

BLOCK 854 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 849 RT 70 - BRICK NJ PERMIT NO. 12-2100 P



CONSTRUCTION PERMIT APPLICATION

C12-002621

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

I. IDENTIFICATION

1. Proposed Work Site at: Rainbow Drive - 849 RT 70 - BRICK, NJ

2. Name of Owner in Fee: Bill Hrisasimis
Tel. (732) 840-1555 e-mail _____
Address 849 Route 70 - BRICK, NJ 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: Bob Evans Registration # AK Tel. (732) 312-7012
Address PO Box 437 e-mail bjevans@optonline.net
Asbury Park NJ 07712

License No. OR, if new home, Builder Reg. No. 136265368 Exp. Date _____

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

Federal Emp. ID No. 20-0843161 FAX: (732) 415-8118

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Robert Evans
Tel. (732) 312-7012 FAX: (732) 415-8118

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ _____	
2. Electrical	\$ <u>100</u>	
3. Plumbing	\$ <u>150</u>	
4. Fire Protection	\$ <u>150</u>	
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$ _____	
8. Subtotal	\$ _____	
9. State Permit Surcharge Fee	\$ <u>3</u>	
10. Subtotal	\$ _____	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>3103</u>	

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 Replace 3 Existing 5 TON A/C Units & Heating

- | | | | |
|---|--|--|---|
| ☐ 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	Re-viewer
	<u>CR</u>	<u>7/1/12</u>					
				<u>7-19-12</u>	<u>JS</u>		
				<u>02-13-12</u>	<u>PA</u>		
				<u>7-20-10</u>	<u>JS</u>		

TOTAL COST 1,400.00

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ 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 | |

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 Robert J. Evans Date 7/11/12

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 Robert J. Evans - Bob Evans Refrigeration & A/C

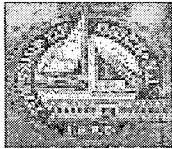
Address 786 Bowman Road - JACKSON, NJ 08527

10 Box 437 - Asbury Park NJ 07712

Telephone (732) 312-7012

Signature Robert J. Evans

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/01/2019
Control Number C-12-002621
Permit Number 12-2100
Permit Issue Date 07/26/2012
Certificate Number 12-2100

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 849 ROUTE 70 Brick Township, NJ Block: 854 Lot: 2 Qual: _____
Owner in Fee: EVANGELISTRA PARTNERS
Owner Address: 849 ROUTE 70 BRICK NJ 08724
Telephone: (732) 840-1555
Contractor Bob Evans Refrigeration & A/C
Address PO Box 437 Asbury Park NJ 07712
Telephone: (732) 312-7012 Fax: (732) 415-8118
License Number or Builders Registration Number: _____ 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: AIR CONDITIONER, FURNACE - Replace

Rainbow Diner

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: _____

Gas piping



FIRE PROTECTION SUBCODE TECHNICAL SECTION



RAINBOW
DINER

Date Received
Control #

Date Issued
Permit #

7/26/12
12-2100

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

Block 854 Lot 2 Qualification Code _____
Work Site Location 849 Route 70, Brick, NJ 08723

Owner in Fee: Bill Hrisosinis - Rainbow Diner

Tel. (732) 840-1535 e-mail _____

Address 849 Route 70 - Brick NJ 08723

Contractor: Bob Evans Refrigeration LLC Tel. (732) 312-7012

Address PO Box 437 e-mail be.evans@optonline.net

Asbury Park NJ 07712

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): _____

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

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 Capacity _____

OR [] Conversion OR [] Replacement Fire Alarm System: [] New OR [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Location of Panel: _____

Other _____ [] New OR [] Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 1050 - per jacket

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Alarm System				
[] Partial Underslab Utilities Approved		Suppression Sys.				
Date: <u>7/26/12</u> Approved by: <u>[Signature]</u>		Standpipe				
[] Fire Protection Plans Approved		Fire Pump				
Date: _____ Approved by: _____		Pre-Eng. System				
Joint Plan Review Required:		Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO				
Date: <u>7/26/12</u>		Flam/Combust Tanks				
Approved by: <u>[Signature]</u>		Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final				
[] CO [] FCO [] CA		Other				
Date: <u>7-25-12</u>						
Approved by: <u>[Signature]</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.

