

01-0755



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

I. IDENTIFICATION

1. Proposed Work-site at: 2191 Hooper Ave. Brick, N.J. 08723
2. Name of Owner in Fee: Breck Vacums Store Tel. (321) 777-5588
- Address: 2191 Hooper Ave. Brick, NJ 08723
- Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: Brown's Heating & Cooling Tel. (321) 741-0694
- Address: 4 Westerson Avenue, Shrewsbury, NJ 07702
- License No. OR, if new home. Builder Reg. No. _____
- Federal Emp. No. _____ Social Security N _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person in Charge of Work: Barry Brown Tel. 321-741-0694

II. PROPOSED WORK

1. ☐ Minor work
(single trade)
 2. ☐ Small Job (\$5,000
and no prior approvals)
 3. ☐ New Building
 4. ☐ Addition
 5. ☐ Alteration
 6. ☐ Fire Protection
 7. ☐ Plumbing
 8. ☒ Electrical
 9. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est Cost

OPTIONAL (for office use only)

[illegible]

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2 ☐ Prototype Processing

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

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

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction _____

After Construction

Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2.1 Use Group:

3. Change in Use Group.
Indicate Former:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name _____

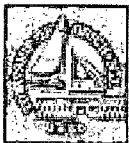
Address _____

BROWN'S HEATING & COOLING
4 Patterson Avenue
SHREWSBURY, NEW JERSEY 07702
(201) 741-0694

Telephone (_____) _____

Signature _____

Date 2/5/01



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/25/2010
Control Number _____
Permit Number 01-0755
Permit Issue Date 03/29/2001
Certificate Number 01-0755

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2191 HOOPER AVE REPLACEMENT A/C, NJ Block: 673 Lot: 8 Qual: _____
Owner in Fee: ORECK VACUM STORE
Owner Address: SAME BRICK NJ 08723-
Telephone: 732/477-5580
Contractor: ORECK VACUM STORE
Address: SAME BRICK NJ 08723-
Telephone: 732/477-5580 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: _____

Certificate Comments: _____

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Conditions to be met:

Construction Official

Date Printed: 01/25/2010

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



Date Received 2/24/01
Date Issued
Control #
Permit # 01-0755

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

Block 613 2191 HOOPER AVENUE
Work Site Location BRICK NJ
Owner in Fee ORECK VACUUM STORE
Address 2191 HOOPER AVENUE
BRICK, NJ 08725
Tele. (609) 471-3580
Contractor TED DEUCONER
Address 318 5th AVENUE
BRIDGE PLAZA, NJ 07120
Tele. (609) 488-2285
Lic. No. 4714
Federal Emp. No. or Social Security N

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as RESIDENTIAL Utility Co. GRU
Est. Cost of Elec. Work \$ 2701.33

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS
[X] No Plans Required	Type: Rough Failure Failure Approval Initial
Joint Plan Review Required:	
[] Bldg. [] Plumb.	Temporary
[] Fire [] Elevator	Constr. Serv.
[] Elec. Plans Approved	TCO
Date: 3/4/01	Other
Approved by: [Signature]	Service
	Final
SUBCODE APPROVAL	Temp. Cut-In-Card Date Issued
[] CO [] CCO [] CA	Final Cut-In-Card Date Issued
Date: 2-19-01	
Approved By: [Signature]	

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.

[] Licensed Electrical Contractor [] Exempt Applicant

[Signature]
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw AC Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

FEE (Office Use Only)

Paid [] Check #	Administrative Surcharge	\$
	Minimum Fee	\$
	DCA Training Fee	\$
Collected by:	TOTAL FEE	\$

U.C.C. Form E-1208
1 White - Office Copy
2 Canary - Office Copy
3 Pink - Applicant Copy
4 Manila - Inspector Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

\$35.00
\$2.00
\$37.00
\$0.00

CONSTRUCTION
PERMIT

Date Issued 03/29/2001
Control #
Permit # 01-0755

IDENTIFICATION Block 673 Lot 82

Work Site Location 2191 HOOPER AVE

REPLACEMENT A/C

Owner in Fee CHECK VACUM STORE

Address SAME
BRICK, NJ 08723-
Telephone (732)477-5580

Contractor TED NEWCOMER
Address 318 5TH AVE
BRADLEY BEACH, NJ 07720-
Telephone (732)988-2285
Lic. No. of Bld'rs. Reg. No. 4714
Federal Emp. No. [REDACTED]

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACEMENT A/C

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 \$ 2,702

Construction Official [Signature] Date 03/29/2001

O.C.C. F170 (rev. 3/98)

PAYMENTS (Office Use Only)
Building 0
Electrical 35
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 2
Cert. of Occupancy 0
Other
Total 37
Check No. 21576
Cash
Collected By TL



Date Received
Date Issued
Control #
Permit #

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

Block 673 Lot 8
Work Site Location 4191 HOPPER AVE
Owner in Fee CHRYSLER FINANCIAL CORP
Address 4191 HOPPER AVE
Tele. (609) 491-5580
Contractor THE ELECTRICAL
Address 1000 N. 1ST ST. PHILADELPHIA, PA 19106
Tele. (609) 251-1400
Lic. No. 4714 or Social Security No. [REDACTED]
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other
Building Occupied as RETAIL STORE Utility Co. GE
Est. Cost of Elec. Work \$ 2701.33

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
[x] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	
[] Bldg. [] Plumb.	Temporary	
[] Fire [] Elevator	Constr. Serv.	
[] Elec. Plans Approved	TCO	
Date: _____	Other	
Approved by: <u>[Signature]</u>	Service	
	Final	
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued	
Date: _____		
Approved By: _____		

