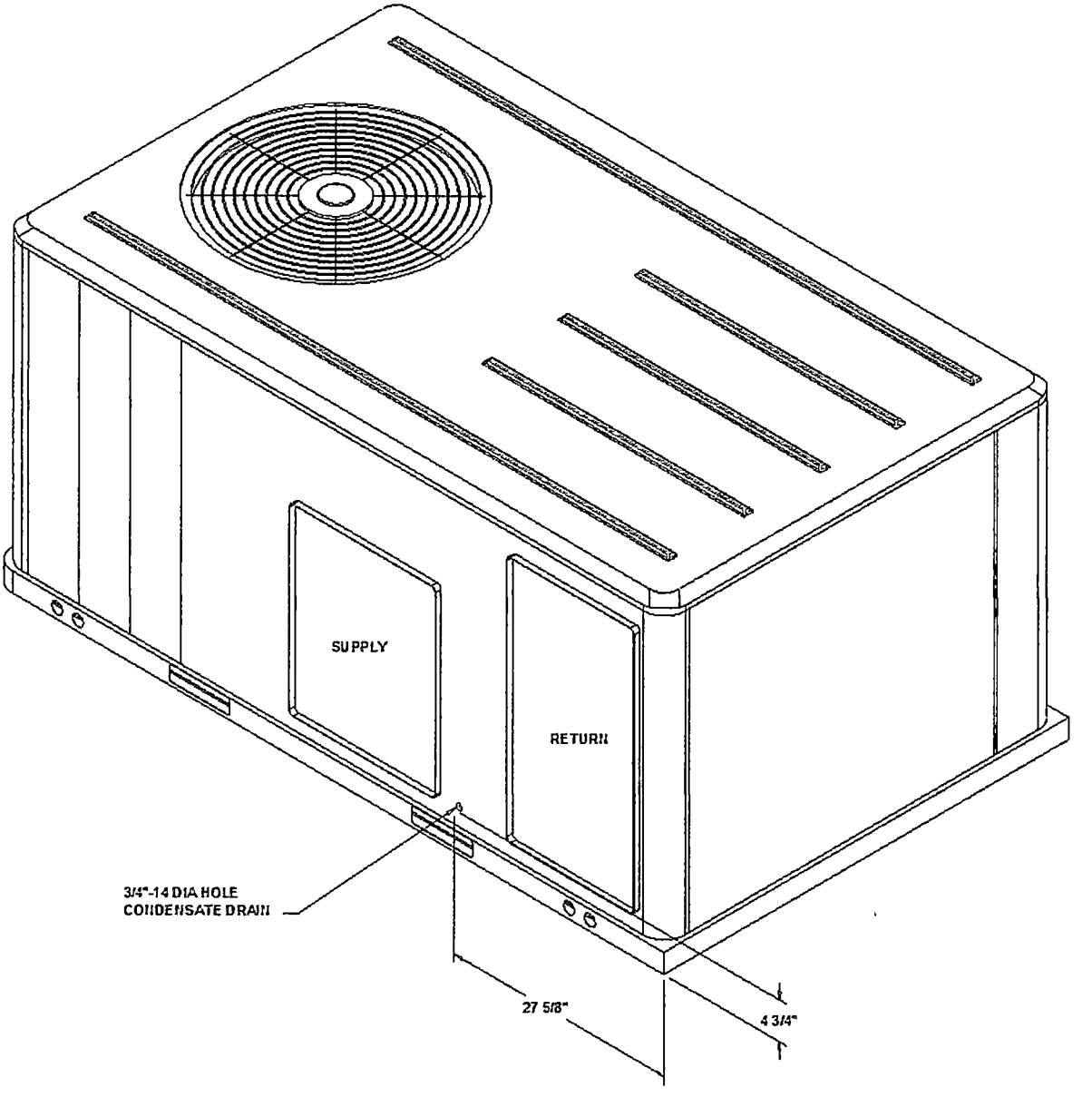
DIMENSION DRAWING

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



PACKAGED GAS / ELECTRICAL

DIMENSION DRAWING



ISOMETRIC-PACKAGED COOLING

TRANE

ELECTRICAL / GENERAL DATA

GENERAL (2)(4)(6)

Model:	YSC120F	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 3	
Standard Motor		Field Installed Oversized Motor
MCA:	22.7	MCA: N/A
MFS:	30 0	MFS: N/A
MCB.	30.0	MCB: N/A

HEATING PERFORMANCE

HEATING - GENERAL DATA

Heating Model	High
Heating Input (BTU):	250,000/175,000
Heating Output (BTU).	200,000/140,000
No Burners:	5
No Stages	2
Gas Inlet Pressure	
Natural Gas (Min/Mix).	4.5/14
LP (Min/Max)	10.0/14 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:	3 6	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:	4.3	Full Load Amps:	N/A	Full Load Amps:	N/A
Locked Rotor Amps:	-	Locked Rotor Amps:	N/A	Locked Rotor Amps:	N/A

COMPRESSOR Circuit 1/2

Number:	2
Horsepower:	4.8/3 7
Phase	3
Rated Load Amps:	9.6/7.1
Locked Rotor Amps:	75 0/45 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	5 5 lb
Circuit #2	4.2 lb

NOTES:

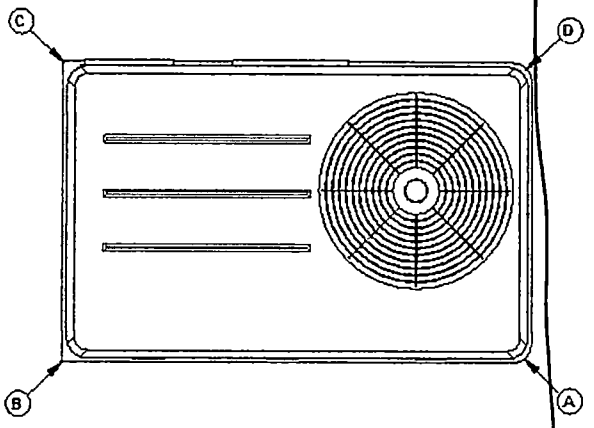
1. Maximum (HACR) Circuit Breaker sizing is for installations in the United States only.
2. Refrigerant charge is an approximate value. For a more precise value, see unit nameplate and service instructions.
3. Value does not include Power Exhaust Accessory
4. Value includes oversized motor.
5. Value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

TRANE net weight New Unit?

