143.04 – 16

BLOCK 143.04 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 20212156

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 43 waterford AVE. Morganville 07751
2. Name of Owner in Fee: TZU-HAO Chen & Hui Chieh He
   Tel. [redacted] e-mail _____
   Address Same as above (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: JACK DONG HVAC LLC
   Address 7 HOMESTEAD CIR. MARLBORO, NJ 07746
   TEL: (732)543-5799
   HIC #: 13VH10323800
   FEDERAL ID #: 83-2814527
   Tel. _____
   License No. OR, if n _____ Exp. Date _____
   Home Improvement _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Jack Dong
   Tel. 732-543-5799 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	193236		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK Replacement of A/C & furnace

- ☐ 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)*

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	2000				Form 5				
☑ Plumbing	4500				8-19-21	ACTING mc			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	6500 $0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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

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

U.C.C. F100-1 (rev. 8/08)

W1968

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

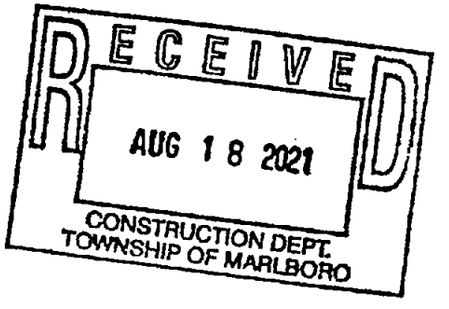
Agent Name Jack Dong HVAC LLC

Address 7 Homestead Circle, Marlboro NJ 07746

Telephone (732) 543-5799

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.


RECEIVED
AUG 18 2021
CONSTRUCTION DEPT.
TOWNSHIP OF MARLBORO

BLOCK 143.04 **LOT** 16 **QUALIFICATION CODE** _____ **ADDRESS (SITE)** _____ **PERMIT N**

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

Marlboro Township
1979 Township Dr
Marlboro NJ 07746

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 11/1/2021
Control Number 193236
Permit Number 20212156
Permit Issue Date 9/2/2021
Certificate Number 20212156

Identification

Block: 143.04 Lot: 16 Qual:

Work Site Location: 43 WATERFORD AVENUE MORGANVILLE, NJ 07751

Owner in Fee: CHEN, TZU-HAO & HUI-CHIEH HE

Owner Address: 43 WATERFORD AVENUE MORGANVILLE NJ 07751

Telephone: [redacted]

Contractor JACK DONG HVAC, LLC*

Address 7 HOMESTEAD CIRCLE MARLBORO NJ 07746

Telephone: (732) 543-5799 Fax:

License Number or Builders Registration Number:

Federal Emp. Number: 832814527

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
FURNACE & A/C REPLACEMENT

Certificate Comments:
20212156 - Alteration
FURNACE & A/C REPLACEMENT

☐ **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

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

Fee: $0.00

Check Number:

Collected By:

Date Printed: 11/1/2021

CONSTRUCTION PERMIT 193236

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/2/21

Permit # 20212156

IDENTIFICATION Block 143.04 Lot 16 Qualification Code

Work Site Location 43 Waterford AVE Morganville NJ 07751

Owner in Fee Chen, Tzu-Hao & Hui Chieh Wu

Address Same as about.

*Tel. [redacted]

Contractor JAK Dons HVAC LLC

Address 7 Homestead Cir Marlboro NJ 07746

Tel. (732) 578-5799

Lic. No. or Bldrs. Reg. No. 19HC00145300

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 of A/C & furnace

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 $ 6500

Construction Official

8-20-21

Date

PAYMENTS (Office Use Only)

Building	
Electrical	150
Plumbing	
Fire Protection	
Elevator Devices	
Other	150
DCA State Permit Fee	13
Cert. of Occupancy	
Other	
Total	313
Check No.	#231
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–OFFICE 2 CANARY–APPLICANT 3 PINK–OFFICE

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

193236

ELECTRICAL SUBCODE
TECHNICAL SECTION

Marlboro Township Construction Dept
1979 Township Drive, Marlboro Twp, NJ 07746
(732) 536-0200 X-1800

Date Received 9/2/21
Control #
Date Issued
Permit # 20212156

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

Block 143.04 Lot 16 Qualification Code

Work Site Location 43 Waterford Ave. Morg NJ 07751

Owner in Fee: Chen. Tzu-Hao & Hui Chieh He.