Applicant/Contractor sign here: Robert J. Evans

Print name here: Robert J. Evans

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Disconnect 3 Roof Top Units & Reconnect 3 #5 TON Roof Top Units
Water Supply Source Reconnect 3 #5 TON Roof Top Units
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 [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

COMMERCIAL

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

7/26/12
12-2100

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

Block 854 Lot 2 Qualification Code _____
Work Site Location 849 Route 70-Brick, NJ 08723

Owner in Fee: Bill Hrisosinis - Rainbow Diner

Tel. (732) 840-1555 e-mail _____

Address 849 Route 70 - Brick, NJ 08723

Contractor: Bob Evans Refrigeration Inc. Tel. (_____)
Address PO Box 437 Ashbury Park NJ 0712 e-mail bgeevans@optonline.net

Contractor License No. 136285368 Exp. Date _____

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

Federal Emp. ID No. 20-0843161 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 \$ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required
☐ Partial -Underslab Utilities Approved
Date 07-23-12 Approved by: PA

☐ Plumbing Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-24-12
Approved by: 2

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA
Date: 9-13-12
Approved by: 2

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

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: Robert J Evans

Print name here: Robert J Evans

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Pipe 3 Roofs top Drains to existing Roofs drains

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	\$ _____
	Gas Piping	\$ _____
	LPGas Tank	\$ _____
	Steam Boiler	\$ _____
	Hot Water Boiler	\$ _____
	Sewer Pump	\$ _____
	Interceptor/Separator	\$ _____
	Backflow Preventer	\$ _____
	Greasetrap	\$ _____
	Sewer Connection	\$ _____
	Water Service Connection	\$ _____
	Stacks	\$ _____
	Other <u>a/c</u>	\$ _____

COMMERCIAL

3

3

130/104

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



CONSTRUCTION PERMIT

Date Issued 7/26/12
Control # 6-12-002621
Permit # 12-2100

IDENTIFICATION Block: 854 Lot: 2 Qualifier _____
Work Site Location: 849 ROUTE 70 Brick Township, NJ Contractor Bob Evans Refrigeration & A/C
Address PO Box 437 Asbury Park NJ 07712
Owner in Fee EVANGELISTRA PARTNERS
849 ROUTE 70 BRICK NJ 08724 Telephone: 7323127012
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____
Telephone: 7328401555

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:

AIR CONDITIONER, FURNACE Replace

Rainbow Diner

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 \$1,400

[Signature]
Construction Official

7-24-12
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$60
Plumbing	\$150
Fire Protection	\$150
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$363
Check No.	<u>8659</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.

REPLACEMENT ROOF TOP UNITS FOR COMMERCIAL

WEIGHT OF OLD UNIT 860

WEIGHT OF NEW UNIT 855 including curb

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 130,000 INPUT 90,000 OUTPUT

