вьоск <u>146.30</u> гот 10	. QUALIFICATION CODE	ADDRESS (S	NITE) 583 NORTH LAKESHOPE DE PERMIT NO. 11-0020
	CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION		V. FEE SUMMARY (for office use only) 1. Building 2. Electrical 3. Plumbing 4. Fire Protection 5. Elevator Devices 6. Subtotal 7. Less 20% for State Plan Review \$
2. Name of Owner in Fee: Address	e-mail Private SHORE DRIVE, 13R. Private SHORE DRIVE, 13R. Private SHORE DRIVE, 13R.	zip code 2_1477-3300	8 Subtotal \$
License No. OR, if new home, Builder Re Home Improvement Contractor Registrat Federal Emp. ID No. 21-0703 5. Architect or Engineer Address Tel. () 6. Responsible Person in Charge once Wor Tel. (732)	eg. No E ion No. or Exemption Reason (if applical 5/75	Exp. Date	2. Height of Structure
IIa.PROPOSED WORK Minor Work Repair	☐ New Building ☐ Alteration— -		2 Lies Group Proposed
☐ Asbestos AbatSubcl		nent Radon Reme OFFICE USE ONLY (Option	ediation
(Check all that apply) Building	st Plans Date Rejection Rec'd by Rec'd Date	Approval Re- Date viewer	Resubmission Dates . Re- Approval Rejection viewer 4. No. of dwelling units <u>Total Units Income-restrict</u> Gained Sale
☐ Electrical		13/30/10 0	Lost, Sale Lost, Rental
☐ Plumbing ☐ Fire Protection		1-4-11 2 DO	B. NON-RESIDENTIAL (primary use) 1. State Specific Use: 2. Use Group, Proposed:
☐ Elevator - TOTAL COST			C. MIXED USE -List secondary use(s): D. Construct: Classification: Present

2.

□ Prototype Processing

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

DO	O YOU WANT:
1.	Partial Releases

- 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

Proposed _

- 8. Smoke Control Systems in Open Wells
 9. Underground Storage Tanks
 10. Swimming Pools, Spas and Hot Tubs
 11. LPGas Tanks

CERTIFICATION IN LIEU OF OATH OWNER SECTION (to be completed if

I hereby certify that I am the owner in fee of the property listed on Page 1.
Thereby certify that it are the of the property will a service of the property will a service of the property will a service of the property will be serviced on the
Mark the following applicable boxes:
A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or to subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that sat new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) are that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of certificate of occupancy.
I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FO THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTE ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, O OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARIL AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.
B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renov tion, or repair to an existing single family residence owned and occupied by myself and located on the property liste on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.
C. () I further certify that I will perform or supervise the following work: C.1. () Building C.2. () Fire Protection
further certify that I will perform the following work: C.3: () Electrical C.4. () Plumbing
D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division Taxation and to comply with all New Jersey tax laws.
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, coun and local prior approvals have been given, including such certification as the construction official may require.
I understand that if any of the above statements are willfully false, I am subject to punishment.
Signature Date
Signature bate
Signature Date Date II. AGENT SECTION (to be completed if the applicant is not the owner in fee)
II. AGENT SECTION (to be completed if the applicant is not the owner in fee) I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is auth
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Brick Township 401 Chambersbridge Rd Brick, NJ 08723

 Date Issued
 03/04/2011

 Control Number
 C-10-004643

 Permit Number
 11-0026

 Permit Issue Date
 01/05/2011

Certificate Number 11-0026

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Idend	Incacion
Work Site Location: 583 N. LAKE SHORE DR. Brick Township,	NJ_Block: 446.20 Lot: 10 Qual:
Owner in Fee: COYLE, JAMES G & HEDELIZA M	į ,
Owner Address: 583 N LAKE SHORE DR BRICK NJ 08723	
Telephone:	i .
Contractor BRICK TOWNSHIP HEATING & AIR	:
Address 465 BRICK BLVD BRICK NJ 08723	<u> </u>
Telephone: <u>(732) 477-3300</u> Fax: <u>(732) 4</u>	77-0205
License Number or Builders Registration Number: 13VH01	918000 Federal Emp. Number: 21-0103175
Home Warranty Number:	,
Type of Warranty, Plan: State Private	
Use Group: R-5 Construction (Classification
	cupancy Load: 0
	• • •
Description of Work/Use: AIR CONDITIONER, FURNACE replace	ement :
•	:
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 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.
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	☐ 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
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	Certificate of Compliance This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the
The following conditions must be met no later than or the owner will be subject to fine or order to vacate:	New Jersey Uniform Construction Code and is approved for use until
This certificate has an expiration date of: Conditions to be met:	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	Check Number:
1100 F000 (mm 2007)	Collected By:
Date Printed: 03/04/2011 U.C.C. F260 (rev. 08/05)	Page 1



IDENTIFICATION Work Site Location:	Block: 446,20 Lot: 10 583 N. LAKE SHORE DR. Brick Township, NJ		NSHIP HEATING & AIR	
Owner in Fee	COYLE, JAMES G & HEDELIZA M 583 N LAKE SHORE DR BRICK NJ 08723			
Telephone:		Lic. No. or Bldrs. Reg. No. Federal Employee. No.	21-0103175	
ls hereby granted	permission to perform the following work:		PAYMENTS (Office Use Only)	
BUILDING	✓ PLUMBING ☐ LE	AD HAZARD ABATEMENT	Building\$0	•
		AU HAZARU ABAT EIVIENT	Electrical\$40	•
✓ ELECTRICAL	☑ FIRE PROTECTION □ DE	MOLITION	Plumbing\$50	
☐ ELEVATOR DE		THER	Fire Protection\$45	
· —	(Subchapter 8 only)		Elevator Devices\$0	
DESCRIPTION OF			Other\$0.00	
AIR CONDITIONE	R. FURNACE replacement		DCA Training Fee \$1	
		· · · · · · · · · · · · · · · · · · ·	CO Fee	
·			Other\$0	
Note: If constuction cease	on does not commence within one (1) year of date ones for a period of six (6) months, this permit is voices.	of issuance, or if	Total \$136	
Estimated Cost of			Check No	
	On Dill	1	Cash\$0	
Construc	tion Official Date	4	Credit <u>' ≈ \$0</u>	ı
	Date		Collected By	
U.C.C. F170 equiv (rev 8/03)		•		• • • • • • • • • • • • • • • • • • •
	- INSPECTOR 2 CANARY - OFFICE	3 PINK - TAX ASSES	SSOR 4 GOLD - APPLICANT	
out such periodic ir Uniform Construction The owner or other Requests for inspe	must be inspected in accordance with the State Uniforn ispections during the progress of work as are necessar on Code. responsible person in charge of work must notify this ctions must be made at least 24-hours prior to the time r which they are requested. The work must not proceed	ry to insure that the work insta agency when work is ready fo the inspection is desired. Ins	alled conforms with the requirements of the rany required inspections specified below.	
	ctions for all subcodes for one- and two-family dwelling	na ana aa fallaway		
1. The bottom	of footing trenches before placement of footings, exceed with the requirements of the building subcode.	-	tions, inspections shall be made in	
2. Foundation	s and all walls up to grade level prior to back filling.			
plumbing. T ventilation a	al framing, connections, wall and roof sheathing and in: The framing inspection shall take place after the rough and /or air conditioning duct system. The insulation ins installation of any interior finish material.	electrical and plumbing inspec	ctions and after the installation of the heating. er all other subcode rough inspections and . [15]	լ 40.ლ
	of all finished materials, sealings of exterior joints, plur systems equipment.	mbing piping, trim and fixtures	; electrical wiring devices and fixtures;	\$50.60 \$45.50
	ired inspections for all subcodes of construction, for otl ces and Barrier Free subcode accessibility, if applicable		dwellings, arêlfirê suppression systems, heat CHECK \$256	00.1¢ QQ
Required speci	al inspections. The applicant by accepting the permit w	vill be deemed to have conser	nted to these requirements:	÷
inspections inc equipment; ele	on is required for each applicable subcode area before lude the installation of all interior and exterior finish ma ctrical wiring, devices and fixtures; plumbing pipes, trin ecessibility, if applicable; and verification of compliance	iterials, sealing of exterior join in and fixtures; tests required b	ts, mechanical system and other required by any provision of the adopted subcodes,	
A complete cop	by of released plans must be kept on the job site.	•		
If you do not under	stand any of this information, please ask.	•		

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73 BE 74 BE	Ц

TECHNICAL SECTION ELECTRICAL SUBCODE



Approved by: Single Spring Sonding Certification		OF CERTIFICATE	ં! \ ≓	3000 PEHMIT	Plumb	Review Required:	Date: Approved by: Copsit: Serv.	Approved by Barrier-Fee	es Approved R	No Plans Required Type:	JOB SUMMARY (Office Use Only)	* \$ _ ZOO.00	[] Pole/Pad # WWECLING [] Temporary [B. ELECTRICAL CHARACTERISTICS	O	Contractor License No. 4872	ı	CONTRACTOR: EUREKA ELEL SERVICE	Address 583 NORTH LAKE SHORE DR.	-	WORK SITE LOCATION TO THE STORE	20 N/00 Lot / C	CONTRACTORS, NOTIFY THIS OFFICE. CALL, UTILITY DIG NO: 1-800-272-1000	A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
Bonding		ssued	ssued	471 7-51/00						Failure Approval Initial] Other	Proposed BEPLACEMENT	FAX: (1)0) 900-1930	(if applicable):	Exp. Date 2012		Tel. (73d.) 255-2822	BRICK, NJ 08723			Qualification Code	300-272-1000.	NFORMATION, WHEN CHANGING
	CAST	AMP Moto	AMP Subj	AMP Sen	HP Motors	KW Baset	370V KW Centr	HP Garba	KW Elec.	KW Oven	KW Elec.	Pool Pern	TOTAL NI	Alarm De	Emergen Communi	- Motors—	Light Pole	Switches	Receptac	QTY SIZE ITEMS		(NO) A (NO)	- REPLACEMEN	DESCRIPTION OF WOR	D. TECHNICAL SITE DATA

Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant Applicant's Signature/Contractor's Seal and Signature

grized to make this application and perform

I hereby certify that I am the (agent of) owner of the work listed on this application.

C. CERTIFICATION IN LIEU OF OATH

Date Received Control #

Date Issued Permit #

DESCRIPTION OF WORK

BEPLACEMENT OF EXISTING FURNACE,

COIL Y CONDENSING UNIT

	-					-	1	i															QTY
						ODIC																	SIZE
Administrative Surcharge Minimum Fee State Permit Surcharge Fee	KW Elec. Sign/Outline Light (AS FURNIACE REPURCONOUT	AMP Subpanels AMP Motor Control Center	AMP Service	KW Transformer/Generator	KW Baseboard Heat	KW Central A/C Unit	HP Garbage Disposal	KW Elec. Dryer/Receptacle KW Dishwasher	KW Elec. Water Heater	KW Elec. Hange/Receptacle KW Oven/Surface Unit	Storable Pool/Spa/Hot Tub	Pool Permit/with UW Lights	TOTAL NUMBERS	Alarm Devices/F.A.C. Panel	Communications Points	Emergency & Exit Lights	Motors—Fract, HP	Light Poles	Detectors	Switches	Receptacles	Lighting Fixtures	ITEMS
* * * *	SUC												\$										FEE (Office Use Only)
						1			`` 		1						//	٠.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Only)

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1-24-11 NO EXETTIC TO AC



FIRE PROTECTION SUBCODE

TECHNICAL SECTION

Block 44410 CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Qualification Code

Heating System:[] New OR [X] Existing [] HVAC Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH019 18000 Federal Emp. ID No. 31-0703175 FAX: (73) 477-0805 Work Site Location 583 NORTH LAKE SHORE DRIVE BRICK LWT 08703 Constr. Class: Present _ Use Group: B. FIRE PROTECTION CHARACTERISTICS Fire Alarm Contractor No. Fire Protection Equipment, NJ Div of Fire Safety Installer No. Fire Protection Equipment, NJ Div of Fire Safety Permit No. Owner in Fee: Tel. (Address 465 BRICK BLUD, BRICK, NJ 08723 e-mail Contractor Address BRICK TOWNSHIP HOATING ~ PAICEO. Present 583 NORTH CAKE SHOLE DRIVE DYLE Proposed Proposed e-mail Fire Alarm System:[] New OR [] Existing Fire Suppression/Standpipe System Location of Panel: Exp. Date Tel. (732) 477-5300 BRICK, NJ 08733

Control #	Date Received
\geq	
0	_
000	メノ

Permit # Date Issued

C. CERTIFICATION IN LIEU OF OATH

to make this application.

[] Certified Contractor Applicant's Signature/Contractor's Signature Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REPLACE MENT

OF EXISTING FURNACE, COIC

CONDENSING UNIT

Water Supply Source

Method of Alarm/Suppression System Supervision	rvision _	
7	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems	i	
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls,		
water/flow)		
Supervisory Devices (i.e., tampers, low/high air)	Î	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		
Fired Appliances [Y Gas or [] Oil	+	
Fireplace Venting/Metal Chimney		
Other		
Administrative	∕e Surcharge \$	je \$ ///////////////////////////////////

Type: [X] Gas [] Oil

[] Electric [] Solar

[·] Other,

Location: UTILITY

2002

Location of Main Control Valve: []New OR [] Existing

Fuel Storage Tank:

Fuel Type: [] Flammable on [] Combustible

Capacity

State Permit Surcharge Fee \$

TOTAL FEE \$

Minimum Fee \$



TECHNICAL SECTION PLUMBING SUBCODE

NORTH

Qualification Code



Building Sewer Size Est. Cost of Plumbing Work **B. PLUMBING CHARACTERISTICS** Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Federal Emp. ID No. 21-0703/35 Work Site Location Water Service Size Contractor License No. Owner in Fee: Contractor Address Address JOB/SUMMARY/Office Use Only) XEVIEW. Present NORTH Public Water PARE SHORE Public Sewer 08723 AKE SHOKE TOWNS OF THE e-mail Proposed X e-mail FAX: (232 Exp. Date Private Well Private Septic 08723 Print name here: sign and seal here: TECHNICAL SITE DATA BESCRIPTION OF WORK
REPUTOF EXISTING Y CONDENSING UNIT Washing Machine Floor Drain Water Closet Water Service Connection
Stacks FURNING REPLACEMENT Steam Boiler Gas Piping Fuel Oil Piping Water Heater Dishwasher · Sewer Connection Greasetrap Backflow Preventer Interceptor/Separator Sewer Pump -Hot Water Boiler LPGas Tank Hose Bibb Drinking Fountain Shower Lavatory ~ Bath Tub Urinal/Bidet FIXTURE/EQUIPMENT TON A IC REPLACEMENT Licensed Plumbing Contractor FURNACE, COIL FEE (Office.Use Only Exempt Applicant

Permit # Date Issued

C. CERTIFICATION IN LIEU OF OATH

application and perform the work listed on this application I hereby certify that I am the (agent of) owner of record and am auth

Applicant sign/Contractor

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee TOTAL FEE



FIRE PROTECTION SUBCODE **TECHNICAL SECTION**



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000: Block 446.30 Qualification Code

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

Applicant's Signature/Contractor's Signature

[] Exempt Applicant

D. TECHNICAL SITE DATA [] Certified Contractor C. CERTIFICATION IN LIEU OF OATH

Date Issued
Permit #

Control # Date Received

Owner in Fee:

Work Site Location

NORTH LAKE STORE DRIVE

ECL80

ACTION OFFICE SUPPLIES, INC (800) 298-1000 U.C.C. F140 U.C.C. F140 1 White = Inspector Copy 3 Pink = Office Copy	Date: Mechanical Approved by: Smoke Control Smoke Control Smoke Control Smoke Control Flam/Combust Tanks T 1/Co Mechanical Flam/Combust Tanks Fireplace Venting Approved by: Final Smoke Control Smoke Co	JOB SUMMARY (Office User Only) PLAN REVIEW PLAN REVIEW PLAN Recuired Approval Initial Approval In	Protection Wo	m:[] New OR [] Ex ts [] Oil [] Ek her	HARACTERISTICS Proposed Proposed Proposed	ection Equipment, NJ Div of Fire Safety Permit No ection Equipment, NJ Div of Fire Safety Installer No Contractor No.	e-mail Address SK3 NORTH (DKE SHORE) DLUE BRUK, N. I. OR 723 Contractor: BRUK TUNKSHID K 11771K & DLUE ((7) Let ((7) Let (7) Let (
2 Canary = Office Copy 4 Gold = Applicant Copy	Kitchen Hood Exhaust System Smoke Control System Fired Appliances [Pre-engineered Systems Wet Chemical Dry Chemical CO ₂ Suppression Foam Suppression FM200 Suppression FM200 Suppression Other	Pre-action Valves Pre-action Valves Sprinkler Heads (Dry and Wet) Standpipes	Other Devices (i.e., hom/strobes, bells) Other Devices TOTAL Suppression Systems Fire Pump GPM Type	[] 110v Interconnected [] CO Detectors/110v Alarm Devices (i.e., smoke, heat, pulls, water/flow) Supervisory Devices (i.e., tampers, low/high air)	Planmable/Combustible Tanks Alarm Systems [] System	DESCRIPTION OF WORK: REPLACE A ENT OF CRISTING FURNALE, COLC 1 (00) ENS//06 U.O.17 Water Supply Source Method of Alarm/Suppression System Supervision



TECHNICAL SECTION FIRE PROTECTION SUBCODE



to make this app

C. CERTIFICAT hereby certify

Fire Alarm Contractor No. Héating System:[] New OR [] Existing [] HVAC Constr. Class: Present B. FIRE PROTECTION CHARACTERISTICS Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Fire Protection Equipment, NJ Div of Fire Safety Installer No. Fire Protection Equipment, NJ Div of Fire Safety Permit No. CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Fuel Storage Tank: Type: [🛁 Gas [] Oil Owner in Fac-Work Site Location A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Federal Emp. ID No. _ Address 4 COLUNICON Contractor: PRICK TURKSHIPS A STAN AND TO Tel. Total Cost of Fire Protection Work \$ 100.00 Fuel Type: [·] Flammable on [] Combustible [] Other _ Present reet municipality []Electric [] Solar MORITACIANTO STORE DRIVE Z I A Proposed Į, Proposed 087) _ e-mail INSPECTIONS Capacity The same Fire Alarm System:[] New OR [] Existing Fire Suppression/Standpipe System: Location of Panel: Location of Main Control Valve: []New OR [] Existing Qualification Code Exp. Date BRICK 0022 11h (11) D. WHOLD IX DE CK 73 2

ACTION OFFICE SUPPLIES, INC (800) 298-1000 (rev. 7/06)

U.C.C. F140,

3 Pink = Office Copy 1 White = Inspector Copy

> 4 Gold = Applicant Copy 2 Canary = Office Copy

> > State Permit Surcharge Fee \$

TOTAL FEE.\$

Administrative Surcharge \$ / Minimum Fee \$

Co	Control #	
		11 11 1 1 1 TODAY
Dai Pei	Date Issued Permit #	
), CERTIFICATION IN LIEU OF OATH	Ţ	
* **		and am authorized
Applicant's or	Signature/Contractor's	otor's Signature
D. TECHNICAL SITE DATA DESCRIPTION OF WORK:		
4.5	76 12	time with a form
Water Supply Source		
rm/Suppression System	Supervision	
	NUMBER	FEÈ (Office Use Only)
Alarm Systems	.	
[] System [] 110v Interconnected		
water/flow)	.	
Other Devices		
TOTAL		
Suppression Systems Fire Pump GPM Type		
larm Valv		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes Pre-engineered Systems		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
Other		
Other Systems Kitchen Hood Exhaust System		
`	.	
Fired Appliances [+	
Other		

INJF-ORD	
NEW JERSE NEW CONSTRUCTION	
KUCIIO CODE	
# <u> </u>	W.

ELECTRICAL SUBCODE



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

Block

CONTRACTORS, NOTIFY THIS OFFICE, CAL	DILLIY DIG NO: 1-8	00-272-1000. Qualification Code	
le Location 585 NUCR	AKE SHORE BE	brue	
Owner in Fee: こりソレモ			
02 II /	e-mall SINREDR BA	52. LOS DON W.	
Contractor: EUREKA ECEC. SEL	BAIGAN 03723 e-mail	I. (252.):25	
or License No.		Exp. Date 302	
Home Improvement Contractor Registration No.	or Exemption Reason (i	fapplicable):	
B. ELECTRICAL CHARACTERISTICS) 		1 1
		Proposed TEPLACE DIESSI	1
Building Occupied as NOVELLING Est. Cost of Elec. Work \$ 200.00	Utility Co	Carc	
PLAN-REVIEW Office Use Only)	INSPECTIONS	Dates (Month/Day)	
[No Plans Required	Type: Failure	re Failure Approval Initial	
artial - Un	Rough		ı
Date: Approved by	Trench		
Date: Approved by:	Temp. Serv.		h_
Joint Plan Review Required:	TCO		
Fire [] Elev.	Other		
ODE APPROVAL for PERMIT	Final		
Approved by:	Barrier-Free		1 1
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued Final Cut-in-Card Date Issued	Jed Jed	
Date: CO CO CA	Annual Pool Inspection		1 1
Approved by:	Date of Grounding and Bonding Certification	ding	

Date Received Control #

Date Issued Permit #

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

REPLACEMENT OF EXISTING F

EXISTING FLARAME,

						(9																	QTY.	
																							SIZE	
Administrative Surcharge Minimum Fee State Permit Surcharge Fee TOTAL FEE	KW Elec. Sign/Outline Light CAS TURALEL E REMARCATER	AMP Motor Control Center	AMP Service	HP Motors 1/+ HP KW Transformer/Generator	KW Baseboard Heat	KW Central A/C Unit	HP Garbage Disposal	KW Elec. Dryer/Receptacle KW Dishwasher	KW Elec. Water Heater	KW Oven/Surface Unit	KW Elec. Range/Receptacle	Pool Permit/with UW Lights	TOTAL NUMBERS	Alarm Devices/F.A.C. Panel	Communications Points	Emergency & Exit Lights	Motors—Fract, HP	Light Poles	Detectors	Switches	Receptacles	Lighting Fixtures	ITEMS	
\$ \$ \$ \$													\$									11: :///	FEE (Office Use Only)	
NOTION OFFICE SURVEY	:E8 (FC (FC)	a 1364301	,)																					

宋J Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicants : I hereby certify that I am the (agent of) owner of people gird surfauthorized to make this application and perform the work listed on this application. Applicant's Signature/Contractor's Seal and Signature

C. CERTIFICATION IN LIEU OF OATH



ELECTRICAL SUBCODE



Control #

Date Received

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

Work Site Location

Dates (Month/Day) zip code ntial Ω 7. D. TECHNICAL SITE DATA DESCRIPTION OF WORK / ** / ** SIZE AMP Motor Control Center AMP Service HP Motors 1/+ HP HP/KW Space Heater/Air Handler KW Central A/C Unit Storable Pool/Spa/Hot Tub Pool Permit/with UW Lights Alarm Devices/F.A.C. Panel Emergency & Exit Lights Light Poles AMP Subpanels KW Transformer/Generator KW Baseboard Heat HP Garbage Disposal KW Dishwasher KW Elec. Dryer/Receptacle KW Elec. Water Heater KW Oven/Surface Unit Communications Points Detectors Receptacles KW Elec. Sign/Outline Ligh KW Elec. Range/Receptacle Motors—Fract. HP Switches Lighting Fixtures TOTAL NUMBERS ITEMS Permit # Date Issued FEE (Office Use Only)

Building Occupied as Work Controls

Est. Cost of Elec. Work \$

PLAN REVIEW

[No Plans Required

] Partial/

Underslab Utilities Approved

Type:

Failure

INSPECTIONS

Rough

Trench

Barrier-Free

Approved by:

JOB SUMMARY (Office Use Only)

B. ELECTRICAL CHARACTERISTICS

Federal Emp. ID No. _

Contractor License No.

Address Contractor: Address e (Owner in Fee:

street

f

e-mail

municipality

e-mail

₫

Exp. Date

Use Group

Present 15

Pole/Pad

Temporary

Proposed E. C. C. C.

FAX: (

] Other

Utility Co.

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

.

C. CERTIFICATION IN LIEU OF OATH

Approved by

SUBCODE APPROVAL for CERTIFICATE

Final Cut-in-Card Date Issued

Temp. Cut-in-Card Date Issues

Date of Grounding and Bonding Annual Pool Inspection

Certification

<u> ၂</u>

8

Approved by:

SUBCODE APPROVAL for PERMIT

Final

Barrier-Free

Service

Joint Plan Review Required:

Bldg. [] Plumb.

Fire

Other

8

Constr. Serv. Temp Serv.

] Electric Plans Approved

Approved by

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

্ৰী Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant Applicant's Signature/Contractor's Seal and Signature

> U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

State Permit Surcharge Fee \$

TOTAL FEE

Administrative Surcharge \$

Minimum Fee \$





PLUMBING SUBCODE TECHNICAL SECTION

, *	
	71 A 3
	٠
Date Issued Permit #	Control #
•	
1	-00

Approved by:	TAY A CCO TAY A CAN THE TOTAL THE TAY A CONTROL TO		Fuel Coll Piping	1118111	SUBCODE APPROVAL To PERMIT	re 1 1/Elev Fixtu	Review Required.	Water War Approved Water Water		es Approved	No Plans Required / Approval / Initial		JOB-SUMMARY/Office Use On WY////////////////////////////////////	ng Work \$	Public Water	Public Sewer	B. PLUMBING CHARACTERISTICS Use Group Present Proposed	Federal Emp. ID No. 21.000 SI'S FAX: (73) 1477 USOUS	Home Improvement Contractor Registration No. or Exemption Reason (if applicable)	Contractor License No Exp. DateExp. Date		PIO DI PIO PIO PIO PIO PIO PIO PIO PIO PIO PI		Sireer Transcription of	5X3 NORTH CHKE SHORE IN FRICK, IN COMO	e-mail			N. 197 27.782	RY MARTH CORF STORE DRIVE	Code	A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1000
Other 2 TON INC REX WENCEN	Stacks 11/3/1/1/ 1/2/1/2/2/2/	Sewer Connection	Greasetrap	Backflow Preventer	Interceptor/Separator	Sewer Pump	Hot Water Boiler	Steam Boiler	LPGas Tank	Fuel Oil Piping	Water Heater	Hose Bibb	Washing Machine	Drinking Fountain	Dishwasher	Sink	Floor Drain	Shower	Dan Loo	Urinal/Bidet	Water Closet	QTY. FIXTURE/EQUIPMENT	2 CONSCIONAL DELL	JE 61181176	N OF WORK	D. TECHNICAL SITE DATA	[4-Licensed Plumbing Contractor	Print name here: (Traio (Tild)	sign and seal here: / /au S () lull)	Applicant sign/Contractor	I hereby certify that I am the (agent of) owner of record and am authorized toing application and perform the work listed on this application.	C CERTIFICATION IN LIEU OF OATH
																					\$///////	FEE (Office Use		FURNIK GETT			tor [, _,]^Exempt		-		am authorized to r	U

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Administrative Surcharge	Other 2 TOM ILL REX ICENTER	Stacks 11/3/1/1/ NEW 1654 CIVIT	Sewer Connection	Greasetrap	Backflow Preventer	Interceptor/Separator	Sewer Pump	Hot Water Boller	Steam Boiler	LPGas Tank	Gas Piping	Fuel Oil Piping	Water Heater	Hose Bibb	Washing Machine	Drinking Fountain	Dishwasher	Sink	Floor Drain	Shower	Lavatory	Bath Tub	Urinal/Bidet	Water Closet	FIXTURE/EQUIPMENT
\$																								\$11111111111111111111111111111111111111	FEE (Office Use Only)

State Permit Surcharge Fee \$ 1

Minimum Fee \$

THE PROPERTY OF THE PROPERTY O

Block 446 33 A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Building Sewer Size **B. PLUMBING CHARACTERISTICS** Tel. (_ Work Site Location Water Service Size Owner in Fee: Federal Emp. ID No. 늦 Contractor License No. Address Contractor: est. Cost of Plumbing Work OB SUMMARY (Office Use Only) ANTREVIEW **TECHNICAL SECTION** PLUMBING SUBCODE ンスト AL PRINT 3.157 . 1 Cot PARK SHURE Public Water Public Sewer e-mail municipality Proposed Tel Qualification Code FAX: (1/2) 4 1 2 Exp. Date Private Well Private Septic zip code sign and seal here: 'Applicant sign/Contractor Print name here: application and perform the work listed on this application. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) owner of record and am au 子上の後、江南大田寺には **TECHNICAL SITE DATA** DESCRIPTION OF WORK Sink Water Service Connection Backflow Preventer Gas Piping Fuel Oil Piping Washing Machine Sewer Connection Sewer Pump Steam Boiler LPGas Tank Lavatory Bath Tub Water Closet FIXTURE/EQUIPMENT Greasetrap Interceptor/Separator Water Heater Drinking Fountain Dishwasher Floor Drain Shower Urinal/Bidet Hot Water Boiler Hose Bibb 4-Licensed Plumbing Contractor 1-1- 4 Date Issued Permit # > Date Received Control # FEE (Office Use Only [] Exempt Applicant

State Permit Surcharge Fee

TOTAL FEE

Administrative Surcharge

一名不是我

Minimum Fee

Other

Craig Law



PHONE: 732-477-3300 732-477-1494

FAX: 732-477-0205

OFFICE & SHOW ROOM: 465 BRICK BOULEVARD, (RT. 549), BRICK TOWNSHIP, NEW JERSEY 08723 MAIL: P.O. BOX 4068, OSBORNVILLE, BRICK, NJ 08723-0968

DECEMBER 9, 2010

RE: GAS FURNACE REPLACEMENT AT:

COYLE 583 NORTH LAKE SHORE DRIVE BRICK, NJ 08723

BLOCK: 446.20 LOT: 10

- □ TO REMOVE EXISTING 90,000 BTU GAS FURNACE IN THE UTILITY ROOM.
- TO INSTALL A RHEEM 90,000 BTU GAS FURNACE IN THE UTILITY ROOM.



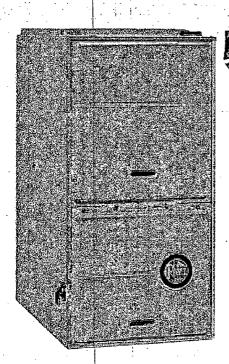
CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 446 20 LOT 10 QUALIF	ICATION CODE	PERMIT #
· · · · · · · · · · · · · · · · · · ·	AKE SHORE	
Applicant COYCE		i
Certifying Individual Craig Law	Company Br	ick Township Heating : Alc
Address 465 Biod Blud	Brick .	NT 8723
Tel. (<u>732)</u> <u>477-3300</u>	. City	Siate Zip Code
Check the Appropriate Box		
Type of Replacement:	Existing Vent/Ch	nimnev:
[] Oil to Gas Conversion	[] B Label	•
[] Gas Appliance Replacement	[] L Label \	Vent
[] Oil to Oil Replacement [X] Other GAS FURNACE REPLACEMENT		Chimney – Tile Lined
The other of the other of	1	Liner enVExhauster,
	[X] Other	DIRECTUENT
PLEASE SIGN ONE OF THE FOL	LOWING CERTIFIC	ATION STATEMENTS
t de la companya de	TIFICATION	1
	· · · · · · · · · · · · · · · · · · ·	1
For Oil to Gas Conversions:		
I herby certify that the chimney/vent is free and clear previous use serving an oil appliance. I further certify appliance being installed	of obstruction and is that the chimney/ver	substantially clean of residue from its nt is appropriately lined and sized for the
	. "	
	Signature	Date
Oil to Oil or Gas to Gas Replacements:		
I hereby certify that the existing chimney/vent is free chimney/vent is appropriately lined and sized for the	and clear of obstruction appliance being insta	on. I further certify that the existing illed.
	Signature	Date
Certification Not Submitted:		
I choose not to submit a certification. I understand the and reinstall the chimney vent connector.	at I will be required to	be present for the inspection to remove
·		
	Signature	Date
Direct Vent Appliance:		
No certification required:	^	· · · · · · · · · · · · · · · · · · ·
	Craig Law	12/9/10
	Signature	Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370 (rev. 3/04)

GAS FURNACES



RGTM- SERIES ECM Equipped Models with Input Rates of 60,000, 75,000, 90,000 & 105,000 BTU/HR [17.58, 22, 26.38 & 30.77 kW]











Visit www.Rheem.com for complete details.*

95% A.F.U.E. WITH DUAL COMFORT CONTROL™ TWO-STAGE DOWNFLOW/ HORIZONTAL GAS FURNACES

The Rheem Classic® Series 95% A.F.U.E. with Dual Comfort Control™ line of downflow/horizontal gas furnaces are designed for utility rooms, closets, alcoves, or attics. The RGTM is shipped in the downflow configuration and is easily converted for horizontal left-hand airflow applications.

The design is certified by CSA.

Features

- Two stages of operation to save energy and maintain optimal comfort level.
- Furnace operates at 70% capacity for low-heat and 100% capacity for high-heat.
- Compatible with single or two-stage thermostat. (For optimal performance a two-stage thermostat is recommended.)
- Heat exchanger is constructed of all stainless steel for maximum corrosion resistance and thermal fatigue reliability.
- Low profile "34 inch" design is lighter and easier to handle and leaves room for optional accessories.
- Left or right side gas, electric, and condensate drainage connections.
- Integrated control board manages all operational functions and provides hookups for humidifier and electronic air cleaner.
- An insulated blower compartment, a slow-opening gas valve and a specially designed inducer system make it one of the quietest furnaces on the market today.
- Variable speed blower motor technology provides ultimate humidity control, quieter sound levels and year-round energy savings.
- Optional indoor or outdoor combustion air. In addition, combustion air may be piped to either the top or side of the cabinet on all downflow models. A special molded fitting is provided to ease installation.
- Solid bottom is standard.
- Control board diagnostics.

A variety of cooling coils and plenums designed to use with the Rheem Classic® Series 95% A.F.U.E. gas furnaces are available as optional accessories for air conditioning models.

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

HYSICAL DATA AND SPECIFICATIONS-DOWNFLOW/HORIZONTAL MODELS U.S. and Canadian Models

MODEL NUMBERS	RGTM-06*MAES	RGTM-07*RBGS	RGTM-09+ZAJS	RGTM-10*RBJS
HIGH FIRE INPUT BTU/HR [kW] ①	60,000 [17.58]	75,000 [21.98]	90,000 [26.38]	105,000 [30.77]
LOW FIRE INPUT BTU/HR [kW] @	42,000 [12.31]	52,500 [15.39]	63,000 [18.46]	73,500 [21.54]
HEATING CAPACITY BTU/HR [kW]	56,000 [16.41]	70,000 [20.51]	84,000 [24.62]	97,000 [28.43]
HIGH ALTITUDE INPUT 8000' @	40,800 [11.96]	51,000 [14.95]	61,200 [17.94]	71,400 [20.93]
HIGH ALTITUDE OUTPUT AT 8000' (HIGH FIRE) [kW] @	37,944 [11.12]	47,430 [13.90]	56,916 [16.69]	66,402 [19.46]
BLOWER (D x W) [mm]	11 x 7 [279 x 178]	11 x 10 [297 x 254]	12 x 11 [305 x 279]	11 x 10 [297 x 254]
MOTOR H.P. [W]- SPEEDS-TYPE	1/2 [373] VAR. SPEED	3/4 [559] VAR. SPEED	1 [746] VAR. SPEED	1 [746] VAR. SPEED
MOTOR FULL LOAD AMPS	8.7	12	12	12
MINIMUM EXT. STATIC PRESSURE (IN. W.C.) [kPa]	.12 [.029]	.12 [.029]	.15 [.037]	.20 [.049]
MAXIMUM EXT. STATIC Pressure (In. W.C.) [kPa]	.80 [0.2]	.80 [0.2]	.80 [0.2]	.80 [0.2]
	A = 1200	A = 1600	A = 2000	A = 2000
HIGH COOLING CFM @ .8"	B = 1000	B = 1400	B = 1600	B = 1600
[.124 kPa] W.C. E.S.P. [L/s]	C = 800	C = 1200	C = 1400	C = 1400
	D = 600	D = 1000	D = 1200	D = 1200
	A = 900	A = 1200	A = 1500	A = 1500
LOW COOLING CFM @ .8"	B = 750	B = 1050	B = 1200	B = 1200
[.124 kPa] W.C. E.S.P. [L/s]	C = 600	C = 900	C = 1050	C = 1050
	D = 450	D = 750	D = 900	D = 900
TEMPERATURE RISE-HIGH FIRE RANGE IN DEGREES °F [°C]	40-45 [22.2-25]	35-45 [19.4-25]	35-45 [19.4-25]	40-50 [22.2-27.8]
TEMPERATURE RISE-LOW FIRE RANGE IN DEGREES °F [°C]	35-40 [19.4-22.2]	20-40 [11.1-22.2]	25-40 [13.9-22.2]	30-45 [16.7-25]
MAX. OUTLET AIR TEMPERATURE	170	170	165	180
RETURN AIR CABINETS (OPT.) RXGR- FILTER SIZE [mm]	C17B (2) 12* x 16* [305 x 406]	C21B (2) 12" x 16" [305 x 406]	C21B (2) 12" x 16" [305 x 406]	C29B (2) 14" x 16" [609 x 406]
STANDARD, HIGH VELOCITY PERMANENT FILTER (IN.)	15 ³ /4 x 25 x 1	153/4 x 25 x 1	191/4 x 25 x 1	223/4 x 25 x 1
APPROX. SHIPPING WEIGHT (LBS.) [kg]	123 [56.0]	139 [63.2]	148 [67.3]	165 [75]
AFUE ③	95.0%	95.0%	95.0%	95.0%

NOTES: All models are 115V, 60HZ, 1 phase. Gas connection size for all models is 1/2" [13 mm] N.P.T.

① See Conversion Kit Index Form for high altitude derate.

@ Canadian installations only.

③ In accordance with D.O.E. test procedures.

*E=Standard
*N=NOx Models

WARNING: Some heating airflow values may be higher than those required for cooling. Be sure to size duct systems for highest possible airflow value.

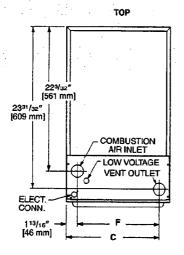
[] Designates Metric Conversions

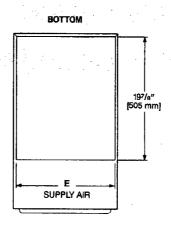
N	/	A	A	F		F	F	VF	ΊF	1	P. /	ΔΤ	1	A	٨	ŀ
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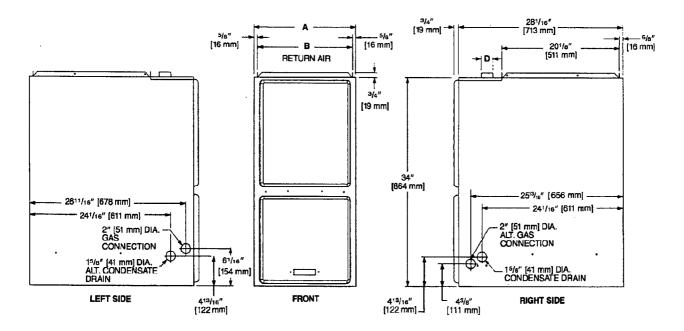
<u>R</u>	<u>G</u>	<u>T</u> .	<u>M</u> .	_	07E*	<u>R</u>	<u>B</u>	<u>G</u>	<u>s</u> .	<u>278</u>
Rheem	Gas Furnace	Downflow/ Horizontal Condensing Gas Furnace	Design Series	Electric Ignition 04* 06* 07* 09* 10* 12* NOTES:		Blower Size M = 11 x 7	Variations A = Std. B = Wide RGTM-06E RGTM-06E RGTM-07E	IMAES RGTM-09 MAES278 RGTM-09	Models: NRBGS RGTM EZAJS RGTM	Option Code for High Altitude

^[] Designates Mètric Conversions

DOWNFLOW MODELS





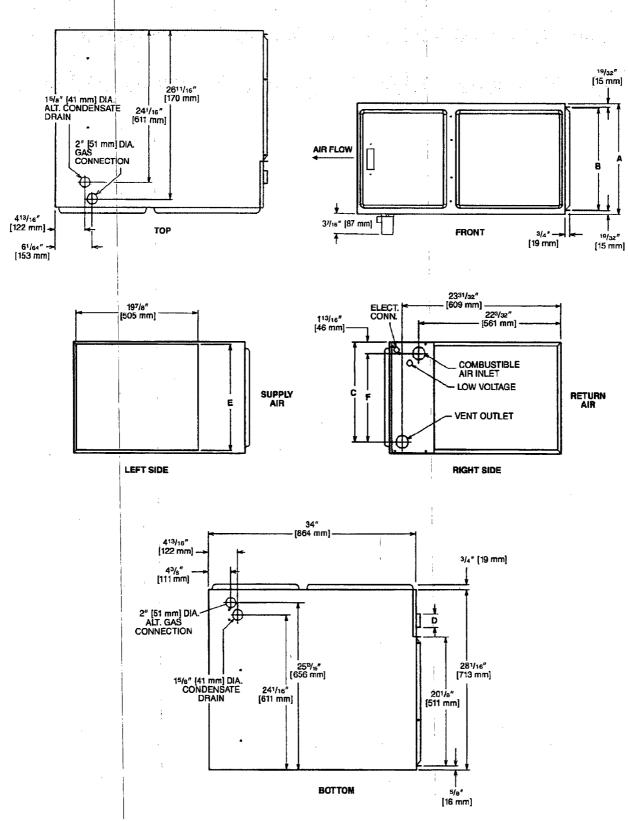


MODEL							LEFT	Mil	SHIP				
RGTM-	A	В	С	D	E	F	SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	WGTS. [kg]
06	171/2 [445]	16 ¹¹ /32 [415]	155/8 [397]	2 [51]	165/8 [422]	137/8 [352]	0	0	0	1 [25]	2 [51]	0	123 [56]
07	21 [533]	1927/32 [504]	193/16 [486]	2 [51]	201/8 [511]	173/8 [441]	0	0	0	1 [25]	2 [51]	0	123 [56]
09	21 [533]	1927/32 [504]	193/16 [486]	2 [51]	201/8 [511]	173/8 [441]	0	0	0	1 [25]	2 [51]	0	148 [67]
10	241/2 [621]	2311/32 [593]	225/8 [575]	2 [51]	235/8 [600]	207/8 [530]	0	0	0	1 [25]	2 [51]	0	165 [75]

[] Designates Metric Conversions

IMPORTANT NOTE: Horizontal furnace may be installed for horizontal left hand air supply ONLY. The condensate trap provided for horizontal application must be installed in the field beneath the unit as directed in the furnace Installation & Operating Instructions.

HORIZONTAL MODELS



IMPORTANT NOTE: Horizontal furnace may be installed for horizontal left hand air supply ONLY. The condensate trap provided for horizontal application must be installed in the field beneath the unit as directed in the furnace installation & Operating Instructions.

BLOWER PERFORMANCE DATA—RGTM MODELS

MODEL RGTM-	BLOWER SIZE (D x W) IN. [mm]	ECM Motor H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN [kPa] 0.1 [.02] - 0.8 [.20]
RGTM-06*M	11 x 7 [279 x 178]	1/2 [373]	HIGH MED-HI MED LOW	1200 [566] 1000 [472] 800 [378] 600 [283]
RGTM-07*R	11 × 10 [279 × 254]	3/4 [559]	HIGH MED-HI MED LOW	1600 [755] 1400 [661] 1200 [566] 1000 [472]
RGTM-09*Z	12 x 11 [305 x 279]	1 [746]	HIGH MED-HI MED LOW	2000 [944] 1600 [755] 1400 [661] 1200 [566]
RGTM-10*R	11 x 10 [279 x 254]	1 [746]	HIGH MED-HI MED LOW	2000 [944] • 1600 [755] 1400 [661] 1200 [566]

^{*}E=Standard

[] Designates Metric Conversions

GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

Primary and Secondary Heat Exchanger.....Limited Lifetime Conditional Parts Warranty (Registration Required)......Ten (10) Years Conditional Unit Replacement Warranty (Registration Required)......Ten (10) Years

^{*}N=NOx Models

NOTE: CFM values represent furnace-only airflow ratings.

ACCESSORIES—DOWNFLOW

VENT TERMINATION KITS CONCENTRIC: HORIZONTAL/ VERTICAL =

RXGY-E03A (US & Canadian Installations)

HORIZONTAL TWO PIPE: RXGY-D02, RXGY-D03, RXGY-D04 (US Installations)

RXGY-D02A, RXGY-D03A, RXGY-D04A (Canadian Installations)

RXGY-G02 (US Only)

CONDENSATE PUMP KIT: RXGY-B01

NEUTRALIZER KIT: RXGY-A01

FOSSIL FUEL KIT: RXPF-F01, RXPF-F02 (TVA)

RETURN AIR PLENUM: RXGR-C17B, RXGR-C21B, RXGR-C24B

PLENUM DATA FOR "A" COILS

Plenum adapters are required in some instances for use on downflow applications when plenum and furnace size do not match.

FURNACE WIDTH IN. [mm]	PLENUM WIDTH IN. (mm)	PLENUM ADAPTER UPFLOW	COIL Plenum
14 [356]	16¹/4 [413]	RXAA-C171	RXAL-B16BU
14 [356]	201/4 [514]	RXAA-C172	RXAL-B20BU
171/2 [445]	161/4 [413]	RXAA-C185	RXAL-B16BU
171/2 [445]	201/4 [514]	RXAA-C173	RXAL-B20BU
171/2 [445]	215/8 [549]	RXAA-C187	RXAL-B21BU
171/2 [445]	251/4 [641]	RXAA-C174	RXAL-B25BU
21 [533]	251/4 [641]	RXAA-C175	RXAL-B25BU
21 [533]	221/4 [565]	RXAA-C176	RXAL-B22BU
21 [533]	215/8 [549]	RXAA-C188	RXAL-B21BU
241/2 [622]	251/4 [641]	RXAA-C177	RXAL-B25BU
241/2 [622]	215/8 [549]	RXAA-C187	RXAL-B21BU

Nate: See Form Number C11-206 for MultiFlex® coil data.

LP CONVERSION KITS:

U.S./Canadian RXGJ-FP26 or RXGJ-FP21

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

EXTERNAL SIDE FILTER RACK: RXGF-CA

FILTI	FILTER RACK FILTER SIZES* INCHES [mm]								
MODEL RGTM-	AXGF-CB (BOTTOM)	RXGF-CA (SIDE)							
06	153/4 x 25 [400 x 635]	15 ³ / ₄ x 25 [400 x 635]							
07ER 07NR	191/4 x 25 [489 x 635]	15 ³ / ₄ x 25 [400 x 635]							
09	191/4 x 25 [489 x 635]	15 ³ / ₄ x 25 [400 x 635]							
10	22 ³ /4 x 25 [578 x 635]	15 ³ / ₄ x 25 [400 x 635]							

^{*}Filter racks are shipped without filters.

Filters shipped with furnace may be used or a suitable 1" [25.4 mm] filter.

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

Rheem Heating, Cooling and Water Heating

P.O. Box 17010, Fort Smith, AR 72917

FOR HIGH ALTITUDES:

HIGH ALTITUDE KIT: NOT REQUIRED

NOTE: For Canadian installations only, an optional derate (manifold gas pressure reduction) method may be used to adjust the furnace for altitude. See Installation Instructions for more information. This optional method may NOT be used for U.S. installations.

[] Designates Metric Conversions



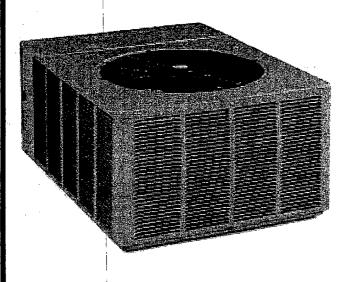
CONDENSING UNITS

RAPM- JAZ R-410A

14.5 SEER Models Efficiencies up to 16.00 SEER Nominal Sizes 11/2 to 5 Tons [5.28 kW] to [17.6 kW]

Seven Models

Cooling Capacities 18,600 to 62,500 BTU/HR [5.45 kW] to [18.32 kW]





The Rheem Classic® Series High Efficiency RAPM- Condensing Units were designed with performance in mind. These units offer comfort, energy conservation and dependability for single, multi-family and light commercial applications.

These units also contain the most advanced alternate refrigerant which contains no chlorofluorocarbons (CFCs), or hydrochlorofluorocarbons (HCFCs), or other compounds that may leak from air-conditioning systems and potentially harm the protective ozone layer of the Earth's atmosphere.

The Rheem Classic® Series RAPM- Condensing Units are the result of an ongoing development program for improved efficiencies. These units are flexible enough to achieve up to 16.00 SEER in specific match-ups, continuing a tradition of high efficiency.

- Attractive, louvered wrap-around jacket protects the coil from yard hazards and weather extremes. Top grille is steel reinforced for extra strength. Cabinet is powder painted for all-weather protection.
- Air is discharged upward away from bushes and shrubs. The discharge pattern of the top grille provides minimum air restriction.
- Combination Grille/Motor Mount secures the motor to the underside of the discharge grille. The grille protects the motor windings and bearings from rain and snow.
- All controls are accessible by removing one service panel. Removable top grille provides access to the condenser fan motor and condenser coil.
- Single speed 8-pole fan motor designed for low speed, quiet, energy-saving operation.
- All models meet or exceed a 1000-hour salt spray test per ASTM B117 Standard Practice for Operating Salt Spray Testing Apparatus.





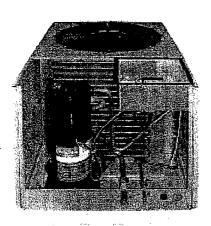




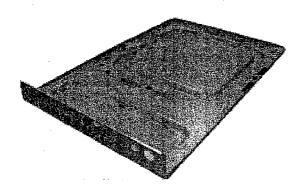


IN CERTAIN MATCHED SYSTEMS

"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov http://www.energystar.gov/-">http://www.energystar.gov/-">http://www.energystar.gov/-"



All controls and compressor are accessible for servicing by removal of the service panel.



Drawn Painted Base Pan.

Engineering Features

RAPM- Series Condensing Units

- 1. This unit contains a special scroll compressor that is designed specifically to operate with R-410A refrigerants and polyolester (POE) oils. The compressor is hermetically sealed and incorporates internal high temperature motor overload protection and durable insulation on the motor windings. It is externally mounted on rubber grommets to reduce vibration and noise.
- 2. Compressors have an internal pressure relief assembly to protect against excessive pressure differential.
- 3. All refrigerant connections are on the exterior of the unit, located close to the ground for neat appearing installations.
- Cabinet is constructed of powder painted galvanized steel. The full wraparound louvered grille protects the coil from damage.
- 5. Copper tube—aluminum fin coils are used on all models.
- 6. The control box is located in the top corner of the cabinet providing for easy access through a service panel.
- 7. Service valves are standard on all models.
- 8. Power and control wiring are kept separate.
- 9. Every unit is factory charged and tested.
- 10. Separate compressor compartment for easy service access.
- 11. Drawn, painted base pan for extra corrosion resistance and sound reduction.
- Automatic reset high and low pressure controls are standard on all models.
- 13. A liquid line filter drier is standard on all models (shipped not installed).

Model Number Identification

P

P = 14 SEER

R		
_		

RHEEM

REMOTE CONDENSING

UNIT

M

DESIGN

SERIES

M = R-410A

(2ND DESIGN

SERIES)

018 COOLING

CAPACITY

024 = 24,000 BTU/HR [7.03 kW]

030 = 30,000 BTU/HR [8.79 kW]036 = 36,000 BTU/HR [10.55 kW] 042 = 42,000 BTU/HR [12.31 kW] 048 = 48,000 BTU/HR [14.07 kW] 060 = 60,000 BTU/HR [17.58 kW]

J **ELECTRICAL**

VARIATIONS A-SERIES = FULL-FEATURED **COOLING CONNECTION** FITTING

Z

DESIGNATION 018 = 18,000 BTU/HR [5.28 kW] J = 208/230V-1-60

Z = SWEAT W/SCROLL

[] Designates Metric Conversions

Field Installed Accessories

- Compressor Time Delay Control—Compressor will remain off for five minutes after power or thermostat interruption, allowing system pressures to equalize. (Model No. RXMD-B01)
- Thermostats-



100-Series *
Non-Programmable



200-Series *
Programmable



300-Series *
Deluxe Programmable
400-Series * Special
Applications/Programmable

500-Series *Communicating/
Programmable

Brand	Unique Model Number Prefix		Descriptor (3 Characters		Series (3 Characters)	System (2 Characters)	Type (2 Characters)
R	HC	-		rst	101	GE	MS
			тѕт≖	Thermostat	100=Non-Programmable	GE=Gas/Oil/Electric	
				!	200≖Programmable	HP=Hest Pump	
RHC	IC=Rheem			300≖Deluxe Programmable		SS=Single-Stage	
					400=Special Applications/ Programmable	DF=Dual Fuel UN=Universal AC/HP/GE	MS=Multi-Stage
				1	500=Communicating/ Programmable	CM=Communicating	

^{*} Photos are representative. Actual models may vary.

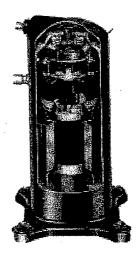
For detailed thermostat match-up information, see specification sheet form number T11-001.

- Low Ambient Control—Cycles outdoor fan to maintain adequate condensing pressures assuring liquid refrigerant flow to the coil. Allows indoor cooling with outdoor temperatures down to 0°F [-17.8°C]. It is recommended that this control be installed in units to be operated at outdoor ambient temperatures under 65°F (18°C). (Model No. RXAD-A08)
- Hard Start Components—(Available through PROSTOCK®)
- Compressor Crankcase Heater (CCH)—While scroll compressors usually do not require crankcase heaters, there are instances when a heater should be added. Refrigerant migration during the off cycle can result in a noisy start up. Add a crankcase heater to minimize refrigeration migration, and to help eliminate any start up noise or bearing "wash out". (Available through PROSTOCK")

SCROLL® COMPRESSOR

The scroll compressor is the key to efficiency for this Rheem model. It's the latest in high-efficiency compressor technology. The advanced scroll compressor offers low noise and vibration characteristics and features tolerance to liquid refrigerant and system contamination. The scroll compressor also has low start torque, reducing start problems in the field. And its unique design enables the RAPM- condensing units to perform efficiently, quietly and dependably. RAPM- JAZ has a 10-year compressor warranty.

[] Designates Metric Conversions



Outdoor	Model Numbers	8	Sound					
Unit RAPM-	Indoor Ceil and/or Air Handler	Totai Capacity BTU/H [kW]	Net Sensible BTU/H (kW)	Net Latent BTU/H [kW]	EER	SEER	Rating dB	indoor CFM [L/s]
Rev.	RCFL-H*2417A*+RXMD-C04 ⊕	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]
1/21/2009	RCFL-A*2414B*+RXMD-C04	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]
	RCFL-A*2417B* (RGFD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.50	16.00	74	600 [283]
,	RCFL-A*2417B* (RGFD-07?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.55	16.00	74	600 [283]
	RCFL-A*2417B* (RGGD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00	74	600 [283]
	RCFL-A*2417B* (RGGD-07?MCK?)	19,400 [5.7]	14,250 [4.2]	5,150 [1.5]	13.80	16.00	74	625 [295]
	RCFL-A*2417B* (RGLR-07?AMK?) RCFL-A*2417B* (RGPR-05?BMK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.75	16.00	74	600 [283]
		19,000 [5.6]	13,800 [4.0]	5,200 [1.5]	13.40	16.00	74	600 [283]
	RCFL-A*2417B* (RGPR-07?AMK?) RCFL-A*2417B*+RXMD-C04	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00 14.50	74 74	600 [283]
	RCFL-H*2414A*+RXMD-C04	18,800 [5.5]	13,800 [4.0] 13,800 [4.0]	5,000 [1.5] 5,000 [1.5]	12.15 12.15	14.50	74	650 [307]
	RCFL-H*2417A* (RGFD-06?MCK?)	18,800 [5.5] 19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.50		74	650 [307]
	RCFL-H*2417A* (RGFD-07?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.55	16.00 16.00	74	600 [283] 600 [283]
ŀ	RCFL-H*2417A* (RGGD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00	74	600 [283]
	RCFL-H*2417A* (RGGD-07?MCK?)	19,400 [5.7]	14,250 [4.1]	5,150 [1.5]	13.80	16.00	74	625 [295]
	RCFL-H*2417A* (RGJD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00	74	600 [283]
	RCFL-H*2417A* (RGJD-07?MCK?)	19,400 [5.7]	14,250 [4.2]	5,150 [1.5]	13.80	16.00	74	625 [295]
	RCFL-H*2417A* (RGLR-07?AMK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.75	16.00	74	600 [283]
	RCFL-H*2417A* (RGPR-05?BMK?)	19,000 [5.6]	13,800 [4.0]	5,200 [1.5]	13.40	16.00	74	600 [283]
	RCFL-H*2417A* (RGPR-07?AMK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00	74	600 [283]
018JAZ	RCHL-24A2	18,200 [5.3]	12,900 [3.8]	5,300 [1.6]	11.70	13.50	74	650 [307]
	RBHP-17 (RCHL-24A2)	19,000 [5.6]	13,500 [4.0]	5,500 [1.6]	13.55	16.00	74	650 [307]
	RCHL-24A2 (RGFD-06?MCK?)	18,700 [5.5]	13,150 [3.9]	5,550 [1.6]	13.30	15.50	74	600 [283]
	RCHL-24A2 (RGFD-07?MCK?)	18,700 [5.5]	13,100 [3.8]	5,600 [1.6]	13.35	15.50	74	600 [283]
	RCHL-24A2 (RGGD-06?MCK?)	18,700 [5.5]	13,100 [3.8]	5,600 [1.6]	13.50	16.00	74	600 [283]
	RCHL-24A2 (RGGD-07?MCK?)	18,800 [5.5]	13,250 [3.9]	5,550 [1.6]	13.55	15.50	74	625 [295]
	RCHL-24A2 (RGJD-06?MCK?)	18,700 [5.5]	13,100 [3.8]	5,600 [1.6]	13.50	16.00	74	600 [283]
	RCHL-24A2 (RGJD-07?MCK?)	18,800 [5.5]	13,250 [3.9]	5,550 [1.6]	13.55	15.50	74	625 [295]
	RCHL-24A2 (RGLR-07?AMK?)	18,700 [5.5]	13,100 [3.8]	5,600 [1.6]	13.55	16.00	74	600 [283]
	RCHL-24A2 (RGPR-05?BMK?)	18,600 [5.4]	13,050 [3.8]	5,550 [1.6]	13.25	15.50	74	600 [283]
	RCHL-24A2 (RGPR-07?AMK?)	18,700 [5.5]	13,100 [3.8]	5,600 [1.6]	13.50	15.50	74	600 [283]
	RCQD-2417A* (RGFD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.65	16.00	74	600 [283]
	RCQD-2417A* (RGFD-07?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.65	16.00	74	600 [283]
	RCQD-2417A* (RGJD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.80	16.00	74	600 [283]
	RCQD-2417A* (RGJD-07?MCK?)	19,400 [5.7]	14,250 [4.2]	5,150 [1.5]	13.95	16.00	74	625 [295]
	RCQD-2417A* (RGPR-05?BMK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.55	16.00	74	600 [283]
	RCQD-2417A* (RGPR-07?AMK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.80	16.00	74	600 [283]
	RCQD-2417A*+RXMD-C04	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]
	RHKL-HM2417 (RCSL-H*2417A*)	19,400 [5.7]	14,250 [4.2]	5,150 [1.5]	13.80	16.00	74	650 [307]
	RHLL-HM2417 (RCSL-H*2417A*)	19,400 [5.7]	14,250 [4.2]	5,150 [1.5]	13.85	16.00	74	650 [307]
	RHSL-HM1817 (RCSL-H*2417A*)	18,800 [5.5]	13,650 [4.0]	5,150 [1.5]	12.65	15.00	74	600 [283]
	RCFL-H*2417A*+RXMD-C04 ①	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.55	14.50	73	800 [378]
	RCFL-A*2414B*+RXMD-C04	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.55	14.50	73	800 [378]
	RCFL-A*2417B* (RGFD-06?MCK?)	25,200 [7.4]	18,600 [5.4]	6,600 [1.9]	13.40	15.00	73	800 [378]
	RCFL-A*2417B* (RGFD-07?MCK?)	25,200 [7.4]	18,600 [5.4]	6,600 [1.9]	13.50	15.50	73	800 [378]
	RCFL-A*2417B* (RGGD-06?MCK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.70	15.50	73	800 [378]
	RCFL-A*2417B* (RGGD-07?MCK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.60	15.50	73	800 [378]
00/147	RCFL-A*2417B* (RGLR-07?AMK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.90	16.00	73	800 [378]
024JAZ	RCFL-A*2417B* (RGPR-05?BMK?)	25,200 [7.4]	18,550 [5.4]	6,650 [1.9]	13.50	15.50	73	775 [366]
	RCFL-A*2417B* (RGPR-07?AMK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.80	16.00	73	800 [378]
	RCFL-A*2417B*+RXMD-C04	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.55	14.50	73	800 [378]
	RCFL-H*2414A*+RXMD-C04	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.55	14.50	73	800 [378]
	RCFL-H*2417A* (RGFD-06?MCK?)	25,200 [7.4]	18,600 [5.4]	6,600 [1.9]	13.40	15.00	73	800 [378]
	RCFL-H*2417A* (RGFD-07?MCK?)	25,200 [7.4]	18,600 [5.4]	6,600 [1.9]	13.50	15.50	73	800 [378]
	RCFL-H*2417A* (RGGD-06?MCK?) RCFL-H*2417A* (RGGD-07?MCK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.70	15.50	73	800 [378]
	s volume tested combination required by D	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.60	15.50	73	800 [378]

① Highest sales volume tested combination required by D.O.E. test precedures.

^[] Designates Metric Conversions

Outdoor	Model Numbers	86	0°F [26.5°C] DB/67 95°F [35°C	°F [19.5°C] WB In	door Air		Sound	-
Unit RAPM-	Indeor Coll and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER	Rating dB	indoor CFM (L/s)
Rev.	RCFL-H*2417A* (RGJD-06?MCK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.70	15.50	73	800 [378]
1/21/2009	RCFL-H*2417A* (RGJD-07?MCK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.60	15.50	73	800 [378]
	RCFL-H*2417A* (RGLR-07?AMK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.90	16.00	73	800 [378]
` \	RCFL-H*2417A* (RGPR-05?BMK?)	25,200 [7.4]	18,550 [5.4]	6,650 [1.9]	13.50	15.50	73	775 [366]
`	RCFL-H*2417A* (RGPR-07?AMK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.80	16.00	73	800 [378]
	RCHL-24A2	23,600 [6.9]	16,900 [5.0]	6,700 [2.0]	11.50	13.00	73	800 [378]
	RBHP-17 (RCHL-24A2)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.25	14.00	73	825 [389]
	RCHL-24A2 (RGFD-06?MCK?)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.10	14.00	73	800 [378]
	RCHL-24A2 (RGFD-07?MCK?)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.20	14.00	73	800 [378]
	RCHL-24A2 (RGGD-06?MCK?)	23,400 [6.9]	16,750 [4.9]	6,650 [1.9]	12.40	14.00	73	800 [378]
	RCHL-24A2 (RGGD-07?MCK?)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.30	14.00	73	800 [378]
	RCHL-24A2 (RGJD-06?MCK?)	23,400 [6.9]	16,750 [4.9]	6,650 [1.9]	12.40	14.00	73	800 [378]
024JAZ	RCHL-24A2 (RGJD-07?MCK?)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.30	14.00	73	800 [378]
	RCHL-24A2 (RGLR-07?AMK?)	23,400 [6.9]	16,750 [4.9]	6,650 [1.9]	12.55	14.50	73	800 [378]
	RCHL-24A2 (RGPR-05?BMK?)	23,000 [6.7]	16,350 [4.8]	6,650 [1.9]	12.10	14.00	73	775 [366]
	RCHL-24A2 (RGPR-07?AMK?)	23,400 [6.9]	16,750 [4.9]	6,650 [1.9]	12.45	14.50	73	800 [378]
	RCQD-2417A*	24,800 [7.3]	18,750 [5.5]	6,050 [1.8]	12.05	14.00	73	800 [378]
	RCQD-2417A* (RGFD-06?MCK?)	24,400 [7.1]	18,450 [5.4]	5,950 [1.7]	12.60	14.50	73	800 [378]
	RCQD-2417A* (RGFD-07?MCK?)	24,400 [7.1]	18,450 [5.4]	5,950 [1.7]	12.70	15.00	73	800 [378]
	RCQD-2417A* (RGJD-06?MCK?)	24,600 [7.2]	18,650 [5.5]	5,950 [1.7]	12.90	15.00	73	800 [378]
	RCQD-2417A* (RGJD-07?MCK?)	24,600 [7.2]	18,650 [5.5]	5,950 [1.7]	12.80	15.00	73	800 [378]
	RCQD-2417A* (RGPR-05?BMK?)	24,400 [7.1]	18,400 [5.4]	6,000 [1.8]	12.65	14.50	73	775 [366]
	RCQD-2417A* (RGPR-07?AMK?) RHKL-HM2417 (RCSL-H*2417A*)	24,600 [7.2]	18,650 [5.5]	5,950 [1.7]	13.00	15.00	73	800 [378]
	RHLL-HM2417 (RCSL-H*2417A*)	25,600 [7.5]	19,100 [5.6]	6,500 [1.9]	13.85	16.00	73	850 [401]
	RHSL-HM2417 (RCSL-H*2417A*)	25,600 [7.5]	18,900 [5.5]	6,700 [2.0]	14.25	16.00	73	775 [366]
	RCFL-H*3617A*+RXMD-C04 ①	25,000 [7.3] 29,000 [8.5]	18,450 [5.4]	6,550 [1.9]	12.95	14.50	73	800 [378]
	RCFL-A*3617B* (RGGD-06?MCK?)	29,400 [8.6]	20,950 [6.1] 21,250 [6.2]	8,050 [2.4]	12.55	14.50	73	1,000 [472]
	RCFL-A*3617B* (RGPR-05?BMK?)	29,200 [8.6]	21,050 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-A*3617B* (RGPR-07?AMK?)	29,400 [8.6]	21,000 [6.2]	8,150 [2.4] 8,200 [2.4]	13.00 13.40	15.00 15.00	73	1,000 [472]
	RCFL-A*3617B*+RXMD-C04	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	12.55	14.50	73	1,000 [472]
	RCFL-A*3621B* (RGFD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-A*3621B* (RGGD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-A*3621B* (RGGD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,000 [472] 1,025 [484]
	RCFL-A*3621B* (RGPR-05?BMK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,000 [472]
	RCFL-A*3621B* (RGPR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.45	15.50	73	1,000 [472]
	RCFL-A*3621B* (RGPR-07?BRQ?)	29,800 [8.7]	21,550 [6.3]	8,250 [2.4]	13.90	16.00	73	1,000 [472]
	RCFL-A*3621B*+RXMD-C04	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	12.55	14.50	73	1,000 [472]
	RCFL-H*3617A* (RGFD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGGD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
020.147	RCFL-H*3617A* (RGGD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.05	15.00	73	1,025 [484]
030JAZ	RCFL-H*3617A* (RGJD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGJD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.05	15.00	73	1,025 [484]
	RCFL-H*3617A* (RGLR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.45	15.50	73	1,025 [484]
	RCFL-H*3617A* (RGLR-07?BRQ?)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.80	16.00	73	1,000 [472]
	RCFL-H*3617A* (RGPR-05?BMK?)	29,200 [8.6]	21,050 [6.2]	8,150 [2.4]	13.00	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGPR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.40	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGPR-07?BRQ?)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.85	16.00	73	1,000 [472]
	RCFL-H*3621A* (RGFD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-H*3621A* (RGGD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.25	15.00	73	1,000 [472]
	RCFL-H*3621A* (RGJD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.25	15.00	73	1,000 [472]
	RCFL-H*3621A* (RGJD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,025 [484]
	RCFL-H*3621A* (RGLR-07?AMK?)	29,600 [8.7]	21,400 [6.3]	8,200 [2.4]	13.50	15.50	73	1,025 [484]
	RCFL-H*3621A* (RGLR-07?BRQ?)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.85	16.00	73	1,000 [472]
	TIGILET GOLDT (HGGT GT IDHQT)		2.,555 [5.5]	0,200 (2.1)				
	RCFL-H*3621A* (RGPR-057BMK?) RCFL-H*3621A* (RGPR-077AMK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,000 [472]

① Highest sales volume tested combination required by D.O.E. test procedures.

^[] Designates Metric Conversions

Outdoor	Model Numbers	80	0°F [26.5°C] DB/67 95°F [35°C	rF (19.5°C) WB II C) DB Outdoor Air	ndoor Air		Sound	
Unit RAPM-	Indoor Coll and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H (kW)	EER	SEER	Rating dB	Indoer CFM [L/s]
Rev.	RCFL-H*3621A* (RGPR-07?BRQ?)	29,800 [8.7]	21,550 [6.3]	8,250 [2.4]	13.90	16.00	73	1,000 [472]
1/21/2009	RCFL-H*3621A*+RXMD-C04	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	12.55	14.50	73 ·	1,000 [472]
	RCHL-36A1	27,400 [8.0]	19,050 [5.6]	8,350 [2.4]	11.75	13.00	73	1,000 [472]
	RBHP-21 (RCHL-36A1)	28,200 [8.3]	19,850 [5.8]	8,350 [2.4]	13.40	15.00	73	1,050 [495]
	RCHL-36A1 (RGFD-06?MCK?) RCHL-36A1 (RGFD-07?MCK?)	27,400 [8.0]	19,000 [5.6]	8,400 [2.5]	`12.25	13.50	73	1,000 [472]
	RCHL-36A1 (RGGD-06?MCK?)	27,600 [8.1] 27,600 [8.1]	19,150 [5.6]	8,450 [2.5]	12.50	14.00	73	1,000 [472]
	RCHL-36A1 (RGGD-07?MCK?)	27,600 [8.1] 27,600 [8.1]	19,150 [5.6] 19,150 [5.6]	8,450 [2.5] 8,450 [2.5]	12.65 12.60	14.00	73 73	1,000 [472]
	RCHL-36A1 (RGJD-06?MCK?)	27,600 [8.1]	19,150 [5.6]	8,450 [2.5]	12.65	14.00	73	1,025 [484] 1,000 [472]
	RCHL-36A1 (RGJD-07?MCK?)	27,600 [8.1]	19,150 [5.6]	8,450 [2.5]	12.60	14.00	73	1,000 [472]
	RCHL-36A1 (RGLR-07?AMK?)	27,800 [8.1]	19,300 [5.7]	8,500 [2.5]	12.90	14.50	73	1,025 [484]
	RCHL-36A1 (RGLR-07?BRQ?)	28,000 [8.2]	19,450 [5.7]	8,550 [2.5]	13.25	15.00	73	1,000 [472]
	RCHL-36A1 (RGPR-05?BMK?)	27,600 [8.1]	19,200 [5.6]	8,400 [2.5]	12.50	14.00	73	1,000 [472]
000.147	RCHL-36A1 (RGPR-07?AMK?)	27,800 [8.1]	19,350 [5.7]	8,450 [2.5]	12.85	14.50	73	1,000 [472]
030JAZ	RCHL-36A1 (RGPR-07?BRQ?)	28,000 [8.2]	19,450 [5.7]	8,550 [2.5]	13.30	15.00	73	1,000 [472]
	RCQD-3621A*	29,600 [8.7]	22,000 [6.4]	7,600 [2.2]	12.75	14.00	73	1,000 [472]
	RCQD-3621A* (RGFD-06?MCK?)	29,800 [8.7]	22,200 [6.5]	7,600 [2.2]	13.20	14.50	73	1,000 [472]
	RCQD-3621A* (RGFD-07?MCK?)	29,800 [8.7]	22,150 [6.5]	7,650 [2.2]	13.50	15.00	73	1,000 [472]
	RCQD-3621A* (RGJD-06?MCK?)	30,000 [8.8]	22,350 [6.5]	7,650 [2.2]	13.60	15.00	73	1,000 [472]
	RCQD-3621A* (RGJD-07?MCK?)	30,000 [8.8]	22,450 [6.6]	7,550 [2.2]	13.60	15.00	73	1,025 [484]
	RCQD-3621A* (RGPR-05?BMK?)	29,800 [8.7]	22,150 [6.5]	7,650 [2.2]	13.45	15.00	73	1,000 [472]
	RCQD-3621A* (RGPR-07?AMK?)	30,000 [8.8]	22,300 [6.5]	7,700 [2.3]	13.80	15.50	73	1,000 [472]
	RCQD-3621A* (RGPR-07?BRQ?)	30,200 [8.8]	22,450 [6.6]	7,750 [2.3]	14.30	16.00	73	1,000 [472]
	RCQD-3624A*	29,600 [8.7]	22,000 [6.4]	7,600 [2.2]	12.75	14.00	73	1,000 [472]
	RCQD-3624A* (RGPR-07?BRQ?)	30,200 [8.8]	22,450 [6.6]	7,750 [2.3]	14.35	16.00	73	1,000 [472]
	RHKL-HM3617 (RCSL-H*3617A*)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.75	16.00	73	1,025 [484]
	RHLL-HM3617 (RCSL-H*3617A*)	29,800 [8.7]	21,550 [6.3]	8,250 [2.4]	13.95	16.00	73	1,000 [472]
	RHSL-HM3017 (RCSL-H*3617A*)	29,000 [8.5]	20,700 [6.1]	8,300 [2.4]	12.85	14.50	73	950 [448]
	RCFL-H*3617A*+RXMD-C04 © RCFL-A*3617B* (RGFD-07?MCK?)	35,400 [10.4] 35,400 [10.4]	23,800 [7.0] 23,500 [6.9]	11,600 [3.4]	12.20	14.50 15.00	76	1,050 [495]
	RCFL-A*3617B* (RGGD-06?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.65	15.00	76 76	1,000 [472]
	RCFL-A*3617B* (RGGD-07?MCK?)	35,600 [10.4]	23,900 [7.0]	11,700 [3.4]	12.65	15.00	76	1,000 [472] 1,025 [484]
	RCFL-A*3617B* (RGLR-07?AMK?)	35,800 [10.5]	24,050 [7.0]	11,750 [3.4]	12.95	15.00	76	1,025 [484]
	RCFL-A*3617B* (RGPR-07?AMK?)	35,400 [10.4]	23,450 [6.9]	11,950 [3.5]	12.80	15.00	76	1,000 [472]
	RCFL-A*3617B*+RXMD-C04	35,400 [10.4]	23,800 [7.0]	11,600 [3.4]	12.20	14.50	76	1,050 [495]
	RCFL-A*3621B* (RGFD-07?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.65	15.00	76	1,000 [472]
	RCFL-A*3621B* (RGFD-09?ZCM?)	36,200 [10.6]	24,900 [7.3]	11,300 [3.3]	12.80	15.00	76	1,150 [543]
	RCFL-A*3621B* (RGGD-06?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.70	15.00	76	1,000 [472]
	RCFL-A*3621B* (RGGD-07?MCK?)	35,800 [10.5]	24,100 [7.1]	11,700 [3.4]	12.70	15.00	76	1,025 [484]
	RCFL-A*3621B* (RGLR-07?AMK?)	35,800 [10.5]	24,050 [7.0]	11,750 [3.4]	13.05	15.50	76	1,025 [484]
	RCFL-A*3621B* (RGPR-07?AMK?)	35,600 [10.4]	23,650 [6.9]	11,950 [3.5]	12.85	15.00	76	1,000 [472]
036JAZ	RCFL-A*3621B* (RGPR-07?BRQ?)	35,800 [10.5]	23,800 [7.0]	12,000 [3.5]	13.20	15.50	76	1,000 [472]
0000112	RCFL-H*3617A* (RGFD-07?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.60	15.00	76	1,000 [472]
	RCFL-H*3617A* (RGGD-06?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.65	15.00	76	1,000 [472]
	RCFL-H*3617A* (RGGD-07?MCK?)	35,600 [10.4]	23,900 [7.0]	11,700 [3.4]	12.65	15.00	76	1,025 [484]
	RCFL-H*3617A* (RGJD-06?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.65	15.00	76	1,000 [472]
	RCFL-H*3617A* (RGJD-07?MCK?)	35,600 [10.4]	23,900 [7.0]	11,700 [3.4]	12.65	15.00	76	1,025 [484]
	RCFL-H*3617A* (RGLR-07?AMK?)	35,800 [10.5]	24,050 [7.0]	11,750 [3.4]	12.95	15.00	76	1,025 [484]
	RCFL-H*3617A* (RGPR-07?AMK?)	35,400 [10.4]	23,450 [6.9]	11,950 [3.5]	12.80	15.00	76	1,000 [472]
	RCFL-H*3621A* (RGFD-07?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.85	15.00	76	1,000 [472]
	RCFL-H*3621A* (RGFD-09?ZCM?) RCFL-H*3621A* (RGFD-10?ZCM?)	36,200 [10.6]	24,900 [7.3]	11,300 [3.3]	12.80	15.00	76	1,150 [543]
	RCFL-H*3621A* (RGGD-06?MCK?)	36,400 [10.7]	25,250 [7.4]	11,150 [3.3]	12.60	15.00	76	1,175 [554]
	RCFL-H*3621A* (RGGD-07?MCK?)	35,400 [10.4] 35,800 [10.5]	23,500 [6.9] 24,100 [7.1]	11,900 [3.5]	12.70 12.70	15.00 15.00	76	1,000 [472]
	RCFL-H*3621A* (RGGD-09?ZCM?)	36,400 [10.3]	25,250 [7.4]	11,700 [3.4] 11,150 [3.3]	12.80	15.00	76 76	1,025 [484]
	RCFL-H*3621A* (RGGD-107ZCM?)	36,400 [10.7]	25,200 [7.4]	11,200 [3.3]	12.85	15.00	76	1,175 [554]
n Higheet cales	volume tested combination required by D			1 17,200 [0.0]	1 12.00			1,175 [554]

① Highest sales volume tested combination required by D.O.E. test procedures.

^[] Designates Metric Conversions

Outdoor	Model Numbers	80		"F [19.5°C] WB In	door Air		Saund		
Unit RAPM-	Indoor Coil and/or Air Handier	Total Capacity BTU/H [kW]	Net Sensible BTU/H (kW)	Net Latent BTU/H (kW)	EER	SEER	Rating dB	Indoor CFM [L/s]	
Rev.	RCFL-H*3621A* (RGJD-06?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.70	15.00	76	1,000 [472]	
2/9/2009	RCFL-H*3621A* (RGJD-07?MCK?)	35,800 [10.5]	24,100 [7.1]	11,700 [3.4]	12.70	15.00	76	1,025 [484]	
	RCFL-H*3621A* (RGJD-097ZCM?)	36,400 [10.7]	25,250 [7.4]	11,150 [3.3]	12.80	15.00	76	1,175 [554]	
	RCFL-H*3621A* (RGJD-107ZCM?)	36,400 [10.7]	25,200 [7.4]	11,200 [3.3]	12.85	15.00	76	1,175 [554]	
	RCFL-H*3621A* (RGLR-07?AMK?)	35,800 [10.5]	24,050 [7.0]	11,750 [3.4]	13.05	15.50	76	1,025 [484]	
	RCFL-H*3621A* (RGLR-077BRQ?)	35,800 [10.5]	23,800 [7.0]	12,000 [3.5]	13.20	15.50	76	1,000 [472]	
	RCFL-H*3621A* (RGLR-10?BRM?)	36,600 [10.7]	25,500 [7.5]	11,100 [3.3]	13.00	15.00	76	1,200 [566]	
	RCFL-H*3621A* (RGPR-07?AMK?)	35,600 [10.4]	23,650 [6.9]	11,950 [3.5]	12.85	15.00	76	1,000 [472]	
	RCFL-H*3621A* (RGPR-07?BRQ?)	35,800 [10.5]	23,800 [7.0]	12,000 [3.5]	13.20	15.50	76	1,000 [472]	
	RCFL-H*3621A*+RXMD-C04	35,400 [10.4]	23,800 [7.0]	11,600 [3.4]	12.20	14.50	76	1,050 [495]	
	RBHP-21 (RCHL-36A*)	35,600 [10.4]	24,100 [7.1]	11,500 [3.4]	12.85	15.00	76	1,225 [578]	
;	RCHL-36A1	35,000 [10.3]	23,700 [6.9]	11,300 [3.3]	11.70	13.50	76	1,200 [566]	
ļ	RCHL-36A1 (RGFD-09?ZCM?)	35,200 [10.3]	23,550 [6.9]	11,650 [3.4]	12.60	14.50	76	1,150 [543]	
}	RCHL-36A1 (RGFD-10?ZCM?)	35,400 [10.4]	23,950 [7.0]	11,450 [3.4]	12.55	14.50	76	1,175 [554]	
	RCHL-36A1 (RGFD-12?RCM?)	35,400 [10.4]	23,950 [7.0]	11,450 [3.4]	12.65	14.50	76	1,225 [578]	
	RCHL-36A1 (RGPR-07?AMK?)	35,200 [10.3]	23,800 [7.0]	11,400 [3.3]	12.30	14.50	76	1,200 [566]	
	RCHL-36A1 (RGPR-07?BRQ?)	35,600 [10.4]	24,100 [7.1]	11,500 [3.4]	12.85	15.00	76	1,200 [566]	
ļ	RCHL-36A1 (RGPR-10?BRM?)	35,400 [10.4]	23,950 [7.0]	11,450 [3.4]	12.65	14.50	76	1,225 [578]	
	RCHL-36A1 (RGPR-127ARM?)	35,800 [10.5]	24,550 [7.2]	11,250 [3.3]	12.85	15.00	76	1,250 [590]	
036JAZ	RCQD-3621A*	36,200 [10.6]	24,950 [7.3]	11,250 [3.3]	12.25	14.00	76	1,045 [493]	
	RCQD-3621A* (RGFD-06?MCK?)	36,200 [10.6]	24,700 [7.2]	11,500 [3.4]	12.60	14.50	76	1,000 [472]	
ļ	RCQD-3621A* (RGFD-07?MCK?)	36,200 [10.6]	24,650 [7.2]	11,550 [3.4]	12.80	14.50	76	1,000 [472]	
	RCQD-3621A* (RGFD-09?ZCM?)	37,200 [10.9]	26,300 [7.7]	10,900 [3.2]	13.05	15.00	76	1,150 [543]	
	RCQD-3621A* (RGFD-10?ZCM?)	37,200 [10.9]	26,450 [7.7]	10,750 [3.1]	12.90	15.00	76	1,175 [554]	
	RCQD-3621A* (RGJD-06?MCK?)	36,400 [10.7]	24,850 [7.3]	11,550 [3.4]	12.90	15.00	76	1,000 [472]	
	RCQD-3621A* (RGJD-07?MCK?)	36,600 [10.7]	25,250 [7.4]	11,350 [3.3]	12.95	15.00	76	1,025 [484]	
	RCQD-3621A* (RGJD-09?ZCM?)	37,400 [11.0]	26,600 [7.8]	10,800 [3.2]	13.10	15.00	76	1,175 [554]	
	RCQD-3621A* (RGJD-10?ZCM?)	37,400 [11.0]	26,600 [7.8]	10,800 [3.2]	13.10	15.00	76	1,175 [554]	
	RCQD-3621A* (RGPR-05?BMK?)	36,200 [10.6]	24,650 [7.2]	11,550 [3.4]	12.75	14.50	76	1,000 [472]	
ļ	RCQD-3621A* (RGPR-07?AMK?)	36,400 [10.7]	24,800 [7.3]	11,600 [3.4]	13.05	15.00	76	1,000 [472]	
	RCQD-3621A* (RGPR-07?BRQ?)	36,600 [10.7]	24,950 [7.3]	11,650 [3.4]	13.40	15.50	76	1,000 [472]	
ļ	RCQD-3624A*	36,200 [10.6]	24,950 [7.3]	11,250 [3.3]	12.25	14.00	76	1,045 [493]	
}	RCQD-3624A* (RGFD-09?ZCM?)	37,200 [10.9]	26,300 [7.7]	10,900 [3.2]	13.15	15.00	76	1,150 [543]	
	RCQD-3624A* (RGFD-10?ZCM?)	37,400 [11.0]	26,600 [7.8]	10,800 [3.2]	13.00	15.00	76	1,175 [554]	
	RCQD-3624A* (RGJD-09?ZCM?)	37,400 [11.0]	26,600 [7.8]	10,800 [3.2]	13.15	15.00	76	1,175 [554]	
	RCQD-3624A* (RGJD-10?ZCM?)	37,400 [11.0]	26,600 [7.8]	10,800 [3.2]	13.15	15.00	76	1,175 [554]	
	RCQD-3624A* (RGPR-07?BRQ?)	36,600 [10.7]	24,950 [7.3]	11,650 [3.4]	13.45	15.50	76	1,000 [472]	
	RHKL-HM3617 (RCSL-H*3617A*)	36,000 [10.5]	24,200 [7.1]	11,800 [3.5]	13.20	15.50	76	1,025 [484]	
	RHLL-HM3617 (RCSL-H*3617A*)	35,800 [10.5]	23,800 [7.0]	12,000 [3.5]	13.25	15.50	76	1,000 [472]	
	RHSL-HM3617 (RCSL-H*3617A*)	35,600 [10.4]	24,200 [7.1]	11,400 [3.3]	12.35	14.50	76	1,100 [519]	
	RCFL-H*4821A*+RXMD-C04 ①	39,500 [11.6]	27,500 [8.1]	12,000 [3.5]	12.05	14.50	76	1,250 [590]	
	RCFL-A*4821B* (RGLR-07?BRQ?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.10	15.50	76	1,225 [578]	
	RCFL-A*4821B* (RGLR-10?BRM?)	40,000 [11.7]	27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566]	
	RCFL-A*4821B* (RGPR-107BRM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578]	
	RCFL-A*4821B*+RXMD-C04	39,500 [11.6]	27,500 [8.1]	12,000 [3.5]	12.05	14.50	76	1,250 [590]	
	RCFL-A*4824B* (RGFD-12?RCM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578]	
040147	RCFL-A*4824B* (RGGD-12?RCM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.05	15.50	76	1,225 [578]	
042JAZ	RCFL-A*4824B* (RGLR-07?BRQ?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.10	15.50	76	1,225 [578]	
	RCFL-A*4824B* (RGLR-10?BRM?)	40,000 [11.7]	27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566]	
	RCFL-A*4824B* (RGLR-12?ARM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.20	15.50	76	1,225 [578]	
	RCFL-A*4824B* (RGPR-107BRM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578]	
	RCFL-A*4824B* (RGPR-12?ARM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.05	15.50	76	1,250 [590]	
	RCFL-H*4821A* (RGFD-097ZCM?)	39,500 [11.6]	26,850 [7.9]	12,650 [3.7]	12.85	15.00	76	1,150 [543]	
	RCFL-H*4821A* (RGFD-10?ZCM?)	39,500 [11.6]	27,000 [7.9]	12,500 [3.7]	12.70	15.00	76	1,175 [554]	
j	RCFL-H*4821A* (RGGD-09?ZCM?)	39,500 [11.6]	27,000 [7.9]	12,000 [011]	12.85	10.00	10	1,170 [004]	

① Highest sales volume tested combination required by D.O.E. test procedures.

^[] Designates Metric Conversions

Outdoor	Model Numbers	80		°F (19.5°C) WB in c) DB Outdoor Air	door Air		Sound	l-do	
Unit RAPM-	Indoor Coll and/or Air Handler	Total Capacity BTU/H (kW)	Net Sensible BTU/H (kW)	Net Latent BTU/H (kW)	EER	SEER	Rating dB	Indogr CFM [L/s]	
Rev.	RCFL-H*4821A* (RGGD-10?ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.85	15.50	76	1,175 (554)	
1/21/2009	RCFL-H*4821A* (RGJD-097ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.85	15.50	76	1,175 [554]	
	RCFL-H*4821A* (RGJD-10?ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.90	15.50	76	1,175 [554]	
	RCFL-H*4821A* (RGLR-07?AMK?)	39,500 [11.6]	27,150 [8.0]	12,350 [3.6]	12.60	15.00	76	1,200 [566]	
	RCFL-H*4821A* (RGLR-07?BRQ?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.10	45.50	76	1,225 [578]	
	RCFL-H*4821A* (RGLR-10?BRM?)	40,000 [11.7]	27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566]	
	RCFL-H*4821A* (RGPR-07?AMK?)	39,500 [11.6]	27,150 [8.0]	12,350 [3.6]	12.55	15.00	76	1,200 [566]	
	RCFL-H*4821A* (RGPR-07?BRQ?)	40,000 [11.7]	27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566]	
}	RCFL-H*4821A* (RGPR-10?BRM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578]	
	RCFL-H*4824A* (RGFD-097ZCM?)	39,500 [11.6]	26,850 [7.9]	12,650 [3.7]	12.80	15.00	76	1,150 [543]	
	RCFL-H*4824A* (RGFD-10?ZCM?)	39,500 [11.6]	27,000 [7.9]	12,500 [3.7]	12.70	15.00	76	1,175 [554]	
	RCFL-H*4824A* (RGFD-12?RCM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578]	
	RCFL-H*4824A* (RGGD-097ZCM?)	39,500 [11.6]	27,000 [7.9]	12,500 [3.7]	12.85	15.00	76	1,175 [554]	
	RCFL-H*4824A* (RGGD-10?ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.85	15.50	76	1,175 [554]	
	RCFL-H*4824A* (RGGD-12?RCM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.05	15.50	76	1,225 [578]	
	RCFL-H*4824A* (RGJD-09?ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.85	15.50	76	1,175 [554]	
	RCFL-H*4824A* (RGJD-10?ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.90	15.50	76	1,175 [554]	
	RCFL-H*4824A* (RGJD-12?RCM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.10	15.50	76	1,225 [578]	
	RCFL-H*4824A* (RGLR-07?BRQ?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.10	15.50	76	1,225 [578]	
	RCFL-H*4824A* (RGLR-10?BRM?)	40,000 [11.7]	27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566]	
	RCFL-H*4824A* (RGLR-12?ARM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.20	15.50	76	1,225 [578]	
	RCFL-H*4824A* (RGPR-07?BRQ?)	40,000 [11.7]	27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566]	
	RCFL-H*4824A* (RGPR-10?BRM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578]	
	RCFL-H*4824A* (RGPR-12?ARM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.05	15.50	76	1,250 [590]	
	RCFL-H*4824A*+RXMD-C04	39,500 [11.6]	27,500 [8.1]	12,000 [3.5]	12.05	14.50	76	1,250 [590]	
	RCHL-48A1	38,500 [11.3]	26,600 [7.8]	11,900 [3.5]	11.35	13.50	76	1,400 [661]	
	RBHP-24 (RCHL-48A1)	39,500 [11.6]	27,200 [8.0]	12,300 [3.6]	12.85	15.00	76	1,400 [661]	
042JAZ	RCHL-48A1 (RGFD-09?ZCM?)	39,000 [11.4]	26,500 [7.8]	12,500 [3.7]	12.05	14.00	76	1,325 [625]	
	RCHL-48A1 (RGFD-10?ZCM?)	38,500 [11.3]	26,050 [7.6]	12,450 [3.6]	11.90	14.00	76	1,325 [625]	
	RCHL-48A1 (RGFD-12?RCM?)	39,500 [11.6]	27,800 [8.1]	11,700 [3.4]	12.00	14.00	76	1,475 [696]	
	RCHL-48A1 (RGGD-09?ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.00	14.00	76	1,425 [672]	
	RCHL-48A1 (RGGD-10?ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.05	14.00	76	1,425 [672]	
	RCHL-48A1 (RGGD-12?RCM?)	39,500 [11.6]	27,600 [8.1]	11,900 [3.5]	12.25	14.50	76	1,450 [684]	
	RCHL-48A1 (RGJD-097ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.00	14.00	76	1,425 [672]	
	RCHL-48A1 (RGJD-10?ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.05	14.00	76	1,425 [672]	
	RCHL-48A1 (RGJD-12?RCM?)	39,500 [11.6]	27,600 [8.1]	11,900 [3.5]	12.25	14.50	76	1,450 [684]	
	RCHL-48A1 (RGLR-07?8RQ?)	39,500 [11.6]	27,300 [8.0]	12,200 [3.6]	12.35	14.50	76	1,425 [672]	
	RCHL-48A1 (RGLR-10?BRM?)	39,500 [11.6]	27,300 [8.0]	12,200 [3.6]	12.45	14.50	76	1,375 [649]	
	RCHL-48A1 (RGLR-12?ARM?)	39,500 [11.6]	27,300 [8.0]	12,200 [3.6]	12.40	14.50	76	1,425 [672]	
	RCHL-48A1 (RGPR-07?BRQ?)	39,500 [11.6]	27,300 [8.0]	12,200 [3.6]	12.40	14.50	76	1,400 [661]	
ł	RCHL-48A1 (RGPR-10?BRM?)	39,000 [11.4]	26,850 [7.9]	12,150 [3.6]	12.15	14.00	76	1,425 [672]	
ļ	RCHL-48A1 (RGPR-12?ARM?)	39,500 [11.6]	27,300 [8.0]	12,200 [3.6]	12.40	14.50	76	1,400 [661]	
	RCQD-4821A*	39,500 [11.6]	27,800 [8.1]	11,700 [3.4]	11.85	14.00	76	1,255 [592]	
	RCQD-4821A* (RGFD-09?ZCM?)	40,000 [11.7]	27,500 [8.1]	12,500 [3.7]	12.70	15.00	76	1,150 [543]	
	RCQD-4821A* (RGFD-10?ZCM?)	40,000 [11.7]	27,650 [8.1]	12,350 [3.6]	12.60	15.00	76	1,175 [554]	
l	RCQD-4821A* (RGJD-09?ZCM?)	40,000 [11.7]	27,600 [8.1]	12,400 [3.6]	12.75	15.00	76	1,175 [554]	
	RCQD-4821A* (RGJD-10?ZCM?)	40,000 [11.7]	27,600 [8.1]	12,400 [3.6]	12.75	15.00	76	1,175 [554]	
	RCQD-4821A* (RGPR-07?AMK?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	12.40	14.50	76	1,200 [566]	
	RCQD-4821A* (RGPR-07?BRQ?)	40,000 [11.7]	27,700 [8.1]	12,300 [3.6]	12.95	15.00	76	1,200 [566]	
	RCQD-4821A* (RGPR-10?BRM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6].	12.80	15.00	76	1,225 [578]	
	RCQD-4824A*	39,500 [11.6]	27,800 [8.1]	11,700 [3.4]	11.85	14.00	76	1,255 (592)	
	RCQD-4824A* (RGFD-09?ZCM?)	40,000 [11.7]	27,500 [8.1]	12,500 [3.7]	12.80	15.00	76	1,150 [543]	
	RGQD-4824A* (RGFD-10?ZCM?)	40,000 [11.7]	27,650 [8.1]	12,350 [3.6]	12.65	15.00	76	1,175 [554]	
	RCQD-4824A* (RGFD-12?RCM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.85	15.00	76	1,225 [578]	
i					,				
	RCQD-4824A* (RGJD-09?ZCM?)	40,000 [11.7]	27,600 [8.1]	12,400 [3.6]	12.80	15.00	76	1,175 [554]	

① Highest sales volume tested combination required by D.O.E. test procedures.

^[] Designates Metric Conversions

Outdoor	Model Numbers	81	80°F (26.5°C) DB/67°F (19.5°C) WB Indeor Air 95°F (35°C) DB Outdoor Air					
Unit RAPM-	Indoer Coll and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H (kW)	EER	SEER	Sound Rating dB	Indoor CFM (L/s)
Rev.	RCQD-4824A* (RGPR-07?BRQ?)	40,000 [11.7]	27,700 [8.1]	12,300 [3.6]	13.00	15.00	76	1,200 [566]
1/21/2009	RCQD-4824A* (RGPR-10?BRM?)	40,500 [11.9]	28,350 [8.3]	12,150 [3.6]	12.90	15.00	76	1,225 [578]
042JAZ	RCQD-4824A* (RGPR-12?ARM?)	40,500 [11.9]	28,500 [8.4]	12,000 [3.5]	13.05	15.50	76	1,250 [590]
0 1257 12	RHKL-HM4821 (RCSL-H*4821A*)	41,000 [12.0]	29,600 [8.7]	11,400 [3.3]	13.00	15.50	76	1,400 [661]
,	RHLL-HM4821 (RCSL-H*4821A*)	41,000 [12.0]	29,600 [8.7]	11,400 [3.3]	13.10	15.50	76	1,400 [661]
	RHSL-HM4221 (RCSL-H*4821A*)	40,000 [11.7]	28,550 [8.4]	11,450 [3.4]	12.10	14.50	76	1,350 [637]
	RCFL-H*4821A*+RXMD-C04 @	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCFL-A*4821B* (RGPR-07?BRQ?)	48,000 [14.1]	34,050 [10.0]	13,950 [4.1]	12.55	15.00	76	1,625 [767]
	RCFL-A*4821B*+RXMD-C04	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCFL-A*4824B*+RXMD-C04	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCFL-H*4821A* (RGPR-077BRQ7)	48,000 [14.1]	34,050 [10.0]	13,950 [4.1]	12.55	15.00	76	1,625 [767]
	RCFL-H*4824A*+RXMD-C04	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCHL-48A1	46,000 [13.5]	31,300 [9.2]	14,700 [4.3]	11.55	13.50	76	1,600 [755]
	RBHP-24 (RCHL-48A1)	47,000 [13.8]	32,000 [9.4]	15,000 [4.4]	12.60	15.00	76	1,600 [755]
	RCHL-48A1 (RGFD-09?ZCM?)	46,000 [13.5]	31,200 [9.1]	14,800 [4.3]	11.70	14.00	76	1,600 [755]
i	RCHL-48A1 (RGFD-12?RCM?)	46,500 [13.6]	32,000 [9.4]	14,500 [4.2]	11.95	14.00	76	1,650 [779]
	RCHL-48A1 (RGGD-12?RCM?)	46,500 [13.6]	32,000 [9.4]	14,500 [4.2]	11.85	14.00	76	1,650 [779]
	RCHL-48A1 (RGJD-12?RCM?)	46,500 [13.6]	32,000 [9.4]	14,500 [4.2]	11.85	14.00	76	1,650 [779]
	RCHL-48A1 (RGLR-07?BRQ?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.10	14.50	76	1,625 [767]
	RCHL-48A1 (RGLR-10?BRM?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.15	14.50	76	1,575 [743]
048JAZ	RCHL-48A1 (RGLR-12?ARM?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.25	14.50	76	1,600 [755]
	RCHL-48A1 (RGPR-07?BRQ?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.15	14.50	76	1,625 [767]
	RCHL-48A1 (RGPR-10?BRM?)	46,000 [13.5]	31,150 [9.1]	14,850 [4.4]	11.90	14.00	76	1,625 [767]
	RCHL-48A1 (RGPR-12?ARM?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.20	14.50	76	1,575 [743]
	RCQD-4821A*	47,500 [13.9]	33,750 [9.9]	13,750 [4.0]	11.95	14.00	76	1,600 [755]
	RCQD-4821A* (RGPR-07?BRQ?)	48,000 [14.1]	34,450 [10.1]	13,550 [4.0]	12.30	14.50	76	1,625 [767]
	RCQD-4824A*	47,500 [13.9]	33,750 [9.9]	13,750 [4.0]	11.95	14.00	76	1,600 [755]
	RCQD-4824A* (RGPR-07?BRQ?)	48,000 [14.1]	34,450 [10.1]	13,550 [4.0]	12.30	14.50	76	1,625 [767]
	RCQD-4824A* (RGPR-12?ARM?)	48,000 [14.1]	34,150 [10.0]	13,850 [4.1]	12.35	14.50	76	1,575 [743]
	RHKL-HM4821 (RCSL-H*4821A*)	48,000 [14.1]	33,650 [9.9]	14,350 [4.2]	12.85	15.00	76	1,575 [743]
	RHLL-HM4821 (RCSL-H*4821A*)	48,000 [14.1]	33,650 [9.9]	14,350 [4.2]	12.95	15.00	76	1,600 [755]
	RHSL-HM4821 (RCSL-H*4821A*)	47,500 [13.9]	32,950 [9.7]	14,550 [4.3]	12.30	14.50	76	1,525 [720]
	RHSL-HM4824 (RCSL-H*4821A*)	47,500 [13.9]	32,800 [9.6]	14,700 [4.3]	12.30	14.50	76	1,500 [708]
	RHKL-HM4824 (RCSL-H*4824A*)	48,500 [14.2]	34,400 [10.1]	14,100 [4.1]	13.25	15.50	76	1,625 [767]
	RHLL-HM4824 (RCSL-H*4824A*)	48,500 [14.2]	34,400 [10.1]	14,100 [4.1]	13.35	15.50	76	1,625 [767]
	RCFL-H*6024A*+RXMD-C04 ①	60,500 [17.7]	41,650 [12.2]	18,850 [5.5]	12.65	14.50	76	1,600 [755]
1	RCFL-A*6024B*+RXMD-C04	60,500 [17.7]	41,650 [12.2]	18,850 [5.5]	12.65	14.50	76	1,600 [755]
	RCHL-60A*	55,000 [16.1]	36,450 [10.7]	18,550 [5.4]	11.20	13.00	76	1,800 [849]
060JAZ	RCQD-6024A*+RXMD-C04	56,000 [16.4]	37,900 [11.1]	18,100 [5.3]	11.50	13.50	76	1,600 [755]
	RHKL-HM6024 (RCSL-H*6024A*)	62,000 [18.2]	44,700 [13.1]	17,300 [5.1]	13.40	15.00	76	1,800 [849]
1	RHLL-HM6024 (RCSL-H*6024A*)	62,500 [18.3]	45,400 [13.3]	17,100 [5.0]	13.50	15.00	76	1,825 [861]
l	RHSL-HM6024 (RCSL-H*6024A*)	60,500 [17.7]	43,150 [12.6]	17,350 [5.1]	12.15	13.50	76	1,750 [826]
- 111	S values tooted combination required by		1 -1[12:10		· · · ·	1,,,00 [020]

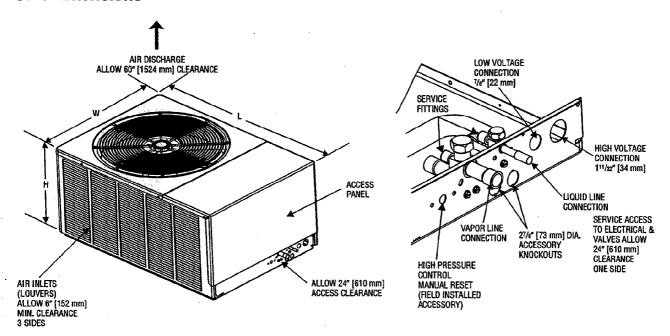
① Highest sales volume tested combination required by D.O.E. test procedures.

^[] Designates Metric Conversions

Electrical and Physical Data: RAPM-

Model No. RAPM-			Ε	LECTF	ICAL					PH	YSICAL	·		
	Phase	Camer.	Compr.	Fan	Fan Min. Circuit			Ou	tdoor C	oll	Refrig.	Weight		
	Hertz	RLA	LRA	Motor	Ampacity		Breaker	Face Area	No.	CFM [L/s]	Per Circuit	Net	Shipping	
	Volts			FLA	Amps	Min. Amps	Max. Amps	Sq. Ft. [m²]	Rows	OS IN [IV-2]	Oz. [g]	Lbs. [kg]	Lbs. [kg]	
Rev. 1/21	1/2009													
018JAZ	1-60-208/230	9/9	48	0.8	13/13	15/15	20/20	11.00 [1.02]	1	2300 [1085]	82 [2325]	137 [62.1]	152 [68.9]	
024JAZ	1-60-208/230	13.5/13.5	58.3	1.1	18/18	25/25	30/30	20.00 [1.86]	1	3300 [1557]	128 [3629]	190 [86.2]	205 [93.0]	
030JAZ	1-60-208/230	12.8/12.8	64	0.8	17/17	25/25	25/25	20.00 [1.86]	1	3300 [1557]	129 [3657]	200 [90.7]	213 [96.6]	
036JAZ	1-60-208/230	16/16	79	0.8	` 21/21	25/25	35/35	23.01 [2.14]	1	3300 [1557]	146 [4139]	201 [91.2]	223 [101.2]	
042JAZ	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	23.01 [2.14]	1	3300 [1557]	152 [4309]	224 [101.6]	246 [111.6]	
048JAZ	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	23.01 [2.14]	2	3300 [1557]	203 [5755]	265 [120.2]	290 [131.5]	
060JAZ	1-60-208/230	26.4/26.4	134	2.8	36/36	45/45	60/60	23.01 [2.14]	2	3300 [1557]	262 [7428]	274 [124.3]	299 [135.6]	

Unit Dimensions



Model Number RAPM-	Height "H" (Inches) [mm]	Length "L" (inches) [mm]	Width "W" (Inches) [mm]
018	19 [483]	401/2 [1029]	275/8 [702]
024/030	29 [737]	443/8 [1127]	311/2 [800]
036/042/ 048/060	33 [838]	443/8 [1127]	311/2 [800]

[] Designates Metric Conversions

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

For Complete Details of the Limited Warranty, including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

	the second second second second
Condenser Coil leaks caused by	
factory defects	Five (5) Years
Compressor—	
JAZ	Ten (10) Years
*All Other Parts	, ,
JAZ	Five (5) Years

*This five year limited warranty is applicable only to single-phase products installed in residential applications on or after January 1, 2001.

Condensing Unit Refrigerant Line Size Information

	~~~~														
	Liquid Line Sizing (R-410A)														
System Capacity	l ine Ciro	Line Size (Inch O.D.)		Liquid Line Size – Outdoor Unit Above Indoor Coll (Cooling Only – Does not apply to Heat Pumps)					: Liquid Line Size — Outdoor Unit Below Indoor Coli						
	Line Size Connection			Total Equivalent Length—Feet [m]							Total Equivalent Length—Feet [m]				
	(Inch I.D.)	(m)		25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]			75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
				Minimum Vertical Separation—Feet [m]								n Vertical S			
		1/4	[6.35]	0	0	0	0	8 [2.44]	24 [7.32]	25 [7.62]	40 [12.19]	25 [7.62]	9 [2.74]	N/A	N/A
11/2 Ton	3/8″	5/16	[7.94]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	62 [18.90]	58 [17.68]	53 [16.15]	49 [14.94]
`		3/8*	[9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	72 [21.95]	70 [21.34]	68 [20.73]
		1/4	[6.35]	0	3 [0.91]	29 [8.84]	55 [16.76]	81 [24.69]	108 [32.92]	23 [7.01]	N/A	N/A	N/A	N/A	N/A
2 Ton	3/8″	5/16	[7.94]	0	0	0	0	0	0	25 [7.62]	36 [10.97]	29 [8.84]	23 [7.01]	16 [4.88]	9 [2.74]
		3/8*	[9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	72 [21.95]	70 [21.34]	68 [20.73]	65 [19.81]
		1/4	[6.35]	0	14 [4.27]	56 [17.07]	98 [29.87]	N/A	N/A	25 [7.62]		N/A	N/A	N/A	N/A
21/2 Ton	3/8″	5/16	[7.94]	0	0	0	0	0	0	25 [7.62]	49 [14.94]	38 [11.58]	27 [8.23]	17 [5.18]	6 [1.83]
		3/8*	[9.53]	0	0	0	0	0	0						58 [17.68]
3 Ton	3/8"	5/16	[7.94]	0	0	0	0	0	9 [2.74]	25 [7.62]	50 [15.24]	37 [11.28]	22 [6.71]	7 [2.13]	N/A
3 1011	U/U	3/8*	[9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	63 [19.20	58 [17.68]	53 [16.15]
31/2 Ton	3/8″	5/16	[7.94]	0	0	0	16 [4.88]	35 [10.67]	54 [16.46]		23 [7.01]			N/A	N/A
3.72 1011	u, u	3/8*	[9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	43 [13.11]	36 [10.97]	30 [9.14]	24 [7.32]
4 Ton	3/8″	3/8*	[9.53]	0	0	0	0	0	0	25 [7.62]	46 [14.02]	38 [11.58]	30 [9.14]	22 [6.71]	15 [4.57]
7 1011	U/O	1/2 [	12.57]	0	0	0	0	0	0,						52 [15.85
5 Ton	3/8″	3/8*	[9.53]	0	0	0	0	0	0						20 [6.10
D 101	3/0	1/2 [	12.57]	0	0	0	0	0	0						76 [23.16

NOTES: *Standard line size N/A = Application not recommended.

			Suction Li	ne Length/Size versus Capacity M	ultiplier (R-410A)				
Unit S	Unit Size		2 Ton	21/2 Ton	3 Ton	31/2 Ton	4 Ton	5 Ton	
Suction Line Connection Size			3/4" [19.05	mm] I.D.	7/s* [22.23 mm] I.D.				
Suction Lin Feet (		⁵ /8" [15.88 m ³ /4" [19.05 m	m] O.D. Opt. m] O.D. Std.*	5/8" [15.88 mm] O.D. Opt. 3/4" [19.05 mm] O.D. Std.* 7/8" [22.23 mm] O.D. Opt.		nm] O.D. Opt. m] O.D. Std.*	7/8" [22.23 mm] O.D. Op 11/8" [28.58 mm] O.D. Sto		
25' [7.62]	Optional	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	Standard	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	Optional	N/A	N/A	1.00	N/A	N/A	N/A	N/A	
50' [15.24]	Optional	.98	.98	.96	.98	.99	.99	.99	
	Standard	.99	.99	.98	.99	.99	.99	.99	
	Optional	N/A	N/A	.99	N/A	N/A	N/A	N/A	
100" [30.48]	Optional	.95	.95	.94	.96	.96	.96	.97	
	Standard	.96	.96	.96	.97	.98	.98	.98	
	Optional	N/A	N/A	.97	N/A	N/A	N/A	N/A	
150' [45.72]	Optional	.92	.92	.91	.94	.94	.95	.94	
	Standard	.93	.94	.93	.95	.96	.96	.97	
	Optional	N/A	N/A	.95	N/A	N/A	N/A	N/A	

NOTES: *Standard line size
Using suction line larger than shown in chart will result in poor oil return and is not recommended.

[ ] Designates Metric Conversions

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices. Rheem Heating, Cooling and Water Heating

P.O. Box 17010, Fort Smith, AR 72917



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вьоск 446. 20 гот _	10	QUALIFICA	ATION COD	E	ADI	DRESS (S	ITE)			PERMIT NO.	14-186.
Applicant Completes: Sections  I. IDENTIFICATION  1. Proposed Work Site at: 56  2. Name of Owner in Fee: Jon  Tel.  Address 55 Nont	CO AF 1, 11, 111 (option 23 Nact mes & He	DNST PPLIC nal), IV, VI, and hLake S deliza ( e-me Shore	RUC ATIC Shore 1 Souls Drive	TION DN Drive G	PERI 1-0620 Brief	MIT 52'] 	V. FEE 1. B 2. E 3. P 4. F 5. E 7. C 8. S 9. S 10. S	ubtotal tate Permit Sur- ubtotal ert. of Occupar ther	ite Plan F	Review \$	odate Update
4. Principal Contractor: Jame Address Same	es Ceyl	re				-	1. N	eight of Structu	s re		
License No. OR, if new home,	Builder Reg.	No		Exp	o. Date		) I			sq.	
Home Improvement Contractor	r Registration	No. or Exemp	otion Reason	ı (if applicable	):		5. Vo	olume of New S	tructure	cu	. ft
Federal Emp. ID No.			F	AX: (	.)						_
5. Architect or Engineer <u>James</u>	1es Coy	lle_	C	ontact						Ctota Amazanad	_
Address			e- .X: (							State Approved HUD sq.	
6, Responsible Person in Charge		***************************************	· · · · · · · · · · · · · · · · · · ·				10. Fk	ood Hazard Zor	ne		
Te				)							_ft.
			*** \	. /			12. W	etlands yes		no	
IIa. PROPOSED WORK			<b>-</b>		<b>5</b>					VII. DESCRIPTION OF BUIL	
☐ Minor Work	(		New Bui	-	☐ Ad		_	Demolition		A. RESIDENTIAL (primary us	e)
☐ Repair		. [	☐ Alteration	n	□ Re	enovation	€	Reconstruct	on		marries and a service marries
☐ Asbestos Al	batSubch. 8		☐ Lead Haz	ard Abatemer		don Reme		Annual Perm	iţ	2. Use Group, Proposed:	
IIb. SUBCODES	Est. Cost	, Plans	Date	Rejection	FICE USE OI	Re-		ssion Dates	Re-	Change in Use Group, Ind     A. No. of dwelling units: <i>Total</i>	
(Check all that apply)	LSI. COSt	Rec'd by	Rec'd	Date	Date	viewer	Approval	Rejection	viewer	Gained, Sale	Onns income estricted
☐ Building								1442		Galned, Rental	
☐ Electrical					6184	-60				Lost, Sale Lost, Rental	
☐ Plumbing				70000		13				B. NON-RESIDENTIAL (prime	iry use)
☐ Fire Protection			13 J. C. S.	1/4	1000	343		7/3/		1. State Specific Use:	
			100 m							Use Group, Proposed:     3. Change in Use Group, Inc.	
☐ Elevator		<u> </u>			1					C. MIXED USE -List seconda	
III. PLAN REVIEW (optional)		IV. DOES OF	R WILL YOU	IR BUILDING	CONTAIN AN	IY OF THE	FOLLOWIN	NG?		D. Construct. Classification:	
DO YOU WANT:	][	1. Elevat	ors/Escalate	ors/Lifts/ 4.	☐ Refrigera	tion Systen	ns ·	8. 🗀		Control Systems in Open Wells	12.☐ Fire Alarm
□ Partial Releases     □ Prototype Processing		Dumb 2. ☐ High F 3. ☐ Pressi	ressure Boi		☐ Hazardou		Backflow Pre ices of Asse is	venters 9. 🗀 mbly 10. 🗀	Undergr	round Storage Tanks ing Pools, Spas and Hot Tubs	

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



Brick Township 401 Chambersbridge Rd Brick, NJ 08723 Date Issued

08/11/2014

Control Number

C-14-002527

Permit Number

14-1868

Permit Issue Date 06/19/2014 Certificate Number 14-1868

#### **Certificate**

Construction Code Division (Certificate of Approval)

	Identi	ification
Work Site Location:	583 N. LAKE SHORE DR. Brick Township, I	NJ Block: 446.20 Lot: 10 Qual:
Owner in Fee:	COYLE, JAMES G & HEDELIZA M	
Owner Address:	583 N LAKE SHORE DR BRICK NJ 08723	
Telephone:		
Contractor	COYLE, JAMES G & HEDELIZA M	
Address	583 N LAKE SHORE DR BRICK NJ 08723	
Telephone:	Fax:	
License Number	or Builders Registration Number:	Federal Emp. Number:
Home Warranty Nun	nber:	
Type of Warranty Pla	an: State Private	
Use Group: R-5	Construction	Classification:
Maximum Live Load:		cupancy Load: 0
Description of Work	/Use: ELECTRICAL ALTERATIONS	
Certificate Comment	rs:	
constructed in accor	Accupancy nat said building or structure has been dance with the New Jersey Uniform approved for occupancy.	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.
constructed or insta Uniform Construction	nat the work completed has been lled in accordance with the New Jersey n Code and is approved. If the permit was rk, this certificate was based upon what	☐ 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.
Certificate of C This serves notice the visible parts of the b	Continued Occupancy nat based on a general inspection of the building there are no imminent hazards and byed for continued occupancy.	☐ 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
The following condit	rtificate of Compliance tions must be met no later than subject to fine or order to vacate:	has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until
	an expiration date of:	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 Offici	al	Fee: \$0.00 Check Number:
		Collected By:

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

Date Printed: 08/11/2014

Page 1



## **TECHNICAL SECTION ELECTRICAL SUBCODE**



Control #

Date Received

SUBCODE APPROYAL Date( Est. Cost of Elec. Work \$ Building Occupied as Use Group B. ELECTRICAL CHARACTERISTICS Home Improvement Contractor Registration No. or Exemption Reason (if applicable) SUBCODE APPROVAL for CERTIFICATE Joint Plan Review Required: PLAN REVIEW Federal Emp. ID No. Contractor License No. Owner in Fee: Vames & Work Site Location 583 JOB SUMMARY (Office Use Only) Address _ Address 583 W. Lake Shore Approved by Approved by: Date: -] Pole/Pad # [ Elegaric Plans Approved _ 6 ] Partial -Underslab Utilities Approved ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev ] No Plans Required Same _Approved by: Approved by ames Present 1101 PERMIT (ox/re Hedeliza JOM COMMCY 6 なが Lot . [ ] Temporary Rough Final Cut-in-Card Date Issued Other Constr. Serv. Date of Grounding and Bonding Annual Pool Inspection Temp. Cut-in-Card Date Issued Service Trench Temp. Serv. INSPECTIONS Barrier-Free Barrier Free Drive Utility Co. Cov/e Shore Proposed Brick [ ] Other e-mail FAX: ( Exp. Date Tel. シインカ Dates (Month/pay) DESCRIPTION OF WORK: Print name here: I hereby certify that I am the (agent of) owner of record and am authorized to make this sign and seal here: application and perform the work listed on this application. C. CERTIFICATION IN LIEU OF OATH YTY. Applicant sign/Contractor D. TECHNICAL SITE DATA ] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applicant SIZE > Ceilingtons KW Elec. Sign/Outline Light AMP Motor Control Center AMP Subpanels AMP Service KW Transformer/Generator KW Elec. Dryer/Receptacle HP Motors 1/+ HP KW Baseboard Heat HP/KW Space Heater/Air Handler KW Central A/C Unit HP Garbage Disposal KW Dishwasher KW Elec. Water Heater KW Elec. Range/Receptacle Storable Pool/Spa/Hot Tub Pool Permit/with UW Lights Emergency & Exit Lights Light Poles KW Oven/Surface Unit Alarm Devices/F.A.C. Panel Communications Points Motors-Fract, HP Detectors Lighting Fixtures ITEMS TOTAL NUMBERS Switches Receptacles State Permit Surcharge Fee Administrative Surcharge In Colle Permit # Date Issued Vlinimum Fee TOTAL FEE L bath Exhaust. FEE (Office Use Only)

CONSTRUCTION PERMIT

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

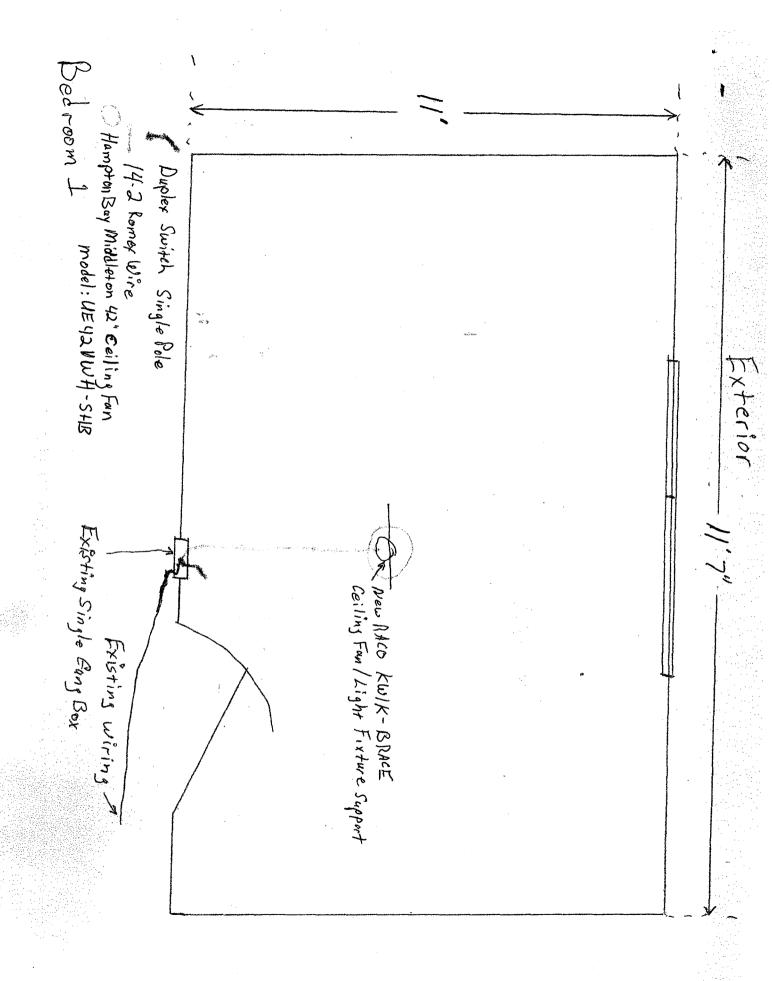
If you do not understand any of this information, please ask.

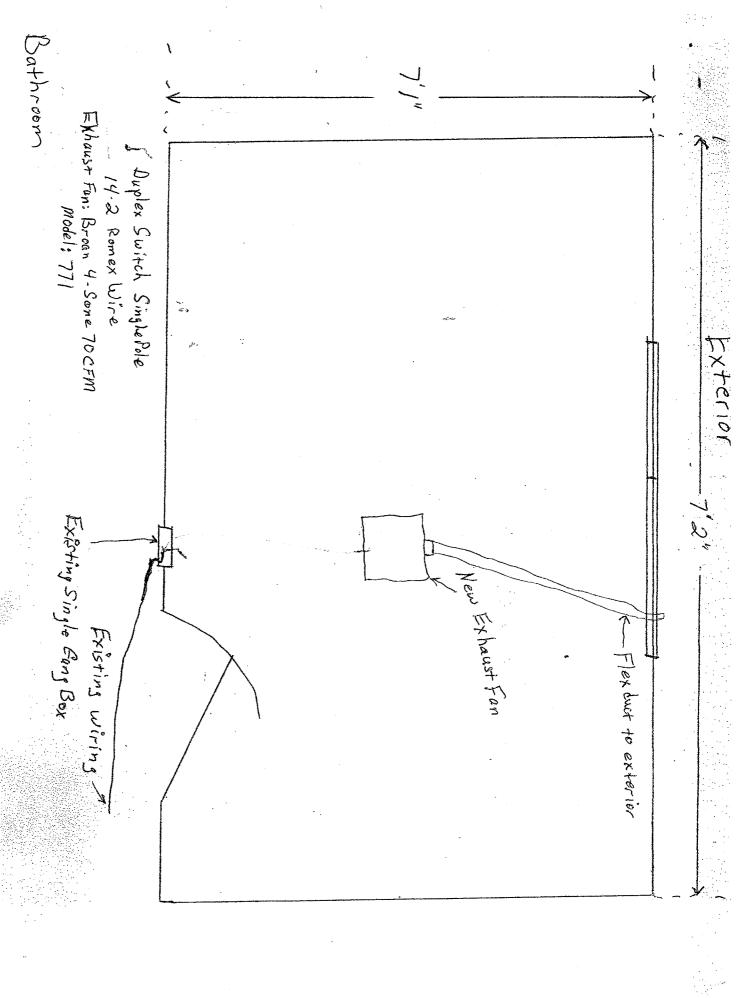
Date Issued Control # Permit # C-14-002527

Work Site Location	N Block: 446.20 Lot: 10 on: 583 N. LAKE SHORE DR. Brick Township.	NJ Contractor COYLE JA	MES G & HEDELIZA M SHORE DR. BRICK NJ 08723
Owner in Fee	COYLE, JAMES G & HEDELIZA M		SHORE DR. BRICK NJ U0/23
	583 N LAKE SHORE DR BRICK NJ 08723	Telephone: Lic. No. or Bldrs. Reg. No.	
Telephone:		Federal Employee. No.	
la bassleri susuda			PAYMENTS (Office Use Only)
is nereby grante	ed permission to perform the following work:		Building \$0
BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT	Electrical \$40
☑ ELECTRICAL	☐ FIRE PROTECTION		Plumbing \$0
☐ ELEVATOR D	EVICES ASBESTOS ABATEMENT	☐ OTHER	Fire Protection\$0
L LLL VATOR D	(Subchapter 8 only)		Elevator Devices\$0
DESCRIPTION C			Other\$0.00
ELECTRICAL AL	TERATIONS		DCA Training Fee
			CO Fee
			Other\$0
Note: If constuct	tion does not commence within one (1) year ases for a period of six (6) months, this perm	of date of issuance, or if	Total\$41
Estimated Cost	of Work \$450	it is void.	Check No
1	$) \cdot \cap AAA$	1/5/11	Cash\$0
$\rightleftharpoons$	uction Official Date	0/10/14	Credit\$0
Consin	uction Official / Date	공연원이 많아하셨다고 나를	Collected By
U.C.C. F170 equiv (rev 1/04)			
	TE - INSPECTOR 2 CANARY - OFFIC	DE 3 PINK - TAX ASSES	SSOR 4 GOLD - APPLICANT
Uniform Construc  The owner or othe Requests for insp	er responsible person in charge of work must no pections must be made at least 24 hours prior to	necessary to insure that the work insta tify this agency when work is ready fo the time the inspection is desired. Insu	Illed conforms with the requirements of the
approval granted.			#1068
	ections for all subcodes for one- and two-family		ELECTRIC \$4
The bottor with the re	m of footing trenches before placement of footing equirements of the building subcode.	gs, except that in cases of pile founda	tions, inspections shall be made in accordance 事
2. Foundation	ns and all walls up to grade level prior to back fil	lling.	
plumbing. ventilation	ral framing, connections, wall and roof sheathing. The framing inspection shall take place after the and /or air conditioning duct system. The insula installation of any interior finish material.	e rough electrical and plumbing inspec	tions and after the installation of the heating
4. Installation mechanica	n of all finished materials, sealings of exterior join al systems equipment.	nts, plumbing piping, trim and fixtures;	electrical wiring, devices and fixtures;
Additional requestions producing dev	uired inspections for all subcodes of construction rices and Barrier Free subcode accessibility, if a	n, for other than one- and two-family d pplicable	wellings, are fire suppression systems, heat
Required spec	cial inspections. The applicant by accepting the p	permit will be deemed to have consent	ted to these requirements:
equipment; ele	ion is required for each applicable subcode area clude the installation of all interior and exterior fir ectrical wiring, devices and fixtures; plumbing pip ccessibility, if applicable; and verification of com	nish materials, sealing of exterior joints ses, trim and fixtures; tests required by	s, mechanical system and other required

Bedroom			
<del> </del>			
RELEASED FOR PERMIT Building Subcode Fire Subcode Electrical Subcode Plan Reviewer Plans Released Construction Official		- Marian African	
OF BRICK			
Existing Single Gang Box			
wiring A			

Not to scale





not to scale

#### **CERTIFICATION IN LIEU OF OATH**

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

I hereby certify that I am the owner in fee of the property listed on Page 1.
Mark the following applicable boxes:
A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.
I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.
B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.
C. ( ) I further certify that I will perform or supervise the following work: C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work: C.3. ( ) Electrical C.4. ( ) Plumbing
<ul> <li>D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.</li> </ul>
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.
Junderstand that if any of the above statements are willfully false, I am subject to punishment.
Signature
II. AGENT SECTION (to be completed if the applicant is not the owner in fee)
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.
I understand that if any of the above statements are willfully false, I am subject to punishment.
( ) Check if contractor.
Agent Name
Address
Telephone ()
Signature
III. ( ) LEAD HAZARD ABATEMENT. Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

## Brick Permit Without a Jacket

Permit Number_

Construction Permit # A-9550	Mar. 2, 19 82
Owner Harry H. Bench	pal*
Location 583 N. Lake Shore Dr.	
Lake Riviera	
Block 446=D=20 Lot 10	10 mm 1 m
Contractor same	
Fee \$ 7.50 ck. Use Shed	
•	
BUILDING SUB-CODE INSPECTIONS Footing Trench	VIOLATIONS
Slab	
Foundation Framing	
Insulation	
Final 3 2/ 83 RM C. O. Issued	
PLUMBING SUB-CODE INSPECTIONS	
Slab	
Rough	•
Septic/Sewer	
Final	
Electrical Final	
lise reverse side for additional	remarks

Approved-plans must be on job or assessed penalty under 5:23:2.5 (C5) Violation
Finals for Certificates of Occupancy must be called for or assessed penalty under 5:23-27.

MAR	1 1982 c	CONSTRUCTION	PERMIT APP	PLICATION			
<b>T</b>	PANELL C	BRICK TOWNS	SHIP, NEW JE	RSEY			
Buil	IMPORTANT — Complete ALL items. Mark boxes where applicable						
	IMPORTAL	NI — Complete ALL	items. Mark b	oxes where applica		<del></del>	
<u>                                     </u>	lumber and street	Shore Dr	Section)	0 '	Lot Block	6020	
LOCATION	083/1-/14/00	/ UNOTE NOT	Lake 1	locera!	70 177	30	
1 95 1:	, -		foot F	W from intersecti	on of		
		nic, political, or lega			O., O	••••	
, ,,		— All applicants co				<del></del>	
A. TYPE OF IMPRO		D. PROPOSED USE	<del> </del>				
1 D New build			— For · Wiecking		nresidential		
	If residential, enter numb ousing units added, If an	4	l	****	Amusement,	recreational	
in Part D,			ore family — Ente	10	Church, othe		
3 Alteration		number o	f units		☐ Industrial ☐ Parking gara		
4 🔲 Repair, reg 5 🗍 Demolition		14 🔲 Transient or dormite	notel, motel, ory Enter numb		Service statio	=	
6 🔲 Moving (re				23	☐ Hospital, inst		
7 🛗 Garage	□ In □ and	15 ☐ Garage 16 ☐ Carport			☐ Office, bank, ☐ Public utility		
Swim Pool	<u> </u>		Specify		_	y, other educational	
B. OWNERSHIP	<del></del>		Kenden	Shod 27	Stores, merca		
	dividual, corporation,	المست	1-10-00	C .	☐ Tanks, tower ☐ Other - Speci	t fy	
	institution, etc.)					•	
9 🗍 Public (Fed local gove							
C. COST		(Omit cents) N	Ionresidential — De	escribe in detail propo	sed use of build	lings, e.g., food	
	provement	1 × /8/6 00   p	rocessing plant, m	achine shop, laundry school, college, perocl	building at hosp	ital, elementary	
To be insta	alled but not included	ا ا	epartment store, re	ental office building,of	fice building at	industrial plant.	
in the abov		1	ruse or existing t	ouilding is being chang	jea, enter propo	led Use.	
	(# Fixtures, Outlets)	_	<del></del>			<u>-</u>	
`	g (# of Fixiures)						
<u>.</u>	air conditioning				<u> </u>		
d. Other (e	levator, etc.)	10/100 -					
	OF IMPROVEMENT			· <del>- · · · · · · · · · · · · · · · · · ·</del>	<del> </del>		
	CHARACTERISTICS	<b>OF BUILDING —</b> omplete Parts E - I; for	weeking com	oplete only Part H.	for all others	skip to IV.	
<del></del>			wideking, com	1		1	
E. PRINCIPAL TYP	٠ ا	H. DIMENSIONS		FEE COMPUTATIONS		ŀ	
Masonry (wal	i bearing)	Number of stories		VOLUME OF BUIL	DING		
☐ Wood frame		Tatal amount fort of fir		BUILDING SUB CO	ODE		
Structural stee		Total square feet of flo	,				
Reinforced co		all floors, based on ext		ELECTRICAL CODE			
☐ Other - Spec	ify	dimensions		PLUMBING CODE			
		Total land area, sq. ft.		PLAN REVIEW	`		
· · · · · · · ·							
F. TYPE OF HEAT		1. RESIDENTIAL BUILDING	UNILT	CERTIFICATE OF	OCCUPANCY		
I .		Number of bedrooms		STATE TRAINING	FUND		
Air Cond.	Yes 🗌 No 🗋	realities of pearcoins		i			
G. TYPE OF SEWE	RAGE DISPOSAL	Number of	<b>f</b> ull	1			
Public	·	bathrooms	Partial	CONSTRUCTION		7,50	
☐ Individual				PERMIT FEE		1,00	

SEE REVERSE

H-9550 Ch.

	NAME	<del></del>	TRADE	ADDRESS	713	CODE	PHONE #
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PERSON TO	BE IN CHARGE OF CONS	itruction NEH			/		
NAME ADDRESS	HARRY H. BE. 583 N. LAIU	NCH E 51	WRE DR	BRICK TOWN	J N.	J.	
NAME /	BE IN CHARGE OF CONS HARRY H. BE 583 N. LAIL IFICATION — To be	NCH E 51	HORE DR	<b>.</b>		S.	
NAME ADDRESS	HARRY H. BE. 583 N. LAIU	NCH E 51	HORE DR			ZIP cod	
ADDRESS	HARRY H. BE. 583 N. LAK IFICATION — To be	NCH SI complete	HORE DR	<b>.</b>		ZIP coo	
ADDRESS	HARRY H. BE. 583 N. LAIU  IFICATION — To be	NCH SI complete	HORE DR	Number, street, city, and State		ZIP coo	
ADDRESS	HARRY H. BE.  583 N. LAK  IFICATION — To be  Name  HARRY HIBEN	NCH SI complete	HORE DR	Number, street, city, and State		ZIP coo	
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ADDRESS	HARRY H. BE.  583 N. LAK  IFICATION — To be  Name  HARRY HIBEN	NCH SI complete	HORE DR	Number, street, city, and State		ZIP coo	
ADDRESS	HARRY H. BE.  583 N. LAW  IFICATION — To be  Name  HARRY HIBENO	CH .	HORE DR	Number, street, city, and State	PRICK TE	ZIP coo	723 477-
ADDRESS ADDRESS IDENTI	HARRY H. BE.  583 N. LAW  IFICATION — To be  Name  HARRY HIBENO	CH .	HORE DR	Number, street, city, and State	PRICK TE	ZIP coo	723 477-
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NAME ADDRESS  V. IDENTI  where Agent contractor rehitects  The owner and local progratury of	HARRY H. BE.  SEEN LASS  IFICATION — To be  Name  HARRY H. BEN  Of this building and the unrior approvals have been generally	CH .	HORE DR	Number, street, city, and State  KE SHORE DR N	PRICK To	ZIP coc	723 477-4
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ADDRESS  V. IDENTI  where Agent  contractor  rehitects  The owner and local properties of the contractor  gnature of the contractor	HARRY H. BE.  583 N. LAK  IFICATION — To be  Name  HARRY HIBEN  of this building and the unrior approvals have been generally the second poor applicant to the se	complete	Hore De Hore D	Number, street, city, and State  KE SHORE DR S  ill applicable laws of Township of  Rape Shore Are  ACE — FOR OFFICE USE	Brick and	that all re	723 477-4
ADDRESS  V. IDENTI  where Agent  chitects  The owner and local progratury of	HARRY H. BE.  583 N. LAK  IFICATION — To be  Name  HARRY HIBEN  of this building and the ur  rior approvals have been g  applicant  THE SENSE  DO	complete	Address	Number, street, city, and State  KE SHORE DR S  Ill applicable laws of Township of Sake Show Dr. S.	PRICK To	that all re	723 477-4

### NOTICE TO COMPLY

## DIVISION OF INSPECTIONS TOWNSHIP OF BRICK

February	26,	1982	
Date	~~~~		<del></del> -

	·			•	•	
TO: Harry & E	11zabeth Bench	583 North	Lake Shore D	r. Bric	k, N.J. 0872	3
20	NAME	. •	ADDRESS	•		
			7. 			•
OWNER/AGENT	SAME					
	NACE		ADDRESS		•	
	B1	lk. 446D20 Lc	 t. 10			٠.
ADDRESS OF VI	IOLATION					<del></del>
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PERMIT IDENT	ITICATICI No pe	ermit for she	d	<del></del>	<del></del>	<del></del>
٠.	by notified that		a of the "St	ate Únifera	. Constructi	on Act"
You are here!	by notified that .217, as amended	. a vioiatio	รื่อ อเม 10 แ เร็ต อชด์ใน คล	ned premises	· }	
	• >		• •	·		
	sufficient time	to obtain t	he-nedessarv	permit, ar	id our recor	ds .
		. TH YOU WOU	ויגיע נוכדיניטבונוט	COMP PARTY OF		
indicate you	have not done.so ge Rd, and speak	with the Di	rector of Ir	spections 2	regarding th	e
above cited	ge Ku, and speak violation	7,5,611 6,16 5,16				•
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	5:23=2.5 (copy enc	alogod) Vou	must come in	_to_this_off	ice-by	٠ <del>٠٠, ٠٠٠</del> .
Chap	2:73=7-2 (coby enc	. <u></u>		•	. •	
March	11, 1982 to obtain	a permit.			•	
IMI CII		<del>.</del>			<u> </u>	
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	by ordered to ter		o všalation	immediatel	y after reco	sipt
You are here	by ordered to ter ce. Failure to C	rminate thes	rozon ovođe	ibed violat	ions within	the
time specifi	ed will result in clative and be ass	coscan sus s 3 YOT hassas	ach additio	nal week th	at the viola	ation
wall be comp	f it were a separ	rate offense				٠.
exists, as i	T IC WELL & SCIAL					
The pures he	ars joint respons	sibility for	bringing a	bout compli	ance with the	he Perso
to whom this	order is directe	ed.			•	•
CO MIOIR CILLS	Office as demonstration	. ,	A Comment	A		:
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	• .		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	42 Cm 1	- Andrews Andr	<u> </u>
•			Building I	nspector	Q).7V.	<i>'</i>
			(	$\rho$	$\sqrt{\mathcal{Q}}$	
•			Cdu	vard (	13go	
	•	• .	Sub-Code 0	fficial	<del>-</del> 1	
			. //	1	(HA).	
	•		Malhu	w/ Sligh	<del>- 77</del> -/	
	•		Constructi	on Official	v	

UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMITS.

quiring greater strength, exitway or saniary provisions; or to change structure; or change the occupancy of a building or structure reofficial in writing and obtaining the required permit therefor. regulations, without first filing an application with the construction provision is made or the installation of which is regulated by the to different use group; or to install or alter any equipment for which It shall be unlawful to construct, enlarge, alter or demolish Rules concerning when permit is required are:

PROP. LINE PROPERTY CINE TRIVE WAY N. LAKE SHERE SIDEWALL HOUSE SHED *4+1 1/2/5 Plumb.ng Pian Review Electrical_ Fire Building Energy DIMENSIONS ARE AFFOR BRICK TOWNSHIP Class Date PROP. LINE



#### **CONSTRUCTION PERMIT APPLICATION**

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

L 1.	EDENTIFICATION Propeed Work Site at: 583 North	Lakeshope	22
2.	Name of Owner in Fee: Thomas Do	USS = Te	
	Address 583N. INKES	hope Boice	
	ded	municipality	zip code
3.	Ownership in Fee: Public P	rivate	
4.	Principal Contractor: ARA Professi	ON ALROSINTEL (23)	) 240-4133
ŀ	Address 40. Suyder Ave.	TAMS RIVER	NJ.08753
ŀ	License No. OR, if new home, Builder Reg. No.		p. Date
	Federal Employee No	FAX: (	)
~ <b>5</b> .	Architect or Engineer	·	_)
	Address		
6.	Responsible Person in Charge of Work	TOMULADYAM	]
	Tal. (732) 2404173	FAX ();	

V. FEE SUMMARY (for office use only)						
1.	Building	. 108	Update`	Update		
2.	Electrical	· · · · · · · · · · · · · · · · · · ·		<del></del>		
3.	Plumbing	· -	<del></del>	<del>                                     </del>		
4.	Fire Protection	<del></del>		<del> </del>		
5.	Elevator Devices	<del></del>		<del> </del>		
5.	Subtotal	\$		<del></del>		
7.	Less 20% for	<u> </u>	<del></del>			
	State Plan Review			[ ·		
8.	Subtotat	s				
9.	DCA Training Fee					
10.	Subtotal			_		
11.	Cert of Occupancy			<del></del>		
12.	Other					
13.	TOTAL	. s				
		-				

VI. B	UILDING/SITE CHARACTERISTICS	(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floorsq. ft.	
	New Building Area	
	Volume of New Structure cu ft	
6.	Construction Classification	;
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation / /t.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

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II. PROPOSED WORK	Est. Cost	Plans	Date	Rejection	Approval	Re-	Resubmis	sion Dates	Re
1. Minor Work		Rec'd by	Rec'd	Date	Date	viewer	Approyali	Rejection	viewer
2. 🗆 New Building								0	
3. ☐ Addition							0/1		
4. (X) Alteration									
5. 🗆 Fire Protection									
6. Plumbing									
7. 🗆 Electrical									
8.   Elevator Devices									
9. Asbestos Abet, Subch. 8									
10. 🗆 Lead Hazard Abatement				<u> </u>					Ī —
11. Demoition									
TOTAL COSTS	2200.00	IV. DOES	OR WILL YO	UR BUILDING	CONTAIN A	NY OF TH	E FOLLOWIN	G?	

HA.	DO YOU WANT:	(optional)
1.	Partial Releases	
2.	☐ Prototype Proces	sing

1. 🛚	Elevators/Escalators/Lifts
	Dumbwaiters/Moving Wal
2. 🗌	High Pressure Boilers
3. 🗌	Pressure Vessels

4. A Refrigeration Systems

- 5. Cross-Connections/Backflow Preventers 6. Hazardous Uses/Places of Assembly
- 7. Sprinklers

OPTIONAL (for office use only)

8. Smoke Control Systems in Open Wells

9.	$\supset$	Underground	Storage	Tanks

VII. DESCRIPTION OF BUIL  A. RESIDENTIAL  1. Hotels (R-1)  2. Multi-Family (R-2)  3. Two-Family (R-3) BO  4. Two-Family (R-4) CA  5. One-Family (R-3) BO  6. One-Family (R-4) CA	CA BO -
No. of dwelling units:  Before Construction After Construction Net Gain or Loss B. NON-RESIDENTIAL:  1. State Specific Use:	
Use Group:     Change in Use Group	o, Indicate Former:

LDS BR 10503710

#### CERTIFICATION IN LIEU OF OATH

I. OW	NER SECTION (to be completed if the applicant is the owner in fee)
l hereby	certify that I am the owner in fee of the property listed on Page 1.
Mark the	e following applicable boxes:
A. ( )	I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.
	I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.
B. ( )	I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii.
	I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.
	I further certify that I will perform or supervise the following work: ( ) Building C.2. ( ) Fire Protection
	ther certify that I will perform the following work: ( ) Electrical C.4. ( ) Plumbing
D. ( )	I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.
and loca	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, I prior approvals have been given, including such certification as the construction official may require.
l underst	tand that if any of the above statements are willfully false, I am subject to punishment.
Signatur	e Date
II. AGE	NT SECTION (to be completed if the applicant is not the owner in fee)
l hereby authorize	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is d by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.
l further and loca	certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county is prior approvals have been given, including such certification as the construction official may require.
_	o advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation ompty with all New Jersey tax laws.
l undersi	and that if any of the above statements are willfully false, I am subject to punishment.
(d) Ch	eck if contractor.
Agent Na	ame Approfess; marrooking Svc TIAL John Lapham 40 Snyder are Tomskives
Address	40 Snyder Ave Tomshiver
Telephon Signatur	e (730) 24041334
111 / 1	LEAD USZADO ADATEMENT Indude Homeowiner of Pullding Owner Affidest on and \$1.14.0. 5.47

OFFICE DATE RECEIVED X. CERTIFICATES ISSUED (office use only)

[] Temporary Certificate of Occupancy Building Utility Dig No. Health Department Police Department □ Water Authority Sewer Authority Planning Board [ ] Temporary Certificate of Compliance Electrical Fire Protection Plumbing IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only-optional) Mechanical Transportation
N.J. Department of
Environmental Protection Certificate of Compliance Continued Certificate of Occupancy N.J. Department of Community Affairs N.J. Department of Soil Conservation Zoning Board Zoning Officer Certificate of Approval Certificate of Occupancy Lead Abatement Clearance Certificate VIII. PRIOR APPROVALS CHECKLIST (office use only) Name of Code & Edition Prelimin. Initial APPROVAL LOCAL Final Date 88888 Š Prelimin. Initial Energy Flood Hazard Barrier Free As Built Elevation Cert. COUNTY APPROVAL Final Date Name of Code & Edition DATE ISSUED Prelimin. Initial REGIONAL APPROVAL Final Date DATE EXPIRED Prelimin. Initial STATE APPROVAL DATE REISSUED Final Date COMMENTS DATE EXPIRED

TOWSHIP OF BRICK 401 CHAMBERS BRIDGE RD DIVISION OF INSPECTIONS

Date Issued 08/08/2002 Central 0 Permit 02-3003

# CONSTRUCTION PERMITE

Egitimated Cost of Work 6 2.200	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.	RESCRIPTION OF WORK:	( ) ELECTRICAL ( ) FIRE PROTECTION ( ) BENGLITION ( ) ELEVATOR DEVICES ( ) ASBESTOS ABATEMENT ( ) OTHER (Subchapter 8 only)	Is hereby granted permission to perform the following work:  (I) BUILDING ( ) PLUMBING ( ) LEAD HAZARD ABATEMENT	Telephone RRICK, NJ 08722- Lic. No. or Bldrs. Reg. No. Federal Emp. No.	Address SAME Telephone 17321240-4133	Address Address Address	IDENTIFICATION Block 946,02 Lot 10 Qual
Collected By ERP	Other 67 Check No.	Elevator Devices 0 Other DCA Training Fee 2 Cert. of Occupancy 0	Electrical 0 Plumbing 0 Fire Protection 0	PAYRENTS (Office Use Only) 65	A CALLEGE AND A	M 703-	ROOFING	
e ^s		CHANDE	EUILDING OCA	XQX				
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\$67.00 \$67.00 \$0.00

\$3.00 00.03 00.03

U.C.C. F170 (rev. 3/96)

Date

U.C.C. Fil0 (rev. 3/96)				Total Land Area Disturbed
		i ] State Approved		Volume of New Structure
₩.	DCA Training Fee	Industrialized Building:	0 Sq. Ft.	New Bldg. Area/All Floors
\$65	Collected by:ERP		0 Sq. Ft.	Area Largest Floor
•	Paid [X] Check # Cash Minimum Fee	3. Total (1+2)\$ 2,200	0 Ft.	Height of Structure
	Administrativ	Alteration \$	0	No. of Stories
			Proposed	Constr. Class Present
		t. Cost of Bldg. Wol	Proposed X-3	
				86 CHA
0	[ ] Demolition		BefrierFree	
0	Other	11200A	Final	1 7
0	[ ] Other			Approved By:
0	1 ) Lead Haz. Abatement NJAL 5:17			Mare: W 17-00
0	30		Mechanical	
0			Energy	. ≃
0	0		Finishes	[ ] Elect [ ] Plumb [ ] Fire
0	[ ] Fence Height (exceeds 6')		Insulation	Review Requir
0			BarrierFree	[ ] Other
0	[ ] Roofing		Frame	[ ] Frame
65	LAJ Alteration		2190	i i Foundation
,,,	TV3 Altrophic		Clah	r r rooting
	T I PALL TO THE PA		Foundation	[ ] English
0	[ ] New Brilding		5	[ ] All
FEE (Office Use Only)	TYPE OF WORK	Failure Failure Aporoval Initial	Type	s Rea.
		Dates (Month/Day)	ial INSPECTIONS	PLAN REVIEW Date Initial
			-	JOB SUMMARY (Office Use Only)
		-		
				Federal Emp. No.
				tic. No. or Bldrs. Reg. No
			}	Tele, (732)240-4133 Fax (
	RE KUUF			1085 RIVER, NJ 08753-
	מים			:  ÷
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			NOT THE	AAA DODEECETOWAL
	TECHNICAL CITE			Tolo
	arguerare			DOLLA TO NOT SEE THE
			3	י אַרַ
				Owner in Fee DAVIS
				!
			SHORE DR	Work Site Location 583 N LAKESHORE
	I hereby certify that I am the (agent of) owner		Qual	Block 446.02 Lot 10
•		NO: 1-800-272-1000	E. CALL UTILITY DIS	CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1000
	C. CERTIFICATION IN LIEU OF DATH	IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	OMPLETE ALL APPLICAB	A. IDENTIFICATION-APPLICANT: CO
		Permit # 02-3003	TECHNICAL SECTION	
			SUBCODE	VISION OF INSPECTIONS
	08/08/2002	Date Issued 08/	BUILDING	1 CHAMBERS BRIDGE RD
	08/2002	Date Received 08/08/2002	UCC NEW JERSEY	WASHIP OF BRICK

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 583 N. La Reshone	2 DR
Block: 446.2 Lot: 6	0
Owner's Name: Thamas DAVIS	
Block: 446.2 Lot: / Owner's Name: 7 hamas DAVIS Owner's Mailing Address: 5830 Cakesh	of E
Phone:	· ·
BUILDING	ELECTRICAL
-	
Contractor: AAA Provess, over Eboking Suc	Contractor:
Address: 42 wyde Ave	Address:
Tonsaiver	
Phone#: 732 2404132	Phone#:
Lis#	Lis #:
Federal Emp # or S	Federal Emp # or SSN
Technical Data	Technical Data
Description of Work:	Item Quantity
Rezoot	
/CC:CO.	Lighting Fixtures -
	Receptacles
	Switches
	Detectors
***************************************	Light Poles
	Motors w/ Fract. HP
•	Emergency & Exit Lights
	Communication Points
	Alarm Devices/FAC Panel
	Total
Type of Work	
	Pool (Receptacles, Switches, Lights, Motor 1HP)
	Spa/Hot Tub/Storable Pool
	Electric Range KW
	Oven/Surface Unit
Roofing Demolition	Electric Water Heater
Asbestos AbatementSignsq ft	Electric DryerKW
	Dishwasher KW
~	Garbage Disposal HP A/C Unit - Central Air KW
Building Characteristics	700 01111 00111111111111111111111111111
Use Group Present: Proposed:	Space Heater/All Handler
No of Stories:	Matara II. UD
Height of Structure:	The section of Congretor
Area of the largest floor:	A L L Canadan
Area of New Structure:	A NAD
Volume of New Structure: Total Land Disturbed:	Subpanel AMP
Total Land Disturbed:	
7222	Sign/Outline LightKW
Cost of Alteration: \$ 2200.00	FurnaceSteam Boiler
Cost of New Building: \$	Other:
T. (10. (CM.) Duilding World	
Total Cost of New Building Work: \$	
Thereby and first I am the execution may of record and am	Estimated Cost of Floatrical Worls
I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work	Estimated Cost of Electrical Work:
listed on this application.	I hereby certify that I am the agent/owner of record and am
nated on this application.	authorized to make this application and perform the work
	listed on this application.
Signature:	The state of the s
Please Print Name C. J. Cashgan	C'aratura.
1 10000 I late I mino	Signature:
	Please Print Name

CONTRACTOR'S SEAL

BLOCK <u>446.20</u>	LOT	_10
---------------------	-----	-----

__QUALIFICATION CODE _____ ADDRESS (SITE) <u>S83 V. Lake Shore Dr.</u> PERMIT NO. <u>09-2235</u>

1. Building 2. Electrical

V. FEE SUMMARY (for office use only)

Update

Update





## **CONSTRUCTION PERMIT**

	CONTRACTOR OF STREET		PLIC	AIIU	/IN				umbing e Protection		
Applicant Comp	letes: Sections	I. II. III (aptio	nal). IV VI an	ıd VII					e Frotection evator Devices		
I INCINTICIO AT	HON				· · · · · · · · · · · · · · · · · · ·		_		btotal		
1. Proposed Wo	ork Site at: 58	3.N. Lake	e Shore	Dr.				1	ss 20% for Sta	ite Plan R	eview \$
2. Name of Own	ner in Fee: Ja	mae Had	dia C.	ndo				8. Su			\$
Tel.									ate Permit Surd ibtotal	cnarge ⊢e	e s
									ert, of Occupan	icv	
Address S	シュン・Lak	e Shore 1	$\mathcal{D}_{r}$ . $\mathcal{B}_{r}$	ick		<u> </u>	53	1 1	her	,	
	Fee: Public					zip c		13. TC	TAL		s
4. Principal Con	ntractor: Sam			-	Tel. (	_)		VI. BUIL	DING/SITE CH	ARACTE	RISTICS (office use only)
Address				е	-mail						
								2. He	ight of Structui	re	ft.   <del>/ / / /</del>
License No. (	OP if now home	Puildes Bee	NI -	~	<u> </u>						sq. ft.
	OR, if new home,										sq. ft.
	ement Contracto							1 1			cu. ft.
Federal Emp.	. ID No			F.	AX: (	_)					
5. Architect or E	Engineer			Co	ontact						
Address				e-r	mail						State Approved HUD
Tel. (	_ )		FĀ	X: (	)			1 1			sq. ft.
6. Responsible I	Person in Charge	once Work ha	as Begun S	ama a	as above						<del></del>
	_)							i i			n.
								12. We	etlands yes		no
IIa.PROPOSED										<u></u>	VII. DESCRIPTION OF BUILDING USE
II.	☆ Minor Work			3 Na D	4:	□ Ac	4 -4 *4 *		Demolition		
	K-4~ MILIOL AAOU	•	1	New Build	aing	A0	antion		Demonition		A. RESIDENTIAL (primary use)
	Repair	•		Alteration	·		enovation		Reconstruct	ion	A. RESIDENTIAL (primary use)  1. State Specific Use:
	Repair □		. Г	Alteration	1	□R	enovation	Г	Reconstruct		
	Repair  Asbestos Al		. Г	Alteration	ard Abatemer	∏ R nt ∏ Ra	enovation don Reme	diation [			1. State Specific Use:
IIb. SUBCODES	Repair  Asbestos A	patSubch. 8	. Г	Alteration	ard Abatemer	□R	enovation don Reme	diation	Reconstruct		1. State Specific Use: 2. Use Group, Proposed:
IIb. SUBCODES	Repair  Asbestos A	eatSubch. 8		☐ Alteration☐ Lead Haza	ard Abatemer	∏ Rant	enovation don Reme	diation	Reconstruct	nit	1. State Specific Use: 2. Use Group, Proposed: 3. Change in Use Group, Indicate Present:
	Repair  Asbestos A	patSubch. 8	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation don Reme NLY (Option	diation nal) Resubmit	Reconstruct Annual Perm	nit Re-	1. State Specific Use:  2. Use Group, Proposed:  3. Change in Use Group, Indicate Present:  4. No. of dwelling units: Total Units Income-restricted
(Check all that apply)	Repair Asbestos Al S Building	eatSubch. 8	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation don Reme NLY (Option	diation nal) Resubmit	Reconstruct Annual Perm	nit Re-	State Specific Use:      Use Group, Proposed:     Change in Use Group, Indicate Present:     No. of dwelling units: Total Units Income-restricted     Gained, Sale
(Check all that apply)	Repair  Asbestos Al	eatSubch. 8	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation  don Reme  NLY (Option  Re- viewer	diation nal) Resubmit	Reconstruct Annual Perm	nit Re-	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
(Check all that apply)	Repair Asbestos Al S Building	eatSubch. 8	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation don Reme NLY (Option	diation nal) Resubmit	Reconstruct Annual Perm	nit Re-	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
(Check all that apply)	Repair  Asbestos Al  S  Building  Electrical  Plumbing	Est. Cost	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation  don Reme  NLY (Option  Re- viewer	diation all) Resubmit Approval	Reconstruct Annual Perm	nit Re-	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:
(Check all that apply)	Repair  Asbestos Al  S  Building  Electrical	Est. Cost	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation  don Reme  NLY (Option  Re- viewer	diation nal) Resubmit	Reconstruct Annual Perm	nit Re-	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:
(Check all that apply)	Repair  Asbestos Al  Building  Electrical  Plumbing  Fire Protection	Est. Cost	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation  don Reme  NLY (Option  Re- viewer	diation all) Resubmit Approval	Reconstruct Annual Perm	nit Re-	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:
(Check all that apply)	Repair  Asbestos Al  Building  Electrical  Plumbing  Fire Protection  Elevator	Est. Cost	Plans	Alteration Lead Haza	ard Abatemer FOR OF	∏ Rant ∏ Ra	enovation  don Reme  NLY (Option  Re- viewer	diation all) Resubmit Approval	Reconstruct Annual Perm	nit Re-	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):
(Check all that apply)	Repair  Asbestos Al  Building  Electrical  Plumbing  Fire Protection  Elevator  TOTAL COST	Est. Cost	Plans Rec'd by	Alteration Lead Haza	ard Abatemer FOR OF Rejection Date	∏ R  THE STATE OF	enovation don Reme NLY (Option Re- viewer	diation nal) Resubmit Approval	Reconstruct Annual Perm ssion Dates Rejection	nit Re-	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
(Check all that apply)	Repair  Asbestos Al  Building  Electrical  Plumbing  Fire Protection  Elevator  TOTAL COST	Est. Cost	Plans	Alteration Lead Haza	ard Abatemer FOR OF Rejection Date	∏ R  THE STATE OF	enovation don Reme NLY (Option Re- viewer	diation nal) Resubmit Approval	Reconstruct Annual Perm ssion Dates Rejection	nit Re-	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
(Check all that apply)	Repair  Asbestos Al  Building  Electrical  Plumbing  Fire Protection  Elevator  TOTAL COST  EW (optional)	Est. Cost	Plans Rec'd by  IV. DOES OF  1.  Elevato	Alteration Lead Hazz Date Recd Recd	ard Abatemer FOR OF Rejection Date  R BUILDING	Rat RaFFICE USE O Approval Date  CONTAIN AI	enovation don Reme NLY (Option Reviewer	diation  Resubmic Approval	Reconstruct Annual Perm ssion Dates Rejection  IG? Vo	Re- viewer	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  8.  Smoke Control Systems in Open Wells
III. PLAN REVI	Repair  Repair  Asbestos Al  Building  Electrical  Plumbing  Fire Protection  Elevator  TOTAL COST  EW (optional)	Est. Cost	Plans Rec'd by  IV. DOES OF  1.  Elevate Dumby	Alteration Lead Hazz Date Recd Recd RWILL YOU	ard Abatemer FOR OF Rejection Date  R BUILDING rs/Lifts/ ng Walks	Rat RaFFICE USE O Approval Date  CONTAIN AI	enovation don Reme NLY (Option Reviewer	diation  Resubmic Approval  FOLLOWIN eration Syste-Connections	Reconstruct Annual Perm ssion Dates Rejection  IG? Vo ems /Backflow Prev	Re-viewer	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  8.  Smoke Control Systems in Open Wells  9.  Underground Storage Tanks
(Check all that apply)	Repair  Repair  Asbestos Al  Building  Electrical  Plumbing  Fire Protection  Elevator  TOTAL COST  EW (optional)	Est. Cost	Plans Rec'd by  IV. DOES OF  1.  Elevato	Alteration Lead Hazz  Date Rec'd  R WILL YOU  ors/Escalator vaiters/Movir ressure Boile	ard Abatemer FOR OF Rejection Date  R BUILDING rs/Lifts/ ng Walks	Rate Rase	enovation don Reme NLY (Option Reviewer	diation  Resubmic Approval  FOLLOWIN eration Syste -Connections dous Uses/F	Reconstruct Annual Perm ssion Dates Rejection  IG? Vo	Re-viewer	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  8.  Smoke Control Systems in Open Wells

#### CERTIFICATION IN LIEU OF OATH

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

I hereby certify that I am the owner in fee of the property listed on Page 1. Mark the following applicable boxes: A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy. FUNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY. B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix: I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1. C. (X) I further certify that I will perform or supervise the following work: C.1. (X) Building C.2. ( ) Fire Protection I further certify that I will perform the following work: C.4. ( ) Plumbing C.3. ( ) Electrical D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws. I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require. I understand that if any of the above statements are willfully false, I am subject to punishment. Date Sept. 15, 2009 II. AGENT SECTION (to be completed if the applicant is not the owner in fee) I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent. I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws. I understand that if any of the above statements are willfully false, I am subject to punishment. ( ) Check if contractor. Agent Name Address Telephone ( _____) _____

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



Brick Township 401 Chambersbridge Rd Brick, NJ 08723

 Date Issued
 12/02/2009

 Control Number
 C-09-003290

 Permit Number
 09-2235

 Permit Issue Date
 09/15/2009

 Certificate Number
 09-2235

#### **Certificate**

Construction Code Division (Certificate of Approval)

#### Identification

<del>-</del>	NJ Block: 446.20 Lot: 10 Qual:
	Classification:cupancy Load: 0
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.  Certificate of Approval This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.  Certificate of Continued Occupancy This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.  Temporary Certificate of Compliance The following conditions must be met no later than or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: Conditions to be met:	□ Certificate of Clearance - Lead Abatement 5:17 This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent. □ Total removal of lead-based paint hazards in scope of work □ Partial or limited time period ( years); see file □ Certificate of Clearance - Asbestos Abatement This serves notice that based on written certification, asbestos abatement was performed to the following extent. □ Total removal of asbestos hazards in scope of work □ Partial or limited time period ( years); see file □ Certificate of Compliance This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until □ Temporary Certificate of Occupancy The following conditions must be met no later than: or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: Conditions to be met:
Construction Official	Fee: \$0.00  Check Number:  Collected By:

Date Printed: 12/02/2009 U.C.C. F260 (rev. 08/05)

Page 1



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

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

 Date Issued
 09/15/2009

 Control #
 C-09-003290

 Permit #
 09-2235

IDENTIFICATION Work Site Location:		_446.20 LAKE SHOR		ot: <u>10</u> vnship, N	1J			ES G & HEDELIZA M SHORE DR BRICK NJ	08723
Owner in Fee			HEDELIZAM DR BRICKNJ	08723		Telephone:			
Telephone:						Federal Em			
Is hereby granted	permiss	ion to perfo	rm the following	g work:				PAYMENTS (Office Building	2-2
☑ BUILDING		☐ PLUMB	ING		LEA	D HAZARD A	ABATEMENT	Electrical	
ELECTRICAL		☐ FIRE PE	ROTECTION		DEN	MOLITION		Plumbing	\$0
ELEVATOR DE	VICES		TOS ABATEMEN	١T	□ отн	IER		Fire Protection	
DESCRIPTION OF	MODE	(Subch	apter 8 only)					Elevator Devices Other	22.22
DESCRIPTION OF NEW ROOF	WORK:							DCA Training Fee	
		· · · · · · · · · · · · · · · · · · ·						CO Fee	
								Other	\$0
Note: If constuction							r if	Total	\$51
construction ceas Estimated Cost of			(6) months, th	ıs permi	ıt <b>is vo</b> la.			Check No.	
									\$0
Construc	tion Offic	ial		Date		· · · · · · · · · · · · · · · · · · ·		Credit	\$0 Mary Jane Rinaldi
U.C.C. F170								Collected By	IVIALY DAILE INITIALUI
equiv (rev 8/03)	INICOE	CTOR	2 CANARY	OFFIC	·E	2 DINI	K - TAX ASSES	:SOP 4 COL	.D - APPLICANT
out such periodic in Uniform Construction The owner or other Requests for inspec	spection on Code. respons ctions me	ible person ir	accordance with progress of work a charge of work at least 24 hours	the State as are n must not prior to t	e Uniform lecessary tify this ag the time t	to insure that gency when w he inspection	Code Regulation the work install work is ready for is desired. Insp	ons N.J.A.C. 5:23-2.18. Teled conforms with the reany required inspections will be performed the inspection until it.	quirements of the s specified below. d within three business
approval granted.		,			•		·		
			s for one- and tw	•	•			ions, inspections shall be	e made in
			s of the building			t that in oasot	or pilo roundat	ions, mapositorio orian o	, made in
			rade level prior to		-				
plumbing. T ventilation a	he frami and /or ai	ng inspection in conditioning	shall take place	after the ne insula	e rough el	ectrical and p	lumbing inspec	i, panel and service insta tions and after the install er all other subcode roug	lation of the heating,
• • • • • • • • • • • • • • • • • • • •		shed materia equipment.	ls, sealings of ex	terior joir	nts, plumi	oing piping, tri	im and fixtures;	electrical wiring, devices	and fixtures;
			subcodes of cor subcode accessib				ind two-family d	wellings, are fire suppres	ssion systems, heat
Required specia	al inspec	tions. The ap	plicant by accep	ting the p	permit wil	l be deemed t	to have consent	ted to these requirement	s:
inspections incl equipment; elec	ude the i ctrical wi	installation of ring, devices	all interior and e	xterior fii nbing pip	nish mate pes, trim :	rials, sealing and fixtures; t	of exterior joints ests required by	by or Approval may be iss, mechanical system and any any provision of the additional actions.	d other required





Work Site Location 583 N. LAKE SHORE Max. Occupancy Load Volume of New Structure Use Group Present B. BUILDING CHARACTERISTICS Federal Emp. ID No. Contractor License No. or Builder Registration No. Block I CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. A, IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING New Bldg. Area/All Floors Area — Largest Floor Height of Structure No. of Stories Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Address Contractor: Approved by: SUBCODE APPROVAL for CERTIFICATE SUBCODE APPROVAL for PERMIT Address JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Joint Plan Review Required: _ 8 Approved by: ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Insulation Interior No Plans Required Footings/Foundations Exterior ≧ Structural/Framework 446.20 587 N. LAKE SHOKE DR BRICK DI 000 Home OWNUR ح ح TECHNICAL SECTION BUILDING SUBCODE [ ] CA Proposed NA NA 621130 5 Initial INSPECTIONS Final Other TCO Slab Mechanical Finishes -Final Energy Finishes -Base Layer Foundation Frame Footing Bonding Footing Barrier-Free Barrier-Free Truss Sys./Bracing cu. ft. sq. ft. - sq. ft. のないのべ 2/0 DR Constr. Class Present If Industrialized Building: 3. Total (1+2) Est. Cost of Bldg. Work: Rehabilitation State Approved . e-mail grampy coyle to yakoo .com New Bldg. Failure Qualification Code ۲ FAX: ( el. (752)262 157/ Dates (Month/Day) Failure Exp. Date 8 Approval 62080 U.C.C. F110 **DH** Proposed Initial Signature D. TECHNICAL SITE DATA record and am authorized to make this application. C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) owner of DESCRIPTION OF WORK TYPE OF WORK: re roofing over family room Sign_ Siding Pool Roofing Rehabilitation New Building Lead Haz. Abatement NJAC 5:17 Asbestos Abatement Subchapter 8 Retaining Wall Fence Demolition Addition Radon Remediation Height (exceeds 6') Sq. Ft. State Permit Surcharge Fee \$ Administrative Surcharge \$ Sq. Ft. Date Issued Control # Permit # Date Received Minimum Fee \$ TOTAL FEE \$ FEE (Office Use Only)

3 Pink = Office Copy 1 White = Inspector Copy

(rev. 12/07)

4 Gold = Applicant Copy 2 Canary = Office Copy

09-26:25

Contractor License No. or Builder Registration No. Work Site Location 583 N. LAKE SHORE A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

BILLIA U (6, 70 Volume of New Structure B. BUILDING CHARACTERISTICS Federal Emp. ID No. Contractor: Owper in Fee Block -New Bldg. Area/All Floors Area — Largest Floor Use Group Present Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Address e. Height of Structure No. of Stories Address Approved by: SUBCODE APPROVAL for CERTIFICATE 00 SUBCODE APPROVAL for PERMIT Joint Plan Review Required: JOB SUMMARY (Office Use Only) ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Insulation PLAN REVIEW Approved by: Interior No Plans Required Footings/Foundations Exterior Structural/Framework 583 N. LAKE SHORE DR 02.00h BRICK 21 000 HOME OWNER 2/A TECHNICAL SECTION **BUILDING SUBCODE** Proposed SYING. 61180 nitial 5 Type: Other INSPECTIONS Final TCO Slab Mechanical Energy Finishes -Final Finishes -Base Layer Foundation Frame Footing Bonding Footing Barrier-Free Truss Sys./Bracing Barrier-Free sq. ft. cu. ft. sq. ft. BRICK Z/A DR If Industrialized Building: Constr. Class Present 3. Total (1+2) New Bldg. Est. Cost of Bldg, Work: 2. Rehabilitation \$ State Approved e-mail grampy coy 12 & yahor cor Failure Qualification Code 2 FAX: ( Failure Dates (Month/Day) 732)262 (57) Exp. Date Approval 380-621.80 Proposed HUD 2 Initial D. TECHNICAL SITE DATA C. CERTIFICATION IN LIEU OF OATH record and am authorized to make this application. Signatur I hereby certify that I am the (agent of) owner of DESCRIPTION OF WORK TYPE OF WORK: re rooting over family room New Building Sign_ Fence Siding Pool Rehabilitation Addition Demolition Other Lead Haz. Abatement NJAC 5:17 Asbestos Abatement Subchapter 8 Retaining Wall Roofing Radon Remediation Sq. Ft. Height (exceeds 6') State Permit Surcharge Fee \$ Administrative Surcharge \$ Sq. Ft. Permit # Date Issued Control # Minimum Fee \$ TOTAL FEE

FEE (Office Use Only)

3 Pink = Office Copy White = Inspector Copy

(rev. 12/07) U.C.C. F110

Max. Occupancy Load

2 Canary = Office Copy 4 Gold = Applicant Copy

09-2235

Date Received

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

### TOWNSHIP OF BRICK Debris Form

Work Site Address: 583 N. LAKE	SHORE CR. BRICK N 08723
Block: 446.20	Lot: 10
Contractor: Home OWNER	
Contractor's Address: NA	·
	:
	tc.):
	TRASH REMOVAL
Dumpster size: Not KhowN	
Destination of debris: Unkhown	
provided to the Building Department alor	ed to an approved recycling center and receipts ng with tipping receipts for non-recyclable.
or submission of false statements, represe generator that the contents of this docum have been disposed of in accordance with regulations, and that I have been authorize person in charge of the generator's opera	of criminal and civil prosecution for the making entations or omissions, I declare, on behalf of the ent are fully and accurately described above and hall applicable State and Federal laws and zed in writing, to make such declaration by the ation.
Signature	9.15.09
Signature	Date
James & Coyle J. Print Name	

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

## TOWNSHIP OF BRICK Debris Form

Work Site Address: 583 N. LAKE SHORE DR. BRICK NJ 0872
Block: 446.20 Lot: 10
Contractor: N/A (
Contractor's Address:
Type of Construction (minor, new home):
Type of Debris (shingles, siding, wood, etc.): SHINGLES
Party responsible for removal: GOT TRASH REMOVAL
Dumpster size: NOT Khowh
Destination of debris:wwkhbwh
Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.
Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of generator that the contents of this document are fully and accurately described above a have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.
9.15.09
Signature Date
James & Coyle Jr. Print Name



# **BUILDING SUBCODE**



**TECHNICAL SECTION** 

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ı		
ı	_	
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Federal Emp. ID No. __ Block 441. 20 CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Volume of New Structure New Bldg. Area/All Floors Area — Largest Floor B. BUILDING CHARACTERISTICS Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Contractor License No. or Builder Registration No. A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING Max. Occupancy Load Max. Live Load. Height of Structure No. of Stories Use Group Present Address Contractor: Owner in Fee: Address e. Approved by: SUBCODE APPROVAL for CERTIFICATE SUBCODE APPROVAL for PERMIT JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Approved by: ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Insulation Joint Plan Review Required: _ 6 ] Interior No Plans Required ] Footings/Foundations ≧ Exterior Structural/Framework FT DIN LINE THE KE I K びたいス ろん 000 [ ] It is to the x 2 [ ] CA Proposed 1017 Lot . Initial s INSPECTIONS Final Other TCO Energy Slab Mechanical Finishes -Final Frame Finishes -Base Layer Foundation **Footing Bonding** e-mail Footing Truss Sys./Bracing Barrier-Free Barrier-Free sq. ft. sq. ft. cu.ft. KK.CK municipality 2/23 こえ If Industrialized Building: Constr. Class Present Est. Cost of Bldg. Work: 3. Total (1+ 2) New Bldg. 2. Rehabilitation \$ State Approved -Failure Qualification Code > ___ Tel. ( 1). FAX: ( Failure Dates (Month/Day) Exp. Date zip code Approval 183 Proposed U.C.C. F110 H H H (rev. 12/07) ن D. 16 Signature DESCRIPTION OF WORK 1 White = Inspector Copy

Date Received Control #

Date Issued Permit #

915-09

# C. CERTIFICATION IN LIEU OF OATH

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

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Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$	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	Cookin How of works
	FEE (Office Use Only) \$	3

3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

BLOCK 446.20 LOT	10	QUALIFIC	ATION COL	DE	A[	DERESS (	site) <u> 583</u>	N. Lake:	Shore	Drive PERMIT NO. 09-266
Applicant Completes: Section	C(A)	ONST PPLIC	RUC CATIO	AOITS	9.603	MIT 125	V. FEE  1. B 2. E 3. P 4. F 5. E 6. S 7. L	SUMMARY (for uilding lectrical lumbing ire Protection levator Device ubtotal ess 20% for Si	or office us	se only)  S  Update  Update  S
1. Proposed Work Site at: 56 2. Name of Owner in Fee: Tay Address 583 Worth A street 3. Ownership in fee: Public 4. Principal Contractor: Tay Address 52	mes Coylors  Lake Shore  Des Coylors	ARE STEP	Brick municipality vate X	_Tel	<i>○8</i> 7	23 zip code	9. S 10. S 11. C 12. C 13. T	OTAL	incy	; 41-11
Address	e, Builder Reg.	No		Exp _FAX: () Tel. () Contact			1. N 2. H 3. A 4. N 5. V 6. C 7. T 8. FI 9. B 10. W	rea — Largest ew Building An olume of New onstruction Cla otal Land Area ood Hazard Zo ase Flood Elev etlands yes no ax. Live Load	es ure Floor ea Structure _ assification Disturbed one ation	
II. PROPOSED WORK	Est. Cost	Plans	Date	OPTIONAL (	for office use onl	y) Re-		ax. Occupancy	Re-	VII. DESCRIPTION OF BUILDING USE
1. Minor Work	L31. 0031	Rec'd by	Rec'd	Date	Date	viewer	Approvat	Rejection	viewer	A. RESIDENTIAL
2. New Building		149	<del>                                     </del>	$\Psi$ 7—	10-15-69	Ju				1. State Specific Use:
<ol> <li>3. ☐ Addition</li> <li>4. ☐ a. Repair</li> </ol>		<u> </u>	1			<u> </u>				2. Use Group:
4. □ a. Repair □ b. Alteration		· · · · · · · · · · · · · · · · · · ·								3. Change in Use Group, Indicate Former:
c. Renovation										4. No. of dwelling units:
d. Reconstruction				<del> </del>						Before Construction
5. Fire Protection			<del> </del>			<del>                                     </del>			-	After Construction
6. Plumbing	<u> </u>		<del>                                     </del>		11-4-8	AS				Net Gain or Loss
7.   Electrical  8.   Elevator Devices					1	7,,,,,,				B. NON-RESIDENTIAL
9. Asbestos Abat. Subch. 8					1					1. State Specific Use:
10.  Lead Hazard Abatement										2. Use Group:
11. Demolition										Change in Use Group, Indicate Former:
TOTAL COSTS										
III DO VOLLEMANTE		IV. DOES O	R WILL YO	UR BUILDING	G CONTAIN A	NY OF TH	E FOLLOWIN	IG?		
III. DO YOU WANT: (option	iai)	1.   Eleva					igeration Syst			8. Smoke Control Systems in Open Wells
1. Partial Releases		Dumb	waiters/Mov	ving Walks		5. 🗌 Cros	s-Connections	s/Backflow Pre	venters	9.  Underground Storage Tanks
2. Prototype Processing		2. 🗆 High						Places of Asse	mbly 1	10.  Swimming Pools, Spas and Hot Tubs
٠		3. Press	ure vessels	<b>;</b>	7	7. 🗌 Sprii	TKIETS			

U.C.C. F100-1 (rev. 04/03)

#### CERTIFICATION IN LIEU OF OATH

1. OWNER SECTION (to be completed if the applicant is the owner in fee)	
I hereby certify that I am the owner in fee of the property listed on Page 1.	
Mark the following applicable boxes:	and cook
A. ( ) I further certify that a new home (private residence) will be construct pancy. This dwelling is to be occupied by myself and is not to be residential use. I attest that all construction, plumbing, or electrical we by subcontractors under my supervision, in accordance with all applied new home is not covered under the New Home Warranty and Build and that such fact shall be disclosed to any person purchasing this profit of a certificate of occupancy.	work will be done, in whole or in part, by me or icable laws, and, I further acknowledge that said ders Registration Act (N.J.S.A. 46:3B-1 et seq.) property within ten years of the date of issuance
I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THE WORK DONE ON SAID PROPERTY, THE CONDITION OF AFTER ANY WORK PERFORMED, AND FOR THE PERFORMAN PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSI	ICE OF THE SUBCONTRACTORS I HIRE, EM- AGREEMENTS TO PERFORM WORK. I AM BILITY.
B. (X) I further certify the following as required by the New Jersey Uniform	m Construction Code, N.J.A.C. 5:23-2.15(e)1.VIII
I personally prepared the plans submitted for: 1) the new home renovation, or repair to an existing single family residence owned at erty listed on Page 1; or, 3) a new structure that will be physically sexisting single family residence that is owned and occupied by myse	referred to in A., or, 2) an addition, alteration, nd occupied by myself and located on the properties from, but that will be deemed part of, an
C. (X) I further certify that I will perform or supervise the following work: C.1. (X) Building C.2. ( ) Fire Protection	
I further certify that I will perform the following work:	
C3 ( ) Electrical C.4 ( ) Plumbing	
D. ( ) I agree to advise all contractors on this project that they are required Taxation and to comply with all New Jersey tax laws.	
I further certify the following as required by the Uniform Construction Code, Nand local prior approvals have been given, including such certification as the	N.J.A.C. 5:23-2.15(a)5: All required State, county, e construction official may require.
I understand that if any of the above statements are willfully false, I am subje	ect to punishment.
Signature In Cople	Date
	rae)
II. AGENT SECTION (to be completed if the applicant is not the owner in f	to N I A C 5:32-2 15(d): the proposed work is
I hereby certify the following as required by the Uniform Construction Cocauthorized by the owner in fee; and I have been authorized by the owner in f	iee to make and appropriate
I further certify the following as required by the Uniform Construction Code, I and local prior approvals have been given, including such certification as the	e construction official may require
I agree to advise all contractors on this project that they are required to be re and to comply with all New Jersey tax laws.	
I understand that if any of the above statements are willfully false, I am subj	ject to punishment.
( ) Check if contractor.	
Agent Name	
Address	
Telephone ()	· •
III ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building O	wner Affidavit as per N.J.A.C. 5:17.



Brick Township 401 Chambersbridge Rd Brick, NJ 08723

 Date Issued
 01/26/2010

 Control Number
 C-09-003725

 Permit Number
 09-2665

 Permit Issue Date
 10/26/2009

 Certificate Number
 09-2665

#### Certificate

Construction Code Division (Certificate of Approval)

#### Identification

Tuello	unication				
Work Site Location: 583 N. LAKE SHORE DR. Brick Township,	NJ Block: 446.20 Lot: 10 Qual:				
Owner in Fee: COYLE, JAMES G & HEDELIZA M					
Owner Address: 583 N LAKE SHORE DR BRICK NJ 08723					
Telephone:					
Contractor COYLE, JAMES G & HEDELIZA M					
Address 583 N LAKE SHORE DR BRICK NJ 08723					
Telephone: Fax:					
License Number or Builders Registration Number:	Federal Emp. Number:				
Home Warranty Number:					
Type of Warranty Plan: State Private					
Use Group: R-5 Construction	Classification:				
Maximum Live Load: 0 Maximum Oc	ccupancy Load: 0				
Description of Work/Use: INTERIOR ALTERATION(S) REMOVE					
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 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.				
_					
✓ Certificate of Approval	☐ Total removal of lead-based paint hazards in scope of work				
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey	Partial or limited time period ( years); see file				
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 Clearance - Asbestos Abatement This serves notice that based on written certification, asbestos abatement was performed to the following extent.				
Contificate of Continued Consumer	☐ Total removal of asbestos hazards in scope of work				
Certificate of Continued Occupancy This serves notice that based on a general inspection of the	Partial or limited time period ( years); see file				
visible parts of the building there are no imminent hazards and	_				
the building is approved for continued occupancy.	☐ Certificate of Compliance This serves notice that said potentially hazardous equipment				
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:	has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until				
This certificate has an expiration date of: <b>Conditions to be met:</b>	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:				
	Fee: \$0.00				
Construction Official	Check Number:				
	Collected By:				
11.0.0 5000 (					

Date Printed: 01/26/2010 U.C.C. F260 (rev. 08/05)

Page 1



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

IDENTIFICATION Block: <u>446.20</u> Work Site Location: <u>583 N, LAKE SHORE DR</u> . Brick T	,	MES G & HEDELIZA M SHORE DR BRICK NJ 08723
Owner in Fee COYLE JAMES G & HEDELIZA M 583 N LAKE SHORE DR BRICK N	NJ 08723 Telephone:	
Telephone:	Lic. No. or Blars. Reg. No. Federal Employee. No.	· .
Is hereby granted permission to perform the followi	ing work:	PAYMENTS (Office Use Only)
☐ BUILDING ☐ PLUMBING	LEAD HAZARD ABATEMENT	Building \$0   Electrical \$40
☑ ELECTRICAL ☐ FIRE PROTECTION	DEMOLITION	Plumbing \$0
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMI	_	Fire Protection\$0
(Subchapter 8 only)	CINER CINER	Elevator Devices\$0
DESCRIPTION OF WORK: <u>ELECTRICAL ALTERATIONS</u>		Other\$0.00
-		DCA Training Fee\$0
		Other \$0
Note: If constuction does not commence within one	(1) year of date of issuance, or if	Other\$0  Total\$40
construction ceases for a period of six (6) months, t Estimated Cost of Work \$225	this permit is void.	Check No.
		Cash\$0
Construction Official	Date	Credit\$0
U.C.C. F170	Date	Collected By
	QUIRED INSPECTIONS	
Construction work must be inspected in accordance with out such periodic inspections during the progress of wor Uniform Construction Code.  The owner or other responsible person in charge of wor Requests for inspections must be made at least 24 hour days of the time for which they are requested. The work approval granted.	rk as are necessary to insure that the work insta  k must notify this agency when work is ready for	any required inspections specified below 43
Required inspections for all subcodes for one- and to	wo-family dwellings are as follows:	ELECTRIC \$40.0
The bottom of footing trenches before placemen accordance with the requirements of the building.	t of footings, except that in cases of pile foundat g subcode.	L-HDN V4U.U
2. Foundations and all walls up to grade level prior		CHANGE 40.0 11/12/09 3#599M 001558H4543 XX0
3. All structural framing, connections, wall and roof plumbing. The framing inspection shall take plac ventilation and /or air conditioning duct system. prior to the installation of any interior finish mate.	e after the rough electrical and plumbing inspec The insulation inspection shall be performed afte	l, panel and service installation; rough
<ol> <li>Installation of all finished materials, sealings of e mechanical systems equipment.</li> </ol>	exterior joints, plumbing piping, trim and fixtures,	electrical wiring, devices and fixtures;
Additional required inspections for all subcodes of coproducing devices and Barrier Free subcode access	onstruction, for other than one- and two-family dibility, if applicable.	wellings, are fire suppression systems, heat
Required special inspections. The applicant by acce	pting the permit will be deemed to have consent	ed to these requirements:
A final inspection is required for each applicable sub inspections include the installation of all interior and equipment; electrical wiring, devices and fixtures; plu Barrier Free accessibility, if applicable; and verification	exterior finish materials, sealing of exterior joints umbing pipes, trim and fixtures; tests required by	s, mechanical system and other required
A complete copy of released plans must be kept on t	the job site.	



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

Date Issued Control # Permit #

10/26/19	
C-09-003725	
04-2665	

IDENTIFICATION	Block: 446.20 Lot: 10			
vvork Site Location	1: 583 N. LAKE SHORE DR. Brick Township		JAMES G & HEDELIZA M KE SHORE DR BRICK NJ 08723	<del> </del>
Owner in Fee COYLE, JAMES G & HEDELIZA M 583 N LAKE SHORE DR BRICK NJ 08723				
Telephone:		Federal Employee. No.		
Is hereby granted	permission to perform the following worl	<b>«:</b>	PAYMENTS (Office Use Only)	
_		·	Building	\$40
✓ BUILDING	☐ PLUMBING	L LEAD HAZARD ABATEMEN	T Electrical	\$Q
ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION	Plumbing	<u>\$0</u>
ELEVATOR DE	EVICES ASBESTOS ABATEMENT	OTHER	Fire Protection	\$0
,	(Subchapter 8 only)		Elevator Devices	<u>\$0</u>
DESCRIPTION OF		Other	\$0.00	
JOIST, FRAME IN	ATION(S) REMOVE SHEETROCK FROM C A RECESSED AREA WITH TECO HANGEI	DCA Training Fee	\$1	
SPACKLE & PAIN	T.	CO Fee	<del></del>	
Note: If constructi			Other	\$0
Note: If constuction 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.			Total	\$41
Estimated Cost o	f Work \$500		Check No.	6
	RH AW	101509	Cash	\$0
Construc	ction Official Date	The state of the s	Credit	<u>\$0</u>
J.C.C. F170			Collected By	Ages .
equiv (rev 8/03)			19	77 J By
Uniform Constructi The owner or othe Requests for inspe	r responsible person in charge of work must rections must be made at least 24 hours prior t	notify this agency when work is ready o the time the inspection is desired.	10/24/09 4:107PM 001558H r for any required inspections specified belo inspections will be performed within three in	4248 W. 001
approval granted.	r which they are requested. The work must n	ot proceed in a manner which will pre	clude the inspection until it has been made BUILDING	and \$40
Required inspe	ections for all subcodes for one- and two-fami	ly dwellings are as follows:	DCA	**************************************
- 1. The bottom	of footing trenches before placement of foot with the requirements of the building subcoo	ings, except that in cases of pile four		41.0
2. Foundation	s and all walls up to grade level prior to back	filling.	•	
plumbing. 1 ventilation a	al framing, connections, wall and roof sheath The framing inspection shall take place after t and /or air conditioning duct system. The insu installation of any interior finish material.	he rough electrical and plumbing insi	pections and after the installation of the hea	ating, nd
4. Installation mechanical	of all finished materials, sealings of exterior j I systems equipment.	oints, plumbing piping, trim and fixtur	res; electrical wiring, devices and fixtures;	
Additional requiproducing device	ired inspections for all subcodes of construct ces and Barrier Free subcode accessibility, if	ion, for other than one- and two-famil applicable.	ly dwellings, are fire suppression systems, l	heat
Required speci	al inspections. The applicant by accepting th	e permit will be deemed to have cons	sented to these requirements:	•
	et e			
A final inspection	on is required for each applicable subcode ar	es hefore a final Certificate of Occur	ancy or Approval may be issued. The first	
equipment; ele	on is required for each applicable subcode are lude the installation of all interior and exterior ctrical wiring, devices and fixtures; plumbing cessibility, if applicable; and verification of co	finish materials, sealing of exterior jo pipes, trim and fixtures; tests required	pints, mechanical system and other required to by any provision of the adopted subcodes	d 3,
7 A	by of released plans must be kept on the job	site		

#### Called 11/5/09 Est. Cost of Elec. Work \$ 22500 **B. ELECTRICAL CHARACTERISTICS** Building Occupied as Use Group ] Pole/Pad # Date: SUBCODE APPROVAL PLAN REVIEW JOB SUMMARY (Office Use Only) Approved by: T No Plans Required / -Joint Plan Review Required: Date: 1-19-10 S . ] Building Elec. Plans Approved

[ ] Plumbing Elevator

Trench

Barrier-Free

INSPECTIONS

Failure

Constr. Serv. Temp. Serv.

moda
G

Owner in Fee James & Hedeliza

Coxic

Work Site Location

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

ake

Shore

Despis

Qualification Code

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

TECHNICAL SECTION

**ELECTRICAL SUBCODE** 

Address

Contractor License No.

FAX (

Address Contractor

Lames

4. Kai

Federal Emp. No.

Present

] Temporary

[ ] Other

Proposed

Utility Co

Date Received Control #

Date Issued Permit #

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.

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

Applicant's Signature/Contractor's Seal and Signature

Dates (Month/Day) Initia D. TECHNICAL SITE DATA 27 SIZE ITEMS Emergency & Exit Lights Lighting Fixtures Pool Permit/with UW Lights TOTAL NUMBERS Alarm Devices/F.A.C. Panel Communications Points Motors-Fract HP Light Poles Detectors Switches Receptacles KW Elec. Range/Receptacle Storable Pool/Spa/Hot Tub KW Transformer/Generator KW Baseboard Heat HP Garbage Disposal KW Dishwasher KW Elec. Dryer/Receptacle KW Elec. Water Heater KW Oven/Surface Unit AMP Subpanels AMP Service HP Motors 1/+ HP HP/KW Space Heater/Air Handler KW Central A/C Unit KW Elec. Sign/Outline Light AMP Motor Control Center FEE (Office Use Only)

Date of Grounding and Bonding Certification

State Permit Surcharge Fee

TOTAL FEE

Administrative Surcharge

Minimum Fee

Annual Pool Inspection --Final Cut-in-Card Date Issued

Approved by:

Temp. Cut-in-Card Date Issued

Service Other T C O

Final

Barrier-Free



Brick Township 401 Chambersbridge Rd Brick, NJ 08723

# Inspection Activity Report Inspections for Permit Number 09-2665

09-2665 Permit Number

Inspection Dat	Inspection Date Inspection Type Inspector	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Co
11/30/2009	ROUGH	Douglas Donohue	Electrical	Pass	COYLE, JAMES G & HEDELIZA M	Alteration	INTERIOR ALTERATION(S)	
11/30/2009	FRAMING	John Gerrity	Building	Pass	COYLE, JAMES G & HEDELIZA M	Alteration	INTERIOR ALTERATION(S)	
					COVIE JAMES G &	Alteration	INTERIOR ALTERATION(S)	
12/03/2009	INSULATION	Michael Vecchio Building	Building	Not Done	COYLE, JAMES G & HEDELIZA M 583 N. LAKE SHORE DR.	Alteration	INTERIOR ALTERATION(S)	
12/07/2009	INSULATION	Michael Vecchio Building	Building	Pass	COYLE, JAMES G & HEDELIZA M 583 N. LAKE SHORE DR.	Alteration	INTERIOR ALTERATION(S)	

Comments



## TECHNICAL SECTION **BUILDING SUBCODE**

#



New Bldg. Area/All Floors Volume of New Structure Area — Largest Floor Constr. Class **B. BUILDING CHARACTERISTICS** Total Land Area Disturbed Height of Structure No. of Stories Use Group Address SAME Federal Emp. No Contractor License No. or Builder Registration No. Address _ Contractor 2017 Owner in Fee James + Hedeliza Coyle Work Site Location 583 A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 446, 20

Lot 10

Qualification Code Date: SUBCODE APPROVAL [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Joint Plan Review Required: PLAN REVIEW Approved by: JOB SUMMARY (Office Use Only) Brick ] No Plans Required Other Footing ≥ Frame Foundation Present Present. Date North Lake Shore Fot 10 Proposed Proposed INSPECTIONS Insulation Other Energy Slab Frame Footing Mechanical Foundation Footing Bonding Barrier-Free Barrier-Free Truss Sys./Bracing Cu. Ft. Sq. Ft. Sq. Ft. Ţ FAX ( Est. Cost of Bidg. Work: Failure Qualification Code Rehabilitation Total (1+ 2) New Bldg. Failure Dates (Month/Day) soften 30Z C Approval 2,90-04-1 200 Initial

Date Received

Permit # Date Issued

10/26/09

# C. CERTIFICATION IN LIEU OF OATH

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

9	

D. TECHNICAL SITE DATA

joist, Frame in a reccossed area, with ceiling. Cut outoproximately 4 from six(6) Spackle + paint. teco hangers. insulate hang drywall DESCRIPTION OF WORK Remove Sheetrock from

PE OF WORK:	FEE (Office Use Only)
New Building	49
Addition	
Rehabilitation	
Roofing	
Siding	
Fence Height (exceeds 6')	
Sign Sq. Ft.	
Asbestos Abatement Subchapter 8	
Lead Haz. Abatement NJAC 5:17	
Other	
Demolition	
Administrative Surcharge \$ Minimum Fee \$	es es
State Permit Surcharge Fee \$	9 \$
TOTAL FEE \$	9

U.C.C. F110 (rev. 07/03)

Sq. Ft.

3 Pink = Office Copy 1 White = Inspector Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

Of the wholes in gampe closed up then remeal of Old HVAC Easter.

	ELECTRICAL SI TECHNICAL SECTION
	ACT CUNSTITUTE COLUMN
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UBCODE

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7	

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Date Received Control #

Date Issued Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	C. CERTIFICATION IN LIEU OF OATH
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.	I hereby certify that I am the (agent of) owner of record and am authorized to make this
Block 446.30 Lot 10 Qualification Code	application and perform the work listed on this application.
Work Sile Location 503 Lard Lake Shore Drive	
	Applicant's Agnature/Contractor's Seal and Signature
edeliza Coule	[ ] Licensed Elec. Contractor [ ] Certifid Landscape Irrigation Contr. [ ] Exempt Applicant
Ardress	D TECHNICAL SITE DATA
\ # ME	QTY SIZE ITEMS / FEE (Office Use Only)
Contractor of the Contractor	
	Switches
The section of the se	Detectors
Tel ( ) FAX ( )	Light Poles
actor License No.	MotorsFract. HP
Federal Emp. No.	Emergency & Exit Lights
B ELECTRICAL CHARACTERISTICS	Communications Points
The Grain Present	Alam Devices/F.A.C. Panel
# Temporary	
- 1	TOTAL NUMBERS
Est. Cost of Elec. Work \$ 225 co	Pool Permitwarth UVV Lights
	Storable Pool/Spa/Hot Tub

							KW Elec. Range/Receptacle
							KW Oven/Surface Unit
laitic	INSPECTIONS		Dates (Month/Day)	nth/Day)	•		KW Elec. Water Heater
3	Type:	Failure	Failure	Approval	Initiai		KW Elec. Dryer/Receptacle
7	Rough						KW Dishwasher
	Barrier-Free						HP Garbage Disposal
	Trench			***************************************			KW Central A/C Unit
	Temp. Serv.						HP/KW Space Heater/Air Handler
	Constr. Serv.						KW Baseboard Heat
	50						HP Motors 1/+ HP
	Other						KW Transformer/Generator
	Service						AMP Service
	Final						AMP Subpanels
	Barrier-Free						AMP Motor Control Center
	Temp. Cut-in-Card Date Issued	te Issued			-		KW Elec. Sign/Outline Light
-	Final Cut-in-Card Date Issued	e Issued			-		
	Annual Pool Inspection —	 					
	Date of Grounding and Bonding Certification	d Bonding			-		Administrative Surch

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

U.C.C. F120 (rav. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

My No Plans Required ( - 4 - 5, Joint Plan Review Required: [ ] Elec. Plans Approved SUBCODE APPROVAL PLAN REVIEW [ ] Building Approved by: ] Fire 00 Date:

1 3000

Approved by:

Date:

[ ] Plumbing [ ] Elevator

JOB SUMMARY (Office Use Only)



# TECHNICAL SECTION

- COMMENS - Manufacture Commens - 


Date Issued Permit #

Date Received Control #

**ELECTRICAL SUBCODE** 

JOB SUMMARY (Office Use Only)		Est. Cost of Elec. Work \$ 225 60 Pool Permit/with UW Lights	Utility Co.	] Pole/Pad # [ ] Temporary [ ] Other	Use Group Present Proposed Proposed Alarm Devices/F.A.C. Panel	B. ELECTRICAL CHARACTERISTICS Communications Points	Federal Emp. No Emergency & Exit Lights	MotorsFract, HP	lel () Light Poles	Switches	Receptacles	OTY SIZE	D. TECHNICAL SITE DATA	Owner in Fee [ ] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applic	Applicant's signature/Contractor's Seal and Signature		Block ##6. 2 Lot Qualification Code application and perform the work listed on this application	hereby cortify that	A. IDEN IFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING C. CERTIFICATION IN LIEU OF OATH
pracie	Tub	ights	49		Panel	<b>डि</b>	hts					FEE (Office Use Only)		ndscape Irrigation Contr [] Exempt App	Signature		gm the work listed on this application.	to figure 1 and am authority to the track of	

FAX (     )	111111111111111111111111111111111111111		Receptacles Switches Detectors Light Poles Motors—Fract. HP Emergency & Exit Lights Communications Points Alarm Devices/F.A.C. Panel  TOTAL NUMBERS Pool Permit/with UW Lights Storable Pool/Spa/Hot Tub KW Elec. Range/Receptacle KW Oven/Surface Unit KW Elec. Dryer/Receptacle KW Dishwasher HP Garbage Disposal KW Central A/C Unit HP/KW Space Heater/Air Handler KW Baseboard Heat HP Motors 1/+ HP KW Transformer/Generator AMP Subpanels AMP Motor Control Center KW Elec. Sign/Outline Light  Administrative Surcharge State Permit Surcharge Fee State Permit Surcharge Fee	(4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	<u> </u>	2174	TEMO	FEE (Office Use Only)
	1		Lighting Fixtures	
			Receptacles	
	M		Switches	
			Detectors	
FAX ()			Light Poles	
			Motors-Fract, HP	
			Emergency & Exit Lights	
			Communications Points	
Proposed			Alarm Devices/F.A.C. Panel	
Co.			TOTAL NUMBERS	\$
			Pool Permit/with UW Lights	
			Storable Pool/Spa/Hot Tub	
	.	ļ	KW Elec. Range/Receptacle	
			KW Oven/Surface Unit	
			KW Elec. Water Heater	
Failure Failure Approval			KW Elec. Dryer/Receptacle	
Rough			KW Dishwasher	
Barrier-Free			HP Garbage Disposal	
Trench			KW Central A/C Unit	
lemp. Serv.			HP/KW Space Heater/Air Handler	
Constr. Serv.			KW Baseboard Heat	
100			HP Motors 1/+ HP	
Other			KW Transformer/Generator	
Service	Ì		AMP Service	
Parrier From			AMP Subpanels	
			AMP Motor Control Center	
lemp. cut-in-card Date Issued		ŀ	KW Elec. Sign/Outline Light	
rinal cut-in-card Date Issued				
Annual Pool Inspection ————————————————————————————————————				
Date of Grounding and Bonding			Administrative Surcharge	
Certification			Minimum Fee	
			State Permit Surcharge Fee	
3 Pink = Office Copy			TOTAL FEE	

SUBCODE APPROVAL

00 [

000

CA C

Approved by:

Approved by:

Date:

] Elec. Plans Approved

} Fire ] Building

[ ] Elevator [ ] Plumbing PLAN REVIEW

Date Initial Date Initial Type:

Joint Plan Review Required:



# BUILDING SUBCODE TECHNICAL SECTION

1

The second section is a second 
The second secon



Address Use Group ∵ Address _________ Federal Emp. No Contractor License No. or Builder Registration No. Contractor <u>e</u> Work Site Location 5.33 A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000. Volume of New Structure New Bldg. Area/All Floors Area — Largest Floor Height of Structure No. of Stories Constr. Class B. BUILDING CHARACTERISTICS Owner in Fee James + Hade Mas Cotto Block 446, 20 [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator PLAN REVIEW SUBCODE APPROVAL JOB SUMMARY (Office Use Only) Belck Approved by: 000 [ ] 000 Joint Plan Review Required: No Plans Required ] Other <u>ہ</u> کر Frame Foundation Footing ングイン 100 Present Present Broth Lake Shore _ cA Date 1.2.50 Initial Fot SO Proposed Proposed Barrier-Free Insulation Finishes -Base Layer INSPECTIONS Other Slab TCO Mechanical Energy Frame Foundation Finishes -Final Footing Bonding Footing Truss Sys./Bracing Barrier-Free Cu. Ft. Sq. Ft. Sq. Ft. FAX ( Ţ Failure Qualification Code Est. Cost of Bldg. Work: New Bldg. Rehabilitation Total (1+ 2) Failure Dates (Month/Day) Approval できる Initial

Cont	Date
<u>2</u> *	Received

Date Issued Permit #

10/26/09

# C. CERTIFICATION IN LIEU OF OATH

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

Signature

## TECHNICAL SITE DATA

DESCRIPTION OF WORK Resoure Shectrock from Colling. Cut out & proximately 4 from six(6) your France in a recossed area, with tero hangers insulate bong drywall Spackle + point.

		_	_	_	_	_	_	٠٠	_		<b>-</b>	_	E E
	Demolition	Other	Lead Haz. Abatement NJAC 5:17	Asbestos Abatement Subchapter 8	Pool	Sign	Fence	Siding	Roofing	Rehabilitation	Addition	New Building	PE OF WORK:
Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$			nent NJAC 5:17	ent Subchapter 8		Sq. Ft.	Height (exceeds 6')						
: iii					· ·							\$	FEE (Office Use Only)

U.C.C. F110 (rev. 07/03)

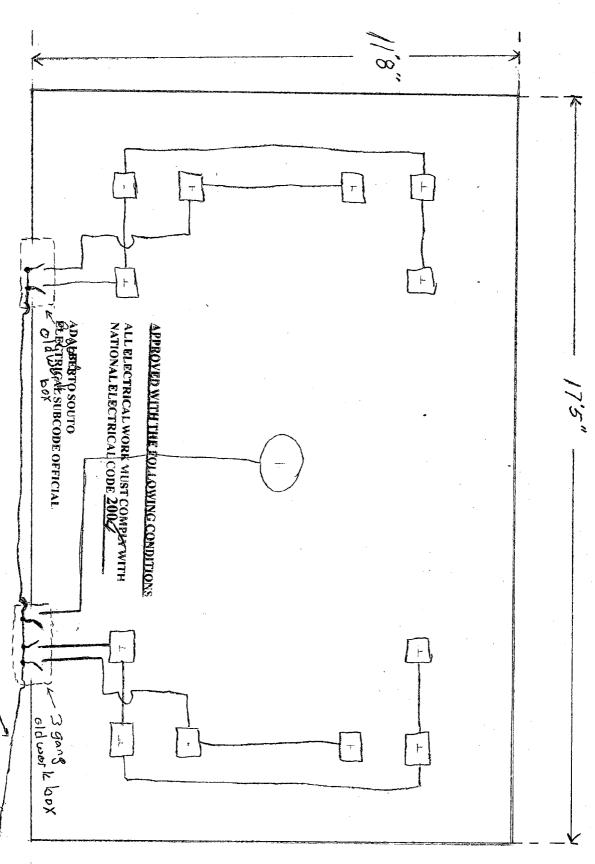
Total Land Area Disturbed

Sq. Ft.

F110 7/03)

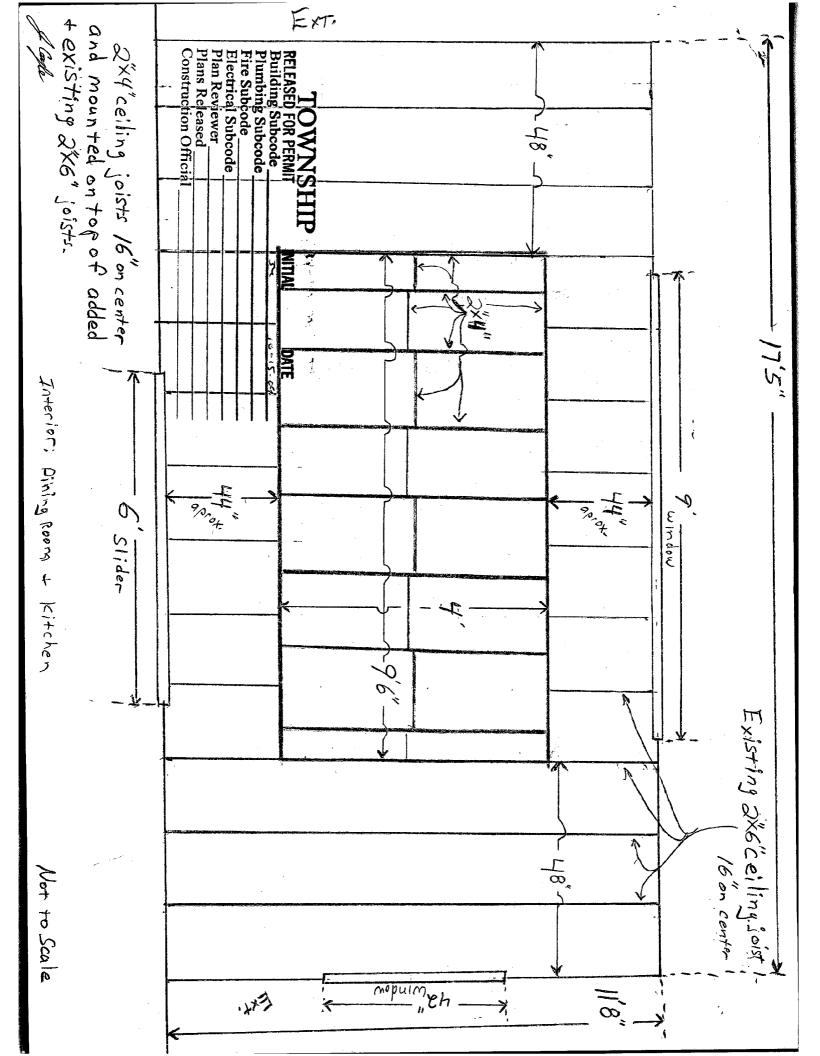
1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



existing wiring 14/2

Ledgend
Recessed lighting Pixture
Halo HSICAT 1200
Incandoseit ceiling fixture
I 2 gang old work box (plastic)
3 gang old work box (plastic)
Single pole dimmer switch
Lutron 030-976
Single pole Switch
Pass + Seymour TMB70-1CC10
14/2 ga wire
Note: Existing wire from crawl space is on a 15 Amp
breaker that ends at a single pole switch.
•
J. Coyle
- coyle



Not to Scale

AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE. ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE

For work not requiring a fire inspection for fire alarms in accordance with the code, installation of these devices. This may be done by signing the below affidavit in lieu homeowners or their agents (contractors) shall be required to confirm the of an inspection.

# *****PLEASE READ AND SIGN*****

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the Administrative Code 5:23 and may subject me to penalties as prescribed by law.

BI OCK: 446 20	SIGNATURE: & Carle	NAME: James Coyle
LOT: 10 ADDRESS: 583 North Lake Share Drive Brick	DATE:	

#### ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS
PERMIT #: CTCP-13-00027

1. WORK SITE ADDRESS: 583 N Lake Shore Dr  2. NAME OF OWNER IN FEE: Hedoliza & James Coyle  ADDRESS: SAME PHONE  FAX #: (_)  3. PRINCIPAL CONTRACTOR: Jemes Coyle  ADDRESS: 583 N Lake Shore Dr PHONE;	FEE SUMMARY:  APPLICATION FEE: \$
Brick NJ FAX #:(_)  4. ARCHITECT OR ENGINEER:  ADDRESS:  PHONE: #(_)  5. RESPONSIBLE PERSON FOR WORK: James Coyle  ADDRESS:  ADDRESS:  PHONE #:(_) SAME  FAX #:(_)  E-MAIL:	SPECIAL CONDITIONS:  OCEAN COUNTY SOILS:  DRAINAGE EASEMENTS:  UTILITY EASEMENTS:  CONSERVATION EASEMENTS:  FEMA REQUIREMENTS:
PROJECT DESCRIPTION: GRADING/CLEARING	D.E.P. PERMITS:  BOARD APPROVAL: □ PB □ ZB  APPLICATION NUMBER:  APPROVED DATE:
ENGINEERING REVIEW:	3/4/6

- **Step 1.** Excavate the installation area to approximately 6 inches larger on all sides than the actual finished size.
- Step 2. Install paver base to a compacted finished thickness of 4 inches for patios and walkways and 8 inches for driveways. Paver base should be installed in 4 inch increments and thoroughly compacted.
- **Step 3.** Lay a 1-inch outside diameter pipe on base. Spread 1-inch of paver sand over compacted base. Level the paver sand by dragging a 2-inch x 4-inch board over pipe.
- Step 4. Install paver restraint edging and spikes around the entire project according to the manufacturer's instructions. Install paver edge 3 inches from edge of compacted aggregate.
- **Step 5.** Lay paving or patio stones in the desired pattern. If the desired pattern requires cutting, the pavers or patio stones can be cut with a wet saw.
- Step 6. Compact the installed pavers (not necessary for patio stones) with a plate compactor in both directions with at least two passes. Once compacted, spread paver sand on the installation and sweep into joints. Compact again to ensure that all joints are completely full. Sweep off any loose sand from project surface.
- Paso 1: Excave el área de la instalación con una longitud en todos los lados unos 15,24 cm mayor que el tamaño real terminado.
- Paso 2: Instale la base para ladrillos hasta un espesor compacto acabado de 10,16 cm para patios y senderos y 20,32 cm para entradas de garaje. La base para ladrillos se debe instalar en incrementos de 10,16 cm y compactarse completamente.
- Paso 3: Instale un tubo de 2,54 cm de diámetro en la base. Esparza una capa de 2,54 cm de arena de pavimentación sobre la base compactada.

  Nivele la arena de pavimentación arrastrando un tablero de 5,08 x 10,16 cm sobre el tubo.
- Paso 4: Instale el borde y los clavos de sujeción de los ladrillos alrededor de -todo el proyecto de acuerdo con las instrucciones de instalación del fabricante. Instale el borde de los ladrillos a 7,62 cm desde el borde del agregado compactado.
- Paso 5: Coloque los ladrillos o las piedras para patio en el diseño deseado. Si el diseño deseado requiere cortar los ladrillos o las piedras para patio, puede hacerlo con una sierra de corte en húmedo.
- Paso 6: Compacte los ladrillos o las piedras para patio instaladas (no es necesarío para baldosas de piedra para patio) con un compactador de placas
  en ambas direcciones con al menos dos pasadas. Una vez compactado, esparza arena de pavimentación sobre la instalación y barra entre
  las uniones. Vuelva a compactar para que todas las uniones queden
  completamente llenas. Barra la arena desprendida de la superficie del
  proyecto.





## Township of Brick 401 CHAMBERS BRIDGE ROAD

401 CHAMBERS BRIDGE ROAD BRICK, NEW JERSEY 08723 (732) 262-1040, FAX (732) 262-2941 03/08/2013 00001 #5127 2026PM 265TMEFFCS01 GLEAR:R6/8RADIMS 1000.00 CHECKI \$1.00.00

Township Engineer: Birdsall Engineering, Inc.

Date of Application: 3/8/13 Permit No.: GCC-13-DOOCA  Date received by Engineer's office: 3/8/13  Application is hereby made by:  Name of company or individual  Address of company or individual  Phone number(s)  Name of contractor  Address of contractor  Address of contractor  Address of location of work to take place: 5/83 / Leke Sheec Dr. Brick, DT 08727  Phone number(s)  Address of location of work to take place: 5/83 / Leke Sheec Dr. Brick  Block / Lot number(s) of location of work: Block 446. 20 Lot(s) / 0  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing) See Part B below See Parts A and B  PART A - TREE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED.  INCOMPLETE PERMITS WILL NOT BE REVIEWED:  Requirements:  1) Survey of property indicating location of trees to be removed and paliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with Chapter 168)  Signal of the provided in accordance with Chapter 168)  Number  3) Number of *healthy trees over 9" in caliper to be removed (Nore: 10 or more tree's requires Planning Board Approval) *dead trees de not require a permit.  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with Chapter 168)  Sistart of work date:  7) Approximate completion Oxyork date:  7) Approximate date of tree replacement:  8) Permits obtained (where applicable)  NDEP  (type of permit, permit number and date)  County Soil District	APPLICATION FOR GRADING AND			
Date received by Engineer's office: 3/6/13 (to be assigned by Engineer)  Application is hereby made by:  Name of company or individual SB3 **Like Sheet Or Brick NT 08727  Phone number(s)  Name of contractor	3/Q/12 CLEARING PERMIT	\2 ~		
Application is hereby made by:  Name of company or individual  Address of company or individual  Address of company or individual  Phone number(s)  Name of contractor  Address of contractor  Address of location of work to take place: SB3 Plate Slace Deck  Block / Lot number(s) of location of work: Block 446. 20 Lot(s) 10  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing)  See Part A below  See Part B belo				
Name of company or individual  Address of company or individual  SB3 Meke Sheet Or, Brick, NT 08723  Phone number(s)  Name of contractor  Address of location of work to take place: SB3 Meke Sheet Dr Brick  Block / Lot number(s) of location of work: Block 446. 20 Lot(s) /0  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing)  See Part A below  See Part B below  See Part B below  See Part A below  NCOMPLETE PERMITS WILL NOT BE REVIEWED!  Requirements:  1 Survey of property indicating location of trees to be removed and caliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. casements, wetlands)  2) Written explanation of purpose of tree removal:  Number  3) Number of *healthy trees over 9" in caliper to be removed (Note: 10 or more tree requires Planning Board Approval) *dead trees do not require a permit.  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with Chapter 168)    S) Start of work date:   O Approximate date of tree replacement:   S) Permits obtained (where applicable)   NIDEP (type of permit, permit number and date)   County Soil District	Date received by Engineer's office:			
Phone number(s)  Name of contractor  Address of contractor  Address of location of work to take place: 5B3 Place Stare Druck  Block / Lot number(s) of location of work: Block 446.30 Lot(s) 10  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing) See Part A below See Part B below See Part A and B  PART A - TREE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED.  INCOMPLETE PERMITS WILL NOT BE REVIEWED!  Requirements:  1) Survey of property indicating location of trees to be removed and paliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with Chapter 168)  5) Start of work date:  7) Approximate date of tree replacement:  8) Permits obtained (where applicable)  NUDEP (type of permit, permit number and date)  County Soil District	**			
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Name of contractor  Address of contractor  Phone number(s)  Address of location of work to take place: 5B3 Place Slave Dr Brief  Block / Lot number(s) of location of work: Block 446.30 Lot(s) /O  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing) See Part A below See Part A and B  PART A - TREE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED. INCOMPLETE PERMITS WILL NOT BE REVIEWED!  Requirements:  1) Survey of property indicating location of trees to be removed and alipser size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with hapter 168)  5) Start of work date:  6) Approximate completion of work date:  7) Approximate date of tree replacement:  8) Permits obtained (where applicable)  NIDEP (type of permit, permit number and date)  County Soil District	Address of company or individual 583 V. Lake Shere Dr. Brick, NJ 08723			
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Address of location of work to take place: 5B3				
Block / Lot number(s) of location of work: Block 446.20 Lot(s) 10  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing) See Part B below See	Phone number(s)			
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Please check the corresponding box & please fill out the appropriate section(s) that follow:    Removal of Trees (Clearing)   Grading of Site   Both Grading and Clearing See Part A below   See Part B below   See Parts A and B				
Removal of Trees (Clearing)   See Part B below   See Parts A and B	20(3) 10 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20			
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NJDEP (type of permit, permit number and date)  County Soil District	7) Approximate date of tree replacement:			
(type of permit, permit number and date)  County Soil District	8) Permits obtained (where applicable)			
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(permit number and date)  Other				
	Signature of Applicant Date			
Name time of Ameliaant	Signature of Applicatit Date			

•		Page 2 of 3
		Permit No Date
Signature of Co	ontracto	
PART B GRAI	DING	- PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED! INCOMPLETE PERMITS WILL NOT BE CONSIDERED!
Requirements:	1	Survey of property indicating
		a) existing structures, easements and all other restricted areas
		(wetlands, wetlands buffers, 100-year flood lines, etc)
		b) areas of limits of disturbance to be clearly marked
		c) existing and proposed contours as required by Engineer
		d) drainage flow arrows as required by Engineer
		e) all other information on grading, topography and drainage patterns
		required by Engineer.
		f) Total area of disturbance + 850s
		***over 2 acres requires Planning Board approval
		2a) Approximate quantities of cut or fill material
		b) Type of fill material to be used (to conform to requirements of Chapters 168 and 383)
		Sources: Name of Facility
		Address
		•
		3) Brief explanation and description of grading work and its purpose
		lemve & and alrepre of
		pures
		4) Description of final ground cover to be established VOVES
		5) Start of work date: TSD
		6) Approximate completion date: \(\frac{151}{}\)
		7) Permits obtained (where applicable)
•		NJDEPtype of permit, permit number and date
		County Soil District
		permit number and date
		Other
	NHA	8) Information on any retaining walls including plan showing location,
/	1 His	heights, length, cross-sections, type of material, backfill, safety barriers
		and all other information as required by Engineer.
		- · · · · · · ·
		<b>Note:</b> any wall (s) over 30 inches high requires a drawing by a
,		Note: any wall (s) over 30 inches high requires a drawing by a licensed Professional Engineer or Architect, as per Chapter 168

	Page 3 of 3 Permit No. $CCV-(3-0)0022$ Date $3/8/5$
Date	

(To be filled out by receiving office)
Following permit fees non-refundable
FEES: 1) Tree Removal - \$100 Paid on:
Check No Received by
2) Grading - \$100 per acre Amount: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Check No. 318 Received by 45
3) Retaining Wall Review - \$100 additional
Paid on (date): Check No Initials
4) Escrow & Inspection Fees
TYPE
Plan review Amount: \$ Paid on (date):
Inspection fee Amount: \$ Paid on (date):
Bond Amount: \$ Paid on (date):
The above stated party is authorized to perform the grading and/or clearing work as described above All work shall be performed in conformance with all applicable Brick Township Land Use Regulations, Chapters 168 and 383
Notes: Trees must be removed from site, and not stockpiled or buried.
This application does NOT grant permission to remove soil from a site.
To fill or remove soil from a site, application form per Chapter 383 must be used.
This application is not to be used for a site plan or subdivision application.  Approved  Approved  3/8/13
Signature of Twp. Engineer or agent Print Name Date
Conditions
\

Signature of Contractor

Ground Utitly Door 23" aprix

French Doors aprox 46" lower

Perimeter, 94 Linear feet

105 - 20 × 905

18x10 = 180 5

) 794 or be

9X12 = 108:

Drawing #1

# BLOCK: 446. 20 LOT: 10 ADDRESS: 583 N Lake Shore Dr. ENGINEERING PERMIT APPLICATION

LOT: 10 ADDRESS: 583 Wake Sheer D.	ENGINEERING PERMIT APPLICATION RECEIVED	The second secon
	RECEIVING CLERK; (S)	The second of th

IDENTIFICATION:	FEE SUMMARY:
1. WORK SITE ADDRESS: 500 N Lake Shore Dr	APPLICATION FEE: \$ \(\lambda\) ()
2. NAME OF OWNER IN FEE: Hoboliza & James Coyle	? (
ADDRESS: SAME PHONE	ਜੋ ਜ
	6
FAX #: (_)	OTHER: \$
3. PRINCIPAL CONTRACTOR: Tames Coyle	BOND(S):
ADDRESS: 583 N Loke Share Dr PHONE	TOTAL: \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Brick NJ FAX #:(_)	
4. ARCHITECT OR ENGINEER:	SPECIAL CONDITIONS:
ADDRESS: PHONE: # ( )	OCEAN COUNTY SOILS:
5. RESPONSIBLE PERSON FOR WORK: James Coyle	DRAINAGE EASEMENTS:
ADDRESS: SAME	UTILITY EASEMENTS:
PHONE #: () FAX #: () E-MAIL:	CONSERVATION EASEMENTS:
PROJECT DESCRIPTION: DESCRIPTIO	D.E.P. PERMITS:
□ SOIL REMOVAL/FILL □ RETAINING WALL □ POOL □ BULKHEAD/DOCK □ DWELLING □ TREE REMOVAL	BOARD APPROVAL: DPB DZB
Sex S	APPLICATION NUMBER:
LENGTH: 22/18/12 WIDTH: 28/14/0 HEIGHT:	APPROVED DATE:
and an	
ENGINEERING REVIEW:	
DATE RECEIVED: $3/8/13$ DATE REJECTED:	DATE APPROVED: 3/8//5
	11/10 milions.

### ENGINEERING PERMIT APPLICATION RECEIVING CLERK: WHAT

1. WORK SITE ADDRESS: 583 N. Lake Sharp Drive	FEE SUMMARY:  APPLICATION FEE:  \$ 4100.00
2. NAME OF OWNER IN FEE: James + Hedeliza Coyle	APPLICATION FEE: \$ 100.00
ADDRESS: 583 N. Loke Shore Dr. PHONE #:	INSPECTION FEE: \$
Bosk 08723 FAX #:	OTHER: \$
3. PRINCIPAL CONTRACTOR: James Coyle	BOND(S):
ADDRESS: Same PHONE #:	TOTAL: \$ 4100.00
FAX #:()	
4. ARCHITECT OR ENGINEER:	SPECIAL CONDITIONS:
ADDRESS:PHONE: # ()	OCEAN COUNTY SOILS:
5. RESPONSIBLE PERSON FOR WORK: James Coyle	DRAINAGE BASEMENTS:
ADDRESS: SAME	UTILITY EASEMENTS:  CONSERVATION EASEMENTS:
PHONE #: ( FAX #: ( E-MAIL:	FEMA REQUIREMENTS:
PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING	D.E.P. PERMITS:
□ SOIL REMOVAL/FILL □ RETAINING WALL □ POOL	BOARD APPROVAL: DPB DZB
□ BULKHEAD/DOCK □ DWELLING □ TREE REMOVAL	APPLICATION NUMBERS
OTHER Pave- Walkway	APPROVED DATE:
LENGTH: WIDTH: HEIGHT:	
ENGINEERING REVIEW:	

## Township of Brick

401 CHAMBERS BRIDGE ROAD BRICK, NEW JERSEY 08723 (732) 262-1040, FAX (732) 262-2941

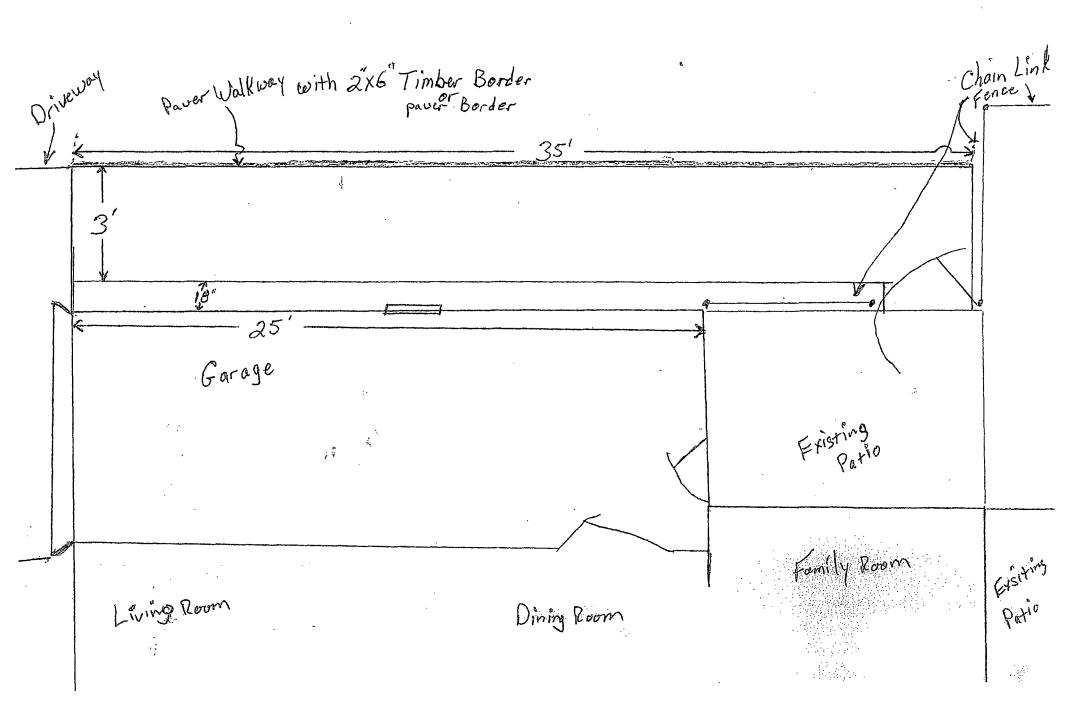
Department of Community Development & Land Use/Division of Engineering

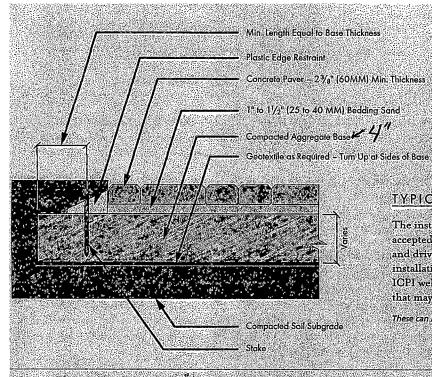
Date of Application: O6/3 20/4 Permit No.: CCP.14-20144  Date received by Engineer's office: O43/44 Permit No.: Cobe anigned by Engineer)  Application is hereby made by: 87381 10:21eM ENGINEERODO1  Name of company or individual Sea Nec+h Lake Share Drive Beick 08723  Phone number(s)  Name of contractor Sames Coyle  Address of location of work to take place: Sea N Lake Share Dr.  Block / Lot number(s) of location of work: Block 446. 20 Lot(s) 10  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing) Grading of Site Both Grading and Clearing See Part A below See Part B below See Parts A and B  PART A - TREE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED. INCOMPLETE PERMITS WILL NOT BE REVIEWED!  Requirements: 1) Survey of property indicating location of trees to be removed and caliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:		APPLICATION FOR GRADING AND CLEARING PERMIT
Date received by Engineer's office:    Application is hereby made by:   10:21et   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20:000   20	Date of Applicati	,
Application is hereby made by:  Name of company or individual  Address of company or individual  Address of company or individual  SB3 Nearth Lake Share Drive Sciek 08723  Phone number(s)  Name of contractor  Address of location of work to take place: SB3 N Lake Share Dr.  Block / Lot number(s) of location of work:  Block / Lot number(s) of location of work:  Block / Lot number(s) of location of work:  Removal of Trees (Clearing)  See Part B below  See Part B below  See Part B below  NCOMPLETE PERMITS WILL NOT BE REVIEWED!  Requirements:  1) Survey of property indicating location of frees to be removed and caliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:  Number  3) Number of *healthy trees over 9" in caliper to be removed (Note: 10 or more trees requires Planning Board Approval) *dead trees do not require a permit.  4) Tree replacement plan on survey and/or written description  (Trees must be provided in accordance with Chapter 168)  Signal of the street of the replacement:  (B) Permits obtained (where applicable)  NIDEP  (type of permit, permit number and date)  County Soil District  (permit number and date)  Other	•	(to be seriously by Engineer)
Name of company or individual  Address of company or individual  Sames Code  Short Drive Brick 98723  Phone number(s)  Name of contractor  Address of contractor  Address of contractor  Address of location of work to take place: Select Short Dr.  Block / Lot number(s)  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing)  See Part A below  See Part B below  See Part A below  See Part B below  See Part B below  PART A - TREE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED.  TNCOMPLETE PERMITS WILL NOT BE REVIEWED!  Requirements:  1) Survey of property indicating location of trees to be removed and caliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:  Number  3) Number of *healthy trees over 9" in caliper to be removed (Note: 10 or more trees requires Planning Board Approval) *dead trees do not require a permit.  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with Chapter 168)  5) Start of work date:  6) Approximate completion of work date:  7) Approximate date of tree replacement:  8) Permits obtained (where applicable)  NIDEP  (type of permit, permit number and date)  County Soil District  (permit number and date)	1	اللاللال ، المحال المحا
Address of company or individual SB3 Nex+1 Lake Share Drive Boick 05723  Phone number(s)  Name of contractor  Address of location of work to take place: SB3 N Lake Share Dr.  Block / Lot number(s) of location of work: Block 446.20 Lot(s) / C  Please check the corresponding box & please fill out the appropriate section(s) that follow:  Removal of Trees (Clearing) See Part B below See Part A and B  PART A - TREE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED.  INCOMPLETE PERMITS WILL NOT BE REVIEWED!  Requirements: 1) Survey of property indicating location of trees to be removed and caliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:  Number 3) Number of *healthy trees over 9" in caliper to be removed (Note: 10 or more trees requires Planning Board Approval) *dead trees do not require a permit.  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with Chapter 168)  5) Start of work date:  6) Approximate completion of work date:  7) Approximate date of tree replacement:  8) Permits obtained (where applicable)  NDDEP (type of permit, permit number and date)  County Soil District (permit number and date)	,	or individual Zamas Caula CLEAR ING/GRADING \$100.00
Phone number(s)  Name of contractor    SANIE   Share   Dr.		
Name of contractor  Address of location of work to take place: \$\( \frac{SANL_{ake}}{2} \) \$\( \frac{SAnce}{2} \) \$\( \frac{Dc}{2} \) \$\( Dc		
Address of contractor  SAME  Address of location of work to take place: SE3 N Lake Shore Dr.  Block / Lot number(s) of location of work: Block 446 Shore Dr.  Block / Lot number(s) of location of work: Block 446 Shore Dr.  Block / Lot number(s) of location of work: Block 446 Shore Dr.  Block / Lot number(s) of location of work: Block 446 Shore Dr.  Block / Lot number(s) of location of work: Block 446 Shore Dr.  Block / Lot number(s) of location of work: Block 446 Shore Dr.  Block / Lot number(s) of location of work and clearing See Part A Delow  See Part B below See Parts A and B See Part A Delow  See Part B below See Parts A and B See Part A Delow  See Part B below See Parts A and B See Part A Delow  INCOMPLETE FERMITS WILL NOT BE REVIEWED!  Requirements:  1) Survey of property indicating location of trees to be removed and caliper size (diameter) measured one foot above the ground.  Survey should also show all restricted use areas (i.e. easements, wetlands)  2) Written explanation of purpose of tree removal:  3) Number of *healthy trees over 9" in caliper to be removed (Note: 10 or more trees requires Planning Board Approval) *dead trees do not require a permit.  4) Tree replacement plan on survey and/or written description (Trees must be provided in accordance with Chapter 168)  5) Start of work date:  6) Approximate completion of work date:  7) Approximate completion of work date:  9) Approximate date of tree replacement:  8) Permits obtained (where applicable)  NIDEP (type of permit number and date)  County Soil District (permit number and date)  County Soil District (permit number and date)  Other	Name the Association of the Control	
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Address of location of work to take place: 583 N Lake Share Dr.  Block / Lot number(s) of location of work: Block 446.20 Lot(s)/	Address of contrac	tor SAME
Block / Lot number(s) of location of work: Block 446.20   Lot(s)   Composition	Phone number(s)	•
Please check the corresponding box & please fill out the appropriate section(s) that follow:    Removal of Trees (Clearing)   Grading of Site   Both Grading and Clearing See Part A below   See Part S A and B     PART A - TREE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED. INCOMPLETE PERMITS WILL NOT BE REVIEWED!   Requirements:   1) Survey of property indicating location of trees to be removed and caliper size (diameter) measured one foot above the ground. Survey should also show all restricted use areas (i.e. easements, wetlands)     2) Written explanation of purpose of tree removal:	Address of locati	on of work to take place: 583 N. Lake Shore Dr.
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Number		<del>-</del>
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8) Permits obtained (where applicable)   NJDEP	,	<del></del>
NJDEP (type of permit, permit number and date)  County Soil District (permit number and date)  Other		· · · · · · · · · · · · · · · · · · ·
(type of permit, permit number and date)  County Soil District (permit number and date)  Other		NIDEP
(permit number and date)  Other	. •	(type of permit, permit number and date)
Other		County Soil District
Signature of Applicant la Coll Date 06/13/14		•
	Signature of App	Date 06/13/14

• • •	Page 2 of 3 Permit No.
; '	Date
Signature of Contract PART B GRADING	
	INCOMPLETE PERMITS WILL NOT BE CONSIDERED!
Requirements:	1) Survey of property indicating
:	a) existing structures, easements and all other restricted areas
	(wetlands, wetlands buffers, 100-year flood lines, etc)
	b) areas of limits of disturbance to be clearly marked
·   ·	c) existing and proposed contours as required by Engineer
,	d) drainage flow arrows as required by Engineer
	e) all other information on grading, topography and drainage patterns
:	required by Engineer.
·	f) Total area of disturbance 10 og /z.  ***over 2 acres requires Planning Board approval
	2a) Approximate quantities of cut or fill material
	b) Type of fill material to be used (to conform to requirements of Chapters 168 and 383) Dyerry Blond, Concrete Sand
	Pavers
·  -	Sources: Name of Facility M. J. Gravel & Sand
	Address Hwy 34
·	[1/2][ 1/5]
	3) Brief explanation and description of grading work and its purpose
1	
· •	To lovel ground along garage
	4) Description of final ground cover to be established Concrete
	Paver walkway along grangarage
	5) Start of work date:
	6) Approximate completion date: <u>69/2014</u>
	7) Permits obtained (where applicable)
	A MARKA ALITA
	type of permit, permit number and date
•	County Soil District
	permit number and date
	Other
<del></del>	8) Information on any retaining walls including plan showing location,
<u></u>	heights, length, cross-sections, type of material, backfill, safety barriers
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•	Note: any wall (s) over 30 inches high requires a drawing by a
	licensed Professional Engineer or Architect, as per Chapter 168
gt	
Signature of Applicat	11 Van (10VL) 13/3014

as

		Permit No GCP-14-001 Date GD7/14
Signature of Contractor Confle	Date <u>66//3/2</u>	2014
(To be fille	d out by receiving office)	
Following p	ermit fees non-refundable	
FEES: 1) Tree Removal - \$100	Paid on:(date)	
Check No Re	, ,	
(C) Grading - \$100 per acre An	nount; \$ 100.00 Paid or	n: <b>427/14</b> date
Check No. 357 Re	ceived by	·
3) Retaining Wall Review - \$	100 additional	
Paid on (date):	Check No Initials	W
4) Escrow & Inspection Fees		
TYPE		
Plan review Amount: \$	Paid on (date) :	
Inspection fee Amount: \$	Paid on (date):	
Bond Amount: \$	Paid on (date):	
The above stated party is authorized to perform	the grading and/or clearing	work as described above
All work shall be performed in conformance wi		
Regulations, Chapters 168 and 383	di ali applicable bilox 10 Wi	amp nance oso
Regulations, Chapters 106 and 363		
Notes: Trees must be removed from site, a	nd not stockpiled or buried	d.
This application does NOT grant pe	ermission to remove soil fr	om a site.
To fill or remove soil from a site, ap		
This application is not to be used fo		
Approved	R. Harris	6/24/14
Signature of Twp. Engineer or agent	Print Name	Date
Conditions		





#### TYPICAL INSTALLATION

The installation diagram shown is commonly accepted for most residential patios, walkways and driveways. There are other acceptable installation methods that are listed on the ICPI web site, based on specific circumstances that may be present at the jobsite.

These can be viewed online at www.icpl.org.

#### INSTALLATION SUMMARY

The unabridged version is available at www.icpi.org/homeowners/yourself.cfm

- STEP 1: Determine Amount of Materials. Determine the area (length x width) and select the type of paver you are going to use. Measure length of "open" edges, i.e., areas not against a house, curb or another rigid pavement, as this will be the linear feet of edging needed. See a Clayton representative with your measurements to calculate bedding sand and base.
- STEP 2: Excavate the Area: Before digging, call the local utility, company and have them mark out underground utilities.

  The minimum excavation depth on patios and walks is 7 inches: 4 inch base, 1 inch sand and 2 3/8 inch paver.

  Driveways or heavily trafficked areas should be significantly deeper, and in either case, base should slope away from the house at 1/4 inch per foot.
- STEP 3: Install the Geotextile and Base: Gover the compacted, sloped sub-base with geotextile and turn it up along, the sides of the excavation. Place the first two inches of aggregate base on top and rake out evenly. Material should be moist, but not soaked, for proper compaction. Continue adding and compacting the base in layers, making sure to leave enough room for the bedding sand and payers. It is important to maintain the slope away from the house on the subsequent layers of base material.

- STEP 4: Install the Edge Restraints: Lay edging out around the perimeter and stake in according to manufacturer.
- STEP 5: Install the Bedding Sand: Place 1 inch pipes several feet apart and parallel to each other, "Screed" or smooth sand between pipes by pulling straight piece of lumber along the pipes. Add any additional sand needed for low spots, and screed as needed until sand is smooth. Repeat on entire area, filling indentations from the pipes with sand.
- STEP 6: Place the Concrete Pavers: Start border course at a corner, and make cuts as needed. When finished, run plate compactor over area, replacing any that crack or chip. Put dry joint sand on top of pavers, and run compactor over area again.

(All Data, Location Ad

583 N. LAKE SHORE DR. Location Address 446.20 Block 6 Lot Qualifier Owner Name DAVIS, THOMAS 02/12/1999 Issue Date 03/30/1999 Compliance Date Closed Status

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Statute

Summary

7621 SANITATION: ALL
EXTERIOR
PROPERTY AND
PREMISES SHALL
BE
MAINTAINED IN A
CLEAN, SAFE AND
SANITARY
CONDITION.
TIRES AND
DEBRIS IN REAR
YARD AND SIDE
OF HOUSE MUST
BE REMOVED IN A
PROPER
NOTICE: SEVEN
(7) DAYS TO
COMPLY OR A
SUMMONS WILL
BE ISSUED.
EXT TIL 3/31/99

MANNER. SEE COPY OF ORDINANCE ENCLOSED.

(All Data, Location Ad

583 N. LAKE SHORE DR. Location Address 446.20 Block 6 Lot Qualifier Owner Name Issue D:
COYLE, JAMES G 08/29/2018
& HEDELIZA M Issue Date 09/10/2018 Compliance Date Closed Status

## Summary

### Statute

This notice is to advise you that the above property is in violation for the following: Cut down tall weeds and grass from within entire property. Failure to comply will result in summonses, mandatory court appearance and fines if not in full compliance by 9-10-18. If you have any questions or concerns contact me (Jerry DeCicco) at 732-262-1037. Thank you in advance for your cooperation.

(All Data, Location Ad

583 N. LAKE SHORE DR. Location Address 446.20 Block 6 Lot Qualifier Owner Name DAVIS, THOMAS 02/12/1999 Issue Date Compliance Date 03/30/1999 Closed Status

Summary

Statute

DY OF PY OWN LINCO ATE FXN047 & TICE: SEVE DAYS TO MAPLY OR A MMPLY OR A MMPLY OR A MMONS WILL ISSUED. 1999-EXT TIL 1/99	7619 - INOPERABLE VEHICLES: MUST HAVE UPDATED REGISTRATION AND UPDATED INSPECTION STICKER OR REMOVED FROM PROPERTY, SEE
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INSPECTION STICKER.

**Grand Totals** 

583 N. LAKE SHORE DR.	Location Address	
446.20	Block	
10	Lot	
	Qualifier	
DAVIS, THOMAS	Owner Name	
02/12/1999	Issue Date	
03/31/1999	Compliance Date	
Closed	Status	

Summary

R

Statute

7620 - PARKING
OF VEHICLES ON
LAWNS. MUST BE
REMOVED. SEE
COPY
OF ORDINANCE
ENCLOSED.

NOTICE: SEVEN
(7) DAYS TO
COMPLY OR A
SUMMONS WILL
BE ISSUED.
3/2-EXT TIL 3/31