Tel. [redacted] e-mail

Address Same as above
street municipality zip code

Contractor: Xiuen Dong Tel. 732 543-5799

Address 33 Burlington Dr e-mail
Marlboro, NJ 07746

Contractor License No. 19HC00145300 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000

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: Xiuen Dong

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of A/C & furnace 2nd flr

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
1	2½	HP Garbage Disposal	
1	2½	KW Central A/C Unit	75
		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	
1		Furnace	75

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 4
TOTAL FEE $ 154

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-20-21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

143.04/33/16

ELECTRICAL SUBCODE
TECHNICAL SECTION

Marlboro Township Construction Dept
1979 Township Drive, Marlboro Twp, NJ 07746
(732) 536-0200 X-1800

Date Received 9/2/21
Control #
Date Issued
Permit # 20212156

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

Block 143.04 Lot 16 Qualification Code

Work Site Location 43 Waterford AVE Morganville 07751

Owner in Fee: Chen Tzu-Hao & Hui Chieh He

Tel. [redacted] e-mail

Address Same as above
street municipality zip code

Contractor: Xiuen Dong Tel. 732 243 5791

Address 33 Buckingham Dr e-mail
Marlboro NJ 07746

Contractor License No. 19HC02142300 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000

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: Xiuen Dong

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of A/C & Furnace 1 Unit

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
1	2½	KW Central A/C Unit	75
		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	
1		Furnace	75

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 4
TOTAL FEE $ 154

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-30-21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/29/21
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	H#. 10/28/2021		10/28/2021	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

EQ 10/28/21 Nobody Home

EL 10/28/21 Pass 100%

MECHANICAL INSPECTION
TECHNICAL SECTION

193236

Date Received 9/4/21
Control #

Date Issued 2021/2156
Permit #

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

Block 143.04 Lot 16 Qualification Code

Work Site Location 43 Waterford Ave. Long NJ 07751

Owner in Fee: Chen, Tzu-Hao & Hui Chieh He

Te[redacted] e-mail

Address Same as above
street municipality

Contractor: Xiuen Dong Tel. 732 543-5799
zip code

Address 33 Burlington Dr e-mail

Marlboro, NJ 07746

Contractor License No. 19HC00145300 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

Xiuen Dong

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [✓] Hot Air

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

Estimated Cost of Mechanical Work $ 4500

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement of A/C & furnace
2nd floor

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	75
	Oil Tank	
	LPG Tank	
	Fireplace	
1	~~Generator~~ A/C Drain	75
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	9
	TOTAL FEE $	159

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8.19.21
Approved by: mc ACTING
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

DATES

U.C.C. F145 (rev. 10/17)

143.04 16

MECHANICAL INSPECTION
TECHNICAL SECTION

193236

Date Received Control # 9/4/21

Date Issued Permit # 2021/2156

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

Block 143.04 Lot 16 Qualification Code

Work Site Location 43 Waterford AVE. Long N.J. 07751

Owner in Fee: Chen, Tzu-Hsu & Hui Chieh He

Te [redacted] e-mail

Address Same as above
street municipality

Contractor: Xiuen Dong Tel. 732 543-5799
zip code

Address 33 Burlington Dr e-mail

Marlboro, NJ 07746

Contractor License No. 19HC00145300 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [✓] Hot Air

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

Estimated Cost of Mechanical Work $ 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Mechanical Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8.19.21

Approved by: ARC ELECTRIC

SUBCODE APPPROVAL for CERTIFICATE

Date: [✓] CA 10-28-21 [ ] CCO

Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL			10.28.21	[X]

Xiuen Dong

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement of A/C & furnace 2nd floor

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	75
	Oil Tank	
	LPG Tank	
	Fireplace	
1	~~Generator~~ A/C Drain	75
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	9
	TOTAL FEE $	159

U.C.C. F145 (rev. 10/17)

DATE	JOB CONDITION / COMMENTS

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 143.04 LOT 16 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 43 Waterford Ave. Morganville. NJ 07751

Owner in Fee Chen. Tzu-Hao & Hui Chieh He

Verifying Individual Jack Dong Company Jack Dong HVAC LLC

Address 7 Homestead Cir Manboro NJ 07746
City State Zip Code

Tel: [redacted] Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [✓] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: **Size** 4"

- [✓] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / Gas / Other: Gas	60000
Appliance 2:	~~Water Heater~~	Oil / Gas / Other: ~~Gas~~	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

[signature] 8-16-2021
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

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

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

SUBMITTAL DATA SHEET

CONDENSING
MULTI-POSITION SINGLE-STAGE GAS FURNACES
MODELS: TM8E/TMLE

JOB NAME: LOCATION:

PURCHASER: ORDER NO:

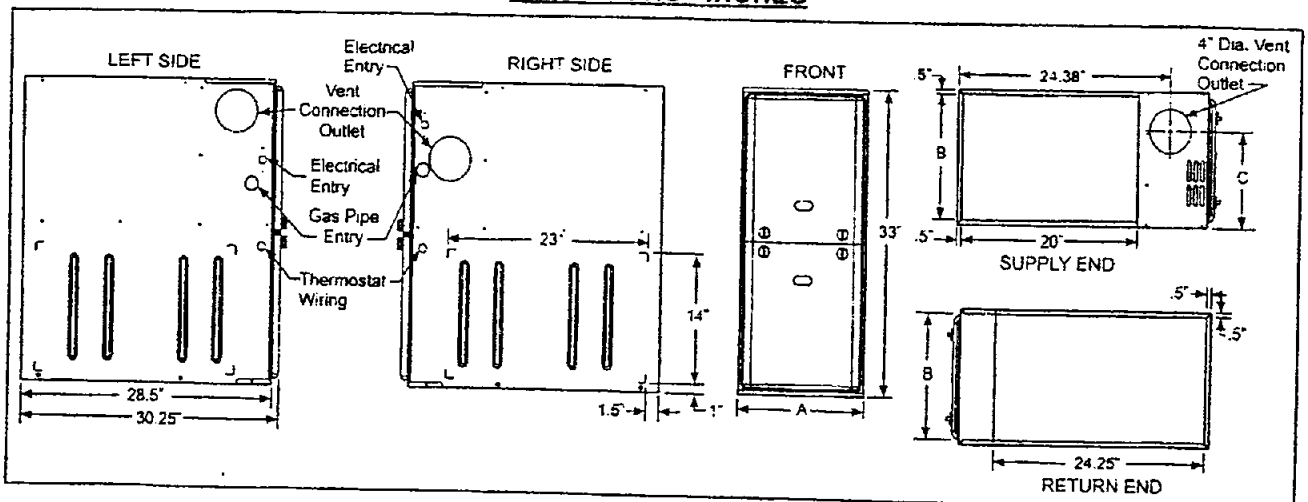
ENGINEER:

SUBMITTED TO: FOR: REF: APPROVAL: CONSTRUCTION:

SUBMITTED BY: DATE:

UNIT DESIGNATION: SCHEDULE NO. MODEL NO.

DIMENSIONS - INCHES



Models	Nominal CFM (m^3/min)	Cabinet Size	Cabinet Dimensions (Inches)			Approximate Operating Weights
			A	B	C	Lbs
TM(8,L)E040A12MP11	1200	A	14 1/2	13 3/8	10.3	89
TM(8,L)E060A12MP11	1200	A	14 1/2	13 3/8	10.3	94
TM(8,L)E080B12MP11	1200	B	17 1/2	16 3/8	11.8	103
TM(8,L)E080C16MP11	1600	C	21	19 7/8	13.6	116
TM(8,L)E080C20MP11	2000	C	21	19 7/8	13.6	121
TM(8,L)E100B12MP11	1200	B	17 1/2	16 3/8	11.8	108
TM(8,L)E100C16MP11	1600	C	21	19 7/8	13.6	120
TM(8,L)E100C20MP11	2000	C	21	19 7/8	13.6	124
TM(8,L)E120C16MP11	1600	C	21	19 7/8	13.6	125
TM(8,L)E120C20MP11	2000	C	21	19 7/8	15.8	131
TM(8,L)E130D20MP11	2000	D	24 1/2	23 3/8	17.5	137

Due to continuous product improvements, specifications are subject to change without notice. Installation and conversions of these furnaces must be made by qualified distributor, dealer, or contractor personnel.

AMERICAN QUALITY
DESIGNED, ENGINEERED & ASSEMBLED IN THE USA

AHRI CERTIFIED

ISO 9000 REGISGRATION
ISO 9001
Certified Quality Management System

5 YEAR COMPLETE ASSURANCE

PRODUCT DATA

Heating Performance

Input Capacity _____ MBH

Output Capacity _____ MBH

Air Temp. Rise _____ °F

Supply Air Blower Performance

Total Supply Air _____ CFM

Total External Static Pressure _____ IWG

Blower Speed (circle) ____ HI MH ML L

Motor Rating _____ HP

Electrical Data

Power Supply _____/__/__

Total Unit Ampacity _____ AMPS

Minimum Wire Size _____ AWG

Maximum Overcurrent Device

☐ Fuses ☐ Circuit Breaker____AMPS

Unit Weight

Total Unit Weight _____ LBS

TABULAR DATA SHEET

YORK®

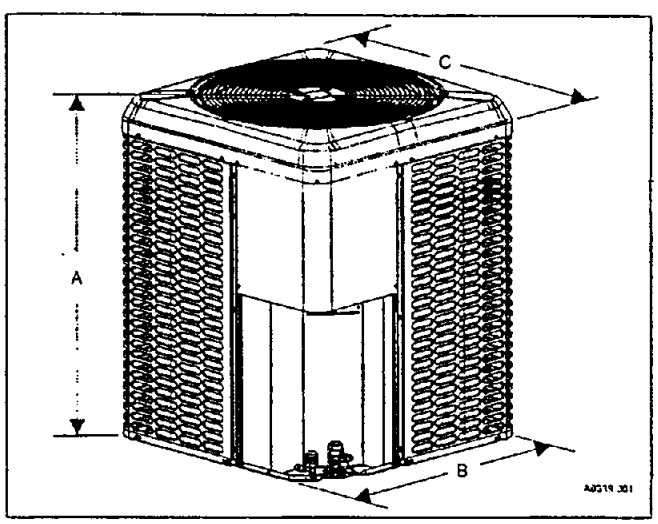
LX SERIES SPLIT SYSTEM AIR CONDITIONERS

13.0 SEER – R-410A – 1 PHASE – 1.5 THRU 5 NOMINAL TONS
MODELS: YCD18 THRU 60

PHYSICAL AND ELECTRICAL DATA

MODEL		YCD18B22S	YCD24B23S	YCD30B22S	YCD36B23S	YCD42B23S	YCD48B21S	YCD60B22S
Unit Supply Voltage		208-230V, 1ϕ, 60Hz						
Normal Voltage Range [1]		187 to 252						
Minimum Circuit Ampacity		12.9	11.4	18.4	19.8	21.1	28.5	29.1
Max. Overcurrent Device Amps [2]		20	15	30	30	35	50	50
Min. Overcurrent Device Amps [3]		15	15	20	20	25	30	30
Compressor	Type	Scroll	Rotary	Scroll	Scroll	Scroll	Scroll	Scroll
	Rated Load	9.7	8.4	14.1	14.7	15.9	21.8	22.2
	Locked Rotor	46.0	53.0	73.0	75	112.3	117.0	127.9
Crankcase Heater		No	No	No	No	No	No	No
Factory External Discharge Muffler		No	No	No	No	No	No	No
HS Kit Required with TXV		No	No	No	No	No	No	No
HS Kit Part Number (S1-2SA067*****)[4]		21806	21806	10106	10106	10206	10106	10206
Fan Diameter Inches		18	18	18	18	22	22	22
Fan Motor	Rated HP	1/8	1/8	1/8	1/4	1/4	1/4	1/4
	Rated Load Amps	0.80	0.80	0.80	1.50	1.30	1.30	1.30
	Nominal RPM	1075	1075	1075	1100	850	850	850
	Nominal CFM	1950	1950	2150	2575	2925	3225	3350
Coil	Face Area Sq. Ft.	9.78	9.78	11.07	12.37	13.83	13.83	17.37
	Rows Deep	1	1	1	1	1	1	1
	Fins / Inch	23	23	23	23	23	23	23
Liquid Line Set OD (Field Installed)		3/8	3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line Set OD (Field Installed) [5]		3/4	3/4	3/4	3/4	7/8	7/8	1-1/8‡
Unit Charge (Lbs. - Oz.) [6]		2 - 13	3 - 7	3 - 10	3 - 12	4 - 6	4 - 8	5 - 1
Charge Per Foot, Oz.		0.62	0.62	0.62	0.62	0.67	0.67	0.75
Operating Weight Lbs.		125	130	140	165	175	165	190

1. Rated in accordance with AHRI Standard 110-2012, utilization range "A".
2. Dual element fuses or HACR circuit breaker. Maximum allowable overcurrent protection.
3. Dual element fuses or HACR circuit breaker. Minimum recommended overcurrent protection.
4. Use S1-2SA067***** series kit. See Hard Start Kit Accessory Installation Manual.
5. For applications with non-standard vapor line sizes, see the "Applications & Accessories" section of this Technical Guide.
6. The Unit Charge is correct for the outdoor unit, smallest matched indoor unit, and 15 feet of refrigerant tubing. For tubing lengths other than 15 feet, add or subtract the amount of refrigerant, using the difference in actual lineset length (not the equivalent length) multiplied by the per foot value.



DIMENSIONS

Unit Model	Dimensions (Inches)			Refrigerant Connection Service Valve Size	
	A	B	C	Liquid	Vapor
YCD18B22S	26-3/4	24	24	3/8	3/4
YCD24B23S	26-3/4	24	24		
YCD30B22S	30	24	24		
YCD36B23S	33-1/4	24	24		
YCD42B23S	30	29-1/4	29-1/4		7/8
YCD48B21S	30	29-1/4	29-1/4		
YCD60B22S	36-1/4	29-1/4	29-1/4		7/8‡

‡ Adapter fitting must be field installed for the required 1-1/8" line set.
All dimensions are in inches and are subject to change without notice.
Overall height is from bottom of base pan to top of fan guard.
Overall length and width include screw heads.

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
Xiuen Dong
Master HVACR Contractor

05/01/2020 TO 06/30/2022
VALID

SIGNATURE

19HC00145300
License/Registration/Certificate #

ACTING DIRECTOR

HVAC License.

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
JACK DONG HVAC LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/10/2021 TO 03/31/2022
VALID

SIGNATURE

13VH10323800
License/Registration/Certificate #

ACTING DIRECTOR

Home improvement Licens