NEW BUT'S 130,000 INPUT 104,000 OUTPUT

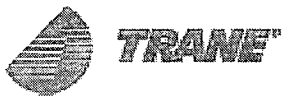
NEED TO SUPPLY LOAD CALCUATIONS

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



Model Number YHC060F3EHA**00*000000000

Customer :
Project :
Name : Y4C 1

3-10 Ton R410A PKGD Unitary Gas/Electric Rooftop

General

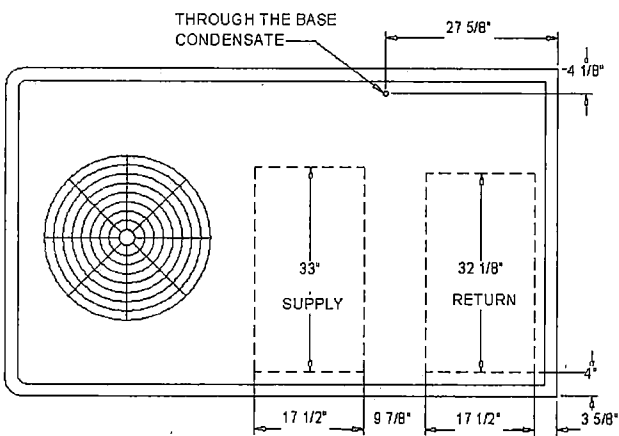
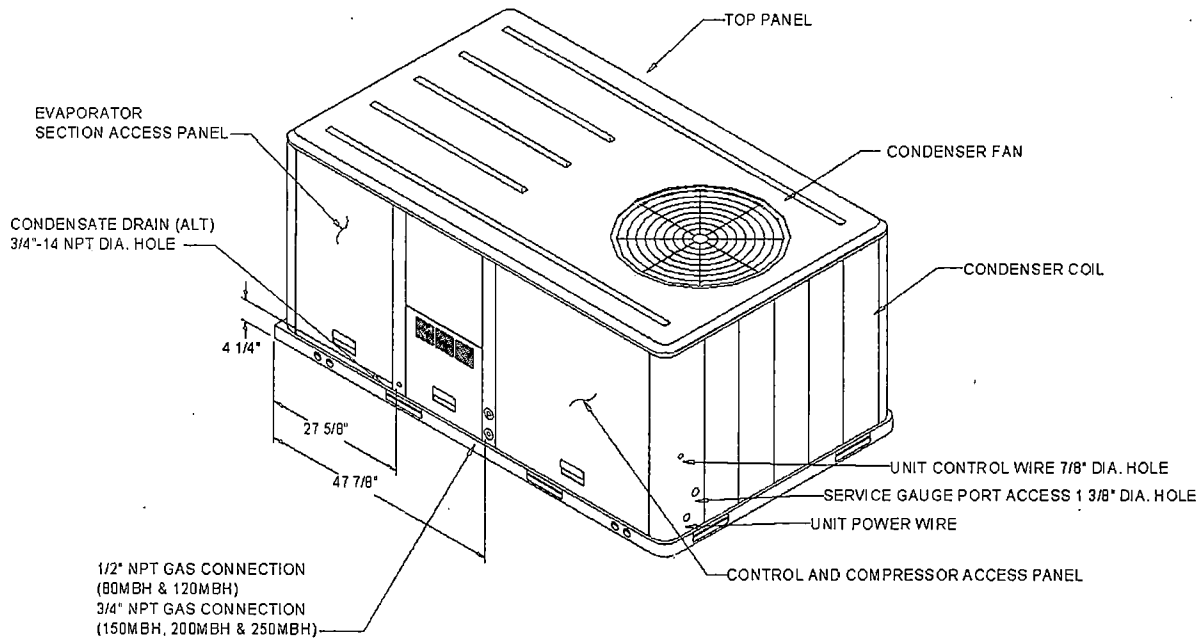
Unit function	DX cooling, gas heat	Unit efficiency	High efficiency
Airflow	Convertible configuration	Airflow Application	Downflow
Tonnage	5 Ton	Cooling Entering DB	80.00F
Cooling Entering WB	67.00F	Ambient Temp	95.00F
Heating capacity	High gas heat 3ph	Heating EAT	70.00F
Voltage	208-230/60/3	Major design sequence	F - R-410A With Microchannel

DX Cooling, Gas Heat 3-10 Ton

Unit controls	Electro mechanical controls 3 ph
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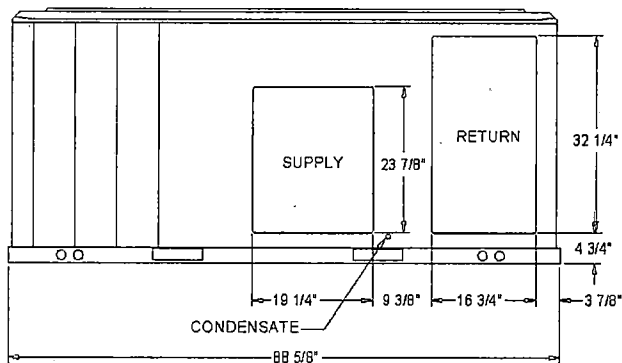


