

# MORTGAGE CONNECT

Proj	perty Information	<b>Request Information</b>	Update Information
File#:	BS-X01661-2082750501	Requested Date: 06/04/2024	Update Requested:
Owner:	JUNIOR, WILLIAM J & KIM	Branch:	Requested By:
Address 1:	583 N LAKESHORE DR	Date Completed:	Update Completed:
Address 2:		<pre># of Jurisdiction(s):</pre>	
City, State Zip	: BRICK, NJ	# of Parcel(s): 1	

	Notes
CODE VIOLATIONS	Per TOWNSHIP OF BRICK Department of Zoning there are no Code Violation cases on this property.
	Collector: TOWNSHIP OF BRICK Code Enforcement Payable: 401 Chambers Bridge Road, Brick, New Jersey 08723 Business# 732-262-1003
PERMITS	Per TOWNSHIP OF BRICK Building Department there are no Open/Pending/ Expired Permit on this proper
	Collector: TOWNSHIP OF BRICK Building Department Payable: 401 Chambers Bridge Road, Brick, New Jersey 08723 Business# 732-262-1003
SPECIAL ASSESSMENTS	Per TOWNSHIP OF BRICK Tax Collector there are no Special Assessments/liens on the property.
	Collector: TOWNSHIP OF BRICK Tax Collector Payable: 401 Chambers Bridge Road, Brick, New Jersey 08723 Business# 732-262-1003
	UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.
DEMOLITION	NO
UTILITIES	WATER & SEWER Account #: 9316806-0 Payment Status: PAID Status: Pvt & Lienable Amount: \$0.00 Good Thru: N/A Account Active: Active Collector: Brick Township Municipal Utilities Authority (BTMUA) Payable Address:1551 HWY 88, Brick, NJ 08724 Business # 732-458-7000
	GARBAGE Garbage bills are included in the Real Estate Property taxes.



# **Property Tax Inquiry**

Account / B-L-Q:	310543		
Interest Thru Date:	06/06/20	24	
	Account#	: 310543	6
	Owner	: JUNIO	R, WILLIAM J & KIM
	Address	: 583 N I	AKE SHORE DRIVE
C	ity/State/Zip	BRICK	NJ 08723
	Location	: 583 N.	LAKE SHORE DR.
	B/L/Q	: 446.20	- 10 -
	Bank	:	
	Deduction	\$0.00	
	Principal	\$0.00	
	Interest	\$0.00	
	Total Due	\$0.00	
Yearly Summary	Details	Liens (0)	Mod IV

## Details

Year	Qtr	Tr./Due Date	Description	Billed	Paid	Adjusted	Open	Days	Interest	Pay Source
2024	2	05/01/2024	Tax Bill	\$1,412.24	\$0.00	\$0.00	\$0.00	0	\$0.00	
2024	2	05/06/2024	Tax Payment	\$0.00	-\$1,412.24	\$0.00	\$0.00	0	\$0.00	C0-CORE LOGIC TAX SVCS
2024	1	02/01/2024	Tax Bill	\$1,412.24	\$0.00	\$0.00	\$0.00	0	\$0.00	
2024	1	01/22/2024	Tax Payment	\$0.00	-\$1,412.24	\$0.00	\$0.00	0	\$0.00	WF-WELLS FARGO HOME MORTGAGE
2023	4	11/01/2023	Tax Bill	\$1,430.64	\$0.00	\$0.00	\$0.00	0	\$0.00	
2023	4	10/31/2023	Tax Payment	\$0.00	-\$1,430.64	\$0.00	\$0.00	0	\$0.00	WF-WELLS FARGO HOME MORTGAGE
2023	3	08/01/2023	Tax Bill	\$1,430.65	\$0.00	\$0.00	\$0.00	0	\$0.00	

Q

Applicant Completes: Sections I, II, I. IDENTIFICATION 1. Proposed Work Site at: 583 ^ 2. Name of Owner in Face 3. Ownership in Fee: 3. Ownership in Fee: 3. Ownership in Fee: 4. Principal Contractor, DICK Address 5. Ownership in Fee: 4. Principal Contractor, DICK Address 5. Ownership in Fee: 4. Principal Contractor, DICK 4. Principal Contractor, DICK 5. Architect or Engineer Address Tel. () 6. Responsible Person, in Charge ond Tel. () 6. Responsible Person, in Charge ond Tel. () 11a.PROPOSED WORK C Repair C Asbestos Abat, C	NORTHLAHE: I.E e-mail HT LAHE SHO Private TOWNSHUP Stabled TOWNSHUP DI OS 123 Ider Reg. No. egistration No. or Exe 103/75	CATIO and VII 3 HORE 2 DRE DRIU PURE DRIU PURE DRIU PURE DRIU FIG ALC e mption Reason FAXa (	DRIUE           DRIUE </th <th>0-044 4,NJ 0 1,477-33</th> <th>43 8723 300 91840</th> <th>1. Bu 2. Ele 3. Piu 4. Fir 5. Ele 6. Su 7. Le 8. Su 7. Le 8. Su 10. Su 11. Ce 12. Ot 13. TC VI. BUILI 1. Nu 2. He 3. Arr 4. Ne 5. Vo 6. Mi 7. Ma 8. If I 9. To</th> <th>ert. of Occupan ther DTAL DING/SITE CH umber of Storie eight of Structur rea — Largest I ew Building Are blume of New S lax. Live Load ax. Occupancy Industrialized E tat Land Area I</th> <th>te Plan Re charge Fee cy ARACTEF s </th> <th>\$ </th> <th>tt</th> <th>Update</th>	0-044 4,NJ 0 1,477-33	43 8723 300 91840	1. Bu 2. Ele 3. Piu 4. Fir 5. Ele 6. Su 7. Le 8. Su 7. Le 8. Su 10. Su 11. Ce 12. Ot 13. TC VI. BUILI 1. Nu 2. He 3. Arr 4. Ne 5. Vo 6. Mi 7. Ma 8. If I 9. To	ert. of Occupan ther DTAL DING/SITE CH umber of Storie eight of Structur rea — Largest I ew Building Are blume of New S lax. Live Load ax. Occupancy Industrialized E tat Land Area I	te Plan Re charge Fee cy ARACTEF s 	\$ 	tt	Update
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License No. OR, if new home, Buik Home Improvement Contractor Reg Federal Emp. ID No. QIQI 5. Architect or Engineer Address	NTOTA3 Ider Reg. Na egistration No. or Exe NJJ/75	mption Reason F Co e	Exp (if applicable AX: ( <b>132</b> ontact mail	J3VHOM	11,860 1205	3. An 4. Ne 5. Vo 6. Ma 7. Ma 8. If I 9. To	rea — Largest I ew Building Are blume of Néw S lax. Live Load ax. Occupancy Industrialized E btal Land Area I	Floor a tructure Load Building: St Disturbed	ate Approved H	sq.ft.   sq.ft.   cu.ñ.     	·
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5. Architect or Engineer Address Tel. ( ) 6. Responsible Person in Charge onc Tel. ( 722 ) 4777-3307 Ila. PROPOSED WORK Minor Work Repair		Co e-I FAX: {	ontact			8.  f  9. To	Industrialized E otal Land Area [	Suilding: Si Disturbed	ate Approved H	IUD	
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— — <u>□</u> — <b>Repa</b> ir			·,						VII. DESCRIPTION O	F BUILDING U	SE
·.		🗋 New Buil	lding		dition		Demolition		A. RESIDENTIAL (prim		
Ashestos Abat .		-Alteration	n—	R	enovation	C	Reconstruct	ion	1. State Specific Use: 2. Use Group, Proposi		4 <u>_</u>
	-Subch. 8	🗌 Lead Haz	zard Abatemer		don Rem		Annual Perm	nit	3. Change in Use Group		esent:
lib. SUBCODES	et Cost Plans	Date	Rejection	FFICE USE O Approval	Re-	1	ission Dates .	Re-	4. No. of dwelling units		
(Check all that apply)	Est. Cost Rec'd by	Rec'd	Date	Date	viewer	Approval	Rejection	viewer	Gained, Sale		
Building			ļ			<b></b>			Gained, Rental Lost, Sale		
Electrical				12/50/10	J.			.*	Lost, Rental		
Plumbing				17.7					B. NON-RESIDENTIAL	L (primary use)	
			1	T	2				1. State Specific Use		
Fire Protection				10 yr hu	00	<b> </b>			<ol> <li>Use Group, Propo</li> <li>Change in Use Gr</li> </ol>		
Elevator -	-								C. MIXED USE -List s		
TOTAL COST					•	<u>.</u>	•	·	D. Construct. Classific		
III. PLAN REVIEW (optional)	IV. DOES	OR WILL YOU	JR BUILDING	CONTAIN A	NY OF TH	E FOLLOWI	NG?			Propose	
DO YOU WANT:	1 -	vators/Escalato		4	. 🔲 Refri	geration Syst	tems		8. Smoke Control Sy		Wells
<ol> <li>Partial Releases</li> <li>Prototype Processing</li> </ol>		nbwaiters/Movi h Pressure Boil					s/Backflow Prev Places of Asser	mbly 1	9. Underground Stora 0. Swimming Pools. 1 1. LPGas Tanks	Spas and Hot T	ubs

#### **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

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	DN (to be completed if the applicant is not the owner in fee)
I hereby certify the f	allowing as required by the Uniform Construction Code, NJAC, 5:23-2 15(d); the proposed work is autho-

rized 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.

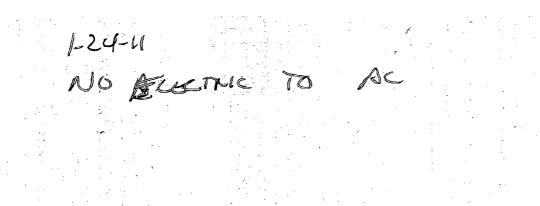
Agent Name Brick Township Harting : A	L
Address 405 Brick Blud.	v
Brick NJ 0823	
Telephone (73) 477-3300	
Signature (Nex Can	
III. ( ) LEAD HAZARD ABATEMENT Include Homeowner or Buildin	g Owner Affidavit as per N.J.A.C. 5:17.
	g Owner Affidavit as per N.J.A.C. 5:17. U.C.C. F100-2 (rev. 5/2007)
III. ( ) LEAD HAZARD ABATEMENT Include Homeowner or Buildin	

1. Block	Brick Township		Date Issued	03/04/2011
	401 Chambersbridge Rd Brick, NJ 08723		Control Number	C-10-004643
		-	Permit Number	11-0026
1666-5-5	. · · ·	i	Permit Issue Date	01/05/2011
	Cert	ificate	Certificate Number	11-0026
	Construction	n Code Division		
	(Certificate	e of Approval)		
		ification		
	on: 583 N. LAKE SHORE DR. Brick Township,	NJ_Block: 446.20	Lot: <u>10</u> C	Jual:
Owner in Fee:	COYLE, JAMES G & HEDELIZA M			· · · · · · · · · · · · · · · · · · ·
Telephone:	SS: 583 N LAKE SHORE DR BRICK NJ 08723		· · · · · · · · · · · · · · · · · · ·	
Contractor	BRICK TOWNSHIP HEATING & AIR		Lu	
Address	465 BRICK BLVD BRICK NJ 08723			
Telephone:	(732) 477-3300 Fax: (732) 4	+77-0205	1. 17.2 <b>.9</b> 1., 5.	
License Num	ber or Builders Registration Number: 13VH01		Federal Emp. Number:	21-0103175
Home Warranty	Number:			
Type of Warrant		ļ		
Use Group: R-5		Classification:		
Maximum Live L	pad: 0 Maximum Oc	cupancy Load: 0		
Description of W	ork/Use: AIR CONDITIONER, FURNACE replace	ement		
		i		
Certificate Comn	nents:			
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	1/5/11
	Date Issued
	Permit #
	Π-0024
IDENTIFICATION Block: 446.20 Lot: 10 Qualifier	· · · · · · · · · · · · · · · · · · ·
Work Site Location: <u>583 N. LAKE SHORE DR. Brick Township, NJ</u> Contractor BRICK TOWN Address 465 BRICK BI	ISHIP. HEATING & AIR _VD_ BRICK NJ 08723
Owner in Fee COYLE, JAMES G & HEDELIZA M <u>583 N LAKE SHORE DR BRICK NJ 08723</u> Telephone: (732) 477-330	0
Lic. No. or Bldrs. Reg. No.	13VH01918000
	21-0103175
Is hereby granted permission to perform the following work:	PAYMENTS (Office Use Only)
BUILDING PLUMBING LEAD HAZARD ABATEMENT	Building\$0
	Electrical\$40 *
	Fire Protection\$45
ELEVATOR DEVICES ASBESTOS ABATEMENT OTHER (Subchapter 8 only)	Elevator Devices\$0
DESCRIPTION OF WORK:	Other\$0.00
AIR CONDITIONER, FURNACE replacement	DCA Training Fee\$1
	CO Fee
Note: If constuction does not commence within one (1) year of date of issuance, or if	Other\$0
construction ceases for a period of six (6) months, this permit is void.	Total
Estimated Cost of Work \$500	Cash\$0
	Credit\$0
Construction Official - Date	Collected By
U.C.C. F170 equiv (rev 8/03)	
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSES	SOR 4 GOLD - APPLICANT
REQUIRED INSPECTIONS	
Construction work must be inspected in accordance with the State Uniform Construction Code Regulatio out such periodic inspections during the progress of work as are necessary to insure that the work install Uniform Construction Code.	ns N.J.A.C. 5:23-2.18. This agency will carry ed conforms with the requirements of the
The owner or other responsible person in charge of work must notify this agency when work is ready for Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Insp days of the time for which they are requested. The work must not proceed in a manner which will preclud approval granted.	ections will be performed within three business
	8
Required inspections for all subcodes for one- and two-family dwellings are as follows	
<ul> <li>Required inspections for all subcodes for one- and two-family dwellings are as follows:</li> <li>The bottom of footing trenches before placement of footings, except that in cases of pile foundation accordance with the requirements of the building subcode.</li> </ul>	ons, inspections shall be made in
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<ol> <li>The bottom of footing trenches before placement of footings, except that in cases of pile foundati accordance with the requirements of the building subcode.</li> <li>Foundations and all walls up to grade level prior to back filling.</li> <li>All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring plumbing. The framing inspection shall take place after the rough electrical and plumbing inspect ventilation and /or air conditioning duct system. The insulation inspection shall be performed after</li> </ol>	, panel and service installation; rough ions and after the installation of the heating? r all other subcode rough inspections and . (1) 1
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ULCC. F120 (Mr 1207)       TWILE = Inspector Copy       2 Garany = Office Copy       2 Garany = Office Copy       3 Pink = Office Copy       4 Garbage Disposal         WW Elec. Dryer/Receptacle       KW Elec. Dryer/Receptacle       KW Elec. Dryer/Receptacle       KW Elec. Dryer/Receptacle         KW Elec. Dryer/Receptacle       KW Central A/C Unit       HP Garbage Disposal       HP Garbage Disposal         HP Garbage Disposal       KW Central A/C Unit       HP/KW Space Healter       KW Baseboard Heat         HP Motors       1/L HP       KW Transformer/Generator       AMP Subpanels         AMP Motor Control Center       KW Elec. Sign/Outline Light       Minimum Fee       Minimum Fee         State Permit Surcharge Fee       State Permit Surcharge Fee       State Permit Surcharge Fee       Minimum Fee         TOTAL FEE       Yes and       Yes and       Yes and	Date Received control #       Date Issued Permit #       1/-004/         DESCRIPTION OF WORK       PEPLACE MENT OF EXISTING FURNACE, CONDENSING WUT       1/5/11         OTY       SIZE       TEMS       1/5/11         Lighting Fixtures       Receptacles       Switches         Detectors       Light Poles       FE (Office Use Only)         Light Poles       Motors-Fract. HP       FE (Office Use Only)         Emergency & Exit Lights       Communications Points       1/1/11         TOTAL NUMBERS       S       1/1/11         Pool Permit/with UW Lights       S       1/1/11



