

BLOCK 1210.03 LOT 200 QUALIFICATION CODE _____ ADDRESS (SITE) 111 Mansfield Dr PERMIT NO. 16-3069



CONSTRUCTION PERMIT APPLICATION

C-16-603990

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

I. IDENTIFICATION

1. Proposed Work Site at: 111 Mansfield Dr Brick NJ 08724

2. Name of Owner in Fee: JANE AZZARATA
Te [REDACTED] e-mail -

Address 111 Mansfield Drive BRICK 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: BRICK Township Heating & A/C Tel. (732) 477-3300
Address 465 Brick Blvd e-mail _____
BRICK NJ 08723

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

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

6. Responsible Person in Charge once Work has Begun Craig Law
Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>150</u>	
2. Electrical	\$ <u>150</u>	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$ <u>2-</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other	\$ <u>300</u>	
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

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
						Approval	Rejection
<u>750</u>	<u>aw</u>	<u>8/16/16</u>		<u>8/22/16</u>	<u>PF</u>		
<u>750</u>				<u>8-29-16</u>	<u>[Signature]</u>		

TOTAL COST 1,500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

B. NON-RESIDENTIAL (primary use)

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

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

- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/14/2016
Control Number C-16-003990
Permit Number 16-3069
Permit Issue Date 8/31/2016
Certificate Number 16-3069

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 111 MANSFIELD DR. Brick Township, NJ Block: 1210.03 Lot: 200 Qual: _____
Owner in Fee: AZZARETTI, JANE
Owner Address: 111 MANSFIELD DR. BRICK NJ 08724
Telephone: [REDACTED]
Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD. BRICK NJ 08723
Telephone: (732) 477-3300 Fax: (732) 477-0205
License Number or Builders Registration Number: 19HC00520700 Federal Emp. Number: 21-0103175
13VH01918000

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C

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: _____

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.i:

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name Brick Township Heating + A/C

Address 465 Brick Blvd

Brick NJ 08723

Telephone (732) 477-3300

Signature Craig Lewis

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



EFFICIENT 13 SEER AIR CONDITIONER ENVIRONMENTALLY SOUND R-410A REFRIGERANT 1-1/2 THRU 5 TONS SPLIT SYSTEM

208/230 Volt, 1-phase, 60 Hz

208/230, 460 & 575 Volt, 3-phase, 60 Hz

REFRIGERATION CIRCUIT

- Scroll compressors on all models
- Filter-Drier supplied with every unit for field installation
- Copper tube / aluminum fin coil

EASY TO INSTALL AND SERVICE

- Easy Access service valves on all models
- External high and low refrigerant service ports
- Only two screws to access control panel
- Factory charged with R-410A refrigerant

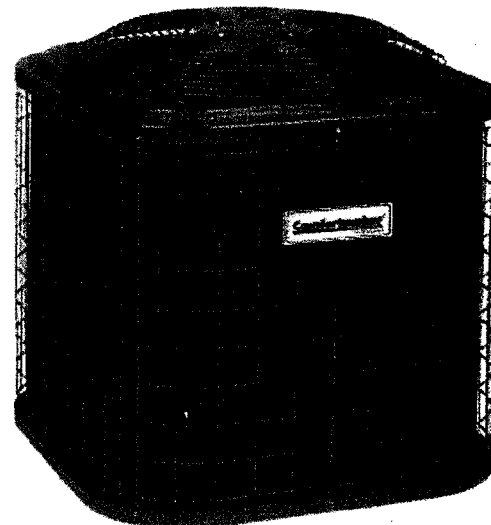
BUILT TO LAST

- Baked-on powder coat finish over galvanized steel
- Post-painted (black) coil fins
- Coated, weather-resistant cabinet screws
- Coated inlet grille with 2" (51mm) spacing standard, alternate models available with 3/8" (10mm) grille spacing for extra protection (hail guard)

WARRANTY*

- 5 year compressor limited warranty
- 5 year parts limited warranty (including compressor and coil)
 - With timely registration, an additional 5 year parts limited warranty (including compressor and coil)

* For owner occupied, residential applications only. See warranty certificate for complete details and restrictions, including warranty coverage for other applications.



Use of the AHRI Certified TM Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.