INSTALLED ACCESSORIES NET WEIGHT DATA

ACCESSORY	WEIGHTS
ECONOMIZER	360 lb
MOTORIZED OUTSIDE AIR DAMPER	
MANUAL OUTSIDE AIR DAMPER	
BAROMETRIC RELIEF	
OVERSIZED MOTOR	
BELT DRIVE MOTOR	
POWER EXHAUST	
THROUGHT 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	

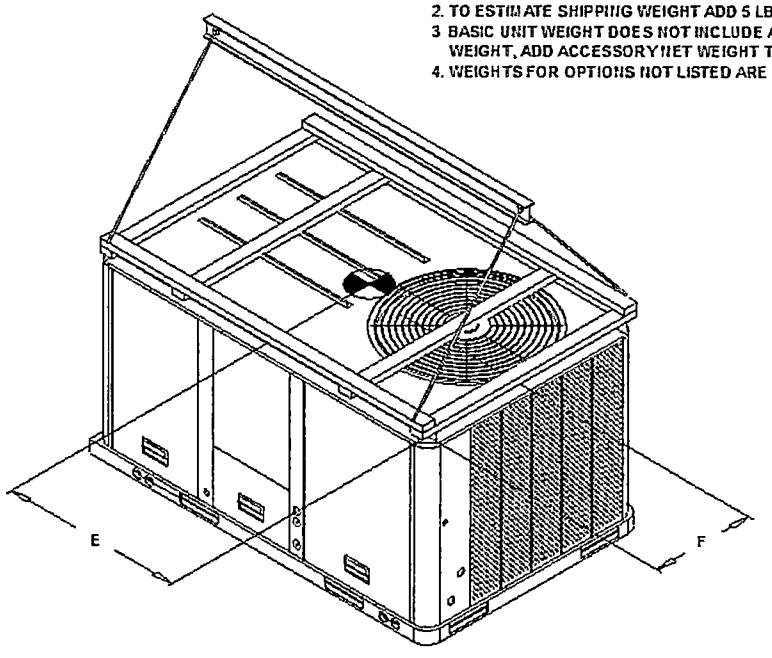
BASIC UNIT WEIGHTS		CORNER WEIGHTS				CENTER OF GRAVITIY	
SHIPPING	NET	(A)	345.0 lb	(C)	258.0 lb	(E) LENGHT	(F) WIDTH
1156.0 lb 1453.0 lb	1058.0 lb	(B)	242.0 lb	(D)	213.0 lb	41"	23"



PACKAGED GAS / ELECTRICAL

CORNER WEIGHT

NOTE:
1 CORNER WEIGHTS ARE GIVEN FOR INFORMATION ONLY.
2. TO ESTIMATE SHIPPING WEIGHT ADD 5 LBS TO NET WEIGHT.
3 BASIC UNIT WEIGHT DOES NOT INCLUDE ACCESSORY WEIGHT. TO OBTAIN TOTAL WEIGHT, ADD ACCESSORY NET WEIGHT TO BASIC UNIT WEIGHT.
4. WEIGHTS FOR OPTIONS NOT LISTED ARE <5 LBS



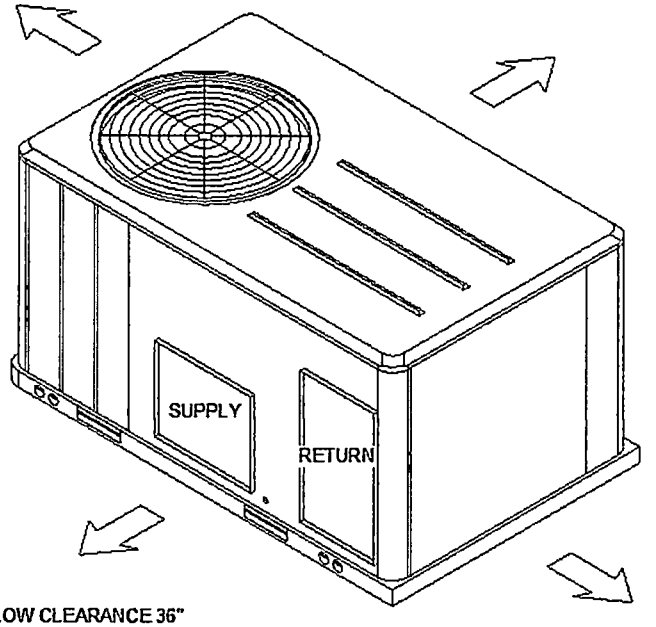
PACKAGED GAS / ELECTRICAL

RIGGING AND CENTER OF GRAVITY

CLEARANCE 36"

CLEARANCE FROM TOP OF UNIT 72"

CLEARANCE 48"



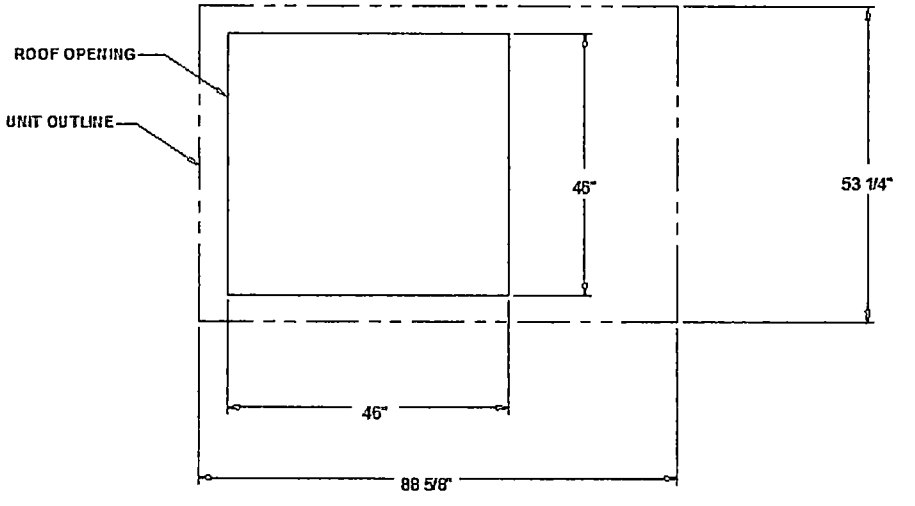
DOWNFLOW CLEARANCE 36"