TRANE



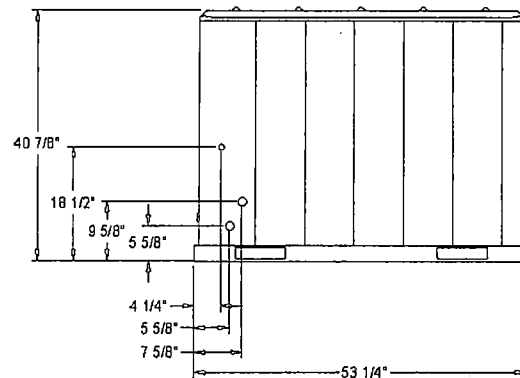
PLAN VIEW UNIT

DIMENSION DRAWING



PACKAGED GAS / ELECTRICAL

DIMENSION DRAWING

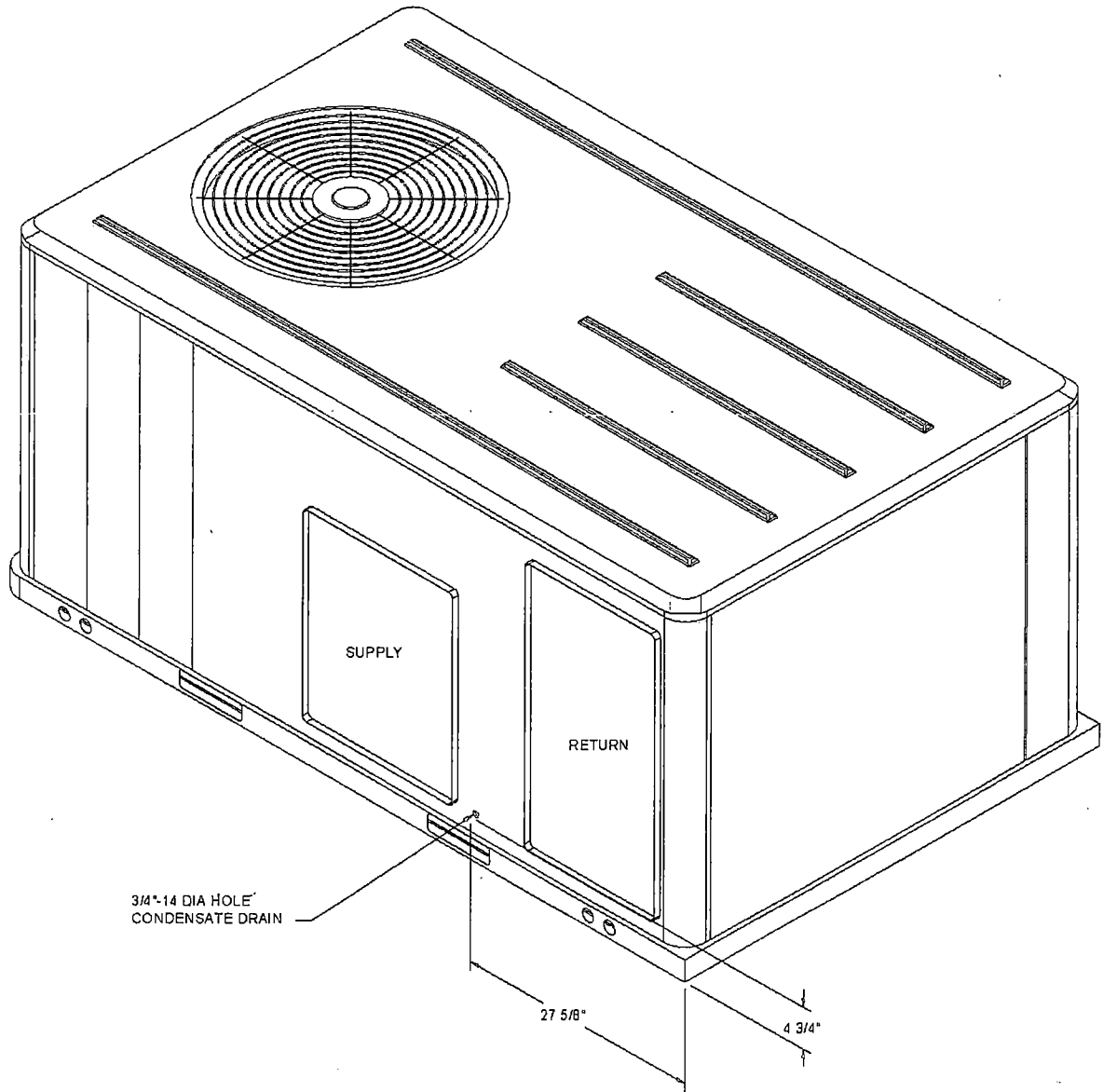


HORIZONTAL
AIR FLOW

- NOTES:**
1. THRU -THE -BASE ELECTRICAL AND GAS IS NOT STANDARD ON ALL UNITS.
 2. VERIFY WEIGHT, CONNECTION, AND ALL DIMENSION WITH INSTALLER DOCUMENTS BEFORE INSTALLATION