C. CERTIFICATION IN LIEU OF OATH

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

Signature Contractor Seal

[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Kw Range	
		Kw Oven(s)	
		Kw Surface Unit	
		hp Dishwasher	
		hp Garbage Disposal	
		Kw Dryer	
		Kw A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		hp Whirlpool/spa	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
		Kw Water Heater(s)	
		Kw Central heat:	
		oil, gas or elec.	
		Kw Baseboard Heat Units	
		Thermostats	
		hp Heat Pump	
		hp Pump(s)	
		Amp Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		hp Motors—Fractional H.P.	
		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
		Other	

Paid [] Check # _____	Administrative Surcharge	\$ _____
	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
Collected by: _____	TOTAL FEE	\$ _____



Date Received
Date Issued
Control #
Permit #

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

Block 112 Lot 100
Work Site Location 112 100 100
Owner in Fee 112 100 100
Address 112 100 100
Tele. () 112 100 100
Contractor 112 100 100
Address 112 100 100
Tele. () 112 100 100
Lic. No. 112 100 100
Federal Emp. No. 112 100 100 or Social Security No. 112 100 100

B. ELECTRICAL CHARACTERISTICS

Use Group Present 112 100 100 Proposed 112 100 100
[] Pole/Pad # 112 100 100 [] Temporary [] Other
Building Occupied as 112 100 100 Utility Co. 112 100 100
Est. Cost of Elec. Work \$ 112 100 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS				
		Type:	Failure	Failure	Approval	Initial
[] No Plans Required						
Joint Plan Review Required:						
[] Bldg. [] Plumb.		Rough				
[] Fire [] Elevator		Temporary				
[] Elec. Plans Approved		Constr. Serv.				
Date: <u>112 100 100</u>		TCO				
Approved by: <u>112 100 100</u>		Other				
		Service				
		Final				
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued				
Date: <u>112 100 100</u>						
Approved By: <u>112 100 100</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 and perform the work listed on this application.

[] Licensed Electrical Contractor [] Exempt Applicant

Signature Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Kw Range	
		Kw Over(s)	
		Kw Surface Unit	
		hp Dishwasher	
		hp Garbage Disposal	
		Kw Dryer	
		Kw A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		hp Whirlpool/spa	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
		Kw Water Heater(s)	
		Kw Central heat:	
		oil, gas or elec.	
		Kw Baseboard Heat Units	
		Thermostats	
		hp Heat Pump	
		hp Pump(s)	
		Amp Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		hp Motors—Fractional H.P.	
		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
		Other	

FEE (Office Use Only)

Paid [] Check # <u>112 100 100</u>	Administrative Surcharge	\$ <u>112 100 100</u>
	Minimum Fee	\$ <u>112 100 100</u>
	DCA Training Fee	\$ <u>112 100 100</u>
Collected by: <u>112 100 100</u>	TOTAL FEE	\$ <u>112 100 100</u>



CONSTRUCTION PERMIT

Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION Block _____ Lot _____
Work Site Location 2191 Hopper Avenue Contractor Brown's Heating & Cooling
Brick, NJ 08723 Address 14 Patterson Avenue
Owner in Fee ORECK'S VACUUM STORE Shrewsbury, NJ 07702
Address 2191 Hopper Avenue Tele. (732) 741-0694
Tele. (732) 477-5580 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK: INSTALLATION OF REPLACEMENT A/C

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 \$ 2821.00

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____
Plumbing _____
Electrical _____
Fire Protection _____
Other _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____



CONSTRUCTION PERMIT

Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION Block _____ Lot _____
Work Site Location 2191 Hopper Avenue Contractor Brown's Heating & Cooling
Brick, NJ 08723 Address 14 R. Herson Avenue
Owner in Fee ORECK VADUMN STORE Sturtevant, NJ 07702
Address 2191 Hopper Avenue Tele. (732) 741-0674
Brick, NJ 08723 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Tele. (732) 477-5680 Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK: INSTALLATION OF REPLACE-
MENT A/C

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 \$ 2821.00

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____
Plumbing _____
Electrical _____
Fire Protection _____
Other _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____



CONSTRUCTION PERMIT

Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION Block _____ Lot _____
Work Site Location _____ Contractor _____
Address _____
Owner in Fee _____
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security N _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK: INSTALLATION OF REPAIR-
MENT A/C

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 \$ 221.00

PAYMENTS (Office Use Only)

Building _____
Plumbing _____
Electrical _____
Fire Protection _____
Other _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT



CONSTRUCTION PERMIT

Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION Block _____ Lot _____
Work Site Location _____ Contractor _____
Address _____
Owner in Fee _____
Address _____ Tele. (____) _____
Tele. (____) _____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK: REPLACEMENT OF ROOFING
ON 1000 S. 1ST ST.

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 \$ 2000.00

PAYMENTS (Office Use Only)

Building _____
Plumbing _____
Electrical _____
Fire Protection _____
Other _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

INSTALLER'S GUIDE

Library	
Product Section	
Product	
Model	
Literature Type	
Sequence	
Date	
File No.	
Supersedes	

Model:
TTY018-060B

Condensing Units

IMPORTANT — This Document is **customer property** and is to remain with this unit. Please return to service information pack upon completion of work.

These instructions do not cover all variations in systems nor provide for every possible contingency to be met in connection with installation. All phases of this installation must comply with **NATIONAL, STATE AND LOCAL CODES**. Should further information be desired or should particular problems arise which are not covered sufficiently for the purchaser's purposes, the matter should be referred to your installing dealer or local distributor.

A. GENERAL

The following instructions cover TTY018-60B Condensing Units.

