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

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

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

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

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

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1170.04 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 143 Sherwood LN PERMIT NO. 20-0149

CONSTRUCTION PERMIT APPLICATION C-19-004094

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

I. IDENTIFICATION

1. Proposed Work Site at: 143 SHERWOOD LN
2. Name of Owner in Fee: EUGENIUSZ PACHOLEC
   Tel. (848) 992 5511 e-mail KAY4224@GMAIL.COM
   Address 143 (street) SHERWOOD LN (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SELF Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer DARIO G. PASQUARIELLO Contact 732 608 6838
   Address 145 ATLANTIC CITY BLVD BEACH WOOD e-mail DARIOPASQUARIELLO@GMAIL.COM
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun SELF
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update 2
1. Building	$ 425- ✓		
2. Electrical	132-		
3. Plumbing	150-		
4. Fire Protection	85- ✓		150-
5. Elevator Devices			
6. Subtotal Mech	-0-	150 ✓	
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 792-		
9. State Permit Surcharge Fee	2	11-	
10. Subtotal	$ 805-		
11. Cert. of Occupancy	25-		
12. Other			
13. TOTAL	$ 1636-	161-	150-

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 536 sq. ft.	
5. Volume of New Structure 1464 cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed 300 sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

Alt / Basement Conv

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional) LB 6-4-21

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building			1/1		12-20-19	CP			
☑ Electrical		CW	10/30/19		1-3-20	MR			
☐ Plumbing					1-10-20	[illegible]			
☐ Fire Protection					R/S/S	LB			
☐ Elevator		Eng Exempt			12/16/19	EC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/15/2021
Control Number C-19-004094
Permit Number 20-0149
Permit Issue Date 01/15/2020
Certificate Number 20-0149

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ Block: 1170.04 Lot: 14 Qual:

Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ

Owner Address: 143 SHERWOOD LANE BRICK NJ 08724

Telephone: (848) 992-5511

Contractor PACHOLEC, HALINA & EUGENIUSZ

Address 143 SHERWOOD LANE BRICK NJ 08724

Telephone: (848) 992-5511 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - RESIDENTIAL - ...INTERIOR ALTS, REAR PORCH & NEW DECK, FINISH BASEMENT, S/D's, GAS PIPING FOR FURNACE

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $125.00
Check Number: 251
Collected By: Christopher Winters

Date Printed: 07/15/2021

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

OFFICE USE ONLY

IMPORTANT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

DATE:	COMMENTS:	INITIALS:
6/28/21	Eugene	

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 1/15/20

Date Issued / Permit # 20-0149

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

Block 1170.04 Lot 14 Qualification Code

Work Site Location 143 SHERWOOD LN
BRICK 08724

Owner in Fee: EUGENIUSZ PACHOLEC

Tel. 848-992-5511 e-mail KA44224@GMAIL.COM

Address 143 SHERWOOD LN (street) BRICK (municipality) 08724 (zip code)

Contractor: SELF Tel.

Address 1662 FORGE POND RD e-mail KAY4224@GMAIL.COM
BRICK 08724

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12-20-19	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/20/19
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/08/21
Approved by: MEK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	2-27-20		6-24-20	
Footing Bonding				
Foundation				
Slab				
Frame	2-27-20	6-24-20	6-24-20	
Truss Sys./Bracing				
Barrier-Free				
Insulation	7-30-20			
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-7-21	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors 536 sq. ft.

Volume of New Structure 2464 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 3500
2. Rehabilitation $ 5000
3. Total (1+ 2) $ 8500

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: EUGENIUSZ PACHOLEC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition of Bathroom
Fixing up Rear porch
Addition of deck.
Making Living space in basement

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

FEE (Office Use Only)

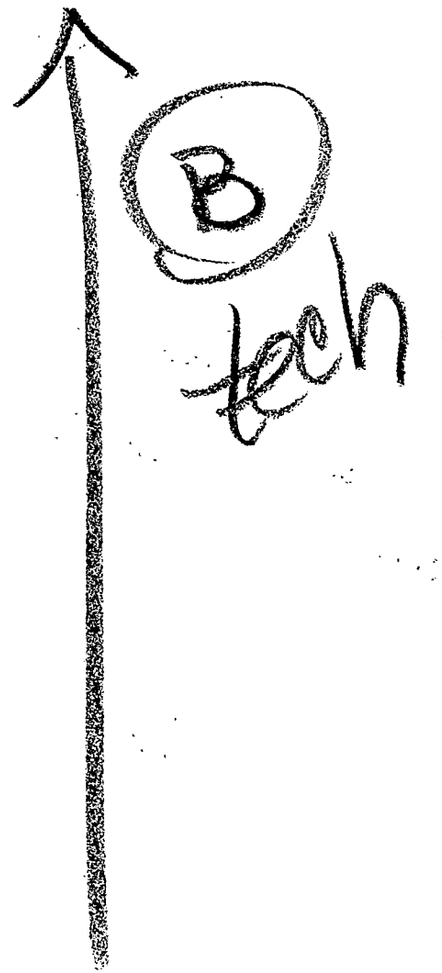
$

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

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

1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

* 5/21/21 / BM - Floor - moved approved plans from Town. See comment notice from 6/24/20.



401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 143 Sherwood

PERMIT NUMBER 20-0149 BLOCK 1170.04 LOT 14

~~OWNER~~ Footing & Frame

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Need to Revise Plans showing Footings & Girder Elimination see Pg A-2. OK to Proceed

* 6.16.20 Frame Firestops & Draftstop Rev. out updates From 2.27.20 Basement Firestop & Draftstops

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 2-27-20 INSPECTOR

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 143 Sherwood

PERMIT NUMBER 20-0149 BLOCK 1170.04 LOT 14

~~OWNER~~ Frame / Footing

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Submit Revised Drawing 6-18-20 To Twp. as update
2) Add Vertical Deaft steps in Basement @ 10' Intervals

OK to Insulate
OK to DECK Back Porch.

Check Deaft steps on Insulation Insp.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 6-24-20 INSPECTOR

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 143 Shorewood

PERMIT NUMBER 20-0149 BLOCK 1170.04 LOT 14

~~OWNER~~ Franus / Frank

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

NECO spray Foam cert showing Location + Thickness = Rvalue.

OK to Proceed Have cert For Final Inspection

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE _____ INSPECTOR _____

BUILDING SUBCODE
TECHNICAL SECTION

Update +B

Date Received 7/7/21
Control #

Date Issued
Permit # 20-0149+B

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

Block 1170.04 Lot 14 Qualification Code

Work Site Location 143 SHERWOOD LN

Owner in Fee: EUGENIUSZ PACHOLEC

Tel. (848) 992 5511 e-mail

Address 143 SHERWOOD LN OLDWICK
street municipality zip code

Contractor: SELF Tel. (848) 992 5511

Address e-mail KAF4224@GMAIL.COM

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: KONRAD PACHOLEC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REVISING PLANS TO SHOW FOOTINGS + CINDER ELIMINATED TRUSSES BOLTED TOGETHER TO THE HOUSE

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All 6-4-21 — EL
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 6-10-21
Approved by: EL

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

MFF 5-18-21

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-8-21	JE
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

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

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/15/20
Control #
Date Issued
Permit # 20-0149

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

Block 1170-4 Lot 14 Qualification Code

Work Site Location 143 SHERWOOD LANE

Owner in Fee: EUGENIUSZ PACHOLEC

Tel. (848) 992-5511 e-mail

Address 1662 FORGE POND RD BRICK

Contractor: Perkins Electrical Services (street / municipality / zip code) Tel. (732) 779-8476

Address 1300 Jefferson Ave. e-mail

Manasquan, N.J. 08736

Contractor License No. 15555 Exp. Date 03/21

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

Federal Emp. ID N [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Perkins Electrical

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
60		Lighting Fixtures	
~~50~~		Receptacles	
40		Switches	
6		Detectors	
___		Light Poles	
___		Motors—Fract. HP	
___		Emergency & Exit Lights	
___		Communications Points	
___		Alarm Devices/F.A.C. Panel	
___			
157		TOTAL NUMBERS	$
___		Pool Permit/with UW Lights	
___		Storable Pool/Spa/Hot Tub	
X	400	KW Elec. Range/Receptacle	
X	11,000	KW Oven/Surface Unit	
___	___	KW Elec. Water Heater	
___	___	KW Elec. Dryer/Receptacle	
1	15amp	KW Dishwasher	
___		HP Garbage Disposal	
1	30amp	KW Central A/C Unit	
1	400	HP/KW Space Heater/Air Handler	
___	___	KW Baseboard Heat	
X	X	HP Motors 1/+ HP	
___	___	KW Transformer/Generator	
1	200	AMP Service	
1	200	AMP Subpanels	
___	___	AMP Motor Control Center	
___	___	KW Elec. Sign/Outline Light	
___	___		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 1-3-20 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 1-3-20

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7-9-21

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			6-15-20	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	(88) 5-21-21		7/7/21	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

Elec. Exmt

— Remove ground
— Need ground BAR

— GFI Needed Laundry Room
— Box wires under sink
— ARC Fault Breaker
5-22-21 RR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/15/20
Control # 25-0117
Date Issued
Permit #

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

Block 1170 > 64 Lot 14 Qualification Code

Work Site Location 143 S Herwood In Brick

Owner in Fee: Eugenusz Pacholec

Tel. (848) 992 5511 e-mail

Address 143 Sherwood In Brick (street / municipality)

Contractor: J Klapmuts Tel. (732) 297-1814 (zip code)

Address 641 11th Ave e-mail
Toms River N.J 08757

Contractor License No. 12797 Exp. Date 6-30-21

Home Improvement [redacted] emption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: ( )

B. PLUMBING CHAR

Use Group R5 Present ✓ Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Jason Klapmuts

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New DWV, new water lines, gas piping on existing SFD

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping — Mechanical Relocate furnace	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 1/16/20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-16-20
Approved by:

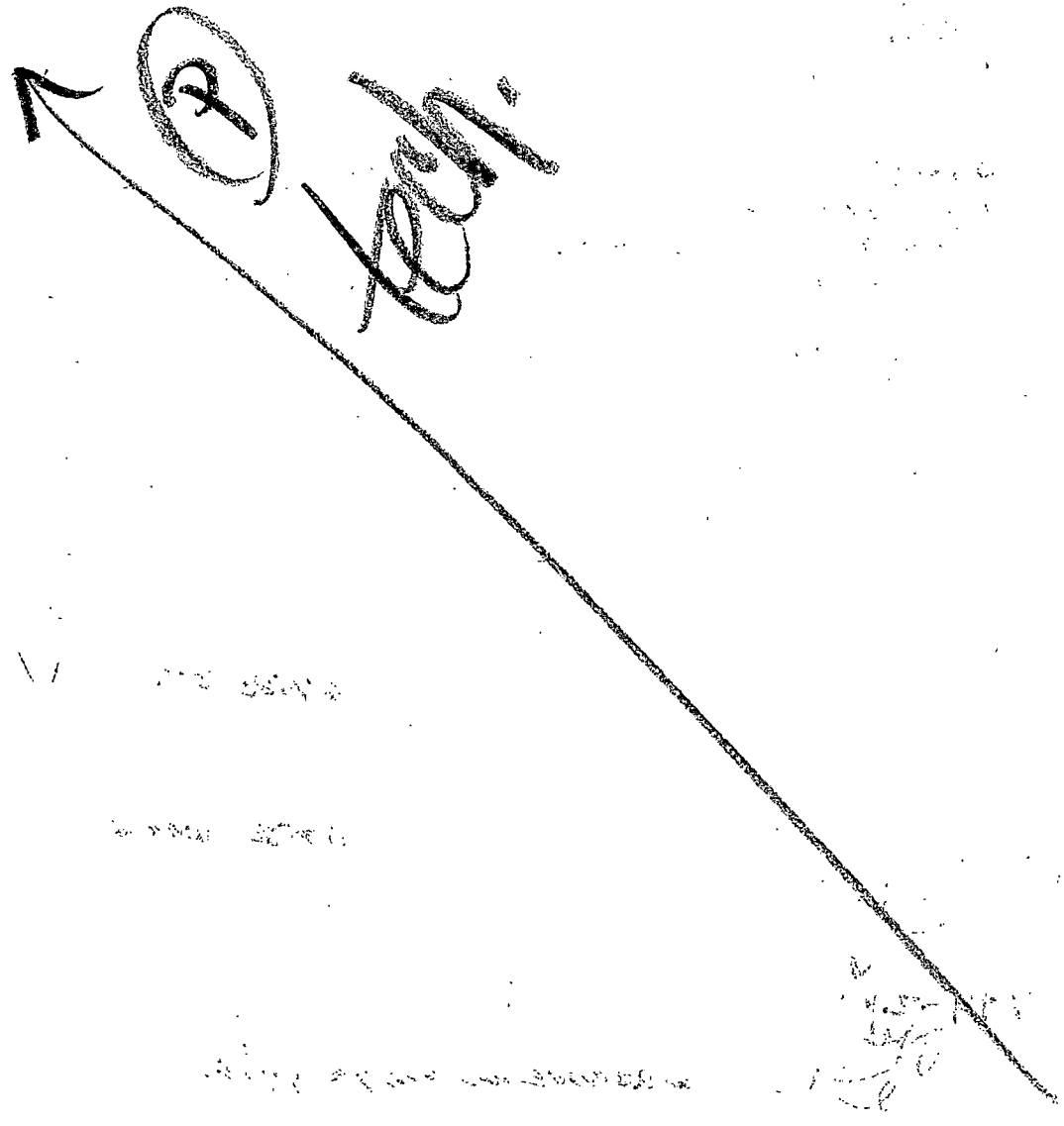
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-14-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			6-15-20	WSH
Water				
Sewer				
Fixtures				
Gas Equipment			6-15-20	WSH
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	5-21-21		7-13-21	

w Remove all old gas piping

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

5-21-21
update permit LT sink + pump / RAVEN?
Insulate pvc Exaust Furnace 4in crawL
open Flex Duct



MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 11/8/2019
Control # C-19-004094
Date Issued
Permit # 20-0149

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

Block 1170.04 Lot 14 Qualification Code

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ

Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ

Address 143 SHERWOOD LANE BRICK NJ 08724

Email KAY4229@GMAIL.COM

Tel. (848) 992-5511

Contractor: Jason Klapmuts

Address 641 11th Ave. Toms River NJ 08757

Email

Tel. (732) 797-1814 Fax.