TRANE®



ISOMETRIC-PACKAGED COOLING



ELECTRICAL / GENERAL DATA

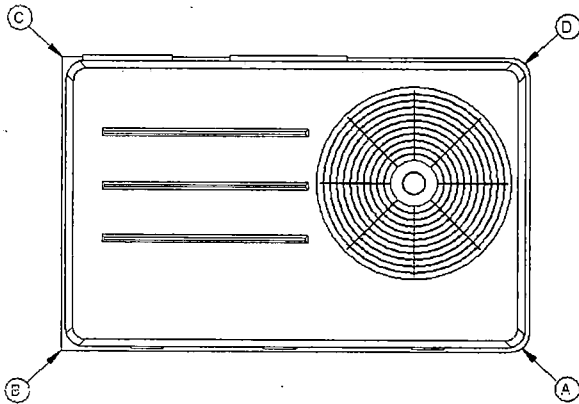
GENERAL (2)(4)(6)		HEATING PERFORMANCE	
		HEATING - GENERAL DATA	
Model:	YHC080F	Oversized Motor	
Unit Operating Voltage:	187-253 F	MCA: N/A	
Unit Primary Voltage:	208	MFS: N/A	
Unit Secondary Voltage	230	MCB: N/A	
Unit Hertz:	60		
Unit Phase:	3		
SEER	15.0		
Standard Motor		Field Installed Oversized Motor	
MCA:	30.0	MCA: N/A	
MFS:	45.0	MFS: N/A	
MCB:	45.0	MCB: N/A	
		Gas Inlet Pressure	
		Natural Gas (Min/Max):	4.5/14.5
		LP (Min/Max)	11.0/14.0
		Gas Pipe Connection Size:	1/2"
INDOOR MOTOR			
Standard Motor		Oversized Motor	Field Installed Oversized Motor
Number:	1	Number:	N/A
Horsepower:	1.0	Horsepower:	N/A
Motor Speed (RPM):	1	Motor Speed (RPM):	N/A
Phase	1	Phase	N/A
Full Load Amps:	7.8	Full Load Amps:	N/A
Locked Rotor Amps:	--	Locked Rotor Amps:	N/A
COMPRESSOR Circuit 1/2		OUTDOOR MOTOR	
Number:	1	Number:	1
Horsepower:	4.1	Horsepower:	0.40
Phase:	3	Motor Speed (RRM):	1075
Rated Load Amps:	15.9	Phase:	1
Locked Rotor Amps:	110.0	Full Load Amps:	2.5
		Locked Rotor Amps:	6.6
POWER EXHAUST ACCESSORY (3) (Field Installed Power Exhaust)		FILTERS	REFRIGERANT (2)
Phase:	N/A	Type:	Throwaway
Horsepower:	N/A	Furnished:	Yes
Motor Speed (RPM):	N/A	Number	4
Full Load Amps:	N/A	Recommended	16"x25"x2"
Locked Rotor Amps:	N/A		
			Type R-410
			Factory Charge
			Ciruit #1 6.1 lb
			Ciruit #2 N/A

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.



INSTALLED ACCESSORIES NET WEIGHT DATA

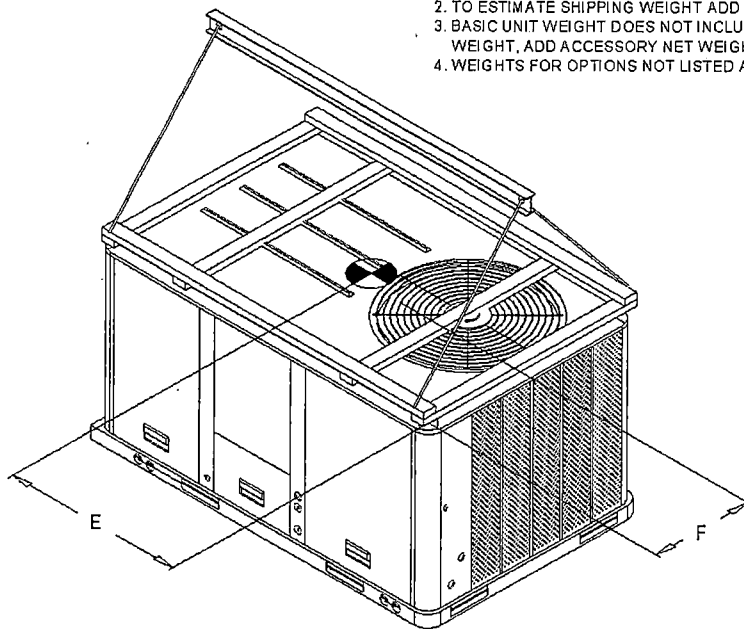


PACKAGED GAS / ELECTRICAL
CORNER WEIGHT

ACCESSORY	WEIGHTS
ECONOMIZER	
MOTORIZED OUTSIDE AIR DAMPER	
MANUAL OUTSIDE AIR DAMPER	
BAROMETRIC RELIEF	
OVERSIZED MOTOR	
BELT DRIVE MOTOR	
POWER EXHAUST	
THROUGH THE BASE ELECTRICAL (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	

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

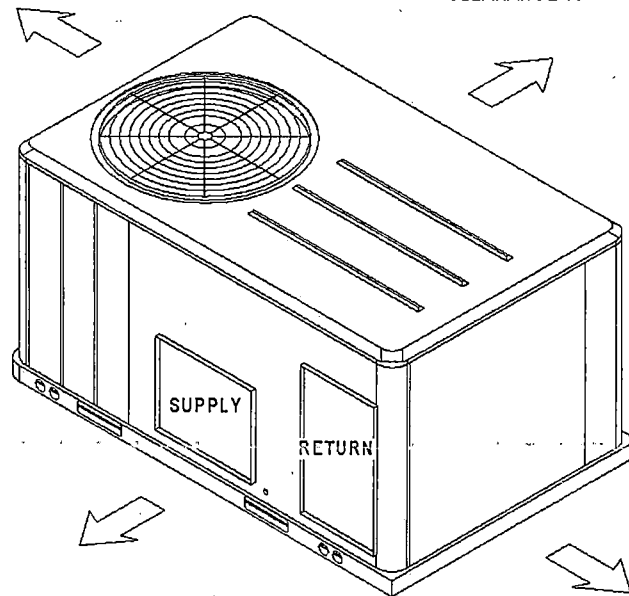


TRANE

CLEARANCE 36"

CLEARANCE FROM TOP OF UNIT 72"

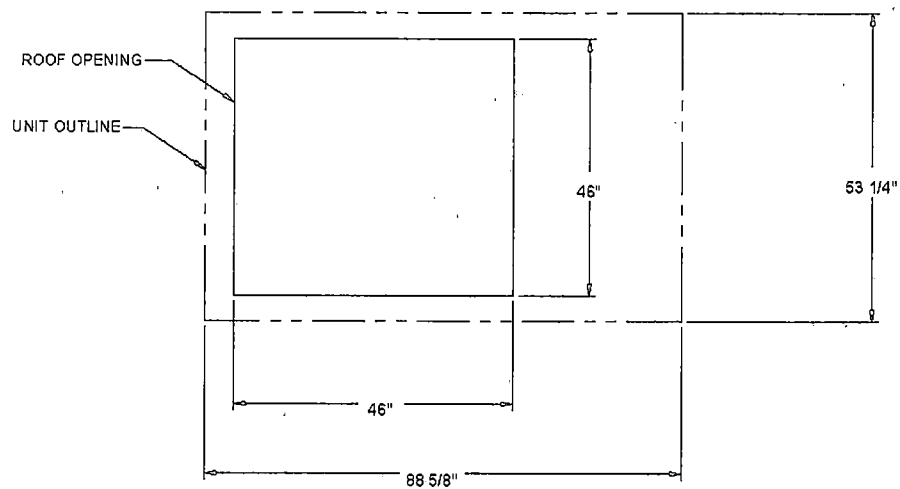
CLEARANCE 48"



DOWNFLOW CLEARANCE 36"
HORIZONTAL CLEARANCE 18"

CLEARANCE 36"

PACKAGED GAS /ELECTRIC
CLEARANCE



PACKAGED GAS /ELECTRIC
DOWNFLOW TYPICAL ROOF OPENING



General

The units shall be convertible airflow. The operating range shall be between 115°F and 0°F incooling 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.

Crankcase heaters shall be included on 6-10 ton units.

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.

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).