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ACTION OFFICE SUPPLIES, INC (800) 298-1000	Approved by ///////////////////////////////////	Date ALECO A Firebla		Date 103-5100 Smooth	1///Electric/////Elevator////////////////////////////////////		ew/Required	PLANAREVIEW // Alarm	Y (Office Use Only)	Total Cost of Fire Protection Work \$ 100.00	Fuel Type: [ ] Flammable on [ ] Combustible	Fiel Storage Tank		Type: [XTGas [] Oil [] Electric [] S	INform on the Existing f	Present	B. FIRE PROTECTION CHARACTERISTICS	ontractor Registration No. or	Fire Alarm Contractor No.	Fire Protection Equipment, NJ Div of Fire Safety Permit No. Fire Protection Equipment, NJ Div of Fire Safety Installer No.	Fire Protoction Equipment NJ Divid Eiro Sofety Der	A A Ba	Bail & Trink Lub Hann	FXY NNRTH ( DKE		COVIE	Work Site Location 583 NORTH LAKE		A. IDENTIFICATION APPLICANT: COMPLETE AL	TECHNICAL SECTION	FIRE PROTECTION SUBCODE		
U.C.C. F140 (rev. 7/06)					The System / ZZZ // ZZZ	andpipe ///////////////////////////////////	Suppression Sys	m System			Capacity		Locatio	Solar [] New op [] Evicting	I	Fire Alarm System:	FAX. ( 1.00)	Exemption Reason (if applicable):	Exp. Date	aller No.			Volpality 7	SHAFE MILLE BRICK	2		AKESHDAE DRIVE	Qualification Code	-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING THEY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.				
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2 Canary = Office Copy 4 Gold = Applicant Copy	Adminis	Other	Fired Appliances [ Y Gas or [ ] Oil	Smoke Control System	Other	Foam Suppression FM200 Suppression	CO <sub>2</sub> Suppression	Dry Chemical	Pre-engineered Systems Wet Chemical	Standpipes	Pre-action Valves	larm Valv	Suppression Systems Fire Pump GPM Type	TOTAL	Signaling Devices (i.e., horn/strobes, bells)	Supervisory Devices (i.e., tampers, low/high air)	Alarm Devices (i.e., smoke, heat, pulls,	<ul> <li>[ ] 110v Interconnected</li> <li>[ ] CO Detectors/110v</li> </ul>	Alarm System	Flammable/Combustible Tanks		Method of Alarm/Suppression System Supervision	今 しのひとのUSEの ののでの	REPLACE MENT OF EX		Ā	[ ] Certified Contractor [	to make this application, the application of gamer of record and am authorized	C. CERTIFICATION IN LIEU OF OATH		·		
State Permit Surcharge Fee \$ TOTAL FEE \$	Administrative Surcharge \$ Minimum Fee \$		<b>+</b> .							 					s)	air)	.				7	Supervision					Applicant's Signature/Contractor's Signature	ier of record and a	,	Date Issued Permit #	Control #	Date Received	
																					FEE (Office Use Only)			OF EXISTING FURNALE, LONG			cant	am authorized		1	11-0024		

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Block 1990 Lot 10 Qualification Confe **Building Sewer Size** Est. Cost of Plumbing Work **B. PLUMBING CHARACTERISTICS** Work Site Location Water Service Size Use Group Contractor License No. Owner in Fee: Contractor ₫ Address Address JOB/SUMMARY/(Office/Use/Only) U.C.C. F130 (rev. 11/09) Internet version No/Plans Required , REVIEW Present 2 7 **TECHNICAL SECTION** PLUMBING SUBCODE JAG. (icx NORTH NORTH URURNO' Ś 0 For reorder call: (609) 390-1400 Allegra Marketing • Print • Mail (tormerly OCS Printing) Ş - Public Water LAKE SHORE Public Sewer 08723 AKE SHORE G MUMMA & AC Tel. e-mail G 'n Proposed K Qualification Code e-mail BRICK FAX: (132 Exp. Date Private Well Private Septic 2 0823 order on the website: www.AllegraMarmora.com Print name here: sign and seal here: Applicant sign/Contractor application and perform the work listed on this application C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) owner of record and am auth <u>,</u> PT Y **TECHNICAL SITE DATA** REACHPTION OF WORK Y CONDENSING UNIT Other 3 Washing Machine Sink Floor Drain Water Closet Water Service Connection Stacks FURNALE REPURCEMENT Steam Boiler Gas Piping Fuel Oil Piping Water Heater Dishwasher · Sewer Connection Greasetrap Backflow Preventer Interceptor/Separator Sewer Pump ---Hot Water Boiler LPGas Tank Hose Bibb Drinking Fountain Shower Lavatory ~ Bath Tub Urinal/Bidet FIXTURE/EQUIPMENT TON ALC REPLACEMENT Licensed Plumbing Contractor State Permit Surcharge Fee Administrative Surcharge Permit # Control # Date Issued Date Received Minimum Fee Ź TOTAL FEE FURNACE, COIL ÷ ф G FEE (Office.Use Only Exempt Applicant make this i j

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ACTION OFFICE SUPPLIES, INC (800) 298-1000	FIRE PROTECTION SECTION SECTION STATUS OFFICE CALL UTILITY DI Block $4444$ , $300$ $\pm$ Lot $100$ Work Sile Location $523$ , $A10ATH(AAKE SHip)$ Work Sile Location $523$ , $A10ATH(AAKE SHip)$ Owner in Fee: $523$ , $A10ATH(AAKE SHip)$ owner Sile Location $523$ , $A10ATH(AAKE SHip)$ address $4455$ , $B2(44, B1, 11)$ , $B2(44, C, 12)$ owner in Fee: $100$ $B2(44, B1, 11)$ , $B2(44, C, 12)$ owner in Fee: $100$ $B2(44, B1, 11)$ , $B2(44, C, 12)$ owner in Fee: $100$ $B2(44, B1, 11)$ , $B2(44, C, 12)$ $B2(44, B1, 11)$ , $B2(44, C, 12)$ owner in Fee: $100$ $B2(44, B1, 11)$ , $B2(44, C, 12)$ $B2(44, C, 13)$ $B2(44, C, 13)$ $B2(44, C, 13)$ $B2(44, C, 12)$ $B2(44, C, 13)$ $B2(44, C, 14)$ $B2(44, C, 14$
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n Hood Exhaust System a Control System Appliances [	C. CERTIFICATION IN LIEU OF I hereby certify that I am the (age to make this application. (14) [] Certified Contractor D. TECHNICAL SITE DATA DESCRIPTION OF WORK: RCPLACEALSITE DATA I COLOLIAL SITE DATA DESCRIPTION OF WORK: Alarm Systems [] System [] 110v Interconnected [] CO Detectors/110v Alarm Devices (I.e., smoke, here water/flow) Suppression Systems Fire Pump GPM Type Dry Pipe/Alarm Valves Pre-engineered Systems Wet Chemical Dry Chemical Dry Chemical CO <sub>2</sub> Suppression Foam Suppression Foam Suppression M200 Suppression
International Action of the second se	Date Received Control # Permit # 2 Permit # 2 Permit # 2 Permit # 2 Precord and am authorized If Of gynet of record and am authorized If D E C X I STINUC- FURIN RC (OIL U/U I T System Supervision NUMBER S, Iowinigh air) obes, bells) TEE (Office Use Only)

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	ACTION OFFICE SUPPLIES, INC (800) 298-1000		Approved by: 171111111111111	1/1×5/1/1/055/1/1/05/1/1/	SUBCODE APPROVAL	Approved by ///////////////////////////////////				A A Building A A Building	Joint Plan Review Required	Ar ALNO Plans Required		JOB SUMMARY (Office Use Only)	Total Cost of Fire Protection Work \$ 10(	Fuer type: [ • ] Flammable of [ ] Con	• .	Location: L(T) ( ) 7 / K / K	• • •	Type: [ A Gas [ ] Oil [ ] Electric	I New OR I		Constr Class: Present Proposed	Present		Contractor	Fire Alarm Contractor No.	Fire Protection Equipment, NJ Div of Fire Safety Installer No.	Fire Protection Equipment, NJ Div of Fire Safety Permit No.	Address Artic CUARA CON FILM		P.O. K. TIMENS	Address	Tel. (	Owner in East 1 / 1/1 / 2017	LW MINT	1 20N 685 "		CONTRACTORS, NOTIFY THIS OFFICE. C	A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	INIFORM CONSTRUCTION	TECHN	FIRE PROTE		
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I hereby certify that I am the (agent of) owner of record and an authorized to make this application and perform the work listed on this application. Applicant's Signature/Contractor's Seal and Signature		Date of Grounding and Boading	Annual Pool Inspection	Temp: Cút-In-Card Date Issued	Barrier-Free	Service ////		Constr. Serv.	Juench		<u>a</u>	INSPECTIONS Dates (Month/Day)		Utility Co.	] Temporary	Brown BENALEMENT		or Exemption Reason (if		077331ei. ( <u>C.o.s.</u> .) <u></u> 07733email	5.	ESTOREDR. BAILA NJ 027		TOPYAZ				
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Date Received Date Issued Permit #	Jeg Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicants	oF OATH agent of) out tion.	Approved by Ceptilication	K 1 OCO I X OA	PPROVAL for CERTI	Approved by://///Barrier/Free/	SUBCODE APPROVAL for PERMIT	ire []Elev		Delie; /// Approved by: // Constr. Serv.	Hentric Plans Annioved	Date:// Approved by// Barrier-Free		PLAN-REVIEW INSPECTIONS Dates (Month/Day)	Y (Office Use Only)	Est. Cost of Elec. Work \$	Building Occupied as	ad #	B. ELECTRICAL CHARACLERISTICS Use Group Present 1555 Proposed 5660000 Control of the State of th		Home Improvement Contractor Registration No. or Exemption Reason (if applicable):				street municipality	L	Tel. ( ) · · · · · · · · · · · · · · · · · ·	Owner in Fee:	Block The Andrew Lot Lot Control Contr	CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING			
	12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy	Minimum Fee State Permit Surcharge Fee TOTAL FEE			AMP Motor Control Center	AMP Subpanels	AMP Service	HP Motors 1/+ HP	KW Baseboard Heat	Ľ		KW Dishwasher	KW Elec. Water Heater	KW Oven/Surface Unit	KW Elec. Range/Receptacle	Storable Pool/Sba/Hot Tub			Alarm Devices/F.A.C. Panel	Communications Points	Motors—Fract. HP Emergency & Exit Lights	Light Poles	Detectors	Switches	Lignung Fixtures	SIZE ITEMS				DESCRIPTION OF WORK	TECHNICAL SITE DATA	Date Issued	Control #	Date Received

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U.C.C. F1	SUBCODE		Plan	O.Plartial	Building Sewer Size Water Service Size Est. Cost of Plumbing Work	Home Improvement Contractor Registration No. or Exemption Federal Emp. ID No. <u>27</u> .0003/75 B. PLUMBING CHARACTERISTICS	Contractor License No.	Address	ן ג ז	A. IDENTIFICATION—APPLICA CONTRACTORS, NOTIFY THIS Block 4440, 30 Block 440, 30 Block 440, 30 Block 440, 30 Block 440, 30 Block 440, 30 Block 440, 30 Block 40 Block	
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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:

CÓYLE 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.

