



CONSTRUCTION PERMIT APPLICATION

C-10-004043

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

I. IDENTIFICATION
 1. Proposed Work Site at: 583 NORTH LAKE SHORE DRIVE
 2. Name of Owner in Fee: POYLE
 Tel. _____ e-mail _____
 Address 300 NORTH LAKE SHORE DRIVE, BRICK, NJ 08723
 3. Ownership in Fee: Public Private Municipal Party Zip Code _____
 4. Principal Contractor: BRICK TOWNSHIP HUB AP Tel. (732) 477-3300
 Address 405 BRICE BLVD, BRICK, NJ 08723 e-mail _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 1310191800
 Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (____) _____ FAX (____) _____
 6. Responsible Person in Charge once Work has Begun Craig Low
 Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>40</u> ✓	
2. Electrical	<u>30</u> ✓	
3. Plumbing	<u>45</u> ✓	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review \$:		
8. Subtotal	\$ _____	
9. State Permit Surcharge Fee		
10. Subtotal	\$ <u>1</u>	
11. Cert. of Occupancy		
12. Other	<u>130</u>	
13. TOTAL	\$ _____	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

- Number of Stories _____
- Height of Structure _____ ft.
- Area - Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	FOR OFFICE USE ONLY (Optional)						
	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates: Approval Rejection
<input type="checkbox"/> Building							
<input type="checkbox"/> Electrical					<u>12/30/10</u>	<u>ST</u>	
<input type="checkbox"/> Plumbing					<u>1-4-11</u>	<u>2</u>	
<input type="checkbox"/> Fire Protection					<u>12-3-10</u>	<u>ST</u>	
<input type="checkbox"/> Elevator							
TOTAL COST							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____
- No. of dwelling units Total Units Income-restricted

Gained Sale	_____
Gained Rental	_____
Lost Sale	_____
Lost Rental	_____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
2. <input type="checkbox"/> High Pressure Boilers	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	9. <input type="checkbox"/> Underground Storage Tanks
3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly	10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs
	7. <input type="checkbox"/> Sprinklers	11. <input type="checkbox"/> LP Gas Tanks

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. I further certify that I will perform or supervise the following work:

C.1. Building C.2. Fire Protection

I further certify that I will perform the following work:

C.3. Electrical C.4. Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 _____

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 Brick Township Heating & A/C

Address 465 Brick Blvd.
Brick NJ 08723

Telephone (732) 477-3300

Signature Craig Law

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 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

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 BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300 Fax: (732) 477-0205
License Number or Builders Registration Number: 13VH01918000 Federal Emp. Number: 21-0103175

Home Warranty Number: _____

Type of Warranty Plan: State Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AIR CONDITIONER, FURNACE replacement

Certificate Comments:

Certificate of Occupancy

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

Certificate of Approval

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

Certificate of Continued Occupancy

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

Temporary Certificate of Compliance

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

Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

Certificate of Compliance

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

Temporary Certificate of Occupancy

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

Construction Official

Date Printed: 03/04/2011 U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued 1/5/11
 Control # C-10-004643
 Permit # 11-0026

IDENTIFICATION Block: 446.20 Lot: 10 Qualifier _____
 Work Site Location: 583 N. LAKE SHORE DR. Brick Township, NJ Contractor: BRICK TOWNSHIP HEATING & AIR
 Address: 465 BRICK BLVD BRICK NJ 08723
 Owner in Fee: COYLE, JAMES G & HEDELIZA M
583 N LAKE SHORE DR BRICK NJ 08723 Telephone: (732) 477-3300
 Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH01918000
 Federal Employee No. 21-0103175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

AIR CONDITIONER, FURNACE replacement

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$500

[Signature]
Construction Official

1-4-11
Date

U.C.C. F170
equiv (rev 8/03)

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

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$40
Plumbing	\$50
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$136
Check No. <u>1282</u>	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

ELECTRIC	\$40.00
PLUMBING	\$50.00
FIRE	\$45.00
HEATING	\$1.00
CHECK	\$136.00

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

- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.
- If you do not understand any of this information, please ask.



ELECTRICAL 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 496.20 Lot 10 Qualification Code _____
 Work Site Location 583 NORTH LAKE SHORE DRIVE
BAIK, NJ 08723
 Owner in Esc. CONVE

Tel. () _____ e-mail _____
 Address 583 NORTH LAKE SHORE DR, BAIK, NJ 08723
 Contractor: EUREKA ELE. SERVICE Municipality _____ Tel. (732) 855-9822 zip code _____
 Address PO BOX 4075, BAIK, NJ 08723 e-mail _____
 Contractor License No. 4872 Exp. Date 8/02

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 221814013 FAX: (732) 255-7932

B. ELECTRICAL CHARACTERISTICS
 Use Group Present R-5 Proposed REPLACEMENT

Building Occupied as WELLING [] Temporary [] Other _____
 Est. Cost of Elec. Work \$ 200.00 Utility Co. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
<input checked="" type="checkbox"/> No Plans Required	Type: _____	Failure	Approval
<input type="checkbox"/> Partial Under-slab Utilities Approved	Rough	Barrier-Free	
Date: _____ Approved by: _____	Trench	Temp. Serv.	
<input type="checkbox"/> Electric Plans Approved	Temp. Serv.	Constr. Serv.	
Date: _____ Approved by: _____	TOO	Other	
Joint Plan Review Required:	Service	Final	
<input type="checkbox"/> Bldg. [] Plumb. [] Fire [] Elev. [] Other	Barrier-Free	Barrier-Free	
SUBCODE APPROVAL for PERMIT	Temp. Cut-in-Card Date Issued	Final Cut-in-Card Date Issued	
Date: <u>12/30/10</u>	Annual Pool Inspection	Date of Grounding and Bonding Certification	
Approved by: <u>[Signature]</u>			

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of 583 North Lake Shore Drive and am authorized to make this application and perform the work listed on this application.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT OF EXISTING FURNACE,
 COIL & CONDENSING UNIT

Date Received _____ Control # _____
 Date Issued _____ Permit # _____
11-0024
1/5/11

QTY.	SIZE	ITEMS	FEES (Office Use Only)
		Lighting Fixtures	
		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. Water Heater	
		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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		<u>GAS FURNACE REPLACEMENT</u>	

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

1-24-11

NO ELECTRIC TO AC



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

11-0026
1/5/11

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the Agent, or Partner or am authorized to make this application.

Cheryl...
Applicant's Signature/Contractor's Signature

Certified Contractor
 Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REPLACE HEAT OF EXISTING FURNACE, COIL
BY CONDENSING UNIT

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pull, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances Gas or Oil _____

Fireplace Venting/Metal Chimney _____

Other _____

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

Block 440.20 Lot 10 Qualification Code _____

Work Site Location 583 NORTH LAKE SHORE DRIVE

BRICK NJ 08723
COYLE

Owner in Fee: _____ e-mail _____

Tel. () _____ e-mail _____

Address 583 NORTH LAKE SHORE DRIVE, BRICK, NJ 08723

Contractor: BRICK TOWNSHIP HEATING & AIR CO. Tel. (732) 477-3300

Address 405 BRICK BLVD, BRICK, NJ 08723 e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): BVHD1918000

Federal Emp. ID No. 91-0703175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: New or Existing

Const. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System New or Existing HVAC Fire Suppression/Standpipe System: _____

Type: Gas Oil Electric Solar New or Existing

Other: _____ Location of Main Control Valve: _____

Location: UTILITY ROOM

Fuel Storage Tank: _____ Capacity _____

Fuel Type: Flammable or Combustible

Total Cost of Fire Protection Work \$ 100.00

JOB SUMMARY (Office Use Only)

PLANS REVIEW _____

No Plans Required _____

Permit Plan Review Required: _____

Building Plumbing _____

Electric Elevator _____

Fire Plans Approved _____

Date: 12/31/10

Approved by: _____

SUBCODE APPROVAL _____

Date: 1/1/11 CA _____

Approved by: _____

Final _____

Other _____

INSPECTIONS

Type: _____ Dates: (Month/Day) _____

Alarm System _____ Failure _____ Approval _____

Suppression Sys _____ Failure _____ Approval _____

Standpipe _____ Failure _____ Approval _____

Fire Pump _____ Failure _____ Approval _____

Pre-eng. System _____ Failure _____ Approval _____

Mechanical _____ Failure _____ Approval _____

Smoke Control _____ Failure _____ Approval _____

T&G _____ Failure _____ Approval _____

Flam/Combust Tanks _____ Failure _____ Approval _____

Fireplace/Venting _____ Failure _____ Approval _____

Other _____ Failure _____ Approval _____

Other _____ Failure _____ Approval _____

Other _____ Failure _____ Approval _____

Approved by: _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received 11-0026
Control #

Date Issued 1/5/11
Permit #

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

Block 476.30 Lot 10 Qualification Code _____
Work Site Location 583 NORTH LAKE SHORE DRIVE
BRICK NJ 08723

Owner in Fee: COYLE e-mail _____
Tel: _____ e-mail _____

Address 583 NORTH LAKE SHORE DR BRICK, NJ 08723
Contractor: BRICK TOWNSHIP MULTIMEDIA Tel: (732) 477-3300
Address 165 BRICK BLVD BRICK, NJ 08723 e-mail _____

Contractor License No. _____ Exp. Date 5/10/2010
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 210703175 FAX: (732) 477-0805

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
	Type	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	Slab				
<input checked="" type="checkbox"/> Partial Under-slab Utilities Approved	Rough				
Date: _____ Approved by: _____	Water				
<input checked="" type="checkbox"/> Plumbing Plans Approved	Sewer				
Date: _____ Approved by: _____	Fixtures				
<input checked="" type="checkbox"/> Joint Plan Review Required	Gas Equipment				
<input checked="" type="checkbox"/> Bldg. <input checked="" type="checkbox"/> Elec. <input checked="" type="checkbox"/> Fire. <input checked="" type="checkbox"/> Elev.	Gas Piping				
SUBCODE APPROVAL FOR PERMIT	LPGas Tank				
Date: _____ Approved by: _____	Fuel/Oil Piping				
SUBCODE APPROVAL FOR CERTIFICATE	Solar				
<input checked="" type="checkbox"/> CO <input checked="" type="checkbox"/> LECO <input checked="" type="checkbox"/> GA	TICO				
Date: _____	Final				
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this Application.
Applicant sign/Contractor sign and seal here: Craig Kavan Craig Kavan
Print name here: Craig Kavan Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	DESCRIPTION OF WORK	FEE (Office Use Only)
	REPLACEMENT OF EXISTING FURNACE, COIL	
	CONDENSING UNIT	
	FIXTURE/EQUIPMENT	
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>3 TON A/C REPLACEMENT</u>	

U.C.C. F130 (rev. 11/09)
Internet version
For recorder call: (609) 350-1400 Alegra Marketing - Print - Mail (formerly OCS Printing) order on the website: www.AlegraMamma.com

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 Lot 1D Qualification Code _____

Work Site Location 583 NORTH LAKE SHORE DRIVE
BRICK NJ 08723

Owner In Fee: _____

Tel: _____ e-mail _____

Address 583 NORTH LAKE SHORE DRIVE, BRICK, NJ 08723

Contractor: BRICK TUBS AND HEATING Municipality BRICK, NJ 08723 e-mail _____

Address 445 BRICK BLVD, BRICK, NJ 08723 e-mail _____

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): BAH101918000

Federal Emp. ID No. 91-0702175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: New or Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: New or Existing HVAC Fire Suppression/Standpipe System: _____

Type: Gas Oil Electric Solar Other _____ Location of Main Control Valve: _____

Location: UTILITY ROOM

Fuel Storage Tank: _____ Capacity _____

Fuel Type: Flammable or Combustible

Total Cost of Fire Protection Work \$ 100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type	Failure	Approval
<input type="checkbox"/> No Plans Required	Alarm System		
<input type="checkbox"/> Joint Plan Review Required	Suppression Sys.		
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Standpipe		
<input type="checkbox"/> Electric <input type="checkbox"/> Elevator	Fire Pump		
<input type="checkbox"/> Fire Plans Approved	Pre-Eng. System		
Date: _____	Mechanical		
Approved by: _____	Smoke Control		
SUBCODE APPROVAL	TCO		
<input type="checkbox"/> CO <input type="checkbox"/> LECO <input type="checkbox"/> CA	Flam/Combust Tanks		
Date: _____	Fireplace Venting		
Approved by: _____	Final		
	Other		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner of record and am authorized to make this application. David P. [Signature]

Applicant's Signature/Contractor's Signature

Certified Contractor

Exempt Applicant

Method of Alarm/Suppression System Supervision

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

System _____

110v Interconnected _____

CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Date Received Control # _____
Date Issued Permit # _____
11/11/00
1/5/11

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: REPLACE HEAT OF EXISTING FURNACE, (OIL)
1 CONDENSING UNIT

NUMBER	FEE (Office Use Only)
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 446-20 Lot 1D Qualification Code _____
Work Site Location 583 NORTH LAKE SHORE DRIVE
PAUL NJ 08733

Owner in Esc. _____ e-mail _____
Tel. (_____) _____

Address 583 NORTH LAKE SHORE DRIVE 2814 08733
street municipality zip code

Contractor: PARK TOWNSHIRE Tel. (732) 477-3300
municipality

Address 446-20 e-mail _____
municipality zip code

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 2104119200
Federal Emp. ID No. 210772175 FAX: (732) 477-0905

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Const. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
Location of Main Control Valve: _____

Location: 446-20 PAUL NJ
Fuel Storage Tank: _____ Capacity _____
Fuel Type: [] Flammable or [] Combustible

Total Cost of Fire Protection Work \$ 100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	PLUMBING	Type	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	<input type="checkbox"/> No Plans Required	Alarm System	Failure Approval Initial
<input type="checkbox"/> Joint Plan Review Required	<input type="checkbox"/> Plumbing	Suppression Sys	Failure Approval Initial
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Standpipe	Failure Approval Initial
<input type="checkbox"/> Electric	<input type="checkbox"/> Elevator	Fire Pump	Failure Approval Initial
<input type="checkbox"/> Fire Plans Approved		Pre-Eng. System	Failure Approval Initial
Date _____		Mechanical	Failure Approval Initial
Approved by _____		Smoke Control	Failure Approval Initial
SUBCODE APPROVAL		TOO	Failure Approval Initial
[] CO [] ECO [] CA		Flam/Combust Tanks	Failure Approval Initial
Date _____		Fireplace Venting	Failure Approval Initial
Approved by _____		Final	Failure Approval Initial
		Other	Failure Approval Initial

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature _____
[] Certified Contractor [] Exempt Applicant

Date Received Control # 11-11-0026
Date Issued Permit # 1/5/11

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: REPLACE ROOF OF EXISTING FIREHOUSE FOR
1000 SQUARE FEET

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	
Alarm Systems	
[] System	
[] 110v Interconnected	
[] CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tamper, low/high air)	
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 [] Gas or [] Oil	
Fireplace Venting/Metal Chimney	
Other	

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



ELECTRICAL 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 240.30 Lot 118 Qualification Code _____
Work Site Location 583 NORTH LAKE SHORE DRIVE
Owner In Fee: COYLE

Tel. _____ e-mail _____
Address 583 NORTH LAKE SHORE DR. BRICK, NJ 02733 zip code _____
Contractor: EUREKA ELEC. SERVICE Tel. (732) 855-7922

Address PO BOX 4075 BARKAVILLE NJ 08733 e-mail _____
Contractor License No. 4872 Exp. Date 2012

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 221514013 FAX: (732) 855-7922

B. ELECTRICAL CHARACTERISTICS
Use Group Present A-5 Proposed REPLACEMENT
 Pole/Pad # _____ Temporary Other _____
Building Occupied as WELLING Utility Co. _____
Est. Cost of Elec. Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Partial, Underslab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: _____ Approved by: _____

Joint-Plan Review Required: _____

Bldg. Plumb. Fire Elev. Other

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

CO CCO CA

Date: _____

Approved by: _____

INSPECTIONS	Type:	Failure	Failure	Approval	Initial
	Rough				
	Barrier-Free				
	Trench				
	Temp. Serv.				
	Constr. Serv.				
	TCO				
	Other				
	Service				
	Final				
	Barrier-Free				
	Temp. Cut-in-Card Date Issued				
	Final Cut-in-Card Date Issued				
	Annual Pool Inspection				
	Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT OF EXISTING FURNACE,
COIL & CONDENSERS UNIT

Date Received 11-0026
Control # _____
Date Issued 1/5/11
Permit # _____

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract: HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ _____
		Pool Permit/With UW Lights	
		Storage Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW-Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		<u>GAS THERMAL REPLACEMENT</u>	

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL 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 11-00246 Lot 115711 Qualification Code _____
Work Site Location 115711

Owner In Fee: _____

Tel. (908) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (908) _____ e-mail _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (908) _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present Electrical Proposed Electrical

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

Building Occupied as Electrical Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[] No Plans Required						
[] Partial Under-slab Utilities Approved		Rough				
[] Electric Plans Approved	Approved by: _____	Trench				
Date: _____		Barrier-Free				
[] Joint-Plan Review Required		Temp. Serv.				
Date: _____	Approved by: _____	Const. Serv.				
[] Bldg. [] Plumb. [] Fire [] Elev. [] Other		TOO				
SUBCODE APPROVAL for PERMIT	Date: _____	Service				
Final		Barrier-Free				
Approved by: _____		Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued				
[] CO [] COO [] CA	Date: _____	Annual Pool Inspection				
Approved by: _____		Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electrical work for kitchen and bathroom

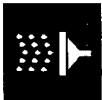
Date Received 11-00246
Control #
Date Issued
Permit # 115711

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Ränge/Receptacle	
		KW Over/Surface Unit	
		KW Elec. Water Heater	
		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 Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

11-0026
1/5/11

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

Block 4463D Lot 10 Qualification Code _____

Work Site Location 583 NORTH LAKE SHORE DRIVE

Owner _____

Tel. _____ e-mail _____

Address 583 NORTH LAKE SHORE DR. P. RICK, NH 05223

Contractor PRIC TOWNSHIP WORKING Municipally 4463D State Code 05223
165 BRICK BLVD Tel. (732) 477-3300

Address BRICK DT 05223 e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): LSWH041000
Federal Emp. ID No. 210023195 FAX: (732) 477-6505

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
	Type	Failure	Approval
<input type="checkbox"/> No. Plans Required	Slab		
<input type="checkbox"/> Partial - Under-slab - Utilities Approved	Rough		
<input type="checkbox"/> Plumbing Plans Approved	Water		
Date: _____ Approved by: _____	Sewer		
<input type="checkbox"/> Joint Plan Review Required	Fixtures		
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	Gas Equipment		
SUBCODE APPROVAL FOR PERMIT	Gas Piping		
Date: _____ Approved by: _____	LP Gas Tank		
SUBCODE APPROVAL FOR CERTIFICATE	Fuel Oil Piping		
<input type="checkbox"/> CO <input type="checkbox"/> GCO <input type="checkbox"/> EA	Solar		
Date: _____ Approved by: _____	TCO		
<input type="checkbox"/> Final	Final		

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor Greg Land
sign and seal here: Greg Land
Print name here: Greg Land
Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

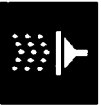
DESCRIPTION OF WORK
REPLACEMENT OF 1.5" DIAMETER FURNACE PIPING
1 COUPLER, 2 JOINTS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks <u>FIXTURE REPLACEMENT</u>	_____
_____	Other <u>2 JOINTS REPLACEMENT</u>	_____

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



PLUMBING 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 44th St Lot 10 Qualification Code _____

Work Site Location 1000 10th St

Owner In Fee: 100% e-mail _____

Tel. (732) 333-1571 e-mail _____

Address 713 ALBANY DRIVE SHARON NJ 07068

Contractor PLUMBING WORKS INC Tel. (732) 414-3200

Address 1000 10th St e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1-1110111111

Federal Emp. ID No. 212021111 FAX: (732) 414-3200

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____ Private Water _____

Est. Cost of Plumbing Work \$ 300 Private Well _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)		Initial
<input type="checkbox"/> No Plans Required	Type	Failure	Approval	
<input type="checkbox"/> Partial - Under-slab - Utilities Approved	Slab			
Date: _____ Approved by: _____	Rough			
<input type="checkbox"/> Plumbing Plans Approved	Water			
Date: _____ Approved by: _____	Sewer			
Joint Plan Review Required:	Fixtures			
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment			
SUBCODE APPROVAL FOR PERMIT	Gas Piping			
Date: _____ Approved by: _____	LP Gas Tank			
SUBCODE APPROVAL FOR CERTIFICATE	Fuel/Oil Piping			
<input type="checkbox"/> CO <input type="checkbox"/> LCCO <input type="checkbox"/> CA	Solar			
Date: _____ Approved by: _____	TCO			
	Final			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor Chris Jones

sign and seal here: _____

Print name here: Chris Jones

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

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

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

Date Received _____

Control # _____

Date Issued _____

Permit # _____

11-0026

1/5/11

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 44620 LOT 10 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 583 NORTH LAKE SHORE DRIVE

Applicant COYLE
 Certifying Individual Craig Law Company Brick Township Heating & A/C
 Address 465 Brick Blvd Brick NJ 08723
Street City State Zip Code
 Tel. (732) 477-3300

Check the Appropriate Box

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|------------------------------|
| Type of Replacement: | | Existing Vent/Chimney: | |
| <input type="checkbox"/> | Oil to Gas Conversion | <input type="checkbox"/> | B Label Vent |
| <input type="checkbox"/> | Gas Appliance Replacement | <input type="checkbox"/> | L Label Vent |
| <input type="checkbox"/> | Oil to Oil Replacement | <input type="checkbox"/> | Masonry Chimney - Tile Lined |
| <input checked="" type="checkbox"/> | Other <u>GAS FURNACE REPLACEMENT</u> | <input type="checkbox"/> | Flexible Liner |
| | | <input type="checkbox"/> | Power Vent/Exhauster |
| | | <input checked="" type="checkbox"/> | Other <u>DIRECT VENT</u> |

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

 Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

 Signature Date

Certification Not Submitted:

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

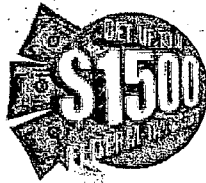
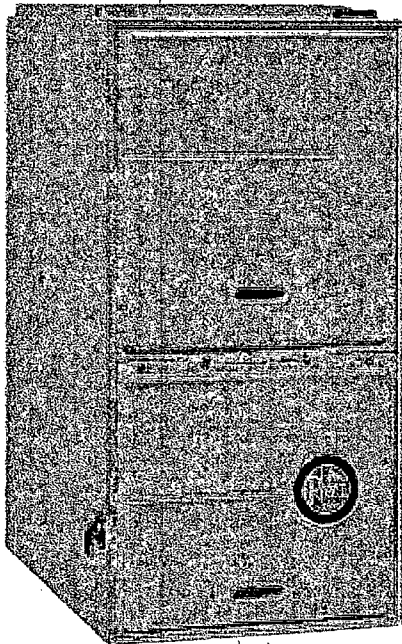
 Signature Date

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.

GAS FURNACES



*Visit www.Rheem.com
for complete details.*

Rheem
Classic[®]
S E R I E S

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.

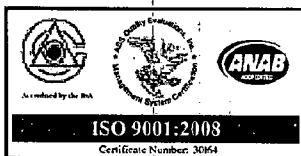
RGTM- SERIES
ECM Equipped
Models with Input Rates
of 60,000, 75,000, 90,000 &
105,000 BTU/HR [17.58, 22,
26.38 & 30.77 kW]

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.



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

PHYSICAL DATA AND SPECIFICATIONS— DOWNFLOW/HORIZONTAL MODELS

U.S. and Canadian Models

MODEL NUMBERS	RGTM-06•MAES	RGTM-07•RBGS	RGTM-09•ZAJ5	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] ②	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' ②	40,800 [11.96]	51,000 [14.95]	61,200 [17.94]	71,400 [20.93]
HIGH ALTITUDE OUTPUT AT 8000' (HIGH FIRE) [kW] ②	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]
HIGH COOLING CFM @ .8" [.124 kPa] W.C. E.S.P. [L/s]	A = 1200	A = 1600	A = 2000	A = 2000
	B = 1000	B = 1400	B = 1600	B = 1600
	C = 800	C = 1200	C = 1400	C = 1400
	D = 600	D = 1000	D = 1200	D = 1200
LOW COOLING CFM @ .8" [.124 kPa] W.C. E.S.P. [L/s]	A = 900	A = 1200	A = 1500	A = 1500
	B = 750	B = 1050	B = 1200	B = 1200
	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	15 3/4 x 25 x 1	19 1/4 x 25 x 1	22 3/4 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.

② 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.

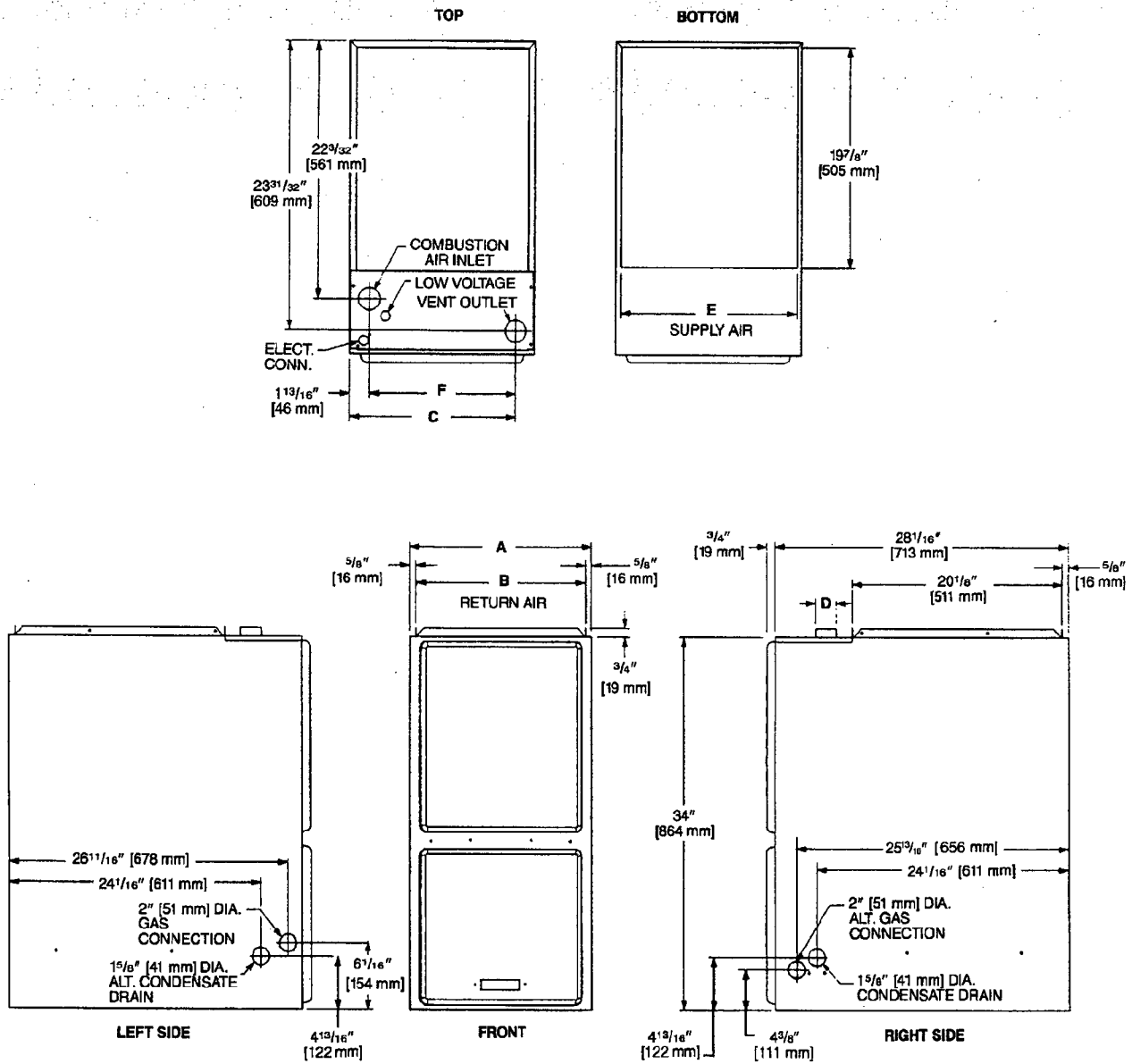
[] Designates Metric Conversions

MODEL IDENTIFICATION

R	G	T	M	—	07E*	R	B	G	S	278
Rheem	Gas Furnace	Downflow/ Horizontal Condensing Gas Furnace	Design Series		Heating Input Designation	Blower Size	Variations	Heat/Cool Designation	Fuel Code	Option Code for High Altitude
						M = 11 x 7 [279 x 178 mm]	A = Std. B = Wide	E = 1100-1300 CFM [519-613.5 L/s]	S = U.S. and Canadian	
						R = 11 x 10 [279 x 254 mm]		G = 1500-1700 CFM [707.9-802.3 L/s]		
						Z = 12 x 11 [305 x 279 mm]		J = 1900-2100 CFM [896.7-991.1 L/s]		
			Electric Ignition		Input BTU/HR				Available Models:	
			04*		45,000 [13.19 kW]				RGTM-06EMAES	RGTM-09EZAJS278
			06*		60,000 [17.58 kW]				RGTM-07NRBGS	RGTM-10ERJS
			07*		75,000 [22 kW]				RGTM-09EZAJS	RGTM-10NERJS
			09*		90,000 [26.38 kW]				RGTM-09NZAJS	
			10*		105,000 [30.77 kW]					
			12*		120,000 [35.17 kW]					
			NOTES: *E = Standard							
			*N = NO _x Models							

[] Designates Metric Conversions

DOWNFLOW MODELS

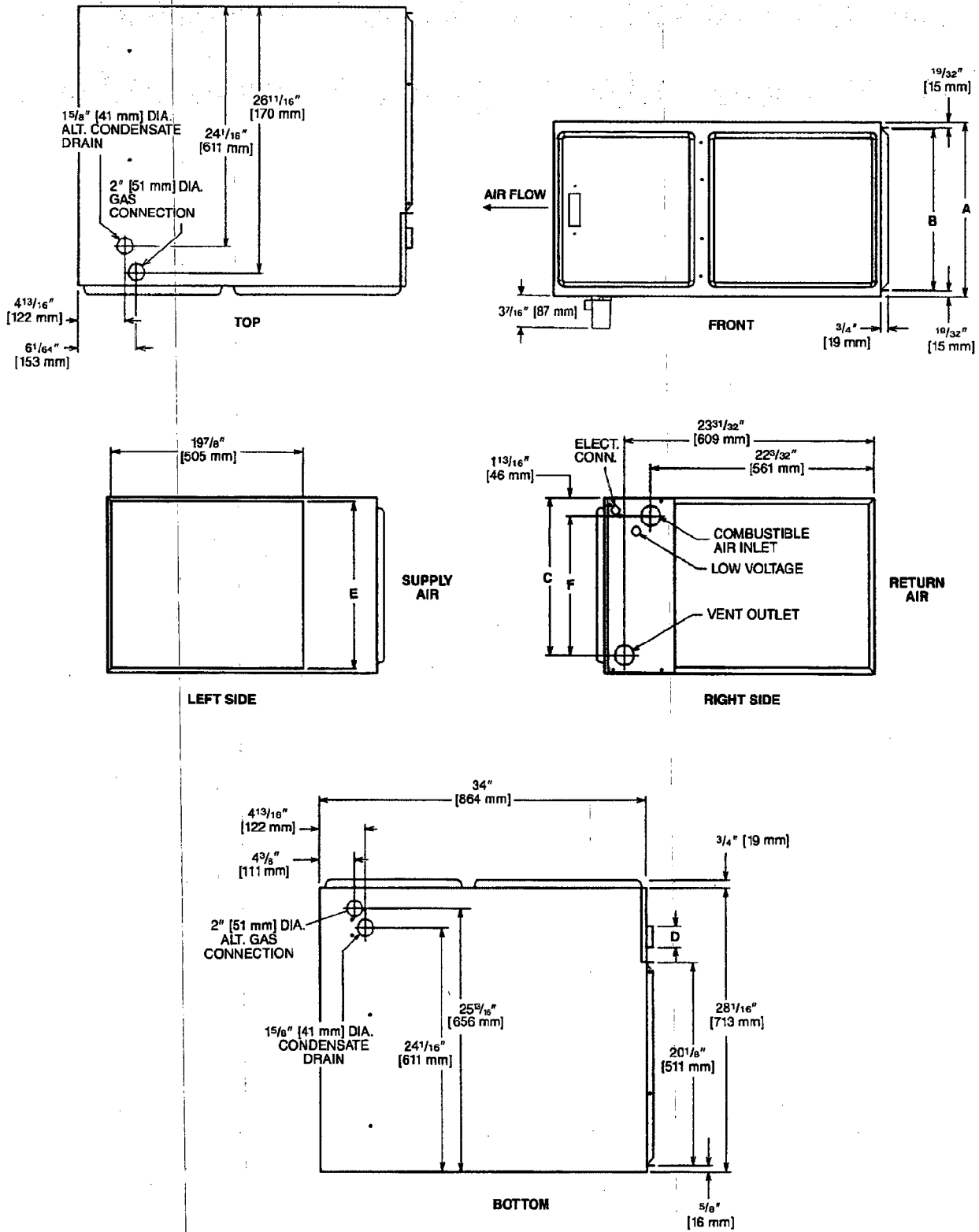


MODEL RGTM-	A	B	C	D	E	F	LEFT SIDE	MINIMUM CLEARANCE (IN.) [mm]					SHIP WGTS. [kg]
								RIGHT SIDE	BACK	TOP	FRONT	VENT	
06	17 ¹ / ₂ [445]	16 ¹¹ / ₃₂ [415]	15 ⁵ / ₈ [397]	2 [51]	16 ⁵ / ₈ [422]	13 ⁷ / ₈ [352]	0	0	0	1 [25]	2 [51]	0	123 [56]
07	21 [533]	19 ²⁷ / ₃₂ [504]	19 ³ / ₁₆ [486]	2 [51]	20 ¹ / ₈ [511]	17 ³ / ₈ [441]	0	0	0	1 [25]	2 [51]	0	123 [56]
09	21 [533]	19 ²⁷ / ₃₂ [504]	19 ³ / ₁₆ [486]	2 [51]	20 ¹ / ₈ [511]	17 ³ / ₈ [441]	0	0	0	1 [25]	2 [51]	0	148 [67]
10	24 ¹ / ₂ [621]	23 ¹¹ / ₃₂ [593]	22 ⁵ / ₈ [575]	2 [51]	23 ⁵ / ₈ [600]	20 ⁷ / 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	1200 [566]
			MED-HI	1000 [472]
			MED	800 [378]
			LOW	600 [283]
RGTM-07*R	11 x 10 [279 x 254]	3/4 [559]	HIGH	1600 [755]
			MED-HI	1400 [661]
			MED	1200 [566]
			LOW	1000 [472]
RGTM-09*Z	12 x 11 [305 x 279]	1 [746]	HIGH	2000 [944]
			MED-HI	1600 [755]
			MED	1400 [661]
			LOW	1200 [566]
RGTM-10*R	11 x 10 [279 x 254]	1 [746]	HIGH	2000 [944]
			MED-HI	1600 [755]
			MED	1400 [661]
			LOW	1200 [566]

*E=Standard
*N=NO_x Models

NOTE: CFM values represent furnace-only airflow ratings.

[] 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

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

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

PLENUM DATA FOR "A" COILS

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

FURNACE WIDTH IN. [mm]	PLENUM WIDTH IN. [mm]	PLENUM ADAPTER UPFLOW	COIL PLENUM
14 [356]	16 ¹ / ₄ [413]	RXAA-C171	RXAL-B16BU
14 [356]	20 ¹ / ₄ [514]	RXAA-C172	RXAL-B20BU
17 ¹ / ₂ [445]	16 ¹ / ₄ [413]	RXAA-C185	RXAL-B16BU
17 ¹ / ₂ [445]	20 ¹ / ₄ [514]	RXAA-C173	RXAL-B20BU
17 ¹ / ₂ [445]	21 ⁵ / ₈ [549]	RXAA-C187	RXAL-B21BU
17 ¹ / ₂ [445]	25 ¹ / ₄ [641]	RXAA-C174	RXAL-B25BU
21 [533]	25 ¹ / ₄ [641]	RXAA-C175	RXAL-B25BU
21 [533]	22 ¹ / ₄ [565]	RXAA-C176	RXAL-B22BU
21 [533]	21 ⁵ / ₈ [549]	RXAA-C188	RXAL-B21BU
24 ¹ / ₂ [622]	25 ¹ / ₄ [641]	RXAA-C177	RXAL-B25BU
24 ¹ / ₂ [622]	21 ⁵ / ₈ [549]	RXAA-C187	RXAL-B21BU

Note: 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

FILTER RACK FILTER SIZES* INCHES [mm]		
MODEL RGTM-	RXGF-CB (BOTTOM)	RXGF-CA (SIDE)
06	15 ³ / ₄ x 25 [400 x 635]	15 ³ / ₄ x 25 [400 x 635]
07ER 07NR	19 ¹ / ₄ x 25 [489 x 635]	15 ³ / ₄ x 25 [400 x 635]
09	19 ¹ / 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



"In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice."

CONDENSING UNITS



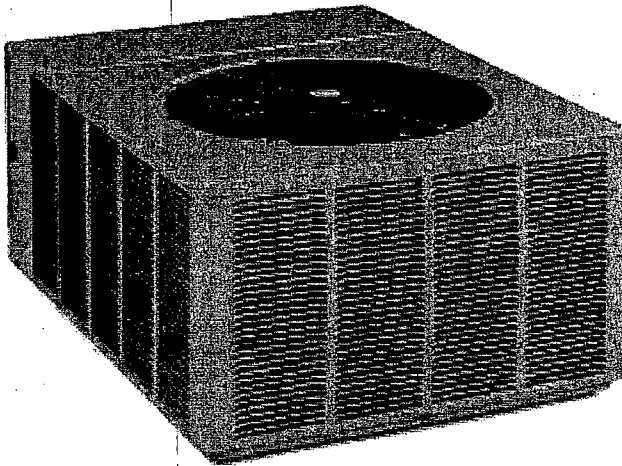
Rheem
Classic[®]
S E R I E S

RAPM- JAZ ~~R-410A~~

14.5 SEER Models
Efficiencies up to 16.00 SEER
Nominal Sizes 1 1/2 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]

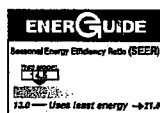


The Rheem *Classic*[®] Series High Efficiency RAPM- Condensing Units were designed with performance in mind. These units offer comfort, energy conservation and dependability for single, multi-family and light commercial applications.

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.

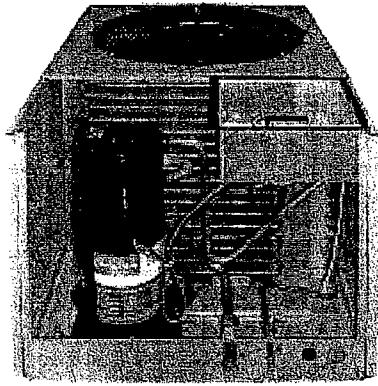
The Rheem *Classic*[®] Series RAPM- Condensing Units are the result of an ongoing development program for improved efficiencies. These units are flexible enough to achieve up to 16.00 SEER in specific match-ups, continuing a tradition of high efficiency.

- 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.

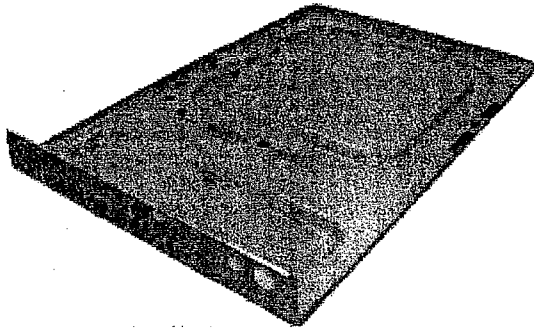


IN CERTAIN MATCHED SYSTEMS

"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/>>."



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.
4. 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.
12. 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

<u>R</u>	<u>A</u>	<u>P</u>	<u>M</u>	<u>—</u>	<u>018</u>	<u>J</u>	<u>A</u>	<u>Z</u>
RHEEM	REMOTE CONDENSING UNIT	P = 14 SEER	DESIGN SERIES		COOLING CAPACITY	ELECTRICAL DESIGNATION	VARIATIONS	COOLING CONNECTION FITTING
			M = R-410A (2ND DESIGN SERIES)		018 = 18,000 BTU/HR [5.28 kW] 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 = 208/230V-1-60	A-SERIES = FULL-FEATURED	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

- **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®)

Brand	Unique Model Number Prefix	Descriptor (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
RHC	-	TST	101	GE	MS
RHC=Rheem		TST=Thermostat	100=Non-Programmable	GE=Gas/Oil/Electric	SS=Single-Stage MS=Multi-Stage
			200=Programmable	HP=Heat Pump	
			300=Deluxe Programmable	MD=Modulating Furnace	
			400=Special Applications/Programmable	DF=Dual Fuel	
			500=Communicating/Programmable	UN=Universal ACHP/GE CM=Communicating	

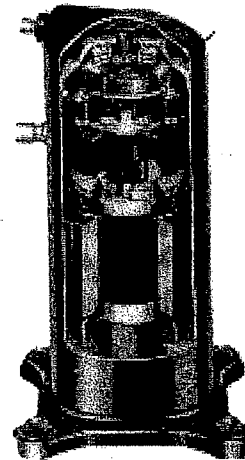
* Photos are representative. Actual models may vary.

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

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



Performance Data @ ARI Standard Conditions—Cooling: RAPM-

Outdoor Unit RAPM-	Model Numbers	80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air					Sound Rating dB	Indoor CFM [L/s]	
		Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER			
Rev. 1/21/2009	RCFL-H*2417A*+RXMD-C04 ①	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]	
	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?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.75	16.00	74	600 [283]	
	RCFL-A*2417B* (RGPR-05?BMK?)	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?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00	74	600 [283]	
	RCFL-A*2417B*+RXMD-C04	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]	
	RCFL-H*2414A*+RXMD-C04	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]	
	RCFL-H*2417A* (RGFD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.50	16.00	74	600 [283]	
	RCFL-H*2417A* (RGFD-07?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.55	16.00	74	600 [283]	
	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 [4.2]	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]	
024JAZ		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]
	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]	
	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?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.70	15.50	73	800 [378]	
	RCFL-H*2417A* (RGGD-07?MCK?)	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 procedures.

[] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling: RAPM- (continued)

Outdoor Unit RAPM-	Model Numbers Indoor Coil and/or Air Handler	80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating dB	Indoor CFM [L/s]	
		Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER			
Rev. 1/21/2009	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]	
	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?)	27,400 [8.0]	19,000 [5.6]	8,400 [2.5]	12.25	13.50	73	1,000 [472]	
	RCHL-36A1 (RGFD-07?MCK?)	27,600 [8.1]	19,150 [5.6]	8,450 [2.5]	12.50	14.00	73	1,000 [472]	
	RCHL-36A1 (RGGD-06?MCK?)	27,600 [8.1]	19,150 [5.6]	8,450 [2.5]	12.65	14.00	73	1,000 [472]	
	RCHL-36A1 (RGGD-07?MCK?)	27,600 [8.1]	19,150 [5.6]	8,450 [2.5]	12.60	14.00	73	1,025 [484]	
	RCHL-36A1 (RGJD-06?MCK?)	27,600 [8.1]	19,150 [5.6]	8,450 [2.5]	12.65	14.00	73	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	1,025 [484]	
	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]	
	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]	
	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]	
	030JAZ	RCFL-H*3617A*+RXMD-C04	35,400 [10.4]	23,800 [7.0]	11,600 [3.4]	12.20	14.50	76	1,050 [495]
		RCFL-A*3617B* (RGFD-07?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.60	15.00	76	1,000 [472]
		RCFL-A*3617B* (RGGD-06?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.65	15.00	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	1,025 [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]	
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]	
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]	12.65	15.00	76	1,000 [472]	
RCFL-H*3621A* (RGFD-09?ZCM?)		36,200 [10.6]	24,900 [7.3]	11,300 [3.3]	12.80	15.00	76	1,150 [543]	
RCFL-H*3621A* (RGFD-10?ZCM?)		36,400 [10.7]	25,250 [7.4]	11,150 [3.3]	12.60	15.00	76	1,175 [554]	
RCFL-H*3621A* (RGGD-06?MCK?)		35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.70	15.00	76	1,000 [472]	
RCFL-H*3621A* (RGGD-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* (RGGD-09?ZCM?)		36,400 [10.7]	25,250 [7.4]	11,150 [3.3]	12.80	15.00	76	1,175 [554]	
RCFL-H*3621A* (RGGD-10?ZCM?)		36,400 [10.7]	25,200 [7.4]	11,200 [3.3]	12.85	15.00	76	1,175 [554]	

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

[] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling: RAPM- (continued)

Outdoor Unit RAPM-	Model Numbers	80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating dB	Indoor CFM [L/s]
		Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
	Indoor Coil and/or Air Handler							
Rev. 2/9/2009	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]
	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-09?ZCM?)	36,400 [10.7]	25,250 [7.4]	11,150 [3.3]	12.80	15.00	76	1,175 [554]
	RCFL-H*3621A* (RGJD-10?ZCM?)	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-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* (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]
	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]
	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-12?ARM?)	35,800 [10.5]	24,550 [7.2]	11,250 [3.3]	12.85	15.00	76	1,250 [590]
	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]
	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]
	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]
	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	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-10?BRM?)	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]	
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]	
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-10?BRM?)	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-09?ZCM?)	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]	
RCFL-H*4821A* (RGGD-09?ZCM?)	39,500 [11.6]	27,000 [7.9]	12,500 [3.7]	12.85	15.00	76	1,175 [554]	

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

[] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling: RAPM- (continued)

Outdoor Unit RAPM-	Model Numbers Indoor Coil and/or Air Handler	80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating dB	Indoor CFM [L/s]
		Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
Rev. 1/21/2009	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]
	RCFL-H*4821A* (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*4821A* (RGJ-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	15.50	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-09?ZCM?)	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-09?ZCM?)	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-09?ZCM?)	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?BRQ?)	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]
	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]
	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]
	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]	
RCQD-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]	
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]	
RCQD-4824A* (RGJD-10?ZCM?)	40,000 [11.7]	27,600 [8.1]	12,400 [3.6]	12.80	15.00	76	1,175 [554]	

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

[] Designates Metric Conversions

Performance Data @ ARI Standard Conditions—Cooling: RAPM- (continued)

Outdoor Unit RAPM-	Model Numbers Indoor Coil and/or Air Handler	80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating dB	Indoor CFM [L/s]
		Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
Rev. 1/21/2009 042JAZ	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]
	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]
	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]
	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]
048JAZ	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-07?BRQ?)	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]
	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 (RGFD-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]
	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]
	060JAZ	RCFL-H*6024A*+RXMD-C04 ☉	60,500 [17.7]	41,650 [12.2]	18,850 [5.5]	12.65	14.50	76
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]
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]
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]
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]	

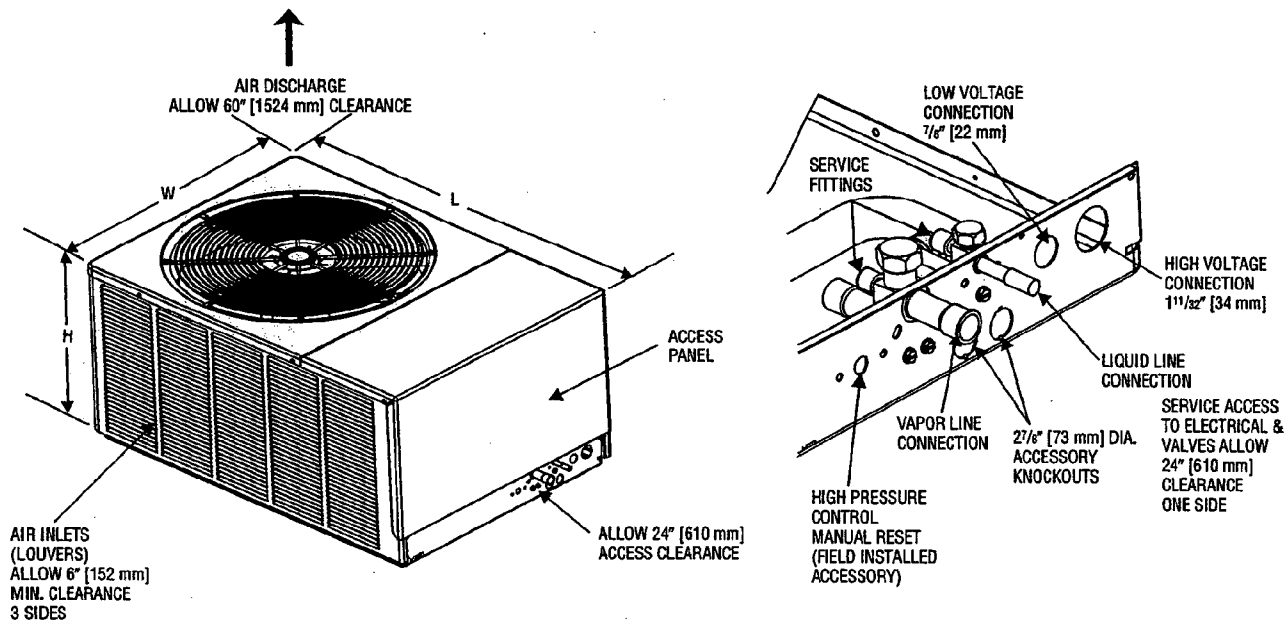
☉ Highest sales volume tested combination required by D.O.E. test procedures.

[] Designates Metric Conversions

Electrical and Physical Data: RAPM-

Model No. RAPM-	ELECTRICAL							PHYSICAL					
	Phase Hertz Volts	Compr. RLA	Compr. LRA	Fan Motor FLA	Min. Circuit Ampacity Amps	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. [g]	Weight	
						Min. Amps	Max. Amps	Face Area Sq. Ft. [m ²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 1/21/2009													
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]	40 1/2 [1029]	27 5/8 [702]
024/030	29 [737]	44 3/8 [1127]	31 1/2 [800]
036/042/ 048/060	33 [838]	44 3/8 [1127]	31 1/2 [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.

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	Line Size Connection (Inch I.D.)	Line Size (Inch O.D.) [mm]	Liquid Line Size – Outdoor Unit Above Indoor Coil (Cooling Only – Does not apply to Heat Pumps)						Liquid Line Size – Outdoor Unit Below Indoor Coil					
			Total Equivalent Length—Feet [m]						Total Equivalent Length—Feet [m]					
			25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]	25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
			Minimum Vertical Separation—Feet [m]						Maximum Vertical Separation—Feet [m]					
1 1/2 Ton	3/8"	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
		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]
2 Ton	3/8"	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
		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]
2 1/2 Ton	3/8"	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	N/A
		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	25 [7.62]	50 [15.24]	68 [20.73]	65 [19.81]	62 [18.90]	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
		3/8* [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]
3 1/2 Ton	3/8"	5/16 [7.94]	0	0	0	16 [4.88]	35 [10.67]	54 [16.46]	25 [7.62]	23 [7.01]	4 [1.22]	N/A	N/A	N/A
		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]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	55 [16.76]	53 [16.15]	52 [15.85]
5 Ton	3/8"	3/8* [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	44 [13.41]	32 [9.75]	20 [6.10]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	81 [24.69]	79 [24.08]	76 [23.16]

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

Suction Line Length/Size versus Capacity Multiplier (R-410A)								
Unit Size	1 1/2 Ton	2 Ton	2 1/2 Ton	3 Ton	3 1/2 Ton	4 Ton	5 Ton	
Suction Line Connection Size	3/4" [19.05 mm] I.D.			7/8" [22.23 mm] I.D.				
Suction Line Run—Feet [m]	5/8" [15.88 mm] O.D. Opt. 3/4" [19.05 mm] 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.		3/4" [19.05 mm] O.D. Opt. 7/8" [22.23 mm] O.D. Std.*		7/8" [22.23 mm] O.D. Opt. 1 1/8" [28.58 mm] O.D. Std.*	
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



"In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice."

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A FULLY INTEGRATED
BACKGROUND AND UNREPEATABLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

T/A Brick Township Heating & Air Conditioning
Breton Woods Home Improvement, Inc.
Patrice Law
465 Brick Blvd
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/22/2010 TO 12/31/2011
VALID

13VH01918000
LICENSE REGISTRATION CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR



CONSTRUCTION PERMIT APPLICATION

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

C-14-002537

I. IDENTIFICATION

1. Proposed Work Site at: 583 North Lake Shore Drive Brick

2. Name of Owner in Fee: James & Hedeliza Coyle
 Tel. [redacted] e-mail [redacted]
 Address 503 North Lake Shore Drive Brick 08223

3. Ownership in Fee: Public _____ Private Municipality _____ Zip code _____

4. Principal Contractor: James Coyle Tel. [redacted]
 Address Same e-mail [redacted]

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer James Coyle Contact _____
 Address SAME e-mail _____
 Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun James Coyle
 Tel. [redacted] FAX: (____) _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>40</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review \$		
8. Subtotal		
9. State Permit Surcharge Fee	\$ <u>1</u>	
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>41</u>	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical					<u>6/18/14</u>	<u>TC</u>			
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

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

1. Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers/Standpipes

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

10. Swimming Pools, Spas and Hot Tubs

11. LPGas Tanks

12. Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 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)

Identification

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 Occupancy Load: 0
 Description of Work/Use: ELECTRICAL ALTERATIONS

Certificate Comments:

Certificate of Occupancy

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

Certificate of Approval

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

Certificate of Continued Occupancy

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

Temporary Certificate of Compliance

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

Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

Certificate of Compliance

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

Temporary Certificate of Occupancy

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

Construction Official

Fee: \$0.00
 Check Number: _____
 Collected By: _____



ELECTRICAL 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 426.20 Lot 1D Qualification Code _____

Work Site Location 583 North Lake Shore Drive

Brick NJ 08723

Owner In Fee: James & Hedeliza Coyle

Tel. _____

Address 583 N. Lake Shore Drive Brick 1 08723

Contractor: James Coyle street Homeowner municipality Tel. _____

Address Same e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 450.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Partial Under-slab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: 6/19/14 Approved by: TC

Joint Plan Review Required:

Bldg. Plumb. Fire. Elev.

SUBCODE APPROVAL/PERMIT

Date: 6/18/14

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CO 1/13/14 TEA

Date: 7/31/14

Approved by: _____

INSPECTIONS

Type: _____ Dates (Month/Day)

Rough 6/18/14 Failure _____ Approval Initial TC

Barrier-Free _____ Failure _____

Trench _____ Failure _____

Temp. Serv. _____ Failure _____

Constr. Serv. _____ Failure _____

TCO _____ Failure _____

Other _____ Failure _____

Service _____ Failure _____

Barrier-Free _____ Failure _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

QTY. SIZE ITEMS 3 ceiling fans & 1 bath exhaust. FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____
6/19/14
14-1868



CONSTRUCTION PERMIT

Date Issued 6/19/14
Control # C-14-002527
Permit # 14-1868

IDENTIFICATION Block: 446.20 Lot: 10 Qualifier _____
Work Site Location: 583 N. LAKE SHORE DR. Brick Township, NJ Contractor COYLE, JAMES G & HEDELIZA M
Address 583 N LAKE SHORE DR BRICK NJ 08723
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. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT
(Subchapter 8 only) | <input type="checkbox"/> OTHER |

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS

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

Estimated Cost of Work \$450

David Newman Jr Construction Official Date 6/18/14

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

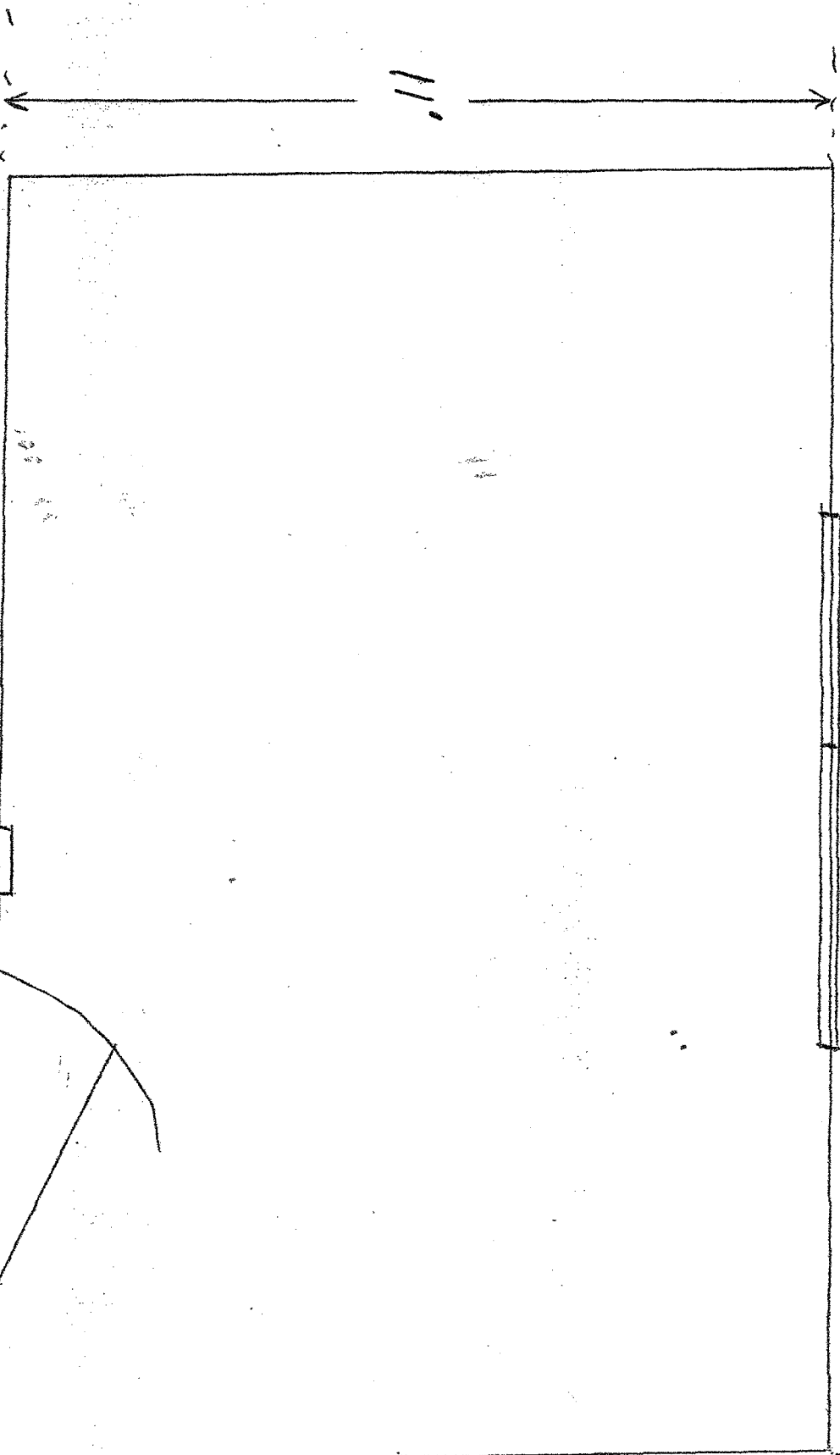
REQUIRED INSPECTIONS

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

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

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode. #1868
ELECTRIC \$40.00
CHECK \$1.00
\$41.00
 - Foundations and all walls up to grade level prior to back filling.
 - All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 - Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.
- Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.
- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.

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



Bedroom 1

TOWNSHIP OF BRICK
RELEASED FOR PERMIT

INITIAL DATE

Building Subcode _____

Fire Subcode _____

Electrical Subcode _____

Plan Reviewer _____

Plans Released _____

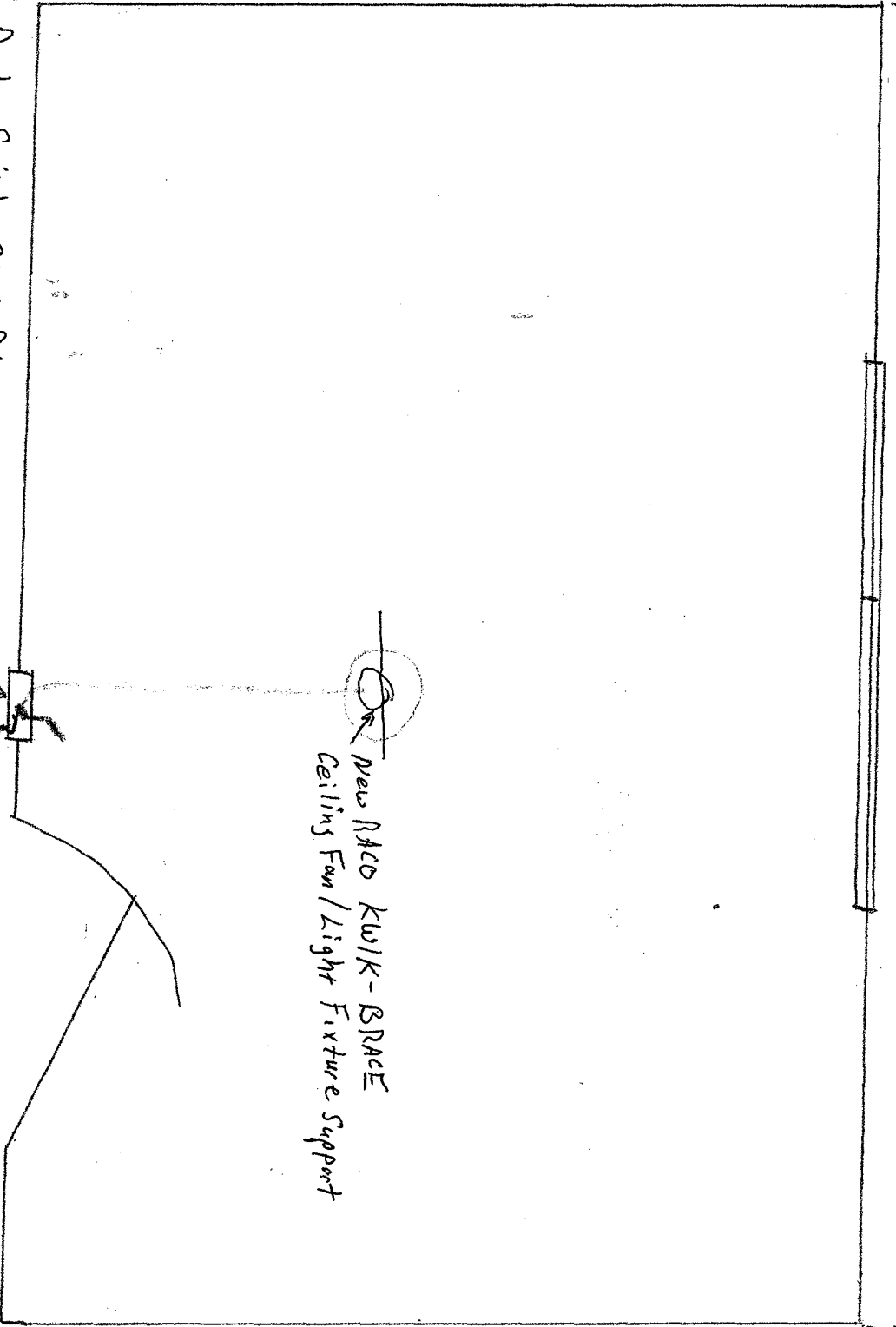
Construction Official _____

Existing Single Gang Box
 Existing Wiring

FILE COPY

Not to scale

Exterior 11'7"



Bedroom 1
Duplex Switch Single Pole
14-2 Romex Wire
Hampton Bay Middleton 42" Ceiling Fan
model: UE42WH-SHB

Existing wiring
Existing Single Gang Box

New NACO KWIK-BRACE
Ceiling Fan / Light Fixture Support

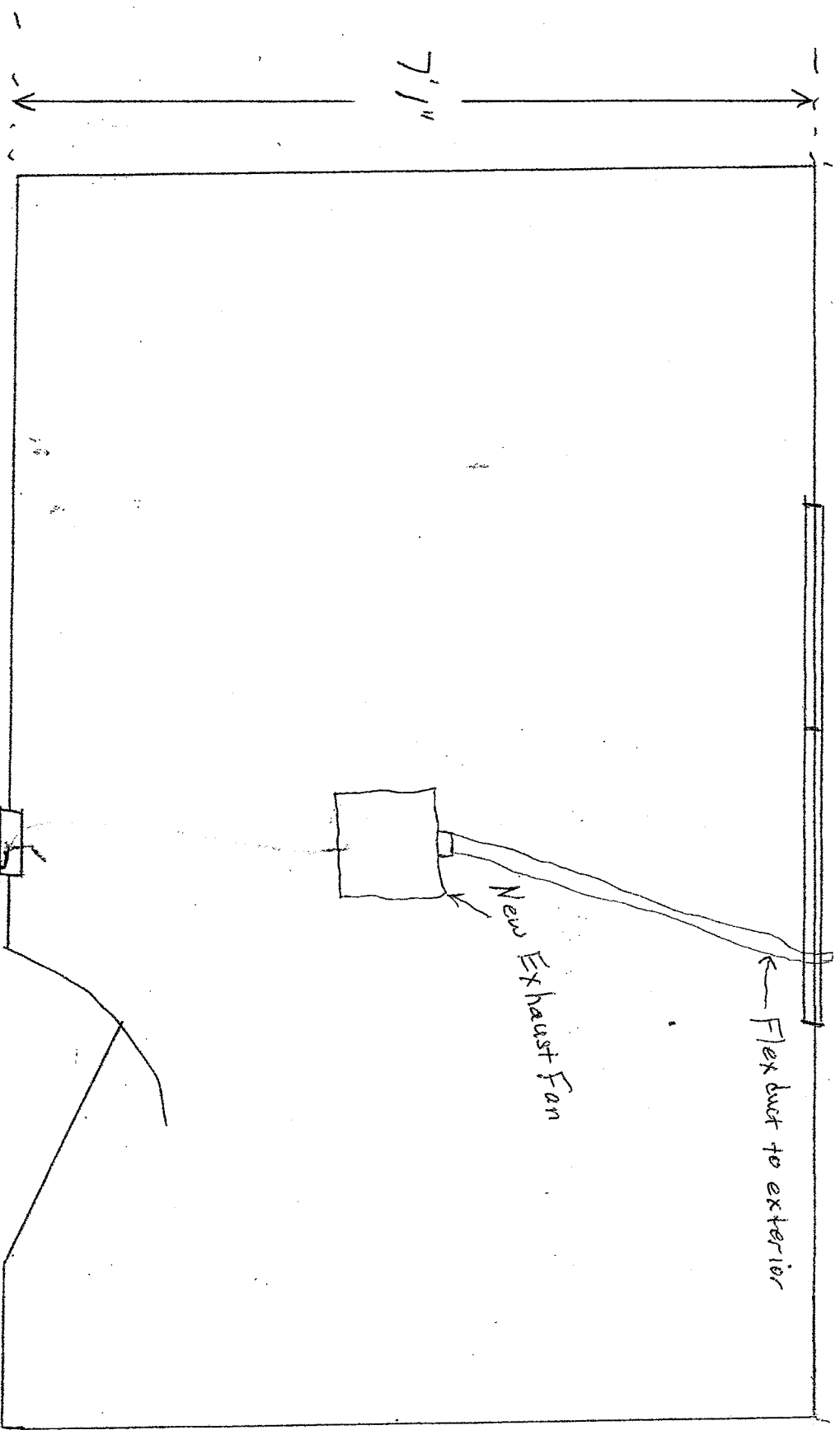
Not to scale

Bathroom

Exhaust Fan: Broan 4-SONE 70CFM
Model: 771

Duplex Switch Single Pole
14-2 Romex Wire

Existing wiring
Existing Single Gang Box



Exterior 7'2"

7'1"

not to scale

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. I further certify that I will perform or supervise the following work:

C.1. Building C.2. Fire Protection

I further certify that I will perform the following work:

C.3. Electrical C.4. Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 *[Signature]* Date 6/13/14

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 A-9550

Construction Permit # A-9550

Mar. 2, 19 82

Owner Harry H. Bench

Location 583 N. Lake Shore Dr.

Lake Riviera

Block 446-D-20 Lot 10

Contractor Same

Fee \$ 7.50 ck. Use Shed

C

BUILDING SUB-CODE INSPECTIONS

Footing Trench

Slab

Foundation

Framing

Insulation

Final 3-21-82 R.M.

C. O. Issued

VIOLATIONS

PLUMBING SUB-CODE INSPECTIONS

Slab

Rough

Septic/Sewer

Water

Final

Electrical Final

Use reverse side for additional remarks

MAR 1 1982 CONSTRUCTION PERMIT APPLICATION
 BRICK TOWNSHIP, NEW JERSEY
BUILDING

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and street: *583 N. Lake Shore Dr* Section: *Lakeview* Lot: *10* Block: *446020*

N S N S

E W side of feet E W from intersection of

(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1 New buildings
 2 Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
 3 Alteration (See 2 above)
 4 Repair, replacement
 5 Demolition
 6 Moving (relocation)
 7 Garage
 Swim Pool In out
 Fence

B. OWNERSHIP

8 Private (Individual, corporation, nonprofit institution, etc.)
 9 Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential

12 One family
 13 Two or more family — Enter number of units
 14 Transient hotel, motel, or dormitory — Enter number of units
 15 Garage
 16 Carport
 17 Other — Specify

Nonresidential

18 Amusement, recreational
 19 Church, other religious
 20 Industrial
 21 Parking garage
 22 Service station, repair garage
 23 Hospital, institutional
 24 Office, bank, professional
 25 Public utility
 26 School, library, other educational
 27 Stores, mercantile
 28 Tanks, towers
 29 Other - Specify

Garden Shed

C. COST

10. Cost of Improvement \$ *185.00*

To be installed but not included in the above cost

a. Electrical (# Fixtures, Outlets)

b. Plumbing (# of Fixtures)

c. Heating, air conditioning

d. Other (elevator, etc.)

11. TOTAL COST OF IMPROVEMENT \$ *185.00*

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p><input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other - Specify</p>	<p>H. DIMENSIONS</p> <p>Number of stories</p> <p>Total square feet of floor area, all floors, based on exterior dimensions</p> <p>Total land area, sq. ft.</p>	<p>FEE COMPUTATIONS</p> <p>VOLUME OF BUILDING</p> <p>BUILDING SUB CODE</p> <p>ELECTRICAL CODE</p> <p>PLUMBING CODE</p> <p>PLAN REVIEW</p> <p>CERTIFICATE OF OCCUPANCY</p> <p>STATE TRAINING FUND</p> <p>CONSTRUCTION</p> <p>PERMIT FEE <i>7.50</i></p>
<p>F. TYPE OF HEATING SYSTEM</p> <p>Specify</p> <p>Air Cond. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>I. RESIDENTIAL BUILDING ONLY</p> <p>Number of bedrooms</p> <p>Number of bathrooms { Full Partial</p>	
<p>G. TYPE OF SEWERAGE DISPOSAL</p> <p><input type="checkbox"/> Public <input type="checkbox"/> Individual</p>		

A-9550 *ck.*

SUB CONTRACTORS				
NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME HARRY H. BENCH

ADDRESS 583 N. LAKE SHORE DR BRICK TOWN N.J.

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	<u>HARRY H. BENCH</u>	<u>583 N. LAKE SHORE DR BRICK TOWN</u>	<u>08773</u>	<u>477-4509</u>
2. Contractor	<u>same</u>			
3. Architects				

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant Harry H. Bench Address 583 N. Lake Shore Dr, Brick Town Application date 3/1/82

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by Fred Jerusalem Date permit issued 3/2/82 Permit Number A-9550

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

NOTICE TO COMPLY

DIVISION OF INSPECTIONS
TOWNSHIP OF BRICK

February 26, 1982

Date

TO: Harry & Elizabeth Bench 583 North Lake Shore Dr. Brick, N.J. 08723
NAME ADDRESS

OWNER/AGENT: SAME
NAME ADDRESS

ADDRESS OF VIOLATION: Blk. 446D20 Lot 10

PERMIT IDENTIFICATION: No permit for shed

You are hereby notified that a violation of the "State Uniform Construction Act" P.L. 1975, C.217, as amended exists at the above named premises.

You have had sufficient time to obtain the necessary permit, and our records indicate you have not done so. It is requested you come into our office, 401 Chambersbridge Rd. and speak with the Director of Inspections regarding the above cited violation.

~~Chap. 5:23-2.5 (copy enclosed) You must come in to this office by~~
March 11, 1982 to obtain a permit.

You are hereby ordered to terminate these violation immediately after receipt of this notice. Failure to correct the above described violations within the time specified will result in the assessment of a \$500⁰⁰ penalty. This penalty will be cumulative and be assessed for each additional week that the violation exists, as if it were a separate offense.

The owner bears joint responsibility for bringing about compliance with the person to whom this order is directed.

Joseph A. [Signature]
Building Inspector

Edward [Signature]
Sub-Code Official

Arthur [Signature]
Construction Official

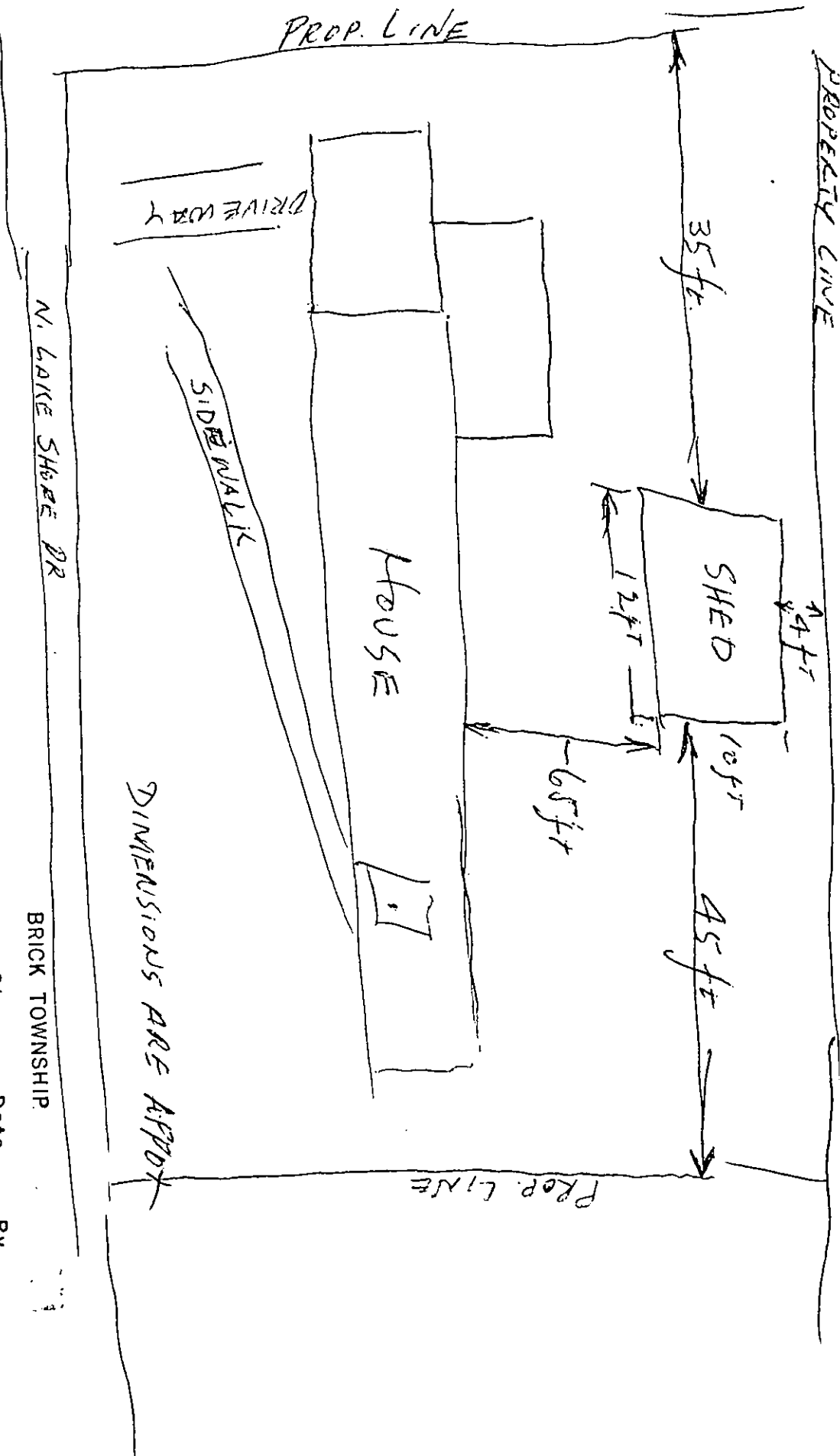
UNIFORM CONSTRUCTION CODE

5:23-2.5

CONSTRUCTION PERMITS.

(a) Rules concerning when permit is required are:

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



BRICK TOWNSHIP

Plan Review Class Date By
 Zoning sp/sr shul
 Plumbing _____
 Building _____
 Fire _____
 Energy _____
 Electrical _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 583 North Lakeshore Dr

2. Name of Owner in Fee: Thomas Davis Te [redacted]
 Address 583 N. Lakeshore Blvd
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: AAA Professional Roofing Tel. (732) 240-4133
 Address 40 Snyder Ave Toms River NJ 08753
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. [redacted] FAX: (____) _____

5. Architect or Engineer _____ Tel. (____) _____
 Address _____

6. Responsible Person in Charge of Work L. John Latham
 Tel. (732) 2404133 FAX (____) _____

pe [signature]

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>65</u>	Update	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>2</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>67</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input checked="" type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS	<u>2200.00</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. Partial Releases
 2. Prototype Processing

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

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

LDS BR 10503710

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. I further certify that I will perform or supervise the following work:

- C.1. Building
- C.2. Fire Protection

I further certify that I will perform the following work:

- C.3. Electrical
- C.4. Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

- Check if contractor.

Agent Name AAA Professional Roofing Svc TIA L. JOHN CAPHAM

Address 40 Snyder Ave Tompkinsville

Telephone (730) 2404133

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UDC NEW JERSEY
CONSTRUCTION
PERMITE

Date Issued 08/08/2002
Control #
Permit # 02-3003

IDENTIFICATION Block 446.02 Lot 10

Work Site Location 583 N LAKESHORE DR
ROOF
Owner In Fee DAVIS
Address SAME
881CK, NJ 08723-
Telephone
Contractor AAA PROFESSIONAL ROOFING
Address 40 SWYER AVE
TOMS RIVER, NJ 08723-
Telephone (732)240-4133
Lic. No. or Bldr. Reg. No.
Federal Exp. No.

Is hereby granted permission to perform the following work:
 BUILDING PLUMBING LEAD HAZARD ABATEMENT
 ELECTRICAL FIRE PROTECTION REMEDIATION
 ELEVATOR DEVICES ASBESTOS ABATEMENT OTHER
(Subchapter 8 only)

PERMITS (Office Use Only)
Building 65
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
BCA Training Fee 2
Cert. of Occupancy 0
Other
Total 67
Check No.
Cash
Collected By EMP

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

Estimated Cost of Work \$ 2,800

[Signature]
Construction Official 08/08/2002

U.C.C. F170 (rev. 3/76)

Date

08/08/02 9:25AM 00000003896
*06 SERV.006

HC23003 \$65.00
BUILDING \$2.00
OCA \$-57.00
TOTAL \$67.00
CASH \$0.00
CHANGE \$0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/08/2002
Date Issued 08/08/2002
Control #
Permit # 02-3003

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1000
Block 446-02 Lot 10 Gual _____
Work Site Location 583 N LAKESHORE DR
ROOF

Owner in Fee DAVIS
Address SAME
BRICK, NJ 08723-
Tele _____
Contractor AAA PROFESSIONAL ROOFING
Address 40 SNYDER AVE
TOMS RIVER, NJ 08753-
Tele (732)240-4133 Fax ()
Lic. No. of Bldrs. Reg. No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/> No Plans Req.			Type				
<input type="checkbox"/> All			Footings				
<input type="checkbox"/> Footing			Foundation				
<input type="checkbox"/> Foundation			Slab				
<input type="checkbox"/> Frame			Frame				
<input type="checkbox"/> Other			BarrierFree				
Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elect			Finishes				
<input type="checkbox"/> P/ueb			Energy				
SUBCODE APPROVAL			Mechanical				
<input type="checkbox"/> CD			TCR				
Date: <u>6-12-02</u>			Other				
Approved By: <u>[Signature]</u>			Final				
			BarrierFree				

TYPE OF WORK

<input type="checkbox"/> New Building	FEE (Office Use Only)	\$	0
<input type="checkbox"/> Addition		\$	0
<input checked="" type="checkbox"/> Alteration		\$	65
<input type="checkbox"/> Roofing		\$	0
<input type="checkbox"/> Siding		\$	0
<input type="checkbox"/> Fence	Height (exceeds 6')	\$	0
<input type="checkbox"/> Sign	Sq. Ft.	\$	0
<input type="checkbox"/> Pool		\$	0
<input type="checkbox"/> Asbestos Abatement Subchapter B		\$	0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17		\$	0
<input type="checkbox"/> Other		\$	0
Other		\$	0
<input type="checkbox"/> Demolition		\$	0

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories	0	0		2. Alteration \$ 2,200
Height of Structure	0 Ft.	0 Ft.		3. Total (1+2) \$ 2,200
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.		Industrialized Building:
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.		<input type="checkbox"/> State Approved
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.		<input type="checkbox"/> HUD
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.		

Administrative Surcharge \$ 0
 Paid (X) Check # Cash \$ 0
 Collected by: ERP \$ 0
 DCA Training Fee \$ 2
 TOTAL FEE \$ 65

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 583 N. Lakeshore DR

Block: 446.2 Lot: 10

Owner's Name: Thomas DAVIS

Owner's Mailing Address: 583 N. Lakeshore

Phone: 

BUILDING


Contractor: AAA Professional Roofing, Inc

Address: 40 WYDE AVE

TOWNSHIP

Phone#: 732 240432

Lis # _____

Federal Emp # or S 

Technical Data

Description of Work:

Re-roof

Type of Work

- | | |
|---|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Pool |
| <input checked="" type="checkbox"/> Roofing | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> Sign _____ sq ft |

Building Characteristics

Use Group Present: _____ Proposed: _____

No of Stories: _____

Height of Structure: _____

Area of the largest floor: _____

Area of New Structure: _____

Volume of New Structure: _____

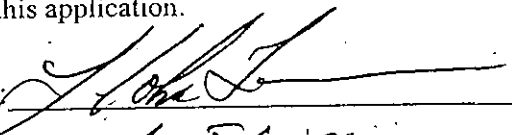
Total Land Disturbed: _____

Cost of Alteration: \$ 2200.00

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: 

Please Print Name Thomas DAVIS

ELECTRICAL

Contractor: _____

Address: _____

Phone#: _____

Lis #: _____

Federal Emp # or SSN _____

Technical Data

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

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

R/S



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 583 N. Lake Shore Dr.

2. Name of Owner in Fee: James Hadaliza Coyle
 Tel. _____ e-mail _____
 Address 583 N. Lake Shore Dr. Brick 08723
street municipality zip code

3. Ownership in Fee: Public Private _____

4. Principal Contractor: Same Tel. (____) _____
 Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun Same as above
 Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>50</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$ <u>1</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other	\$ <u>51</u>	
13. TOTAL	\$ <u>51</u>	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input checked="" type="checkbox"/> Building	<u>\$500⁰⁰</u>								
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST	<u>\$500⁰⁰</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? No

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes.

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

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

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.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.3. () Electrical
- C.4. () Plumbing

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

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

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

Signature *Jim Coyle* 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.

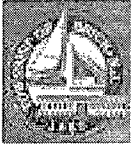
Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

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 Occupancy Load: 0

Description of Work/Use: NEW ROOF

Certificate Comments:

Certificate of Occupancy

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

Certificate of Approval

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

Certificate of Continued Occupancy

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

Temporary Certificate of Compliance

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

Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

Certificate of Compliance

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

Temporary Certificate of Occupancy

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

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



CONSTRUCTION PERMIT

Date Issued 09/15/2009
 Control # C-09-003290
 Permit # 09-2235

IDENTIFICATION Block: 446.20 Lot: 10 Qualifier _____
 Work Site Location: 583 N. LAKE SHORE DR. Brick Township, NJ Contractor COYLE, JAMES G & HEDELIZA M
 Address 583 N LAKE SHORE DR BRICK NJ 08723
 Owner in Fee COYLE, JAMES G & HEDELIZA M Telephone: _____
583 N LAKE SHORE DR BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. _____
 Telephone: _____ Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW ROOF

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

Estimated Cost of Work \$500

 Construction Official Date

U.C.C. F170
equiv (rev 8/03)

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

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$51
Check No.	999
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

REQUIRED INSPECTIONS

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

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

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

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

- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.

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



BUILDING 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 446.20 Lot 1D Qualification Code _____
Work Site Location BRICK NJ 08723

Owner [Redacted] e-mail _____

Address 583 N. LAKESIDE DR BRICK NJ 08723

Contractor: Home Owner Municipality _____ Tel. (732) 262-1571 ZIP code _____
Address N/A e-mail grampycoyle@yahoo.com

Contractor License No. or Builder Registration No. N/A Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required			Footling				
<input type="checkbox"/> All			Footling Bonding				
<input type="checkbox"/> Footings/Foundations			Foundation				
<input type="checkbox"/> Structural/Framework			Slab				
<input type="checkbox"/> Exterior			Frame				
<input type="checkbox"/> Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation				
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer				
Date:			Finishes -Final				
Approved by:			Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ 500
3. Total (1+ 2) \$ _____

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 _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

09-26-35
9-15-09

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

re roofing over family room

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

	FEE (Office Use Only)
Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	<u>51</u>



BUILDING SUBCODE TECHNICAL SECTION



Date Received **09-22-35**
Control #
Date Issued **9-15-09**
Permit #

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 1D Qualification Code _____
Work Site Location BRICK NJ 08723

Owner in Esc. COYLE

Tel. _____ e-mail _____
Address 583 N. LAKE SHORE DR BRICK NJ 08723

Contractor: HOME OWNER Municipally Tel. (732) 262-1571 Zip code
Address N/A e-mail gimpycoyle@yahoo.com

Contractor License No. or Builder Registration No. N/A Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required		Footing			
<input type="checkbox"/> All		Footing Bonding			
<input type="checkbox"/> Footings/Foundation		Foundation			
<input type="checkbox"/> Structural/Framework		Slab			
<input type="checkbox"/> Exterior		Frame			
<input type="checkbox"/> Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Insulation			
SUBCODE APPROVAL FOR PERMIT		Finishes -Base Layer			
Date:		Finishes -Final			
Approved by:		Energy			
SUBCODE APPROVAL FOR CERTIFICATE		Mechanical			
<input type="checkbox"/> CO <input type="checkbox"/> CCC		TCO			
Date:		Other			
Approved by:		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
re roofing over family room
New WC

TYPE OF WORK:	Height (exceeds 6') Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building		
<input type="checkbox"/> Addition		
<input type="checkbox"/> Rehabilitation		
<input checked="" type="checkbox"/> Roofing		
<input type="checkbox"/> Siding		
<input type="checkbox"/> Fence		
<input type="checkbox"/> Sign		
<input type="checkbox"/> Pool		
<input type="checkbox"/> Retaining Wall		
<input type="checkbox"/> Asbestos Abatement Subchapter 8		
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17		
<input type="checkbox"/> Radon Remediation		
<input type="checkbox"/> Other		
<input type="checkbox"/> Demolition		

Administrative Surcharge \$ 50
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 57

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

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 08723

Block: 446.20 Lot: 10

Contractor: HOME OWNER

Contractor's Address: N/A

Type of Construction (minor new home): _____

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

Party responsible for removal: GOT TRASH REMOVAL

Dumpster size: NOT KNOWN

Destination of debris: UNKNOWN

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

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


Signature

9.15.09
Date

James G Coyle Jr.
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 08723

Block: 446.20 Lot: 10

Contractor: N/A (

Contractor's Address: N/A

Type of Construction (minor, new home): minor

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

Party responsible for removal: GOT TRASH REMOVAL

Dumpster size: NOT KNOWN

Destination of debris: UNKNOWN

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

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


Signature

9.15.09
Date

James B Coyle Jr.
Print Name



BUILDING 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 447-20 Lot 10 Qualification Code _____
Work Site Location 33 N. LITTLEFIELD BLVD

Owner in Fee: CCNY
Tel: _____ e-mail: _____

Address 33 N. LITTLEFIELD BLVD P.O. Box 1 ZIP code 07030
City NEW JERSEY Municipality PRICK

Contractor: HERTZ Tel: (972) 662-1511 e-mail: herz@herz.com
Address 1111

Contractor License No. or Builder Registration No. NJ/11 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Type:				
<input type="checkbox"/> All			Footings				
<input type="checkbox"/> Footings/Foundations			Footings Bonding				
<input type="checkbox"/> Structural/Framework			Foundation				
<input type="checkbox"/> Exterior			Slab				
<input type="checkbox"/> Interior			Frame				
<input type="checkbox"/> Truss Sys./Bracing			Barrier-Free				
Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes -Base Layer				
SUBCODE APPROVAL for PERMIT			Finishes -Final				
Date:			Energy				
Approved by:			Mechanical				
SUBCODE APPROVAL for CERTIFICATE			TCO				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Other				
Date:			Final				
Approved by:			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 500

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK _____

Date Received _____
Control # _____
Date Issued 09-15-09
Permit # _____

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building			
<input type="checkbox"/> Addition			
<input type="checkbox"/> Rehabilitation			
<input checked="" type="checkbox"/> Roofing			
<input type="checkbox"/> Siding			
<input type="checkbox"/> Fence			
<input type="checkbox"/> Sign			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Retaining Wall			
<input type="checkbox"/> Asbestos Abatement Subchapter 8			
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			
<input type="checkbox"/> Radon Remediation			
<input type="checkbox"/> Other			
<input type="checkbox"/> Demolition			

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

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

BLOCK 446.20 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 583 N. Lake Shore Drive PERMIT NO. 09-2665



CONSTRUCTION PERMIT APPLICATION

09-003725

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

IDENTIFICATION

1. Proposed Work Site at: 583 North Lake Shore Drive Brick

2. Name of Owner in Fee: James Coyle Tel. [Redacted]
 Address 583 North Lake Shore Dr. Brick NS 08723
street municipality zip code

3. Ownership in fee: Public _____ Private

4. Principal Contractor: James Coyle Tel. [Redacted]
 Address Same

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (____) _____

5. Architect or Engineer _____ Tel. (____) _____
 Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun James Coyle
 [Redacted]

10/10/09

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>	<input checked="" type="checkbox"/>	
2. Electrical	\$ _____	<input checked="" type="checkbox"/>	
3. Plumbing	\$ _____		
4. Fire Protection	\$ _____		
5. Elevator Devices	\$ _____		
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ <u>1</u>		
9. State Permit Fee Surcharge	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ <u>41</u>		
13. TOTAL	\$ <u>41</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
							Approval	Rejection	
1. <input type="checkbox"/> Minor Work		<u>YAS</u>	<u>10/9/09</u>		<u>10-15-09</u>	<u>JL</u>			
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> a. Repair									
<input type="checkbox"/> b. Alteration									
<input type="checkbox"/> c. Renovation									
<input type="checkbox"/> d. Reconstruction									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical					<u>11-4-9</u>	<u>ASB</u>			
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____
- No. of dwelling units:
 - Before Construction _____
 - After Construction _____
 - Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

- Partial Releases
- Prototype Processing

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

1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
2. <input type="checkbox"/> High Pressure Boilers	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	9. <input type="checkbox"/> Underground Storage Tanks
3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly	10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs
	7. <input type="checkbox"/> Sprinklers	

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. I further certify that I will perform or supervise the following work:

C.1. Building C.2. Fire Protection

I further certify that I will perform the following work:

C.3. Electrical C.4. Plumbing

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

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

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

Signature *Jim Coyle* Date _____

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

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

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

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

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

Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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



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

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: [REDACTED]
Contractor COYLE, JAMES G & HEDELIZA M
Address 583 N LAKE SHORE DR BRICK NJ 08723
Telephone: [REDACTED] 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 Occupancy Load: 0

Description of Work/Use: INTERIOR ALTERATION(S) REMOVE SHEETROCK FROM CEILING, CUT APORX 4' FROM 6 JOIST, FRAME IN A RECESSED AREA WITH TECO HANGERS. INSULATE, HANG DRYWALL SPACKLE & PAINT.

Certificate Comments:

Certificate of Occupancy

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

Certificate of Approval

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

Certificate of Continued Occupancy

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

Temporary Certificate of Compliance

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

Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

Certificate of Compliance

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

Temporary Certificate of Occupancy

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

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



PERMIT UPDATE

Date Update Issued 11/12/09
 Control # C-09003976
 Permit # 09-2665+A

IDENTIFICATION Block: 446.20 Lot: 10 Qualifier _____
 Work Site Location: 583 N. LAKE SHORE DR. Brick Township, NJ Contractor COYLE, JAMES G & HEDELIZA M
 Address 583 N LAKE SHORE DR BRICK NJ 08723
 Owner in Fee COYLE, JAMES G & HEDELIZA M
583 N LAKE SHORE DR BRICK NJ 08723 Telephone: _____
 Telephone: _____ Lic. No. or Bids. Reg. No. _____
 Federal Employee. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT
(Subchapter 8 only) | <input type="checkbox"/> OTHER |

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
 Estimated Cost of Work \$225

 Construction Official

 Date

U.C.C. F170
 equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

11/12/09 3:59PM 001550H4543
 ELECTRIC \$40.00
 XXXTOTAL \$40.00
 LASH \$40.00
 CHANGE \$0.00
 11/12/09 3:59PM 001550H4543
 \$40.00

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

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

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

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

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

UNIFORM CONSTRUCTION CODE CONSTRUCTION PERMIT

Date Issued 10/26/09
 Control # C-09-003725
 Permit # 09-2665

IDENTIFICATION Block: 446.20 Lot: 10 Qualifier _____
 Work Site Location: 583 N. LAKE SHORE DR. Brick Township, NJ Contractor COYLE, JAMES G & HEDELIZA M
 Address 583 N LAKE SHORE DR BRICK NJ 08723
 Owner in Fee COYLE, JAMES G & HEDELIZA M
583 N LAKE SHORE DR BRICK NJ 08723 Telephone: _____
 Telephone: _____ Lic. No. or Lic. Reg. No. _____
 Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR ALTERATION(S) REMOVE SHEETROCK FROM CEILING, CUT APORX 4' FROM 6 JOIST, FRAME IN A RECESSED AREA WITH TECO HANGERS. INSULATE, HANG DRYWALL SPACKLE & PAINT.

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

Estimated Cost of Work \$500

 Construction Official

Date 10/26/09

PAYMENTS (Office Use Only)	
Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	<u>1216</u>
Cash	\$0
Credit	\$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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

REQUIRED INSPECTIONS

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

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

10/26/09 4:07PM 0015584248
 001

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

BUILDING	\$40.00
DCA	\$1.00
Total	\$41.00

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

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

- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.

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



ELECTRICAL SUBCODE



up date

Date Received
Control #

09-26657H
11/12/09

Date Issued
Permit #

019-053976

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

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 _____
Work Site Location *583 North Lake Shore Drive*

Owner in Fee *James & Hadeliza Coyle*

Address *SA ME*

Tel *[REDACTED]*

Contractor *JAMES COYLE*

FAX *()*

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ *225.00*

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Failure	Failure	Initial
<i>NT</i> No Plans Required <i>11-4-09</i>	<i>11-4-09</i>	<i>JS</i>			<i>Approval</i>
Joint Plan Review Required:		Type:			
[] Building [] Plumbing		Rough			
[] Fire [] Elevator		Barrier-Free			
[] Elec. Plans Approved		Trench			
Date: _____		Temp. Serv.			
Approved by: _____		Constr. Serv.			
		TCO			
		Other			
		Service			
		Final			
		Barrier-Free			
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued			
[] ICO [] ICCO [] ICA		Final Cut-in-Card Date Issued			
Date: <i>1-19-10</i>		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding Certification			

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<i>7</i>		Lighting Fixtures
<i>5</i>		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 Over/Surface Unit	
KW Elec. Water Heater	
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 Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

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

Called 11/5/09



Brick Township
 401 Chambersbridge Rd
 Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 09-2665

Permit Number
 09-2665

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



**BUILDING 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 446.20 Lot 10 Qualification Code _____

Work Site Location 583 North Lake Shore Drive

Owner in Fee James + Helaliza Coyle

Address STME

Contractor SEIT

Address STME

Tel. (____) (____) (____) FAX (____) (____) (____)

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Type:				
<input checked="" type="checkbox"/> All	<u>10-15-04</u>	<u>TN</u>	Footing				
<input type="checkbox"/> Footing			Footing Bonding				
<input type="checkbox"/> Foundation			Foundation				
<input type="checkbox"/> Frame			Slab				
<input type="checkbox"/> Other			Frame		<u>11-30-04</u>		<u>IL</u>
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Joint Plan Review Required:				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator				
SUBCODE APPROVAL			Energy				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO		Mechanical				
Date:			TCO				
Approved by:	<u>[Signature]</u>		Other				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 5000

Date Received _____
Control # _____
Date Issued _____
Permit # _____

09-26405
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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove Sheetrock from ceiling. Cut out approximately 4' from six(6) joist, frame in a recessed area, with tee hangers. insulate. hang drywall speckle + paint.

TYPE OF WORK:

<input type="checkbox"/> New Building	Height (exceeds 6')
<input type="checkbox"/> Addition	Sq. Ft.
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence	
<input type="checkbox"/> Sign	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz. Abatement NJAC 5.17	
<input type="checkbox"/> Other	
<input type="checkbox"/> Demolition	

FEE (Office Use Only)

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

10/1/09 w -

By Find: chkr.

1) Penetrations in garage closed up From removal of
Old HVAC System



ELECTRICAL 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 446.20 Lot 10 Qualification Code _____
Work Site Location 583 North Lake Shore Drive
Brick NJ

Owner in Fee James & Helaliza Coyle

Address SAME

Contractor James Coyle

Address SAME

Tel () () FAX () ()

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 225.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
 No Plans Required 6-4-9 AB
 Joint Plan Review Required:
 Building Plumbing
 Fire Elevator
 Elec. Plans Approved
 Date: _____
 Approved by: _____

SUBCODE APPROVAL
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS Dates (Month/Day)
 Type: Failure Approval Initial
 Rough _____
 Barrier-Free _____
 Trench _____
 Temp. Serv. _____
 Constr. Serv. _____
 TCO _____
 Other _____
 Service _____
 Final _____
 Barrier-Free _____
 Temp. Cut-in-Card Date Issued _____
 Final Cut-in-Card Date Issued _____
 Annual Pool Inspection _____
 Date of Grounding and Bonding Certification _____

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

update
Date Received Control # 09-26657H
Date Issued Permit # 11/12/09
117-133974

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
James Coyle

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
7		Lighting Fixtures
3		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. Water Heater _____
- 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 Service _____
- AMP Subpanels _____
- AMP Motor Control Center _____
- KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

\$ _____

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

Called 11/5/09

Called 11/5/09



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



sup duster

Date Received Control # *09-266577*
Date Issued Permit # *11/12/09*

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 _____
Work Site Location *583 North Lake Shore Drive*

Owner in Fee *James & Hadeliza Coyle*
Address *94 ME*
Tel *[REDACTED]*
Contractor *James Coyle*
Address _____
Tel (____) _____ FAX (____) _____
Contractor License No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ *225.00*

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
<input checked="" type="checkbox"/> No Plans Required/1-4-5-7-8			Type:		
Joint Plan Review Required:			Rough		
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Barrier-Free		
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Trench		
<input type="checkbox"/> Elec. Plans Approved			Temp. Serv.		
Date: _____			Constr. Serv.		
Approved by: _____			TCO		
			Other		
			Service		
			Final		
			Barrier-Free		
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Final Cut-In-Card Date Issued		
Date: _____			Annual Pool Inspection		
Approved by: _____			Date of Grounding and Bonding Certification		

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
[Signature]
Applicant's Signature/Contractor's Seal and Signature
 Licensed Elec. Contractor Certified Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<i>7</i>		Lighting Fixtures
<i>3</i>		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. Water Heater
		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 Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

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



BUILDING SUBCODE TECHNICAL SECTION



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

Book 446.30 Lot 10 Qualification Code _____

Work Site Location 593 North Lake Shore Drive

Owner In Fee Pages + Holdings Corp

Address _____

Tel. _____

Contractor same

Address same

Tel. () _____ FAX () _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Type:				
<input checked="" type="checkbox"/> All			Footings				
<input type="checkbox"/> Footing			Footings Bonding				
<input type="checkbox"/> Foundation			Foundation				
<input type="checkbox"/> Frame			Slab				
<input type="checkbox"/> Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Insulation				
			Finishes - Base Layer				
			Finishes - Final				
SUBCODE APPROVAL			Energy				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>5000</u>
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove Sheetrock from ceiling. Cut out approximately 4' x 6' x 6" joist frame in a recessed area, with zero hangers insulate hang drywall. Spackle + paint.

Date Received _____
Control # _____
Date Issued _____
Permit # _____

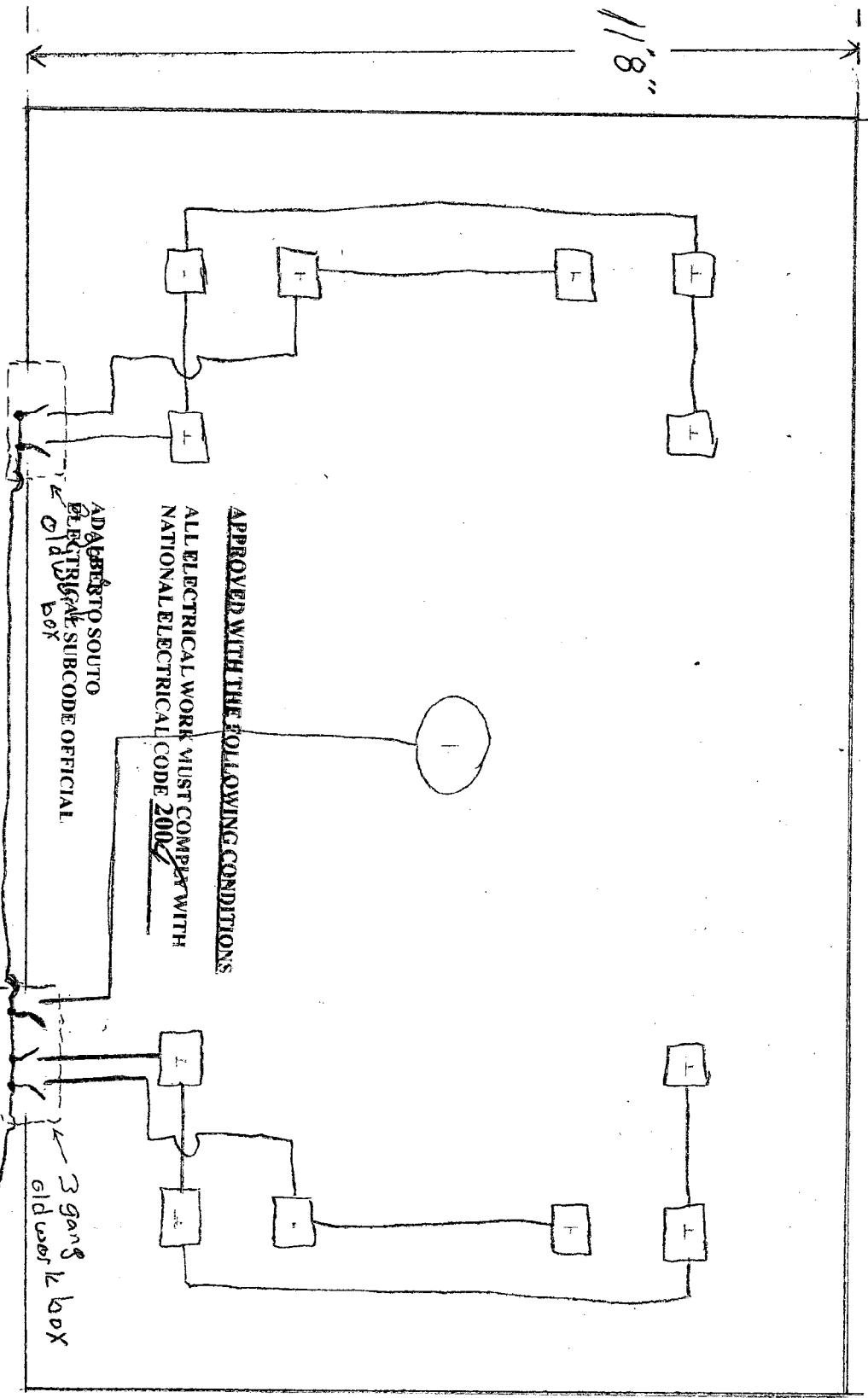
09-2665
10/26/09

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

	FEE (Office Use Only)
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____

17'5"

11'8"



APPROVED WITH THE FOLLOWING CONDITIONS
 ALL ELECTRICAL WORK MUST COMPLY WITH
 NATIONAL ELECTRICAL CODE 2008


ADALBERTO SOUTO
 ELECTRICIAN
 Old USB cable
 SUBCODE OFFICIAL
 box


3 gang 12 box
 old user


existing wiring 14/2

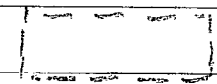
Jim Coyle


Ledgend


 Recessed lighting fixture
Halo H51CAT 120v

 Incandescent ceiling fixture

 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.

17'5"

Existing 2x6" ceiling joist
16" on center

9' window

11'8"

48"

44" approx

48"

9'6"

4'

42" window

Ext.

TOWNSHIP

RELEASED FOR PERMIT

- Building Subcode
- Plumbing Subcode
- Fire Subcode
- Electrical Subcode
- Plan Reviewer
- Plans Released
- Construction Official

INITIAL

DATE

10-15-02

Ext.

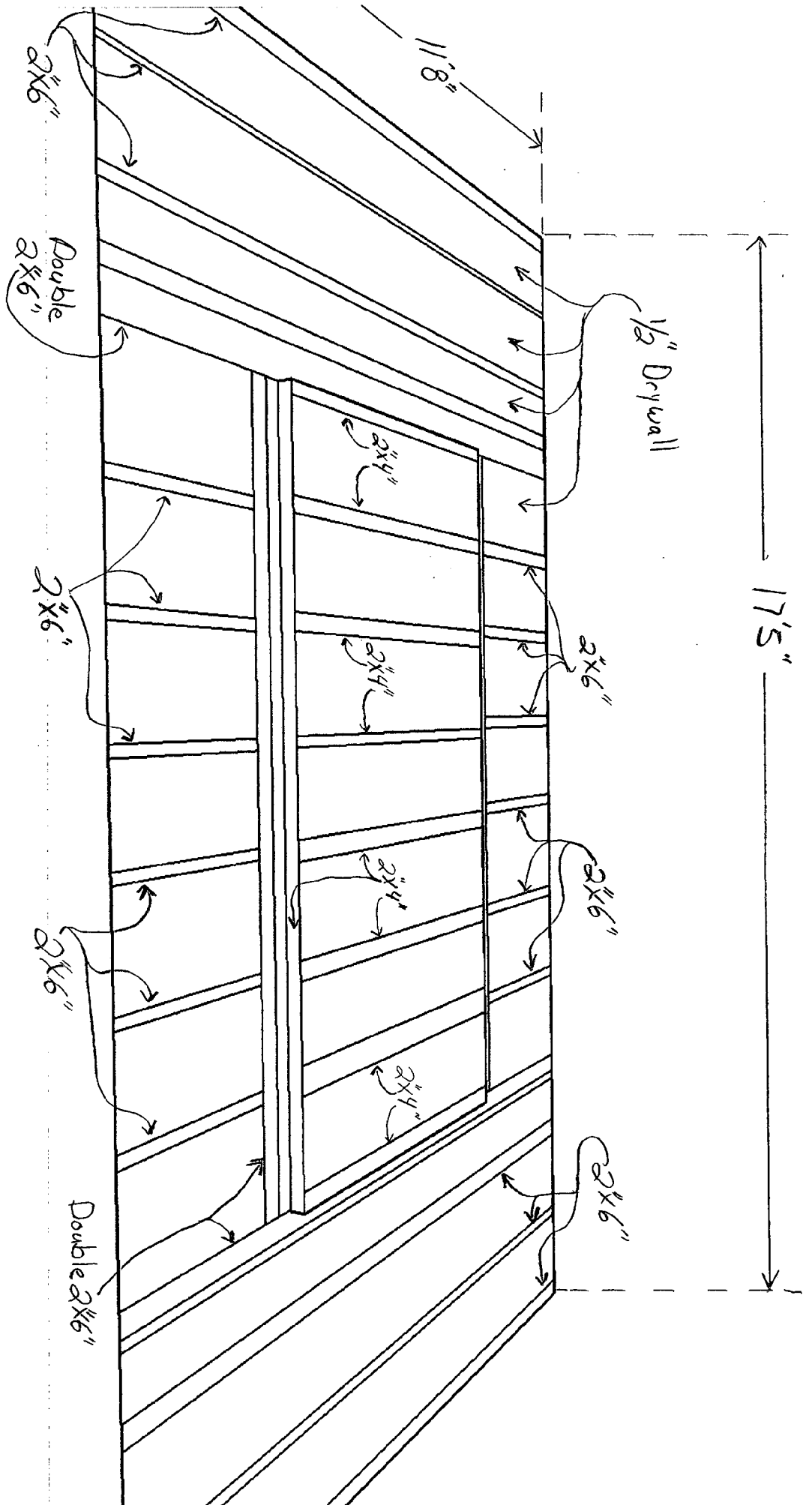
2x4" ceiling joists 16" on center
and mounted on top of added
+ existing 2x6" joists.

6' slider

Interior: Dining Room + Kitchen

Not to Scale

[Signature]



View from attic space.

Not to Scale

Sample

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE 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 AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu 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 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 sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: James Coyle
SIGNATURE: [Signature]
BLOCK: 446.20 LOT: 10 ADDRESS: 583 North Lake Shore Drive Brick
DATE: _____


ENGINEERING PERMIT APPLICATION

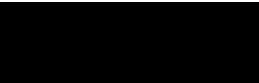
RECEIVING CLERK: KSS
PERMIT #: GCP-13-00022

BLOCK: 446.20 LOT: 10 ADDRESS: 583 N Lake Shore Dr.

IDENTIFICATION:

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: James Coyle
ADDRESS: 583 N Lake Shore Dr PHONE: 
Brick NJ FAX #: ()

4. ARCHITECT OR ENGINEER: _____
ADDRESS: _____ PHONE: # ()

5. RESPONSIBLE PERSON FOR WORK: James Coyle
ADDRESS: SAME
PHONE #: () SAME FAX #: () E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: \$ 700⁰⁰

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ 700⁰⁰

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: PB ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: GRADING/CLEARING ROAD OPENING
 SOIL REMOVAL/FILL RETAINING WALL POOL
 BULKHEAD/DOCK DWELLING TREE REMOVAL

OTHER Driveway

LENGTH: 22/18/12 WIDTH: 24/14/9 HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 3/8/13 DATE REJECTED: _____ DATE APPROVED: 3/8/13 INITIALS: KSS

How to Install Patios and Walkways

Cómo instalar senderos de patio

- 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 drive-ways. 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.

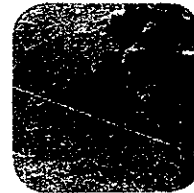
Paso 3: Instale un tubo de 2,54 cm de diámetro en la base. Esparza una capa de 2,54 cm de arena de pavimentación sobre la base compactada. Nivele la arena de pavimentación arrastrando un tablero de 5,08 x 10,16 cm sobre el tubo.

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.

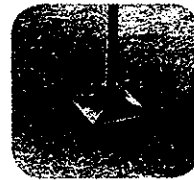
Paso 5: Coloque los ladrillos o las piedras para patio en el diseño deseado. Si el diseño deseado requiere cortar los ladrillos o las piedras para patio, puede hacerlo con una sierra de corte en húmedo.

Paso 6: Compacte los ladrillos o las piedras para patio instaladas (no es necesario 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.

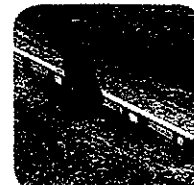
Steps | Pasos Tools | Herramientas



Step 1. | Paso 1.



Step 2. | Paso 2.



Step 3. | Paso 3.



Step 4. | Paso 4.



Step 5. | Paso 5.



Step 6. | Paso 6.



Township of Brick

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

03/08/2013 00001
#5127 2:26PM 2/8/2013
CLEARING/GRADING \$100.00
CHECK #100.00

Township Engineer: Birdsall Engineering, Inc.

APPLICATION FOR GRADING AND CLEARING PERMIT

Date of Application: 3/8/13 Permit No.: GCP-13-00022
(to be assigned by Engineer)

Date received by Engineer's office: 3/8/13

Application is hereby made by:

Name of company or individual James G Coyle Jr

Address of company or individual 583 N Lake Shore Dr, Brick, NJ 08723

Phone number(s) [REDACTED]

Name of contractor James Coyle

Address of contractor SAME

Phone number(s) _____

Address of location of work to take place: 583 N Lake Shore Dr Brick

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
 Grading of Site See Part B below
 Both Grading and Clearing 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:

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)

NJDEP _____
(type of permit, permit number and date)

County Soil District _____
(permit number and date)

Other _____

Signature of Applicant _____

Date _____

Signature of Contractor _____ Date _____
PART B GRADING - 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 as required by Engineer.
 - f) Total area of disturbance + 850sf
***over 2 acres requires Planning Board approval
- 2a) Approximate quantities of cut or fill material N/A
- 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
Adding power pavers. 24x23/12x18 and remove the conc area and replace w/ pavers

4) Description of final ground cover to be established pavers

5) Start of work date: TBD

6) Approximate completion date: TBD

- 7) Permits obtained (where applicable)
- NJDEP _____
type of permit, permit number and date
 - County Soil District _____
permit number and date
 - Other _____

8) Information on any retaining walls including plan showing location, heights, length, cross-sections, type of material, backfill, safety barriers and all other information as required by Engineer.

Note: any wall (s) over 30 inches high requires a drawing by a licensed Professional Engineer or Architect, as per Chapter 168

Signature of Applicant [Signature] Date 3/8/2013

Signature of Contractor _____ Date _____

(To be filled out by receiving office)

Following permit fees non-refundable

FEES: 1) Tree Removal - \$100 Paid on: _____
(date)

Check No. _____ Received by _____

2) Grading - \$100 per acre Amount: \$ 600⁰⁰ Paid on: 3/8/13
date

Check No. 318 Received by KSJ

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.~~

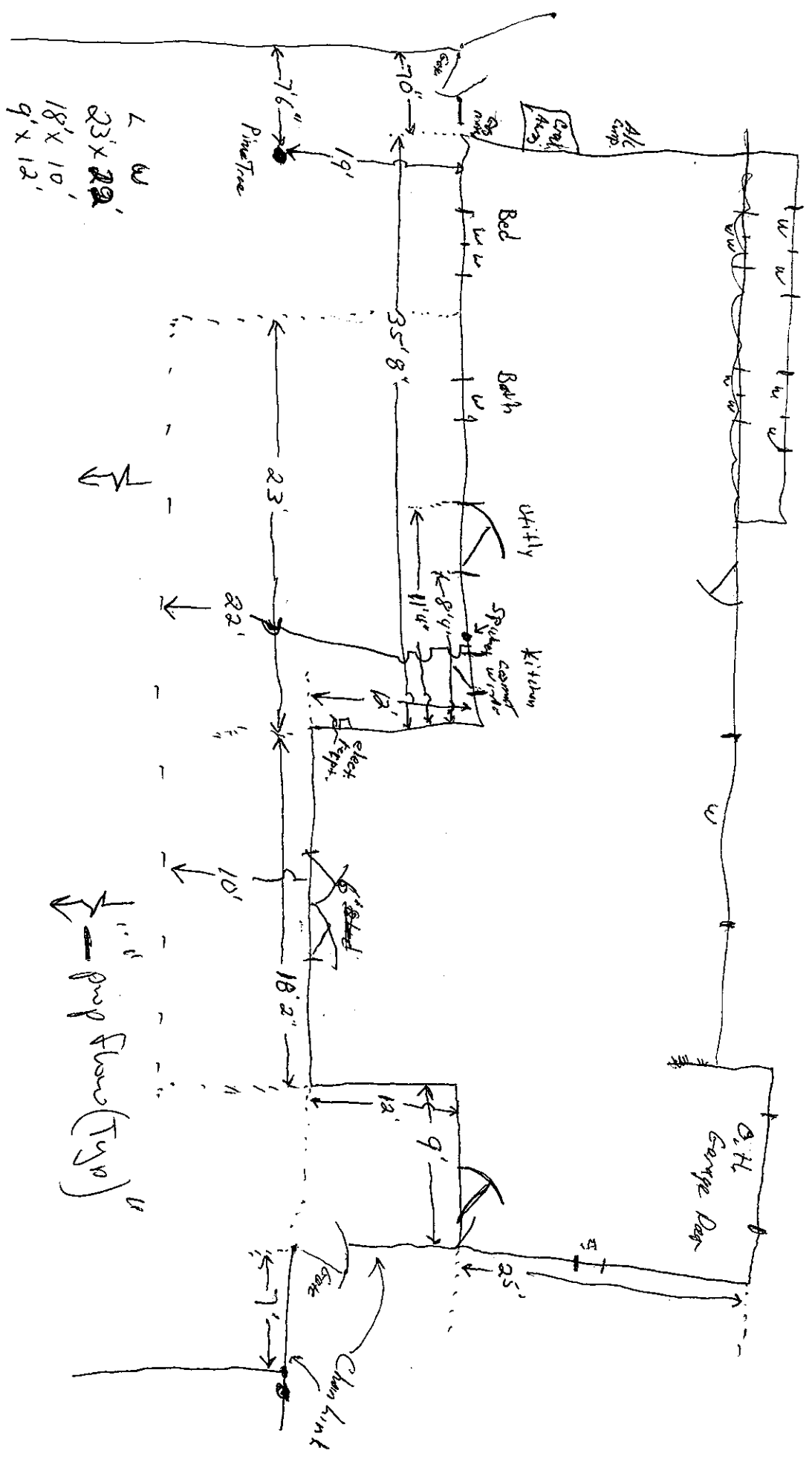
Approved [Signature] Kenneth Shubert 3/8/13
Signature of Twp. Engineer or agent Print Name Date

Conditions _____

$9 \times 12 = 108$
 $18 \times 10 = 180$
 $23 \times 22 = 506$
 794 sq ft

Perimeter 94 Linear feet

Drawing # 1



Ground Utility Door 22" approx
 French Doors approx 4 1/2" lower

1" pop floor (Tyro)

L W
 23' x 22'
 18' x 10'
 9' x 12'

ENGINEERING PERMIT APPLICATION

BLOCK: 446.20 LOT: 10 ADDRESS: 583 N Lake Shore Dr.

RECEIVING CLERK: KSS
 PERMIT #: 500-15-00022

IDENTIFICATION:

1. WORK SITE ADDRESS: 583 N Lake Shore Dr

2. NAME OF OWNER IN FEE: Helolizas James Coyle

ADDRESS: SAME PHONE: [REDACTED]

FAX #: ()

3. PRINCIPAL CONTRACTOR: James Coyle

ADDRESS: 583 N Lake Shore Dr PHONE: [REDACTED]

Brick NJ FAX #: ()

4. ARCHITECT OR ENGINEER:

ADDRESS: _____ PHONE: # ()

5. RESPONSIBLE PERSON FOR WORK: James Coyle

ADDRESS: SAME

PHONE #: () SAME FAX #: () E-MAIL: _____

PROJECT DESCRIPTION: GRADING/CLEARING ROAD OPENING

SOIL REMOVAL/FILL RETAINING WALL POOL

BULKHEAD/DOCK DWELLING TREE REMOVAL

OTHER POOLS

LENGTH: 22/18/12 WIDTH: 24/12/9 HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 3/8/13

DATE REJECTED: _____

DATE APPROVED: 3/8/13

INITIALS: KSS

FEE SUMMARY:

APPLICATION FEE: \$ 1000

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ 1000

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: PB ZB

APPLICATION NUMBER: _____

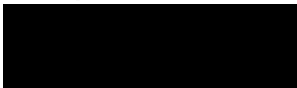

APPROVED DATE: _____

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: MA
PERMIT # GCP-14-00144

BLOCK: 446.20 LOT: 10 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 583 N. Lake Shore Drive
2. NAME OF OWNER IN FEE: James + Hedeliza Coyle
ADDRESS: 583 N. Lake Shore Dr. PHONE #: 
Brick 08723 FAX #: ()
3. PRINCIPAL CONTRACTOR: James Coyle
ADDRESS: Same PHONE #: 
FAX #: ()
4. ARCHITECT OR ENGINEER: _____
ADDRESS: _____ PHONE #: ()
5. RESPONSIBLE PERSON FOR WORK: James Coyle
ADDRESS: SAME
PHONE #: () FAX #: () E-MAIL: _____

PROJECT DESCRIPTION: GRADING/CLEARING ROAD OPENING
 SOIL REMOVAL/FILL RETAINING WALL POOL
 BULKHEAD/DOCK DWELLING TREE REMOVAL
 OTHER Pave Walkway
LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: \$ \$100.00
REVIEW FEE: \$ _____
INSPECTION FEE: \$ _____
OTHER: \$ _____
BOND(S): \$ _____
TOTAL: \$ \$100.00

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: PB ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 6/27/14 DATE REJECTED: _____ DATE APPROVED: 6/27/14 INITIALS: MA

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

APPLICATION FOR GRADING AND CLEARING PERMIT

Date of Application: 06/13/2014 Permit No.: GCP-14-00144

Date received by Engineer's office: 6/13/14 *Finalized 6/27/14 (to be assigned by Engineer)

Application is hereby made by:

Name of company or individual James Coyle

Address of company or individual 583 North Lake Shore Drive Brick 08723

Phone number(s) [REDACTED]

Name of contractor James Coyle

Address of contractor SAME

Phone number(s) _____

Address of location of work to take place: 583 N. Lake Shore 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) See Part A below Grading of Site See Part B below Both Grading and Clearing 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:

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)

NJDEP _____
(type of permit, permit number and date)

County Soil District _____
(permit number and date)

Other _____

Signature of Applicant *James Coyle*

Date 06/13/14

Signature of Contractor _____

Date _____

PART B GRADING - 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 as required by Engineer.



f) Total area of disturbance 110 sq ft.
***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) Quarry Blend Concrete Sand + Pavers

Sources: Name of Facility M. J. Gravel & Sand

Address Hwy 34

Wall, NJ



3) Brief explanation and description of grading work and its purpose

To level ground along garage



4) Description of final ground cover to be established Concrete

Paver walkway along garage



5) Start of work date: _____



6) Approximate completion date: 09/2014



7) Permits obtained (where applicable)



NJDEP _____
type of permit, permit number and date



County Soil District _____
permit number and date



Other _____



8) Information on any retaining walls including plan showing location, heights, length, cross-sections, type of material, backfill, safety barriers and all other information as required by Engineer.

Note: any wall (s) over 30 inches high requires a drawing by a licensed Professional Engineer or Architect, as per Chapter 168

Signature of Applicant [Signature]

Date 06/13/2014

Signature of Contractor [Signature]

Date 6/13/2014

(To be filled out by receiving office)

Following permit fees non-refundable

FEES: 1) Tree Removal - \$100 Paid on: _____
(date)

Check No. _____ Received by _____

~~102~~ 2) Grading - \$100 per acre Amount: \$ 100.00 Paid on: 6/27/14
date

Check No. 357 Received by [Signature]

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 [Signature]
Signature of Twp. Engineer or agent

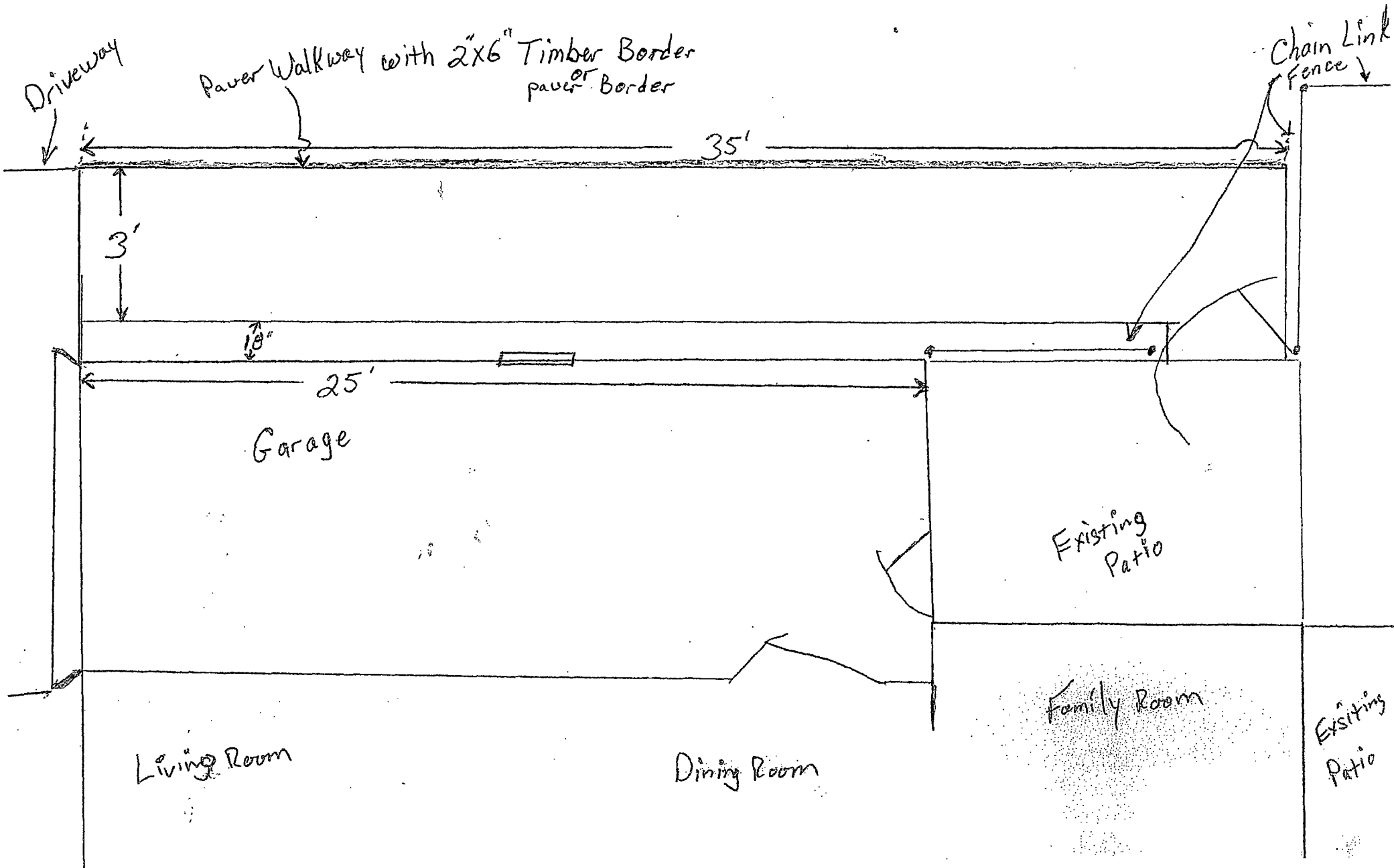
R. Harris
Print Name

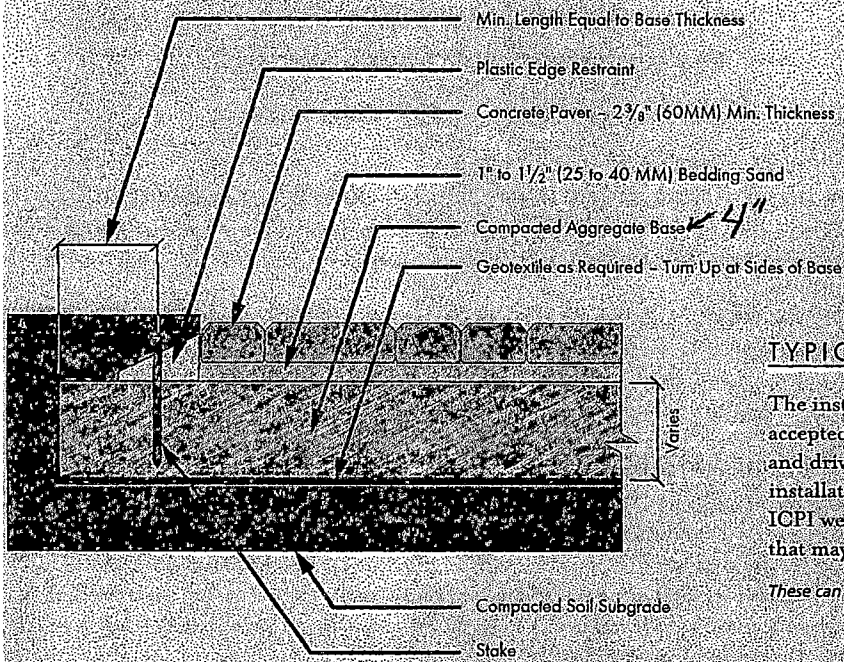
6/27/14
Date

Conditions _____

Updated 6/24/14
JL

Block: 446.20 Lot: 10





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.icpi.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: Cover 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 pavers. 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.



Violations

(All Data, Location Ad

<u>Location Address</u>	<u>Block</u>	<u>Lot</u>	<u>Qualifier</u>	<u>Owner Name</u>	<u>Issue Date</u>	<u>Compliance Date</u>	<u>Status</u>
583 N. LAKE SHORE DR.	446.20	10		DAVIS, THOMAS	02/12/1999	03/30/1999	Closed

Summary

Statute

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.



Violations

(All Data, Location Ad

<u>Location Address</u>	<u>Block</u>	<u>Lot</u>	<u>Qualifier</u>	<u>Owner Name</u>	<u>Issue Date</u>	<u>Compliance Date</u>	<u>Status</u>
583 N. LAKE SHORE DR.	446:20	10		COYLE, JAMES G & HEDELIZA M	08/29/2018	09/10/2018	Closed

Summary **Statute**

Weeds

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.



Violations

(All Data, Location Ad

<u>Location Address</u>	<u>Block</u>	<u>Lot</u>	<u>Qualifier</u>	<u>Owner Name</u>	<u>Issue Date</u>	<u>Compliance Date</u>	<u>Status</u>
583 N. LAKE SHORE DR.	446.20	10		DAVIS, THOMAS	02/12/1999	03/30/1999	Closed

dress Like '583 n. lake shore' - 4 records)

Summary

Statute

7619 -
INOPERABLE
VEHICLES: MUST
HAVE UPDATED
REGISTRATION
AND
UPDATED
INSPECTION
STICKER OR
REMOVED FROM
PROPERTY. SEE
COPY OF
ORDINANCE
ENCLOSED.
BROWN LINCOLN,
PLATE FXN047HM
7/98
NOTICE: SEVEN
(7) DAYS TO
COMPLY OR A
SUMMONS WILL
BE ISSUED.
3/2/99-EXT TIL
3/31/99

INSPECTION
STICKER.



Violations

(All Data, Location Ad

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

Grand Totals

dress Like '583 n. lake shore' - 4 records)

Summary

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