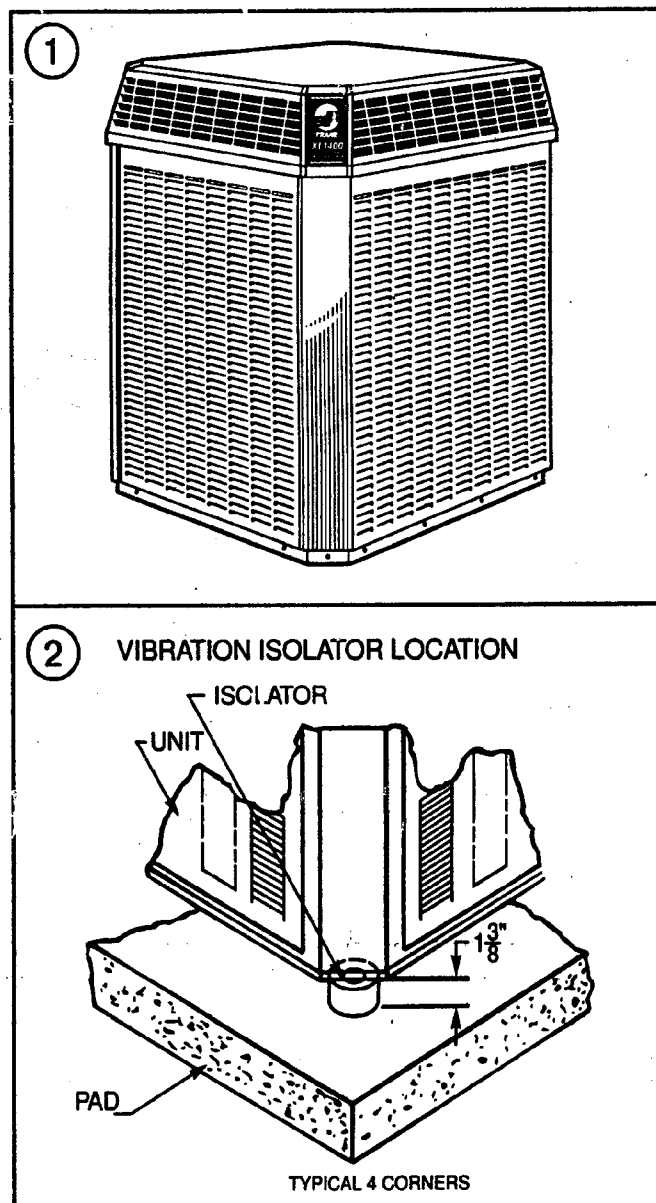
NOTICE: These outdoor units are only approved with indoor units equipped with capillary tube, thermostatic expansion valve or The Accutron™ Flow Control Check Valve (F.C.C.V.) assembly for refrigerant flow control.

Check for transportation damage after unit is uncrated. Report promptly, to the carrier, any damage found to the unit.

To determine the electrical power requirements of the unit, refer to the nameplate of the unit. The electrical power available must agree with that listed on the nameplate.

B. LOCATION & PREPARATION OF THE UNIT

1. The unit should be set on a level support pad at least as large as the unit base pan.
2. The support pad must NOT be in direct contact with any structure. Unit must be positioned a minimum of 12" from any wall or surrounding shrubbery to insure adequate airflow. Clearance must be provided in front of control box (access panels) & any other side requiring service access to meet National Electrical Code. Also, the unit location must be far enough away from any structure to prevent excess roof run-off water from pouring directly on the unit.
3. Vibration Isolators (shipped with unit) should be used if unit location is damp or requires vibration isolation. Place supplied mounting pads under unit corners as illustrated in Figure 2.
4. The top discharge area must be unrestricted for at least five (5) feet above the unit.



INSTALLER'S GUIDE

5. When the outdoor unit is mounted on a roof, be sure the roof will support the unit's weight. Properly selected isolation is recommended to prevent transmission to the building structure.

6. The maximum length of refrigerant lines from outdoor to indoor unit should NOT exceed eighty (80) feet.

7. If outdoor unit is mounted above the air handler, maximum lift should not exceed sixty (60) feet (suction line). If air handler is mounted above condensing unit, maximum lift should not exceed sixty (60) feet (liquid line).

8. Locate and install indoor coil or air handler in accordance with instruction included with that unit.

C. ACCUTRON™ FLOW CONTROL VALVE

If the indoor unit System Refrigerant Flow control is an Accutron™ orifice and check valve assembly, an orifice size change may be necessary.

The outdoor model determines the required orifice size. Check the listed orifice size on nameplate of the selected outdoor model. If the indoor unit is factory shipped with a different orifice size, the orifice must be changed to obtain system rated performance.

IMPORTANT: The outdoor unit is shipped with the proper size orifice and a stick-on orifice size label in an envelope attached to the outdoor unit. Outdoor unit nameplate will have correct orifice size specified as BAYFCCV---A for rated performance.

D. INSTALLING REFRIGERANT LINES

Condensing units have provisions for braze connections.

Pressure taps are provided on the service valves of outdoor unit for compressor suction and liquid pressures.

The indoor end of the recommended refrigerant line sets may be straight or with a 90 degree bend, depending upon situation requirements. This should be thoroughly checked out before ordering refrigerant line sets.

The gas line must always be insulated.

The units are factory charged with the system charge required when using twenty-five (25) feet of connecting line. Unit nameplate charge is the same.

Final refrigerant charge adjustment is necessary. Use the Charging Charts in the outdoor unit Service Facts.

1. Determine the most practical way to run the lines.
2. Consider types of bends to be made and space limitations.

NOTE: Large diameter tubing will be very difficult to rebend once it has been shaped.