Model Number	Size (tons)	Nominal BTU/hr	Min. Circuit Ampacity	Max. Fuse or Breaker	Operating Dimensions height x width x depth in. (mm)	Ship / Operating Weight lbs. (kg)
N4A318*KC	1-1/2	18,000	12.3	20	25-5/16 x 23-1/8 x 23-1/8 (643 x 587 x 587)	130 / 107(59 / 49)
N4A324*KC	2	24,000	14.8	25		134 / 110(61 / 50)
N4A330*KC	2-1/2	30,000	16.8	25	28-11/16 x 23-1/8 x 23-1/8 (729 x 587 x 587)	136 / 111(62 / 50)
N4A330GHC			11.2	20		136 / 111(62 / 50)
N4A336*KB	3	36,000	19.2	30	31-13/16 x 25-3/4 x 25-3/4 (808 x 654 x 654)	169 / 144(77 / 66)
N4A336GHB			14.5	20		
N4A336GLB			7.7	15		170 / 141(77 / 64)
N4A336GSB			5.3	15		170 / 141(77 / 64)
N4A342*KA	3-1/2	42,000	23.5	40	32-5/16 x 31-3/16 x 31-3/16 (821 x 792 x 792)	218 / 190(99 / 86)
N4A342GHA			18.0	30		218 / 190(99 / 86)
N4A342GLA			8.1	15		
N4A348*KB	4	48,000	24.3	40	35-3/4 x 31-3/16 x 31-3/16 (908 x 792 x 792)	224 / 186(102 / 84)
N4A348GHB			17.8	30		
N4A348GLB			8.3	15		224 / 186(102 / 84)
N4A348GSB			6.0	15		
N4A360*KC3	5	60,000	29.0	50	25-1/2 x 31-3/16 x 31-3/16 (648 x 792 x 792)	226 / 190(104 / 90)
N4A360*KC4					28-15/16 x 31-3/16 x 31-3/16 (735 x 792 x 792)	232 / 199(106 / 91)
N4A360GHC	5	60,000	21.4	15	28-15/16 x 31-3/16 x 31-3/16 (735 x 792 x 792)	230 / 198(104 / 90)
N4A360GLC			10.5	15		
N4A360GSC			7.6	15		

* A = 2" (51mm) spacing inlet grille or
G = 3/8" (10mm) spacing inlet grille



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1210.03 Lot 800 Qualification Code _____

Work Site Location 111 Mansfield Dr
Brick NJ 08724

Owner in Fee: Jane Pazzarata

Tel. () _____ e-mail _____

Address 111 Mansfield Dr Brick 08724
street municipality zip code

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300
e-mail brickhvacc@gmail.com

Address 465 Brick Blvd Brick, NJ, 08723

Contractor License No. 19HC00530700 Exp. Date 6/30/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13440418000
Federal Emp. ID No. 21-0783175 FAX: (732) 477-0205

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 \$ 750.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial—Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 8/31/14

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 8/31/14

Approved by: [Signature]

INSPECTIONS

Type: _____ Dates (Month/Day) _____

Failure _____ Failure _____ Approval _____ Initial _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here: Craig Law

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace A/C

QTY. _____

FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other A/C

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 8/31/14

Control # _____

Date Issued _____

Permit # _____

16-2009

PRODUCT SPECIFICATIONS
Split System Air Conditioner: N4A3

ELECTRICAL DATA (208/230-1-60, voltage range 197V - 253V)							
Model Size	18	24	30	36	42	48	60
Minimum Circuit Ampacity - MCA (amps)	12.3	14.8	16.8	19.2	23.5	24.3	29.0
Maximum OverCurrent Protective device - MOCP (amps)	20	25	25	30	40	40	50
Compressor RLA (Rated Load Amps) LRA (Locked Rotor Amps)	9.4 56.6	11.2 60.8	12.8 64.0	14.2 70.0	17.9 112.0	18.3 93.0	22.1 125.0
Fan Motor FLA (Full Load Amps)	.5	.77	.77	1.4	1.1	1.4	1.4

ELECTRICAL DATA (208/230, 460, 575-3-60)												
Model Size	30GH	36GH	36GL	36GS	42GH	42GL	48GH	48GL	48GS	60GH	60GL	60GS
Supply Voltage, 3-phase 60 Hz.	208/ 230	208/ 230	460	575	208/ 230	460	208/ 230	460	575	208/ 230	460	575
Acceptable Voltage Range, min-max	197- 253	197- 253	414- 506	518- 632	197- 253	414- 506	197- 253	414- 506	518- 632	197- 253	414- 506	518- 632
Minimum Circuit Ampacity MCA (amps)	11.2	14.5	7.7	5.3	18.0	8.1	17.8	8.3	6.0	21.4	10.5	7.6
Maximum OverCurrent Protective device MOCP (amps)	20	20	15	15	30	15	30	15	15	30	15	15
Compressor RLA (Rated Load Amps) LRA (Locked Rotor Amps)	8.3 58.0	10.5 71.0	5.6 38.0	3.8 36.5	13.5 88.0	6.0 44.0	13.1 83.1	6.1 41.0	4.4 33.0	16.0 110.0	7.8 52.0	5.7 38.9
Fan Motor FLA (Full Load Amps)	.77	1.4	0.7	0.5	1.1	0.6	1.4	0.7	0.5	1.4	0.7	0.5