		Ertification Cement of fuel fi	RED EQUIPMENT
		IFICATION CODE	- PERMIT # UE
	Applicant COYLE		
	Certifying Individual CMIA LAW Address 465 BCick Blud	Company Brick	
	Tel. ( <u>732)</u> <u>17-3300</u>	Brick	NJ CST23 Siate Zip Code
	Check the Appropriate Box Type of Replacement:	······································	······································
	[ ] Oil to Gas Conversion	Existing Vent/Chimney	
	[ ] Gas Appliance Replacement	[ ] L Label Vent	
	[] Oil to Oil Replacement [X] Other GAS FURNACE REPLACEMENT		ney – Tile Lined
		Power Vent/Ex	hauster,
		[X] Other <u>D/R</u>	CTUENT
	PLEASE SIGN ONE OF THE F	OLLOWING CERTIFICATION	STATEMENTS
		RTIFICATION	
	For Oil to Gas Conversions:		
	I herby certify that the chimney/vent is free and cle previous use serving an oil appliance. I further cert appliance being installed	ar of obstruction and is substa if that the chimney/vent is ap	antially clean of residue from its propriately lined and sized for the
		Signature	Date
		e.g. aloro	Date
	Oil to Oil or Gas to Gas Poplacementer	•	
	Oil to Oil or Gas to Gas Replacements: I hereby certify that the existing chimney/vent is fre chimney/vent is appropriately lined and sized for th	e and clear of obstruction. I fu e appliance being installed.	uther certify that the existing
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## COMFORT CONTROL<sup>™</sup> TWO-STAGE DOWNFLOW/ HORIZONTAL GAS FURNACES

95% A.F.U.E. WITH DUAL

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

The design is certified by CSA.

#### Features

- Two stages of operation to save energy and maintain optimal comfort level.
- Furnace operates at 70% capacity for low-heat and 100% capacity for high-heat.
- Compatible with single or two-stage thermostat. (For optimal performance a two-stage thermostat is recommended.)
- Heat exchanger is constructed of all stainless steel for maximum corrosion resistance and thermal fatigue reliability.
- Low profile "34 inch" design is lighter and easier to handle and leaves room for optional accessories.
- Left or right side gas, electric, and condensate drainage connections.
   Integrated control board manages all operational functions and pro-
- vides 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.

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

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]



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

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

MODEL NUMBERS	RGTM-06*MAES	RGTM-07*RBGS	RGTM-09+ZAJS	RGTM-10*RBJS
HIGH FIRE INPUT BTU/HR [KW] ①	60,000 [17.58]	75,000 [21.98]	90,000 [26.38]	105,000 [30.77]
LOW FIRE INPUT BTU/HR [kW] @	42,000 [12.31]	52,500 [15.39]	63,000 [18.46]	73,500 [21.54]
HEATING CAPACITY BTU/HR [kW]	56,000 [16.41]	70,000 [20.51]	84,000 [24.62]	97,000 [28.43]
HIGH ALTITUDE INPUT 8000' @	40,800 [11.96]	51,000 [14.95]	61,200 [17.94]	71,400 [20.93]
HIGH ALTITUDE OUTPUT AT 8000' (HIGH FIRE) [kw] @	37,944 [11.12]	47,430 [13.90]	56,916 [16.69]	66,402 [19.46]
BLOWER (D x W) [mm]	11 x 7 [279 x 178]	11 x 10 [297 x 254]	12 x 11 [305 x 279]	11 x 10 [297 x 254]
MOTOR H.P. [W]– SPEEDS–TYPE	1/2 [373] VAR. SPEED	3/4 [559] VAR. SPEED	1 [746] VAR. SPEED	1 [746] VAR. SPEED
MOTOR FULL LOAD AMPS	8.7	12	12	12
MINIMUM EXT. STATIC PRESSURE (IN. W.C.) [kPa]	.12 [.029]	.12 [.029]	.15 [.037]	.20 [.049]
MAXIMUM EXT. STATIC PRESSURE (IN. W.C.) [kPa]	.80 [0.2]	.80 [0.2]	.80 [0.2]	.80 [0.2]
	A = 1200	A = 1600	A = 2000	A = 2000
HIGH COOLING CFM @ .8"	B = 1000	B = 1400	B = 1600	B = 1600
[.124 kPa] W.C. E.S.P. [L/s]	C = 800	C = 1200	C = 1400	C = 1400
	D = 600	D = 1000	D = 1200	D = 1200
	A = 900	A = 1200	A = 1500	A = 1500
LOW COOLING CFM @ .8"	B = 750	B = 1050	B = 1200	B = 1200
[.124 kPa] W.C. E.S.P. [L/s]	C = 600	C = 900	C = 1050	C = 1050
	D = 450	D = 750	D = 900	D = 900
TEMPERATURE RISE-HIGH FIRE RANGE IN DEGREES °F [°C]	40-45 [22.2-25]	35-45 [19.4-25]	35-45 [19.4-25]	40-50 [22.2-27.8]
TEMPERATURE RISE-LOW FIRE RANGE IN DEGREES °F [°C]	35-40 [19.4-22.2]	20-40 [11.1-22.2]	25-40 [13.9-22.2]	30-45 [16.7-25]
MAX. OUTLET AIR TEMPERATURE	170	170	165	180
RETURN AIR CABINETS (OPT.) RXGR- FILTER SIZE [mm]	C17B (2) 12" x 16" [305 x 406]	C21B (2) 12" x 16" [305 x 406]	C21B (2) 12" x 16" [305 x 406]	C29B (2) 14" x 16" [609 x 406]
STANDARD, HIGH VELOCITY PERMANENT FILTER (IN.)	153/4 x 25 x 1	153/4 x 25 x 1	191/4 x 25 x 1	22 <sup>3</sup> /4 x 25 x 1
APPROX. SHIPPING WEIGHT (LBS.) [kg]	123 [56.0]	139 [63.2]	148 [67.3]	165 [75]
AFUE ③	95.0%	95.0%	95.0%	95.0%

NOTES: All models are 115V, 60HZ, 1 phase. Gas connection size for all models is 1/2" [13 mm] N.P.T. ① See Conversion Kit Index Form for high altitude derate.

@ Canadian installations only.

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

\*E=Standard \*N=NOx Models

[ ] Designates Metric Conversions

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

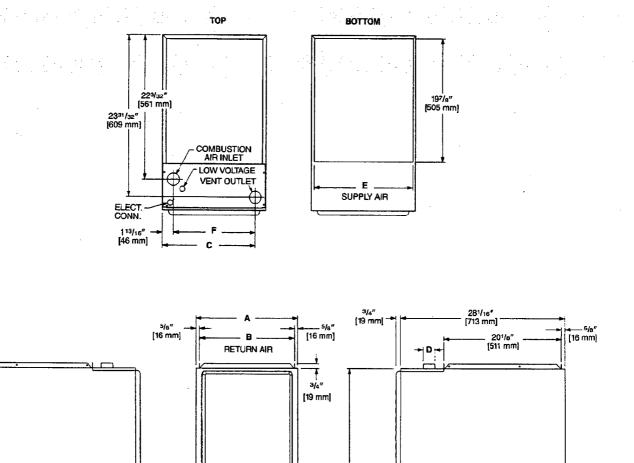
## **MODEL IDENTIFICATION**

<u>R G T</u>	<u>M _ 07E*</u>	<u>R B</u>	<u>G</u> <u>S</u>	<u>278</u>
Rheem Gas Downflow/ Furnace Horizontal Condensing Gas Furnace	Electric Input	Blower Size Variations M = 11 x 7 A = Std. [279 x 178 mm] B = Wide R = 11 x 10 [279 x 254 mm] Z = 12 x 11 [305 x 279 mm] RGTM-06EI RGTM-06EI RGTM-07EI RGTM-07EI RGTM-07EI	[519-613.5 L/s] <b>G</b> = 1500-1700 CFM [707.9-802.3 L/s] <b>J</b> = 1900-2100 CFM [896.7-991.1 L/s] Available Models: AES RGTM-07NRBGS WAES RGTM-09RZAJS MAES278 RGTM-09NZAJS	

ł

## **DOWNFLOW MODELS**

1



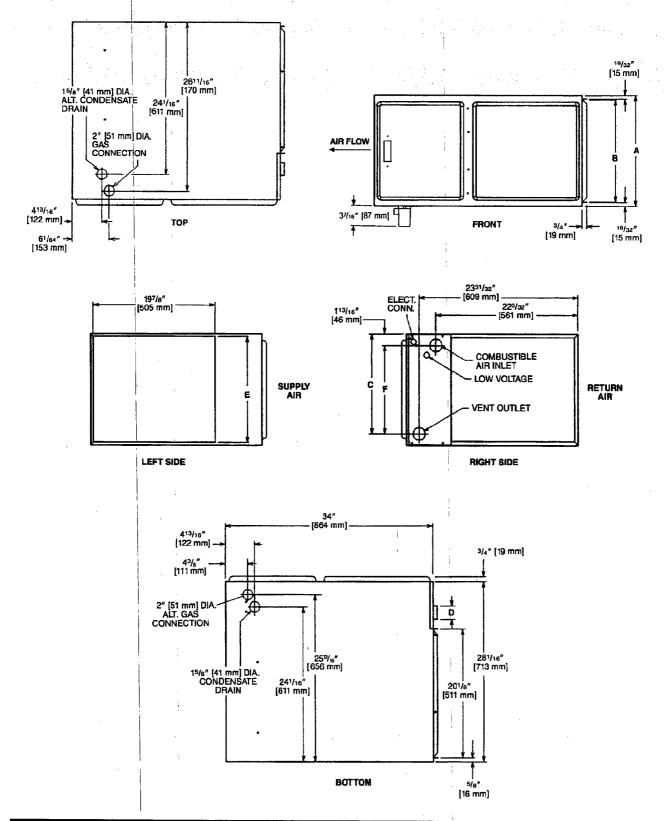
2611/16" [678 mm] 241/16" [611 mm] 2" [51 mm] DIA. GAS CONNECTION	67/1e" [154 mm]	34" [864 mm]	25 <sup>13</sup> / <sub>16</sub> " [656 mm] 24 <sup>1</sup> /16" [611 mm] ~ 2" [51 mm] DIA. ALT. GAS CONNECTION 15/6" [41 mm] DIA. CONDENSATE DRAIN
LEFT SIDE	4 <sup>13</sup> /16" <b>FRON</b> T [122 mm]	4 <sup>18</sup> /1e" L 4 <sup>3</sup> /8" [122 mm] - [111 mm]	RIGHT SIDE

MODEL							LEFT	MI	NIMUM C	LEARANC	E (IN.) [mi	m]	SHIP
RGTM-	A	В	C	D	E	F	SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	WGTS. [kg]
06	171/2 [445]	16 <sup>11/</sup> 32 [415]	155/8 [397]	2 [51]	16 <sup>5</sup> /8 [422]	137/8 [352]	0	0	0	1 [25]	2 [51]	0	123 [56]
07	21 [533]	1927/32 [504]	193/16 [486]	2 [51]	201/8 [511]	173/8 [441]	0	0	0	1 [25]	2 [51]	0	123 [56]
09	21 [533]	1927/32 [504]	193/16 [486]	2 [51]	201/8 [511]	173/8 [441]	0	0	0	1 [25]	2 [51]	0	148 [67]
10	241/2 [621]	2311/32 [593]	225/8 [575]	2 [51]	235/8 [600]	207/8 [530]	0	0	0	1 [25]	2 [51]	0	165 [75]

#### [ ] Designates Metric Conversions

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

HORIZONTAL MODELS



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

## **BLOWER PERFORMANCE DATA—RGTM MODELS**

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

\*E=Standard \*N=NO<sub>x</sub> 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

-4

(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

### **PLENUM DATA FOR "A" COILS**

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

FURNACE WIDTH IN. [mm]	PLENUM WIDTH IN. [mm]	PLENUM ADAPTER UPFLOW	COIL Plenum
14 [356]	16 <sup>1</sup> /4 [413]	RXAA-C171	RXAL-B16BU
14 [356]	201/4 [514]	RXAA-C172	RXAL-B20BU
17 <sup>1</sup> /2 [445]	161/4 [413]	RXAA-C185	RXAL-B16BU
171/2 [445]	201/4 [514]	RXAA-C173	RXAL-B20BU
171/2 [445]	215/8 [549]	RXAA-C187	RXAL-B21BU
171/2 [445]	251/4 [641]	RXAA-C174	RXAL-B25BU
21 [533]	251/4 [641]	RXAA-C175	RXAL-B25BU
21 [533]	221/4 [565]	RXAA-C176	RXAL-B22BU
21 [533]	215/8 [549]	RXAA-C188	RXAL-B21BU
241/2 [622]	251/4 [641]	RXAA-C177	RXAL-B25BU
241/2 [622]	215/8 [549]	RXAA-C187	RXAL-B21BU

#### LP CONVERSION KITS:

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

#### EXTERNAL BOTTOM FILTER RACK: RXGF-CB

#### EXTERNAL SIDE FILTER RACK: RXGF-CA

FILTI	ER RACK FILTER SIZES* INC	HES [mm]
MODEL Rgtm-	AXGF-CB (BOTTOM)	RXGF-CA (SIDE)
06	153/4 x 25 [400 x 635]	15 <sup>3</sup> /4 x 25 [400 x 635]
07ER 07NR	191/4 x 25 [489 x 635]	15³/4 x 25 [400 x 635]
09	191/4 x 25 [489 x 635]	15³/4 x 25 [400 x 635]
10	223/4 x 25 [578 x 635]	15³/4 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." PRINTED IN U.S.A. 1-10 DC FORM NO. G11-505

### FOR HIGH ALTITUDES:

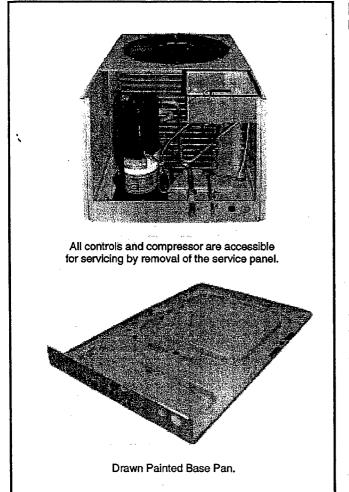
HIGH ALTITUDE KIT: NOT REQUIRED

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.

#### FORM NO. A11-199



"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/>."



### **Engineering Features**

**RAPM- Series Condensing Units** 

- 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.
- A liquid line filter drier is standard on all models (shipped not installed).