HORIZONTAL CLEARANCE 18"

CLEARANCE 36"

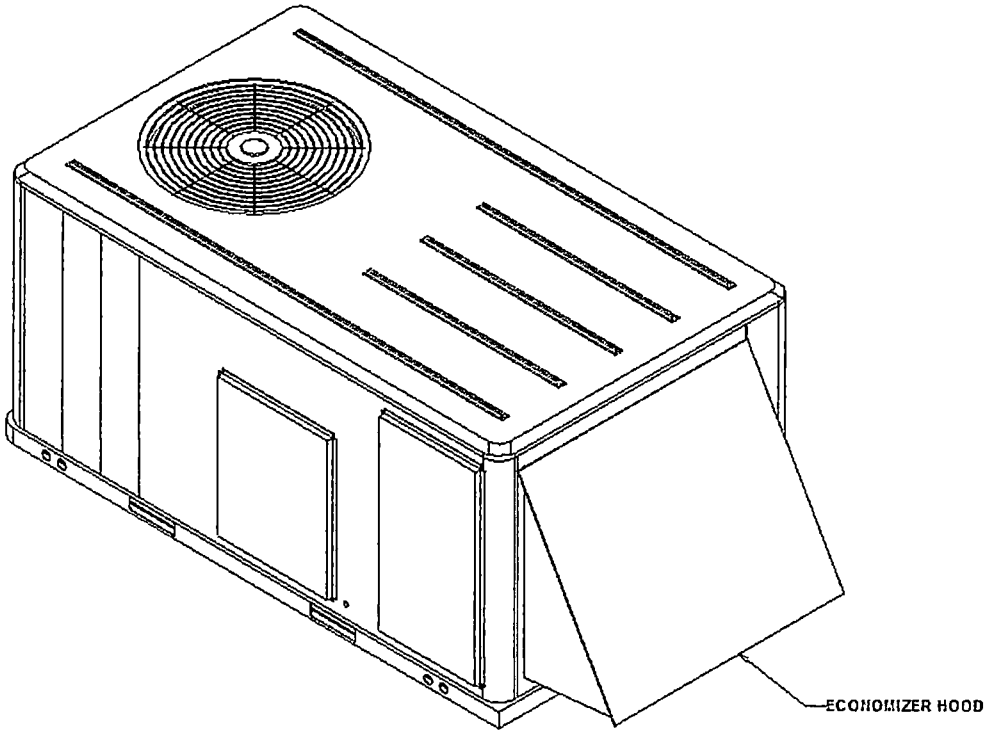
PACKAGED GAS / ELECTRIC

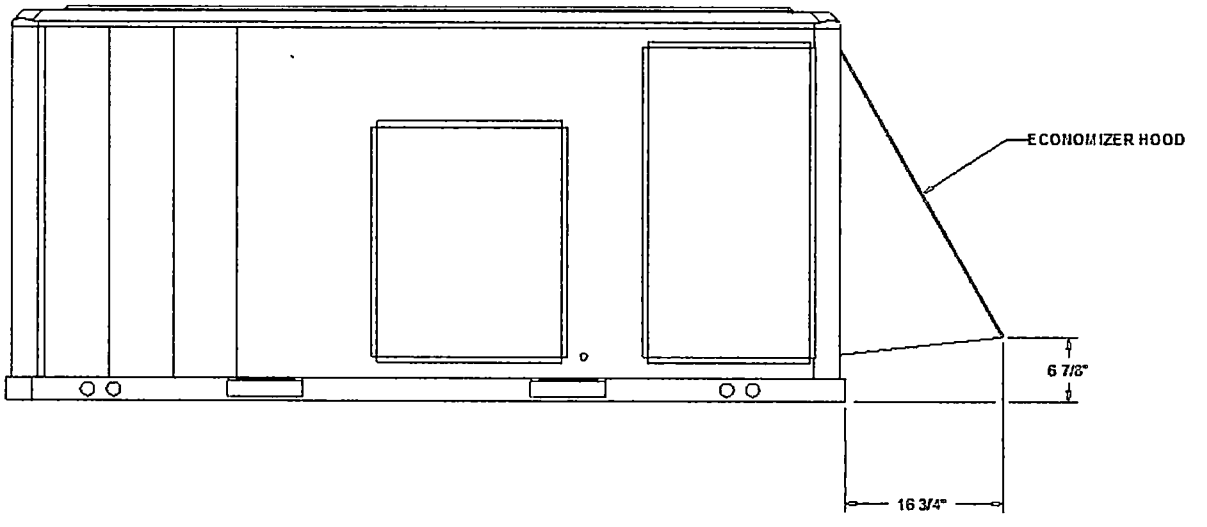
CLEARANCE



PACKAGED GAS / ELECTRIC

DOWNFLOW TYPICAL ROOF OPENING





ACCESSORY - ECONOMIZER HOOD

General

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.

Filters

Throwaway filters shall be standard on all units. Optional 2-inch MERV 8 and MERV 13 filters shall also be available.

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).

Economizer

This accessory shall be available with or without barometric relief. The assembly includes fully modulating 0-100 percent motor and dampers, minimum position setting, preset linkage, wiring harness with plug, spring return actuator and fixed dry bulb control. The barometric relief shall provide a pressure operated damper that shall be gravity closing and shall prohibit entrance of outside air during the equipment off cycle. Optional solid state or differential enthalpy control shall be available for either factory or field installation. The economizer arrives in the shipping position and shall be moved to the operating position by the installing contractor.

YC-IOM-4C
18-EB60D11-3

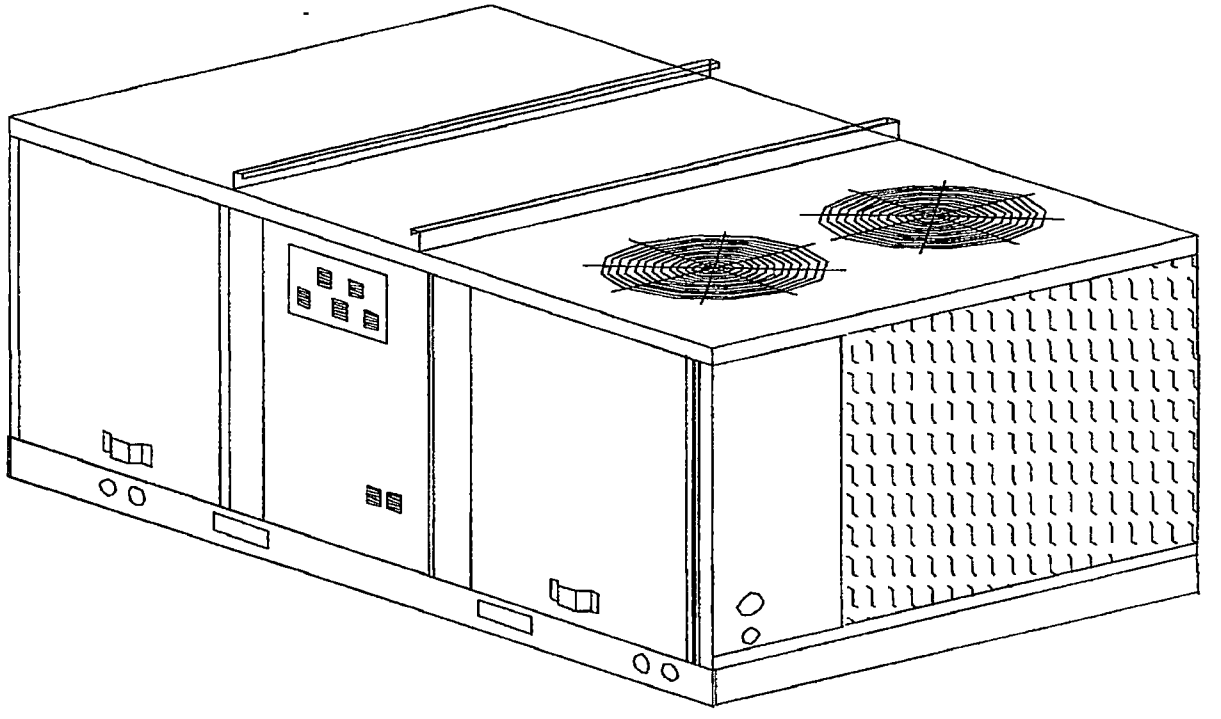
INSTALLATION OPERATION MAINTENANCE

Customer Property — Contains wiring, service, and operation information. Please retain.

Library	Service Literature
Product Section	Unitary
Product	Rooftop Lt. Comm.
Model	YC
Literature Type	Installation/ Oper/ Maint
Sequence	4C
Date	April 1994
File No.	SV-UN-RT-YC-IOM-4C 4/94
Supersedes	YC-IOM-4B

Models:
YCD/YCH102-300B
YCD/YCH103-241B

Packaged Gas/Electric
8-1/2 thru 25 Ton



IMPORTANT NOTE: *These units are equipped with an advanced electronic unitary control processor, (UCP) that provides service functions which are significantly different from conventional units. Refer to the* ***TEST MODES*** *and* ***START-UP PROCEDURES*** *before attempting to install, operate or perform maintenance on this unit.*

All phases of this installation must comply with the **NATIONAL, STATE & LOCAL CODES.** In addition to local codes, the installation must conform with National Electric Code -**ANSI/NFPA NO. 70 LATEST REVISION.**

INSTALLATION

Location and Recommendations

Unit Support

Wet weight on OLD Existing Unit

If unit is to be roof mounted check building codes for weight distribution requirements. Refer to accessory roof curb mounting instructions. Check unit nameplate for supply voltage required. Determine if adequate electrical power is available. Refer to specification sheet. Furnace may be installed on Class A, B or C roofing material.

Location and Clearances

Installation of unit should conform to local building codes, the National Fuel Gas Code, ANSI-Z223.1a Latest Revision, and the National Electrical Code. Canadian installations must conform to CSA and local codes.

Select a location that will permit unobstructed airflow into the condenser coil and away from the fan discharge and permit unobstructed combustion airflow into the burner compartment. Suggested airflow clearances and service clearances are given in figure 4. The absolute minimum clearance around any side of the unit is 36 inches.

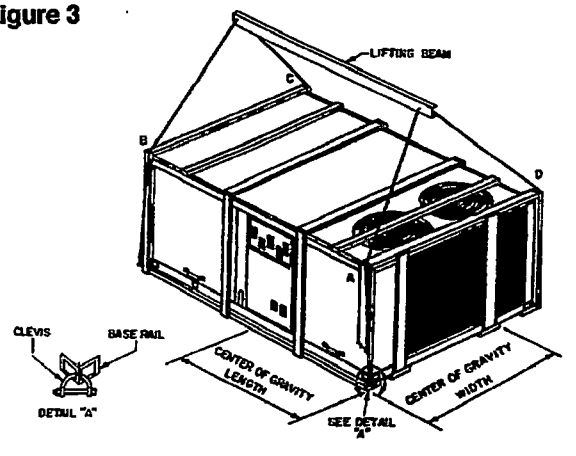
Placing and Rigging

IMPORTANT NOTE: *Before attempting to rig the unit, remove the fork pockets (openings used for fork placement when moving with fork truck) located on the condenser end of the unit.*

Rig the unit using either belt or cable slings. The sling eyelet must be placed through the lifting holes in the base rail of the unit. The point where the slings meet the lifting eyelet should be at least 6 feet above the unit. Use spreader bars to prevent excessive pressure on the top of the unit during lifting. Figure 3 shows the unit center of gravity and rigging recommendations.

