BLOCK 673 LOT 8 QUALIFICATION CODE C19.38 ADDRESS (SITE) 2791 Hooper PERMIT NO. 01-4266

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII Good Friend Elec,

I. IDENTIFICATION

1. Propsed Work Site at: 2791 Hooper Ave Brick
2. Name of Owner in Fee: TRAHANAS Tel. 732 920-7100
   Address 2791 Hooper Ave (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor Robert Barbone Co Tel. (732) 920-1200
   Address 766 MANTOLOKING RD Brick
   License No. OR, if new home, Builder Reg. No. BI08237 Exp. Date ____
   Federal Employee No. 222822593 FAX: 732 920-1270
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Robert A Barbone
   Tel. ( ) ____ FAX ( ) ____

GAS to GAS Furnace Replacement
SAME LIKE SAME Location

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection		46	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		2	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	48	

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection	2200				11-20-01	GP	12/3/01		
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2200								

OPTIONAL (for office use only)

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

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. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10505242

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 ... IMING THIS RESPONSIBILITY.

11-19-01 CALLED CARBONE - ANY BIG WORK BEING DONE? N/A PER CARBONE 11/19/01

y the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

i for: 1) the new home referred to in A.; or, 2) an addition, alteration, imily residence owned and occupied by myself and located on the prop- that will be physically separate from, but that will be deemed part of, an d and occupied by myself and located on the property listed on Page 1.

se the following work:
Protection

rk:
mbing

C ct that they are required to be registered with the New Jersey Division of tax laws.

I I Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, ar ich certification as the construction official may require.

I d lfully false, I am subject to punishment.

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Robert Carbone Co., Inc.

Address 76[illegible] Hantoloking Rd.
Brick, NJ 08723

Telephone (732) 920-1200

Signature Robert Carbone

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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/26/2001
Control 0
Permit # 01-4266

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 673 Lot 9 Qual

Work Site Location 2791 HOOPER AVE
GAS TO GAS FURNACE
Owner in Fee TRAHANAS - GOOD FRIEND ELECTRI
Address SAME
BRICK, NJ 08723-
Telephone (732)920-7100

Contractor ROBERT CARBONE
Address 766 HAWTOLOKING RD
BRICK, NJ 08723-
Telephone (732)920-1200
Lic. No. or Bldrs. Reg. No.
Federal Ecp. No. 22-2822593

11/26/01 12:13PM 000000H8267
XXD4 SERV.004

#4266
FIRE $46.00
DCA $2.00
XXXTOTAL 648.00
CHECK $48.00
CHANGE $0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS TO GAS FURNACE REPLACEMENT IN SAME LIKE LOCATION

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 2,200

J Carbone 11/26/2001
Construction Official Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	48
Check No.	4861
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/16/2001
Date Issued 11/26/01
Control # C19-38
Permit # 01-4266

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 Qual
Work Site Location 2791 HOOPER AVE
GAS TO GAS FURNACE
Owner in Fee TRAHANAS - GOOD FRIEND ELECTRI
Address SAME
BRICK, NJ 08723-
Tele.(732)920-1200 Fax ( )
Contractor ROBERT CARBONE
Address 766 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)920-1200
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2822593

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: UTILITY ROOM
Total Est Cost of Fire Prot Work $ 2,200

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 11-20-01
Approved By: DB
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-3-01
Approved By: KLR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			11-30-01	DB
Smoke Ctl				
TCO				
Final			11-30-01	DB
Other				

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.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

COMMERCIAL

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 678 LOT: 8 PERMIT: #

WORKSITE ADDRESS: 2791 Hooper Ave Brick

Certifying Individual (Print Name)
Name: Robert Carbone Co., Inc.
Address 766 Mantoloking Rd.
Street Brick, NJ 08723
State

Company
Name: Robert Carbone Co., Inc.
City: 766 Mantoloking Rd.
Zip: Brick, NJ 08723
Phone #: 732-920-1200

Check the Appropriate Box
Type of Replacement:
( ) oil to gas conversion
(X) Gas appliance replacement
( ) Oil to Oil Replacement

( ) Other (describe)

Existing Vent/chimney
(X) B label vent
( ) L label vent
( ) Masonry chimney - tile lined
( ) Flexible liner
( ) Power vent/exhauster
( ) Other (describe)

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropiately lined and sized for the appliance being installed.