Mod	lei Numl	ber iden	tificatior	ר א				
<u>R</u>	<u>A</u>	<u>P</u>	M	— <u>018</u>		Ā	<u>A</u>	Z
RHEEM	REMOTE	P = 14 SEER	DESIGN SERIES	COOLING CAPACITY		ELECTRICAL DESIGNATION	VARIATIONS A-SERIES = FULL-FEATURED	COOLING CONNECTION FITTING
	UNIT		M = R-410A (2ND DESIGN SERIES)	018 = 18,000 BTU/HF 024 = 24,000 BTU/HF 030 = 30,000 BTU/HF 036 = 36,000 BTU/HF 042 = 42,000 BTU/HF 048 = 48,000 BTU/HF 060 = 60,000 BTU/HF	[7.03 kW] [8.79 kW] [10.55 kW] [12.31 kW] [14.07 kW]	J = 208/230V-1-60		Z = SWEAT W/SCROLL

#### [ ] Designates Metric Conversions

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### **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-



200-Series \* Programmable

300-Series \* Deluxe Programmable 400-Series \* Special

500-Series \* Communicating/ Programmable

Applications/Programmable

Brand	Unique Model Number Prefix		Descriptor (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
R	HC	-	TST	101	GE	MS
			TST=Thermostat	100=Non-Programmable	GE=Gas/Oil/Electric	
				200=Programmable	HP=Heat Pump	
RHC	=Rheem			300=Deluxe Programmable	MD=Modulating Furnace	SS=Single-Stage
				400=Special Applications/ Programmable	DF=Dust Fuel	MS=Multi-Stage
			1	500=Communicating/ Programmable	CM=Communicating	

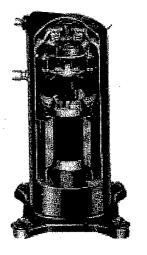
\* Photos are representative. Actual models may vary.

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

## 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.

- 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. Refrigerantmigration 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")



### Performance Data @ ARI Standard Conditions----Cooling: RAPM-

Outdoor	Model Numbers	8	D°F [26.5°C] DB/67 95°F [35°l	°F [19.5°C] WB Ir C] DB Outdoor Air	ndoor Air		Sound	1
Unit RAPM-	Indoor Coil and/or Air Handler	Totai Capacity BTU/H (kW)	Net Sensible BTU/H (kW)	Net Latent BTU/H [kW]	EER	SEER	Rating dB	Indoor CFM [L/s]
Rev.	RCFL-H*2417A*+RXMD-C04 @	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]
/21/2009	RCFL-A*2414B*+RXMD-C04	18,800 [5.5]	13,800 [4.0]	5,000 [1.5]	12.15	14.50	74	650 [307]
	RCFL-A*2417B* (RGFD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.50	16.00	74	600 [283]
•	RCFL-A*2417B* (RGFD-07?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.55	16.00	74	600 [283]
	RCFL-A*2417B* (RGGD-06?MCK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00	74	600 [283]
	RCFL-A*2417B* (RGGD-07?MCK?)	19,400 [5.7]	14,250 [4.2]	5,150 [1.5]	13.80	16.00	74	625 [295]
	RCFL-A*2417B* (RGLR-07?AMK?)	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]
010 147	RCFL-H*2417A* (RGPR-07?AMK?) RCHL-24A2	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.70	16.00	74	600 [283]
018JAZ		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?) RCHL-24A2 (RGFD-07?MCK?)	18,700 [5.5]	13,150 [3.9]	5,550 [1.6]	13.30	15.50	74	600 [283]
	RCHL-24A2 (RGGD-06?MCK?)	18,700 [5.5]	13,100 [3.8]	5,600 [1.6]	13.35 13.50	15.50	74	600 [283]
	RCHL-24A2 (RGGD-07?MCK?)	18,700 [5.5]	13,100 [3.8] 13,250 [3.9]	5,600 [1.6] 5,550 [1.6]	13.50	16.00 15.50	74 74	600 [283]
	RCHL-24A2 (RGJD-06?MCK?)	18,800 [5.5] 18,700 [5.5]	13,100 [3.8]	5,600 [1.6]	13.55		74	625 [295]
	RCHL-24A2 (RGJD-07/MCK?)	18,800 [5.5]	13,100 [3.8]	5,600 [1.6]	13.50	16.00	74	600 [283]
	RCHL-24A2 (RGLR-07?AMK?)	18,700 [5.5]	· · · ·	5,600 [1.6]		15.50	74	625 [295]
	RCHL-24A2 (RGPR-05?BMK?)	18,600 [5.4]	13,100 [3.8]		13.55 13.25	16.00 15.50	74	600 [283]
	RCHL-24A2 (RGPR-07?AMK?)	18,700 [5.5]	13,050 [3.8]	5,550 [1.6]	13.25			600 [283]
1	RCQD-2417A* (RGFD-06?MCK?)	19,100 [5.6]	13,100 [3.8]	5,600 [1.6] 5,250 [1.5]	13.50	15.50 16.00	74 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]	13.00	16.00	74	600 [283]
	RCQD-2417A* (RGPR-05?BMK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.55	16.00	74	625 [295]
	RCQD-2417A* (RGPR-07?AMK?)	19,100 [5.6]	13,850 [4.1]	5,250 [1.5]	13.55	16.00	74	600 [283]
	RCQD-2417A*+RXMD-CO4	18,800 [5.5]						600 [283]
	RHKL-HM2417 (RCSL-H*2417A*)	19,400 [5.7]	13,800 [4.0] 14,250 [4.2]	5,000 [1.5] 5,150 [1.5]	12.15 13.80	14.50 16.00	74 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]	13.65	15.00		650 [307]
	RCFL-H*2417A*+RXMD-C04 ①	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.05	14.50	74 73	600 [283]
	RCFL-A*2414B*+RXMD-C04	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.55	14.50	73	800 [378] 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	
	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] 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]
024JAZ	RCFL-A*2417B* (RGPR-05?BMK?)	25,200 [7.4]	18,550 [5.4]	6,650 [1.9]	13.50	15.50	73	775 [366]
	RCFL-A*2417B* (RGPR-07?AMK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.80	16.00	73	800 [378]
	RCFL-A*2417B*+RXMD-C04	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.55	14.50	73	800 [378]
	RCFL-H*2414A*+RXMD-C04	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.55	14.50	73	800 [378]
	RCFL-H*2417A* (RGFD-06?MCK?)	25,200 [7.4]	18,600 [5.4]	6,600 [1.9]	13.40	14.30	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]
			· · · · · · · · · · · · · · · · · · ·	+	1			
	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]

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[ ] Designates Metric Conversions

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4 Rheem Heating, Cooling and Water Heating

Outdoor	Model Numbers	8	0°F [26.5°C] DB/67 95°F [35°C	°F [19.5°C] WB In ] DB Outdoor Air	idoor Air		Sound	
Unit RAPM-	Indoor Coll and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H (kW)	Net Latent BTU/H (kW)	EER	SEER	Rating dB	Indoor CFM (L/s)
Rev.	RCFL-H*2417A* (RGJD-06?MCK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.70	15.50	73	800 [378]
1/21/2009	RCFL-H*2417A* (RGJD-07?MCK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.60	15.50	73	800 [378]
	RCFL-H*2417A* (RGLR-07?AMK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.90	16.00	73	800 [378]
	RCFL-H*2417A* (RGPR-05?BMK?)	25,200 [7.4]	18,550 [5.4]	6,650 [1.9]	13.50	15.50	73	775 [366]
•	RCFL-H*2417A* (RGPR-07?AMK?)	25,400 [7.4]	18,750 [5.5]	6,650 [1.9]	13.80	16.00	73	800 [378]
	RCHL-24A2	23,600 [6.9]	16,900 [5.0]	6,700 [2.0]	11.50	13.00	73	800 [378]
	RBHP-17 (RCHL-24A2)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.25	14.00	73	825 [389]
	RCHL-24A2 (RGFD-06?MCK?)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.10	14.00	73	800 [378]
	RCHL-24A2 (RGFD-07?MCK?) RCHL-24A2 (RGGD-06?MCK?)	23,200 [6.8]	16,600 [4.9]	6,600 [1.9]	12.20	14.00	73	800 [378]
	RCHL-24A2 (RGGD-07?MCK?)	23,400 [6.9] 23,200 [6.8]	16,750 [4.9] 16,600 [4.9]	6,650 [1.9]	12.40	14.00	73	800 [378]
	RCHL-24A2 (RGJD-06?MCK?)	23,400 [6.9]		6,600 [1.9]	12.30	14.00	73	800 [378]
	RCHL-24A2 (RGJD-07?MCK?)	23,200 [6.8]	16,750 [4.9] 16,600 [4.9]	6,650 [1.9]	12.40	14.00	73	800 [378]
024JAZ	RCHL-24A2 (RGLR-07?AMK?)	23,400 [6.9]	16,750 [4.9]	6,600 [1.9] 6,650 [1.9]	12.30 12.55	14.00	73	800 [378]
	RCHL-24A2 (RGPR-05?BMK?)	23,000 [6.7]	16,350 [4.9]	6,650 [1.9]	12.55	14.50 14.00	73	800 [378]
	RCHL-24A2 (RGPR-07?AMK?)	23,400 [6.9]	16,750 [4.9]	6,650 [1.9]	12.10	14.00	73	775 [366]
	RCQD-2417A*	24,800 [7.3]	18,750 [5.5]	6,050 [1.8]	12.45	14.00	73	800 [378]
	RCQD-2417A* (RGFD-06?MCK?)	24,400 [7.1]	18,450 [5.4]	5,950 [1.7]	12.60	14.50	73	800 [378]
	RCQD-2417A* (RGFD-07?MCK?)	24,400 [7.1]	18,450 [5.4]	5,950 [1.7]	12.00	14.50	73	800 [378]
	RCQD-2417A* (RGJD-06?MCK?)	24,600 [7.2]	18,650 [5.5]	5,950 [1.7]	12.90	15.00	73	800 [378] 800 [378]
	RCQD-2417A* (RGJD-07?MCK?)	24,600 [7.2]	18,650 [5.5]	5,950 [1.7]	12.80	15.00	73	800 [378]
	RCQD-2417A* (RGPR-05?BMK?)	24,400 [7.1]	18,400 [5.4]	6,000 [1.8]	12.65	14.50	73	775 [366]
	RCQD-2417A* (RGPR-07?AMK?)	24,600 [7.2]	18,650 [5.5]	5,950 [1.7]	13.00	15.00	73	800 [378]
	RHKL-HM2417 (RCSL-H*2417A*)	25,600 [7.5]	19,100 [5.6]	6,500 [1.9]	13.85	16.00	73	850 [401]
	RHLL-HM2417 (RCSL-H*2417A*)	25,600 [7.5]	18,900 [5.5]	6,700 [2.0]	14.25	16.00	73	775 [366]
	RHSL-HM2417 (RCSL-H*2417A*)	25,000 [7.3]	18,450 [5.4]	6,550 [1.9]	12.95	14.50	73	800 [378]
	RCFL-H*3617A*+RXMD-C04 ①	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	12.55	14.50	73	1,000 [472]
	RCFL-A*3617B* (RGGD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-A*3617B* (RGPR-05?BMK?)	29,200 [8.6]	21,050 [6.2]	8,150 [2.4]	13.00	15.00	73	1,000 [472]
	RCFL-A*3617B* (RGPR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.40	15.00	73	1,000 [472]
	RCFL-A*3617B*+RXMD-C04	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	12.55	14.50	73	1,000 [472]
	RCFL-A*3621B* (RGFD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-A*3621B* (RGGD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.25	15.00	73	1,000 [472]
	RCFL-A*3621B* (RGGD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,025 [484]
	RCFL-A*3621B* (RGPR-05?BMK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,000 [472]
	RCFL-A*3621B* (RGPR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.45	15.50	73	1,000 [472]
	RCFL-A*3621B* (RGPR-07?BRQ?)	29,800 [8.7]	21,550 [6.3]	8,250 [2.4]	13.90	16.00	73	1,000 [472]
	RCFL-A*3621B*+RXMD-C04	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	12.55	14.50	73	1,000 [472]
	RCFL-H*3617A* (RGFD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGGD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
030JAZ	RCFL-H*3617A* (RGGD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.05	15.00	73	1,025 [484]
	RCFL-H*3617A* (RGJD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGJD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.05	15.00	73	1,025 [484]
	RCFL-H*3617A* (RGLR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.45	15.50	73	1,025 [484]
	RCFL-H*3617A* (RGLR-07?BRQ?)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.80	16.00	73	1,000 [472]
	RCFL-H*3617A* (RGPR-05?BMK?)	29,200 [8.6]	21,050 [6.2]	8,150 [2.4]	13.00	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGPR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.40	15.00	73	1,000 [472]
	RCFL-H*3617A* (RGPR-077BRQ?)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.85	16.00	73	1,000 [472]
	RCFL-H*3621A* (RGFD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.15	15.00	73	1,000 [472]
	RCFL-H*3621A* (RGGD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.25	15.00	73	1,000 [472]
	RCFL-H*3621A* (RGJD-06?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.25	15.00	73	1,000 [472]
	RCFL-H*3621A* (RGJD-07?MCK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,025 [484]
	RCFL-H*3621A* (RGLR-07?AMK?)	29,600 [8.7]	21,400 [6.3]	8,200 [2.4]	13.50	15.50	73	1,025 [484]
	RCFL-H*3621A* (RGLR-07?BRQ?)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.85	16.00	73	1,000 [472]
	RCFL-H*3621A* (RGPR-057BMK?)	29,400 [8.6]	21,250 [6.2]	8,150 [2.4]	13.10	15.00	73	1,000 [472]
	RCFL-H*3621A* (RGPR-07?AMK?)	29,400 [8.6]	21,200 [6.2]	8,200 [2.4]	13.45	15.50	73	1,000 [472]