IMPORTANT: *The use of "spreader bars" is required when hoisting the unit (prevents damage to sides and top). Top crating can be used as spreader bars.*

Figure 3



Important: For unit to fit on curb, fork pockets must be removed

Unit Mounting
Mounting on Roof

Downflow units should be mounted on a roof curb when possible. When installing the unit on the roof curb, follow the installation instructions accompanying the roof curb kit. On new roofs, the curb should be welded directly to the roof deck. For existing construction, nailers must be installed under the curb if welding is not possible. Be sure to attach the downflow ductwork to the curb before setting unit in place. See figure 2.

When installing the unit, it must be level to insure proper condensate flow from the unit drain pan.

Slab Mount

"For ground level installation, the unit base should be adequately supported and hold the unit near level. The installation must meet the guidelines set forth in local codes."

Table 1
Corner weights & Center of Gravity

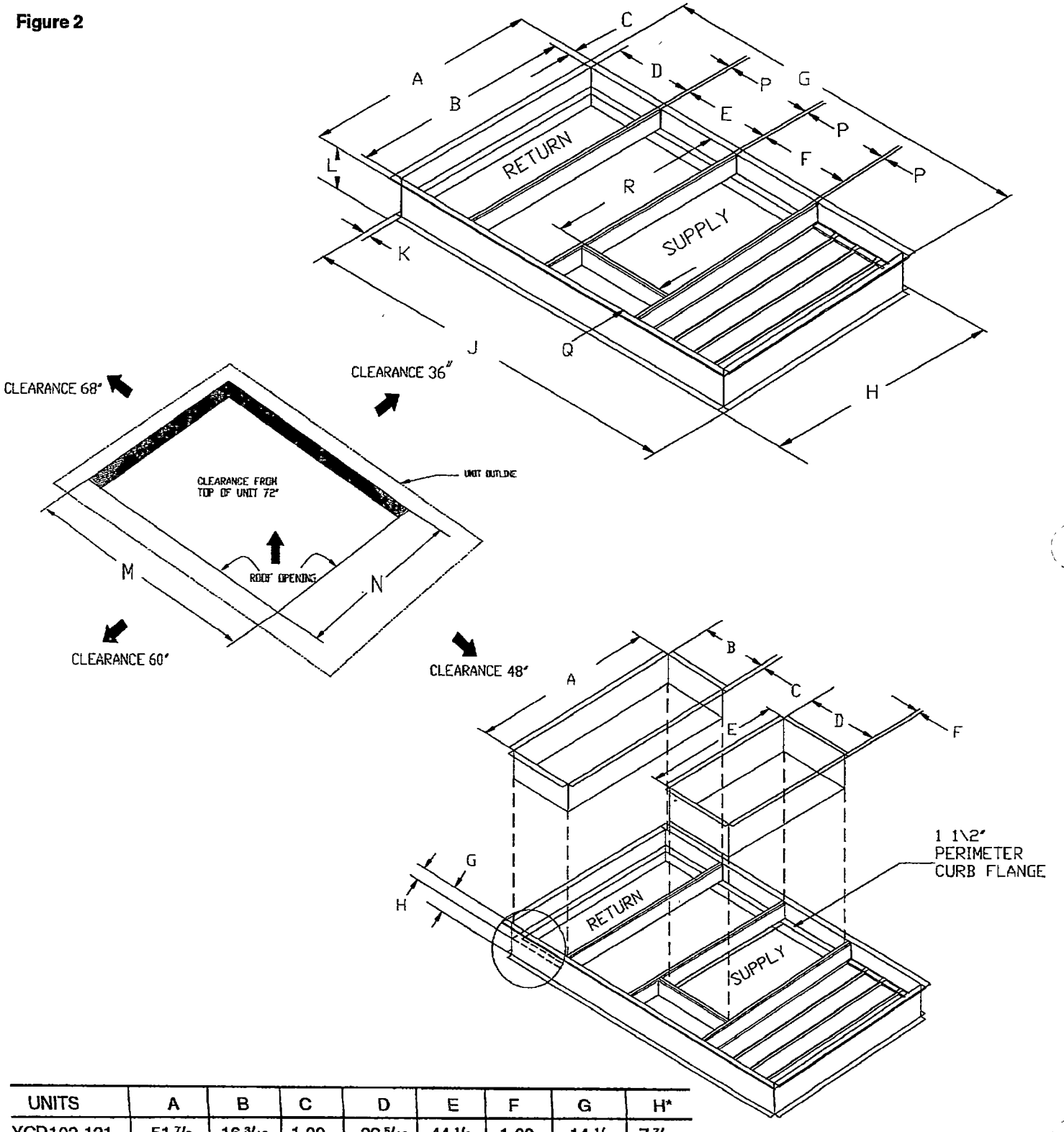
Unit	Total Unit, Net Weight	Corner Weights (note 1) (lbs.) A	B	C	D	Center of Gravity (inches) Length	Width
YC*102	1140	382	309	201	248	42	25
YC*103	1213	400	333	221	260	43	25
YC*120	1185	398	321	208	258	42	25
YC*121	1231	400	333	221	277	42	26
YC*150	1445	496	359	248	342	45	29
YC*151	1503	512	372	258	360	45	29
YC*180	1495	512	372	257	354	45	29
YC*181	1994	634	520	371	468	55	36
YC*210	1870	621	477	336	436	53	35
YC*211	2021	648	531	373	470	55	35
YC*240	1995	663	509	358	465	53	35
YC*241	2102	700	535	376	491	53	35
YC*300	2105	701	537	376	491	53	35

* Downflow or Horizontal

Note 1 - *Corner weights are given for information only. Unit is to be supported continuously by a curb or equivalent frame support.*

UNITS	A	B	C	D	E	F	G	H	J	K	L	M	N	P	Q	R
YCD102 - 121	59 1/8	55 1/2	1 13/16	19 1/8	9 7/8	25 1/2	88 15/16	59 7/16	89 1/4	2	14 1/16	60 1/2	55	1	7 1/2	48
YCD150 & 180	66 5/8	63	1 13/16	20 7/8	17 1/8	28 9/16	101 7/8	67	102 1/4	2	14 1/16	73 1/2	62 1/2	1	7 1/2	55 1/2
YCD181 - 300	80 5/8	77	1 13/16	22 1/4	23 1/4	28 1/4	116 7/8	81	117 3/16	2	14 1/16	81	76 1/2	1	7 1/2	69 1/2

Figure 2



UNITS	A	B	C	D	E	F	G	H*
YCD102-121	51 7/8	16 3/16	1.00	22 5/16	44 1/2	1.00	14 1/16	7 7/16
YCD150-180	59 7/16	17 7/8	1.00	26 5/16	52 1/2	1.00	14 1/16	7 7/16
YCD181-300	73 7/16	19 5/16	1.00	26 5/16	66 1/2	1.00	14 1/16	7 7/16

* H Dimension represents the distance from the top of the curb to the duct flange

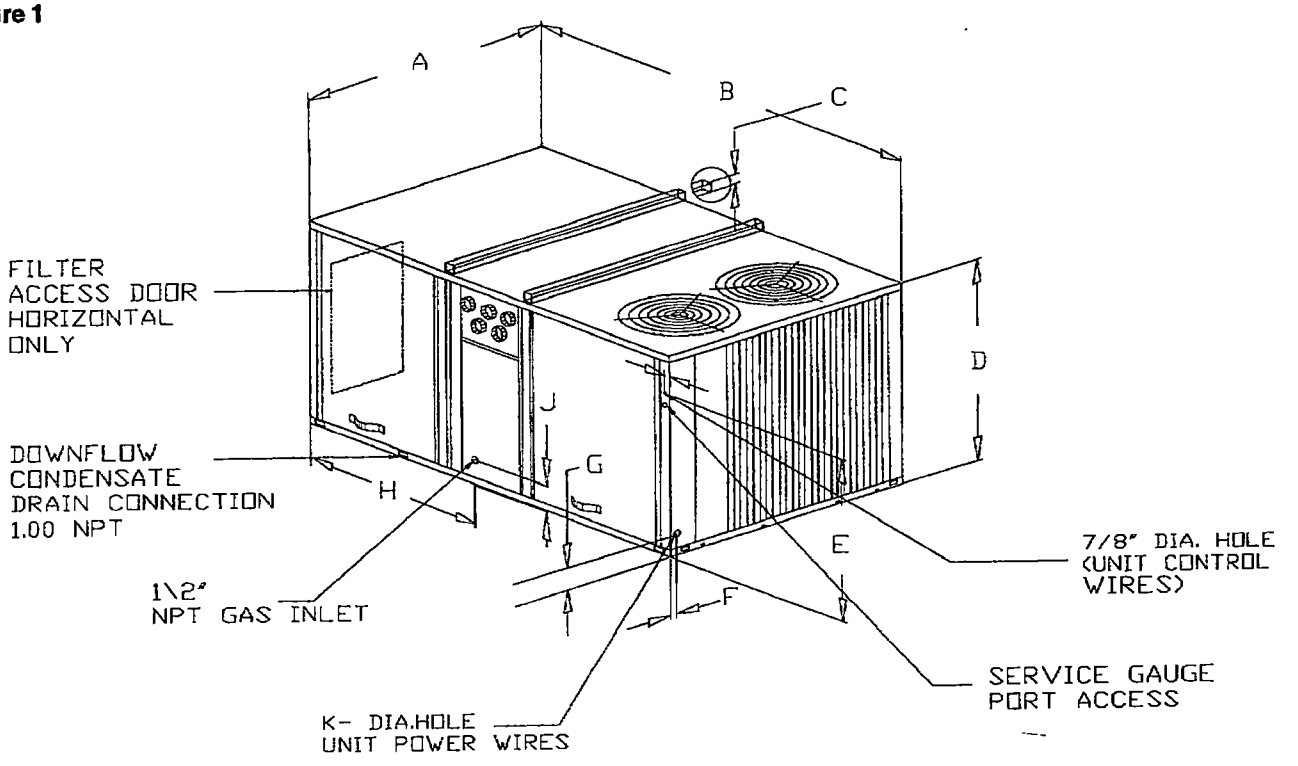
DIMENSIONAL DATA

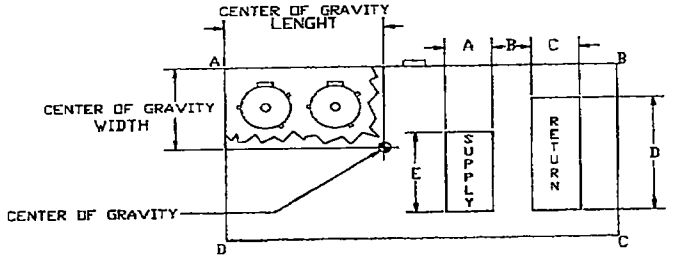
Unit Dimensions

UNITS	A	B	C	D	E	F	G	H	J	K
YC*102-121	63 5/16	94 5/16	13/16	49	28 5/8	2 3/16	8 3/8	44 5/16	5 15/16	2
YC*150-180	71 5/16	107 5/16	13/16	50 1/8	29 5/16	2 11/16	8 3/8	57	5 15/16	2
YC*181-300	85 5/16	122 5/16	13/16	54	33 3/16	2 11/16	8 15/16	64 1/2	5 15/16	3

* Downflow and/or Horizontal

Figure 1





DOWNFLOW UNIT

TOP VIEW SHOWING DUCT OPENINGS IN THE BASE

UNITS	A	B	C	D	E
YCD102-121	24 9/16	9 13/16	19	55 7/16	47 3/16
YCD150-180	28 9/16	17 1/8	20 11/16	62 15/16	54 11/16
YCD181-300	28 9/16	23 1/4	22 1/8	76 15/16	68 11/16

HORIZONTAL UNIT

REAR VIEW SHOWING DUCT OPENINGS FOR HORIZONTAL AIR FLOW

UNITS	A	B	C	D	E	F
YCH102-121	22 1/2	18	17 3/16	2	3 15/16	41 7/16
YCH150-180	26 1/2	19 9/16	24 9/16	2	3 15/16	42 1/2
YCH181-300	26 1/2	24 1/16	27 9/16	2	3 15/16	46 7/16

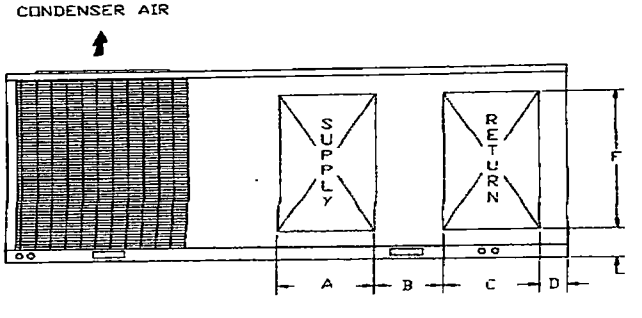
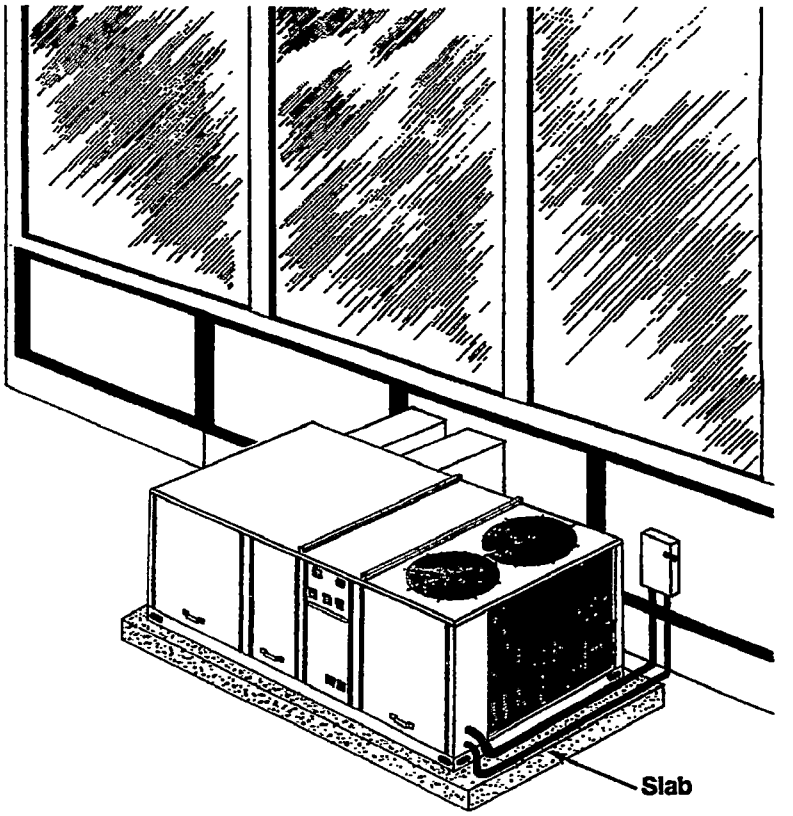
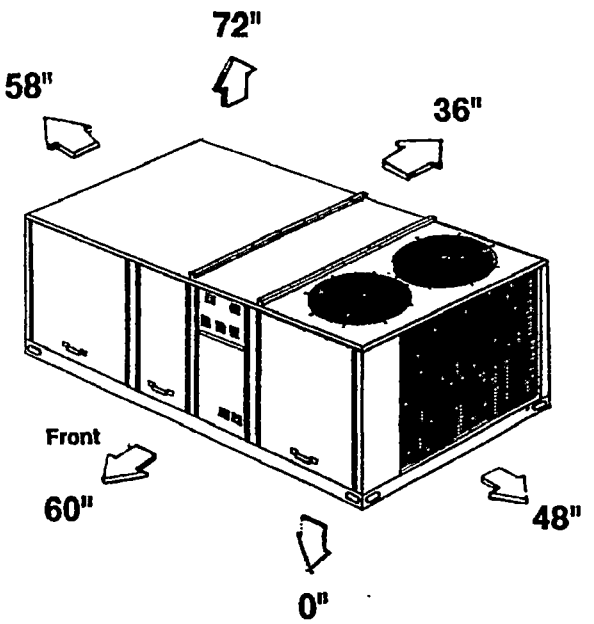


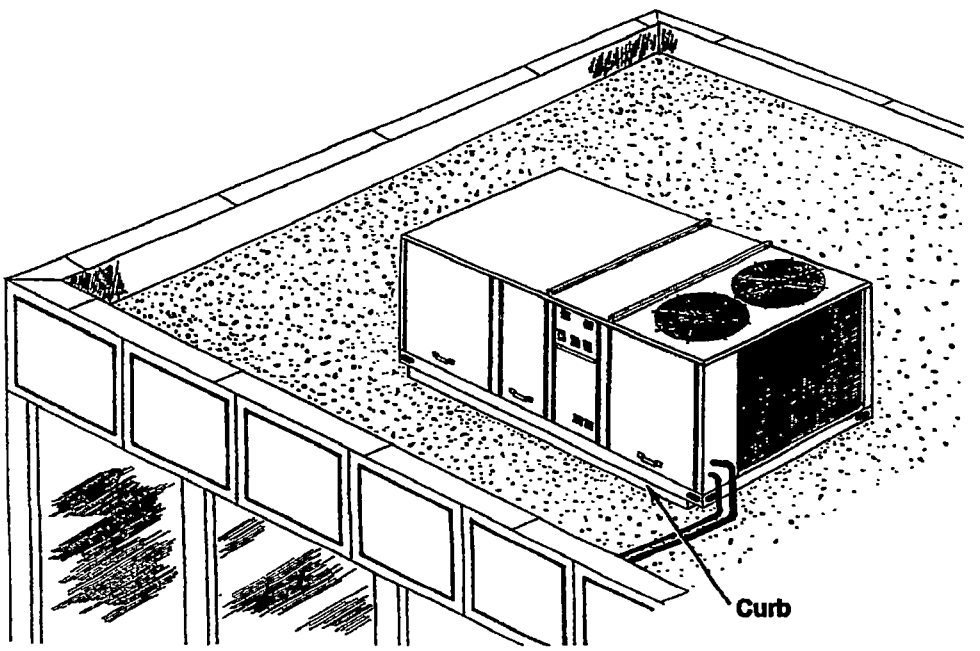
Figure 4

Ground Mounted Unit





Recommended Clearances



Roof Mounted Unit

Gas Piping

Gas Piping Installation

Note: *In the absence of local codes, the installation must conform with American National Standard-Z223.1a- National Fuel Gas Code Latest Revision.*

The following warning complies with State of California law, Proposition 65.

⚠ WARNING: Hazardous Gasses!
Exposure to fuel substances or by-products of incomplete fuel combustion is believed by the state of California to cause cancer, birth defects, or other product reproductive harm.

The available gas supply must agree with the required supply marked on the unit nameplate. Minimum permissible gas supply pressure for purpose of input adjustment must be at least 2.5 in. W.C. (inches water column) for natural gas and 8 in. W.C. for LP gas. Manifold pressure is set at (negative) -.2 in. W.C. in the factory for Natural and LP.

Pipe Delivery Schedule

Note: *The following procedure and tables apply to Natural Gas only.*

1 Obtain from gas company the heating value and specific gravity of gas delivered.
2 Determine exact length of pipe needed.
3 Read BTUH input nameplate on furnace.
4 Use the multiplier opposite specific gravity of gas (Table 2) and insert in the following formula

$$\text{CFH} = \frac{\text{Furnace Input in BTUH}}{\text{Gas Heat Content in BTU/Cu. Ft. * Multiplier}}$$

Table 2

	Specific Gravity	Multiplier
Multipliers to be Used When the Specific Gravity of the Gas is Other than 0.60	.50	1.10
	.55	1.04
	.60	1.00
	.65	0.962

This will give your factor for columns 2 through 6 in Table 3.

5 Using Table 3, select nearest pipe length to yours.
6 Follow this line horizontally across to the exact CFH found in step 4 or the next highest figure.
7 Read vertically to top of this column for required pipe diameter.

Note: *If this is a LPG (Liquid Propane Gas) application, consult your LPG supplier for pipe sizes and deliveries.*

Table 3 Capacity of Pipe of Different Diameters and Lengths in Cu. Ft. Per Hr. with Pressure Drop of 0.3" and Specific Gravity of 0.60

Length of Pipe (Ft.)	Iron Pipe Size (IPS) Inches				
	1/2	3/4	1	1 1/4	1 1/2
15	76	176	345	750	1220
30	52	120	241	535	850
45	43	99	199	435	700
60	38	86	173	380	610
75		77	155	345	545

Gas Piping (cont'd)

Gas Pressure Set-Up Precautions

⚠WARNING: Never use an open flame to test for gas leaks. An explosion could occur, resulting in severe personal injury or death.

IMPORTANT: *The furnace and its individual shut-off valve must be disconnected from the gas supply piping system during any pressure testing of that system at test pressures exceeding 1/2 psig (3.48 kpa).*

Caution: This unit should never be exposed to gas line pressures in excess of 14 inches water column (1/2 psig). Pressures greater than this may damage the unit.

Gas Supply Line Pressures

Before connecting the unit to the gas supply line, be sure to determine both gas pressure and gas BTU rating. In addition, check all unit connections and supply piping for leaks. If the gas supply pressure is excessive (above 14 inches water column, or 1/2 psig), install a pressure regulator either at the supply source, or in the branch circuit serving the unit. Once the regulator is installed, set it to provide a pressure of 7 inches water column with the unit operating and no greater than 14 inches water column with the unit not firing.

Caution: *Gas pressure in excess of 14 inches water column (1/2 psig) may damage the regulator, while improper regulation may result at pressures lower than 2.5 inches water column at the unit inlet. If the supply line pressure is below the minimum supply pressure indicated on the unit nameplate, contact the gas supply company.*

Use the following steps to complete the installation of the unit gas piping. (see figure 6)

1 Install a tapped, style A (1/8 inch NPT tap) shut-off gas cock at the end of the gas supply line near the unit. Be sure the tapped gas cock is downstream of the pressure regulator, if used.

Note: *The shut-off gas cock must be installed outside the unit, and should meet the specifications of all applicable National and Local Codes.*

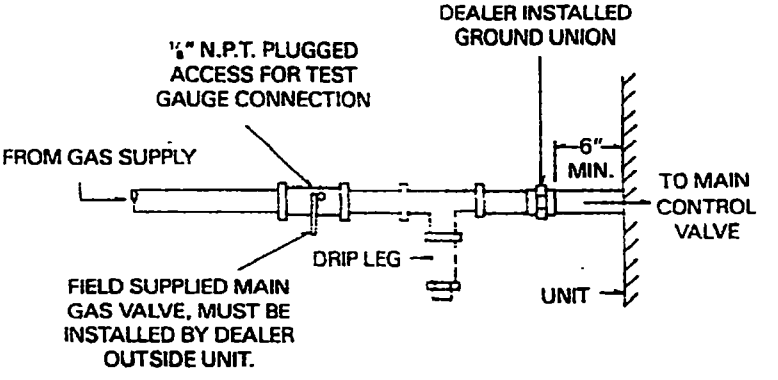
2 Install a ground union joint downstream of the shut-off cock. This joint must be installed outside of the unit.

3 Install a drip leg (at least six inches in depth) next to the union as shown in figure 6. This drip leg is required to collect any sediment that may be deposited in the line.

4 Before connecting the piping circuit to the unit, bleed the air from the supply line. Then cap or plug the line and test the pressure at the tapped shut-off cock. The pressure reading should not exceed 14 inches water column.

5 Connect the gas piping to the unit. Check the completed piping for leaks using a soap and water solution, or equivalent.

Figure 6 Schematic Diagram of Gas piping to unit.



IMPORTANT NOTE: THIS UNIT USES A NEGATIVE REGULATION GAS VALVE. AT START-UP, THE OUTLET PRESSURE SHOULD BE CHECKED AND ADJUSTED IF REQUIRED TO A (NEGATIVE) -0.2 INCHES OF WATER COLUMN. **NEVER** ADJUST THE REGULATOR TO A POSITIVE PRESSURE.

Manifold Pressure

The unit manifold pressure regulator (located on the gas valve) is factory installed and adjusted to provide the rated unit heating capacity. The required manifold pressure is factory set at (negative) - 0.2 inches of water column for natural and LP gas.

Check the manifold pressure at the unit gas valve. Do not exceed the recommended pressure shown on the unit nameplate.