3. Determine the best starting point for routing the refrigerant tubing- -INSIDE OR OUTSIDE THE STRUCTURE.

4. Provide a pull-thru hole of sufficient size to allow both liquid and gas lines. The location of this hole (if practical) should be just above the wall plate which is resting on the foundation.

5. Be sure the tubing is of sufficient length.

6. Uncoil the tubing --- do not kink or dent.

7. Route the tubing making all required bends and properly secure the tubing before making connections.

8. To prevent a noise within the building structure due to vibration transmission from the refrigerant lines, the following precautions should be taken:

a. When the refrigerant lines have to be fastened to floor joists or other framing in a structure, use isolation type hangers.

b. Isolation hangers should also be used when refrigerant lines are run in stud spaces or enclosed ceilings.

c. Where the refrigerant lines run through a wall or sill, they should be insulated and isolated.

d. Isolate the lines from all ductwork.

E. SERVICE VALVE OPERATION

BRASS LIQUID LINE SERVICE VALVE

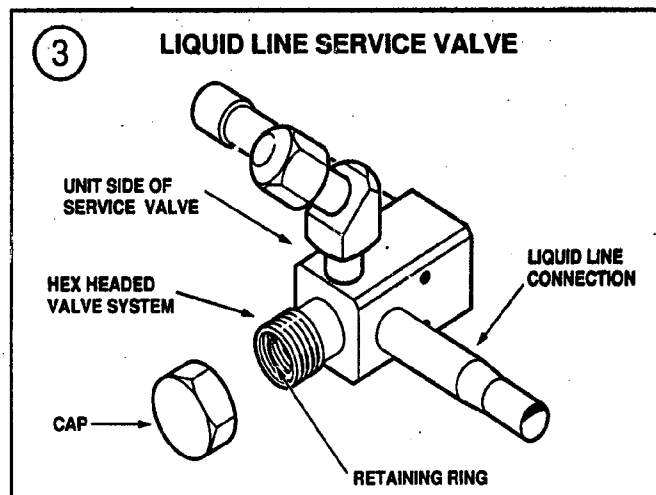
The Brass Liquid Line Service Valve is factory shipped in the seated position to hold factory charge. The pressure tap service port (when depressed) opens only to the field brazing side of the valve when the valve is in the seated position. The liquid line valve is not a back seating valve (see **WARNING** below).

▲ WARNING: Extreme caution should be exercised so the internal steel stem retaining ring is not damaged by backing out the valve stem when opening the valve. If the valve stem is forced out past the retaining ring, system pressure could force the valve stem out of the valve body. If the retaining ring is missing, do not attempt to open the valve. See Figure 3.

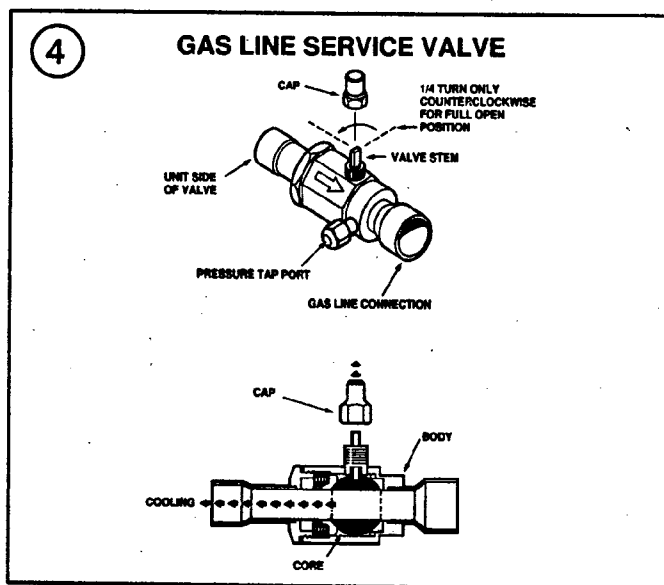
BRASS GAS LINE SERVICE VALVE

The Brass Gas Line Service Valve is shipped in the closed position to hold the factory refrigerant charge. The pressure tap service port (when depressed) opens only to the field brazing side when the valve is in the closed position.

The Gas Line Service Valve is full open with a 1/4 turn. See Figure 4.



INSTALLER'S GUIDE



BRAZING REFRIGERANT LINES

1. Before brazing, remove plugs from external copper stub tubes. Clean internal and external surfaces of stub tubes prior to brazing.

2. Cut and fit tubing, minimizing the use of sharp 90° bends.

3. Insulate the entire gas line and its fittings.

4. Do **NOT** allow uninsulated liquid line to come in direct contact with bare gas line.

5. Precautions should be taken to avoid heat damage to the pressure tap valve core during brazing. It is recommended that the pressure tap port valve core be removed and a wet rag wrapped around the valve body.

NOTICE: Use care to make sure that no moisture enters pressure tap port, while wet rag is being used.

6. Remove braise shield from clear plastic bag. Soak pad in water and place over suction and liquid lines to protect unit finish. See figure 5. Discard pad when finished with brazing.

7. Use a Dry Nitrogen Purge and Brazing Alloy without flux when brazing the field line to the copper factory connection. Flow dry nitrogen into either valve pressure tap port, thru the tubing and out the other port while brazing.

8. Braze using accepted good brazing techniques.

LEAK CHECK

CAUTION: In scroll compressor applications, dome temperatures may be hot. Do not touch top of compressor, may cause minor to severe burning.

IMPORTANT: Replace pressure tap port valve core before attaching hoses for evacuation.

After the brazing operation of refrigerant lines to both the outdoor and indoor unit is completed, the field brazed connections must be checked for leaks. Pressurize through the service valve ports, the indoor unit and field refrigerant lines with dry

nitrogen to 200 psi. Use soap bubbles or other leak-checking methods to see that all field joints are leak-free! If not, release pressure; then repair!