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

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

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

Outdoor	Model Numbers	80	Sound					
Unit RAPM-	Indoor Coil and/or Air Handl <del>or</del>	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H (kW)	EER	SEER	Rating dB	Indoor CFM (L/s)
Rev.	RCFL-H*3621A* (RGPR-07?BRQ?)	29,800 [8.7]	21,550 [6.3]	8,250 [2.4]	13.90	16.00	73	1,000 [472
1/21/2009	RCFL-H*3621A*+RXMD-C04	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	12.55	14.50	73 ·	1,000 [472
	RCHL-36A1	27,400 [8.0]	19,050 [5.6]	8,350 [2.4]	11.75	13.00	73	1,000 [472
	RBHP-21 (RCHL-36A1)	28,200 [8.3]	19,850 [5.8]	8,350 [2.4]	13.40	15.00	73	1,050 [495
	RCHL-36A1 (RGFD-06?MCK?)	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 [47:
	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 [48
	RCHL-36A1 (RGLR-07?BRQ?)	28,000 [8.2]	19,450 [5.7]	8,550 [2.5]	13.25	15.00	73	1,000 [47:
	RCHL-36A1 (RGPR-05?BMK?)	27,600 [8.1]	19,200 [5.6]	8,400 [2.5]	12.50	14.00	73	1,000 [47:
030JAZ	RCHL-36A1 (RGPR-07?AMK?)	27,800 [8.1]	19,350 [5.7]	8,450 [2.5]	12.85	14.50	73	1,000 [47:
	RCHL-36A1 (RGPR-07?BRQ?)	28,000 [8.2]	19,450 [5.7]	8,550 [2.5]	13.30	15.00	73	1,000 [47:
	RCQD-3621A*	29,600 [8.7]	22,000 [6.4]	7,600 [2.2]	12.75	14.00	73	1,000 [47
	RCQD-3621A* (RGFD-06?MCK?)	29,800 [8.7]	22,200 [6.5]	7,600 [2.2]	13.20	14.50	73	1,000 [47]
	RCQD-3621A* (RGFD-07?MCK?)	29,800 [8.7]	22,150 [6.5]	7,650 [2.2]	13.50	15.00	73	1,000 [47]
	RCQD-3621A* (RGJD-06?MCK?)	30,000 [8.8]	22,350 [6.5]	7,650 [2.2]	13.60	15.00	73	1,000 [47
	RCQD-3621A* (RGJD-07?MCK?)	30,000 [8.8]	22,450 [6.6]	7,550 [2.2]	13.60	15.00	73	1,025 [48
	RCQD-3621A* (RGPR-05?BMK?)	29,800 [8.7]	22,150 [6.5]	7,650 [2.2]	13.45	15.00	73	1,000 [47]
	RCQD-3621A* (RGPR-07?AMK?)	30,000 [8.8]	22,300 [6.5]	7,700 [2.3]	13.80	15.50	73	1,000 [47]
	RCQD-3621A* (RGPR-07?BRQ?)	30,200 [8.8]	22,450 [6.6]	7,750 [2.3]	14.30	16.00	73	1,000 [47]
	RCQD-3624A*	29,600 [8.7]	22,000 [6.4]	7,600 [2.2]	12.75	14.00	73	1,000 [47]
	RCQD-3624A* (RGPR-07?BRQ?)	30,200 [8.8]	22,450 [6.6]	7,750 [2.3]	14.35	16.00	73	1,000 [47
	RHKL-HM3617 (RCSL-H*3617A*)	29,600 [8.7]	21,350 [6.3]	8,250 [2.4]	13.75	16.00	73	1,025 [48
	RHLL-HM3617 (RCSL-H*3617A*)	29,800 [8.7]	21,550 [6.3]	8,250 [2.4]	13.95	16.00	73	1,000 [47
	RHSL-HM3017 (RCSL-H*3617A*)	29,000 [8.5]	20,700 [6.1]	8,300 [2.4]	12.85	14.50	73	950 [44
	RCFL-H*3617A*+RXMD-C04 ①	35,400 [10.4]	23,800 [7.0]	11,600 [3.4]	12.20	14.50	76	1,050 [49
	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 [47
	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 [47
	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 [48
	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 [48
	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 [47
	RCFL-A*3617B*+RXMD-C04	35,400 [10.4]	23,800 [7.0]	11,600 [3.4]	12.20	14.50	76	1,050 [49
	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 [47
	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 [54
	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 [47
	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 [48
	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 [48
	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 [47
036JAZ	RCFL-A*3621B* (RGPR-07?BRQ?)	35,800 [10.5]	23,800 [7.0]	12,000 [3.5]	13.20	15.50	76	1,000 [47
0000112	RCFL-H*3617A* (RGFD-07?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.60	15.00	76	1,000 [47
	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 [47
	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 [48
	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 [47]
	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 [48
	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 [48
	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 [47:
	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 [47
	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 [54
	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 [55
	RCFL-H*3621A* (RGGD-067MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.70	15.00	76	1,000 [47
	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 [48
	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 [55

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

[ ] Designates Metric Conversions

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6 Rheem Heating, Cooling and Water Heating

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Outdoor	Model Numbers	8		Sound	<b>6 1 1 - - - -</b>			
Unit RAPM-	Indoor Coil and/or Air Handier	Totai Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H (kW)	EER	SEER	Rating dB	Indoor CFM [L/s]
Rev.	RCFL-H*3621A* (RGJD-06?MCK?)	35,400 [10.4]	23,500 [6.9]	11,900 [3.5]	12.70	15.00	76	1,000 [472
2/9/2009	RCFL-H*3621A* (RGJD-07?MCK?)	35,800 [10.5]	24,100 [7.1]	11,700 [3.4]	12.70	15.00	76	1,025 [484]
	RCFL-H*3621A* (RGJD-097ZCM?)	36,400 [10.7]	25,250 [7.4]	11,150 [3.3]	12.80	15.00	76	1,175 [554]
	RCFL-H*3621A* (RGJD-107ZCM?)	36,400 [10.7]	25,200 [7.4]	11,200 [3.3]	12.85	15.00	76	1,175 [554
	RCFL-H*3621A* (RGLR-07?AMK?)	35,800 [10.5]	24,050 [7.0]	11,750 [3.4]	13.05	15.50	76	1,025 [484
	RCFL-H*3621A* (RGLR-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
1	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
000 107	RCQD-3621A*	36,200 [10.6]	24,950 [7.3]	11,250 [3.3]	12.25	14.00	76	1,045 [493
036JAZ	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	1,000 [472
	RCQD-3621A* (RGJD-09?ZCM?)	37,400 [11.0]	26,600 [7.8]	10,800 [3.2]	13.10	15.00	76	1,025 [464
	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	
	RCQD-3624A*	36,200 [10.6]	24,950 [7.3]	11,250 [3.3]	12.25	14.00	76	1,000 [472
	RCQD-3624A* (RGFD-09?ZCM?)	37,200 [10.9]	26,300 [7.7]	10,900 [3.2]	13.15	14.00	76	1,045 [493
}	RCQD-3624A* (RGFD-10?ZCM?)	37,400 [11.0]	26,600 [7.8]	10,800 [3.2]	13.00	15.00		1,150 (543
	RCQD-3624A* (RGJD-09?ZCM?)	37,400 [11.0]	26,600 [7.8]		13.15		76	1,175 [554
	RCQD-3624A* (RGJD-10?ZCM?)	37,400 [11.0]		10,800 [3.2]		15.00	76	1,175 [554
	RCQD-3624A* (RGPR-07?BRQ?)	36,600 [10.7]	26,600 [7.8] 24,950 [7.3]	10,800 [3.2]	13.15	15.00	76	1,175 [554
	RHKL-HM3617 (RCSL-H*3617A*)	36,000 [10.7]		11,650 [3.4]	13.45	15.50	76	1,000 [472
	RHLL-HM3617 (RCSL-H*3617A*)		24,200 [7.1]	11,800 [3.5]	13.20	15.50	76	1,025 [484
	RHSL-HM3617 (RCSL-H*3617A*)	35,800 [10.5]	23,800 [7.0]	12,000 [3.5]	13.25	15.50	76	1,000 [472
	RCFL-H*4821A*+RXMD-C04 ①	35,600 [10.4] 39,500 [11.6]	24,200 [7.1]	11,400 [3.3]	12.35	14.50	76	1,100 [519
	RCFL-A*4821B* (RGLR-07?BRQ?)		27,500 [8.1]	12,000 [3.5]	12.05	14.50	76	1,250 [590
1	RCFL-A*4821B* (RGLR-10?BRM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.10	15.50	76	1.225 [578
	RCFL-A*4821B* (RGPR-10?BRM?)		27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566
	RCFL-A*4821B*+RXMD-C04	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578
	RCFL-A*4824B* (RGFD-12?RCM?)	39,500 [11.6] 40,000 [11.7]	27,500 [8.1]	12,000 [3.5]	12.05	14.50	76	1,250 [590
l	RCFL-A*4824B* (RGGD-12?RCM?)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	12.95	15.50	76	1,225 [578
042JAZ	RCFL-A*4824B* (RGLR-07?BRQ?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.05	15.50	76	1,225 [578
u Tauur Vés	RCFL-A*4824B* (RGLR-10?BRM?)		27,800 [8.1]	12,200 [3.6]	13.10	15.50	76	1,225 [578
	RCFL-A*4824B* (RGLR-107BRM?)	40,000 [11.7]	27,550 [8.1]	12,450 [3.6]	13.05	15.50	76	1,200 [566
		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?) RCFL-H*4821A* (RGFD-09?ZCM?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.05	15.50	76	1,250 [590
	· DUCIED ANZIA" (RISHIJUV/('M7)	39,500 [11.6]	26,850 [7.9]	12,650 [3.7]	12.85	15.00	76	1,150 [543
	RCFL-H*4821A* (RGFD-107ZCM?)	39,500 [11.6]	27,000 [7.9]	12,500 [3.7]	12.00	15.00	76	1,175 [554

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

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

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

Outdoor	Model Numbers	8	0°F (26.5°C) DB/67 95°F (35°C	°F (19.5°C) WB In ] DB Outdoor Air	door Air		Sound	
Unit RAPM-	Indoor Coil and/or Air Handler	Total Capacity BTU/H (kW)	Net Sensible BTU/H (kW)	Net Latent BTU/H (kW)	EER	SEER	Rating dB	Indoor CFM [L/s]
Rev.	RCFL-H*4821A* (RGGD-10?ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.85	15.50	76	1,175 [554]
1/21/2009	RCFL-H*4821A* (RGJD-097ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.85	15.50	76	1,175 [554]
	RCFL-H*4821A* (RGJD-10?ZCM?)	39,500 [11.6]	26,950 [7.9]	12,550 [3.7]	12.90	15.50	76	1,175 [554]
	RCFL-H*4821A* (RGLR-07?AMK?)	39,500 [11.6]	27,150 [8.0]	12,350 [3.6]	12.60	15.00	76	1,200 [566]
	RCFL-H*4821A* (RGLR-07?BRQ?)	40,000 [11.7]	27,800 [8.1]	12,200 [3.6]	13.10	<b>`15.50</b>	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]
0120122	RCHL-48A1 (RGFD-10?ZCM?)	38,500 [11.3]	26,050 [7.6]	12,450 [3.6]	11.90	14.00	76	1,325 [625]
	RCHL-48A1 (RGFD-12?RCM?)	39,500 [11.6]	27,800 [8.1]	11,700 [3.4]	12.00	14.00	76	1,475 [696]
	RCHL-48A1 (RGGD-09?ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.00	14.00	76	1,425 [672]
	RCHL-48A1 (RGGD-10?ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.05	14.00	76	1,425 [672]
	RCHL-48A1 (RGGD-12?RCM?)	39,500 [11.6]	27,600 [8.1]	11,900 [3.5]	12.25	14.50	76	1,450 [684]
	RCHL-48A1 (RGJD-097ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.00	14.00	76	1,425 [672]
	RCHL-48A1 (RGJD-10?ZCM?)	39,000 [11.4]	26,900 [7.9]	12,100 [3.5]	12.05	14.00	76	1,425 [672]
	RCHL-48A1 (RGJD-12?RCM?)	39,500 [11.6]	27,600 [8.1]	11,900 [3.5]	12.25	14.50	76	1,450 [684]
	RCHL-48A1 (RGLR-07?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]

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

[ ] Designates Metric Conversions

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8 Rheem Heating, Cooling and Water Heating