Signature Date

Oil To Oil or Gas to Gas Replacement:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature 11/16/01 Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

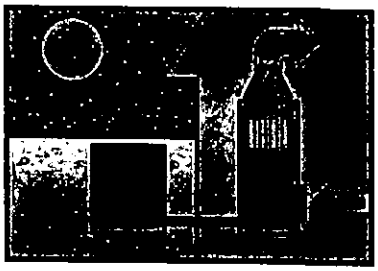
Direct Vent Appliance:
No Certification required:

Signature

QUALITY DEALERS YOU CAN COUNT ON

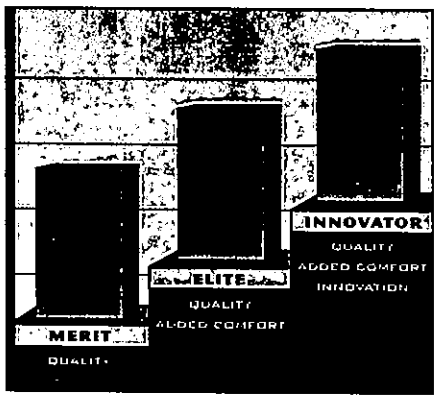
Choosing the right dealer is every bit as important as choosing the right brand of equipment. Every Lennox Dealer, which includes independently owned and operated businesses, has to meet the Lennox Quality Dealer standards. We think you'll agree they're a big reason why you can count on getting quality customer services whenever you call your Lennox Dealer.

TOTAL HOME COMFORT



Your furnace typically resides inside the home in a variety of locations. The supply duct delivers warmed air into the home after the air has traveled across the heat exchanger. At the same time the return duct is pulling the cooler air from the home, sending it past the heat exchanger and starting the cycle over again.

LENNOX PRODUCT SERIES



Lennox has a variety of products to meet your cooling and heating needs as well as your comfort preferences.

RECOGNITION OF QUALITY

Lennox is proud of the fact that Merit 80™ furnace has earned the reputable Good Housekeeping Seal. And we build according to an ISO 9002 registered quality system.

Good Housekeeping Premises

ISO 9002 REGISTERED QUALITY SYSTEMS

LENNOX®

Merit 80™ Gas Furnace Specifications

G40	24A-045 24A-045X	36A-070 36A-070X	36B-090	48B-090 48B-090X	
Configuration	UH, DF	UH, DF	UH, DF	UH, DF	
AFUE	80.0%	80.0%	80.0%	80.0%	
Electrical Data	120 volts – 60 hertz – 1 phase (less than 12 amps) All Models				
Dimensions - H/D. in. (mm)	40/28-1/2 (1016/724) All Models				
Dimensions - W In. (mm)	14-1/2 (368)	14-1/2 (368)	17-1/2 (445)	17-1/2 (445)	
G40	**48C-110** **48C-110X (DF only)**	**60C-110** **60C-110X**	**48C-135**	**60D-135**	**60D-155**
Configuration	UH, DF	UH	UH	UH, DF	UH
AFUE	80.0%	80.0%	80.0%	80.0%	80.0%
Electrical Data	120 volts – 60 hertz – 1 phase (less than 12 amps) All Models				
Dimensions - H/D. in. (mm)	40/28-1/2 (1016/724) All Models				
Dimensions - W in. (mm)	21 (508)	21 (508)	21 (508)	24-1/2 (622)	24-1/2 (622)

Note: Due to Lennox' ongoing commitment to quality, all specifications, ratings and dimensions are subject to change without notice.

ENERGUIDE
Annual Fuel Utilization Efficiency-AFUE
THIS MODEL 80.0%
MID
78% 82% 88% 97%

20-YEAR LIMITED HEAT EXCHANGER WARRANTY
10-YEAR LIMITED COVERED COMPONENT WARRANTY

Refer to Lennox Equipment Limited Warranty Certificate included with the unit for specific details.