Contractor License No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. 46-1975524

B. MECHANICAL CHARACTERISTICS

Use Group Present Proposed

Heating System ☐ New ☑ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☑ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $500

C. CERTIFICATION IN LIEU OF OATH

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

Print Name Here Jeffrey Pilgrim Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION - RESIDENTIAL, ...INTERIOR ALTS, REAR PORCH & NEW DECK, FINISH BASEMENT, S/D's, GAS PIPING FOR FURNACE

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
1	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $1
TOTAL FEE $1

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plan Required

MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☑ CA ☐ CCO

Date: 7-14-21

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other			7-13-21	

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

MECHANICAL
~~PLUMBING~~ SUBCODE
TECHNICAL SECTION

Update 1/6/20

Date Received
Control #
Date Issued
Permit # 20-0149+A

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

Block 11701.04 Lot 14 Qualification Code

Work Site Location ~~231 Stonehurst Blvd~~ 143 SHERWOOD LN BRICK

Owner in Fee: EUGENIUSZ PIECHALEC

Tel. 848 992 5511 e-mail

Address ~~1601~~ 1662 FORGE POND RD BRICK 08724
street municipality zip code

Contractor: M. WLADCZYK HVAC LLC Tel. (732) 850-4292

Address 430 HORICON AVE e-mail Wladczyk@yahoo.com
MANCHESTER NJ 08759

Contractor License No. 798 Exp. Date 06/20/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID N [redacted] FAX: (732) 849-3019

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 6000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-10-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-14-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approved	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-13-20	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: MICHAEL WLADCZYK

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1 zone HVAC

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks FURNACE	
1	Other A/C	

Mechanical

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 1/15/20

Date Issued / Permit # 20-0149

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

Block 1170.04 Lot 14 Qualification Code

Work Site Location 143 SHERWOOD LN
BRICK NJ 08724

Owner in Fee: EUGENIUSZ PACHOLEC

Tel. 848 992 5511 e-mail KAY4224@GMAIL.COM

Address 1662 FORGE POND RD (street) BRICK (municipality) 08724 (zip code)

Contractor: SELF Tel.

Address e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Attic

Total Cost of Fire Protection Work $ 300

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name Here: EUGENIUSZ PACHOLEC

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Entertainment Room in basement
Sprinkler throughout
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	6	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	X	
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 2/18/20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-19-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5/25/21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			5/21/21 PM	
Final			6/24/2021 PM	
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP20-00165
DATE ISSUED 1/15/20

BLOCK: 1170.04 LOT: 14 QUALIFIER: — SITE ADDRESS: 143 SHERWOOD LN

IDENTIFICATION:

1. NAME OF OWNER IN FEE: EUGENIUSZ PACHOLEC
COMPLETE ADDRESS: 143 SHERWOOD LN
BRICK 08724
PHONE # 848-992-5511 EMAIL: KAY4224@GMAIL.COM

2. NAME OF APPLICANT: EUGENIUSZ PACHOLEC
APPLICANT ADDRESS: 1662 FORGE POND RD
BRICK 08724
PHONE # SAME EMAIL: SAME

3. RESPONSIBLE PERSON FOR WORK: SELF
PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: Living
PROPOSED USE: Living

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION ✓ *ALTERATION ✓ *PORCH ✓ *DECK ✓

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Addition of deck and covered porch + Basement Conversion New A

ZONING REVIEW:
DATE REVIEWED: 12-13-19 DATE DENIED: _____ DATE APPROVED: 12-13-19 INTLS: CM

(SEE BACK PAGE)

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 1170.04 **LOT** 14 **ADDRESS** 143 SHERWOOD LN

IDENTIFICATION:

1. WORK SITE ADDRESS 143 SHERWOOD LN BRICK
2. APPLICANT EUGENIUSZ PACHOLEC
3. NAME OF OWNER IN FEE EUGENIUSZ PACHOLEC
   ADDRESS 143 SHERWOOD LN
   PHONE 848-992-5511 EMAIL KAY4224@GMAIL.COM
4. PRINCIPAL CONTRACTOR SELF
   ADDRESS _____
   PHONE _____ EMAIL _____
5. ARCHITECT OR ENGINEER DARIO L. PASQUARIELLO
   ADDRESS 145 ATLANTIC CITY BLVD BEACHWOOD
   PHONE 732 608 6838 EMAIL DARIOPASQUARIELLO@GMAIL.COM
6. RESPONSIBLE PERSON FOR WORK Self
   ADDRESS _____
   PHONE _____ EMAIL _____

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☒ DESCRIPTION DECK AND COVERED PORCH

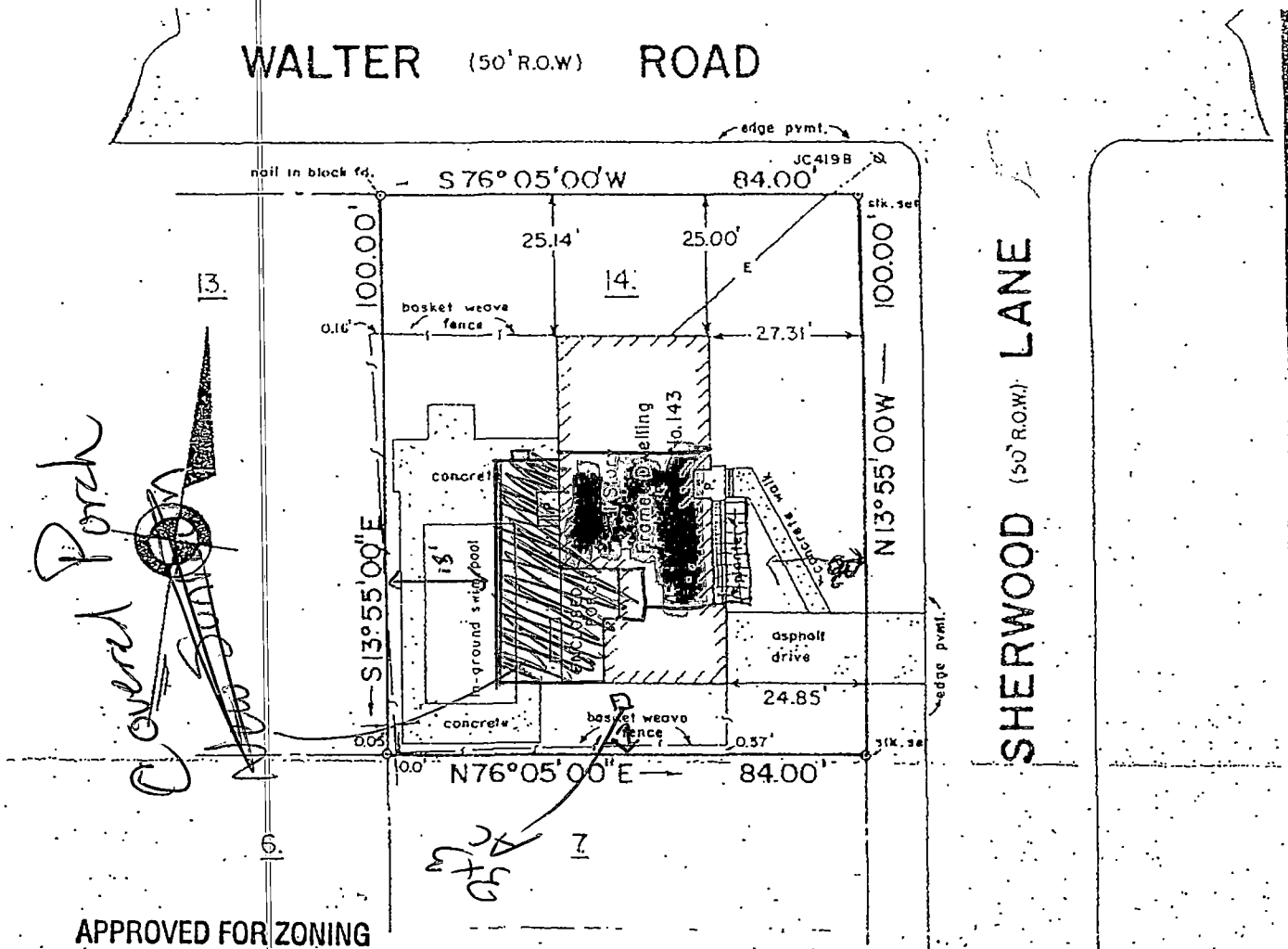
BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____



APPROVED FOR ZONING
12-13-94 Deck/AAL/Bane
CHRIS ROMANO, ZONING OFFICER

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE 8/12/94 Sean Kinney

Tax Map Block 1170-4 - deck

NOTE: BEING ALSO KNOWN AS LOT (14) IN BLOCK '1170-A-4' AS SHOWN ON "MAP OF LAUREL ACRES, BRICK TOWNSHIP, OCEAN COUNTY, N.J." DATED JUNE 27, 1956 AND FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON JULY 2, 1957 IN FILE NO. D-67.

This survey is certified as accurate to:
George M. Wheeler and Barbara Ann Wheeler, his wife; Ocean Federal Savings and Loon Association; and Trident Abstract Company.

143 Sherwood Ln.
Brick NJ 08724

458-7863

SURVEY OF PROPERTY

situate in
TOWNSHIP OF BRICK, OCEAN COUNTY, N.J.

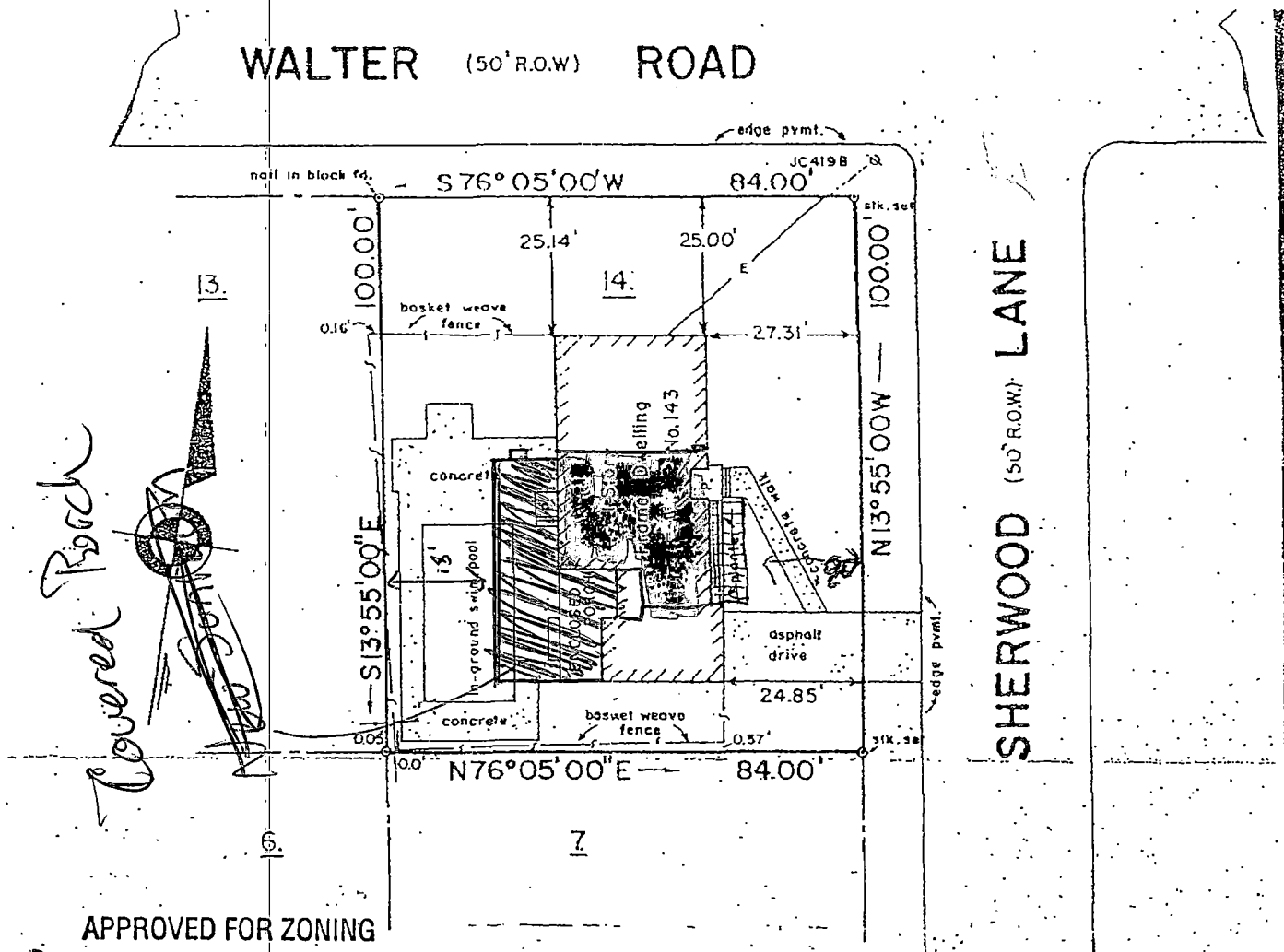
TAX MAP BLOCK 1170-4 LOT 14
(as shown on current Official Tax Map)