Outdoor	Model Numbers	8		Sound				
Unit	Indoor	Total	Net	] DB Outdoor Air Net			Rating	
RAPM-	Coil and/or Air Handler	Capacity BTU/H [kW]	Sensible BTU/H [kW]	Latent BTU/H (KW)	EER	SEER	dB	CFM [L/s]
Rev.	RCQD-4824A* (RGPR-07?BRQ?)	40,000 [11.7]	27,700 [8.1]	12,300 [3.6]	13.00	15.00	76	1,200 [566]
1/21/2009	RCQD-4824A* (RGPR-10?BRM?)	40,500 [11.9]	28,350 [8.3]	12,150 [3.6]	12.90	15.00	76	1,225 [578]
042JAZ	RCQD-4824A* (RGPR-127ARM?)	40,500 [11.9]	28,500 [8.4]	t2,000 [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]
	RCFL-H*4821A*+RXMD-C04 ①	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCFL-A*4821B* (RGPR-07?BRQ?)	48,000 [14.1]	34,050 [10.0]	13,950 [4.1]	12.55	15.00	76	1,625 [767]
	RCFL-A*4821B*+RXMD-C04	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCFL-A*4824B*+RXMD-C04	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCFL-H*4821A* (RGPR-077BRQ7)	48,000 [14.1]	34,050 [10.0]	13,950 [4.1]	12.55	15.00	76	1,625 [767]
	RCFL-H*4824A*+RXMD-C04	47,500 [13.9]	33,350 [9.8]	14,150 [4.1]	12.25	14.50	76	1,575 [743]
	RCHL-48A1	46,000 [13.5]	31,300 [9.2]	14,700 [4.3]	11.55	13.50	76	1,600 [755]
	RBHP-24 (RCHL-48A1)	47,000 [13.8]	32,000 [9.4]	15,000 [4.4]	12.60	15.00	76	1,600 [755]
	RCHL-48A1 (RGFD-09?ZCM?)	46,000 [13.5]	31,200 [9.1]	14,800 [4.3]	11.70	14.00	76	1,600 [755]
	RCHL-48A1 (RGFD-12?RCM?)	46,500 [13.6]	32,000 [9.4]	14,500 [4.2]	11.95	14.00	76	1,650 [779]
	RCHL-48A1 (RGGD-12?RCM?)	46,500 [13.6]	32,000 [9.4]	14,500 [4.2]	11.85	14.00	76	1,650 [779]
	RCHL-48A1 (RGJD-12?RCM?)	46,500 [13.6]	32,000 [9.4]	14,500 [4.2]	11.85	14.00	76	1,650 [779
	RCHL-48A1 (RGLR-07?BRQ?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.10	14.50	76	1,625 [767]
	RCHL-48A1 (RGLR-10?BRM?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.15	14.50	76	1,575 [743
048JAZ	RCHL-48A1 (RGLR-12?ARM?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.25	14.50	76	1,600 [755]
	RCHL-48A1 (RGPR-07?BRQ?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.15	14.50	76	1,625 [767]
	RCHL-48A1 (RGPR-10?BRM?)	46,000 [13.5]	31,150 [9.1]	14,850 [4.4]	11.90	14.00	76	1,625 [767]
	RCHL-48A1 (RGPR-12?ARM?)	46,500 [13.6]	31,600 [9.3]	14,900 [4.4]	12.20	14.50	76	1,575 [743]
	RCQD-4821A*	47,500 [13.9]	33,750 [9.9]	13,750 [4.0]	11.95	14.00	76	1,600 [755]
	RCQD-4821A* (RGPR-07?BRQ?)	48,000 [14.1]	34,450 [10.1]	13,550 [4.0]	12.30	14.50	76	1,625 [767]
	RCQD-4824A*	47,500 [13.9]	33,750 [9.9]	13,750 [4.0]	11.95	14.00	76	1,600 [755]
	RCQD-4824A* (RGPR-07?BRQ?)	48,000 [14.1]	34,450 [10.1]	13,550 [4.0]	12.30	14.50	76	1,625 [767]
	RCQD-4824A* (RGPR-12?ARM?)	48,000 [14.1]	34,150 [10.0]	13,850 [4.1]	12.35	14.50	76	1,575 [743]
	RHKL-HM4821 (RCSL-H*4821A*)	48,000 [14.1]	33,650 [9.9]	14,350 [4.2]	12.85	15.00	76	1,575 [743]
	RHLL-HM4821 (RCSL-H*4821A*)	48,000 [14.1]	33,650 [9.9]	14,350 [4.2]	12.95	15.00	76	1,600 [755
	RHSL-HM4821 (RCSL-H*4821A*)	47,500 [13.9]	32,950 [9.7]	14,550 [4.3]	12.30	14.50	76	1,525 [720]
	RHSL-HM4824 (RCSL-H*4821A*)	47,500 [13.9]	32,800 [9.6]	14,700 [4.3]	12.30	14.50	76	1,500 [708]
	RHKL-HM4824 (RCSL-H*4824A*)	48,500 [14.2]	34,400 [10.1]	14,100 [4.1]	13.25	15.50	76	1,625 [767]
	RHLL-HM4824 (RCSL-H*4824A*)	48,500 [14.2]	34,400 [10.1]	14,100 [4.1]	13.35	15.50	76	1,625 [767]
	RCFL-H*6024A*+RXMD-C04 ①	60,500 [17.7]	41,650 [12.2]	18,850 [5.5]	12.65	14.50	76	1,600 [755
	RCFL-A*6024B*+RXMD-C04	60,500 [17.7]	41,650 [12.2]	18,850 [5.5]	12.65	14.50	76	1,600 [755
	RCHL-60A*	55,000 [16.1]	36,450 [10.7]	18,550 [5.4]	11.20	13.00	76	1,800 [849]
060JAZ	RCQD-6024A*+RXMD-C04	56,000 [16.4]	37,900 [11.1]	18,100 [5.3]	11.50	13.50	76	1,600 [755]
	RHKL-HM6024 (RCSL-H*6024A*)	62,000 [18.2]	44,700 [13.1]	17,300 [5.1]	13.40	15.00	76	1,800 [849]
	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]

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

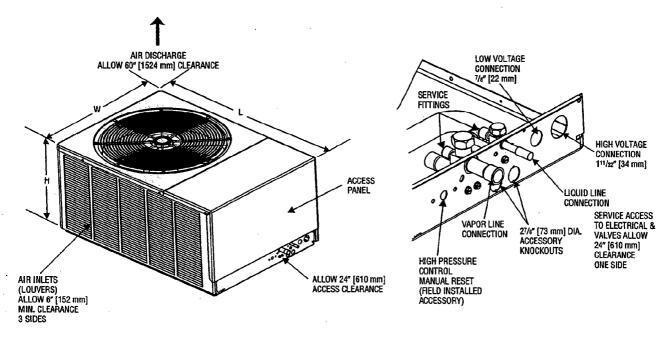
D Highest sales volume tested combination required by D.O.E. test procedures.

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### **Electrical and Physical Data: RAPM-**

			Ε	LECTF	ICAL			PHYSICAL					
Model No.	Phase	Campr.	Compr.	Fan	Min. Circuit		r HACR	Ou	tdoor C	oll	Refrig.	We	ight
RAPM-	Hertz	RLA	LRA	Motor	Ampacity		Breaker	Face Area	No.	CFM [L/s]	Per Circuit	Net	Shipping
	Volts			FLA	Amps	Min. Amps	Max. Amps	Sq. Ft. [m²]	Rows	C3 IM [L/3]	Oz. [g]	Lbs. [kg]	Lbs. [kg]
Rev. 1/2	1/2009												
018JAZ	1-60-208/230	9/9	48	0.8	13/13	15/15	20/20	11.00 [1.02]	1	2300 [1085]	82 [2325]	137 [62.1]	152 [68.9]
024JAZ	1-60-208/230	13.5/13.5	58.3	1.1	18/18	25/25	30/30	20.00 [1.86]	1	3300 [1557]	128 [3629]	190 [86.2]	205 [93.0]
030JAZ	1-60-208/230	12.8/12.8	64	0.8	17/17	25/25	25/25	20.00 [1.86]	1	3300 [1557]	129 [3657]	200 [90.7]	213 [96.6]
036JAZ	1-60-208/230	16/16	79	0.8	<u>` 21/21</u>	25/25	35/35	23.01 [2.14]	1	3300 [1557]	146 [4139]	201 [91.2]	223 [101.2]
042JAZ	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	23.01 [2.14]	1	3300 [1557]	152 [4309]	224 [101.6]	246 [111.6]
048JAZ	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	23.01 [2.14]	2	3300 [1557]	203 [5755]	265 [120.2]	290 [131.5]
060JAZ	1-60-208/230	26.4/26.4	134	2.8	36/36	45/45	60/60	23.01 [2.14]	2	3300 [1557]	262 [7428]	274 [124.3]	299 [135.6]

### **Unit Dimensions**



Model Number RAPM-	Height "H" (Inches) [mm]	Length "L" (inches) [mm]	Width "W" (Inches) [mm]
018	19 [483]	401/2 [1029]	275/8 [702]
024/030	29 [737]	443/8 [1127]	311/2 [800]
036/042/ 048/060	33 [838]	44 <sup>3</sup> /8 [1127]	311/2 [800]

#### [ ] Designates Metric Conversions

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

GENERAL TERMS OF LIMITED WARRAI	NTY
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 defectsFive (5) Years Compressor— JAZTen (10) Years *All Other Parts JAZFive (5) Years
a copy.	*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 L	lne Sizing (	R-410A)						
System Capacity	Line Size Connection (Inch I.D.)	Line Size (Inch O.D.)	Liquid Line Size – Outdoor Unit Above Indoor Coll (Cooling Only – Does not apply to Heat Pumps)					Liquid Line Size – Outdoor Unit Below Indoor Coli						
			Total Equivalent Length—Feet [m]					Total Equivalent Length—Feet (m)						
		[mm]	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]						
		1/4 [6.35]	0	0	0	0	8 [2.44]	24 [7.32]	25 [7.62]	40 [12.19]	25 [7.62]	9 [2.74]	N/A	N/A
11/2 Ton	3/8″	5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	62 [18.90]	58 [17.68]	53 [16.15]	49 [14.94]
ì		3/8* [9.53]	0	0	0	0	0	<b>`</b> 0	25 [7.62]	50 [15.24]	75 [22.86]	72 [21.95]	70 [21.34]	68 [20.73]
		1/4 [6.35]	0	3 [0.91]	29 [8.84]	55 [16.76]	81 [24.69]	108 [32.92]	23 [7.01]	N/A	N/A	N/A	N/A	N/A
2 Ton	3/8″	5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	36 [10.97]	29 [8.84]	23 [7.01]	16 [4.88]	9 [2.74]
		3/8* [9.53]	0	0	0	0	0	0						65 [19.81]
		1/4 [6.35]	0	14 [4.27]	56 [17.07]	98 [29.87]	N/A	N/A	25 [7.62]		N/A	N/A	N/A	N/A
21/2 Ton	3/8″	5/16 [7.94]		0	0	0	0	0	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]		50 [15.24]				
5 100	3/0	3/8* [9.53]	0	0	0	0	0	0						53 [16.15]
31/2 Ton	3/8″	5/16 [7.94]	0	0	0	16 [4.88]	35 [10.67]	54 [16.46]		23 [7.01]			N/A	N/A
5 1/2 1011	3/0	3/8* [9.53]	0	0	0	0	0	0						24 [7.32]
4 Ton	3/8″	3/8* [9.53]	0	0	0	0	0	0						15 [4.57]
4 1011	010	1/2 [12.57]	0	0	0	0	0	0,						52 [15.85]
5 Ton	3/8″	3/8* [9.53]	0	0	0	0	0	: 0						20 [6.10]
5100		1/2 [12.57]	0	0	0	0	0	0						76 [23.16]

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

			Suction Li	ne Length/Size versus Capacity M	ultiplier (R-410A)				
Unit Size		11/2 Ton 2 Ton		21/2 Ton	3 Ton 31/2 Ton		4 Ton	5 Ton	
Suction Line Connection Size Suction Line Run- Feet [m]		' <u>.</u>	3/4" [19.05	mm] I.D.	7/8" [22.23 mm] I.D.				
		<sup>5</sup> /8" [15.88 m <sup>3</sup> /4" [19.05 m		5/8" [15.88 mm] O.D. Opt. 3/4" [19.05 mm] O.D. Std.* 7/8" [22.23 mm] O.D. Opt.		am] 0.D. Opt. m] 0.D. Std.*	<sup>7</sup> /8" [22.23 mm] O.D. Opt. 11/8" [28.58 mm] O.D. Std.*		
25' <b>[7.62</b> ]	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	

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

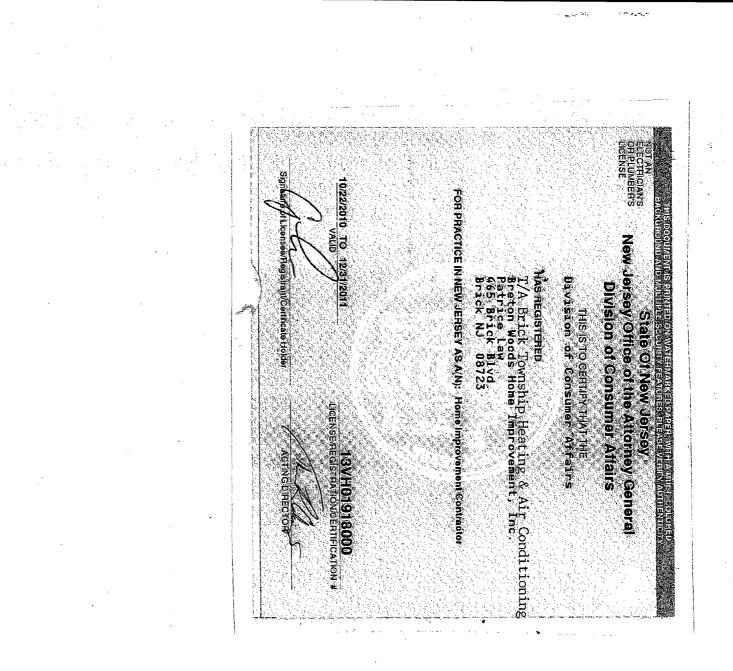
Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices. Rheem Heating, Cooling and Water Heating P.O. Box 17010, Fort Smith, AR 72917

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"In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice." PRINTED IN U.S.A. 2-09 DC FORM NO. A11-199



вьоск <u>446, 20</u> ьот	10 QUALIF		ADDRESS	(SITE)	PERMIT NO.	14-186
Applicant Completes: Section I. IDENTIFICATION 1. Proposed Work Site at: 5 2. Name of Owner in Fee: 1 Tel. Address 5 5 5 100	CONS APPLI s I, II, III (optional), IV, VI 33 North Lake emes & Hedeliza e-me	ARUCTION CATION and VII Shore Drive Could Drive Brief	PERMIT 1-(6253*] Briek	V FEE SUMMARY (for	\$ e Plan Review \$ harge Fee \$	Update Update
4. Principal Contractor: Jan Address Same		Tel		VI. BUILDING/SITE CHA		(office use only)
Address	· · · · · · · · · · · · · · · · · · ·	e-m	'	2. Height of Structure		
License No. OR, if new hom	e, Builder Reg, No.	E	xp. Date	1 1	oor	
Home Improvement Contrac	-		•	4. New Dunuing Area		
Federal Emp. ID No.		FAX: (				
5. Architect or Engineer <u>J</u> Address <u>SAME</u> Tel. ( <u>SAME</u>		Contact e-mail FAX: () James Covie	V	8. If Industrialized Bu 9. Total Land Area Di	oadHilding: State Approved Hi sturbed	UDsq. ft.
Te		FAX: ( )	<		ion	ft.
a.PROPOSED WORK		New Building	Addition		VII. DESCRIPTION OF A. RESIDENTIAL (prime	
🗌 Repair		Alteration	🗋 Renovatio	n 🗌 Reconstructio	4 Chate Canada Lines	we wanted and the second secon
Asbestos	AbatSubch. 8	🔲 Lead Hazard Abatem			2. Use Group, Propose	ed:
. SUBCODES			OFFICE USE ONLY (OP		3. Change in Use Grou	
(Check all that apply)	Est. Cost Plans Rec'd by	Date Rejection Rec'd Date	Approval Re- Date viewer	Resubmission Dates Approval Rejection	Re- viewer Gained, Sale	: <u>Total Units</u> Income-restricted
					Galned, Rental	······································
Electricat			6184 -2	<b>a</b>	Lost, Sale Lost, Rentai	
					B. NON-RESIDENTIAL	principle. The second
Fire Protection	n			a an an ann an an an an an an an an an a	1. State Specific Use: 2. Use Group, Propos	
					3. Change in Use Gro	
TOTAL COS					C. MIXED USE -List se	
III. PLAN REVIEW (optional)		OR WILL YOUR BUILDING	G CONTAIN ANY OF T	HE FOLLOWING?	D. Construct. Classificat	tion: Present Proposed
DO YOU WANT: 1.   Partial Releases 2.  Prototype Processing	1. [] Ele Dur 2. [] Hig	vators/Escalators/Lifts/ nbwaiters/Moving Walks n Pressure Boilers	4.  Refrigeration Sys Cross-Connection	tems 8. [] s/Backflow Preventers 9. [] Places of Assembly 10. []	Smoke Control Systems in Open Underground Storage Tanks Swimming Pools, Spas and Hot T LPGas Tanks	Wells 12. Fire Alarm

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17

Brick Township 401 Chambersbridge Rd Brick, NJ 08723

08/11/2014
C-14-002527
14-1868
06/19/2014
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 Oct	cupancy Load: 0
Description of Work/Use: ELECTRICAL ALTERATIONS	
Certificate Comments:	
<ul> <li>Certificate of Occupancy</li> <li>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.</li> <li>Certificate of Approval</li> <li>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.</li> <li>Certificate of Continued Occupancy</li> <li>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.</li> <li>Temporary Certificate of Compliance</li> <li>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:</li> </ul>	<ul> <li>Certificate of Clearance - Lead Abatement 5:17</li> <li>This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.</li> <li>Total removal of lead-based paint hazards in scope of work</li> <li>Partial or limited time period ( years); see file</li> <li>Certificate of Clearance - Asbestos Abatement</li> <li>This serves notice that based on written certification, asbestos abatement was performed to the following extent.</li> <li>Total removal of asbestos hazards in scope of work</li> <li>Partial or limited time period ( years); see file</li> <li>Total removal of asbestos hazards in scope of work</li> <li>Partial or limited time period ( years); see file</li> <li>Certificate of Compliance</li> <li>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</li> <li>Temporary Certificate of Occupancy</li> <li>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:</li> </ul>

Construction Official

Fee:	\$0.00	
Check i	Number:	
Collect	ed By:	

Date Printed: 08/11/2014

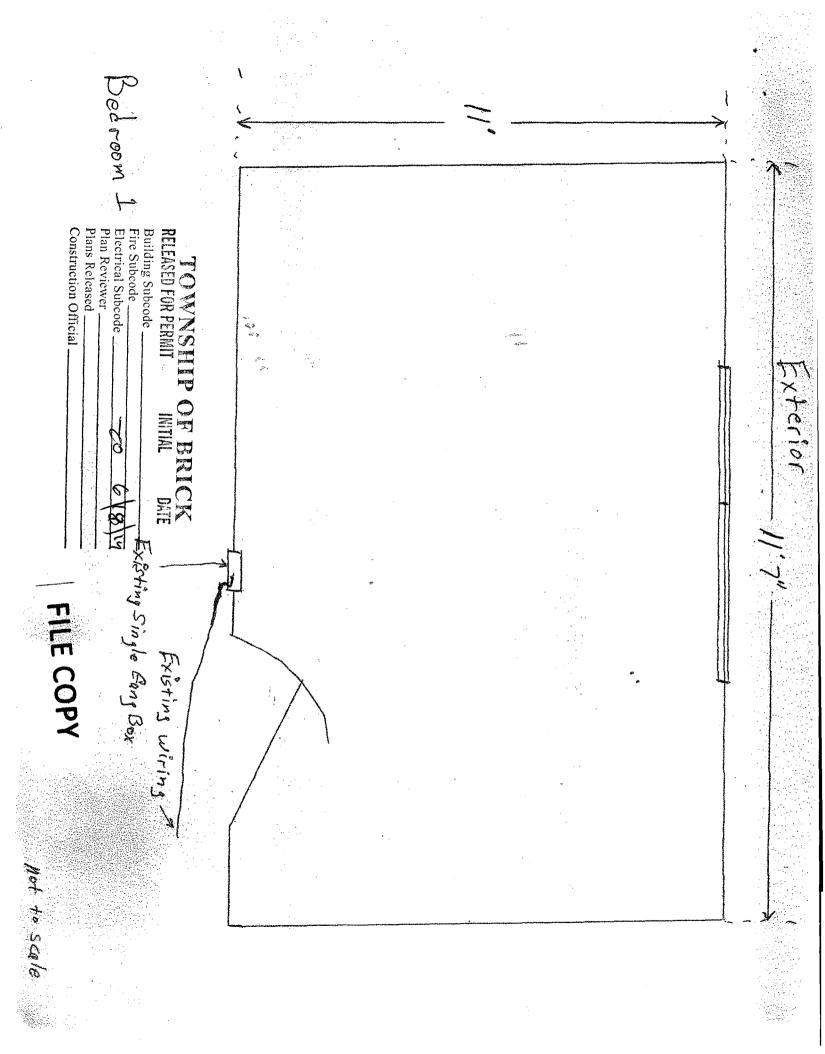
U.C.C. F260 (rev. 08/05)

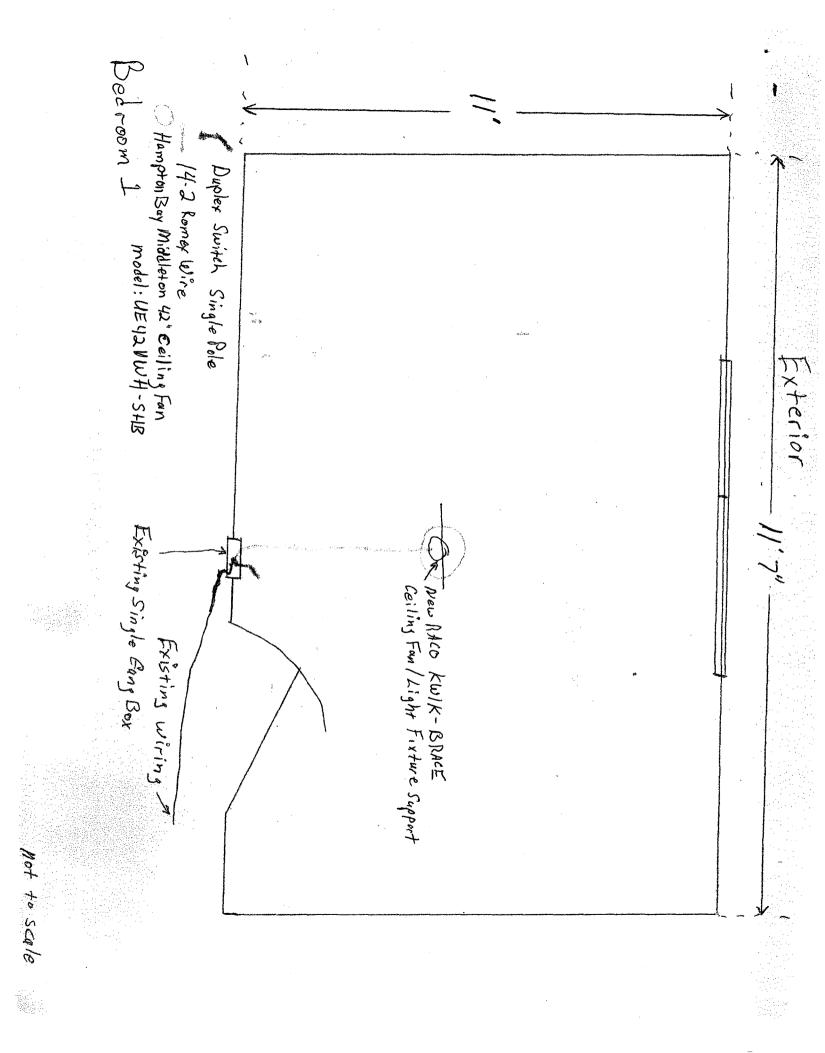
Page 1

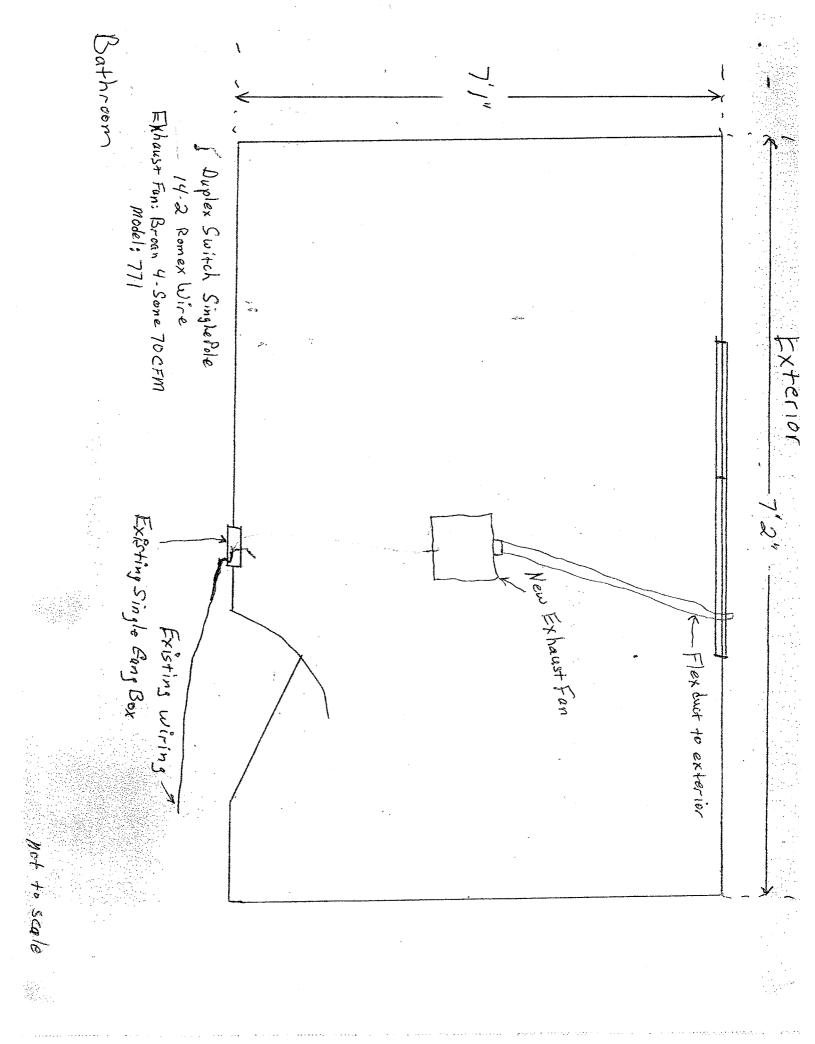
U.C.C. F120 (rev. 11/D9) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy	[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.       Other         SUBCODE APPROVAL for CERTIFICATE       Final         Approved by:       Temp. Cut-in-Card Date Issued         SUBCODE APPROVAL for CERTIFICATE       Final Cut-in-Card Date Issued         [ ] CO       [ ] LCO         Date:	B. ELECTRICAL CHARACTERISTICS         Use Group       Present         [ ] Pole/Pad #       [ ] Temporary         Building Occupied as       [ ] Temporary         Building Occupied as       [ ] Temporary         Est. Cost of Elec. Work \$       4         JOB SUMMARY (Office Use Only)       INSPECTIONS         PLAN REVIEW       INSPECTIONS         [ ] No Plans Required       Type:         [ ] Partial -Understab Utilities Approved       BarrierEree         Date:       Approved by:         Trench       Ench         Telefric Pfans Approved by:       Temp. Serv.         Date       Constr. Serv.         Joint Plan Review Required:       TCO	ELECTRICAL SUBCODE         A. IDENTIFICATION APPLICANT: COMPLETE ALLAPPLICABLE INFORMATION. WHEN CHANGING         CONTRACTORS, MOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.         Block FFG.       Lot       Oualification Code         Work Site Location       SB       Lot       Oualification Code         Work Site Location       SB       Lot       Distribution Code         More in Fee:       Sames       Let       Lot       Distribution Code         Address       SB       Lot       SI       SI       SI         Address       SB       Lot       SI       SI       SI         Address       Same       Optic       Entel       SI       SI         Address       Same       Optic       Entel       SI       SI       SI         Address       Same       Optic       Entel       SI       SI       SI       SI       SI       SI       SI
	KW Baseboard Heat         HP Motors 1/+ HP         KW Transformer/Generator         AMP Service         AMP Subpanels         AMP Motor Control Center         KW Elec. Sign/Outline Light	Emergency & Exit Lights Communications Points Alarm Devices/F.A.C. Panel TOTAL NUMBERS Pool Permit/with UW Lights Storable Pool/Spa/Hot Tub KW Elec. Range/Receptacle KW Oven/Surface Unit KW Elec. Dryer/Receptacle KW Elec. Dryer/Receptacle KW Dishwasher HP Garbage Disposal KW Central A/C Unit	Date Received       Control #         Control #       Date Issued         Permit #       H - R&&         Permit #       H - R&&         Application and perform the work listed on this application.       Applicant sign/Contractor         Applicant sign/Contractor       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         DESCRIPTION OF WORK:       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         DESCRIPTION OF WORK:       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         DESCRIPTION OF WORK:       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         DESCRIPTION OF WORK:       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         DESCRIPTION OF WORK:       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         DESCRIPTION OF WORK:       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         DESCRIPTION OF WORK:       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         Description Source       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         Description Source       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant         Description Source       Image: Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant     <

N.