SYSTEM EVACUATION

NOTE: Since the outdoor unit has a refrigerant charge, the gas and liquid line valves must remain closed.

1. Upon completion of leak check, evacuate the refrigerant lines and indoor coil before opening the gas and liquid line valves.

2. Attach appropriate hoses from manifold gauge to gas and liquid line pressure taps.

NOTE: Unnecessary switching of hoses can be avoided and complete evacuation of all lines leading to sealed system can be accomplished with manifold center hose and connecting branch hose to a cylinder of HCFC-22 and vacuum pump.

3. Attach center hose of manifold gauges to vacuum pump.

4. Evacuate until the micron gauge reads no higher than 350 microns.

5. Close off valve to vacuum pump and observe the micron gauge. If gauge pressure rises above 500 microns in one (1) minute, then evacuation is incomplete or system has a leak.

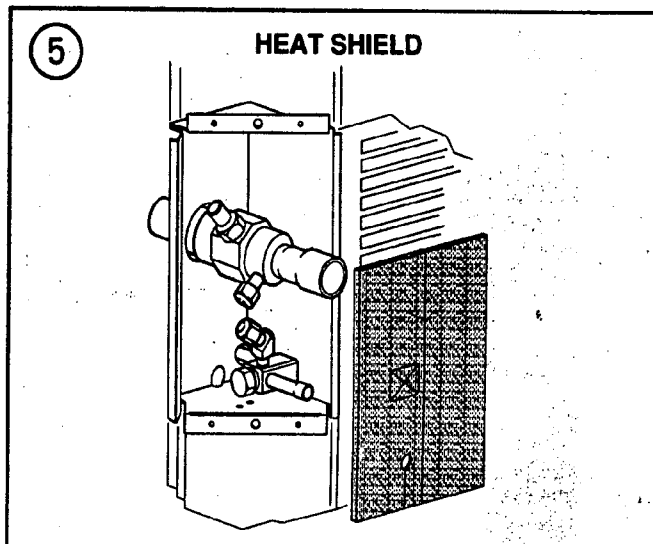
6. If vacuum gauge does not rise above 500 microns in one (1) minute, the evacuation should be complete.

7. With vacuum pump and micron gauge blanked off, open valve on HCFC-22 cylinder and charge refrigerant lines and indoor coil with vapor to tank pressure of HCFC-22 supply.

NOTE: DO NOT VENT REFRIGERANT INTO THE ATMOSPHERE.

8. Close valve on HCFC-22 supply cylinder. Close valves on manifold gauge set and remove refrigerant charging hoses from liquid and gas pressure tap ports.

NOTE: A 3/16" Allen wrench is required to open liquid line service valve. A 1/4" Open End or Adjustable wrench is required to open gas line valve. A 3/4" Open End wrench is required to take off the valve stem cap.



INSTALLER'S GUIDE

9. The liquid line shut-off valve can now be opened. Remove shut-off valve cap. Fully insert hex wrench into the stem and backout counterclockwise until valve stem just touches retainer ring (approximately five (5) turns) observing **WARNING** statement on page 2. See Figure 2.

10. Replace liquid service pressure tap port cap and valve stem cap. These caps **MUST BE REPLACED** to prevent leaks. Replace valve stem and pressure tap cap finger tight, then tighten an additional 1/6 turn.

11. The gas valve can now be opened. Open the gas valve by removing the shut-off valve cap and turning the valve stem 1/4 turn counterclockwise, using 1/4" Open End or Adjustable wrench. See Figure 4.

12. The gas valve is now open for refrigerant flow. Replace valve stem cap to prevent leaks. See Figure 4.

If refrigerant lines are longer than 25 feet and/or a different size than recommended, it will be necessary to adjust system refrigerant charge upon completion of installation.

F. ELECTRICAL CONNECTIONS

▲ WARNING: When installing or servicing this equipment, **ALWAYS** exercise basic safety precautions to avoid the possibility of electric shock.

1. Power wiring and grounding of equipment must comply with local codes.
2. Power supply must agree with equipment nameplate.
3. Install a separate disconnect switch at the outdoor unit.
4. Ground the outdoor unit per local code requirements.
5. Provide flexible electrical conduit whenever vibration transmission may create a noise problem within the structure.
6. The use of color coded low voltage wire is recommended to simplify connections between the outdoor unit, the thermostat and the indoor unit.

Table 1 -- NEC Class II Control Wiring

24 VOLTS	
WIRE SIZE	MAX. WIRE LENGTH
*22 AWG	30 FT.
20 AWG	100 FT.
18 AWG	150 FT.
16 AWG	225 FT.
14 AWG	300 FT.

*If 22 AWG is used, make sure it is high quality wire.

7. Table 1 defines maximum total length of low voltage wiring from outdoor unit, to indoor unit, and to thermostat.

8. Mount the indoor thermostat in accordance with instruction included with the thermostat. Wire per appropriate hook-up diagram (included in these instructions).

G. COMPRESSOR SUMP HEAT

After all electrical wiring is complete, **SET THE THERMOSTAT SYSTEM SWITCH IN THE OFF POSITION** so compressor **WILL NOT RUN**, and apply power by closing the system main disconnect switch. This will activate the compressor sump heat. Do not change the Thermostat System Switch until power has been applied long enough to evaporate any liquid HCFC-22 in the compressor (30 minutes for each pound of HCFC-22 in the system as shown on the nameplate). Following this procedure will prevent compressor damage at the initial startup.

Record the "POWER APPLIED DATE" on the designated lines below:

Time _____ A.M./P.M. Date _____

By _____
(Electrician)

H. OPERATIONAL AND CHECKOUT PROCEDURES

Final phases of this installation are the unit Operational and Checkout Procedures which are found in this instruction. To obtain proper performance, all units must be operated and charge adjustments made in accordance with procedures found in the Service Facts.

I. ELECTRIC HEATERS

Electric heaters, if used, are to be installed in the air handling device according to the instructions accompanying the air handler and the heaters.

J. START CONTROL

These units have quick start components which are factory installed.

K. OUTDOOR THERMOSTAT

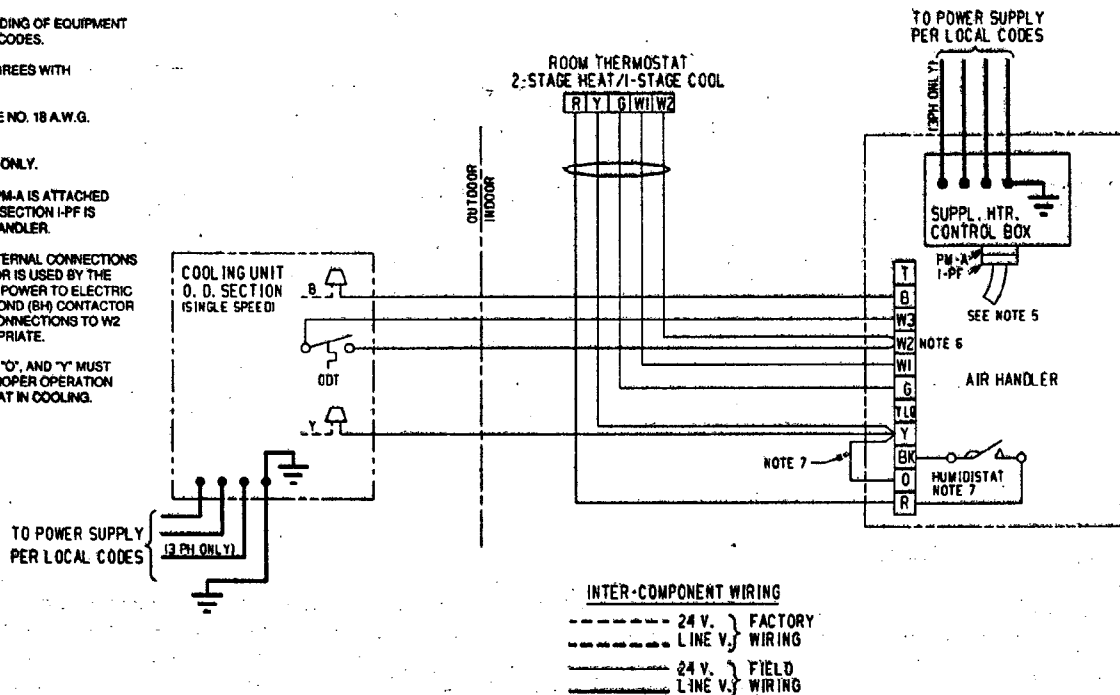
An outdoor thermostat TAYSTAT250A may be field installed. For data, see wiring diagram attached to unit and instruction sheet packaged with outdoor thermostat.

INSTALLER'S GUIDE

TYPICAL FIELD WIRING DIAGRAM FOR TTY018-060B WITH AIR HANDLER

NOTES:

1. POWER WIRING AND GROUNDING OF EQUIPMENT MUST COMPLY WITH LOCAL CODES.
2. BE SURE POWER SUPPLY AGREES WITH EQUIPMENT NAMEPLATE.
3. LOW VOLTAGE WIRING TO BE NO. 18 A.W.G. MINIMUM.
4. USE COPPER CONDUCTORS ONLY.
5. POLARIZED PLUG SECTION PM-A IS ATTACHED TO HEATER CONTROL BOX. SECTION I-PF IS FACTORY WIRED INTO AIR HANDLER.
6. TERMINAL W2 WILL HAVE INTERNAL CONNECTIONS ONLY IF SECOND CONTACTOR IS USED BY THE HEATER FOR CONTROLLING POWER TO ELECTRIC HEATING ELEMENTS. IF SECOND (B1) CONTACTOR IS NOT USED, THEN FIELD CONNECTIONS TO W2 CAN BE OMITTED AS APPROPRIATE.
7. CONNECTIONS TO "R", "BK", "O", AND "Y" MUST BE MADE AS SHOWN FOR PROPER OPERATION OF BLOWER WITH HUMIDISTAT IN COOLING.

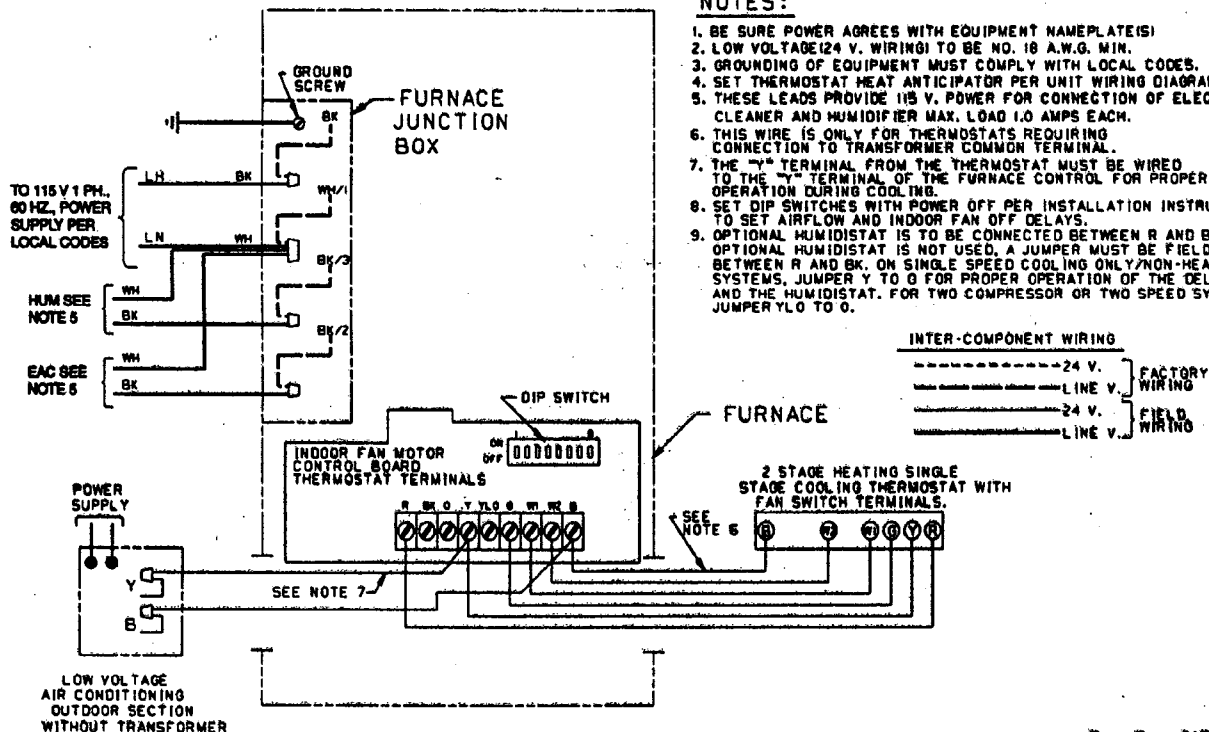


From Dwg. 21B800254 Rev.1

TYPICAL FIELD WIRING DIAGRAM FOR TTY018-060B WITH GAS FURNACE

NOTES:

1. BE SURE POWER AGREES WITH EQUIPMENT NAMEPLATE(S).
2. LOW VOLTAGE (24 V. WIRING) TO BE NO. 18 A.W.G. MIN.
3. GROUNDING OF EQUIPMENT MUST COMPLY WITH LOCAL CODES.
4. SET THERMOSTAT HEAT ANTICIPATOR PER UNIT WIRING DIAGRAM.
5. THESE LEADS PROVIDE 115 V. POWER FOR CONNECTION OF ELECTRONIC AIR CLEANER AND HUMIDIFIER MAX. LOAD 1.0 AMPS EACH.
6. THIS WIRE IS ONLY FOR THERMOSTATS REQUIRING CONNECTION TO TRANSFORMER COMMON TERMINAL.
7. THE "Y" TERMINAL FROM THE THERMOSTAT MUST BE WIRED TO THE "Y" TERMINAL OF THE FURNACE CONTROL FOR PROPER BLOWER OPERATION DURING COOLING.
8. SET DIP SWITCHES WITH POWER OFF PER INSTALLATION INSTRUCTIONS TO SET AIRFLOW AND INDOOR FAN OFF DELAYS.
9. OPTIONAL HUMIDISTAT IS TO BE CONNECTED BETWEEN R AND BK. IF HUMIDISTAT IS NOT USED, A JUMPER MUST BE FIELD INSTALLED BETWEEN R AND BK. ON SINGLE SPEED COOLING ONLY/HEAT PUMP SYSTEMS, JUMPER Y TO O FOR PROPER OPERATION OF THE DELAY PROFILES AND THE HUMIDISTAT. FOR TWO COMPRESSOR OR TWO SPEED SYSTEMS, JUMPER YLO TO O.



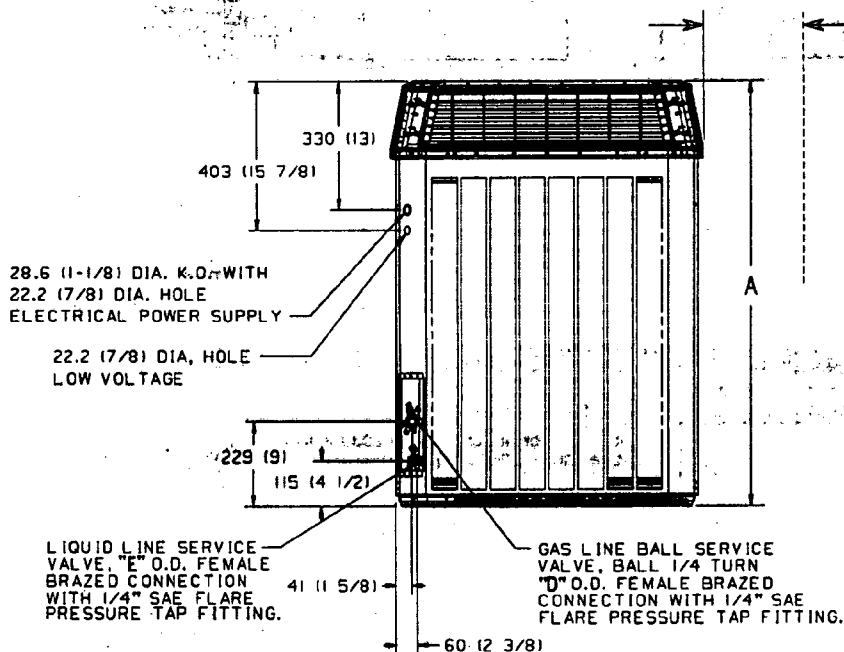
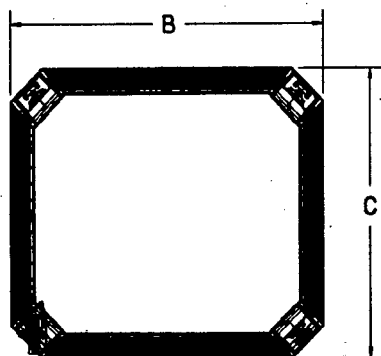
From Dwg. 21B340297 Rev.2

INSTALLER'S GUIDE

TTY018-060B OUTLINE DRAWING

NOTE: ALL DIMENSIONS ARE IN MM (INCHES).