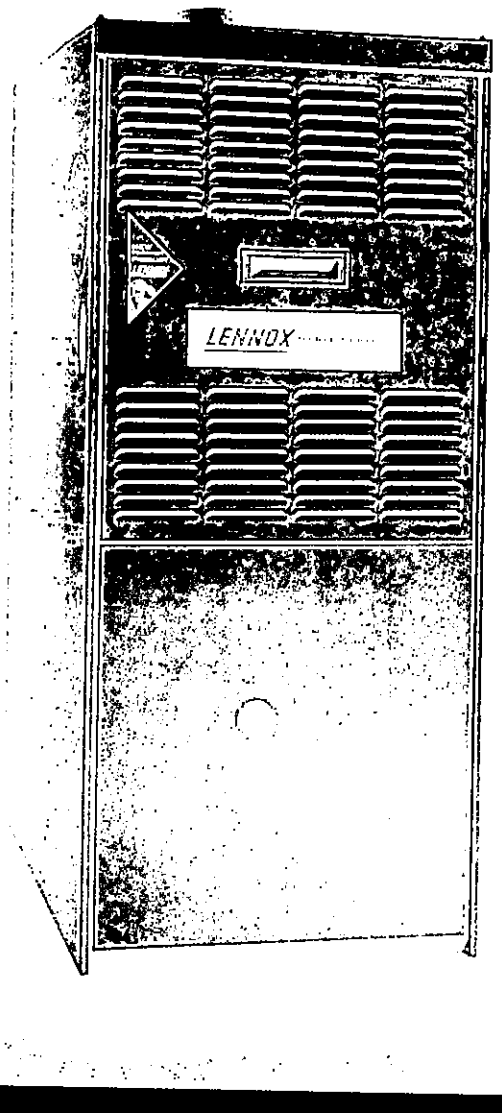
AGA Registered Quality System

Visit us at http://www.Lennox.com or contact us at 1-800-9-LENNOX
Litho U.S.A.

LENNOX MERIT SERIES

MERIT 80™

GAS FURNACE



With the Merit 80 gas furnace you get more than warmth, you get Lennox quality.

Counter Form
PLEASE PRINT

Good Friend Electric

PLUMBING

Contractor: Robert Carbone Co Inc
Address: 766 Manotoloking Rd Brick
Phone #: 920-1200
Lis #: BI08237
Federal Emp # or SSN 222 822 593

Technical Data

Fixtures — Quantity

Water Closets
Urinals/Bidets
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bib
Gas Piping
Fuel Oil Piping
Water Heater
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Water Cooled A/C or Refrig. Unit
Septic Tank Closure
Sewer Service Connection
Water Service Connection
Active Solar System
Auxiliary Meter
Sprinkler Heads
Sump Pump
Other:

Estimated Cost of Plumbing Work 0 —

Signature: Robert Carbone

Please Print Name: Robert Carbone

CONTRACTOR'S SEAL

FIRE

Contractor: Robert Carbone Co., Inc.
Address: 766 Manotoloking Rd. Brick, NJ 08723
Phone #: 732-920-1200
Lis #: BI08237
Federal Emp # or SSN 222822593

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ✓Existing
Location of Furnace/Boiler: Utility room

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item — Quantity

Wet Sprinkler Heads
Dry Sprinkler Heads
Total

Smoke Detectors
Heat Detectors
Total

Stand Pipes
Kitchen Hood Exhaust System

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances

Furnace 1
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work 2201. —

Signature: Robert Carbone

Print Name: Robert Carbone

Township of Brick

Counter Form
(PLEASE PRINT)

N/O Heat

Site Location: 2791 Hooper Ave Brick
Block: 673 Lot: 8
Owner's Name: Trahanas - Goodfriend Elec
Owner's Mailing Address: 2791 Hooper Ave Brick

Phone: (732) 920-7100

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit --Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL