BLOCK 21145 LOT 3 QUALIFICATION CODE C26-52 ADDRESS (SITE) 17 Seville Drive PERMIT NO. 03-3894

called 8/29

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 17 Seville Drive
2. Name of Owner in Fee: Thomas & Kathleen Hendrickson Tel. [redacted]
   Address 17 Seville Drive (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Home Owner Tel. [redacted]
   Address Same
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer Robert Brown Tel. ( ) ____
   Address Crossgates Mills SC Lakewood NJ 08701
6. Responsible Person in Charge of Work Thomas Hendrickson
   Tel. [redacted]

SFD

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1030		
2.	Electrical	145	60	
3.	Plumbing	315		
4.	Fire Protection	265		
5.	Elevator Devices	25		
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	23		
10.	Subtotal			
11.	Cert. of Occupancy	176		
12.	Other	20		
13.	TOTAL	$ 2059 -	60	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 2
2. Height of Structure ~~28'~~ 32 ft.
3. Area — Largest Floor 1557 sq. ft.
4. New Building Area 2880 sq. ft.
5. Volume of New Structure 36,280 cu. ft.
6. Construction Classification ____
7. Total Land Area Disturbed ____ sq. ft.
8. Flood Hazard Zone ____
9. Base Flood Elevation ____ ft.
10. Wetlands yes ____ no ____
11. Max. Live Load ____
12. Max. Occupancy Load ____

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building		CM	6/25/03		8-25-03	FF			
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection					8-1-03	MC			
6.	☑ Plumbing					7/31/03	MC			
7.	☐ Electrical					7/30/03	MC			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EW	7/3/03		7/15/03				
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction 0
After Construction 1
Net Gain or Loss 1

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

9-24

LDS BR 10103272

#1

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. ( ) Plumbing

D. (X) 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 6/1/03

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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.				

BLOCK 21.15 LOT 3 QUALIFICATION CODE C01.11 ADDRESS (SITE) 17 Seville Dr. Brick PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 17 Seville Drive Brick NJ
2. Name of Owner in Fee: Thomas Henriksen Tel. [redacted]
   Address 17 Seville Dr. Brick NJ 08720
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Thomas Henriksen Tel. ( ) _____
   Address 17 Seville Dr.
   License No. OR, if new home, Builder Reg. No. [redacted] Date _____
   Federal Employee No. 223459212 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Thomas Henriksen
   Tel. [redacted] FAX ( ) _____

Trade Trd

V. FEE SUMMARY (for office use only)

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

free -

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☐ Plumbing	
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date 6/25/03

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ *N.J. Department of* Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**		
Building _____		Energy _____		Other _____
Electrical _____		Barrier Free _____		_____
Plumbing _____		Flood Hazard _____		_____
Fire Protection _____		As Built Elevation Cert. _____		_____
Mechanical _____		Other _____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ *Certificate of Approval*	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Constituent Contact Report

Date	Comments	Initials

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/22/2004
Control #
Permit # 03-3894

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 211.15 Lot 3 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee/Occupant HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No. AFFIDAVIT
Type of Warranty Plan: [ ] State [X] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SF DWELLING/CRAWL/GAS FIREPLACE/DECK

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 176
Paid [X] Check No. Cash
Collected by: ERP

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

APPLICATION FOR CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 8 Toronto drive Block 21105 Lot 4 Qualification Code

Owner in Fee Jeneane Vespia
Address 8 Toronto drive
Beick, NJ 08723
Tel. [redacted]

Contractor J. Reich
Address 624 Kramer Rd
Brick
License No. 12514 Tel. (732) 920-8420
Federal Employee No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 260,000

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: Removed old House Build A new 2 Story House

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

- [x] OWNER
- [ ] AGENT

U.C.C. F270
(rev. 5/2003)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/29/2003
Control #
Permit # 03-3894

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 211.05 Lot 3 Qual

Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

08/29/03 11:13AM 000000#3285
XX07 SERV.007
CHANGE $0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SF DWELLING/CRAWL/GAS FIREPLACE/DECK

PAYMENTS (Office Use Only)

Building	1,030
Electrical	145
Plumbing	315
Fire Protection	265
Elevator Devices	0
~~Other~~ FEES	25
DCA State Permit Fee	73
Cert. of Occupancy	176
~~Other~~ ZPA	20
Total	2,004
Check No. 2059	
Cash	X
Collected By	ERP

08/29/03 11:13AM 000000#3285
XX07 SERV.007

#033894	
BUILDING	$1030.00
ELECTRIC	$145.00
PLUMBING	$315.00
FIRE	$265.00
MISC	$25.00
DCA	$73.00
C/O	$176.00
ZPA	$15.00
EPA	$15.00
XXXTOTAL	$2059.00
CASH	$2059.00
+++++++	

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: $ 100,700

Construction Official 08/29/2003 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.2[illegible]

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/21/2004
Control #
Permit # 03-3894+A
Permit Issued 08/29/2003

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 211.15 Lot 3 Qual

Work Site Location 17 SEVILLE DR
SUBPANEL/WHIRLPOOL TUB
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor COASTAL ELECTRIC
Address 17 SEVILLE DR
BRICK, NJ 08723-
Telephone (732)920-3532
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3459212

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SUBPANEL/WHIRLPOOL TUB

PAYMENTS (Office Use Only)

Building	0
Electrical	60
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	60
Check No.	999
Cash	
Collected By	MJR

09/21/04 8:24AM 001558#2878
XX02 SERV.002
#3894
ELECTRIC $60.00
CHECK $60.00

Estimated Cost of Work $ 200

MJR

D. Thomas

Construction Official

09/21/2004
Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 8/29/03
Control # ~~625-52~~
Permit # 03-3894

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 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All — 8-25-03 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing			10/28/03	
Foundation			12/3/03	
Slab				
Frame			04/15/04	KEK
BarrierFree				
Insulation			04/22/04	KEK
Finishes				
Energy				
Mechanical				
TCO			11/22/04	KEK
Other				
Final — OVER			7/16/09	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 32 Ft.
Area Largest Floor 1,557 Sq. Ft.
New Bldg. Area/All Floors 2,880 Sq. Ft.
Volume of New Structure 36,280 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 90,000
2. Alteration $ 4,500
3. Total (1+2) $ 94,500

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SF DWELLING/CRAWL/GAS FIREPLACE/DECK

AS Built Foundation Survey Req Showing T.O.B.

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 907
[ ] Addition	0
[X] Alteration	123
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 1,030
DCA State Permit Fee	$ 73

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued
Control #
Permit #

11/16/04. GUARDRAILS FOR REAR STEPS/LANDING NOT COMPLETED YET.
REFER TO ENG'G FOR FLOOD VENT APP'L

11/22/04. GUARDS COMPLETED.
ALL O.K. PENDING ENG'G APP'L
(Re: SITE WORK, FLOOD VENTS, ETC.)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 8/29/03
Control # G25-52
Permit # 03 3594

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

Block 211.05 Lot 3 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee MENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-25-03	FR
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 32 Ft.
Area Largest Floor 1,557 Sq. Ft.
New Bldg. Area/All Floors 2,880 Sq. Ft.
Volume of New Structure 36,280 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 90,000
2. Alteration $ 4,500
3. Total (1+2)$ 94,500

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SF DWELLING/CRAWL/GAS FIREPLACE/DECK

As Built Foundation Survey Req Showing T.O.B.

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 907
[ ] Addition	0
[X] Alteration	123
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 1,030
DCA State Permit Fee	$ 73

U.C.C. F110 (rev. 3/96)

401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

W GRAN

ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Issued 8/29/03
Control # C25-52
Permit # 03 3894

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

Block 211.05 Lot 3 Qual

Work Site Location 17 SEVILLE DR

SF DWELLING/CRAWL/FRPL

Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN TOM

Address SAME

BRICK, NJ 08723-

Tele. [redacted]

Contractor COASTAL ELECTRIC 5/10/04 WR #

Address 17 SEVILLE DR

BRICK, NJ 08723- 311 475 9928

Tele.(732)920-3532

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3459212

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9-30-03
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/30/04
Approved By: WR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			4/6/04	SB
Temp Serv			5/6/04	SB
Const Serv				
TCO				
Other				
Service				
Final			9-13-04	SB

Temp. Cut-in-Card Date Issued 5/6/04 SB 5/10/04 FAXED CI WITH WR #

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
40		Lighting Fixtures	
45		Receptacles	
47		Switches	
7		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
6		Communications Points	
0		Alarm Devices/F.A.C. Panel	
147		TOTAL NUMBERS	60
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
2	7	KW Central A/C Unit	18
2	3	HP/KW Space Heater/Air Handler	18
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

8-3 CI

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	145
DCA State Permit Fee	$	0

U.C.C. F120 (rev. 3/96)

4/6/04 CALLED FOR FINAL.
NO ORGINAL TECH WITH NOTES AND INFO PROVIDED OR FOUND. THIS TECH MARKED C of C WITH NO NOTES OR INFO RE BONDING OR TRENCH.

4/6/04 DISREGARD ABOVE PER [illegible] RW. OK & WILL FILE FOR EXTRAS

IJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/15/2004
Date Issued ~~01/01/1954~~
Control #
Permit # 03-3894+A 9-21-04

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 Qual
Work Site Location 17 SEVILLE DR
SUBPANEL/WHIRLPOOL TUB
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor COASTAL ELECTRIC
Address 17 SEVILLE DR
BRICK, NJ 08723-
Tele.(732)920-3532
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3459212

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 9 15 04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	10
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	200	AMP Subpanels	50
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 8/29/03
Control # ~~C25-52~~
Permit # 03 3894

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

Block 211.05 Lot 3 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor COASTAL ELECTRIC
Address 17 SEVILLE DR
BRICK, NJ 08723-
Tele.(732)920-3532
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3459212

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[x] Elect Plans Approved
Date: 7 30 03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
40		Lighting Fixtures	
45		Receptacles	
47		Switches	
7		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
6		Communications Points	
0		Alarm Devices/F.A.C. Panel	
147		TOTAL NUMBERS	60
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
2	7	KW Central A/C Unit	18
2	3	HP/KW Space Heater/Air Handler	18
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 145
DCA State Permit Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC ~~NEW~~ JERSEY
FIRE ~~PROTECTION~~
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued / /
Control # ~~625-52~~
Permit # 8/29/03
033894

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

Block 211.05 Lot 3 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tel([redacted]
Contractor COASTAL ELECTRIC
Address 17 SEVILLE DR
BRICK, NJ 08723-
Tele.(732)920-3532
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3459212

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: GARAGE PLATFORM
Total Est Cost of Fire Prot Work $ 200

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required AS
Joint Plan Review Required: initial
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 8-4-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-24-04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			9-22-04	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			9-28-04	
Smoke Ctl				
TCO				
Final			9-28-04	
Other ____				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

Storage Tanks Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	7	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices CO DECT	1	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	3	138
Other ~~GAS FIREPLACE~~ (mute)		46
Other FURNACE		46

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	265
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued / /
Control # ~~625-52~~
Permit # 8/29/03
033894

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

Block 211.05 Lot 3 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor COASTAL ELECTRIC
Address 17 SEVILLE DR
BRICK, NJ 08723-
Tele.(732)920-3532
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3459212

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: GARAGE PLATFORM
Total Est Cost of Fire Prot Work $ 200

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-4-03
Approved By: M
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	7	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices CO DECT	1	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	3	138
Other GAS FIREPLACE		46
Other FURNACE		46

Administrative Surcharge	$	0
Paid [ ] Check #	Minimum Fee $	0
Collected by:	TOTAL FEE $	265
	DCA State Permit Fee $	0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 8/29/03
Control # ~~C25-52~~
Permit # 038894

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

Block 211.05 Lot 3 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor RJB PLUMBING AND HEATING
Address 1725 RT 9
TOMS RIVER, NJ 08753-
Tele.(732)341-4666
Lic. No. or Bldrs. Reg. No. 9766
Federal Emp. No. 22-2398933

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/31/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
2	Bath Tub	20
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping - 60' cHPAT 1 1/4 - 275,000	25
0	Steam Boiler	0
1	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 A/C	70
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 315
DCA State Permit Fee $ 0

1" WATER

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 08/29/2003
Control #
Permit # 03-3894

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 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor WILLIAM DALTON PLUMBING & HTG
Address 555 NEW JERSEY AVE
BRICK, NJ 08724-
Tele.(732)458-2424
Lic. No. or Bldrs. Reg. No. 10633
Federal Emp. No. 22-3643817

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 9-15-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			4-14-04	
Water			5-27-04	
Sewer			5-27-04	
Fixtures			9-15-04	
Gas Equip.			7-15-04	
Gas Piping			4-14-04	
Solar				
TCO			9-15-04	

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
2	Bath Tub	20
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
1	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 A/C	70
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # Cash Minimum Fee $ 0
Collected by: ERP TOTAL FEE $ 315
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 08/29/2003
Control #
Permit # 03-3894

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 Qual

Work Site Location 17 SEVILLE DR

SF DWELLING/CRAWL/FRPL

Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN

Address SAME

BRICK, NJ 08723-

Tele. [redacted]

Contractor WILLIAM DALTON PLUMBING & HTG

Address 555 NEW JERSEY AVE

BRICK, NJ 08724-

Tele.(732)458-2424

Lic. No. or Bldrs. Reg. No. 10633

Federal Emp. No. 22-3643817

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date:

Approved By:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Approved By:

Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
2	Bath Tub	20
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
1	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 A/C	70
	Other	0

Administrative Surcharge $ 0

Paid [X] Check # Cash Minimum Fee $ 0

Collected by: ERP TOTAL FEE $ 315

DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 08/29/2003
Control #
Permit # 03-3894

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 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor WILLIAM DALTON PLUMBING & HTG
Address 555 NEW JERSEY AVE
BRICK, NJ 08724-
Tele.(732)458-2424
Lic. No. or Bldrs. Reg. No. 10633
Federal Emp. No. 22-3643817

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
2	Bath Tub	20
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
1	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 A/C	70
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # Cash Minimum Fee $ 0
Collected by: ERP TOTAL FEE $ 315
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 8/29/03
Control # C25-52
Permit # 033894

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

Block 211.05 Lot 3 Qual
Work Site Location 17 SEVILLE DR
SF DWELLING/CRAWL/FRPL
Owner in Fee HENDRICKSEN, THOMAS & KATHLEEN
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor RJB PLUMBING AND HEATING
Address 1725 RT 9
TOMS RIVER, NJ 08753-
Tele.(732)341-4666
Lic. No. or Bldrs. Reg. No. 9766
Federal Emp. No. 22-2398933

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/31/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
2	Bath Tub	20
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping - 60' of HDAT 1 1/4-275,000	25
0	Steam Boiler	0
1	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 A/C	70
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 315
	DCA State Permit Fee	$ 0

1" WATER

U.C.C. F130 (rev. 3/96)

Township of Brick

Zoning Permit

Approved: Tuesday, July 15, 2003 **Number:** 1262

Block 211.15 **Lot** 3 **Zone:** R-5

Property Address: 17 Seville Drive

Applicant: Thomas Hendriksen

Property Owner: Thomas Hendriksen

Existing Use: Vacant Land

Proposed Use: Single Family Residential

Proposed Construction: Two story single family dwelling, 36' x 65.75', building eave height 23' 2-3/4", building height 28' 3/4", building ridge height 32' 10-3/4". Attached deck, irregular shape, 5' high.

Conditions: The house and desk must be set back at least 20 feet from the front property line, at least 5' from the side property line and at least 15 feet from the rear property line.
Filed Map No: D-321.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUN 25 2003
ZONING

RECEIVED
JUL 7 2003
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 211.15 LOT 3 QUALIFIER _____

PROPERTY ADDRESS 17 SEVILLE DR.

PERSONAL NAME OF APPLICANT THOMAS HENDRIKSEN

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 17 Seville Drive, Brick NJ

PROPERTY OWNER'S FULL NAME THOMAS HENDRIKSEN

PRESENT USE OF PROPERTY (check all that apply)

☑ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) 2 Story Wood Frame Height 32'
☐ Addition - Height ~~32~~
☐ Alteration
☑ Porch or deck - Height 5'
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☑ All information completed above
☐ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Thomas Hendriksen Date 6/25/03

Reviewed by Zoning Office _____ Date 6/26/03 Approved ☒ Denied

7/15/03

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 11/10/04

NAME Thomas Hendricksen

ADDRESS 15 SEville Dr. Brick NJ 08723

PROPERTY LOCATION 17 SEville Dr.

Account No E160805 Block 211.15 Lot 3

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Carol Hundel

SINGLE FAMILY DWELLING CHECKLIST

1. Construction Permit Jacket Completed and Signed — Yes ✓ No
2. Zoning Application Completed — Yes ✓ No
3. Two True Size Surveys — Yes ✓ No
4. Engineering Form:
   - Single Family Home Checklist — Yes ✓ No
   - Major Subdivision — Yes NA No
5. Shade Tree Application — Yes ✓ No
6. Debris Form — Yes ✓ No
7. BTMUA Availability Statement — Yes ✓ No
8. Building, Plumbing, Electrical and Fire Permits — Yes ✓ No
9. Gas Pipe Drawing — Yes ✓ No
10. Drain Waste Venting Schematic (DWV) — Yes ✓ No
11. Brochures:
    - ~~Furnace~~ — Yes NA No
    - Air Conditioners — Yes ____ No
    - Fireplace – Lowes — Yes ____ No
    - Boiler — Yes ✓ No
12. Options:
    - Fireplace (Gas or Wood) — Yes ✓ No
    - Basement — Yes NA No
    - Crawl — Yes NA No
    - Slab — Yes ✓ No
    - Deck — Yes NA No
13. Two Sets of Plans-architectural plans signed and sealed Homeowners Plans signed by homeowner on all pages — Yes ✓ No
14. Soil Boring Report showing seasonal high water table required for any new basements — Yes NA No
15. Joist layout showing blocking for any engineered floor joist (TJI) — Yes ____ No

STII

**Please separate the cost for fireplaces and decks from the cost of the new building - they are considered alterations

Your permit application will not be accepted if any of the above information is missing

#6

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 17 Seville Drive

Block 21.15 Lock 3

Contractor Thomas Henriksen (Homeowner)

Contractor's Address 17 Seville Drive Brick NJ

Type of Construction (minor, new home) New Home

Type of Debris (shingles, siding, wood, etc.) Wood - Shingles - Siding

Party Responsible for removal Thomas Henriksen

Dumpster Size 10 yard

Destination of Debris Discard

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Thomas Henriksen 6/11/03
Signature Date

Thomas Henriksen
Print Name

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER THOMAS & KATHLEEN HENDRICKSON DATE 6/11/03

PROPERTY ADDRESS 17 Seville Dr. Brick NJ BLOCK ____ LOT ____

ZONING ____ USE GROUP ____

CONTRACTOR Home Owner LICENSE # REGISTRATION ____

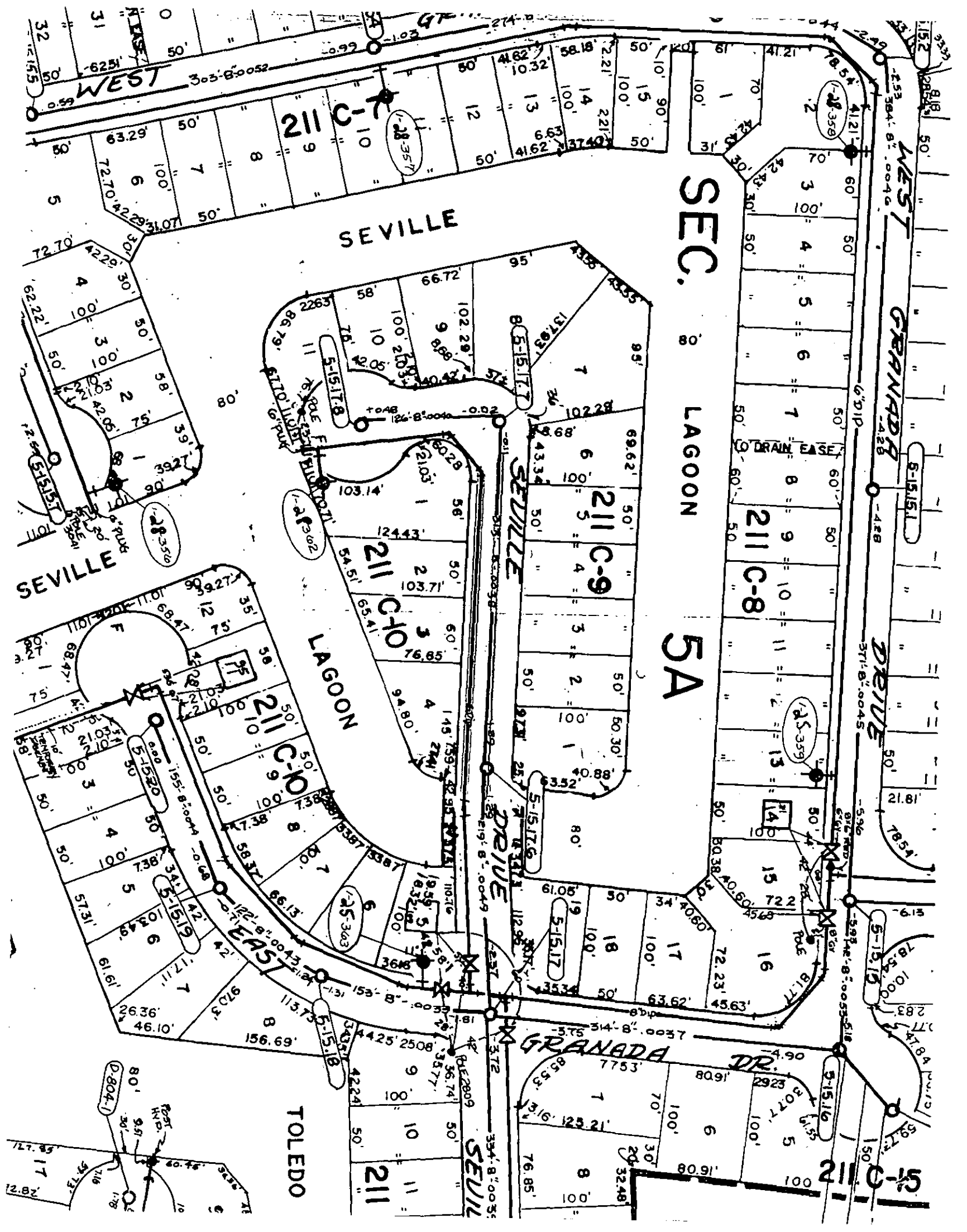
WATER MAIN SIZE ____ WATER PRESSURE ____ SEWER MAIN SIZE ____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS		(dfu) DRAINAGE
1:BATHROOM GROUP		( )	( )	
2:KITCHEN GROUP		( )	( )	
3:WATER CLOSETS		( )	( )	
4:LAVATORY		( )	( )	
5:BATH TUB		( )	( )	
6:SHOWER STALL		( )	( )	
7:KITCHEN SINK		( )	( )	
8:SERVICE SINK		( )	( )	
9:LAUNDRY TRAY		( )	( )	
10:DISHWASHER		( )	( )	
11:WASHING MACHINE		( )	( )	
12:URINAL		( )	( )	
13:FLOOR DRAIN		( )	( )	
14:DRINK FOUNTAIN		( )	( )	
15:AIR COND WATER COOLED		( )	( )	
16:DENTAL UNIT		( )	( )	
17:LAWN SPRINKLE		( )	( )	
18:FIRE SPRINKLE		( )	( )	
19:HOSE BIBS		( )	( )	
TOTAL				

GALLONS PER MINUTE ____

SIZE OF SERVICE ____

DATE: ____ APPROVED: ____


SEVILLE
SEC. 5A
LAGOON
SEVILLE DRIVE
WEST GRANADA DR.
EAST GRANADA DR.
SEVILLE
LAGOON
TOLEDO
211 C-7
211 C-8
211 C-9
211 C-10
211 C-15
WEST
EAST
6" DIP
8" DIP
POLE
10' DRAIN EASE.

#1

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

MAIL TO:

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Thomas Hendricksen PHONE NO. 477-8630 (bus.)

ADDRESS: 17 Seville Dr. _____ (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS Seville Dr.

BLOCK(S) 211.15 LOT(S) 3

BTMUA ACCOUNT NO. E160805 TAX MAP DRAWING NO. 22A

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

WATER SEVILLE DRIVE (STREET) 3/4" 2068.00 3628.00

SEWER SEVILLE DRIVE (STREET) 2679.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO: _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES.

DATE: Dec. 6, 2002 SIGNED: James R Allen

NOTE: STATEMENT GOOD FOR ONE YEAR.

C.G. 12/5/02

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET. SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

#1

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

MAIL TO:

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Thomas Hendricksen PHONE NO. 477-8630 (bus.)

ADDRESS: 17 Seville Dr. _____ (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS Seville Dr.

BLOCK(S) 221.15 LOT(S) 3

BTMUA ACCOUNT NO. E160805 TAX MAP DRAWING NO. 22A

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

		INITIAL SERVICE CHARGES	
WATER	SEVILLE DRIVE (STREET)	3/4" 2068.00	3628.00
SEWER	SEVILLE DRIVE (STREET)	2679.00	

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES.

DATE: Dec. 6, 2002 SIGNED: [signature]

NOTE: STATEMENT GOOD FOR ONE YEAR.

C.G. 12/5/02

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET. SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Thomas & Kathleen Henderson DATE 6/16/03

PROPERTY ADDRESS 17 Seville Dr. Brick NJ BLOCK ____ LOT ____

ZONING Residential USE GROUP R-3A

CONTRACTOR Home Owner LICENSE # REGISTRATION ____

WATER MAIN SIZE ____ WATER PRESSURE ____ SEWER MAIN SIZE ____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP		( )	( )
2:KITCHEN GROUP		( )	( )
3:WATER CLOSETS		( )	( )
4:LAVATORY		( )	( )
5:BATH TUB		( )	( )
6:SHOWER STALL		( )	( )
7:KITCHEN SINK		( )	( )
8:SERVICE SINK		( )	( )
9:LAUNDRY TRAY		( )	( )
10:DISHWASHER		( )	( )
11:WASHING MACHINE		( )	( )
12:URINAL		( )	( )
13:FLOOR DRAIN		( )	( )
14:DRINK FOUNTAIN		( )	( )
15:AIR COND WATER COOLED		( )	( )
16:DENTAL UNIT		( )	( )
17:LAWN SPRINKLE		( )	( )
18:FIRE SPRINKLE		( )	( )
19:HOSE BIBS		( )	( )
TOTAL			

GALLONS PER MINUTE ____

SIZE OF SERVICE ____

DATE: ____ APPROVED: ____

021295

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME
THOMAS HENDRICKSEN & KATHLEEN HENDRICKSEN

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
17 SEVILLE DRIVE

Company NAIC Number

CITY	STATE	ZIP CODE
BRICK	**NJ**	**08723**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT: 3 BLOCK: 211.15

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## or ##.######°)
HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
BRICK TWP. 345285	**OCEAN**	**NJ**

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0007	E	**8/3/1998**	**AUG. 3, 1998**	**AE**	**6.0**

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): ____

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): ____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date ____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

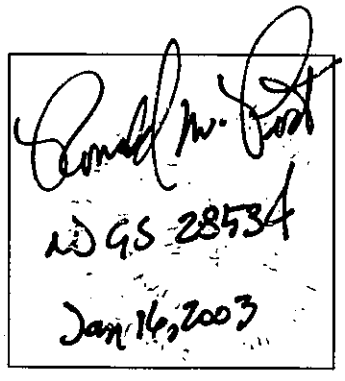
C1. Building elevations are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number **8** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum **NGVD1929** Conversion/Comments **NA**
Elevation reference mark used **15 R-2** Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- a) Top of bottom floor (including basement or enclosure) ____ **6. 0** ft.(m)
- b) Top of next higher floor ____ **12. 0** ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) **NA** . __ ft.(m)
- d) Attached garage (top of slab) **6. 0** ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **A/C 6. 0** ft.(m)
- f) Lowest adjacent (finished) grade (LAG) **5. 5** ft.(m)
- g) Highest adjacent (finished) grade (HAG) **6. 0** ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade ____
- i) Total area of all permanent openings (flood vents) in C3.h ____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME		LICENSE NUMBER	
Ronald W. Post		**N.J. Lic. No. 28534**	
TITLE		COMPANY NAME	
Professional Land Surveyor		**Ronald W. Post Surveying, Inc.**	
ADDRESS		CITY	STATE / ZIP CODE
1792 Hinds Road		**Toms River**	**NJ 08753**
SIGNATURE		DATE	TELEPHONE
		JANUARY 16, 2003	**(732) 255-9050**

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 17 SEVILLE DRIVE			Policy Number
CITY BRICK	STATE NJ	ZIP CODE 08723	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _(Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft.(m) __in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use *natural grade, if available*).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft.(m) ___in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: ___._ ft.(m) Datum: ____

G9. BFE or (in Zone AO) depth of flooding at the building site is: ___._ ft.(m) Datum: ____

LOCAL OFFICIAL'S NAME *TITLE*

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments

#4

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Steven N. Cucci — President
Stephen C. Acropolis
Kimberley S. Casten
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin
Frederick J. Underwood, Sr.

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 6/1/03

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 2115 Lot(s): 3

Property Address: 17 Seville Drive, Brick NJ

I, Thomas Hendrickson of 17 Seville Drive
(Name) (Address)

request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Thomas Hendrickson
(Applicant's Signature)

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

For Office Use Only:

_____

_____

Approved: _____ Signature: _____
(Date)

Rejected: _____ Signature: _____
(Date)

#5

SHADE TREE PERMIT

RECEIPT OF FEES

BLOCK: 2115

LOT: 3

FEE: $ 25.00

INSPECTION

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE # 158-E-99

Telephone # 732-477-8630

1. Name of Applicant & Address THOMAS & KATHLEEN HENDRICKSEN
15 LT SEVILLE DRIVE BRICK NJ
Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.

2. Property is Block 211.15, Lot(s) 3
This information is available from your deed or tax bill.

3. Address if different from applicant 17 SEVILLE DRIVE (NEXT TO 15 LT SEVILLE DR)
Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable land mark.

4. Location of trees on property THRU OUT LOT and number of trees presently on property 45.

A. FOR INDIVIDUAL BUILDING LOTS:

Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and A D for dedidous trees.

Note* Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a DOTTED CIRCLE and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 square foot after all tree removal and replacement. (e.g. an 80 X 100 Ft lot includes 8000 SF and would require a minimum of 4 trees).

B. FOR OTHER ACREAGE

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g."heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small Oak, etc).

Same minimum of one tree per 2000 SF as above is required.

APPLICATION FOR SHADE TREE PERMIT- Ordinance # 158-E-99
Page 2

Note*

"Tree" for the purpose of this permit means (1) any live coniferous tree 4" or more DBH (diameter breast high) (2) any dediduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1" or more, one foot above ground and (4) any live Laurel 3" or more across root crown.

Date _____

Name of Applicant THOMAS & KATHLEEN HENDRICKSON

Address 17 SEVILLE DRIVE

BACK NJ 08723

Block 2115 Lot 3

Residential ✓ Commercial _____

Address if different from applicant 17 SEVILLE DRIVE

LOCATED THRU OUT LOT.

LOCATION OF TREES ON PROPERTY

45

NUMBER OF TREES PRESENTLY ON PROPERTY

FEES

$5.00 per tree (maximum $25.00) on individual building lot

$25.00 per acre for approved subdivisions/site plans

AMOUNT OF FEE 25.00

Reviewed by _____

Approved _____ Township Engineer

Date 7/16/03

Robert M. Braun, AIA/ARCHITECT
1200 River Avenue - Suite 5C
Lakewood, NJ 08701

Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

July 5, 2003

Sean Kinnevy, Zoning Officer
Brick Township Municipal Building
401 Chambersbridge Road
Brick Township, NJ 08723

Re: Proposed Hendrickson Residence
Lot 3, Block 211.15

Dear Mr. Kinnevy:

In response to your letter dated June 26th, I offer the following information for your files:

1. Building Eave Height = 23'-2-3/4" (25'-0" allowable)
2. Building Height = 28'-0-3/4" (35'-0" allowable)
3. Highest Ridge = 32'-10-3/4" (38'-6" allowable)

All of these dimensions are based upon an average grade plane elevation of 5.75', the site is fairly level.

I trust this meets with your approval, if you have any questions or concerns, please do not hesitate to contact my office directly.

Respectfully submitted,

Robert M. Braun, AIA
NJ Cert. No. 07940

cc: Mr. & Mrs. Hendrickson

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Kimberley S. Casten — President
Stephen C. Acropolis
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

June 26, 2003

RESUBMIT
DATE 7-7-03

Thomas Hendrickson
17 Seville Drive
Brick, NJ 08724

Re: Block: 211.15 Lot: 3
17 Seville Drive

Dear Mr. Hendrickson,

Your zoning permit application for a house on the referenced property can not be approved because the application is incomplete.

- A letter from the architect and/or engineer must be submitted stating that the building complies with all the requirements of Ordinance No. 354-2D-03, and listing the building eaves height, building height, and building ridge height, as defined. A copy of the ordinance can be obtained from the Municipal Clerk's office.

Please amend your application and submit the required information to a counter clerk in the Divisions of Inspections Office. We will then be able to review your application.

Very Truly Yours,

Sean Kinnevy
Zoning Officer

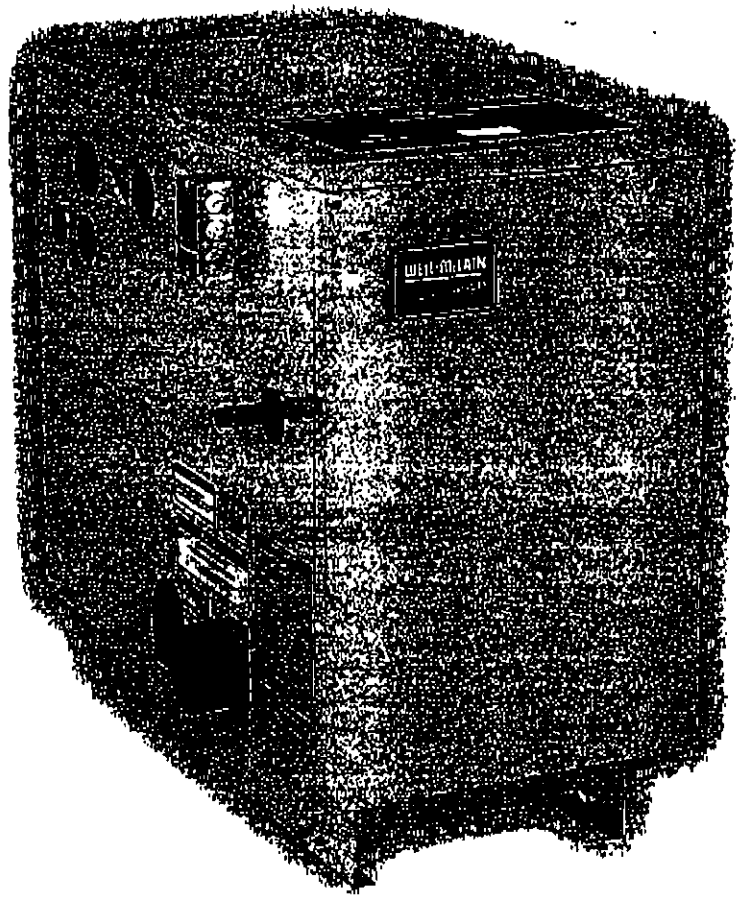
C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Construction Official

#11

WEIL-McLAIN

an ISO 9001 Certified Company

GOLD



GV

SERIES 3

GAS BOILER with Direct Vent

Water Net Ratings:
53,000 to 133,000 Btu/Hr.

As an ENERGY STAR Partner, Weil-McLain has determined that this product meets the ENERGY STAR guidelines for energy efficiency.

- **Easy to Install and Service**
- **Low NOx Certified by South Coast Air Quality Management District (Rule 1146.2) In California**
- **Made with Weil-McLain Quality**

Applications:

- Commercial
- Residential
- Multiple Boilers
- Schools and Other Institutions
- Indirect-fired Water Heating
- Radiant Heating

... And Much More

Ratings

DOE

Boiler Model	A.G.A. Input MBH	DOE Heating Capacity MBH (1)	Net I=B=R Water Ratings MBH (2)	Approx. Shipping Weight (Lbs.)	DOE Seasonal Efficiency (AFUE) %	Vent Diameter Inches (3)	Boiler Water Content (Gal.)
GV-3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
GV-4	105	92	80	320	87.3	3	4.2
GV-5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
GV-6	175	153	133	410	87.0	3	6.0

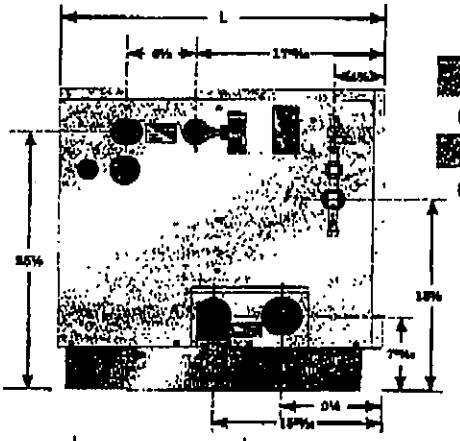
Notes:
1) Based on standard test procedures prescribed by the United States Department of Energy.
2) Net I=B=R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pick-up. Ratings are based on a piping and pick-up allowance of 1.15. An additional allowance should be made for unusual piping and pick-up loads.
3) GV boilers must be vented directly to the outside.

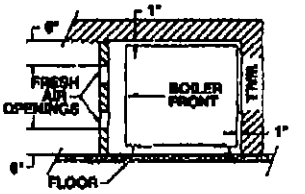
Low NOx certified by SCAQMD in California, as low as 30 nanograms per joule.

A.G.A. design certified for installation on combustible flooring. Tested for 50 PSI working pressure. GV automatically compensates for altitude resulting in reduced input as follows: 2000 ft. - 93%; 3000 ft. - 90%; 4000 ft. - 87%; and 3% for each additional 1000 ft. For boilers used at altitudes above 5500 ft., a high altitude kit must be installed.

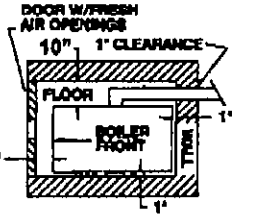
Dimensions

Boiler Model	Length - Inches L	Supply Size Inches	Return Size Inches	Gas Connection Size Inches	Crate Dimensions (Outside Measurements - In.) Length	Width	Height
GV-3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
GV-4	30-3/4	1	1	1/2	33-1/2	22	36
GV-5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
GV-6	37-3/4	1	1	1/2	33-1/2	22	43

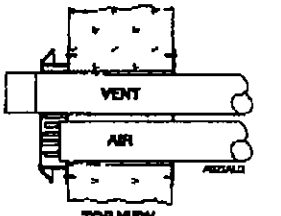




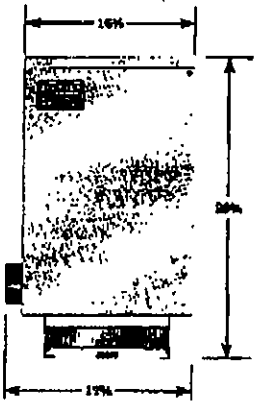
SIDE ELEVATION



TOP VIEW



TOP VIEW THROUGH WALL
Vent Cap is 7¾ x 10¾



* Circulators supplied with boiler cannot be removed and cannot be used as a zone circulator in multiple zone systems.
** Includes inside and outside plates, vent cap and hardware.

Standard and Additional Equipment

Standard Equipment:

Factory Tested
Insulated Extended Jacket
Cast Iron Sections with Built-in Air Separator
Steel Base
GCM GOLD Control Module® with Indicator Lights
Blower Assembly with Observation Port
Gas/Air Manifold Assembly
Gas/Air Orifice Plate for Natural Gas (separate plate furnished for conversion to propane)
Stainless Steel Burner Cone and Ring Assembly
Negative Regulation Gas Valve
Hot Surface Ignition System
Air Pressure Switch
System Circulator*
Built-in Bypass Circulator System with Sensor for Temperature Control*
Condensate Drain Trap
Sidewall Vent Termination Kit**
40VA Transformer
Electrical Junction Box
30 PSI ASME Relief Valve (boiler sections tested for 50 PSI working pressure)
Water Temperature Limit Switch
Section Block Temperature Limit Switch
Combination Pressure-Temperature Gauge
Drain Valve

Additional Equipment:

Expansion Tank Package #109 - sizes 3 thru 5; #110 - size 6. Shipped in separate carton.
Through the Roof Termination Kit - Includes 5" x 5" x 3" tee, 5" cap, flue support, spacer clamps, debris screen and hardware. 5" Type B vent pipe and fittings must be furnished by installer.
High Altitude Kit
W-M 5 & 10 Year Homeowner Protection Plan
W-M Indirect-fired Water Heaters
W-M Maxiflo® Pool Heaters
W-M AlumiPex® Radiant Heating Products
W-M Baseboard Units

In the interest of continual improvements in product and performance, Weil-McLain reserves the right to change specifications without notice.

WEIL-McLAIN
A United Dominion Company

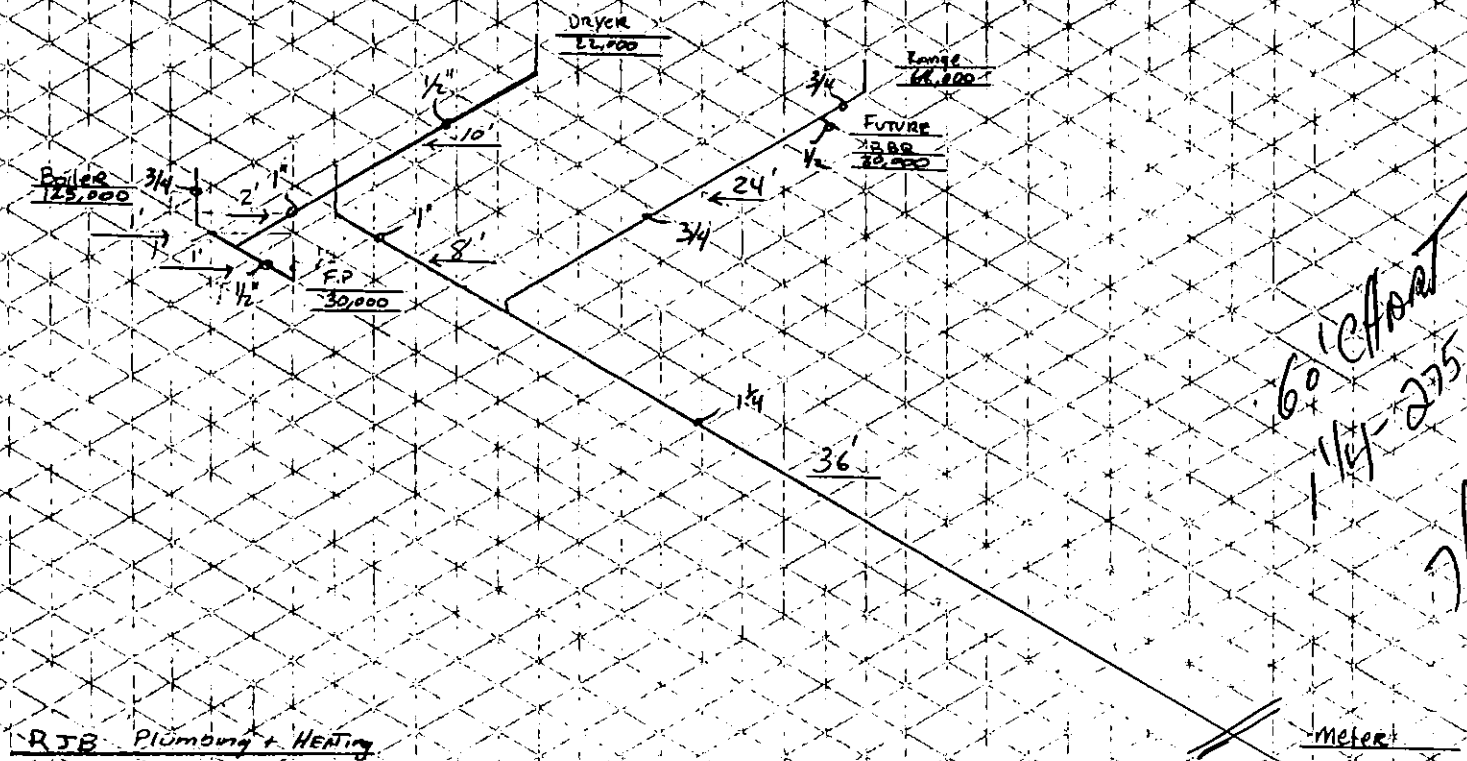
Locate our Sales Offices by visiting our Website:
www.weil-mclain.com

Weil-McLain
500 Blaine Street
Michigan City, IN 46360-2388

© 1999 Weil-McLain

HENDRIKSEN
Block 211.15
LOT 3 BRICK

TOTAL BTU 275,000
LONGEST RUN 60'
TOTAL PIPE 82'



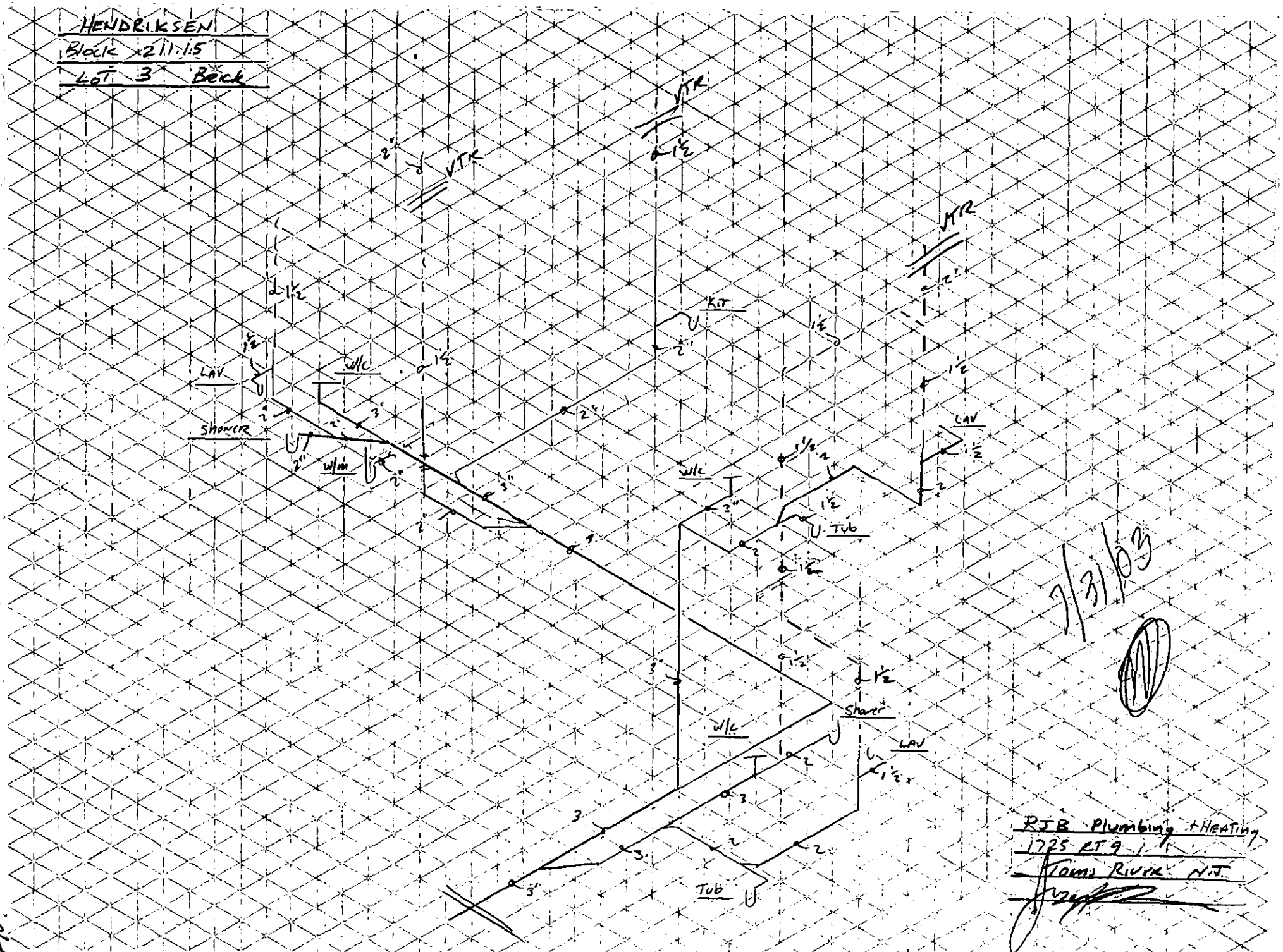
60' effort
1 1/4 - 275,000
7/31/03

RJB Plumbing + Heating
1725 RT 9
Toms River NJ.

#4

ALVIN No. 1242 81/2" x 11" 35°16' ISOMETRIC

HENDRIKSEN
Block 211.15
Lot 3 Beck



7/31/03

RJB Plumbing + Heating
1725 Rt 9
Toms River N.J.

#10

ALVIN No. 1242 81/2" x 11" 35°16' ISOMETRIC

National Fire Code
Plan Review Record
Township of Brick

RESUBMIT
DATE 8-1-03

Date: 8-1-03

Site Address: 17 Seville Dr.

Reviewed By: Ron Bieber - FM

CORRECTION LIST

No.	Description
1	No plan showing SD's

Party Called and Phone #:

Resubmitted on: By:

To Brick Twsp Fire Dept- (FAX)

Coastal Electric Company
INDUSTRIAL • COMMERCIAL • RESIDENTIAL • MARINE
17 SEVILLE DRIVE, BRICK, N.J. 08723
477-8630 • 920-3532

EXTRA WORK ORDER

JOB NAME Hendriksen Residence DATE 8/1/03

JOB ADDRESS 17 Seville Drive Brick NJ 08723

OWNER or OCCUPANT Block 211.15 Lot 3

AUTHORIZATION AND BILLING INFORMATION

EXTRA WORK Authorized By ..... TITLE .....

BILL TO ..... WHEN .....

ADDRESS ..... BILLING BASIS .....

EXTRA WORK REQUIRED FOR Smoke Detection System

DESCRIPTION OF EXTRA WORK

We are installing a complete CO & Smoke Dection system as per code to include:

#1 First Floor Combo Co + Smoke Dector within 10' of Master Bed Room in hall

#2 ~~First Floor Smoke Detoe w/o Dector in Garage~~

#3. 2nd Floor Combo Co + Smoke Dector in vicinity of the 2 Bed Rooms

#4 2nd Floor: Smoke Dector Bedrm #1 & Bedrm #2

#5 Attic Smoke Dector

Note: Archt. left out Smoke Dection from prints.

Certified By James Hendrickson
Coastal Electric LLC
Lic # 4558

IMPORTANT: Provide No Other Work Except Upon Written Authorization From The Shop.

EXTRA WORK ORDER Written Up By: ..... Approved By: .....

Permit Number

Checked By/Date

RES*check* Compliance Certificate
New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1b
Data filename: Hendriksen .rck

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 08/19/03
DATE OF PLANS: June 6, 2003

PROJECT INFORMATION:
Proposed Hendriksen Residence
Lot 3, Block 211.15
Brick Township, NJ

COMPANY INFORMATION:
Robert M. Braun, AIA/Architect
1200 River Avenue, Suite 5C
Lakewood, NJ 08701

COMPLIANCE: Passes

Maximum UA = 861
Your Home UA = 800
7.1% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Cathedral Ceiling (no attic)	598	30.0	0.0		20
Ceiling 2: Flat Ceiling or Scissor Truss	729	30.0	0.0		26
Wall 1: Wood Frame, 16" o.c.	3486	19.0	0.0		182
Window 1: Wood Frame:Double Pane with Low-E	243			0.350	85
Door 1: Glass	148			0.550	81
Door 2: Solid	54			0.450	24
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	1557	30.0	0.0		51
Crawl 1: Wood Frame	1407	6.0	0.0		331
Wall height: 4.0'					
Depth below grade: 0.0'					
Insulation depth: 4.0'					

Furnace 1: Forced Hot Air, 90 AFUE
Furnace 2: Forced Hot Air, 90 AFUE
Air Conditioner 1: Electric Central Air, 11 SEER
Air Conditioner 2: Electric Central Air, 11 SEER

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1b (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer_____ Date 8/19/03

RES*check* Inspection Checklist
New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1b

DATE: 08/19/03

Bldg. Dept. Use

Ceilings:

[ ] 1. Ceiling 1: Cathedral Ceiling (no attic), R-30.0 cavity insulation
Comments: _____

[ ] 2. Ceiling 2: Flat Ceiling or Scissor Truss, R-30.0 cavity insulation
Comments: _____

Above-Grade Walls:

[ ] 1. Wall 1: Wood Frame, 16" o.c., R-19.0 cavity insulation
Comments: _____

Windows:

[ ] 1. Window 1: Wood Frame:Double Pane with Low-E, U-factor: 0.350
For windows without labeled U-factors, describe features:
Panes____ Frame Type_____ Thermal Break? [ ] Yes [ ] No
Comments: _____

Doors:

[ ] 1. Door 1: Glass, U-factor: 0.550
Comments: _____

[ ] 2. Door 2: Solid, U-factor: 0.450
Comments: _____

Floors:

[ ] 1. Floor 1: All-Wood Joist/Truss:Over Unconditioned Space, R-30.0 cavity insulation
Comments: _____

Crawl Space Walls:

[ ] 1. Crawl 1: Wood Frame, 4.0' ht/0.0' bg/4.0' insul, R-6.0 cavity insulation
Comments: _____
Applies to walls of unventilated crawl spaces.

Heating and Cooling Equipment:

[ ] 1. Furnace 1: Forced Hot Air, 90 AFUE or higher
Make and Model Number _____

[ ] 2. Furnace 2: Forced Hot Air, 90 AFUE or higher
Make and Model Number _____

[ ] 3. Air Conditioner 1: Electric Central Air, 11 SEER or higher
Make and Model Number _____

[ ] 4. Air Conditioner 2: Electric Central Air, 11 SEER or higher
Make and Model Number _____

Air Leakage:

[ ] Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage must be sealed.

[ ] Recessed lights must be 1) Type IC rated, or 2) installed inside an appropriate air-tight assembly

with a 0.5" clearance from combustible materials. If non-IC rated, the fixture must be installed with a 3" clearance from insulation.

Vapor Retarder:

[ ] Required on the warm-in-winter side of all non-vented framed ceilings, walls, and floors.

Materials Identification:

[ ] Materials and equipment must be identified so that compliance can be determined.

[ ] Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment must be provided.

[ ] Insulation R-values, glazing U-factors, and heating and cooling equipment efficiency must be clearly marked on the building plans or specifications.

Duct Insulation:

[ ] Ducts in unconditioned spaces must be insulated to R-5.
Ducts outside the building must be insulated to R-6.5.

Duct Construction:

[ ] All ducts must be sealed with mastic and fibrous backing tape. Pressure-sensitive tape may be used for fibrous ducts. Duct tape is not permitted.

[ ] The HVAC system must provide a means for balancing air and water systems.

Temperature Controls:

[ ] Thermostats are required for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor shall be provided.

Circulating Hot Water Systems:

[ ] Insulate circulating hot water pipes to the levels in Table 1.

Swimming Pools:

[ ] All heated swimming pools must have an on/off heater switch and require a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps require a time clock.

Heating and Cooling Piping Insulation:

[ ] HVAC piping conveying fluids above 120 °F or chilled fluids below 55 °F must be insulated to the levels in Table 2.

Table 1: ***Minimum Insulation Thickness for Circulating Hot Water Pipes.***

	Insulation Thickness in Inches by Pipe Sizes			
Heated Water	Non-Circulating Runouts		Circulating Mains and Runouts	
Temperature (F)	Up to 1"	Up to 1.25"	1.5" to 2.0"	Over 2"
170-180	0.5	1.0	1.5	2.0
140-160	0.5	0.5	1.0	1.5
100-130	0.5	0.5	0.5	1.0

Table 2: ***Minimum Insulation Thickness for HVAC Pipes.***

	Fluid Temp.	Insulation Thickness in Inches by Pipe Sizes			
Piping System Types	Range (F)	2" Runouts	1" and Less	1.25" to 2"	2.5" to 4"
Heating Systems					
Low Pressure/Temperature	201-250	1.0	1.5	1.5	2.0
Low Temperature	120-200	0.5	1.0	1.0	1.5
Steam Condensate (for feed water)	Any	1.0	1.0	1.5	2.0
Cooling Systems					
Chilled Water, Refrigerant,	40-55	0.5	0.5	0.75	1.0
and Brine	Below 40	1.0	1.0	1.5	1.5

NOTES TO FIELD (Building Department Use Only)

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 8-12-03

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 17 Seville Drive
(Street address)

BUILDING DESCRIPTION _____

RESUBMIT

REVIEWED BY _____ DATE 8-19-03

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	No Model Energy Code Supplied	
	(Not Heat Loss Calculations)	
	Called 477-8630	8.31
	Left Message	

Copyright, 1993, Building Officials and Code Administrators International, Inc. Reproductions by any means is prohibited. BOCA® is the trademark of Building Officials and Code Administrators International, Inc., and is registered in the U.S. Patent and Trademark Office. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60478-5795

06/93

CHALLONER & MAGNO ENGINEERING LLC

September 26, 2003

Mr. Richard Kremer
R. Kremer & Son
Marine Contractors, LLC
321 Mantoloking Road
Brick, New Jersey 08723

Re: Piling Inspection
17 Seville Drive
Block 211.15; Lot 3
Township of Brick
Ocean County, New Jersey
Project No. 96022

Dear Mr. Kremer:

Pursuant to your request, on September 26, 2003, our office witnessed the driving of the foundation piles at the above referenced property. The method of driving was a drop hammer. The weight of the hammer used was 3,000 lbs. The height of the hammer drop throughout the test was ten (10) feet. At a penetration depth of nine (9) feet, the pile developed a resistance of eight (8) blows per foot or 1.5 inches per blow.

Based on the above inspection results and the Engineering - News Hammer Formula, the pile developed a load bearing capacity of 12 tons.

Very truly yours,

CHALLONER & MAGNO, LLC

Dave R. Magno, PE

DRM:jj

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER HENDRICKSEN DATE 7/31/03

PROPERTY ADDRESS 17 SEVILLE DR. BLOCK 211.05 LOT 3

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	3	9.0	
2:KITCHEN GROUP	1	2.0	
3:WATER CLOSETS			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL	1	2.0	
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4.0	
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS	2	3.5	

TOTAL 20.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 1"

7/31/03

#3 Panel

REVISED 9/24/02

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECK LIST

BLOCK 2115 LOT 3 DATE RECEIVED

PROPERTY ADDRESS Seville Drive

APPLICANT Thomas & Kathleen Hendrickson PHO[redacted]

ADDRESS 17 Seville Drive Brick, NJ

CONTRACTOR Same (Homeowner) PHONE

ADDRESS 17 Seville Drive Brick NJ

TYPE OF WORK New House ZONING APPROVAL

FLOOD ZONE FLOOD ELEVATION

PANEL # MAP # DATE

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES NO

		YES	NO	N/A
1.	PLAN SIGNED & SEALED	X		
2	SCALE OF NOT LESS THAN 1"-50"	X		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	X	AE-6	
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	X		
5	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	X		
6.	CONTOURS 1' INCREMENTS			
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	X		
8.	PROPOSED GRADING/ELEVATIONS	X		
9.	GARAGE/ST FLOOR/CRAWL SPACE/BASEMENT ELEVATIONS	X		
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	X		
11.	METHOD OF DRAINAGE			
12.	NORTH ARROW	X		
13.	DRIVEWAY WIDTH/TYOE Prayer's	X		
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	X		
15.	PROPERTY ADDRESS/LOT AND BLOCK NUMBER	X		
16.	SIDEWALK, CURB AND APRONS			
17.	PARKING AREAS	X		
18.	UTILITY AND CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	X		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	X		
21.	LIMITS OF CLEARING			
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.	X Permit By Pulot		
24.	EXISTING STRUCTURES			
25.	RETAINING WALLS/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED X REJECTED X SIGNED DATE 7/25/03

REVISION:

APPROVED REJECTED SIGNED DATE

COMMENTS:

Grading Right side Between Homes &

FLOOD ZONE AE 6

03-3894

INSPECTOR: Rob Colpeman

DATE: 12/20/09

JOB: SECTION:

TYPE OF WORK: Final

WEATHER: Cold 15° Clear

LOCATION: 17 Seville

TEMPERATURE: 15°

BLOCK: 211.5 LOT: 3

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X Stone	
2. Grading	X	
3. Sidewalk	X	
4. Road Pavement	X	
5. Landscaping & Sodding	X Stone	
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety	X	X

COMMENTS REFERENCING ITEM NUMBER:

8 - No Gutters or Leaders

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ECC] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: R Copeman

DATE: 12/7/04

JOB: SECTION:

TYPE OF WORK: Final

WEATHER: Rain

LOCATION: 17 Seville Dr

TEMPERATURE: 50°

BLOCK: 211.15 LOT: 3

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓ R Blend not gravel
2. Grading		✓
3. Sidewalk JIM PRIOLO OR ELISA CUMMINS		
4. Road Pavement	✓	
5. Landscaping & Sodding		✓ Stone + mud
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	✓	
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER:

1) Driveway is a blend not gravel
2) Grading rear not done
5) Mud
7) Junk all around all Bus Registered or not ?
8) " lying everywhere

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER [signature]

I ________________, Authorized representative of ________________, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within ______ days of the issuance of Certificate of Occupancy.

BRICK TOWNSHIP TAX OFFICE CASH
Receipt for Garbage Can

Block 011.15 Lot 3 Qual. _____

Account # 104144

NAME: MENDELSON

PAID BY: _____

DELIVERY ADDRESS: 17 SEVILLE DR

TOTAL PAID: 50—

ONLY TWO CANS ALLOWED PER PROPERTY

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Kimberley S. Casten — President
Stephen C. Acropolis
Gregory S. Kavanagh
Leon C. Mowadia
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
http://www.twp.brick.nj.us

Affidavit in support of application for a Certificate of Occupancy, pursuant to NJAC 5:23-2.24(c):

Date: October 1, 2004

Owner in Fee: Jeneane Vespia

Site Address: 8 Toronto drive

Block: 211.05 Lot: 4

I being the owner in fee for the site listed above and being of legal age, duly sworn upon my oath depose and say that a new home has been constructed on this property for personal use and occupancy by me.

I hereby attest that all designs, construction, plumbing, electrical or fire work has been done by me or by a subcontractor under my supervision in accordance with all applicable laws. I further acknowledge that this new home is not covered under the New Home Warranty and Builder's Registration Act (NJSA 46:3B-1et 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.

(Signature)

Jeneane Vespia
(Print Name)

Sworn and Subscribed before me on this 30 1 day of September October 20 04.