SERVICE PANEL →
ELECTRICAL AND REFRIGERANT
COMPONENTS CLEARANCES
PER PREVAILING CODES.



UNIT SHOULD BE PLACED SO ROOF
RUN-OFF WATER DOES NOT POUR
DIRECTLY ON UNIT, AND SHOULD BE
AT LEAST 305 (12") FROM WALL AND ALL
SURROUNDING SHRUBBERY ON TWO SIDES.
OTHER TWO SIDES UNRESTRICTED.

MODELS	A	B	C	D	E
TTY018B	883 (34 3/4)	857 (33 3/4)	749 (29 1/2)	5/8	1/4
TTY024B	1095 (43 1/8)	857 (33 3/4)	749 (29 1/2)	3/4	5/16
TTY030B	1095 (43 1/8)	1010 (39 3/4)	902 (35 1/2)	3/4	5/16
TTY036-42B	1095 (43 1/8)	1010 (39 3/4)	902 (35 1/2)	7/8	3/8
TTY048-60B	1095 (43 1/8)	1010 (39 3/4)	902 (35 1/2)	1-1/8	3/8

From Dwg. 21D147481 Rev.5

INSTALLER'S GUIDE

CHECKOUT PROCEDURE

After installation has been completed, it is recommended that the entire system be checked against the following list:

1. Refrigerant Line, Leak checked []
2. Suction Lines and Fittings properly insulated []
3. Have all Refrigerant Lines been secured and isolated properly? []
4. Have passages through masonry been sealed? If mortar is used, prevent mortar from coming into direct contact with copper tubing []
5. Indoor coil drain line drains freely. Pour water into drain pan []
6. Supply registers and return grilles open and unobstructed []
7. Return air filter installed []
8. Thermostat thermometer is accurate. Check against a reliable thermometer. Adjust per instructions with thermostat []
9. Is correct speed tap being used? (Indoor blower motor) []

SYSTEM OPERATIONAL CHECK

IMPORTANT: To prevent compressor damage which may result from the presence of LIQUID refrigerant in the crankcase, these procedures should be followed at initial Start-Up and at anytime the power has been off for 12 hours or more.

1. Before proceeding with this "Operational Check," go to "Compressor Sump Heat Section" of this instruction to determine the time compressor heat has been "ON," and make entry of the designated lines, in Step 2.
2. Start-Up Time _____ A.M./P.M. Power Applied Time _____ A.M./P.M.
Time Lapse _____ Hours _____ Minutes.
3. If Steps 1 and 2 cannot be used, then place thermostat's system switch in the "OFF" position and apply power by closing system disconnect switch. This energizes compressor heat and evaporates the liquid in the crankcase. TO EVAPORATE LIQUID ALLOW AT LEAST ONE-HALF HOUR PER POUND (HCFC-22), AS SHOWN ON UNIT NAMEPLATE.

OPERATING PRESSURES: After the unit has operated in the cooling mode for a short period of time, install pressure gauges on the gauge ports of the discharge and suction line valves. Check the suction and discharge pressures and compare them to the normal operating pressures provided in the unit's Service Facts.

NOTE: Use the pressures from Service Facts to determine the unit refrigerant charge. To charge the system accurately, use superheat charging, or pressures depending on flow control.

4. Except as required for safety while servicing: DO NOT OPEN SYSTEM DISCONNECT SWITCH.

SUPPLEMENTARY HEATERS CHECKOUT PROCEDURES, IF USED

DOES HEATER REQUIRE A SEPARATE CIRCUIT?

1. Be sure the fused disconnect switch is "OFF," and safety label (if any) is attached []
2. Check on field wiring for sound connections and grounding according to codes []
3. Check fuses for proper size per nameplate specifications []
4. Check control box panel — in place and secured []

NOTE: OPERATION OF HEATERS MUST BE CHECKED DURING THE OPERATION CHECK OF THE TOTAL SYSTEM.

INSTALLER'S GUIDE

CHECKOUT PROCEDURE WITH MAIN POWER DISCONNECTS CLOSED (ON)

Step No.	TO CHECK	INDOOR THERMOSTAT SWITCH SETTING					COMPONENT OPERATION				
		Off	① Cool	① Heat	Fan Switch		Indoor Blower Runs	Outdoor Fan Runs	Compressor Runs	Comp. Sump Heater	Furnace Heat Comes On
					Auto	On					
1	Sump Heat	X			X					X	
2	Indoor Fan Operation	X				X	X			X	
3	Cooling Operation		X		X		X	X	X	X	
4	Checking Performance & Charge		X		X		X	X	X	X	
← USE CHARTS ATTACHED TO O.D. UNIT →											
5	Heating ②			X	X		X			X	X
6	Inform owner on how to operate system and what to expect of it. At the same time deliver Owner's Use and Care Booklet.										

① Also set thermostat dial to call for cooling or heating as necessary.

② Check only necessary if heating unit is used for indoor section and wiring has been disturbed during installation of cooling equipment.

Since American-Standard has a policy of continuous product improvement, it reserves the right to change the specifications and design without notice.

Technical Literature - Printed in U.S.A.

The Trane Company

Unitary Products Group
6200 Troup Highway
Tyler, TX 75707