LeRoy C. Stroby
LeRoy C. Stroby
N.J. Licensed Land Surveyor No. 25485

SCALE: 1" = 30' | DATE: Sept. 21, 1979

Drwn. by: CMdeL
Chk'd. by: CMdeL
File: 251 DECO
Ref.:

WILLIAM W. STROBY ASSOCIATES, INC.
Land Surveyors ←→ Prof. Planners
232 VAN DYKE PLACE
LONG BRANCH, N.J.
07740



APPROVED FOR ZONING
12-13-94 Deal/Alc/Barn
CHRIS ROMANO, ZONING OFFICER

APPROVED FOR ZONING ONLY
SEAN KENNEY, ZONING OFFICER
DATE 8/17/94 Sean Kenney

Tax Map Block 1170-4 deck

NOTE: BEING ALSO KNOWN AS LOT (14) IN BLOCK '1170-A-4' AS SHOWN ON "MAP OF LAUREL ACRES, BRICK TOWNSHIP, OCEAN COUNTY, N.J." DATED JUNE 27, 1956 AND FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON JULY 2, 1957 IN FILE NO. D-67.

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143 SHERWOOD LA
BRICK NJ 08724

458 7863

SURVEY OF PROPERTY

situate in
TOWNSHIP OF BRICK, OCEAN COUNTY, N.J.

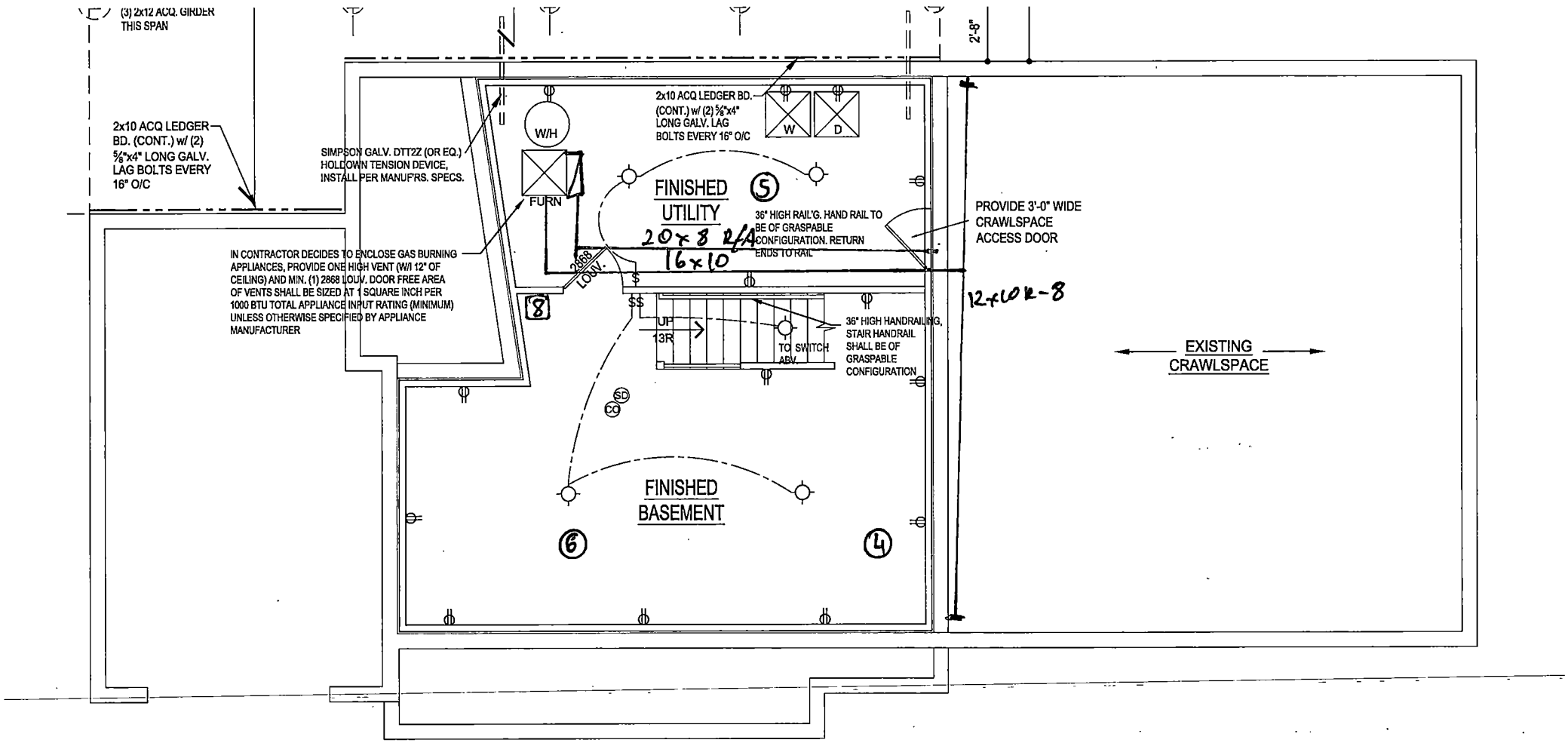
TAX MAP BLOCK 1170-4 LOT 14
(as shown on current Official Tax Map)

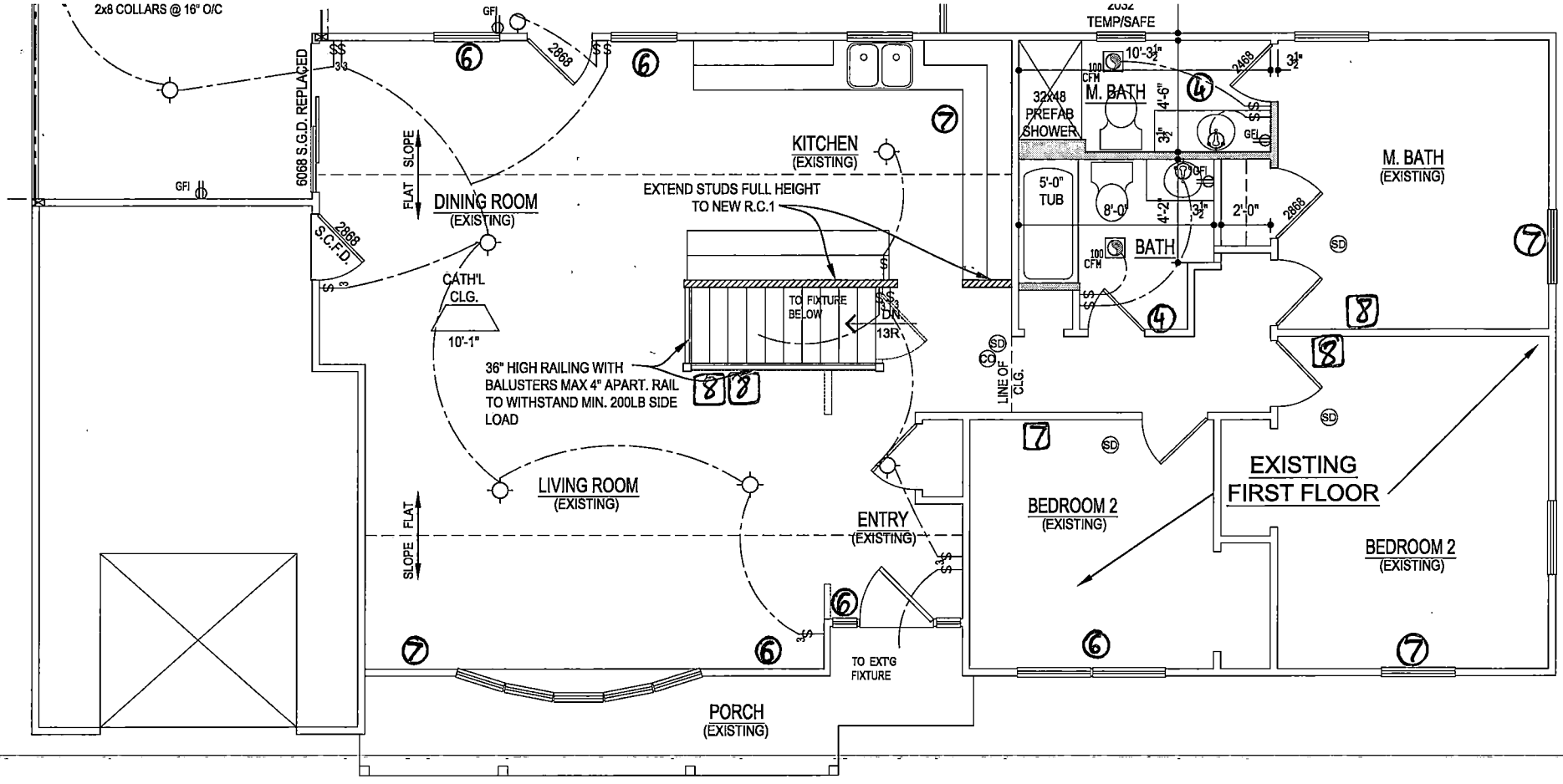
LeRoy C. Stroby
N.J. Licensed Land Surveyor No. 25485

SCALE: 1" = 30' | DATE: Sept. 21, 1979

Drawn by: CMdeL
Chk'd. by: CMdeL
File: 25/0010
Ref.:

WILLIAM W. STROBY ASSOCIATES, INC.
Land Surveyors ◆ Prof. Planners
232 VAN DYKE PLACE
LONG BRANCH, N.J.
07740


(3) 2x12 ACQ. GIRDER THIS SPAN
2x10 ACQ LEDGER BD. (CONT.) w/ (2) 5/8"x4" LONG GALV. LAG BOLTS EVERY 16" O/C
SIMPSON GALV. DTT2Z (OR EQ.) HOLDOWN TENSION DEVICE, INSTALL PER MANUF'RS. SPECS.
IN CONTRACTOR DECIDES TO ENCLOSE GAS BURNING APPLIANCES, PROVIDE ONE HIGH VENT (W/I 12" OF CEILING) AND MIN. (1) 2868 LOUV. DOOR FREE AREA OF VENTS SHALL BE SIZED AT 1 SQUARE INCH PER 1000 BTU TOTAL APPLIANCE INPUT RATING (MINIMUM) UNLESS OTHERWISE SPECIFIED BY APPLIANCE MANUFACTURER
2x10 ACQ LEDGER BD. (CONT.) w/ (2) 5/8"x4" LONG GALV. LAG BOLTS EVERY 16" O/C
W/H
FURN
W
D
FINISHED UTILITY
20x8 R/A
16x10
36" HIGH RAIL'G. HAND RAIL TO BE OF GRASPABLE CONFIGURATION. RETURN ENDS TO RAIL
2868 LOUV.
UP 13R
TO SWITCH ABV.
36" HIGH HANDRAILING, STAIR HANDRAIL SHALL BE OF GRASPABLE CONFIGURATION
SD
CO
FINISHED BASEMENT
PROVIDE 3'-0" WIDE CRAWLSPACE ACCESS DOOR
12x10 R-8
EXISTING CRAWLSPACE
2'-8"


2x8 COLLARS @ 16" O/C
6068 S.G.D. REPLACED
GFI
2868
S.C.F.D.
FLAT
SLOPE
DINING ROOM
(EXISTING)
CATH'L CLG.
10'-1"
KITCHEN
(EXISTING)
EXTEND STUDS FULL HEIGHT TO NEW R.C.1
TO FIXTURE BELOW
DN 13R
36" HIGH RAILING WITH BALUSTERS MAX 4" APART. RAIL TO WITHSTAND MIN. 200LB SIDE LOAD
LINE OF CLG.
LIVING ROOM
(EXISTING)
ENTRY
(EXISTING)
TO EXTG FIXTURE
PORCH
(EXISTING)
2032 TEMP/SAFE
32X48 PREFAB SHOWER
M. BATH
(EXISTING)
5'-0" TUB
8'-0"
BATH
2'-0"
BEDROOM 2
(EXISTING)
EXISTING FIRST FLOOR
BEDROOM 2
(EXISTING)
M. BATH
(EXISTING)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 11704 LOT 141 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 143 SHERWOOD LN

Owner in Fee EUGENIUSZ PACHOLEC

Verifying Individual X CLARK MORIS Company NORRIS MECHANICAL

Address 1208 (Street) 3RD AVE (City) TOMS RIVER (State) NJ (Zip Code)

Tel: (732) 684 0016 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
- ☐ Gas to Oil Conversion
- ☐ Gas Appliance Replacement
- ☐ Oil to Oil Replacement
- ☐ Other _____

Existing Vent/Chimney: **Size** _____

- ☐ "B" Label Vent
- ☐ "L" Label Vent
- ☐ Flexible Liner
- ☐ Power Vent/Exhauster
- ☐ Chimney-Interior
- ☐ Chimney-Exterior
- ☐ Masonry Chimney-Tile Lined
- ☐ Masonry Chimney-Unlined
- ☐ Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURNACE	Oil / (Gas) / Other:	95 000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

_____ Signature _____ Date

Direct Vent Appliance:

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

Norris 11/23/19
Signature Date

Verification Not Submitted:

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

_____ Signature _____ Date

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

Save As *All applicable information requested on this form must be supplied.* Print

This form may not be submitted by a homeowner in lieu of the required inspection.

Additions Residential

Certificate requirements

print
reset defaults
check all
complete

Additions

Final Construction Inspections

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Mechanical Inspection	comment	☑	☐

Additional information and Prior Approvals

Final Affordable Housing Fee	comment	☐	☑
BTMUA Compliance (732) 458-7000 (If Applicable)	comment	☐	☑
Final Engineering Approval (If in a Flood Zone 2 Final As-Built Surveys and 2 Final Elevation Certificates)	comment	☐	☑
CO Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

THERMOSEAL™

Insulation of the Future

Insulation Certificate

This form must be filled out and posted to comply with building code requirements. This meets IRC Sections N1101.3, N1101.41, and N1101.8 requirements.

The following spray foam product(s) have been installed:

- ☐ ThermoSeal 360
- ☐ ThermoSeal 500
- ☐ ThermoSeal 800
- ☐ ThermoSeal 1200
- ☐ ThermoSeal OCX
- ☒ Thermoseal CCX
- ☐ ThermoSeal ONE
- ☐ ThermoSeal 2000

Consult International Building Code Chapter 26-Plastic and International Residential Code R314 - Foam Plastics for specific requirements. The spray polyurethane foam insulation system(s) has/have been installed in accordance with the manufacturers installation guidelines to provide a thermal resistance outlined below:

Area Insulated	R-Value	Thickness Installed**
Attic Area	R- 38	at 6 inches
Sloped Ceilings	R- 38	at 6 inches
Walls (provide location)	R- 21	at 3 inches
Walls (provide location)	R-	at inches
Floors (over unheated crawl space)	R-	at inches
Crawl Space Perimeter	R-	at inches
Basement Exterior Walls	R- 21	at 3 inches
Other:	R-	at inches

** Nominal thickness is representative of field, spray applied foam insulation.

Jobsite Address: 143 Sherwood Ln Date of installation: 5/14/20

Building Contractor: _____

Thermoseal Contractor: Spray Foam Insulators Phone: 315 493 3677

Installed By: _____

** POST NEAR ELECTRICAL PANEL **

401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Receipt

Payment Date 7/14/2021
Transaction # PMT-21-06320
Receipt #

Issued To HALINA & KONRAD PACHOLEC

Description
VIOLATION # 19-00284
143 SHERWOOD AVE
BLOCK 1170.04 LOT 14

Date Printed 7/14/2021
Check Number 412

Cash	$0.00
Check	$250.00
Charge	$0.00
Total Paid	$250.00

APPLICATION FOR CERTIFICATE

Date Received 11/08/2019
Date Permit Issued 01/15/2020
Control # C-19-004094
Permit # 20-0149
Date Issued

IDENTIFICATION

Block 1170.04 Lot 14 Qualifier

Work Site Location 143 SHERWOOD LANE Brick Township, NJ

Owner in Fee PACHOLEC, HALINA & EUGENIUSZ
143 SHERWOOD LANE BRICK NJ 08724

Telephone (848) 992-5511

Contractor PACHOLEC, HALINA & EUGENIUSZ
Address 143 SHERWOOD LANE BRICK NJ 08724

Telephone (848) 992-5511
Lic. No. or Bldrs. Reg. No.
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 R-5 Current

FINAL COST OF CONSTRUCTION: $ 21300
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:
Alteration ALTERATION - RESIDENTIAL ...INTERIOR ALTS, REAR PORCH & NEW DECK, FINISH BASEMENT, S/D's, GAS PIPING FOR FURNACE

I hereby attest that to the best of my knowledge, the completed project meets the conditions of 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 complete by the date on the

SIGNED: _____
Owner/Agent

- [x] OWNER
- [ ] AGENT

UCC F270 equiv.

Permit/Control #: 20-0149

Date Issued: 11/15/2019

Violation #: V-19-00283

STOP CONSTRUCTION ORDER

IDENTIFICATION

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ

Block: 1170.0 Lot: 14 Qualification Code: _____
4

Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ

Owner Address: 143 SHERWOOD LANE BRICK NJ 08724

Agent/Contractor: _____

Address: _____

To: ☒ Owner ☐ Other:

☐ Agent/Contractor

DATE OF INSPECTION: 11/15/2019 DATE OF THIS NOTICE: 11/15/2019

ACTION

You are hereby ***ORDERED*** to ***STOP***

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☑ All Construction
at the above Location as of 11/15/2019 until further notice from this enforcing agency.

This ***ORDER*** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of
NJAC 5:23.2.14(a) Working without a permit
which provides:
You have failed to get the required permit for the following work: Alterations & a deck

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:
Work has begun without the required permit. All work must stop until the permit is issued.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

By ***Order*** of Kenneth E. Kirk Date: 11/18/19
Subcode Offical

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04
Lot: 14
Owner: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-19-00283
Subcode: Building
Issuing Officer: Kenneth Kiseli Telephone: (732) 262-1030
Issue Date: 11/15/2019
Infraction: Stop Construction Order
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: You have failed to get the required permit for the following work: Alterations & a deck
Certified Mail Number: 70181130000210736633

Enforcement Details

Inspection Date: 11/15/2019
Notice Date: 11/15/2019
Compliance Date: 11/16/2019
Compliance Inspection Date:
Compliance Summary: Work has begun without the required permit. All work must stop until the permit is issued.

Fines Details

Total Due:	$0.00
Total Paid:	$0.00
Total Owed:	$0.00

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 11/15/2019
Violation #: V-19-00284

IDENTIFICATION

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04 Lot: 14 Qualification Code: _____
Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Agent/Contractor: _____
Address: _____

To: ☒ Owner ☐ Other:
☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

NJAC 5:23.2.14(a) Working without a permit
Following an investigation, it is found that you have failed to get the required permit for the following work: Alterations & Deck

☑ On 11/15/2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 11/29/2019 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 11/18/19

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04
Lot: 14
Owner: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-19-00284
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 11/15/2019
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: Alterations & Deck

Certified Mail Number: 70181130000210736633

Enforcement Details

Inspection Date: 11/15/2019
Notice Date: 11/15/2019
Compliance Date: 11/29/2019
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

STOP CONSTRUCTION ORDER

Permit/Control #:
Date Issued: 11/15/2019
Violation #: V-19-00283

IDENTIFICATION

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ

Block: 1170.04 Lot: 14 Qualification Code: _____

Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ

Owner Address: 143 SHERWOOD LANE BRICK NJ 08724

Agent/Contractor: _____

Address: _____

To: ☒ Owner ☐ Other:

☐ Agent/Contractor

DATE OF INSPECTION: 11/15/2019 DATE OF THIS NOTICE: 11/15/2019

ACTION

You are hereby ***ORDERED*** to ***STOP***

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☑ All Construction
at the above Location as of 11/15/2019 until further notice from this enforcing agency.

This ***ORDER*** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of
NJAC 5:23.2.14(a) Working without a permit
which provides:
You have failed to get the required permit for the following work: Alterations & a deck

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:
Work has begun without the required permit. All work must stop until the permit is issued.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

By ***Order*** of Kenneth Klein Date: 11/18/19
Subcode Offical

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04
Lot: 14
Owner: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-19-00283
Subcode: Building
Issuing Officer: Kenneth Kiseli Telephone: (732) 262-1030
Issue Date: 11/15/2019
Infraction: Stop Construction Order
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: You have failed to get the required permit for the following work: Alterations & a deck
Certified Mail Number: 70181130000210736633

Enforcement Details

Inspection Date: 11/15/2019
Notice Date: 11/15/2019
Compliance Date: 11/16/2019
Compliance Inspection Date:
Compliance Summary: Work has begun without the required permit. All work must stop until the permit is issued.

Fines Details

Total Due:	$0.00
Total Paid:	$0.00
Total Owed:	$0.00

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 11/15/2019
Violation #: V-19-00284

IDENTIFICATION

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ

Block: 1170.04 Lot: 14 Qualification Code: _____

Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ

Owner Address: 143 SHERWOOD LANE BRICK NJ 08724

Agent/Contractor: _____

Address: _____

To: ☒ Owner ☐ Other:

☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

NJAC 5:23.2.14(a) Working without a permit
Following an investigation, it is found that you have failed to get the required permit for the following work: Alterations & Deck

☑ On 11/15/2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 11/29/2019 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 11/18/19

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04
Lot: 14
Owner: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-19-00284
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 11/15/2019
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: Alterations & Deck

Certified Mail Number: 70181130000210736633

Enforcement Details

Inspection Date: 11/15/2019
Notice Date: 11/15/2019
Compliance Date: 11/29/2019
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 11/15/2019
Violation #: V-19-00285

IDENTIFICATION

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04 Lot: 14 Qualification Code:
Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Agent/Contractor:
Address:

To: ☒ Owner ☐ Other:
☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:
NJAC 5:23-2.18(c) Failure to Receive Required Inspections
FAILURE TO RECEIVE REQUIRED INSPECTIONS

☑ On 11/15/2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 11/29/2019 an additional penalty of $2,000.00 per [X] week [ ] day shall result.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 11/15/19

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04
Lot: 14
Owner: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-19-00285
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 11/15/2019
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: FAILURE TO RECEIVE REQUIRED INSPECTIONS
Certified Mail Number: 70181130000210736640

Enforcement Details

Inspection Date: 11/15/2019
Notice Date: 11/15/2019
Compliance Date: 11/29/2019
Compliance Inspection Date:
Compliance Summary: MUST CONTACT BUILDING DEPT TO SCHEDULE INSPECTIONS.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

Date Printed: 11/18/2019

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 11/15/2019
Violation #: V-19-00285

IDENTIFICATION

11/20/19. Conrad. 848-992-5511

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04 Lot: 14 Qualification Code:
Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Agent/Contractor:
Address:

To: ☒ Owner ☐ Other:
☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

NJAC 5:23-2.18(c) Failure to Receive Required Inspections
FAILURE TO RECEIVE REQUIRED INSPECTIONS

☑ On 11/15/2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 11/29/2019 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 11/15/19

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Block: 1170.04
Lot: 14
Owner: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-19-00285
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 11/15/2019
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: FAILURE TO RECEIVE REQUIRED INSPECTIONS
Certified Mail Number: 70181130000210736640

Enforcement Details

Inspection Date: 11/15/2019
Notice Date: 11/15/2019
Compliance Date: 11/29/2019
Compliance Inspection Date:
Compliance Summary: MUST CONTACT BUILDING DEPT TO SCHEDULE INSPECTIONS.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

Date Printed: 11/18/2019

send copy of Violation to this address below

Last Name: PACHOLEC; **First Name:** eugeniusz; **State:** NJ;

COPIED

XX 143 SHERWOOD LN.

- NEW ADDRESS TO BETTY/KIM
- STOP WORK ORDER
- VIOL. NOTICES TO FORGE POND ADDRESS

FURTHER RESEARCH

No Images Available

Reports for this Record

nsive — **Custom Comprehensive Report**

ort

rd Report — **Address Report**

ts Report — **Asset Report**

Summary Report

Neighbors

sual Link — **Relatives, Neighbors & Associates**

See report type examples

Alerts for this Record

on Alert

ALL	NAME	SSN	ADDRESS	PHONE(S)	INDICATORS
1.	EUGENIUSZ PACHOLEC EUGIENIUSZ PACHOLEC EUNGENIUSZ PACHOLEC **DOB:** 2/18/1952 Age: 67 Gender - Male *View Sources (~7)	SSN: 137-15-5676 LexID: 130731582453	1662 FORGE POND RD BRICK, NJ 08724-2946, OCEAN COUNTY Jul 2015 - Sep 2019 ~~944 SYLVIA CT~~ BRICK, NJ 08724-7174, OCEAN COUNTY Mar 2006 - Sep 2019	certified	property

Last Name: PACHOLEC; **First Name:** eugeniusz; **State:** NJ;

Your DPPA Permissible Use: Court, Law Enforcement, or Government Agencies

Your GLBA Permissible Use: Legal Compliance

Your DMF Permissible Use: Legitimate Business Purpose Pursuant to a Law, Government Rule, Regulation, or Fiduciary Duty

PERMIT UPDATE

Date Update Issued 7/7/21
Control # C-19-004094+C
Permit # 20-0149+C

IDENTIFICATION Block: 1170.04 Lot: 14 Qualifier
Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Owner in Fee PACHOLEC, HALINA & EUGENIUSZ
143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511

Contractor PACHOLEC, HALINA & EUGENIUSZ
Address 143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ... UPDATE +C- NAVIEN AND PLG

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 $3,200

Construction Official — Date 10/25/21

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$75.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$231
Check No.	411
Cash	$0
Credit	$0
Collected By	A. Inglis

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 7/7/21
Control # C-19-004094+B
Permit # 20-0149+B

IDENTIFICATION Block: 1170.04 Lot: 14 Qualifier
Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ
143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511

Contractor: PACHOLEC, HALINA & EUGENIUSZ
Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ...UPDATE +B - GIRDER REVISIONS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $1

J. Nieradka Jr. 6/24/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	410
Cash	$0
Credit	$0
Collected By	(MRP)

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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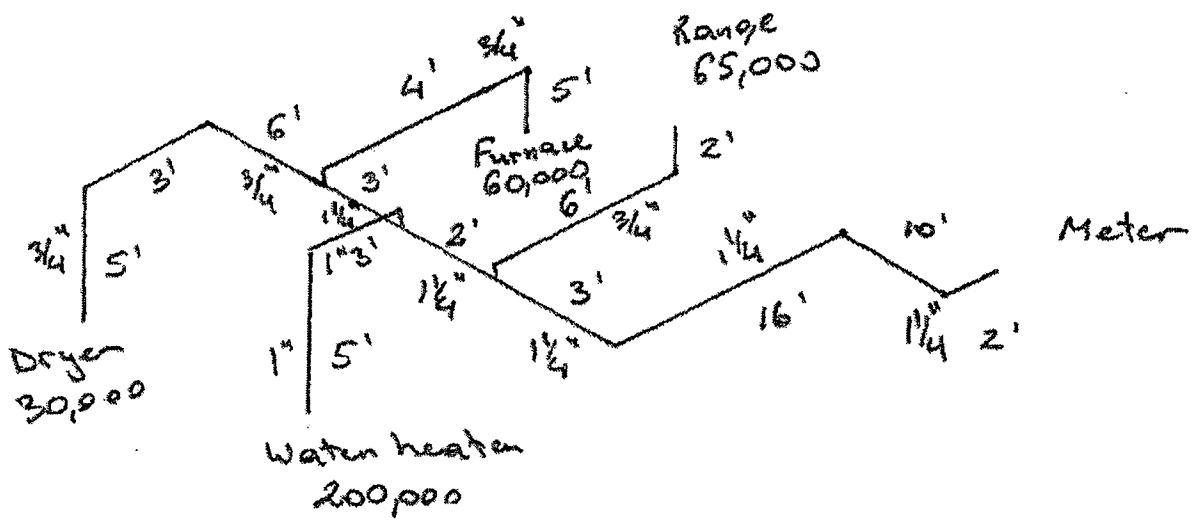
- [x] A complete copy of released plans must be kept on the job site.

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

Schedule 40 metallic pipe



TOWNSHIP OF BRICK

RELEASED FOR PERMIT INITIAL DATE

Building Subcode Reviewer_____

Plumbing Subcode Reviewer WM 6-22-21

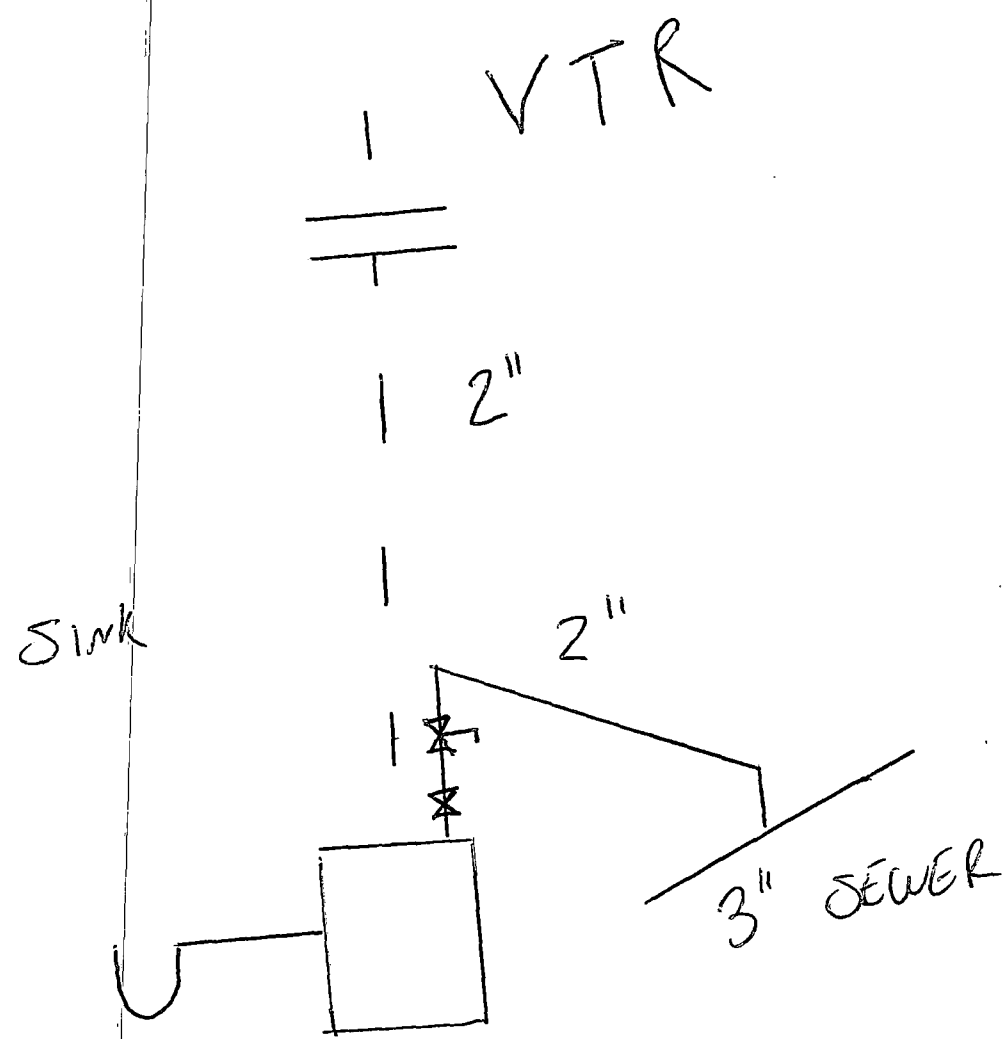
Fire Subcode Reviewer_____

Electrical Subcode Reviewer_____

Longest run – 50'

Total btu – 355,000

FILE COPY



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode Reviewer		
Plumbing Subcode Reviewer	WM	6.22.21
Fire Subcode Reviewer		
Electrical Subcode Reviewer		

FILE COPY

143 SHERWOOD LN

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1170.4 LOT 14 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 143 Sherwood Ln Brick NJ

Owner in Fee Eugeniusz Paholek

Verifying Individual Nerijus Zukas Company Connect Plumbing & HVAC

Address 415 Old Silverton Ave Brick NJ 08723
Street City State Zip Code

Tel: (732) 610-6767 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

| |	Oil to Gas Conversion	
| |	Gas to Oil Conversion	
| ✔ |	Gas Appliance Replacement	
| |	Oil to Oil Replacement	
| |	Other _____	

Existing Vent/Chimney: **Size** _____

| |	"B" Label Vent	
| |	"L" Label Vent	
|	Flexible Liner	
| |	Power Vent/Exhauster	

| |	Chimney-Interior
|	Chimney-Exterior
| |	Masonry Chimney-Tile Lined
| |	Masonry Chimney-Unlined
| |	Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	water heater	Oil / Gas / Other:	199000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

_____
Signature Date

Direct Vent Appliance:

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

Nerijus Zukas

5/25/2021
Signature Date

Verification Not Submitted:

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

_____
Signature Date

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

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

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Examiners of Master Plumbers
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

Mailing Address:
P.O. Box 45008
Newark, NJ 07101
(973) 504-6420

September 9, 2020

TO WHOM IT MAY CONCERN

Our records indicate that Nerijus Zukas, License # 13380, has applied to the Board for a seal press which has not yet been issued to him by the vendor.

Please accept this letter as an interim device pending the furnishing of a seal press to:

Nerijus Zukas
815 Waterworks Road
Freehold, NJ 07728

This letter will be rendered invalid 365 days after the date of its issuance.

BOARD OF EXAMINERS OF MASTER PLUMBERS

Linda Scioscia

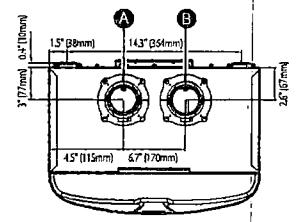
Linda Scioscia, Supervisor of Licensing

Navien

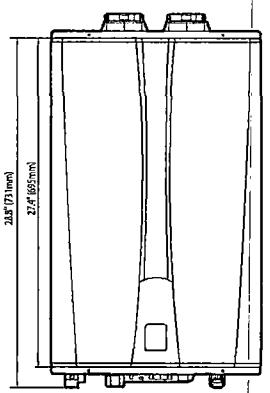
Premium Condensing
Tankless Gas Water Heater

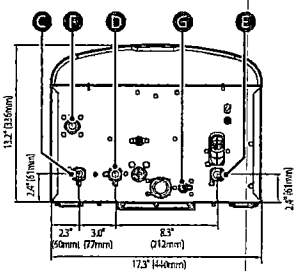
NPE Series Tankless Water Heaters
Specification Sheet

Dimensions



Connection Size
- A Air Intake Φ 2"
- B Exhaust Gas vent Φ 2"





Connection Size
- C Hot Water Outlet Φ 3/4"
- D Recirculation Inlet* Φ 3/4"
- E Cold Water Inlet Φ 3/4"
- F Gas Inlet Φ 3/4"
- G Condensate Outlet Φ 1/2"

* "A" models only

Specifications

Item		NPE-150S	NPE-180A	NPE-180S	NPE-210A	NPE-210S	NPE-240A	NPE-240S
Heat Capacity (Input)	Natural Gas	18,000-120,000 BTU/H	15,000-150,000 BTU/H		19,900-180,000 BTU/H		19,900-199,900 BTU/H	
	Propane Gas		15,000-150,000 BTU/H		19,900-180,000 BTU/H		19,900-199,900 BTU/H	
Efficiency Ratings	UEF (for NG & LP)	0.96	0.96	0.97	0.96	0.97	0.96	0.97
	EF (Canada) (for NG & LP)	0.97	0.97	0.99	0.97	0.99	0.97	0.99
Flow Rate (DHW)	35°F(19°C) Temp Rise	6.8 GPM (26 L/m)	8.4 GPM (32 L/m)		10.1 GPM (38 L/m)		11.2 GPM (42 L/m)	
	45°F(25°C) Temp Rise	5.3 GPM (20 L/m)	6.5 GPM (25 L/m)		7.8 GPM (30 L/m)		8.7 GPM (33 L/m)	
	67°F(36°C) Temp Rise	3.2 GPM (12 L/m)	4.3 GPM (16 L/m)	4.2 GPM (16 L/m)	5.0 GPM (19 L/m)	5.2 GPM (20 L/m)	5.6 GPM (21 L/m)	5.7 GPM (22 L/m)
Dimensions		17.3"(W) x 27.4"(H) x 13.2"(D)						
Weight		55 lbs (25kg)	75 lbs (34kg)	67 lbs (30kg)	82 lbs (37 kg)	75 lbs (34kg)	82 lbs (37 kg)	75 lbs (34kg)
Installation Type		Indoor or Outdoor Wall-Hung						
Venting Type		Forced Draft Direct Vent						
Ignition		Electronic Ignition						
Water Pressure		15-150 PSI						
Natural Gas Supply Pressure (from source)		3.5 in WC-10.5 in WC						
Propane Gas Supply Pressure (from source)		8 in WC-13in WC						
Natural Gas Manifold Pressure (min-max)		-0.04 in WC - -0.38 in WC	-0.04 in WC - -0.84 in WC		-0.05 in WC - -0.36 in WC		-0.05 in WC - -0.58 in WC	
Propane Gas Manifold Pressure (min-max)		-0.04 in WC - -0.42 in WC	-0.05 in WC - -0.50 in WC		-0.10 in WC - -0.66 in WC		-0.10 in WC - -0.78 in WC	
Minimum Flow Rate		0.5 GPM (1.9 L/m), < 0.01 GPM (0.04 L/m) option for "A" models*						
Connection Sizes	Cold Water Inlet	3/4 in NPT						
	Hot Water Outlet	3/4 in NPT						
	Gas Inlet	3/4 in NPT						
Power Supply	Main Supply	120V AC, 60Hz						
	Maximum Power Consumption	200W (max 2A), 350W (max 4A) with external pump connected						
Materials	Casing	Cold Rolled Carbon Steel						
	Heat Exchangers	Primary Heat Exchanger: Stainless Steel Secondary Heat Exchanger: Stainless Steel						
Venting	Exhaust	2" or 3" PVC, CPVC, Polypropylene 2" or 3" Special Gas Vent Type BH (Class II, A/B/C)						
	Intake	2" or 3" PVC, CPVC, Polypropylene 2" or 3" Special Gas Vent Type BH (Class II, A/B/C)						
	Vent Clearances	0" to combustibles						
Safety Devices		Flame Rod, APS, Ignition Operation Detector, Water Temperature High Limit Switch, Exhaust Temperature High Limit Sensor, Power Surge Fuse						

** Available for "A" models configured in an optional ComfortFlow recirculation mode. Additional energy use will occur when using recirculation.*

Gas-fired, tankless, condensing, wall-mounted water heater(s) shall be direct vent NPE Series models as manufactured by Navien, Inc. and are certified by CSA Group to the latest edition of ANSI standard Z21.10.3/CSA 4.3. Water heater(s) shall have a 15-year limited Heat Exchanger warranty and 5-year limited Parts warranty (8-year Heat Exchanger and 5-year Parts for Commercial use) per Navien Limited Warranty. Unit(s) shall be designed to burn natural gas and can be for use with propane when a Field Conversion Kit is installed. Water heater(s) shall have a nominal flow rate capacity of _____ GPM/GPH at _____°F rise with rated input of _____ BTU/hr. Water heater(s) shall be vented with 2" PVC/CPVC vent pipe at a distance not to exceed 60' (or equivalent) with each elbow equal to 8' of pipe length or 3" PVC/CPVC vent pipe at a distance of 150' (or equivalent) with each elbow equal to 5' of pipe length. Water heater(s) is rated for 150 PSI working water pressure and 300 PSI test pressure. Gas supply pressure shall be 3.5" to 10.5" WC for natural gas and 8.0" to 13.0" WC for propane. Unit(s) shall have a steel case, dual stainless steel heat exchangers, eco premixed burner, negative pressure gas valve, dual venturi, 3/4" inlet gas connection, 3/4" brass inlet/outlet water connections, water holding capacity of 0.6 gallons for the NPE-150S, 1.0 gallon for the NPE-180A model (0.7 gallons for NPE-180S model), 1.2 gallons for the NPE-210A/NPE-240A models (0.7 and 0.9 gallons for NPE-210S and NPE-240S models respectively), and a condensate collector. The NPE-150S model weighs 55 lbs, the NPE-180A model weighs 75 lbs (NPE-180S weighs 67 lbs), and the NPE-210A/NPE-240A models weigh 82 lbs (NPE-210S and NPE-240S weigh 75 lbs). Unit(s) shall include features such as an adjustment for installations at high elevation, temperature lockout, and temperature options from 98-120°F in 1°F intervals and 125-140°F in 5°F intervals. The unit(s) shall include additional temperature options of 150-180°F in 10°F intervals, and 182°F for high temperature commercial applications. All NPE "A" models shall include an internal circulation pump and 0.5 gallon buffer tank. The water heater(s) shall be controlled by an internal circuit board that monitors the inlet and outlet temperatures with installed thermistors, sensing and controlling flow rate to set point temperature with air-fuel ratio controls in order to maintain thermal combustion efficiency. Unit(s) shall include safety features such as flame sensor system, high limit sensors, overheat prevention device, freeze protection mode, and fan motor rotation detector. Multi-system (cascade) applications that require 2 to 16 units shall be installed by connecting the units using cable-only connections (Ready-Link). Cascade systems can be common vented with up to 8 units when a Common Vent Backflow Damper Collar Kit is installed. The water heater(s) exceeds the energy efficiency requirements of ASHRAE 90.1-2013 and is listed by SCAQMD rule 1146.2 (Type 1) for Low NOx that complies with 14 ng/J or 20 ppm NOx requirements @ 3% O2.

**Navien reserves the right to change specifications at any time without prior notice*

CA-20

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

Nerijus Zukas
3441 West Bangs Ave
Neptune NJ 07753

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

11/07/2019 TO 06/30/2021
VALID

36BI01338000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Liberty Pumps®

Model 404

Drain Pump
"Short Profile"

1/3 hp
3/8" solids-handling

Featuring QuickTree® technology for easy switch access!

Features:

- Factory pre-assembled, ready to install
- Fully automatic operation
- Short profile design for compact areas – only 11" tall
- Separate access cover for easy switch inspection (QuickTree®)
- Integrally molded rubber gasket for a superior gas-tight seal

Applications Include:

Bar sinks, laundry trays, dehumidifiers, utility sinks and gray wastewater drainage below gravity lines

Models:

404 1-1/2" Connections

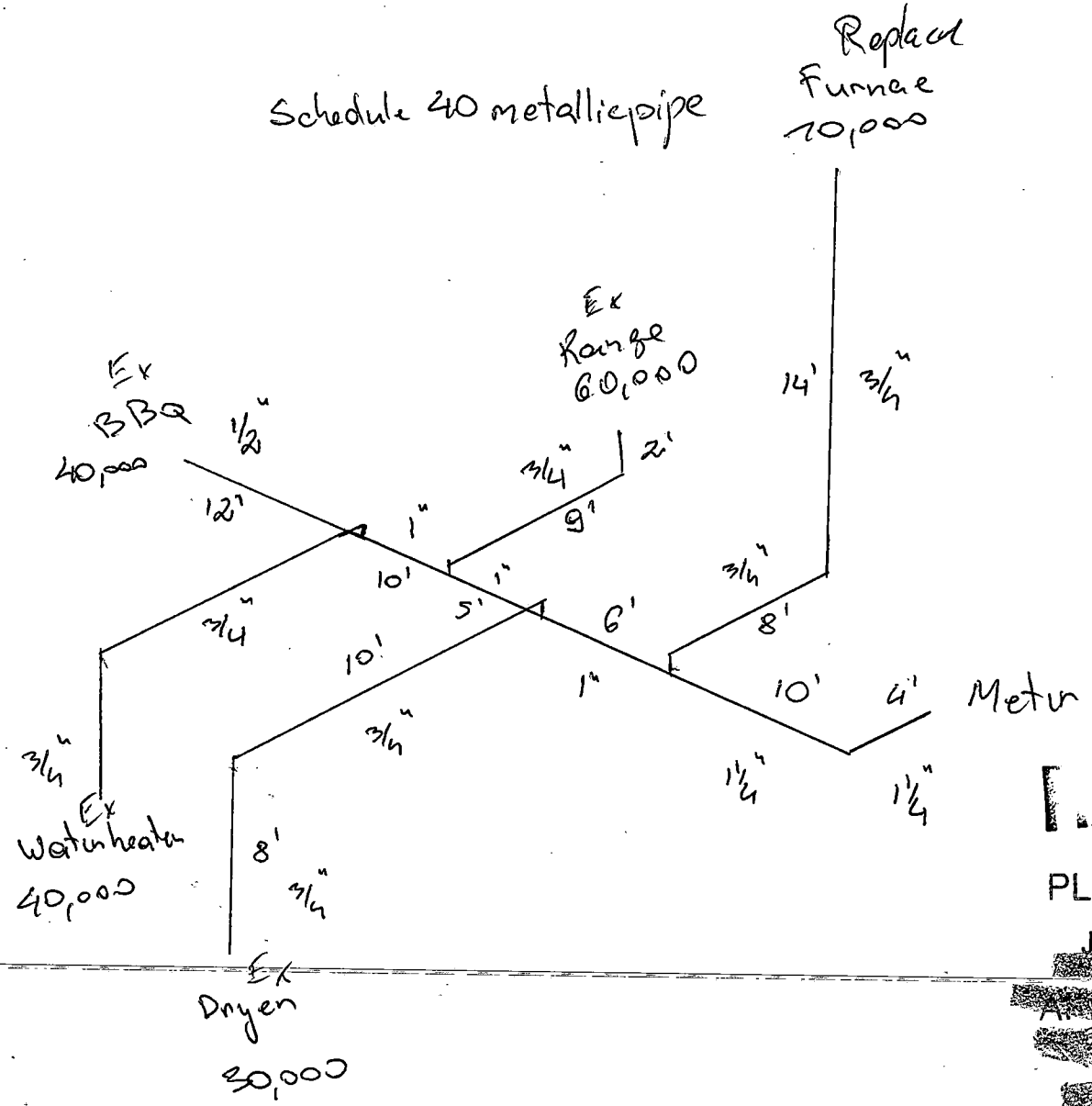
404L 2" Connections

1 YEAR WARRANTY

innovate. evolve.

143 Sherwood ln
Brick NJ-

Schedule 40 metallic pipe



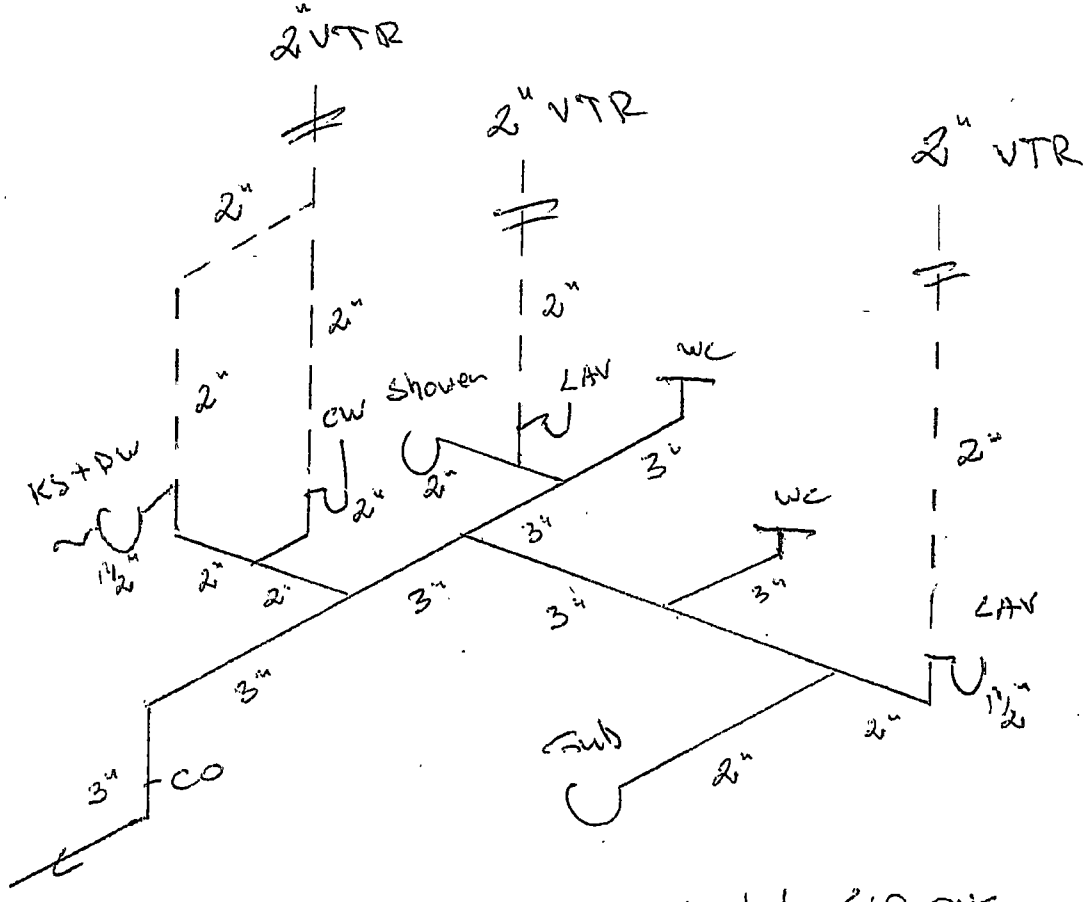
Total BTU – 240,000

Longest run –

COPY

PLUMBING

JAN 10 2020



Schedule 40 pvc

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143 Sherwood ln
Brick NJ

PERMIT UPDATE

Date Update Issued 1/05/20
Control # C-19-004094+A
Permit # +A

20-0149-1A

IDENTIFICATION Block: 1170.04 Lot: 14 Qualifier
Work Site Location: 143 SHERWOOD LANE Brick Township, NJ
Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ
143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511

Contractor: PACHOLEC, HALINA & EUGENIUSZ
Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL UPDATE +A - HVAC

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$150.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$161
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $6,000

Construction Official — Date 1/15/20

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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☑ A complete copy of released plans must be kept on the job site.

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

CONSTRUCTION PERMIT

Date Issued 1/15/20
Control # C-19-004094
Permit # 20-0149

IDENTIFICATION Block: 1170.04 Lot: 14 Qualifier

Work Site Location: 143 SHERWOOD LANE Brick Township, NJ

Owner in Fee: PACHOLEC, HALINA & EUGENIUSZ
143 SHERWOOD LANE BRICK NJ 08724

Telephone: (848) 992-5511

Contractor: PACHOLEC, HALINA & EUGENIUSZ
Address: 143 SHERWOOD LANE BRICK NJ 08724

Telephone: (848) 992-5511
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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 (Subchapter 8 only)
- [x] OTHER

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL INTERIOR ALTS, REAR PORCH & NEW DECK, FINISH BASEMENT, S/D's, GAS PIPING FOR FURNACE

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $21,300

D. Neumann 1/13/20
Construction Official Date

PAYMENTS (Office Use Only)

Building	$425
Electrical	$735
Plumbing	$150
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$41
CO Fee	$125.00
Other	$0
Total	$1,561
Check No.	
Cash	$0
Credit	$0
Collected By	

+75
1636

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

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

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

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

TOWNSHIP OF BRICK

ADDRESS: 143 Sherwood Rd

CONSTRUCTION PERMIT FEES:

BUILDING $_____

ELECTRIC $_____

PLUMBING $_____

FIRE $_____

STATE PERMIT FEE $_____

CERTIFICATE OF OCCUPANCY $_____

PROTOTYPE PROCESSING (LESS 25%) $_____

STATE PLAN REVIEW (LESS 25%) $_____

SUBTOTAL $_____

PRIOR APPROVAL FEES:

ZONING $_____

ENGINEERING $_____

SUBTOTAL $ 1636. + 161 —

TOTAL PERMIT FEE: $ 1797. —

PLEASE NOTE PAYMENT FOR PERMITS AND AFFORDABLE HOUSING ARE SEPARATE.

AFFORDABLE HOUSING FEES:

PRELIMINARY $ 25.00

CALLER'S NAME _____ DATE 1/13/20

SPOKE TO Jane (HOMEOWNER/CONTRACTOR)

COAH Fee

Council on Affordable Housing (COAH) Fee

Block: 1170.04 Lot: 14 143 SHERWOOD LANE

General | Fees | Payments

General

Date: 12/16/2019 | Application Type: Residential | Application Number: ZA-19-01468

Values

Sq. Ft.:	253
Cost / Sq. Ft.:	20
Estimated Assessed Value:	5060
Actual Assessed Value:	
Equalized Value:	
Land Value:	

○ Use Cost / Sq. Ft. for Calculation

◉ Use % of Assessed Value for Calculation

Contributions

Initial % Due:	0.5
% Required:	1
Estimated Contribution Fee:	50.6
Actual Contribution Fee:	0

◉ Use Estimated Fee for Payment Due

○ Use Actual Fee for Payment Due

Notes

Prelim Fees Due: $25.00

OK | Cancel

OK
12-16-19
CR

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1041

Receipt

Payment Date 01/15/2020
Transaction # PMT-20-00434
Receipt #

Issued To Konrad Pacholec

Description
Preliminary Affordable Housing
143 Sherwood Lane
Block: 1170.04 Lot: 14

Date Printed 01/15/2020
Check Number 226

Cash	$0.00
Check	$25.00
Charge	$0.00
Total Paid	$25.00

[redacted]

KONRAD PACHOLEC
1662 FORGE POND ROAD
BRICK NJ 08724

226
55-136/312
288

11/15/20
Date

Pay to the Order of Brick Township $ 25.00

twenty five 00/100 Dollars

Photo Safe Deposit® Details on back

TD Bank
America's Most Convenient Bank®

For Permit # 20-140144

MP

[redacted]

TD Bank, N.A.

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-19-01468
Application Date: 12/9/2019
Project Number:
Permit Number: ZP-20-00065
Fee: $75.00

Zoning Permit

Worksite Location: **143 SHERWOOD LANE**
Brick Township, NJ 08724

Owner: **PACHOLEC, HALINA & EUGENIUSZ**
Address: **143 SHERWOOD LANE**
BRICK, NJ 08724

Applicant: **PACHOLEC, HALINA & EUGENIUSZ**
Address: **143 SHERWOOD LANE**
BRICK, NJ 08724

Block: **1170.04** Lot: **14** Qualifier: Zone: **R-7.5**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Single-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Single-Family Residential**

Work Description:

Rehabilitation, Deck/Porch, Air-Conditioner Condenser Unit, Finish Basement - Construction of a 224 sq. ft. covered porch and 312 sq. ft. open deck.

Interior alterations to the first floor and converting 253 sq. ft. of the basement to living space. (Entertainment Room)

The deck and covered porch must be setback at least 25' from the front property, 25' from the second frontage on Walter Rd., 6' from the side property line, and 15' from the rear property line.

The A/C must be setback at least 25' from the front property line, 12.5' from the second frontage on Walter Rd., 5' from the side and rear property line.

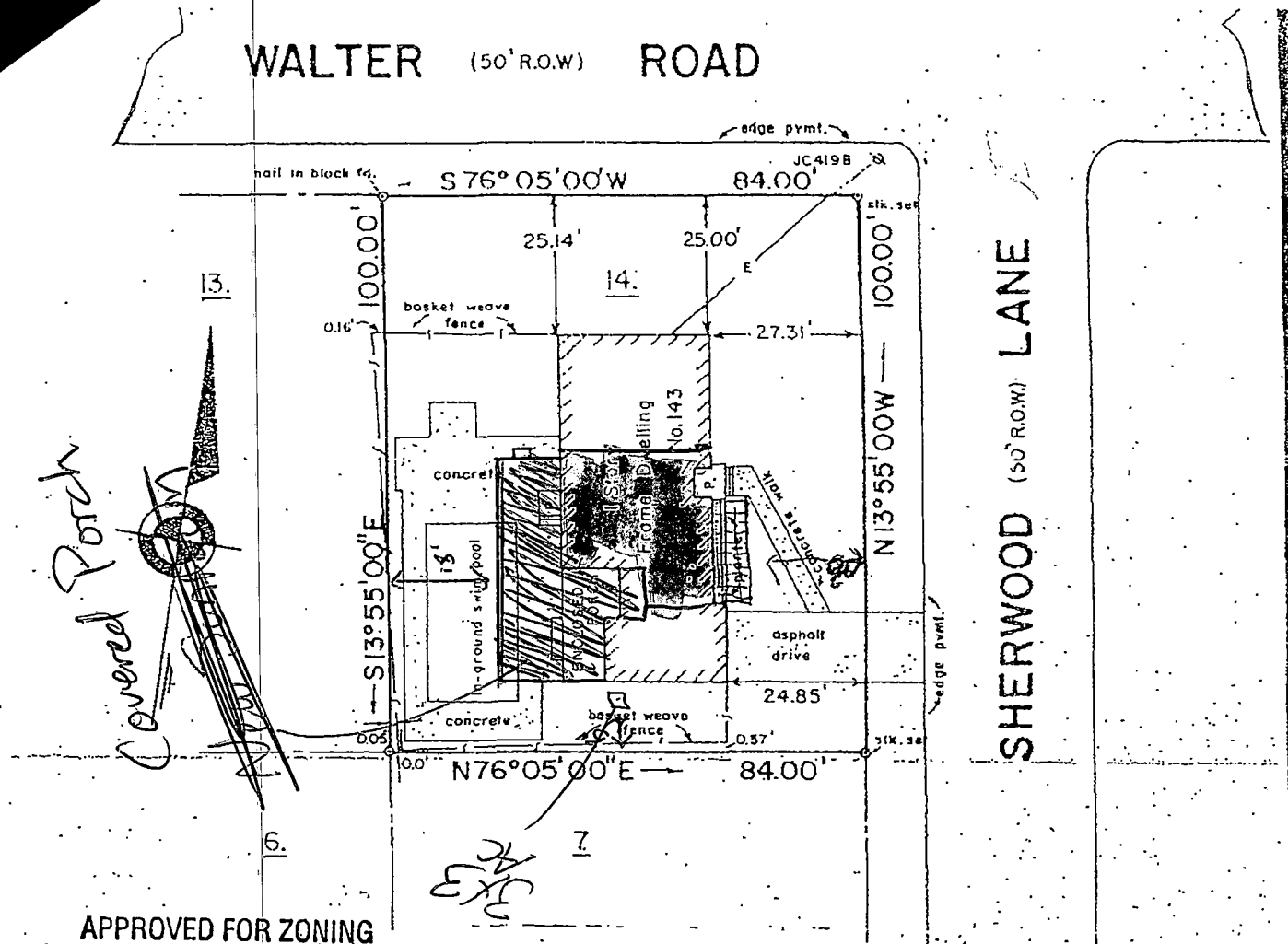
Additional Zoning Permit is required for additional work.

Application Approved Date: 12/13/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 12/13/2019 Date



APPROVED FOR ZONING
12-B-19 Deck/A/C/Base.
CHRIS ROMANO, ZONING OFFICER

APPROVED FOR ZONING ONLY
SEAN KENNEY, ZONING OFFICER
DATE 8/12/94 Sean Kenney

Tax Map Block 1170-4 deck

NOTE: BEING ALSO KNOWN AS LOT (14) IN BLOCK '1170-A-4' AS SHOWN ON "MAP OF LAUREL ACRES, BRICK TOWNSHIP, OCEAN COUNTY, N.J." DATED JUNE 27, 1956 AND FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON JULY 2, 1957 IN FILE NO. D-67.

This survey is certified as accurate to:
George M. Wheeler and Barbara Ann Wheeler, his wife; Ocean Federal Savings and Loon Association; and Trident Abstract Company.

143 Sherwood Ln
Brick NJ 08724

458-7863

SURVEY OF PROPERTY

situate in
TOWNSHIP OF BRICK, OCEAN COUNTY, N.J.

TAX MAP BLOCK 1170-4 LOT 14
(as shown on current Official Tax Map)

LeRoy C. Stroby
LeRoy C. Stroby
N.J. Licensed Land Surveyor No. 25485

SCALE: 1" = 30' DATE: Sept. 21, 1979

Drwn. by: CMdeL
Chk'd. by: CMdeL
File: 25/0010
Ref.:

WILLIAM W. STROBY ASSOCIATES, INC.
Land Surveyors ⟷ Prof. Planners
232 VAN DYKE PLACE
LONG BRANCH, N.J.
07740

EMS Heat Loss/Heat Gain Calculation

Company:	M.WLADCZYK HVAC LLC
Preparer:	Michal Wladczyk
Phone:	732 850 4292

Customer:	Eugeniusz Pacholec
Address:	231 Stonehurst Blvd. Freehold NJ
Phone:	
Date:	11/06/19

This HVAC load calculation has been performed using sound engineering principles as prescribed by Manual J seventh and eighth abridged editions and ASHRAE Fundamentals. Duct sizing has been performed as prescribed by Manual D.

1. Design Conditions

Total conditioned area (sq.ft.)	1300		
	Indoor	**Outdoor**	**Temp. Diff.**
Winter	76	0	76
Summer	68	100	32

Front of home is facing:
South

2. How would you describe the summer humidity in your area? Very Humid 60 Grains difference

3. How tight is the house? Not tight-under 1500 Sq. Ft.
Winter air change / hr: 2 Summer air change / hr: 1

4. Fireplace evaluation : Number: -- Select -- Tightness: -- Select -- 0

5. Number of occupants: 3

6. Overhang characteristics (optional)

	East	**West**	**S/SE/SW**
Distance of overhang from top of window (Ft.)	2	1	1
Length of overhang	1	1	1

[redacted]rough glass

[redacted]ng	Total area - Sq.Ft.	Type of glass	HTM	Linear ft.	Unshaded	Shaded	BTUH
[redacted]/Shaded	64	Double	24	Below OH		64	
NE/NW		-- Select --			0		0
South	58	Double	40		58	0	2320
SE/SW		-- Select --			0	0	0
East	45	Double	75.0		45	0	3375
West	36	Double	75.0		36	0	2700
Skylight		-- Select --					0
Total North and Shaded						64	1536
Total Solar Gain							9931
Adjust for tinted or reflective window coating?				No	1		9931

8. Ducts/Pipes

Location:	Duct system in enclosed crawl space				
Attic Temp.	Insulation		Leakage		Area
-- Select --	R-8	0.85	sealed	1	1300

Duct gain:	0.08	Duct loss:	0.12

[redacted]nation

ments of Load	Insulation / R-value	Area/lin.ft.	U-value	Heat Loss	Heat Gain
Gross Wall		2104	Glass solar gain		9931
Glass 1	Double	203	0.56	8640	
Glass 2	-- Select --			0	
Skylight	-- Select --	0		0	
Doors	-- Select --			0	0
Net walls	R-19	1901	0.06	8669	3650
Ceilings	R-30	950	0.033	2383	1411
Floors	R-19	450	0.055	940	0
Open floors	-- Select --			0	0
Slab floors	-- Select --			0	0
Volume of your building or zone (cu. Ft.)		4210		11732	2470
		People			900
		Appliances			3200
		Sub Total		32363	21562
		Duct Loss/Gain		3879	1715
		Sensible Load		36242	23277
		Latent Load			3553
		TOTAL BTUH		36242	26830

Summary		
	BTUH	Tons
Total heating load	36242	
Total cooling load	26830	2.2

Equipment selection as per Manual S

	BTUH	Nom.Tons
Total heat loss	36242	
Total heat gain	26830	2.2
Sensible heat gain	23277	
Latent heat gain	3553	
Sensible/total ratio	0.87	
Target cooling TD	17	

Design temp.	Outdoor	Indoor
Winter	0	76
Summer	100	68
ID design RH	50%, 63F WB	
Altitude		

Predominantly Cool climate

Manufacturer's Equipment Specification

Equipment	Manufacturer	Model No.	BTUH output	Clg. capacity @ OD design temp.		
				Total	Sensible	Latent
Furnace	lennox	ml193	43000			
Boiler						
Heat pump / AC	lennox	13acx		30000		30000
Evaporator						
Air handler						
TOTAL CAPACITY with altitude correction			43000	30000	0	30000
Selected equipment size			OK	OK	UNDERSIZED	OK

Heating CFM	Cooling CFM (rec.)	Ext. static pressure of blower
	0	

Available static pressure for duct

Blower ext. static press.	
coil pressure drop	
filter pressure drop	
register pressure drop	
grille pressure drop	
other	
Available SP for duct	0

Supplemental heat needed for heat pump

HP capacity @ 47F	
HP capacity @ 17F	
HP capacity @ ODDT	
BTUH supplemental heat	
KW supplemental heat	

LENNOX

PRODUCT CATALOG

GAS FURNACES
ML193UH
MERIT® SERIES
Upflow/Horizontal - Direct/Non-Direct Vent
AFUE - 93%
Input - 44,000 to 132,000 Btuh

FEATURES

Heating System
Lennox Designed Aluminized Steel Heat Exchanger Assembly
Aluminized Steel Inshot Burners
Gas Control Valve with 100% Safety Shutoff
Flame Rollout Switch
Hot Surface Silicone Nitride Ignitor
Combustion Air Inducer
Limit Control

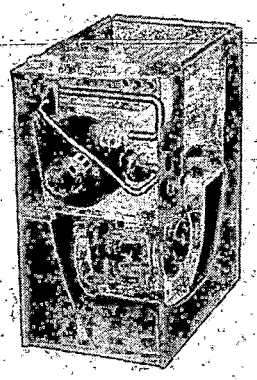
Direct Vent/Non-Direct Vent Sealed Combustion
Direct Vent - combustion air supplied from outdoors
Non-Direct Vent - combustion air supplied from indoors

Controls
Integrated Furnace Control
Built-in Twinning Capability
24 Volt Transformer
Field Wiring Make-up Box

Blower
Multi-Speed, Direct Drive Blower

Cabinet
Upflow/Horizontal applications
Pre-painted cabinet finish
Foil-faced insulation on sides and back of heating compartment.

Coil Match-up
All furnaces match C33/35 and CX34/35 cased upflow indoor coils and CH33 horizontal indoor coils with same letter designation in model number.



LIMITED WARRANTY

Heat Exchanger - twenty years
All other covered components - five years
Refer to Lennox Equipment Limited Warranty certificate included with equipment for details

ACCESSORIES

See page 53

Cabinet
- Condensate Kits
- Condensate Drain Heat Cable
- Crawl Space Vent Drain Kit
- Horizontal Suspension Kit
- Return Air Base

Controls
- Thermostat

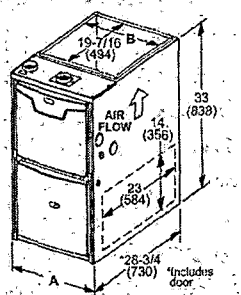
Filter Kits
- Air Filter and Rack Kits

Gas Heating
- Gas Conversion Kits
- High Altitude Pressure Switch Kits
- High Altitude Orifice Kits
- Termination Kits

Service Kits
- Night Service Kit
- Universal Service Kit - Switches

DIMENSIONS

Furnace Width		"B"	"C"	"D"
A Dimension		17-1/2 (446)	21 (533)	24-1/2 (622)
B Dimension		16-3/8 (416)	19-7/8 (454)	23-3/8 (546)
Bottom return	Width	16 (406)	19-1/2 (495)	23 (584)
	Depth	23-1/2 (597)	23-1/2 (597)	23-1/2 (597)



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS

Gas Heating Performance	Model No.	ML193UH 045XP24B	ML193UH 045XP36B	ML193UH 070XP24B	ML193UH 070XP36B	ML193UH 090XP36C
	AFUE	93%	93%	93%	93%	93%
	Input - Btuh	44,000	44,000	66,000	66,000	88,000
	Output - Btuh	41,000	42,000	62,000	62,000	83,000
	Temperature rise range - °F	35 - 65	25 - 55	50 - 80	40 - 70	50 - 80
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	High static - in. w.g.	0.50	0.50	0.50	0.50	0.50
Connections in.	Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2	2 / 2	2 / 2
	Gas pipe size IPS	1/2	1/2	1/2	1/2	1/2
	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
Indoor Blower	Wheel nom. dia. x width - in.	10 x 8	10 x 8	10 x 8	10 x 8	10 x 8
	Motor output - hp	1/5	1/3	1/5	1/3	1/3
	Tons of add-on cooling	1.5 - 2	2.5 - 3	1.5 - 2	2.5 - 3	2 - 3
	Air Volume Range - cfm	390 - 1140	700 - 1600	390 - 1140	660 - 1615	695 - 1620
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase				
	Blower motor full load amps	1.5	6.1	3.1	6.1	6.1
	Maximum overcurrent protection	15	15	15	15	15
Shipping Data	lbs. - 1 package	120	122	125	127	143

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1]Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

Gas Heating Performance	Model No.	ML193UH 090XP48C	ML193UH 110XP48C	ML193UH 110XP60C	ML193UH 135XP60D
	AFUE	93%	93%	93%	93%
	Input - Btuh	88,000	110,000	110,000	132,000
	Output - Btuh	83,000	104,000	104,000	124,000
	Temperature rise range - °F	40 - 70	50 - 80	40 - 70	45 - 75
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	High static - in. w.g.	0.50	0.50	0.50	0.50
Connections in.	Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2	2 / 2
	Gas pipe size IPS	1/2	1/2	1/2	1/2
	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
Indoor Blower	Wheel nom. dia. x width - in.	10 x 10	10 x 10	11 ½ x 10	11 ½ x 10
	Motor output - hp	1/2	1/2	1	1
	Tons of add-on cooling	3 - 4	3 - 4	4 - 5	4 - 5
	Air Volume Range - cfm	900 - 2025	850 - 2030	1210 - 2525	1340 - 2660
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase			
	Blower motor full load amps	8.2	8.2	11.5	11.5
	Maximum overcurrent protection	15	15	15	15
Shipping Data	lbs. - 1 package	146	155	161	178

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
[1]Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

AHRI CERTIFIED www.ahridirectory.org

HRAI A LENNOX COMPANY

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LENNOX

PRODUCT CATALOG

AIR CONDITIONERS
13ACX
MERIT® SERIES

R-410A
SEER - Up to 15.50
1.5 to 5 Tons

Page 21
January 2017
Supersedes June 2016

FEATURES

Refrigerant System

Scroll Compressor

Non-chlorine, ozone friendly, R-410A refrigerant.

Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils

Copper tube construction with enhanced ripple-edged aluminum fins.

Fully serviceable brass service valves.

Liquid line drier shipped with unit

High Pressure Switch

Totally enclosed, direct drive outdoor fan motor with sleeve bearings.

Louvered steel top fan guard.

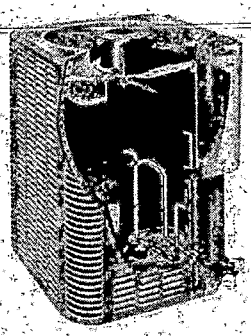
Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.

Steel louvered panels provide complete coil protection

PennaGuard™ zinc-coated base.

Corner patch plate allows access to compressor.



LIMITED WARRANTY

Compressor - five years

All covered components - five years

Refer to Lennox Equipment Limited Warranty certificate included with equipment for details

AHRI RATINGS

See AHRI Ratings Supplement

ACCESSORIES

See page 24

Cabinet

- Mounting Base
- Unit Stand-Off Kit

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

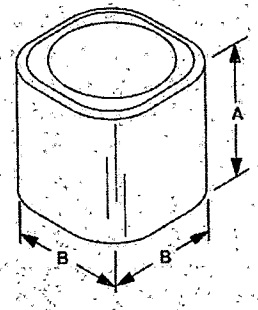
- Freezestat
- Indoor Blower Off Delay Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS

Model No.	A	B
13ACXN018 13ACXN024	25-1/4 (616)	24-1/4 (616)
13ACXN030 13ACXN036	29-1/4 (743)	24-1/4 (616)
13ACXN042	29-1/4 (743)	28-1/4 (718)
13ACXN048	33-1/4 (845)	28-1/4 (718)
13ACXN060	29-1/4 (743)	28-1/4 (718)



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Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
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SPECIFICATIONS

General Data	Model No: North Region	13ACXN018	13ACXN024	13ACXN030	13ACXN036	13ACXN042	13ACXN048	13ACXN060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
Indoor Unit Expansion Valve (TXV) (If needed)		12J18	12J18	12J18	12J19	12J20	12J20	12J20
RFCIV Metering Orifice Usage		See AHRI Air Conditioner System Matches (Bulletin No. 210561AC)						
[1] Sound Rating Number (dB)		76	76	76	76	79	79	79
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	5/8	5/8	3/4	3/4	3/4	7/8	7/8
[2] Refrigerant (R-410A) furnished		3 lbs. 15 oz.	3 lbs. 15 oz.	5 lbs. 2 oz.	5 lbs. 4 oz.	6 lbs. 8 oz.	7 lbs. 12 oz.	9 lbs. 0 oz.
Outdoor Fan	Diameter - in.	18	18	18	18	22	22	22
	Number of blades	3	3	4	4	4	4	4
	Motor hp	1/10	1/10	1/5	1/5	1/4	1/4	1/4
Shipping Data - lbs. 1 package		138	138	144	151	188	195	216
ELECTRICAL DATA								
Line voltage data - 60 hz - 1ph		208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)		20	25	30	35	45	50	60
[4] Minimum circuit ampacity		12.4	14.7	18.7	22.0	28.1	31.9	34.6
Compressor	Rated load amps	9.4	11.2	14.1	16.7	21.2	24.2	26.3
Condenser Fan Motor	Full load amps	0.7	0.7	1.1	1.1	1.7	1.7	1.7

NOTE – Extremes of operating range are plus 10% and minus 5% of line voltage.
[1] Sound Rating Number rated in accordance with test conditions included in AHRI Standard 270.
[2] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.
[3] HACR type circuit breaker or fuse.
[4] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements

AHRI CERTIFIED www.ahridirectory.org

HRAI MEMBER COMPANY

ETL C US LISTED Intertek

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

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[illegible]

DCA

THIS IS TO CERTIFY THAT

[illegible]

05/15/2018 TO 06/30/2021

[illegible]

TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 1170-4 **LOT:** 14

ADDRESS: 143 SHERWOOD RD

OWNER: EUGENIUSZ PAEHOLEC

1	WATER CLOSET (TOILET)
	URINAL/BIDET
1	BATH TUB
1	LAVATORY (BATHROOM SINKS)
	SHOWER
1	SINK (KITCHEN)
	DISHWASHER
1	WASHING MACHINE
1	HOSE BIBS (TOWNSHIP WATER ONLY)
	MOP SINK

ONLY FILLOUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 143 SHERWOOD LN

BLOCK: 1170-4 **LOT:** 14

CONTRACTOR: EUGENIUSZ PACHOLEC

CONTRACTOR'S ADDRESS: 1662 FORGE POND RD.

Type of Construction(minor, new home): MINOR

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

Party responsible for removal: RUBIN WASTE DISPOSAL

Dumpster Size: 30 Cu yds

Destination of Debris: IN HOWELL

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

10/3/19
Date

EUGENIUSZ PACHOLEC
Print Name

11/8/19
Called Eugene.
Will be in
Wednesday.
CW

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Administrative Plan Review

Control Number: C-19-004094 | Permit Number: | Tube Number:
Application Date: 11/8/2019 | Permit Issue Date:
Received Date: 11/8/2019 | Result: Incomplete | Result Date: 11/8/2019

Work Site Location: [redacted] Brick Township, NJ
Block: 1170.04 Lot: 14 Qualifier:

Owner: PACHOLEC, HALINA & EUGENIUSZ
Owner Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511
Agent: PACHOLEC, HALINA & EUGENIUSZ
Agent Address: 143 SHERWOOD LANE BRICK NJ 08724
Telephone: (848) 992-5511
Contractor:
Contractor Address:
Telephone:
Engineer:
Engineer Address:
Telephone:
Architect:
Architect Address:
Telephone:

12/5/19
Resubmit
Set

SITE

Plan Review Comments: 11-08-19 RETURNED TO CW. REQUIRE:
1- REFER TO CONVERSION CHECKLIST.
2- APPLICATION DOES NOT JIVE WITH WHAT IS BEING SUBMITTED.
LRT

Plan Review Subcode Notes

Conrad
848-992-5511

Date Printed: 11/8/2019

Township of Brick

CONVERSION- GARAGE/BASEMENT CHECKLIST

REVISED 12/30/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Use section XI to indicate total square feet of converted living space. Correct before addition + does.	Yes X	No ___
2. Zoning Application completely filled out (All Sections)	Yes X	No ___
3. Engineering Form completely filled out (All Sections)	Yes X	No ___
4. Four true size surveys to scale showing all dimensions & setback of existing and proposed structures and indicate area of proposed work. Plot Plan says sunroom	Yes X	No ___
5. Bldg/Plmg/Electrical/ Fire/Mechanical Subcode Technical Section completed. (Plumbing, Electric & Mechanical must be sealed if using a licensed contractor) Sunroom, covered porch? Label basement room	Yes ___	No ___
6. Two sets of plans – Architecturals signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes X	No ___
7. Completed Debris Form	Yes X	No ___
8. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace) Furnace? Chimney cert	Yes ___	No ___
9. Heat Loss/Gain if using existing HVAC	Yes ___	No ___
10. Two (2) gas pipe drawings – BTU's, length and size of pipe - only needed if gas piping is **new or altered** label + add to tech - ex new replace?	Yes ___	No ___
11. Two (2) Drain Waste Vent schematic if **new or altered**	Yes ___	No ___
12. List of Existing Plumbing Fixtures – (**if adding new fixtures**)	Yes X	No ___
13. Detail of all Electrical Locations (receptacles, switches, detectors, etc.)	Yes X	No ___
14. Detail of existing & proposed smoke & carbon monoxide detectors	Yes X	No ___
15. Copy of current Home Improvement Contractor Registration if work is being done by Contractor & copy of HVACR for any mechanical work	Yes ___	No ___

Chmy cert