(Notary's Signature)

DAWN M. VESPIA
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 6/12/2007

CUT-IN-CARD

UNICIPALITY BRICK TOWN

OCATION 17 SEVILLE DR UTILITY CO PP

BLK 211.15 LOT 3

WNER HOWARD RICKSON OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

] FINAL ~~☒ TEMPORARY~~ This approval void after ____ days WRH

)ESCRIPTION OF SERVICE 200 311475928

NSTALLED BY COASTAL LICENSE NO

)ATE 5/16/03 PERMIT # 3894 INSPECTOR

] CALLED IN / / Lic. No: 5433

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY BRICK TOWN

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR

☐ CALLED IN / / Lic. No:

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY BRICK TOWN

LOCATION 43 WATERWAY CT UTILITY CO PP

BLK 270/ LOT 93

OWNER GRAYLILNZ OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☒ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 AMP

INSTALLED BY OWNER LICENSE NO

DATE 5/30/03 PERMIT # 5578 INSPECTOR

☐ CALLED IN / / Lic. No: 5433

CUT-IN-CARD

MUNICIPALITY BRICK TOWN

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR

☐ CALLED IN / / Lic. No:

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

May 10 2004 8:16

P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
[J] GPUCUTINCARDS	NORMAL	10, 8:15	0'33"	1	* O K	

MUNICIPALITY BRICK TOWN

CUT-IN-CARD

LOCATION 17 SEVILLE DR UTILITY CO PP

BLK 211.15 LOT 3

OWNER HENDRICKSON OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☒ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 3114759285

INSTALLED BY COASTAL LICENSE NO

DATE 5/10/04 PERMIT # 03 3894 INSPECTOR

☐ CALLED IN / /

Lic. No: 5433

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

MUNICIPALITY BRICK TOWN

LOCATION

OWNER

"Installation in the above pr
In accordance with N.E.C.,

☐ FINAL ☐ TEMPORARY This approval void

DESCRIPTION OF SERVICE

INSTALLED BY

DATE PERMIT #

☐ CALLED IN / /

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFF

MUNICIPALITY BRICK TOWN

CUT-IN-CARD

LOCATION 43 WATERWAY CT UTILITY CO PP

BLK 270.1 LOT 93

OWNER GRAHAM OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☒ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 AMP

INSTALLED BY OWNER LICENSE NO

DATE 5/10/04 PERMIT # 03 5578 INSPECTOR

4433

MUNICIPALITY BRICK TOWN

LOCATION

OWNER

"Installation in the above p
In accordance with N.E.C

☐ FINAL ☐ TEMPORARY This approval vo

DESCRIPTION OF SERVICE

INSTALLED BY

DATE PERMIT #

☐ CALLED IN / /

SPECIAL BY VENTING DIAGRAM

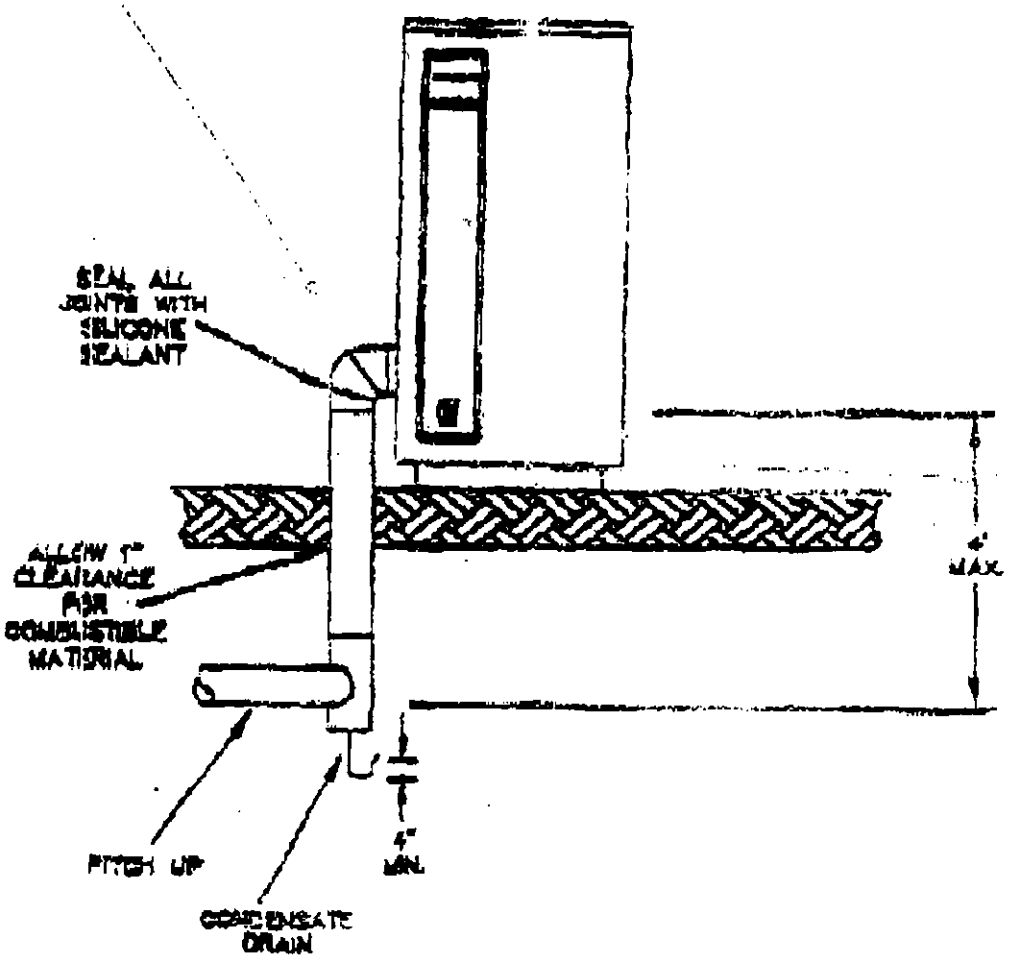
SCALE NONE

DATE 3-27-90

WEIL-McLAIN

NO 96-10-18887-H

NOTE This is now a "flanged" item. Install up-side down and plug drain connection



To
Bernie Reilly

From
Bill Dalton

Venting diagram for
17 Seville Dr.

03-3894

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

~~A. BASEMENT OR CRAWL SPACE~~ ON PILINGS

1. ANCHORAGE:

BOLTS
- ☐ SPACING
- ☐ SIZE

STRAPS
- ☐ SPACING (PER MANUFACTURER'S SPECS)
- ☐ SIZE

2. SILL PLATES: GARAGE ONLY

- ☑ SIZE
- ☒ GRADE, SPECIES
- ☑ TREATMENT
- ☒ LAPS
- ☒ SILL SEALER
- ☒ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- ☒ TERMITE PROTECTION

3. BEAM POCKETS:

- ☐ BEARING/SHIMS
- ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- ☐ SIZED PER PLAN
- ☐ ATTACHMENT/PLATES
- ☐ SPACING/LOCATION
- ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD FLOOR	
☑	☒	☐	SIZE
☒	☒	☐	GRADE, SPECIES
☒	☒	☐	SINGLE OR DOUBLE
☒	☒	☐	PRE-ENGINEERED PER MANUF'S SPECS
☒	☒	☐	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- ☒ SIZED PER PLAN
- ☒ TYPE
- ☒ GRADE, SPECIES
- ☒ LOCATION AND RELATION TO THE PLAN
- ☒ NAILING
- ☒ ATTACHMENT SCHEDULE
- ☒ BEARING
- ☒ LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD FLOOR	
☑	☒	☐	SIZED PER PLAN
☒	☒	☐	GRADE, SPECIES
☒	☒	☐	PRE-ENGINEERED COMPONENTS AS SPECIFIED
☒	☒	☐	BEARING
☒	☒	☐	NAILING
☒	☒	☐	BRIDGING
☒	☒	☐	CUTTING AND NOTCHING (AS PER CODE)
☒	☒	☐	POINT LOADS - SUPPORTED AS PER PLAN
☒	☒	☐	SPAN HANGERS
☒	☒	☐	HEADERS
☒	☒	☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD FLOOR	
			MATERIAL
☒	☒	☐	PANEL SPAN, THICKNESS
			SPECIAL REQUIREMENTS
☒	☒	☐	EDGE BLOCKING (IF REQUIRED)
☒	☒	☐	GAPPING
☒	☒	☐	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD FLOOR	
☒	☒	☐	BEARING
☒	☒	☐	NAILING

4/24/03

C. Wall Framing

1. Exterior Wall Frame:

1ST	2ND	3RD Floor	
☒	☒	☐	Size
☒	☒	☐	Space
☒	☒	☐	Species and Grade
☒	☒	☐	Cutting, Notching, and Boring
☒	☒	☐	Header Sizes
☒	☒	☐	Jack Stud Bearing

Top Plates

☒	☒	☐	Nailing
☒	☒	☐	Laps
☒	☒	☐	Rafter Ties
☒	☒	☐	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1ST	2ND	3RD Floor	
☒	☒	☐	Size
☒	☒	☐	Space
☒	☒	☐	Layout - Support Below per Code
☒	☒	☐	Species and Grade
☒	☒	☐	Cutting, Notching, and Boring
☒	☒	☐	Fire Blocking
☒	☒	☐	Header Sizes
☒	☒	☐	Jack Stud Bearing

Top Plates

☒	☒	☐	Nailing
☒	☒	☐	Laps
☒	☒	☐	Strapping

3. Interior Non-Load-Bearing Walls:

1ST	2ND	3RD Floor	
☒	☒	☐	Size
☒	☒	☐	Space
☒	☒	☐	Species and Grade
☒	☒	☐	Cutting, Notching, and Boring
☒	☒	☐	Fire Blocking
☒	☒	☐	Header Sizes
☒	☒	☐	Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers/Roof Structures on Manufacturer's Drawings
- ☐ Equipment/Appliances on Manufacturer's Drawings

☐ Location as per Layout
- ☐ Alignment

☐ Bearing

☐ Spacing

☐ Connections to Bearing Points

☐ No Connection to Non-Bearing Points

☐ Damage and Defects
- ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- ☒ Layout
- ☒ Size
- ☒ Type
- ☒ Nailing
- ☒ Overlap
- ☒ Termination

4. Solid Sawn Roof Framing:

- ☒ Size
- ☒ Grades, Species

Layout
- ☒ Spacing
- ☒ Span

☒ Bearing

☒ Fastening
- ☒ Damage Caused by Fasteners (rafters not split by toenails)

☒ Cutting, Notching, and Boring

☒ Bridging

☒ Ridge Size

☒ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing – Exterior Walls:

Material
- ☒ Panel Span, Thickness

Special Requirements
- ☒ Gapping
- ☒ Layout
- ☒ Corner Bracing (if required)

2. Sheathing – Roof:

Material
- ☒ Panel span, Thickness

Special Requirements
- ☒ Blocking, Edge (if required)
- ☒ Clips (if required)
- ☒ Gapping
- ☒ Layout

Sheathing, FRT – Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

CHALLONER & MAGNO ENGINEERING LLC

September 26, 2003

Mr. Richard Kremer
R. Kremer & Son
Marine Contractors, LLC
321 Mantoloking Road
Brick, New Jersey 08723

Re: Piling Inspection
17 Seville Drive
Block 211.15; Lot 3
Township of Brick
Ocean County, New Jersey
Project No. 96022

Dear Mr. Kremer:

Pursuant to your request, on September 26, 2003, our office witnessed the driving of the foundation piles at the above referenced property. The method of driving was a drop hammer. The weight of the hammer used was 3,000 lbs. The height of the hammer drop throughout the test was ten (10) feet. At a penetration depth of nine (9) feet, the pile developed a resistance of eight (8) blows per foot or 1.5 inches per blow.

Based on the above inspection results and the Engineering - News Hammer Formula, the pile developed a load bearing capacity of 12 tons.

Very truly yours,

CHALLONER & MAGNO, LLC

Dave R. Magno, PE

DRM:jj

Certificate of Occupancy Single Family Dwelling

Address 17 Seville Drive Block 211.15 Lot 3

Final Inspections:

1. Final Building
2. Final Electric
3. Final Plumbing
4. Final Fire
5. Certificate of Compliance
6. Final Engineering
7. Final Ocean County Soil
8. Home Owners Warranty/Affidavit

Report of compliance from Ocean County Soils is needed when more than 5000 sq. ft. are disturbed, always when more than 1 house is constructed (Major/Minor Subdivisions).

Building _____ Approval Date OK pending Eng. insp.

Plumbing _____ Approval Date 9/15/04 OK

Fire _____ Approval Date 9/24/04

Electrical _____ Approval Date 9/13/04 OK

Cert. Of Compliance _____ Approval Date 11/10/04

HOW/ Affidavit _____ Approval Date AFFIDAVIT

Engineering failed 12/7/04 Approval Date 12/20/04

Soil _____ Approval Date n/a

Affordable Housing _____ Approval Date exempt

Occupancy Load _____ Approval Date n/a

Garbage Can Receipt _____ Approval Date 11/12/04

CO Application _____ Approval Date 10/14/04

#11 Brochures

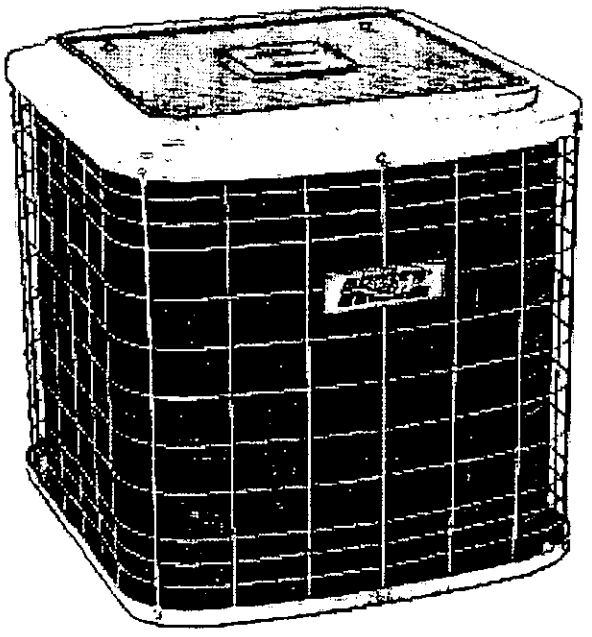
High Efficiency

10+

HEIL®
HEATING & COOLING PRODUCTS

10+ SEER - AIR CONDITIONER

1 1/2 THRU 5 TONS SPLIT SYSTEM



Representative photo only, some models may vary in appearance.

FEATURES

- High efficiency scroll compressors on all models
- Copper tube / aluminum fin coil
- Prepainted condenser fins
- Top air discharge for quieter operation
- G-90 Galvanized steel cabinet with integral base rails
- Triple step paint process
- Coated inlet and discharge grilles ruggedly built for enhanced coil protection
- Numerous service friendly features
- Service valves on all models with 3-1/2" stubs
- External refrigerant connections
- Easy side access sloped control panel
- Fan motor in-line disconnect plug
- Factory charged with R-22, condenser plus 25 Ft. lines
- 5 Year parts, 10 year compressor limited warranties
- 11+ SEER with Expansion Valve coils & Variable Speed Blowers or Furnaces

2½ Ton Down Stairs -
2 ton up Stairs

LIMITED 5 YEAR PARTS WARRANTY

Rated in accordance with ARI Standard 210. Certification applies only when used with proper components as listed with ARI.

c UL us LISTED

International Comfort Products Corporation (USA)
651 Heil-Quaker Ave.
Lewisburg, Tennessee 37091

RESIDENTIAL AND COMMERCIAL SYSTEMS • SPLIT SYSTEMS • PACKAGED AIR CONDITIONERS • COMBINATION GAS / ELECTRIC UNITS • HEAT PUMPS • AIR HANDLERS • MANUFACTURED HOME AIR CONDITIONERS • GAS, OIL AND ELECTRIC FURNACES

Printed in U.S.A.

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

PART NO. 421 11 3201 02
July 2000

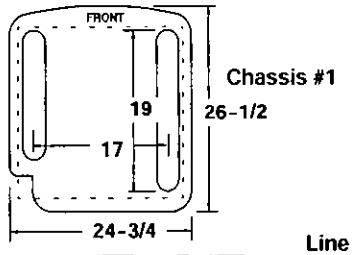
Base Specifications

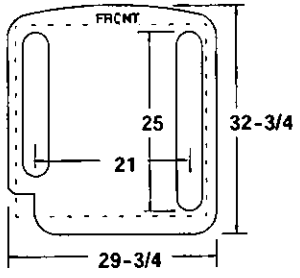
Model Number	HAC018AKA	HAC024AKA	HAC030AKA	HAC036AKA	HAC042AKA	HAC048AKA	HAC060AKA
Max. Cooling Capacity (Btuh)	18500	24600	30000	36600	42500	47500	60000
SEER Label	10	10	10	10	10	10	10
Sound Rating Decibels	71	72	75	75	75	77	77
Fan HP / Type / Speeds	1/8-PSC-1	1/8-PSC-1	1/5-PSC-1	1/5-PSC-1	1/5-PSC-1	1/3-PSC-1	1/3-PSC-1
Fan RPM / Max. CFM	1075 / 1400	1075 / 1400	1075 / 2000	1075 / 2000	1075 / 2000	1075 / 3000	1075 / 3000
Coil Face Area (Sq Ft)	10.73	10.73	10.73	11.63	15.20	17.76	18.94
Coil Rows / Fins Per Inch	1 / 20	1 / 20	1 / 20	1 / 20	1 / 20	1 / 20	1 / 20
Line Connection Suction I.D. Size (In.)	3/4	3/4	3/4	3/4	7/8	7/8	7/8
Line Connection Liquid I.D. Size (In.)	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Supplied Optional Evaporator Orifice Size	.051	.057	.065	.073	.078	.079	.090
Factory Charge - R22 (Oz)	60	69	74	80	98	123	131
Weight Lbs. (Ship)	130	132	134	139	170	197	207

Electrical Specifications - 208 - 230 / 1 / 60, Voltage Range 197V - 253V

Minimum Circuit Ampacity	11.9	13.5	18.9	21.3	24.5	29.1	35.7
Wire SizeIMax. Length (AWG Cu) Ft.	14 / 50	14 / 40	14 / 30	12 / 35	12 / 25	10 / 40	8 / 50
Time Delay Fuse (Amps)	15	20	25	30	30	35	45
Max. Fuse or HACR Breaker Size (Amps)	20	20	30	35	40	50	60
Compressor Full Run / Lock Rotor Amps	9.0 / 42	10.3 / 54	14.1 / 73	16.0 / 100	18.6 / 127	21.8 / 131	27.1 / 175
Fan Full Load / Lock Rotor Amps.	.66 / 1.55	.66 / 1.55	1.3 / 2.33	1.3 / 2.33	1.3 / 2.33	1.9 / 3.7	1.9 / 3.7

Dimensions		
Model	Chassis	Height (H)
018	1	26-5/8
024	1	26-5/8
030	1	26-5/8
036	1	28-5/8
042	1	36-5/8
048	2	32-5/8
060	2	34-5/8



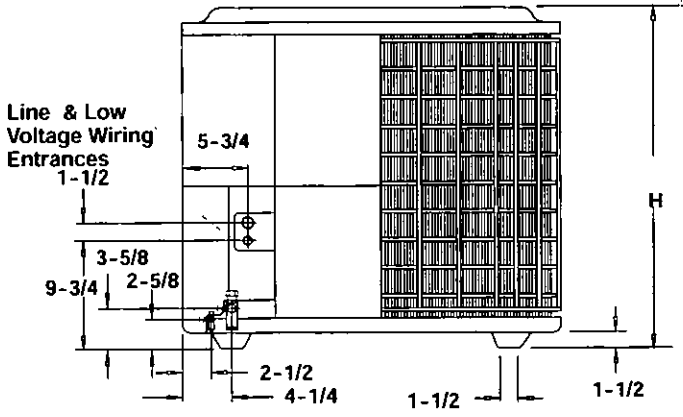


Chassis #2

ALL DIMENSIONS IN INCHES

Minimum Mounting Pad Sizes with pad starting at 9" from structure for minimum clearance of 6".

Chassis #1 20" W X 20" D
Chassis #2 24" W X 26" D



Accessory	Description	Used On
AMF153TKB	Expansion Valve Kit	1 1/2 - 3 Ton
AMF355TKB	Expansion Valve Kit	3 1/2 - 5 Ton
AMA001TDA	Indoor Blower Time Delay	All Models
24370800 *	Compressor Anti-short cycle 24 Volt 3 Min. Time Delay	All Models
1070822*	Compressor Anti-short cycle 24 Volt 5 Min. Time Delay	All Models
1148671 *	Low Ambient Kit (Fan Cycling Switch)	All Models
1053477 *	Compressor Crankcase Heater Solid State "Stick On" Type	All Models
1148113 *	Compressor Crankcase Heater "Wrap-around" Type	All Models
1060833*	Compressor Sound Jacket (Small Scroll)	1 1/2 - 3 Ton
1060834 *	Compressor Sound Jacket (Large Scroll)	3 1/2 - 5 Ton

* Order from Service Parts

PERFORMANCE DATA COOLING

Outdoor Model	Indoor Model	Cooling 95 F						
		Btuh	SEER	S/T	EER	WATTS	CFM	Pin/TXV
*AC018AKA**	EX*24F****+VNK/NTVM050	18500	12.20	.74	11.1	1516	600	TXV
*AC018AKA**	EX*24F****+VNK/NTVM075	18500	12.10	.74	11.0	1529	600	TXV
*AC018AKA**	EAH5536**+TXV2+TD1	18500	11.50	.74	10.4	1609	600	TXV
*AC018AKA**	EAH5536**+TXV2	18500	11.20	.74	10.4	1652	600	TXV
*AC018AKA**	EAH5536**+TD1	18500	10.90	.74	10.4	1697	600	.051
*AC018AKA**	EX*24B****+TD1	18500	10.90	.73	10.3	1697	600	TXV
*AC018AKA**	EAH5536**	18500	10.70	.74	10.4	1729	600	.051
*AC018AKA**	EX*24F****+EV(MV)12F19****	18400	12.00	.73	11.0	1533	600	TXV
*AC018AKA**	EX*24F****+TD1	18300	11.00	.73	10.3	1664	600	TXV
*AC018AKA**	EX*24B****	18300	10.80	.73	10.3	1694	600	TXV
*AC018AKA**	EX*24F****	18300	10.80	.73	10.3	1694	600	TXV
*AC018AKA**	EP*30B****+TXV2+VNK/NTVM050	18200	12.10	.76	10.9	1504	600	TXV
*AC018AKA**	EP*30B****+TXV2+VNK/NTVM075	18200	12.00	.76	10.8	1517	600	TXV
*AC018AKA**	FCX24****	18200	10.70	.73	10.2	1701	600	TXV
*AC018AKA**	EP*30B****+TXV2+TD1	18000	11.10	.75	10.1	1622	600	TXV
*AC018AKA**	EP*30F****+TXV2+TD1	18000	11.10	.75	10.1	1622	600	TXV
*AC018AKA**	EAH5524**+TXV2+TD1	18000	11.00	.74	10.2	1636	600	TXV
*AC018AKA**	EP*24B****+TXV2+TD1	18000	11.00	.75	10.1	1636	600	TXV
*AC018AKA**	EP*30B****+TXV2	18000	11.00	.75	10.1	1636	600	TXV
*AC018AKA**	EP*30F****+TXV2	18000	11.00	.75	10.1	1636	600	TXV
*AC018AKA**	EAH5524**+TXV2	18000	10.90	.74	10.2	1651	600	TXV
*AC018AKA**	EP*24B****+TXV2	18000	10.90	.75	10.1	1651	600	TXV
*AC018AKA**	EP*30B****+TD1	18000	10.80	.75	10.1	1667	600	.051
*AC018AKA**	EP*30F****+TD1	18000	10.80	.75	10.1	1667	600	.051
*AC018AKA**	EAH5524**+TD1	18000	10.70	.74	10.2	1682	600	.051
*AC018AKA**	EP*24B****+TD1	18000	10.70	.75	10.1	1682	600	.051
*AC018AKA**	EE*36B****	18000	10.60	.75	10.1	1698	600	.051
*AC018AKA**	EE*36F****	18000	10.60	.75	10.1	1698	600	.051
*AC018AKA**	EMH30F****	18000	10.60	.74	10.1	1698	600	.051
*AC018AKA**	EP*30B****	18000	10.60	.75	10.1	1698	600	.051
*AC018AKA**	EP*30F****	18000	10.60	.75	10.1	1698	600	.051
*AC018AKA**	EAH5524**	18000	10.50	.74	10.2	1714	600	.051
*AC018AKA**	EMH24F****	18000	10.50	.74	10.1	1714	600	.051
*AC018AKA**	EP*24B****	18000	10.50	.75	10.1	1714	600	.051
*AC018AKA**	EP*18B****+TXV2	17500	10.50	.74	9.9	1667	600	TXV
*AC018AKA**	EP*18B****+TXV2+TD1	17500	10.50	.74	9.9	1667	600	TXV
*AC018AKA**	FCP24****+HTXV3	17500	10.50	.74	9.9	1667	600	TXV
*AC018AKA**	EP*18B****+TD1	17500	10.20	.74	9.9	1716	600	.051
*AC018AKA**	EE*24B****	17500	10.00	.74	9.9	1750	600	.051
*AC018AKA**	EP*18B****	17500	10.00	.74	9.9	1750	600	.051
*AC018AKA**	FCP24****	17500	10.00	.74	9.7	1750	600	.051
*AC024AKA**	EX*36F****+VNK/NTVM100	24600	12.00	.76	10.7	2050	800	TXV
*AC024AKA**	EX*36F****+VNK/NTVM125	24600	12.00	.76	10.7	2050	800	TXV
*AC024AKA**	EX*36F****+EV(MV)12F19****	24400	12.00	.76	10.7	2033	800	TXV
*AC024AKA**	EP*36J****+HTXV+VNK/NTVM100	24200	11.80	.76	10.5	2051	800	TXV
*AC024AKA**	EP*36J****+TXV3+VNK/NTVM125	24200	11.80	.76	10.5	2051	800	TXV
*AC024AKA**	EX*24F****+VNK/NTVM100	24200	11.80	.76	10.5	2051	800	TXV
*AC024AKA**	EX*24F****+VNK/NTVM050	24200	11.70	.76	10.4	2068	800	TXV
*AC024AKA**	EX*24F****+VNK/NTVM075	24200	11.60	.76	10.3	2086	800	TXV
*AC024AKA**	EX*36F****	24200	11.00	.76	10.0	2200	800	TXV
*AC024AKA**	EX*36J****	24200	11.00	.76	10.0	2200	800	TXV
*AC024AKA**	EX*24F****+EV(MV)12F19****	24000	11.60	.75	10.3	2069	800	TXV
*AC024AKA**	EX*24B****+TD1	24000	10.80	.75	9.8	2222	800	TXV
*AC024AKA**	EX*24F****+TD1	24000	10.80	.75	9.8	2222	800	TXV
*AC024AKA**	EAH5536**+TXV2+TD1	24000	10.70	.75	10.2	2243	800	TXV
*AC024AKA**	EX*24B****	24000	10.70	.75	9.8	2243	800	TXV
*AC024AKA**	EX*24F****	24000	10.70	.75	9.8	2243	800	TXV
*AC024AKA**	EAH5536**+TXV2	24000	10.60	.70	10.2	2264	800	TXV
*AC024AKA**	FCX24****	24000	10.60	.75	9.8	2264	800	TXV
*AC024AKA**	EAH5524**+TXV2+TD1	24000	10.50	.72	9.7	2286	800	TXV
*AC024AKA**	EAH5536**+TD1	24000	10.50	.75	10.2	2286	800	.057
*AC024AKA**	EAH5524**+TXV2	24000	10.40	.72	9.7	2308	800	TXV
*AC024AKA**	FCP36****	24000	10.25	.74	9.5	2341	800	.057
*AC024AKA**	EAH5524**+TD1	24000	10.20	.72	9.7	2353	800	.057
*AC024AKA**	EAH5536**	24000	10.20	.75	10.2	2353	800	.057
*AC024AKA**	EAH5524**	24000	10.00	.72	9.7	2400	800	.057
*AC024AKA**	EP*30F****+TXV2+VNK/NTVM100	23600	11.40	.76	10.4	2070	800	TXV
*AC024AKA**	EP*30F****+TXV2+VNK/NTVM050	23600	11.25	.76	10.3	2098	800	TXV
*AC024AKA**	EP*30F****+TXV2+VNK/NTVM075	23600	11.20	.76	10.2	2107	800	TXV
*AC024AKA**	EP*30B****+TXV2+TD1	23400	10.60	.75	9.7	2208	800	TXV
*AC024AKA**	EP*30F****+TXV2+TD1	23400	10.60	.75	9.7	2208	800	TXV
*AC024AKA**	EP*24B****+TXV2+TD1	23400	10.50	.74	9.7	2229	800	TXV
*AC024AKA**	EP*30B****+TXV2	23400	10.50	.76	9.7	2229	800	TXV
*AC024AKA**	EP*30F****+TXV2	23400	10.50	.76	9.7	2229	800	TXV

Many matches require a pin change. Always check pin size to insure maximum performance. PIN=Refrigerant orifice PIN size. TD1=AMA001TDA Indoor Blower Time Delay Kit, required to make SEER indicated. All products using an electronic fan control satisfy TD1 requirements. TXV=Thermostatic Expansion Valve, TXV153 (AMF153) replaces HTXV1,2 or 3 where listed in ratings, TXV335 (AMF335) Replaces HTXV4 or 5 where listed in ratings. EP* = EPA, EPD, EPM series of coils. EX* = EXA, EXD, EXM series of coils. EE* = EEA OR EED series of coils.

PERFORMANCE DATA COOLING

Outdoor Model	Indoor Model	Cooling 95 F Btuh	SEER	S/T	EER	WATTS	CFM	Pin/TXV
*AC024AKA**	FCP24****+HTXV3	23400	10.50	.74	9.7	2229	800	TXV
*AC024AKA**	EP*24B****+TXV2	23400	10.40	.74	9.7	2250	800	TXV
*AC024AKA**	EP*30B****+TD1	23400	10.30	.76	9.7	2272	800	.057
*AC024AKA**	EP*30F****+TD1	23400	10.30	.76	9.7	2272	800	.057
*AC024AKA**	EP*24B****+TD1	23400	10.20	.74	9.7	2294	800	.057
*AC024AKA**	FCP30****	23400	10.20	.74	9.3	2294	800	.057
*AC024AKA**	EE*36B****	23400	10.10	.76	9.7	2317	800	.057
*AC024AKA**	EE*36F****	23400	10.10	.76	9.7	2317	800	.057
*AC024AKA**	EMH30F****	23400	10.10	.74	9.7	2317	800	.057
*AC024AKA**	EP*30B****	23400	10.10	.76	9.7	2317	800	.057
*AC024AKA**	EP*30F****	23400	10.10	.76	9.7	2317	800	.057
*AC024AKA**	EE*30B****	23400	10.00	.74	9.7	2340	800	.057
*AC024AKA**	EMH24F****	23400	10.00	.74	9.7	2340	800	.057
*AC024AKA**	EP*24B****	23400	10.00	.74	9.7	2340	800	.057
*AC024AKA**	FCP24****	23400	10.00	.74	9.5	2340	800	.057
*AC024AKA**	EE*24B****+TD1	22600	10.00	.73	9.0	2260	700	.057
*AC024AKA**	EPP024****+TD1	22600	10.00	.76	9.0	2260	800	.057
*AC030AKA**	EX*36F****+TD1	30000	11.00	.74	9.7	2727	1000	TXV
*AC030AKA**	EX*36J****+TD1	30000	11.00	.74	9.7	2727	1000	TXV
*AC030AKA**	EX*36F****	30000	10.90	.74	9.7	2752	1000	TXV
*AC030AKA**	EX*36J****	30000	10.90	.74	9.7	2752	1000	TXV
*AC030AKA**	FCX36****	30000	10.80	.74	9.7	2778	1000	TXV
*AC030AKA**	EX*36J****+VNK/NTVM125	29400	11.70	.75	10.2	2513	1000	TXV
*AC030AKA**	EX*36J****+VNK/NTVM100	29400	11.60	.75	10.1	2534	1000	TXV
*AC030AKA**	EX*36F****+VNK/NTVM050	29400	11.50	.75	10.0	2557	1000	TXV
*AC030AKA**	EX*36F****+VNK/NTVM075	29400	11.35	.75	9.9	2590	1000	TXV
*AC030AKA**	EX*36F****+EV(MV)12F19****	29200	11.70	.74	10.2	2496	1000	TXV
*AC030AKA**	EP*36J****+TXV3+VNK/NTVM100	29000	11.70	.75	9.9	2479	1000	TXV
*AC030AKA**	EP*36J****+TXV3+VNK/NTVM125	29000	11.50	.75	10.0	2522	1000	TXV
*AC030AKA**	EP*36J****+TXV3+VNK/NTVM050	29000	11.30	.75	9.8	2566	1000	TXV
*AC030AKA**	EP*36J****+TXV3+VNK/NTVM075	29000	11.15	.75	9.7	2601	1000	TXV
*AC030AKA**	FCP42****	29000	10.20	.76	9.2	2843	1000	.065
*AC030AKA**	EP*30F****+TXV3+VNK/NTVM050	28800	11.25	.76	9.9	2560	1000	TXV
*AC030AKA**	EP*30F****+TXV3+VNK/NTVM075	28800	11.05	.76	9.7	2606	1000	TXV
*AC030AKA**	EP*36B****+TXV3+TD1	28800	10.80	.75	9.4	2667	1000	TXV
*AC030AKA**	EP*36F****+TXV3+TD1	28800	10.80	.75	9.4	2667	1000	TXV
*AC030AKA**	EP*36J****+TXV3+TD1	28800	10.80	.75	9.4	2667	1000	TXV
*AC030AKA**	EP*36B****+TXV3	28800	10.70	.75	9.4	2692	1000	TXV
*AC030AKA**	EP*36F****+TXV3	28800	10.70	.75	9.4	2692	1000	TXV
*AC030AKA**	EP*36J****+TXV3	28800	10.70	.75	9.4	2692	1000	TXV
*AC030AKA**	EP*36B****+TD1	28800	10.50	.75	9.4	2743	1000	.065
*AC030AKA**	EP*36F****+TD1	28800	10.50	.75	9.4	2743	1000	.065
*AC030AKA**	EP*36J****+TD1	28800	10.50	.75	9.4	2743	1000	.065
*AC030AKA**	EMH36F****	28800	10.30	.76	9.4	2796	1000	.065
*AC030AKA**	EP*36B****	28800	10.30	.75	9.4	2796	1000	.065
*AC030AKA**	EP*36F****	28800	10.30	.75	9.4	2796	1000	.065
*AC030AKA**	EP*36J****	28800	10.30	.75	9.4	2796	1000	.065
*AC030AKA**	FCP36****	28800	10.15	.76	9.1	2837	1000	.065
*AC030AKA**	EP*30B****+TXV3+TD1	28600	10.70	.76	9.4	2673	1000	TXV
*AC030AKA**	EP*30F****+TXV3+TD1	28600	10.70	.76	9.4	2673	1000	TXV
*AC030AKA**	EP*30B****+TXV3	28600	10.60	.76	9.4	2698	1000	TXV
*AC030AKA**	EP*30F****+TXV3	28600	10.60	.76	9.4	2698	1000	TXV
*AC030AKA**	FCP30****+HTXV3	28600	10.60	.76	9.4	2698	1000	TXV
*AC030AKA**	EP*30B****+TD1	28600	10.40	.76	9.4	2750	1000	.065
*AC030AKA**	EP*30F****+TD1	28600	10.40	.76	9.4	2750	1000	.065
*AC030AKA**	EE*36B****	28600	10.20	.76	9.4	2804	1000	.065
*AC030AKA**	EE*36F****	28600	10.20	.76	9.4	2804	1000	.065
*AC030AKA**	EMH30F****	28600	10.20	.76	9.4	2804	1000	.065
*AC030AKA**	EP*30B****	28600	10.20	.76	9.4	2804	1000	.065
*AC030AKA**	EP*30F****	28600	10.20	.76	9.4	2804	1000	.065
*AC030AKA**	FCP30****	28600	10.20	.76	9.2	2804	1000	.065
*AC030AKA**	EAH5536**+TXV3+TD1	28200	10.70	.73	9.2	2636	1000	TXV
*AC030AKA**	EAH5536**+TXV3	28200	10.50	.73	9.2	2686	1000	TXV
*AC030AKA**	EAH5536**+TD1	28200	10.30	.73	9.2	2738	1000	.065
*AC030AKA**	EAH5536**	28200	10.10	.73	9.2	2792	1000	.065
*AC030AKA**	EE*30B****+TD1	28000	10.00	.72	9.2	2800	1000	.065
*AC030AKA**	EPP030****+TD1	28000	10.00	.75	9.0	2800	1000	.065

Many matches require a pin change. Always check pin size to insure maximum performance. PIN=Refrigerant orifice PIN size. TD1=AMA001TDA Indoor Blower Time Delay Kit, required to make SEER indicated. All products using an electronic fan control satisfy TD1 requirements. TXV=Thermostatic Expansion Valve, TXV153 (AMF153) replaces HTXV1,2 or 3 where listed in ratings, TXV335 (AMF335) Replaces HTXV4 or 5 where listed in ratings. EP* = EPA, EPD, EPM series of coils. EX* = EXA, EXD, EXM series of coils. EE* = EEA OR EED series of coils.

PERFORMANCE DATA COOLING

Outdoor Model	Indoor Model	Cooling 95 F						
		Btuh	SEER	S/T	EER	WATTS	CFM	Pin/TXV
*AC036AKA**	EX*48N****+VNK/NTVM125	36600	12.10	.74	10.5	3025	1200	TXV
*AC036AKA**	EP*48N****+TXV3+VNK/NTVM125	36400	12.00	.74	10.4	3033	1200	TXV
*AC036AKA**	EX*36F****+VNK/NTVM125	36400	12.00	.74	10.4	3033	1200	TXV
*AC036AKA**	EX*36F****+EV(MV)12F19****	36000	12.00	.74	10.4	3000	1200	TXV
*AC036AKA**	EP*42J****+TXV3+VNK/NTVM125	36000	11.90	.74	10.7	3025	1200	TXV
*AC036AKA**	EX*36F****+VNK/NTVM100	36000	11.70	.75	10.2	3077	1200	TXV
*AC036AKA**	EP*42J****+TXV3+VNK/NTVM100	36000	11.60	.74	10.5	3103	1200	TXV
*AC036AKA**	EX*36F****+VNK/NTVM050	36000	11.40	.75	9.9	3158	1200	TXV
*AC036AKA**	EP*42J****+TXV3+VNK/NTVM050	36000	11.30	.74	10.2	3186	1200	TXV
*AC036AKA**	EX*36F****+TD1	36000	11.10	.74	9.8	3243	1200	TXV
*AC036AKA**	EX*36J****+TD1	36000	11.10	.74	9.8	3243	1200	TXV
*AC036AKA**	EP*42F****+TXV3+TD1	36000	11.00	.73	10.1	3273	1200	TXV
*AC036AKA**	EP*42J****+TXV3+TD1	36000	11.00	.73	10.1	3273	1200	TXV
*AC036AKA**	EX*36F****	36000	11.00	.74	9.8	3273	1200	TXV
*AC036AKA**	EX*36J****	36000	11.00	.74	9.8	3273	1200	TXV
*AC036AKA**	EP*42F****+TXV3	36000	10.90	.73	10.1	3303	1200	TXV
*AC036AKA**	EP*42J****+TXV3	36000	10.90	.73	10.1	3303	1200	TXV
*AC036AKA**	FCX36****	36000	10.80	.74	9.8	3333	1200	TXV
*AC036AKA**	EP*42F****+TD1	36000	10.70	.73	10.1	3364	1200	.073
*AC036AKA**	EP*42J****+TD1	36000	10.70	.73	10.1	3364	1200	.073
*AC036AKA**	EMH42F****	36000	10.50	.72	10.1	3429	1200	.073
*AC036AKA**	EP*42F****	36000	10.50	.73	10.1	3429	1200	.073
*AC036AKA**	EP*42J****	36000	10.50	.73	10.1	3429	1200	.073
*AC036AKA**	EP*36J****+TXV3+VNK/NTVM100	35200	11.10	.76	9.5	3171	1200	TXV
*AC036AKA**	EP*36J****+TXV3+VNK/NTVM125	35200	11.10	.76	9.5	3171	1200	TXV
*AC036AKA**	EP*36B****+TXV3+TD1	35200	10.50	.75	9.0	3352	1200	TXV
*AC036AKA**	EP*36F****+TXV3+TD1	35200	10.50	.75	9.0	3352	1200	TXV
*AC036AKA**	EP*36J****+TXV3+TD1	35200	10.50	.75	9.0	3352	1200	TXV
*AC036AKA**	EP*36B****+TXV3	35200	10.40	.75	9.0	3385	1200	TXV
*AC036AKA**	EP*36F****+TXV3	35200	10.40	.75	9.0	3385	1200	TXV
*AC036AKA**	EP*36J****+TXV3	35200	10.40	.75	9.0	3385	1200	TXV
*AC036AKA**	FCP36****+HTXV3	35200	10.40	.74	9.0	3385	1200	TXV
*AC036AKA**	EP*36B****+TD1	35200	10.20	.75	9.0	3451	1200	.073
*AC036AKA**	EP*36F****+TD1	35200	10.20	.75	9.0	3451	1200	.073
*AC036AKA**	EP*36J****+TD1	35200	10.20	.75	9.0	3451	1200	.073
*AC036AKA**	EMH36F****	35200	10.00	.79	9.0	3520	1200	.073
*AC036AKA**	EP*36B****	35200	10.00	.75	9.0	3520	1200	.073
*AC036AKA**	EP*36F****	35200	10.00	.75	9.0	3520	1200	.073
*AC036AKA**	EP*36J****	35200	10.00	.75	9.0	3520	1200	.073
*AC036AKA**	FCP36****	35200	10.00	.73	9.0	3520	1200	.073
*AC036AKA**	EP*36J****+TXV3+VNK/NTVM050	34800	11.10	.76	9.1	3135	1200	TXV
*AC036AKA**	FCP42****	34400	10.10	.74	9.2	3406	1200	.073
*AC036AKA**	EAH5536**+TXV3+TD1	34000	10.50	.74	9.0	3238	1200	TXV
*AC036AKA**	EAH5536**+TXV	34000	10.30	.74	9.0	3301	1200	TXV
*AC036AKA**	EAH5536**+TD1	34000	10.10	.74	9.0	3366	1200	.073
*AC036AKA**	EAH5536**	34000	10.00	.74	9.0	3400	1200	.073
*AC036AKA**	EE*36B****+TD1	33600	10.00	.75	9.0	3360	1200	.073
*AC036AKA**	EE*36F****+TD1	33600	10.00	.75	9.0	3360	1200	.073
*AC036AKA**	EPP036****+TD1	33600	10.00	.75	9.0	3360	1200	.073
*AC042AKA**	EX*48N****+VNK/NTVM125	42500	11.60	.72	10.0	3664	1400	TXV
*AC042AKA**	EP*48N****+TXV4+VNK/NTVM100	42500	11.50	.74	9.9	3696	1400	TXV
*AC042AKA**	EP*48N****+TXV4+VNK/NTVM125	42500	11.50	.74	9.9	3696	1400	TXV
*AC042AKA**	EAH5548**+TXV4+TD1	42500	11.00	.74	9.5	3864	1400	TXV
*AC042AKA**	EP*48J****+TXV4+TD1	42500	11.00	.73	9.5	3864	1400	TXV
*AC042AKA**	EP*48N****+TXV4+TD1	42500	11.00	.73	9.5	3864	1400	TXV
*AC042AKA**	EX*48N****+TD1	42500	11.00	.72	9.8	3864	1400	TXV
*AC042AKA**	EAH5548**+TXV4	42500	10.90	.74	9.5	3899	1400	TXV
*AC042AKA**	EP*48F****+TXV4+TD1	42500	10.90	.73	9.4	3899	1400	TXV
*AC042AKA**	EP*48J****+TXV4	42500	10.90	.73	9.5	3899	1400	TXV
*AC042AKA**	EP*48N****+TXV4	42500	10.90	.73	9.5	3899	1400	TXV
*AC042AKA**	EP*48F****+TXV4	42500	10.80	.73	9.4	3935	1400	TXV
*AC042AKA**	EAH5548**+TD1	42500	10.70	.74	9.5	3972	1400	.079
*AC042AKA**	EP*48J****+TD1	42500	10.70	.73	9.5	3972	1400	.079
*AC042AKA**	EP*48N****+TD1	42500	10.70	.73	9.5	3972	1400	.079
*AC042AKA**	EP*48F****+TD1	42500	10.60	.73	9.4	4009	1400	.079
*AC042AKA**	EAH5548**	42500	10.50	.74	9.5	4048	1400	.079
*AC042AKA**	EP*48J****	42500	10.50	.73	9.5	4048	1400	.079
*AC042AKA**	EP*48N****	42500	10.50	.73	9.5	4048	1400	.079
*AC042AKA**	EMH48F****	42500	10.40	.76	9.4	4087	1400	.079
*AC042AKA**	EP*48F****	42500	10.40	.73	9.4	4087	1400	.079
*AC042AKA**	EX*42J****+EV(MV)16J22**	42000	11.40	.71	9.8	3684	1400	TXV
*AC042AKA**	EX*42J****+VNK/NTVM125	42000	11.30	.72	9.8	3717	1400	TXV
*AC042AKA**	EP*42J****+TXV4+VNK/NTVM125	42000	11.20	.72	9.8	3750	1225	TXV
*AC042AKA**	EX*42J****+VNK/NTVM100	42000	10.90	.72	9.5	3853	1400	TXV
*AC042AKA**	EP*42J****+TXV4+VNK/NTVM100	42000	10.75	.72	9.5	3907	1400	TXV
*AC042AKA**	EX*42J****+TD1	42000	10.60	.71	9.4	3962	1400	TXV

Many matches require a pin change. Always check pin size to insure maximum performance. PIN=Refrigerant orifice PIN size. TD1=AMA001TDA Indoor Blower Time Delay Kit, required to make SEER indicated. All products using an electronic fan control satisfy TD1 requirements. TXV=Thermostatic Expansion Valve, TXV153 (AMF153) replaces HTXV1,2 or 3 where listed in ratings, TXV335 (AMF335) Replaces HTXV4 or 5 where listed in ratings. EP* = EPA, EPD, EPM series of coils. EX* = EXA, EXD, EXM series of coils. EE* = EEA OR EED series of coils.