**Sound Rating tested in accordance with AHRI Standard 270-2008 (not listed with AHRI).

A-Weighted Sound Power Level - Without Sound Shield								
Model	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (without tone adjustment)						
		125	250	500	1000	2000	4000	8000
318A(G)KC	72	53.5	59.5	63.5	67.0	63.5	59.0	52.5
324A(G)KC	76	55.0	61.5	67.0	71.5	69.0	61.0	55.0
330A(G)KC/GHC	74	55.0	63.5	68.5	68.5	65.5	61.0	54.0
336A(G)KB	73	53.0	61.0	67.0	69.0	65.5	63.0	55.5
336GHB/GLB/GSB	75	59.5	63.0	68.5	70.0	65.5	61.5	53.5
342A(G)KA/GHA/GLA	78	57.5	65.0	71.0	73.0	70.5	67.5	62.5
348A(G)KB	77	54.0	67.5	71.5	71.5	69.5	67.0	61.5
348GHB/GLB/GSB	80	58.5	67.5	73.5	75.0	70.5	67.5	64.5
360A(G)KC	79	57.5	67.0	72.0	75.0	72.5	68.0	61.0
360GHC/GLC/GSC	79	59.5	69.5	72.5	73.5	71.0	68.0	63.5

Note: Tested in accordance with AHRI Standard 270-2008 (not listed in AHRI).

A-Weighted Sound Power Level - With Sound Shield								
Model	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (without tone adjustment)						
		125	250	500	1000	2000	4000	8000
318A(G)KC	71	55.5	60.5	64.0	66.0	63.0	58.5	52.0
324A(G)KC	74	55.5	60.5	66.5	70.0	67.0	61.0	53.5
330A(G)KC/GHC	73	55.5	64.0	68.0	67.0	64.0	60.0	52.5
336A(G)KB	73	54.5	61.5	66.5	68.5	65.0	61.5	52.5
336GHB/GLB/GSB	74	59.5	63.0	68.0	69.5	65.0	60.5	50.5
342A(G)KA/GHA/GLA	77	57.5	65.0	70.5	72.0	70.0	67.0	62.0
348A(G)KB	77	54.0	68.0	71.5	71.5	69.0	66.5	61.0
348GHB/GLB/GSB	79	60.5	67.5	73.5	74.5	71.0	68.0	63.5
360A(G)KC	79	57.5	68.0	72.5	74.5	72.5	68.0	60.5
360GHC/GLC/GSC	78	60.5	69.5	72.5	73.0	71.0	67.5	61.5

Note: Tested in accordance with AHRI Standard 270-2008 (not listed in AHRI).

ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received 8/31/14
Control # 16-3009
Date Issued
Permit #

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

Block 1210.03 Lot 200 Qualification Code

Work Site Location 111 Mansfield Dr Brick NJ 08724

Owner's Eng. Tavo D. D'Amato

Te. e-mail

Address 111 Mansfield Dr Brick 08724

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd Brick, NJ 08723 e-mail brickhvaca@gmail.com

Contractor License No. Exp. Date 19HC00520700

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH0191B000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 750-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved SPECS.

Date 8/22/14 Approved by: PS

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8/22/14

Approved by: P.C.

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCQ [] CA

Date: 8/14/14

Approved by: P.C.

INSPECTIONS

Type: Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other Replaced AC

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here: Craig Law

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace R/C

QTY.

SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit 3 KW

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 8/31/16
Control # C-16-003990
Permit # 16-3069

IDENTIFICATION Block: 1210.03 Lot: 200 Qualifier _____
Work Site Location: 111 MANSFIELD DR. Brick Township, NJ Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD. BRICK NJ 08723
Owner in Fee AZZARETTI, JANE
111 MANSFIELD DR. BRICK NJ 08724 Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 19HC00520700 13VH01918000
Telephone: _____ Federal Employee No. 2910103178

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

REPLACEMENT 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 \$1,500

[Signature]
Construction Official

8/30/16
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$302
Check No. <u>7061</u>	
Cash	\$0
Credit	\$0
Collected By <u>[Signature]</u>	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

BLK: 1210.03

LOT: 200

REPLACEMENT FURNACE

OLD BTU ---

INPUT

OUTPUT

NEW BTU ---

INPUT

OUTPUT

A/C REPLACEMENT

OLD UNIT 2 Ton BTU

NEW UNIT 2 Ton BTU

AND/OR

HEAT LOSS/HEAT GAIN

***IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNITS, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN

***IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN

*****WE ALSO WILL NEED*****

***COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE AND/OR AIR CONDITION UNIT (NOT THE INSTALLATION GUIDE)

***CHIMNEY CERTIFICATION FOR FURNACE (CANNOT BE CERTIFIED BY HOMEOWNER)

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

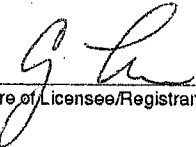
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Breton Woods Home Improvement, Inc.
Patrice Law
465 Brick Blvd.
Brick NJ 08723

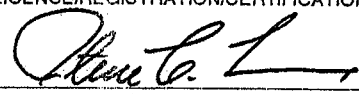
FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/28/2016 TO 03/31/2017
VALID



Signature of Licensee/Registrant/Certificate Holder

13VH01918000
LICENSE/REGISTRATION/CERTIFICATION #



ACTING DIRECTOR

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

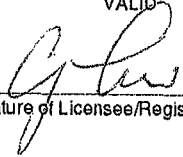
HAS LICENSED

Craig L. Law
465 Brick Blvd
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

06/21/2016 TO 06/30/2018

VALID


Signature of Licensee/Registrant/Certificate Holder

19HC00520700

LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR