Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 211.15 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 21-3264

CONSTRUCTION PERMIT APPLICATION

C-21-004011

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

I. IDENTIFICATION

1. Proposed Work Site at: 17 SEVILLE DR. BRICK NJ 08723
2. MARK BARANOWSKI [redacted] e-m [redacted]
   Address — SAME —
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: SELF- "BARON'S CHIMNEY SERV" Tel. 732-580-9901
   Address — SAME — e-mail —
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun SELF- MARK BARANOWSKI
   Tel. 732-580-9901 FAX: _____

License No. OR, if new home, Builder Reg. No. 13VH02153700 Exp. Date 3-22

Home Improvement Contractor Registration No. or Exemption Reason —

Federal Emp. ID No. — FAX: —

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mechanical	125		
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 278-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
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 (Wood burning GAS Stove)
- ☐ Repair
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ 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	500.00	MFI	11/1/21		12-9-21	[illegible]			
☐ Electrical									
☑ Plumbing Mech.					11-16-21	CM			
☒ Fire Protection	300.00								
☐ Elevator									
TOTAL COST	800.00 $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

6 of 6 BKR-011.15
Lot-3

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 MARK BARANOWSKI Date 11-1-21

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.

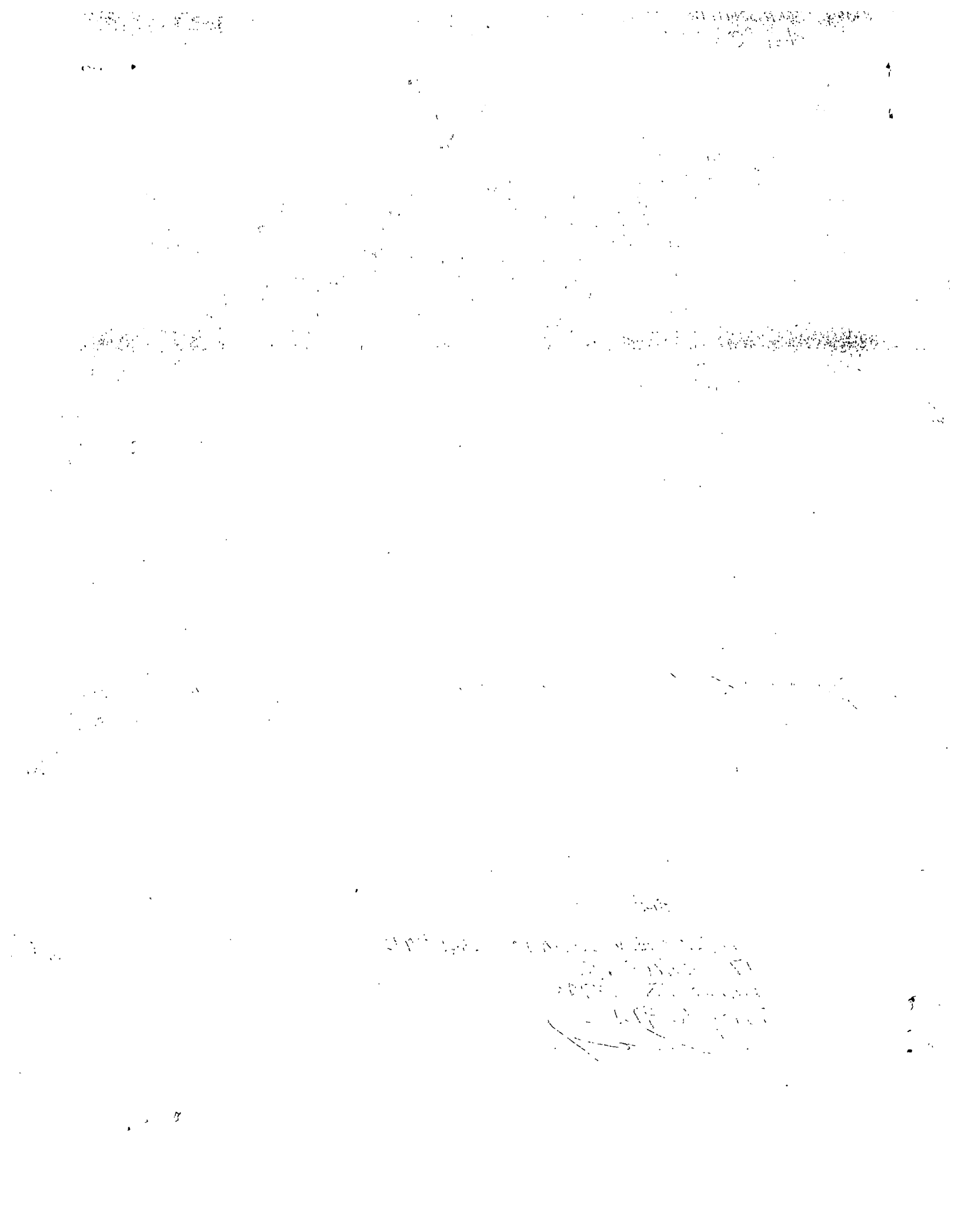
I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor. - SELF

Agent Name MARK BARANOWSKI · CERT #4308
Address 17 SEVILLE DR.
BRICK NJ 08723
Telephone 732-586-9961-C
Signature

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/11/2022
Control Number C-21-004011
Permit Number 21-3264
Permit Issue Date 12/15/2021
Certificate Number 21-3264

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 17 SEVILLE DR. Brick Township, NJ Block: 211.15 Lot: 3 Qual:

Owner in Fee: BARANOWSKI, MARK & DONNA

Owner Address: 17 SEVILLE DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor BARANOWSKI, MARK & DONNA

Address 17 SEVILLE DRIVE BRICK NJ 08723

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

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: GAS BURNING STOVE

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:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/11/2022

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 12115121

Date Issued / Permit # 21-3264

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

Block 21115 Lot 3 Qualification Code

Work Site Location 17 SEVILLE DR BRICK NJ 08723

Owner in Fee: MARK BARANOWSKI - LERT # 4708

Tel [redacted] e-ma [redacted]

Address SAME

Contractor: SELF-"BARON'S CHIMNEY SERVICE" (street / municipality) Tel. [redacted]

Address SAME e-mail

Contractor License No. 13VH02152200 Exp. Date 3-22

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 FREESTANDING N/G

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other VENTED STOVE -

Estimated Cost of Mechanical Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Mechanical Plans Approved
Date 11-16-21 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11-16-21
Approved by: [illegible]
SUBCODE APPPROVAL for CERTIFICATE
[✓] CA [ ] CCO
Date: 1-4-22
Approved by: [illegible]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			12-31-21	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: MARK BARANOWSKI

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TO INSTALL FREE STANDING N/G STOVE IN FAMILY ROOM, 2ND FLOOR - TIED IN TO N/G-GAS LINE, EXISTING! CHIMNEY INSTALLED IS DURAVENT PRO - 4"x6 5/8 - AIR COOLED -

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
	Other

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

8 of 6

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/15/21
Control #
Date Issued
Permit # 21-3264

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

Block 211.15 Lot 3 Qualification Code

Work Site Location 17 SEVILLE DR. BRICK NJ 08723

Owner In Fee: MARK BARANOWSKI [redacted] e- [redacted]

Address SAME

Contractor SELF - "BARONS CHIMNEY SERV" [redacted]
street municipality

Address - SAME - e-mail

Contractor License No. or Builder Registration No. 13VH02157200 Exp. Date 3-22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

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.

Sign here: Mark Baranowski

Print name here: MARK BARANOWSKI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TO INSTALL - HEARTH STONE, NAT-GAS VENTED HEATER, MODEL # 8180, IN CORNER OF UPSTAIRS FAMILY ROOM, TO BE VENTED USING - DURAVENT - "DIRECTVENT PRO CHIMNEY SYSTEM". TO BE TIED INTO EXISTING GAS LINE -

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All JRG-12/10/21
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required: [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 12/10/21
Approved by: MK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-31-21
Approved by: JSG

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other	✓			
Final			12-31-21	JSG
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other GAS STOVE + CHIMNEY
- [ ] Demolition

FEE (Office Use Only)

$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 2
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

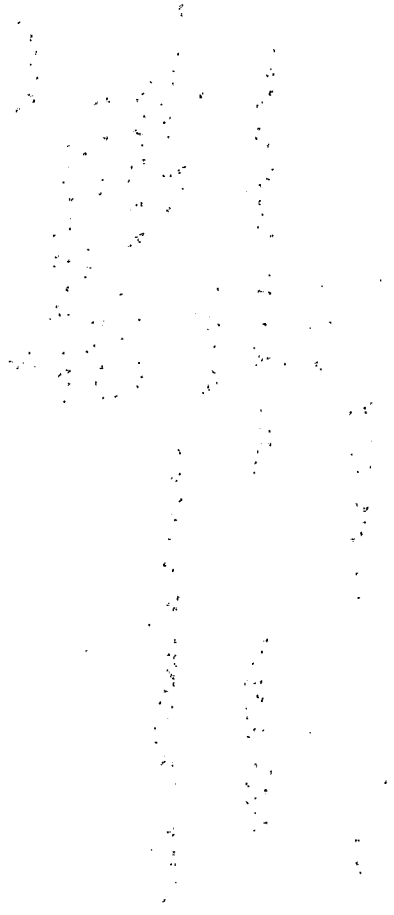
Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 800.00
3. Total (1+ 2) $ 0

U.C.C. F110 (rev. 11/09) Internet version

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



CONSTRUCTION PERMIT

Date Issued 12/15/21
Control # C-21-004011
Permit # 21-3264

IDENTIFICATION Block: 211.15 Lot: 3 Qualifier
Work Site Location: 17 SEVILLE DR. Brick Township, NJ
Owner in Fee BARANOWSKI, MARK & DONNA
17 SEVILLE DRIVE BRICK NJ 08723
Telephone: [redacted]

Contractor BARANOWSKI, MARK & DONNA
Address 17 SEVILLE DRIVE BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS BURNING STOVE

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 $1,300

Construction Official — Date 12/13/21

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

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$278
Check No.	
Cash	$0
Credit	$0
Collected By	

1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

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.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

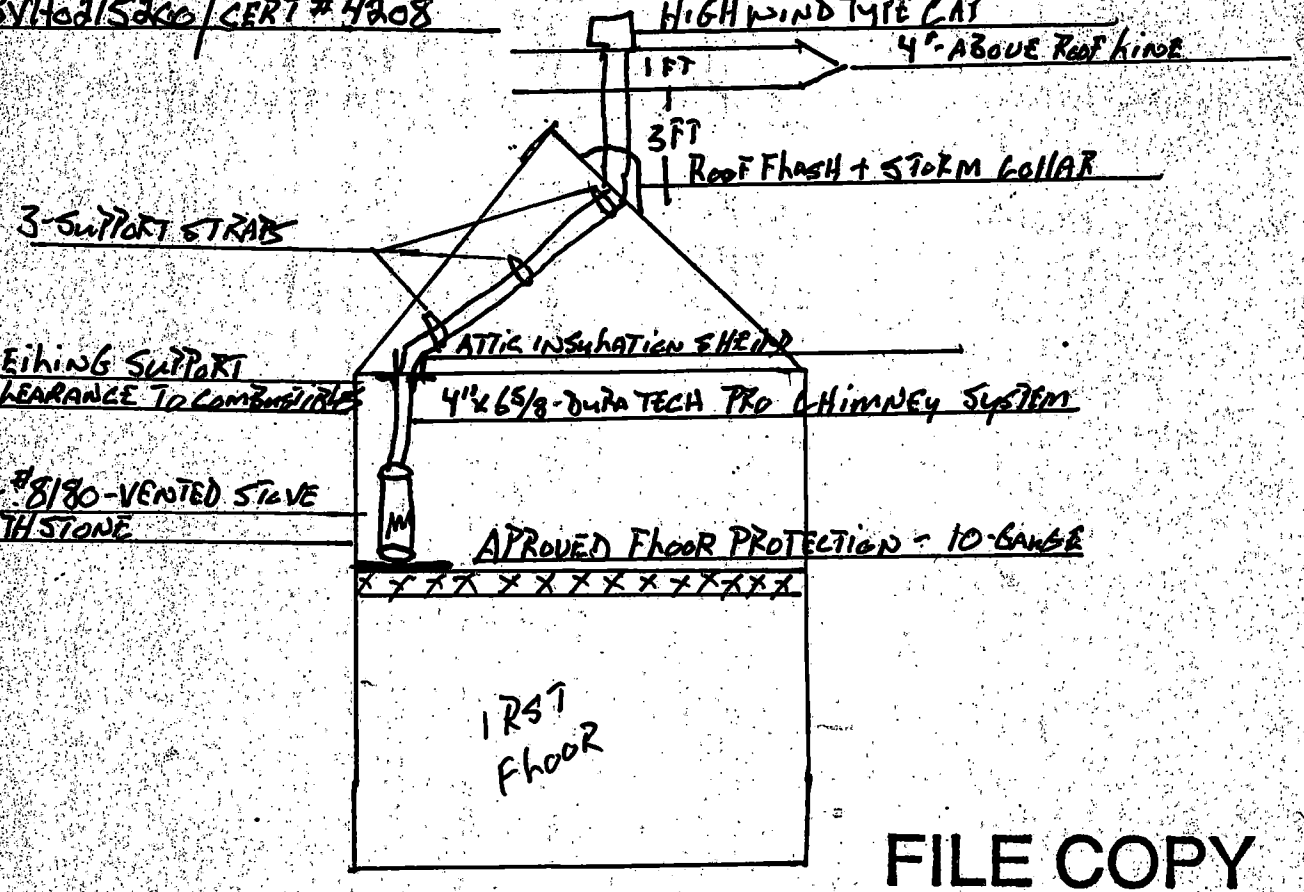
If you do not understand any of this information, please ask.

4 of 5 4 of 6 Blk-3111.5 Lot-3

Mark A. Baranowski
[redacted]
732-580-9901
Telephone: [redacted]

Baron's Chimney Service

RE: 17 Seville Dr. Brick NJ 08723
Lic# 13VH02152400 / CERT # 4208



FILE COPY

MARK BARANOWSKI - CERT # 4208
732-580-9901 - CELL

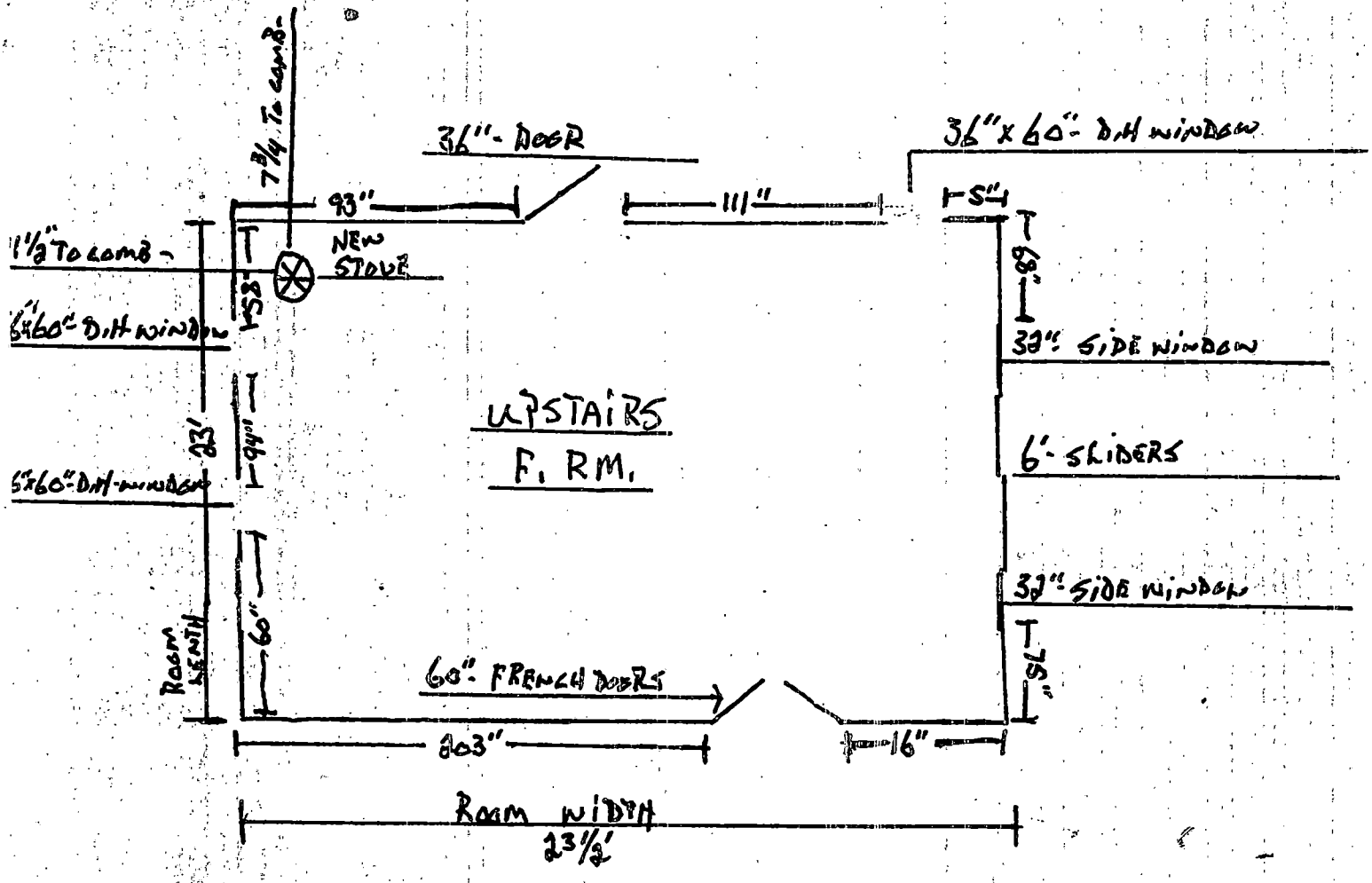
need complete installation manual for all inspections - pay attention to manufacturers spec. for all clearances, floor, walls ceiling and venting.

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode Reviewer		12-9-21
Plumbing Subcode Reviewer		
Fire Subcode Reviewer		
Electrical Subcode Reviewer		

BLK- 211.15 LOT 3
17 SEVILLE DR.
BRICK NJ 08723

MARK BARANOWSKI
732-580-9901

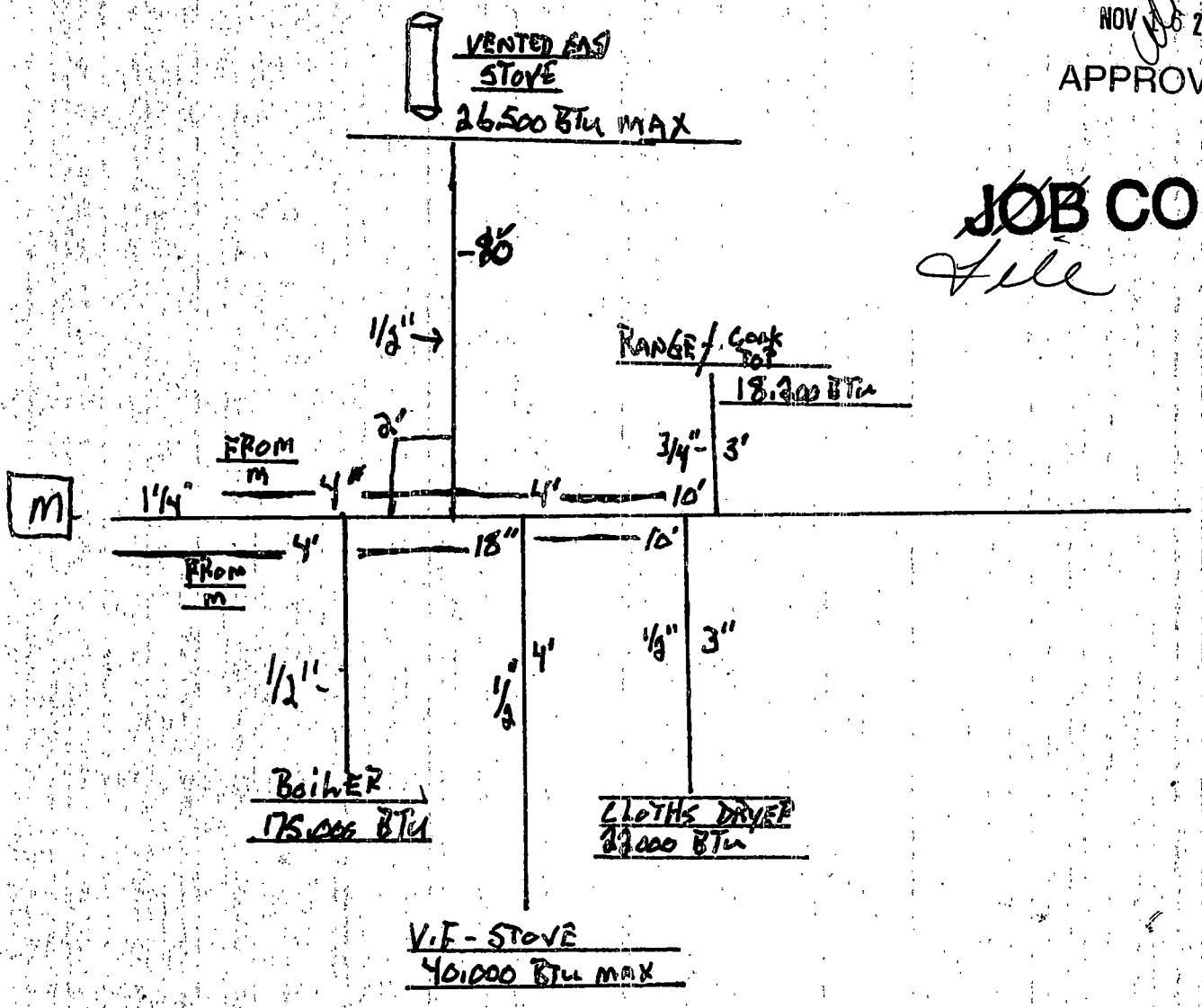


BLK - 211.15 LOT 3
17 SEVILLE DR.
BRICK NJ 08723

MARK BARANOWSKI
732-580-9401

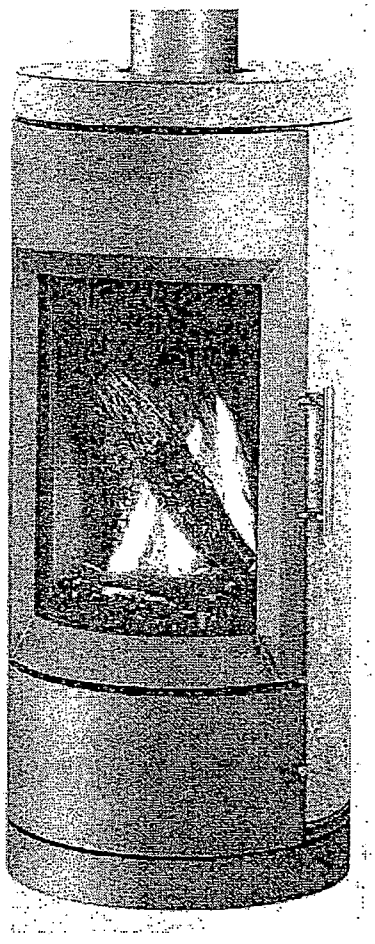
PLUMBING
NOV 16 2021
APPROVED

~~JOB~~ COPY
file



Blk-211.15 Lot 3 - 17-SEVILLE DR. BRICK NJ 08723 - PLEASE RETURN

hearthstone



hase® - Bari

(Model 8180)

Gas Fired Direct-Vent Heater

Owner's Manual

INSTALLATION AND OPERATING INSTRUCTIONS

We recommend that our products be installed and serviced by professionals who are certified in the U.S. by NFI (National Fireplace Institute). www.nficertified.org

Intertek ETL SEMKO

PLEASE READ THIS ENTIRE OWNER'S MANUAL BEFORE YOU INSTALL AND USE YOUR NEW BARI GAS HEATER. SAVE THIS DOCUMENT FOR FUTURE REFERENCE.

- **WARNING: FOLLOW THE INFORMATION IN THESE INSTRUCTIONS EXACTLY, IF NOT, A FIRE OR EXPLOSION MAY RESULT CAUSING PROPERTY DAMAGE, PERSONAL INJURY OR LOSS OF LIFE.**
- **WARNING: DO NOT STORE OR USE GASOLINE OR ANY OTHER FLAMMABLE VAPORS AND LIQUIDS NEAR THIS OR ANY OTHER GAS APPLIANCE.**

WHAT TO DO IF YOU SMELL GAS:

- Do not try to light any appliance.
- Do not touch electrical switches; do not use the phone in your building.
- Immediately call your gas supplier from a phone outside the structure. Follow your gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department or 911.

A qualified installer, service agency, or gas supplier must perform installation and service of this appliance. In the Commonwealth of Massachusetts, all installation of gas lines and gas fittings must be performed by a licensed gas fitter or licensed plumber.

- **AVERTISSEMENT: ASSUREZ-VOUS DE BIEN SUIVRE LES INSTRUCTIONS DONNÉ DANS CETTE NOTICE POUR RÉDUIRE AU MINIMUM LE RISQUE D'INCENDIE OU POUR ÉVITER TOUT DOMMAGE MATÉERIEL, TOUTE BLESSURE OU LA MORT.**
- **AVERTISSEMENT: NE PAS ENTRESPOSER NI UTILISER D'ESSENCE NI D'AUTRE VAPERURS OU LIQUIDES INFLAMMABLES DANS LE VOISINAGE DE CET APPRAREIL OU DE TOUT AUTRE APPAREIL.**

QUE FAIRE SI VOUS SENTEZ UNE ODEUR DE GAZ:

- Ne pas tenter d'allumer d'appareil.
- Ne touchez à aucun interrupteur. Ne pas vous servir des téléphones se trouvant dans le batiment où vous vous trouvez.
- Appelez immédiatement votre fournisseur de gaz depuis un voisin. Suivez les instructions du fournisseur.
- Si vous ne pouvez rejoindre le fournisseur de gaz, appelez le service dos incendies.

L'installation et service doit être exécuté par un qualifié installer, agence de service ou le fournisseur de gaz.

Bari DV Gas Model 8180
Manual # 6400-40458
R: 4 - 6/30/2011

INSTALLATION PREPARATION

HEARTH REQUIREMENT / FLOOR PROTECTION

You can place the Bari directly on any non-combustible surface, or wood floor. When installing the Bari on carpet, vinyl, or any other combustible floor other than wood flooring, it must be installed on any non-combustible, or wood panel extending the full width and depth of the stove.

CLEARANCE TO COMBUSTIBLES

Due to high surface temperatures, install the unit out of traffic and away from furniture and draperies. Do not place clothing and other flammable material on or near the heater. When positioning the unit always maintain adequate clearances around air openings into the combustion chamber and allow for adequate ventilation. You must maintain minimum clearances to combustibles as shown in the illustrations of this section.

Ensure you consider the need for access to the gas control valve access door on the front of the unit as well as full access for periodic cleaning and servicing.

- **CAUTION: THESE CLEARANCES REPRESENT *MINIMUM* DISTANCES IN ALL CASES, WHICH, THROUGH TESTING IN AN INDEPENDENT LABORATORY TO ANSI AND CSA STANDARDS, WILL PREVENT FIRE OR SPONTANEOUS COMBUSTION. WE DO NOT CONTROL THE COMBUSTIBLE MATERIALS EXPOSED TO HEAT BY THIS PRODUCT; THEREFORE, AN ASSESSMENT MUST BE MADE BY THE INSTALLER TO PREVENT CONSEQUENTIAL DAMAGE OF WALLS AND FLOORING.**

OPENING THE FRONT DOOR

In order to gain access to the firebox you must open the front door. The door has a handle on the side that will latch the door shut; however there is also a mounting screw on the lower right hand side that locks the door in place. (*See Figure 3*) To access this screw you must open the lower control door located just below the front door. Before using the latch, remove the mounting screw using a 4mm or 5/32" Allen wrench. **Replace this screw when the door is closed for operation, as the latch cannot be relied on to maintain a proper permanent door seal.**

INSTALLING THE STONE PANELS

See the Stone Installation Instructions included in the Manual Packet for specific information needed for mounting the stones.

- **Note:** the stones on this stove are large and heavy (150 pounds total).

Use a second person to assist in mounting the panels to avoid injury, or damage to the panels. Despite the mass of each piece of soapstone, they will break if dropped.

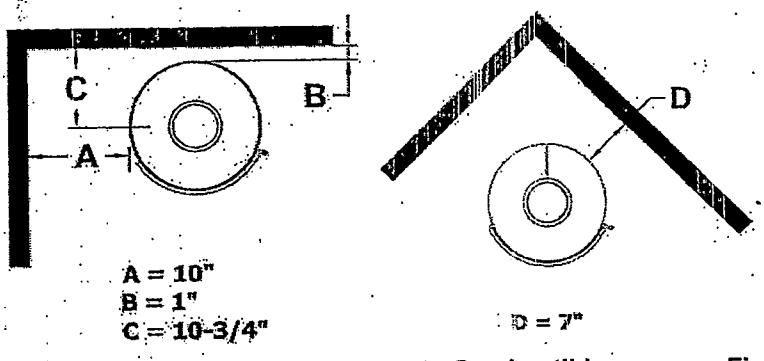


Figure 2 - Clearance to Combustibles

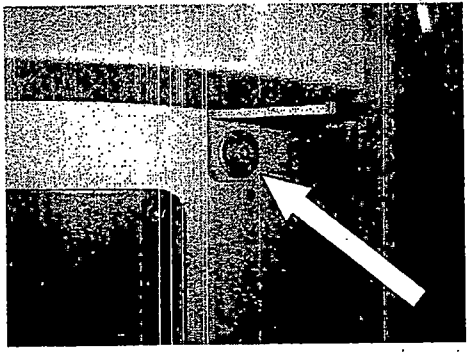


Figure 3 - Remove Screw for Firebox Access

Bhk 21115 BARANOWSKI
hot-3 17 SEVILLE DR
BRICK NJ 08723

SPECIFICATIONS

Certified for use by:
Board of State Examiners of Plumbers and Gasfitters
100 Cambridge Street, Room 1511
Boston, Massachusetts 02202

LISTED AS: Gas-Fired Direct-Vent Fireplace Heater

Model: Bari Direct-Vent Gas Fireplace Heater (#8180)
Testing Agency: Intertek Testing Services
Tested to: ANSI Z21.88b-2005/CSA 2.33b-2005, CGA 2.17-M91
Report No. 3109401-T1
Certified for US and Canada. Approved for Mobile Home Installation

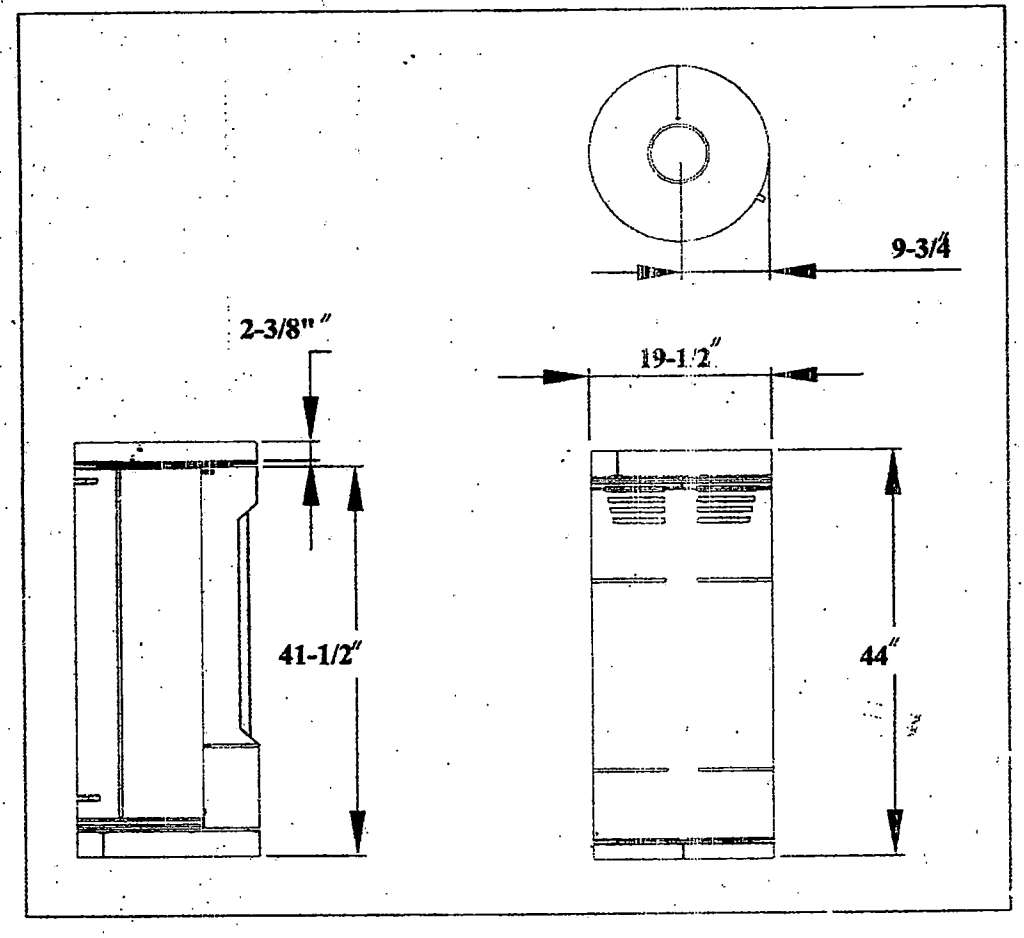


Figure 1: Bari DV Model 8180 Dimensions

Specification	NG	LP
INPUT RATING (Btu/hr) 0-2000 ft	26,500	26,500
INPUT RATING (Btu/hr) 2000-4000 ft	26,500	26,000
ORIFICE SIZE (DMS) 0-2000 ft	38	52
ORIFICE SIZE (DMS) 2000-4500ft)	38	53
MANIFOLD PRESSURE - LO SETTING (in. W.c./kpa)	1.2/0.3	3.3/0.8
MANIFOLD PRESSURE - HI SETTING (in. W.c./kpa)	3.5/0.87	10.0/2.48
MINIMUM INLET PRESSURE - (in.w.c./kpa)	5.0/1.24	11.0/2.88
MAXIMUM INLET PRESSURE- (in.w.c./kpa)	7.0/1.74	13.0/3.22
MINIMUM INPUT RATING (btu/hr)	6,000	15,000
MAXIMUM OUTPUT (btu/hr) 0-2000 ft	9,600	20,100

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 21115 LOT 3 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 17 SEVILLE DR. BRICK NJ 08723

Owner in Fee MARK BARANOWSKI

Verifying Individual SELF Company BARON'S CHIMNEY SERVICE - "CERT #4908"

Address SAME

City State Zip Code

T [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
- [X] Other INSTALL VENTED GAS STOVE

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
- [X] Other DURAVENT PRO

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	VENTED STOVE	Oil / (Gas) / Other:	26,500
Appliance 2:		Oil / Gas / Other:	
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: DURAVENT Model: DIRECTVENT PRO UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: 4" Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [X] 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 _____ 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] Signature 10-26-21 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.

Township of Brick

GAS FIREPLACES CHECKLIST

REVISED 12/11/17

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely	Yes ✓	No ___
2. Mechanical Subcode Technical Section completed. Make sure paperwork is filled out completely including section **B. Mechanical Characteristics**	Yes ✓	No ___
3. Electrical Subcode Technical Section must be completed if adding any switch or receptacles. N/A	Yes ___	No ___
4. Building Subcode Technical Section is required for framing of new fireplaces. Please submit two (2) framing details & floor plans of room showing location of fireplace and adjoining rooms. Indicate all dimensions clearances and window/doors. If homeowner drawings – all pages must have the address, block & lot and be signed by the homeowner as well as the Oath.	Yes ✓	No ___
5. Two (2) gas pipe drawings showing BTU's of appliance, length and size of pipe	Yes ✓	No ___
6. Chimney Verification Form (**Homeowner cannot verify chimney**)	Yes ✓	No ___
7. 2 sets of manufacturer's specs and installation instructions	Yes ✓	No ___
8. Copy of current HVACR License if work is being done by Licensed Contractor	Yes ___	No ___