PERFORMANCE DATA COOLING

Outdoor Model	Indoor Model	Cooling 95 F Btuh	SEER	S/T	EER	WATTS	CFM	Pin/TXV
*AC042AKA**	EP*42F****+TXV4+TD1	42000	10.50	.71	9.4	4000	1400	TXV
*AC042AKA**	EP*42J****+TXV4+TD1	42000	10.50	.71	9.4	4000	1400	TXV
*AC042AKA**	EX*42J****	42000	10.50	.71	9.4	4000	1400	TXV
*AC042AKA**	FCX48****	42000	10.50	.71	9.4	4000	1400	TXV
*AC042AKA**	EP*42F****+TXV4	42000	10.40	.71	9.4	4038	1225	TXV
*AC042AKA**	EP*42J****+TXV4	42000	10.40	.71	9.4	4038	1225	TXV
*AC042AKA**	FCP42****+HTXV4	42000	10.40	.71	9.2	4038	1400	TXV
*AC042AKA**	EP*42F****+TD1	42000	10.20	.71	9.4	4118	1225	.078
*AC042AKA**	EP*42J****+TD1	42000	10.20	.71	9.4	4118	1225	.078
*AC042AKA**	EMH42F****	42000	10.00	.74	9.4	4200	1225	.078
*AC042AKA**	EP*42F****	42000	10.00	.71	9.4	4200	1225	.078
*AC042AKA**	EP*42J****	42000	10.00	.71	9.4	4200	1225	.078
*AC042AKA**	FCP42****	42000	10.00	.71	9.0	4200	1400	.078
*AC042AKA**	EE*42F****+TD1	39500	10.00	.71	9.0	3950	1225	.078
*AC048AKA**	EP*60J****+TXV4+VNK/NTVM125	47500	11.20	.77	9.3	4241	1500	TXV
*AC048AKA**	EP*60J****+TXV4+VNK/NTVM100	47500	11.00	.77	9.9	4318	1500	TXV
*AC048AKA**	EP*60J****+TXV4	47500	10.90	.76	9.3	4358	1500	TXV
*AC048AKA**	EP*60N****+TXV4	47500	10.90	.76	9.3	4358	1500	TXV
*AC048AKA**	EP*60J****+TD1	47500	10.70	.76	9.3	4439	1500	.079
*AC048AKA**	EP*60N****+TD1	47500	10.70	.76	9.3	4439	1500	.079
*AC048AKA**	EP*60J****	47500	10.50	.76	9.3	4524	1500	.079
*AC048AKA**	EP*60N****	47500	10.50	.76	9.3	4524	1500	.079
*AC048AKA**	EX*48N****+EV(MV)20N26****	47000	12.00	.73	10.3	3917	1600	TXV
*AC048AKA**	EX*48N****+VNK/NTVM125	47000	11.40	.73	9.8	4123	1600	TXV
*AC048AKA**	EX*48N****+TD1	47000	11.10	.73	9.6	4234	1600	TXV
*AC048AKA**	EX*48N****	47000	11.00	.73	9.6	4273	1600	TXV
*AC048AKA**	EP*48J****+TXV4+VNK/NTVM125	47000	10.80	.76	10.3	4352	1500	TXV
*AC048AKA**	EP*48J****+TXV4+VNK/NTVM100	47000	10.70	.76	9.3	4393	1500	TXV
*AC048AKA**	EP*48J****+TXV4+TD1	47000	10.50	.75	9.3	4476	1500	TXV
*AC048AKA**	EP*48N****+TXV4+TD1	47000	10.50	.75	9.3	4476	1500	TXV
*AC048AKA**	EP*48J****+TXV4	47000	10.40	.75	9.3	4519	1500	TXV
*AC048AKA**	EP*48N****+TXV4	47000	10.40	.75	9.3	4519	1500	TXV
*AC048AKA**	FCP48****+HTXV4	47000	10.40	.75	9.3	4519	1600	TXV
*AC048AKA**	EP*48J****+TD1	47000	10.20	.75	9.3	4608	1500	.079
*AC048AKA**	EP*48N****+TD1	47000	10.20	.75	9.3	4608	1500	.079
*AC048AKA**	EP*48J****	47000	10.00	.75	9.3	4700	1500	.079
*AC048AKA**	EP*48N****	47000	10.00	.75	9.3	4700	1500	.079
*AC048AKA**	FCP48****	47000	10.00	.76	9.1	4700	1600	.079
*AC048AKA**	EAH5560**+TXV4+TD1	46500	11.00	.74	9.4	4227	1600	TXV
*AC048AKA**	EAH5560**+TXV4	46500	10.90	.74	9.4	4266	1600	TXV
*AC048AKA**	EAH5560**+TD1	46500	10.70	.74	9.4	4346	1600	.079
*AC048AKA**	EAH5560**	46500	10.50	.74	9.4	4429	1600	.079
*AC048AKA**	EP*48F****+TXV4+TD1	46000	10.50	.75	9.3	4381	1200	TXV
*AC048AKA**	EP*48F****+TXV4	46000	10.40	.75	9.3	4423	1200	TXV
*AC048AKA**	EP*48F****+TD1	46000	10.20	.75	9.3	4510	1200	.079
*AC048AKA**	EMH48F****	46000	10.00	.73	9.3	4600	1200	.079
*AC048AKA**	EP*48F****	46000	10.00	.75	9.3	4600	1200	.079
*AC048AKA**	FCX48****	45500	10.80	.73	9.3	4213	1600	TXV
*AC048AKA**	EAH5548**+TXV4+TD1	44500	11.00	.74	9.2	4045	1600	TXV
*AC048AKA**	EAH5548**+TXV4	44500	10.80	.74	9.2	4120	1600	TXV
*AC048AKA**	EAH5548**+TD1	44500	10.60	.74	9.2	4198	1600	.079
*AC048AKA**	EAH5548**	44500	10.40	.74	9.2	4279	1600	.079
*AC048AKA**	EE*48F****+TD1	43000	10.00	.74	9.0	4300	1225	.079
*AC060AKA**	EAH5560**+TXV5+TD1	60000	11.00	.70	9.1	5455	1800	TXV
*AC060AKA**	EX*60N****+EV(MV)20N26****	60000	10.70	.69	9.6	5607	1800	TXV
*AC060AKA**	EX*60N****+VNK/NTVM125	60000	10.70	.69	9.6	5607	1800	TXV
*AC060AKA**	EAH5560**+TXV5	60000	10.60	.70	9.1	5660	1800	TXV
*AC060AKA**	EX*60N****+TD1	60000	10.60	.69	9.4	5660	1800	TXV
*AC060AKA**	EX*60N****	60000	10.50	.69	9.4	5714	1800	TXV
*AC060AKA**	EAH5560**+TD1	60000	10.40	.70	9.1	5769	1800	.092
*AC060AKA**	EAH5560**	60000	10.20	.70	9.1	5882	1800	.092
*AC060AKA**	FCX60****	59000	10.10	.69	9.2	5842	1800	TXV
*AC060AKA**	EP*60J****+TXV5+TD1	58500	10.50	.69	9.1	5571	1700	TXV
*AC060AKA**	EP*60N****+TXV5+TD1	58500	10.50	.69	9.1	5571	1700	TXV
*AC060AKA**	EP*60J****+TXV5	58500	10.40	.69	9.3	5625	1700	TXV
*AC060AKA**	EP*60N****+TXV5	58500	10.40	.69	9.3	5625	1700	TXV
*AC060AKA**	FCP60****+HTXV5	58500	10.40	.69	9.1	5625	1800	TXV
*AC060AKA**	EP*60J****+TD1	58500	10.20	.69	9.3	5735	1700	.092
*AC060AKA**	EP*60N****+TD1	58500	10.20	.69	9.3	5735	1700	.092
*AC060AKA**	EP*60J****	58500	10.00	.69	9.3	5850	1700	.092
*AC060AKA**	EP*60N****	58500	10.00	.69	9.3	5850	1700	.092
*AC060AKA**	FCP60****	58000	10.00	.69	9.1	5800	1800	.092
*AC060AKA**	EE*60J****+TD1	54500	10.00	.70	9.0	5450	1600	.092

Many matches require a pin change. Always check pin size to insure maximum performance. PIN=Refrigerant orifice PIN size. TD1=AMA001TDA Indoor Blower Time Delay Kit, required to make SEER indicated. All products using an electronic fan control satisfy TD1 requirements. TXV=Thermostatic Expansion Valve, TXV153 (AMF153) replaces HTXV1,2 or 3 where listed in ratings, TXV335 (AMF335) Replaces HTXV4 or 5 where listed in ratings. EP* = EPA, EPD, EPM series of coils. EX* = EXA, EXD, EXM series of coils. EE* = EEA OR EED series of coils.

MODEL NUMBER IDENTIFICAION GUIDE

MODEL NUMBER *	AC	0	24	A	K	A
PRODUCT FAMILY * = Brand						SALES CODE
	PRODUCT TYPE AC = Air Conditioning CA = Condenser A/C HP = Heat Pump CH = Condenser H/P					ELECTRICAL K = 208/230-1-60 H = 208/230-3-60
		NOMINAL SEER RATING 0 = 10 2 = 12 4 = 14				CONNECTIONS A = Sweat / Valve G = Sweat / Valve & Coil Guard
			NOMINAL CAPACITY MBTUH 18 = 18,000 24 = 24,000 30 = 30,000 36 = 36,000 42 = 42,000 48 = 48,000 60 = 60,000			

EXTENDED REFRIGERANT LINE CORRECTION FACTORS

Varying Line Length in Feet (m) vs. Total Capacity Multiplier					
25 (8)	50 (15)	75 (23)	100 (30)	125 (38)	150 (46)
1.00	.99	.98	.96	.94	.92

REFRIGERANT CHARGE DATA

All models are factory charged with R-22 for outdoor unit, 25' (8m) of refrigerant line and matching indoor section.
Refrigerant charge correction per foot (305mm) of line:
1/4" O.D. = .25 oz.; 5/16" O.D. = .45 oz.; 3/8" O.D. = .60 oz.; 1/2" O.D. = 1.2 oz.

VOLTAGE CORRECTION FACTORS

Volts	Capacity	Watts
208	.98	.99

INDOOR AIRFLOW CORRECTION TABLE

% Rated Air	90	95	100	105	110
Total Cap. Mult.	.98	.99	1.00	1.01	1.03
Sens Cap. Mult.	.95	.98	1.00	1.03	1.05

INDOOR TEMPERATURE CORRECTION TABLE

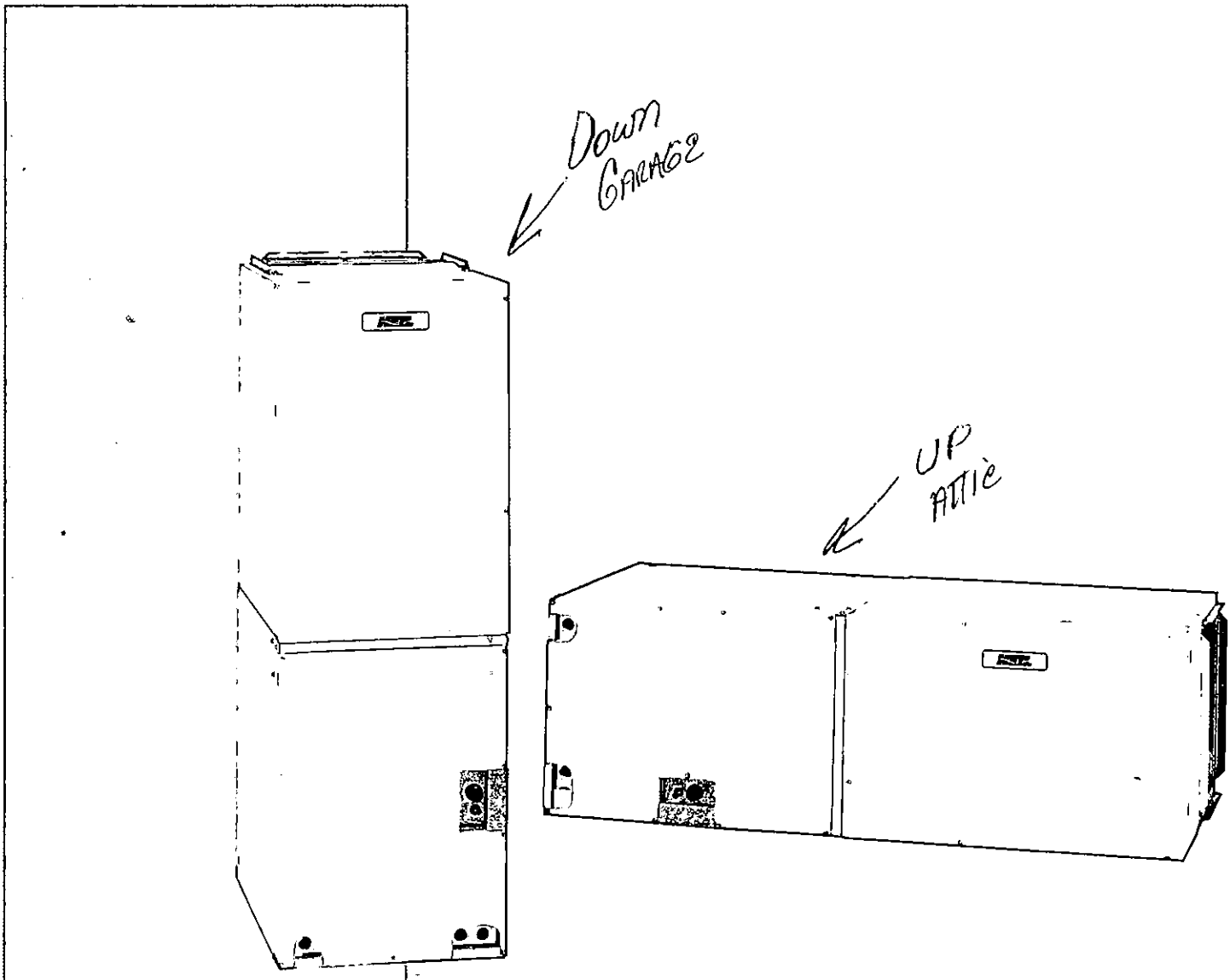
(Based on 95°F Ambient)

Indoor D.B. °F (°C).	Correction Factor	Entering Indoor Wet Bulb °F (°C).						
		59 (15)	61 (16)	63 (17)	65 (18)	67 (19)	69 (20)	71 (21)
70 (21)	Total Cap. Mult.	.90	.93	.96	.99	1.02	-	-
	Sens Cap. Mult.	**.86**	.85	.82	.77	.70	-	-
75 (24)	Total Cap. Mult.	.89	.92	**.95**	.98	1.01	1.04	-
	Sens Cap. Mult.	1.04	1.03	**1.00**	.95	.88	.78	-
80 (26)	Total Cap. Mult.	.88	.91	.94	.97	**1.00**	1.03	1.06
	Sens Cap. Mult.	1.18	1.17	1.14	1.08	**1.00**	.89	.73
85 (29)	Total Cap. Mult.	-	.90	.93	.96	.99	1.02	**1.05**
	Sens Cap. Mult.	-	1.29	1.26	1.20	1.11	.98	**.81**

Bold Type = approximately 50% Relative Humidity

#11 Brochure

H E I L® A I R H A N D L E R S



Our Innovation, Your Advantage

HEIL®
HEATING & COOLING PRODUCTS

The Strength Behind The Brand

Heil Air Handlers. Quality You Can Rely On.

Heil MV/FCV Series air handlers are specifically designed to complement your Heil heating and cooling system, so you get the ultimate comfort control for your home, regardless of the conditions outside.

- ***Computer-designed coils and a specially designed 3-speed and a variable 8-speed high efficiency motor provide optimum operating efficiency tailored to your home's heating and cooling requirements.***
- ***Time delay electronic controls monitor fan operation to enhance air circulation and maximize efficiency.***
- ***Insulated cabinet design and aerodynamically engineered blowers ensure quiet comfort.***
- ***A structurally-reinforced, prepainted galvanized steel cabinet delivers extra durability.***
- ***A 5 year limited warranty* on all parts provides worry-free protection.***

When you choose Heil® home comfort equipment, you choose more than a brand. You choose a product backed by one of the largest heating and cooling manufacturers in North America. International Comfort Products is a world-class organization with huge assets in design engineering, manufacturing and distribution.

Every air handler is backed by the tremendous resources of this organization. From the engineers who are constantly looking for ways to improve our products to the professional contractor who installs them in your home, our people are dedicated to one thing only: products that meet—and even exceed—your expectations for high quality, energy efficiency and dependability.

Heil Air Handlers

If you're looking for efficiency and excellence in one package, look no further than Heil air handlers. All of our units—MV, MB, MF and FCP/FCV/FCX Series—are specifically designed to complement your Heil heating and cooling system, so that you get the best of both worlds—the ultimate comfort control and the highest efficiency ratings possible.

Smooth Operator

With the MV/FCV Series, Heil is at the top of its game, offering smooth quiet performance at the highest energy efficiency available. And the series design allows your installer to customize the cooling or heating pump system for optimum indoor comfort.

It's Not The Heat, It's The Humidity

In case you're worried things might get sticky, the MV/FCV Series can be specially equipped to modulate airflow for optimal humidity removal, even when used at a seashore or lakeside climate.

The 24-Hour Fan

Like to keep fresh air in the house? The MV/FCV Series can be run in the continuous fan mode to circulate air in the home, or with an optional air cleaner for constant air quality control—all at ⅓ the energy cost of a standard air handler.

Great Ratings

Efficiency ratings, that is. When matched with any Heil brand heat pump or air conditioner, Heil MV/FCV Series air handlers deliver excellent efficiency improvement and comfort control. In fact, they can increase the overall SEER rating of your system up to a full point. Which, in turn, can mean increased savings on monthly cooling and heating bills.

** Refer to written warranty for complete details.*

Your Home Deserves The Highest Comfort

The new MB Series 115 volt modular blowers are one of the most versatile product offerings on the market. They're designed to perfectly complement your Heil heating and cooling system, so you can get "just right" comfort control in your home.

Friends In Small Places

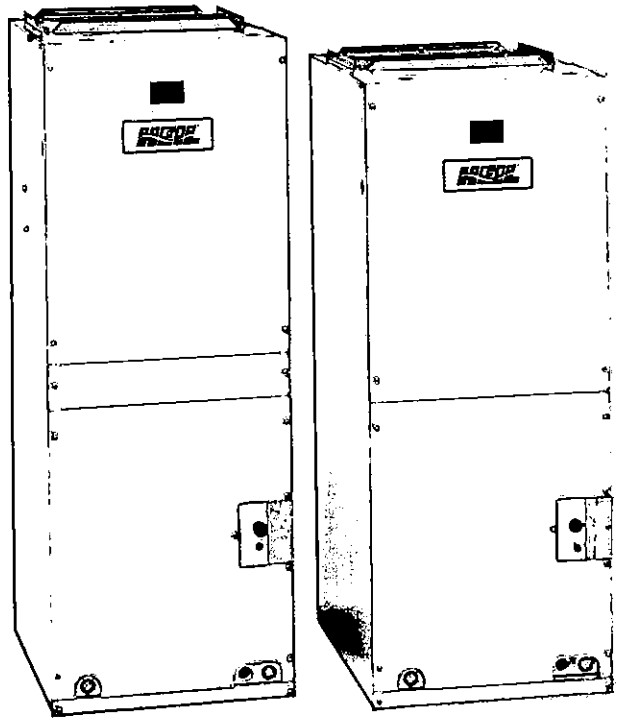
Sometimes less is more. Size and space can be very important issues when it comes to installing blowers. Which is why the MB Series modular units are designed so they can be easily installed in those hard to get spaces that can't accommodate larger blowers.

You've Got The Power

The MB Series operates on standard 115 volt household current and, when matched with a full cased coil, will give you optimum performance. Plus, MB Series modular blowers are ideal for replacement of older 115 volt systems.

Custom-Tailored Comfort You Can Count On!

Heil FCP/FCX Series air handlers and MF Series electric furnaces are specifically designed to help you get the most out of your Heil heating and cooling system. So your home is perfectly comfortable, no matter what's going on outside.



Illustrations and photographs in this brochure are representative. Some product models may vary.

HEIL®
HEATING & COOLING PRODUCTS

AIR HANDLERS/MODULAR FURNACES MODEL	W x D x H
AIR HANDLERS	
MV12F19	19 ⅛ x 20 ½ x 24
MV16J22	22 ¾ x 20 ½ x 24
MV20N26	26 ⅜ x 20 ½ x 24
MB08B15	15 ½ x 20 ½ x 24
MB12F19	19 ⅛ x 20 ½ x 24
MB16J22	22 ¾ x 20 ½ x 24
MB20N26	26 ⅜ x 20 ½ x 24
FCP2400A	16 ⅜ x 21 ½ x 42
FCP3000A	16 ⅜ x 21 ½ x 42
FCP3600A	19 ⅞ x 21 ½ x 42
FCP4200A	19 ⅞ x 21 ½ x 42
FCP4800A	23 ½ x 21 ½ x 52
FCP6000A	27 ⅛ x 21 ½ x 52
FCV3600	19 ⅞ x 21 ½ x 42
FCV4800	27 ⅛ x 21 ½ x 52
FCV6000	27 ⅛ x 21 ½ x 52
FCX2400A	16 ⅜ x 21 ½ x 42
FCX3600A	19 ⅞ x 21 ½ x 42
FCX4800A	27 ⅛ x 21 ½ x 52
FCX6000A	27 ⅛ x 21 ½ x 52
MODULAR FURNACES	
MF08B15	15 ½ x 20 ½ x 24
MF12F19	19 ⅛ x 20 ½ x 24
MF16J22	22 ¾ x 20 ½ x 24
MF20N26	26 ⅜ x 20 ½ x 24

Savings, Savings...

The FCP/FCV/FCX Series and MF/MV Series are built with energy efficiency in mind. A special time delay electronic control extends the length of fan operation for maximum air circulation efficiency. And every Heil air handler is computer designed to ensure the proper match to your home's heating and cooling system...so you get ultimate performance while saving on your utility bills.

Sounds Of Silence

From now on you can enjoy your home without distractions because our cabinet design insulates your living areas from motor noise. And our large, direct drive blowers are aerodynamically engineered for quiet operation—even when operating at full airflow distribution.

Here To Stay

Not only have we made sure your Heil air handlers will last a long time, but they will look great doing it! Extensive lab and field tests prove that these units have one of the toughest finishes available...thanks to a triple-step paint process applied to a structurally reinforced, rust-resistant, heavy-gauge, galvanized steel cabinet.

As part of its commitment to quality, International Comfort Products reserves the right to change specifications on its products without notice.

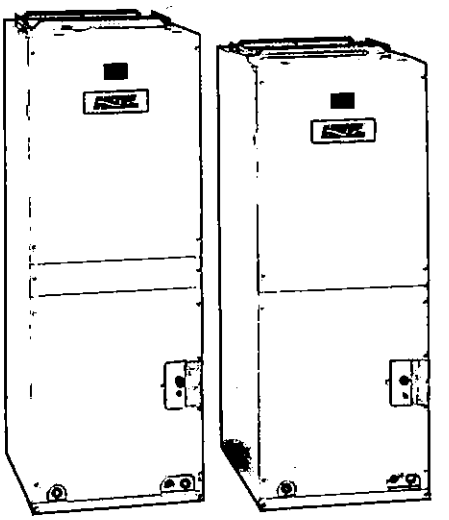
The Perfect Match

When you combine Heil air handlers with the complete Heil heating and cooling systems, you're not only creating a perfect match, but also a very efficient home comfort package—one that can easily translate into significant savings on your utility bills.

Peace Of Mind For Years To Come

It's only natural that exceptional products should have an exceptional warranty behind them. And we know that all Heil air handlers are exceptional because they've passed our rigorous testing programs. In fact, we're so confident they're built to last, we back them with a 5 year limited warranty on all parts.

LIMITED PARTS 5 YEAR WARRANTY



HEATING & COOLING PRODUCTS®

650 Heil Quaker Ave.
Lewisburg, TN 37091

www.heil-hvac.com/heil

Depend On Heil.®

Part No. 496-12-4101-01 Printed 1/99
MV/MB/FCP/FCX/MF Series

© 1999 International Comfort Products

Heat Loss

Entire House

Date: 7-2-2003
By: TMC

Project Information

For: Coastal Electric
17 Seville Drive, Brick, NJ
Phone: (732)920-3532

Notes: Ferguson Enterprises
190 N. Oberlin Ave.
Lakewod, N.J. 08701
Heat Loss Department: 732.905.1000

Design Information

Weather: Long Branch, NJ , US

Winter Design Conditions

Outside db	13 °F
Inside db	70 °F
Design TD	57 °F

Summer Design Conditions

Outside db	95 °F
Inside db	75 °F
Design TD	20 °F
Daily range	M
Relative humidity	50 %
Moisture difference	34 gr/lb

Heating Summary

Building heat loss	33620 Btuh
Ventilation air	0 cfm
Ventilation air loss	0 Btuh
Design heat load	33620 Btuh

Sensible Cooling Equipment Load Sizing

Structure	23499 Btuh
Ventilation	0 Btuh
Design temperature swing	3.0 °F
Use mfg. data	n
Rate/swing multiplier	1.00
Total sens. equip. load	23499 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	1172	1172
Volume (ft³)	10509	10509
Air changes/hour	0.75	0.35
Equiv. AVF (cfm)	131	61

Latent Cooling Equipment Load Sizing

Internal gains	0 Btuh
Ventilation	0 Btuh
Infiltration	1423 Btuh
Total latent equip. load	1670 Btuh
Total equipment load	25169 Btuh
Req. total capacity at 0.70 SHR	2.8 ton

Heating Equipment Summary

Make	
Trade	
Model	
Efficiency	92.6 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Low output baseboard	570 Btuh/ft
Total low baseboard	59 ft
High output baseboard	800 Btuh/ft
Total high basebrd	42 ft
Space thermostat	

Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
Efficiency	0 EER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual cooling fan	1258 cfm
Clg air flow factor	0.054 cfm/Btuh
Load sensible heat ratio	93 %

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Entire House

Date: 7-2-2003
By: TMC

Project Information

For: Coastal Electric
17 Seville Drive, Brick, NJ
Phone: (732)920-3532

Design Information

	Htg	Clg
Outside db (°F)	13	*95*
Inside db (°F)	70	75
Design TD (°F)	57	20
Daily range	-	M
Inside humidity (%)	-	50
Moisture difference (gr/lb)	-	34

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

HEATING EQUIPMENT

Make		
Trade		
Model		
Efficiency	92.6 AFUE	
Heating input	0	Btuh
Heating output	0	Btuh
Low output baseboard	570	Btuh/ft
Total low baseboard	59	ft
High output baseboard	800	Btuh/ft
Total high baseboard	42	ft
Space thermostat		

COOLING EQUIPMENT

Make		
Trade		
Cond		
Coil		
Efficiency	0 EER	
Sensible cooling	0	Btuh
Latent cooling	0	Btuh
Total cooling	0	Btuh
Actual cooling fan	1258	cfm
Cooling air flow factor	0.054	cfm/Btuh
Load sensible heat ratio	93	%

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Baseboard (ft) Low	Baseboard (ft) High	Clg AVF (cfm)
Bedroom 2	248	6528	4340	11	8	232
Family Room	566	19345	14162	34	24	758
Bedroom 3	196	6336	4150	11	8	222
W.I.C.	44	384	231	1	0	12
Bath	60	523	314	1	1	17
2nd Flr Hall	58	504	302	1	1	16
Entire House	1172	33620	23499	59	42	1258
Ventilation air		0	0			
Equip. @ 1.00 RSM			23499			
Latent cooling			1670			
TOTALS	1172	33620	25169	59	42	1258

Bold/Italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Project Information
Project Name: Hendriksen
Project Number: Project Quote:
Designed For: Gino @ Ferguson Enterprises
190 Oberlin Avenue North
Lakewood, NJ 08701
Phone Number: 732-905-1005
Fax Number: 732-942-3350

Contact Information
Designed By: Rick Spagna
Company Name: R.D. Bitzer Co., Inc.
Phone Number: 215-604-6600
Fax Number: 215-604-6601

Notes:
Received project via mail on Wed.6/25/03. Only 1st floor is to be included in this radiant design.

Zone 1 (1st floor) (Slab Application)

Calculated Heat Loss for Bathroom @ 68 F Indoor

Description	Units	R-Value	Heat Loss [Btu/h]	Infil. Loss [Btu/h]	Total Loss [Btu/h]
Exposed Walls	50 ft²	13	257	0	257
Windows	10 ft²	1.61	366	0	366
Infiltration	0.5 ACH			366	366
Totals			**623**	**366**	**989**

Calculated Heat Loss for Laundry room @ 68 F Indoor

Description	Units	R-Value	Heat Loss [Btu/h]	Infil. Loss [Btu/h]	Total Loss [Btu/h]
Exposed Walls	39 ft²	13	200	0	200
Doors	21 ft²	1.5	816	0	816
Infiltration	0.5 ACH			478	478
Totals			**1016**	**478**	**1494**

Zone 2 (1st floor) (Under-Floor)

Calculated Heat Loss for Great room/Kitchen/Dining Areas @ 68 F Indoor

Description	Units	R-Value	Heat Loss [Btu/h]	Infil. Loss [Btu/h]	Total Loss [Btu/h]
Exposed Walls	423 ft²	13	2171	0	2171
Windows	80 ft²	1.61	2925	0	2925
Doors	77 ft²	1.5	2992	0	2992
Infiltration	0.5 ACH			4112	4112
Totals			**8088**	**4112**	**12200**

Zone 3 (1st floor) (Under-Floor)

Calculated Heat Loss for Home Office w/Walk-in Closet @ 68 F Indoor

Description	Units	R-Value	Heat Loss [Btu/h]	Infil. Loss [Btu/h]	Total Loss [Btu/h]
Exposed Walls	245 ft²	13	1257	0	1257
Windows	55 ft²	1.61	2011	0	2011
Infiltration	0.5 ACH			1347	1347

Totals			**3268**	**1347**	**4615**

Calculated Heat Loss for Master Bathroom @ 68 F Indoor

Description	Units	R-Value	Heat Loss [Btu/h]	Infil. Loss [Btu/h]	Total Loss [Btu/h]
Exposed Walls	130 ft²	13	667	0	667
Windows	20 ft²	1.61	731	0	731
Infiltration	0.5 ACH			918	918
Totals			**1398**	**918**	**2316**

Calculated Heat Loss for Master Walk-in Closet @ 68 F Indoor

Description	Units	R-Value	Heat Loss [Btu/h]	Infil. Loss [Btu/h]	Total Loss [Btu/h]
Infiltration	0.5 ACH			471	471
Totals			**0**	**471**	**471**

Calculated Heat Loss for Master Bedroom @ 68 F Indoor

Description	Units	R-Value	Heat Loss [Btu/h]	Infil. Loss [Btu/h]	Total Loss [Btu/h]
Exposed Walls	323 ft²	13	1658	0	1658
Windows	15 ft²	1.61	548	0	548
Doors	42 ft²	1.5	1632	0	1632
Infiltration	0.5 ACH			1714	1714
Totals			**3838**	**1714**	**5552**

Project Totals

Total Heat Loss : 27637 Btu/h
Total Back & Edge Loss : 6909 Btu/h
Outside Air Temp : 0 F

* Report not valid unless Assumption Report has been verified.

 Copyright(c) Watts Radiant

Project Information
Project Name: Hendriksen
Project Number: Project Quote:
Designed For: Gino @ Ferguson Enterprises
190 Oberlin Avenue North
Lakewood, NJ 08701
Phone Number: 732-905-1005
Fax Number: 732-942-3350

Contact Information
Designed By: Rick Spagna
Company Name: R.D. Bitzer Co., Inc.
Phone Number: 215-604-6600
Fax Number: 215-604-6601

Notes:
Received project via mail on Wed.6/25/03. Only 1st floor is to be included in this radiant design.

Project Assumptions

OutsideTemp [°F]	Elevation [ft]	Wind Speed [mph]	Glycol	Job Type	System Chemicals
0	100	10	None	Residential	No

Zone 1 (1st floor) (Slab Application) [3/8" Onix]

Min Tube Length:	160 ft	Max Tube Length:	200 ft	Circuit Rounding:	20 ft
Supply Water Temp:	104.3 F	Delta T:	20 F	Manifold Distance:	0 ft
Thickness Below Tube:	2 in	Thickness Above Tube:	2 in	Slab Conductivity:	0.81 Btu/h-ft-F

Bathroom

Room Size Parameters:

Length:	10 ft	Width:	6 ft	Total Area:	60 ft²
Heated Floor Area:	60 ft²	Unheated Floor Area:	0 ft²		

Room Construction Parameters:

Exposed Slab Perimeter:	6 ft	Horizontal Slab Insulation Area:	0 ft²		
Slab Perimeter Insulation Length:	0 ft				
Tube Spacing:	12 in	High Heating Intensity Area:	0 ft²		

Room Heat Loss Parameters:

Indoor Design Temp:	68 F	Max Eff. Surface:	85 F	Heating Intensity:	16.49 Btu/h ft²
Floor Covering:	Tile Floor & Mudset	R Value:	0.16	Unheated Floor R Value:	19
ACH:	0.5	CFM:	5	Number of Stories:	1
Ave. Ceiling Height:	10 ft	Exp'd Ceiling Area:	0 ft²	Ceiling R Value:	19
Wall Length:	6 ft	Wall Height:	10 ft	Wall R Value:	13

Window Area:	10 ft²	Door Area:	0 ft²	Skylight Area:	0 ft²
Window R Value:	1.61	Door R Value:	2	Skylight R Value:	1.61
Fireplaces:	0	Exhaust Fans:	0	Recessed Lights:	0
Pipe / Duct Penetrations:	0	Boilers / Heaters / AirCond:	0	Access Doors:	0

Laundry room

Room Size Parameters:

Length:	13 ft	Width:	6 ft	Total Area:	78 ft²
Heated Floor Area:	78 ft²	Unheated Floor Area:	0 ft²		

Room Construction Parameters:

Exposed Slab Perimeter:	6 ft	Horizontal Slab Insulation Area:	0 ft²		
Slab Perimeter Insulation Length:	0 ft				
Tube Spacing:	12 in	High Heating Intensity Area:	0 ft²		

Room Heat Loss Parameters:

Indoor Design Temp:	68 F	Max Eff. Surface:	85 F	Heating Intensity:	19.15 Btu/h ft²
Floor Covering:	Vinyl / Linoleum	R Value:	0.12	Unheated Floor R Value:	19
ACH:	0.5	CFM:	6.5	Number of Stories:	1
Ave. Ceiling Height:	10 ft	Exp'd Ceiling Area:	0 ft²	Ceiling R Value:	19
Wall Length:	6 ft	Wall Height:	10 ft	Wall R Value:	13
Window Area:	0 ft²	Door Area:	21 ft²	Skylight Area:	0 ft²
Window R Value:	1.61	Door R Value:	1.5	Skylight R Value:	1.61
Fireplaces:	0	Exhaust Fans:	0	Recessed Lights:	0
Pipe / Duct Penetrations:	0	Boilers / Heaters / AirCond:	0	Access Doors:	0

Zone 2 (1st floor) (Under-Floor) [3/8" Onix]

Min Tube Length:	160 ft	Max Tube Length:	200 ft	Circuit Rounding:	20 ft
Supply Water Temp:	109.5 F	Delta T:	20 F	Manifold Distance:	0 ft
Joist Spacing:	16 in	Joint Thickness:	1.5 in	Joist Conductivity:	0.078 Btu/h-ft-F
Subfloor Thickness:	0.75 in	Subfloor Conductivity:	0.085 Btu/h-ft-F		

Great room/Kitchen/Dining Areas

Room Size Parameters:

Length:	28 ft	Width:	24 ft	Total Area:	672 ft²
Heated Floor Area:	672 ft²	Unheated Floor Area:	0 ft²		

Room Construction Parameters:

Space Below:	Crawl Space			Crawl Space Insulation:	Yes
Foil Faced Insulation Thickness:	6 in	Tube Spacing:	8		

Room Heat Loss Parameters:

Indoor Design Temp:	68 F	Max Eff. Surface:	85 F	Heating Intensity:	18.16 Btu/h ft²
Floor Covering:	5/8" Oak Floor	R Value:	0.57	Unheated Floor R Value:	19
ACH:	0.5	CFM:	56	Number of Stories:	1
Ave. Ceiling Height:	10 ft	Exp'd Ceiling Area:	0 ft²	Ceiling R Value:	19
Wall Length:	58 ft	Wall Height:	10 ft	Wall R Value:	13
Window Area:	80 ft²	Door Area:	77 ft²	Skylight Area:	0 ft²
Window R Value:	1.61	Door R Value:	1.5	Skylight R Value:	1.61
Fireplaces:	0	Exhaust Fans:	0	Recessed Lights:	0
Pipe / Duct Penetrations:	0	Boilers / Heaters / AirCond:	0	Access Doors:	0

Zone 3 (1st floor) (Under-Floor) [3/8" Onix]

Min Tube Length:	160 ft	Max Tube Length:	200 ft	Circuit Rounding:	20 ft
Supply Water Temp:	129.6 F	Delta T:	20 F	Manifold Distance:	0 ft
Joist Spacing:	16 in	Joint Thickness:	1.5 in	Joist Conductivity:	0.078 Btu/h-ft-F
Subfloor Thickness:	0.75 in	Subfloor Conductivity:	0.085 Btu/h-ft-F		

Home Office w/Walk-in Closet

Room Size Parameters:

Length:	20 ft	Width:	11 ft	Total Area:	220 ft²
Heated Floor Area:	220 ft²	Unheated Floor Area:	0 ft²		

Room Construction Parameters:

Space Below:	Crawl Space			Crawl Space Insulation:	Yes
Foil Faced Insulation Thickness:	6 in	Tube Spacing:	8		

Room Heat Loss Parameters:

Indoor Design Temp:	68 F	Max Eff. Surface:	85 F	Heating Intensity:	20.98 Btu/h ft²

Floor Covering:	Light Carpet & Pad	R Value:	1.39	Unheated Floor R Value:	19
ACH:	0.5	CFM:	18.333	Number of Stories:	1
Ave. Ceiling Height:	10 ft	Exp'd Ceiling Area:	0 ft²	Ceiling R Value:	19
Wall Length:	30 ft	Wall Height:	10 ft	Wall R Value:	13
Window Area:	55 ft²	Door Area:	0 ft²	Skylight Area:	0 ft²
Window R Value:	1.61	Door R Value:	2	Skylight R Value:	1.61
Fireplaces:	0	Exhaust Fans:	0	Recessed Lights:	0
Pipe / Duct Penetrations:	0	Boilers / Heaters / AirCond:	0	Access Doors:	0

Master Bathroom

Room Size Parameters:

Length:	15 ft	Width:	10 ft	Total Area:	150 ft²
Heated Floor Area:	150 ft²	Unheated Floor Area:	0 ft²		

Room Construction Parameters:

Space Below:	Crawl Space			Crawl Space Insulation:	Yes
Foil Faced Insulation Thickness:	6 in	Tube Spacing:	8		

Room Heat Loss Parameters:

Indoor Design Temp:	68 F	Max Eff. Surface:	85 F	Heating Intensity:	15.44 Btu/h ft²
Floor Covering:	Tile Floor & Mudset	R Value:	0.16	Unheated Floor R Value:	19
ACH:	0.5	CFM:	10	Number of Stories:	1
Ave. Ceiling Height:	10 ft	Exp'd Ceiling Area:	0 ft²	Ceiling R Value:	19
Wall Length:	15 ft	Wall Height:	10 ft	Wall R Value:	13
Window Area:	20 ft²	Door Area:	0 ft²	Skylight Area:	0 ft²
Window R Value:	1.61	Door R Value:	2	Skylight R Value:	1.61
Fireplaces:	0	Exhaust Fans:	0	Recessed Lights:	0
Pipe / Duct Penetrations:	0	Boilers / Heaters / AirCond:	0	Access Doors:	0

Master Walk-in Closet

Room Size Parameters:

Length:	11 ft	Width:	7 ft	Total Area:	77 ft²
Heated Floor Area:	77 ft²	Unheated Floor Area:	0 ft²		

Room Construction Parameters:

Space Below:	Crawl Space			Crawl Space Insulation:	Yes

 Copyright(c) Watts Radiant

Foil Faced Insulation Thickness:	6 in	Tube Spacing:	8		

Room Heat Loss Parameters:

Indoor Design Temp:	68 F	Max Eff. Surface:	85 F	Heating Intensity:	6.12 Btu/h ft²
Floor Covering:	Light Carpet & Pad	R Value:	1.39	Unheated Floor R Value:	19
ACH:	0.5	CFM:	5.133	Number of Stories:	1
Ave. Ceiling Height:	10 ft	Exp'd Ceiling Area:	0 ft²	Ceiling R Value:	19
Wall Length:	0 ft	Wall Height:	10 ft	Wall R Value:	13
Window Area:	0 ft²	Door Area:	0 ft²	Skylight Area:	0 ft²
Window R Value:	1.61	Door R Value:	2	Skylight R Value:	1.61
Fireplaces:	0	Exhaust Fans:	0	Recessed Lights:	0
Pipe / Duct Penetrations:	0	Boilers / Heaters / AirCond:	0	Access Doors:	0

Master Bedroom

Room Size Parameters:

Length:	20 ft	Width:	14 ft	Total Area:	280 ft²
Heated Floor Area:	280 ft²	Unheated Floor Area:	0 ft²		

Room Construction Parameters:

Space Below:	Crawl Space			Crawl Space Insulation:	Yes
Foil Faced Insulation Thickness:	6 in	Tube Spacing:	8		

Room Heat Loss Parameters:

Indoor Design Temp:	68 F	Max Eff. Surface:	85 F	Heating Intensity:	19.83 Btu/h ft²
Floor Covering:	Light Carpet & Pad	R Value:	1.39	Unheated Floor R Value:	19
ACH:	0.5	CFM:	23.333	Number of Stories:	1
Ave. Ceiling Height:	10 ft	Exp'd Ceiling Area:	0 ft²	Ceiling R Value:	19
Wall Length:	38 ft	Wall Height:	10 ft	Wall R Value:	13
Window Area:	15 ft²	Door Area:	42 ft²	Skylight Area:	0 ft²
Window R Value:	1.61	Door R Value:	1.5	Skylight R Value:	1.61
Fireplaces:	0	Exhaust Fans:	0	Recessed Lights:	0
Pipe / Duct Penetrations:	0	Boilers / Heaters / AirCond:	0	Access Doors:	0

Copyright(c) Watts Radiant

FEDERAL EMERGENCY MANAGEMENT AGENCY

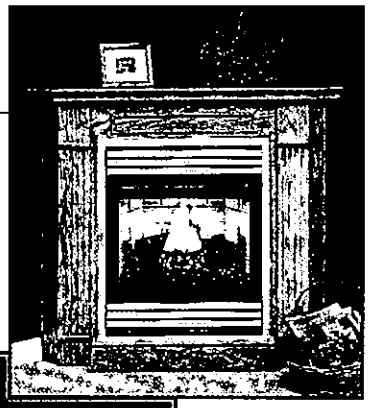
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

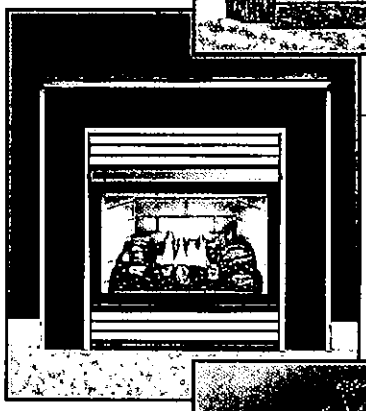
AND

INSTRUCTIONS

NEW EDITION



DFX24
with Optional Honey Oak Corner Surround, brass louvers, and traditional firebrick



DBX24
with optional face plate, brass louvers, and traditional firebrick

DFX32
with optional Dark Cherry Corner Surround, brass louvers, and traditional firebrick

PRODUCT FEATURES

- Realistic Multi-Log Design with Embers
- Dual Burner System
  (except DBX24 which features a single burner)
- Concealed Controls in Lower Access Panel
- Black Louvers
- Brass Trim
- Flexible Gas Connector
- DBX24 is approved for bedroom installation

FIELD INSTALLED ACCESSORIES

	DBX24	DFX24	DFX32
Brass Louvers	X	X	X
Firebrick	X	X	X
Thermostat Blower	X	X	X
Wood Surrounds	X	X	X
Remote Controls (Millivolt models only)		X	X

WOOD SURROUNDS

Surrounds with hearths are available as wall units or corner units for all DFX/DBX models. They are available in two finishes — Honey Oak and Dark Cherry — or unfinished. The hearth is designed into the surround.

Specifications

Please Ask For RICK NORMAN

BTU RATINGS

Model	Fuel Type	Manual Control	Thermostat Control	Millivolt Control	Approx. Heating Area Sq. ft.	Approx. Cost to Operate per hour* Low - High
DFX32	NG	15,000-26,000	20,000-26,000	20,000-26,000	900	13¢ - 22¢
DFX32	LP	15,000-26,000	20,000-26,000	20,000-26,000	900	17¢ - 29¢
DFX24	NG	11,000-22,000	17,000-22,000	17,000-22,000	700	9¢ - 18¢
DFX24	LP	11,000-22,000	17,000-22,000	17,000-22,000	700	12¢ - 25¢
DBX24	NG	-	10,000	-	300	8¢
DBX24	LP	-	10,000	-	300	11¢

* Based on 2001 Dept. of Energy National Average Energy Costs for lowest and highest BTU operation.

WALL SURROUND WITH HEARTH DIMENSIONS

	DBX24/DFX24 Surround	DFX32 Surround
Width	35-5/8"	44-5/8"
Height	38"	48-1/4"
Width of Mantel Top	38-1/8"	52"
Depth of Mantel Top	14-7/8"	16-3/4"
Width of Hearth Top	26-1/4"	34-1/8"
Depth of Hearth	18"	19"

CORNER SURROUND WITH HEARTH DIMENSIONS

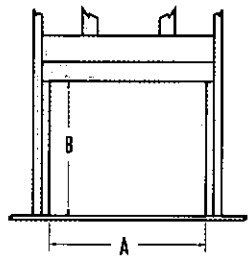
	DBX24/DFX24 Surround	DFX32 Surround
Width of Mantel Top	46"	56-3/8"
Height	38"	48-1/4"
Distance from corner to center of mantel	26-3/4"	32-5/8"
Distance from corner to front edge along wall	32-1/2"	40"
Width of Hearth	26-1/4"	34-1/8"

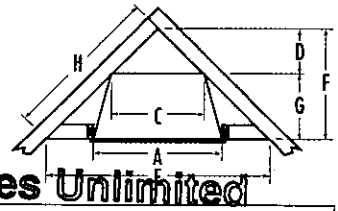
PRODUCT DIMENSIONS

	DBX24/DFX24	DFX32
Width	24-1/2"	32"
Height	26-1/2"	30"
Depth	10-1/2"	12"

FRAMING DIMENSIONS

Opening (inches)	DBX24/DFX24	DFX32
A	24-3/4"	32-1/2"
B	26-3/4"	30-1/4"
C	21-1/2"	29"
D	10-3/4"	15-3/8"
E	42-1/2"	53-3/4"
F	21"	26-3/4"
G	10"	11-3/8"
H	29-7/8"	38"





IMPORTANT

This information is for planning purposes only. Always consult the Owner's Manual for installation and operating instructions.

Warning:

- It is recommended that all installations be performed by qualified service technicians.
- Always follow installations and operation instructions to ensure safety at all times.
- Check local codes before installation to ensure compliance.
- Correct installation of the ceramic fiber logs, proper location of the heater, and periodic cleaning are necessary to avoid potential service problems with sooting.
- Keep small chidren and [illegible] from the open flame of the gas log set at all times.
- There may be a start-up odor associated with the heating of the unit. The odor should diminish in 2-3 hours of operation with the burner at its highest setting.

Regulatory Approval

The DFX/DBX series of vent-free gas fireplace systems has been tested and approved by AGA/CSA as an unvented room heater to the latest ANS Z21.11 requirements. Approved for installation in an aftermarket manufactured (mobile) home, where not prohibited by state or local codes.

Fireplaces Unlimited
Distributed by:
1854 Rt 9
Toms River, NJ 08755
732-244-1800
www.fireplacesunlimited.com

MONESSEN HEARTH SYSTEMS

149 Cleveland Road • Paris, Kentucky 40361
www.monessenhearth.com

© 2001 Monessen Hearth Systems, Inc.

Gas Fireplace Systems

VENT•FREE

DFX/DBX Series

MONESSEN

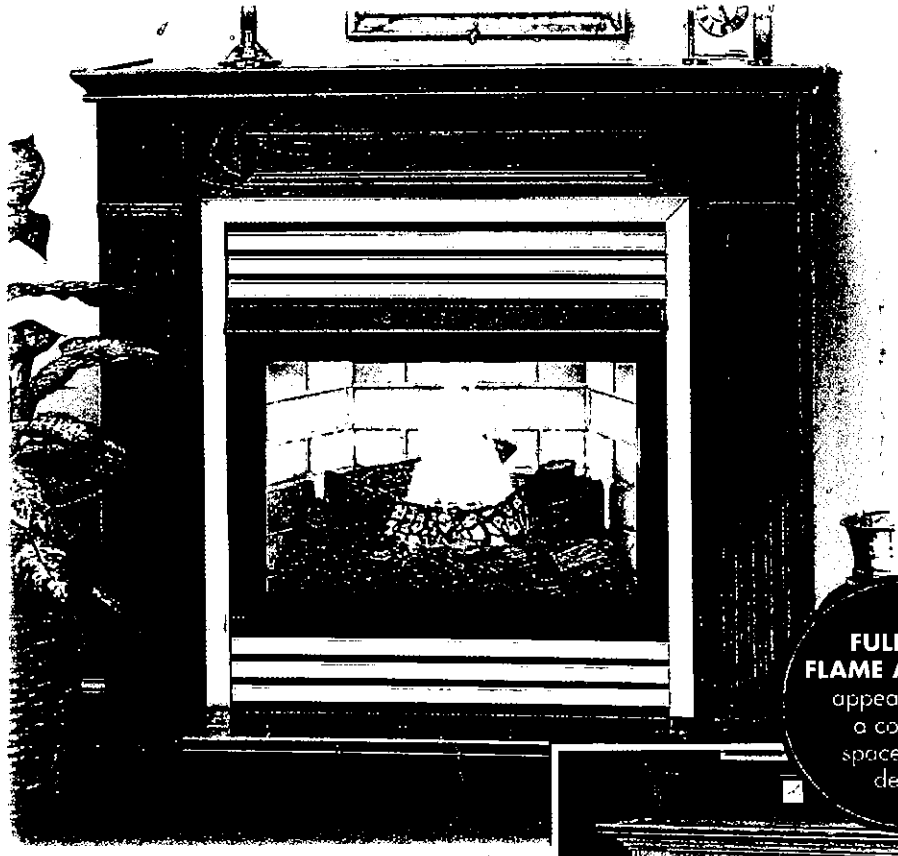
Heat with Personality.

Monessen's DFX/DBX Series of vent-free fireplace systems provide the heat and beauty of a traditional fireplace with the convenience and flexibility of a compact, slim design for installation anywhere in your home.

The DFX fireplace series has many of the features you would expect to find on a full size fireplace, including dual burner systems, glowing fiber ceramic logs with realistic yellow flames, manual, thermostat, or millivolt operation. The DBX Series is a single burner, 10,000 Btu system designed specifically for the bedroom or small areas.

All DFX/DBX fireplaces are zero-clearance and can be recessed into a wall or set against it using a cabinet mantel.

Please Ask For RICK NORMAN



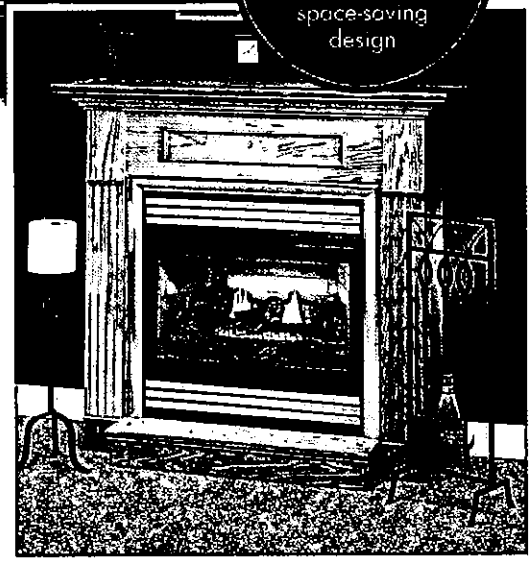
FULL SIZE FLAME AND LOG appearance in a compact space-saving design

DFX24 shown with optional dark cherry mantel, brass louvers, and traditional firebrick

THE SPACE-SAVING VENT-FREE GAS FIREPLACES WITH HEAT AND PERSONALITY

- Compact gas fireplace system with realistic glowing logs and yellow flames
- Slim design, maximum 12" depth
- No chimney required, installs easily
- All the heat stays in your home

LIFETIME MONESSEN LIMITED WARRANTY

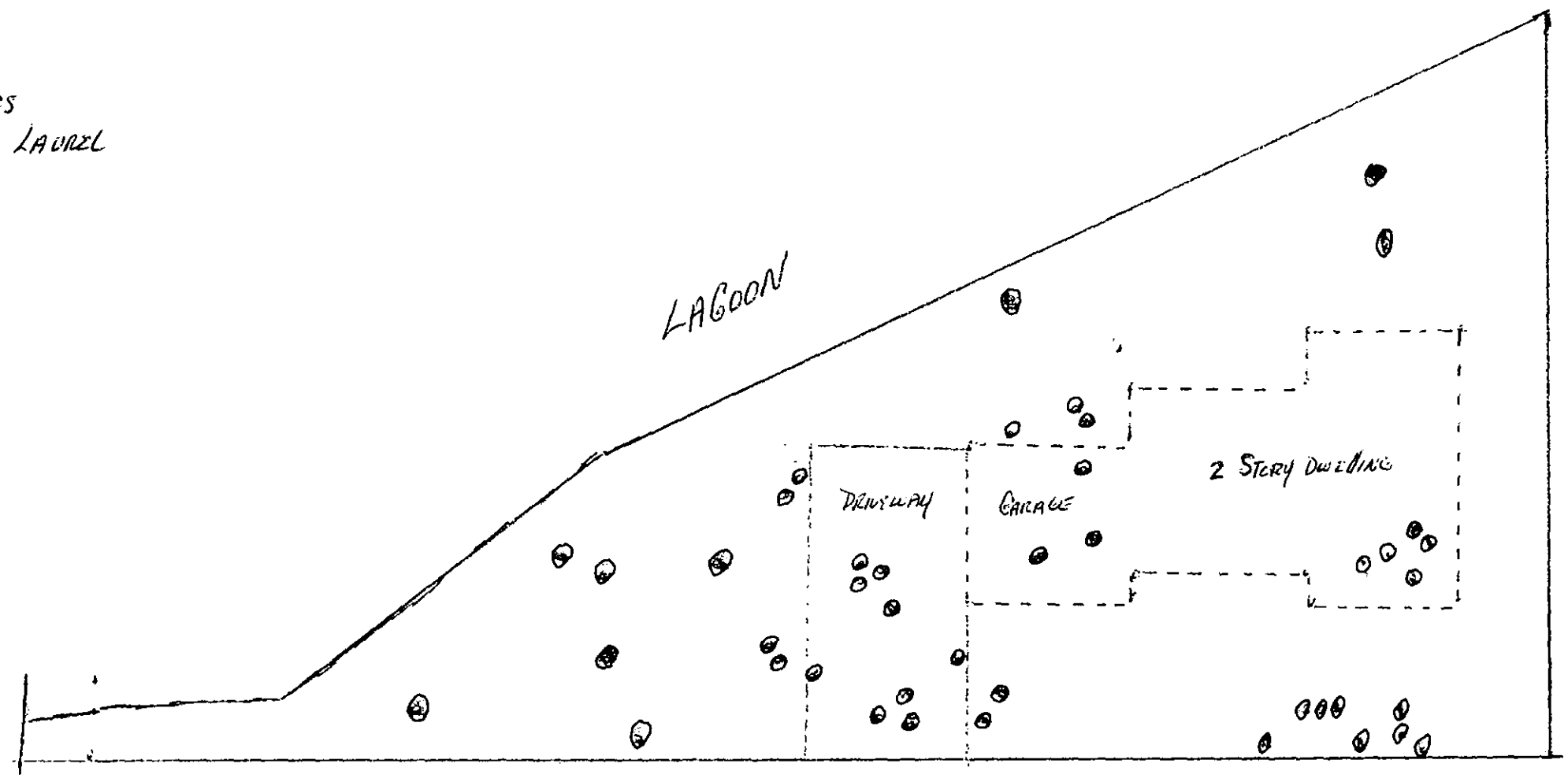


DFX32 shown with optional honey oak mantel, brass louvers, and traditional firebrick

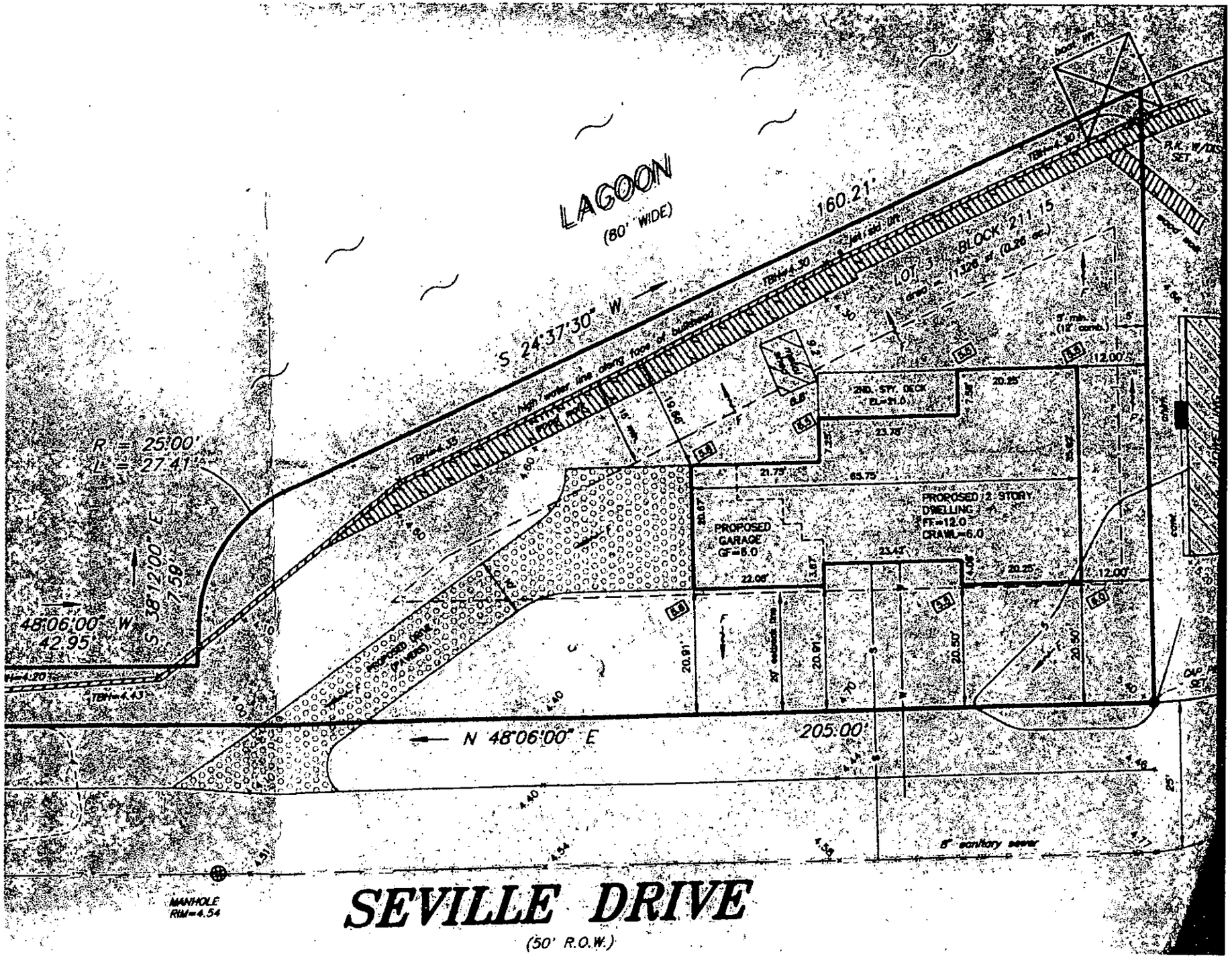
O EXISTING to BE REMOVED

● EXISTING to REMAIN

NO EXISTING PINE TREES
HOLLY, DOGWOOD OR LAUREL



17 SEVILLE DRIVE BLOCK 2115 LOT 3
BRICK NJ 08723


LAGOON
(80' WIDE)
160.21'
S 24°37'30" W
LOT 3 - BLOCK 21.15
11,326 sf (0.26 ac.)
R = 25.00'
L = 27.41'
S 38°12'00" E
7.59'
48°06'00" W
42.95'
N 48°06'00" E
205.00'
PROPOSED GARAGE
GF=6.0
PROPOSED 2 STORY
DWELLING
FF=12.0
CRAWL=6.0
2ND. STY. DECK
EL=21.0
12.00'
8" sanitary sewer
MANHOLE
RIM=4.54
SEVILLE DRIVE
(50' R.O.W.)

Change of contractor
03-3894

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 17 Seville Drive Brick NJ
Block: 211.15 Lot: 3
Owner's Name: THOMAS HENDRIKSEN
Owner's Mailing Address: 17 SEVILLE DR
BRICK NJ 08723
Ph [redacted] -

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

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

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $

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

Signature:
Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Bill Dalton Plumbing & Heating
Address: 555 New Jersey Ave.
Brick NJ. 08724
Phone #: 732-458-2424
Lis #: 4719
Federal Emp # or SSN 22-3643870

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: William E Dalton

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

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

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other:

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

03-3894

update Elec.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 17 Seville Drive
Block: 211.15 Lot: 3
Owner's Name: Thomas Hendriksen
Owner's Mailing Address: 17 Seville Drive Brick NJ
Phon [redacted]

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft
___Fireplace wd/gas

Building Characteristics

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

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: Orion Electric LLC
Address: 17 Seville Dr Brick NJ
Phone#: 732-920-3532
Lis #: 4558
Federal Emp # or SSN 223459212

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	Wirlpool FUB
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	1-200A & 1-100A AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 200.00

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

Signature: Thomas Hendriksen

Please Print Name Thomas Hendriksen

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 17 Seville Drive
Block: 21.15 Lot: 3
Owner's Name: Thomas & Kathleen Hendriksen
Owner's Mailing Address: 17 Seville Drive
Brick NJ 08723
Phone: [redacted]

BUILDING

Contractor: Thomas Hendriksen
Address: 17 Seville Dr
Brick NJ
Phone#: [redacted]
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

SFD

Type of Work

✓ New Building	___ Siding
___ Addition	___ Fence
✓ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign ___ sq ft

Building Characteristics

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

Cost of Alteration: $ 4,500.00 Deck + Fireplace

Cost of New Building: $ 90,000

Total Cost of New Building Work: $ 94,500.00

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

Signature: Thomas Hendriksen
Please Print Name Thomas Hendriksen

ELECTRICAL

Contractor: Baxter Electric LLC
Address: 17 Seville Dr
Brick NJ
Phone#: 732-920-3532
Lis #: 4558
Federal Emp # or SSN 223459212

Technical Data

Item	Quantity
Lighting Fixtures	40
Receptacles	45
Switches	45
Detectors	7
Light Poles	
Motors w/ Fract. HP	2
Emergency & Exit Lights	
Communication Points	6
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	1.5 KW
Garbage Disposal	HP
A/C Unit –Central Air	2 2ton KW
Space Heater/Air Handler	1 .5 KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	200 AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $ 2000.00

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

Signature: Thomas Hendriksen
Please Print Name Thomas Hendriksen

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: RSB Plumbing + Heating
Address: 1725 RT 9
Toms River NJ.
Phone #: 732-341-4666
Lis #: 1310-9766
Federal Emp # or SSN 2223-98933

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	3
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	2
Lavatory (BR Sink)	3
Shower	2
Floor Drain	
Sink	1
Dishwasher	1
Drinking Fountain	
Washing Machine	1
Hose Bib	2
Gas Piping	1
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	1
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	2
Septic Tank Closure	
Sewer Service Connection	1
Water Service Connection	1
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other: Vent	3
~~Gas Appliances~~	~~4~~

Estimated Cost of Plumbing Work 4,000

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

Signature:
Please Print Name: James A Belanger

CONTRACTOR'S SEAL

FIRE

Contractor: Gibson Electric LLC
Address: 617 Deville Drive
Brick NJ
Phone #: 732-920-3532
Lis #: 4558
Federal Emp # or SSN 223459212

Technical Data

Description of Work:

Heating Type: ✓ Gas ___ Oil ___ Electric ___ Solar
Heating System is ✓ New ___ Existing
Location of Furnace/Boiler: GARAGE PLATFORM
Water Supply Source City
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks NA capacity fuel
Combustible Storage Tanks NA capacity fuel
LPG Storage Tanks NA capacity fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	7
Heat Detectors	
Total	7
Stand Pipes	
Kitchen Hood Exhaust System	

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

Gas/ Oil Fired Appliances:

Gas Stove	✓	
Gas Dryer	✓	
Furnace (Gas or Oil)	Gas	1
Gas Fireplace	Gas	1
Gas Logs		
Total Appliances		4

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work $200

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

Signature:
Print Name: THOMAS HENDRICKSON