WORK SILE LOCATIO	n: 583 N. LAKE SHORE DR. Brick Township.	NJ Contractor COYLE, JAI	MES G & HEDELIZA M
Owner in Fee	COYLE, JAMES G & HEDELIZA M		SHORE DR BRICK NJ 08723
	583 N LAKE SHORE DR BRICK NJ 08723	Telephone: Lic. No. or Bldrs. Reg. No.	
Telephone:		Federal Employee. No.	
s hereby grante	d permission to perform the following work		PAYMENTS (Office Use Only)
] BUILDING			Building \$0
			Electrical \$40
			Plumbing         \$0           Fire Protection         \$0
] ELEVATOR DE	EVICES ASBESTOS ABATEMENT (Subchapter 8 only)	OTHER	Elevator Devices \$0
DESCRIPTION O	F WORK:		Other \$0.00
ELECTRICAL AL	TERATIONS		DCA Training Fee
			CO Fee
latai lé construct		<u>na na sina sina sina sina sina sina sina</u>	Other\$0
onstruction cea	ion does not commence within one (1) year ses for a period of six (6) months, this perm	of date of issuance, or if nit is void.	Total
stimated Cost of	of Work \$450		
		a second s	Cash \$0
$\rightarrow$	anico Kalenman In	010114	Credit 60
I.C.C. F170 quiv (rev 1/04) 1 WHITI		RED INSPECTIONS	
J.C.C. F170 rquiv (rev 1/04) 1 WHITI Construction work put such periodic i Jniform Construct The owner or othe	Ction Official Date E - INSPECTOR 2 CANARY - OFFI REQUIE must be inspected in accordance with the Stat nspections during the progress of work as are ion Code. r responsible person in charge of work must no	RED INSPECTIONS te Uniform Construction Code Regulation necessary to insure that the work instal	Collected By
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#### **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 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		<u></u>	 	, 
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 <u>A</u>

LDS BR 10511318

Construction Permit #A-9550	
	Mar. 2, 19 82
Owner Harry. H Bench	
Location	
Lake Riviera	
Block446D20 Lot	
Contractorsame	
Fee \$. 7.50 ck. Use Shed	· · · · · · · · · · · · · · · · · · ·

### **VIOLATIONS**

# Footing Trench Slab Foundation Framing Insulation Final 2 2 3 8 Mater Final Electrical Final

**BUILDING SUB-CODE INSPECTIONS** 

Use reverse side for additional remarks

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

LUCATION OF BUILDING       N S       N S         II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D         II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D         A. TYPE OF IMPROVEMENT         1 D New buildings         2 D Addition (if residential, enter number of new housing units added, if any, in Part D, 13)       D. PROPOSED USE — For "Wrecking" most recent use         3 D Alteration (See 2 above)       II. Transient hotel, motel, of Moving (relocation)       10 Demolition         4 Repair, replacement       10 Demolition       21 Demolition         5 Demolition       21 Demolition       21 Demolition         6 Moving (relocation)       15 Demolition       23 Hospital, institi         7 D Garage       15 D Garage       24 Doffice, bank,	recreational religious n, repair garage itutional
I.       Number and street       Sector       Lor       Ior       Block         LOCATION       583 N- Make       Shoze Mr       N g       N g       N g         OF       N S       E W side of       feet       E W from intersection of       10       444         OF       N S       S       feet       E W from intersection of       10       444         II. TYPE AND COST OF BUILDING       All applicants complete Parts A - D       II.       Nonresidential       Nonresidential         1       New buildings       D. PROPOSED USE - For "Wrecking" most recent use       Nonresidential       Nonresidential         1       New buildings       II.       III. TYPE AND COST OF BUILDING - All applicants complete Parts A - D       D. PROPOSED USE - For "Wrecking" most recent use         1       New buildings       III. TYPE or improvement       III.       III.       III.         2       Addition (If residential, enter number of new housing units added, If any, in Part D, I3)       D. PROPOSED USE - For "Wrecking" most recent use       III.         3       Alteration (See 2 above)       III.       III.       III.       III.       III.         4       Repeir, replacement       III.       III.       IIII.       IIII.       IIII.       IIII. <t< td=""><td>recreational religious ge n, repair garage inutional</td></t<>	recreational religious ge n, repair garage inutional
I.       583 N-Adda Subre AV       Jake Lunce 10       10       444         OF       N S       S       E W side of	recreational religious ge n, repair garage inutional
OF       N S         BUILDING       E W side of	recreational religious n, repair garage itutional
BUILDING       E W side of	recreational religious n, repair garage itutional
II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D         A. TYPE OF IMPROVEMENT         1 D New buildings         2 Addition (if residential, enter number of new housing units added, if any, in Part D, 13)         3 D Alteration (See 2 above)         4 D Repair, replacement         5 D Demolition         6 D Moving (relocation)         7 D Garage	religious ge n, repair garage itutional
1       New buildings         2       Addition (if residential, enter number of new housing units added, if any, in Part D, 13)       Residential         3       Alteration (See 2 above)       12       One family       18       Amusement, renumber of units         4       Repair, replacement       14       Transient hotel, motel, or furnitory — Enter number       20       Industriel         5       Demolition       or dormitory — Enter number       21       Parking garage or dormitory — Enter number         7       Garage       15       Garage       24       Office, bank,	religious ge n, repair garage itutional
2       Addition (if residential, enter number of new housing units added, if any, in Part D, 13)       Residential       Nonresidential         3       Alteration (See 2 above)       12       One family       18       Amusement, r         4       Repair, replacement       13       Two or more family – Enter number of units       19       Church, other         5       Demolition       14       Transient hotel, motel, or dormitory – Enter number       21       Parking garag or dormitory – Enter number         7       Garage       15       Garage       24       Office, bank,	religious ge n, repair garage itutional
of new housing units added, if any, in Part D, 13)       12 □ One family       18 □ Amusement, r         3 □ Alteration (See 2 above)       13 □ Two or more family — Enter number of units       19 □ Church, other number of units         4 □ Repair, replacement       14 □ Transient hotel, motel, or dormitory — Enter number       21 □ Parking garage or dormitory — Enter number         5 □ Demolition       6 □ Moving (relocation)       15 □ Garage       23 □ Hospital, institution         7 □ Garage       14 □ Creaset       14 □ Creaset       24 □ Office, bank,	religious ge n, repair garage itutional
3	je n, repair garage itutional
4       Repair, replacement       14       Transient hotel, motel, or dormitory — Enter number       21       Parking garag         5       Demolition       or dormitory — Enter number       22       Service station of units         6       Moving (relocation)       15       Garage       24       Office, bank,         7       Garage       16       Connect       24       Office, bank,	n, repair garage itutional
5 ()       Demolition         6 ()       Moving (relocation)         7 ()       Garage         16 ()       Connect	n, repair garage itutional
6 Moving (relocation)     23 Group 13, instruction       7 Garage     15 Garage       24 Office, bank,	
	professional
	I
Swim Pool [] in [] out         16 [] Carport         25 [] Public utility           Fence         17 [] Other - Specify         26 [] School, library	y, other educational
Gan Day Oh of 27 Stores, mercas	ntile
8 Private (individual, corporation, nonprofit institution, etc.) 29 Other - Specif	y
9  Public (Federal, State, or local government)	
C. COST (Omit centa) Nonresidential - Describe in detail proposed use of build	ings, e.g., food
10. Cost of Improvement	ing garage for industrial plant.
in the above cost if use of existing building is being changed, enter propose	ed use.
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixiures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT \$ 18500	
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.
E. PRINCIPAL TYPE OF FRAME H. DIMENSIONS FEE COMPUTATIONS	, , ,
Mesonry (wall beering)     Number of stories     VOLUME OF BUILDING	
U Wood frame	
Structural steel     Total square feet of floor area,     BUILDING SUB CODE	<u> </u>
Reinforced concrete     all floors, based on exterior     ELECTRICAL CODE	
Other - Specify     dimensions      PLUMBING CODE	
Total land area, sq. ftPLAN REVIEW	
F. TYPE OF HEATING SYSTEM 1. RESIDENTIAL BUILDING ONLY CERTIFICATE OF OCCUPANCY	
Air Cond. Yes No Number of bedrooms	
G. TYPE OF SEWERAGE DISPOSAL Number of bethrooms CONSTRUCTION	
Public     Permin     Permin     Permin     PERMIT FEE	7.50
SEE REVERSE A-95	50 ()

	RACTORS		8			
	NAME		TRADE	ADDRESS	ZIP CODE	PHONE #
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PERSON TO	BE IN CHARGE OF CONS HARRY H. BE	struction	v			
NAME /	HARRY H. BE 583 N. LAK	enich ES	HURE DR	BRICK TOU	UN No S.	
NAME /	D BE IN CHARGE OF CONS <u>HARRY</u> <u>H. BE</u> 583 N. LAIK <b>IFICATION</b> — To be	enich ES	HURE DR		JN N.S.	
NAME /	HARRY H. BE 583 N. LAK	enich ES	HZRE DE			ode Tel. N
NAME /	<u>HARRY H. BE</u> 583 N. L.A.K IFICATION — To be	complet	HZRE DE	i <b>ts</b> a — Number, street, city, and S	itate ZIP co	ode Tel. N. \$778 477
NAME /	HARRY H. BE 583 N. L.A.K IFICATION - To be Name HARRY H BEN	complet	HZRE DE	ts	itate ZIP co	
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NAME / ADDRESS / IV. IDENT	HARRY H. BE 583 N. LAIK IFICATION - To be Name HARRY H BEN	complet	HZRE DE	i <b>ts</b> a — Number, street, city, and S	itate ZIP co	
NAME ADDRESS IV. IDENT 1. Owner Agent 2. Contractor	HARRY H. BE 583 N. LAIK IFICATION - To be Name HARRY H BEN	complet	HZRE DE	i <b>ts</b> a — Number, street, city, and S	itate ZIP co	
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NOTICE 3	O CONFLY
DIVISION OF	INSPECTIONS
TOWNSHIP	OF BRICK

February 26, 1982

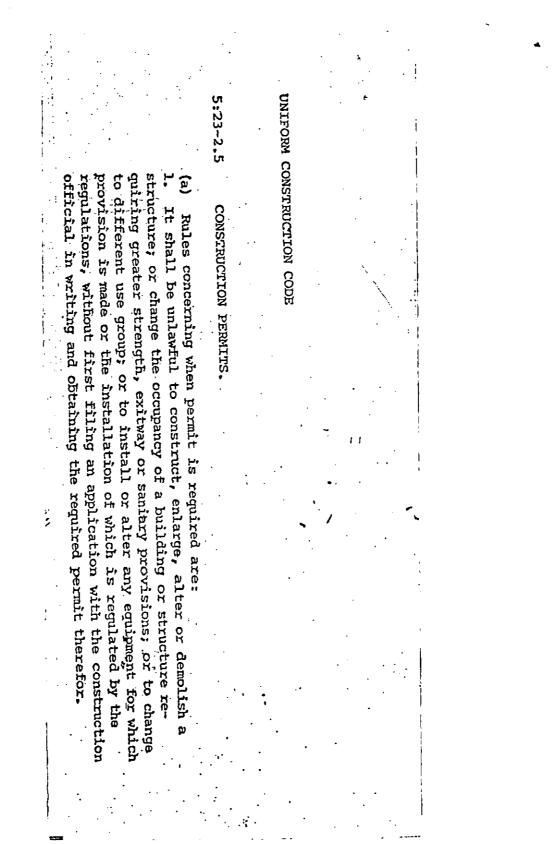
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	NAME				• •	
OLNER/AGENT	SAME		· · · · · · · · · · · · · · · · · · ·	1. See	· · · · ·	
UANER/AGENT	NA24E		ADDR-	SS	:	
		Blk. 446D2	0. Lot 10		• • • • •	
NDDRESS OF VIO	LATION				···	·
		· · · · ·		• • • •	· .	۰.
PERMIT IDENTIF					<u>.</u>	
		No permit for	•			· · · ·
You are hereby P.L. 1975, C.2	notified 17, as amen	that a viola ded exists a	tion of the ' t the above r	State Unification State Unification State Unification States and S	m Constructio S.	n Act"
You have had s indicate you h Chambersbridge above cited vi	ave not don Rd, and sp					
Chap5;	23=2-5-(copy	enclosed)	Youmustcome.	ìn to this of	fice-by	· · · · · · · · · · · · · · · · · · ·
March 11	, 1982 to ob	btain a permi	t	•. • • •		
· ·	· · · ·	• . •		· ·		
•	· · · · · · · · · · · · · · · · · · ·				he after reco	ipt
You are hereby of this notice time specified will be cumula exists, as if	e. Failure Will resultive and be it were a f	to correct lt in the as c assessed f soparate off	sessment of a or each addit ense.	\$500 Dentional week th	alty. This p hat the viola	enalty tion
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of this notice time specified will be cumula exists, as if The owner beau	<ul> <li>Failure</li> <li>Will resultive and be</li> <li>it were a second second</li></ul>	to correct lt in the as e assessed for soparate off sponsibility	for bringing Building	\$500 Dentional week th	alty. This p hat the viola	enalty tion

Construction Official

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PROP. LINE PROPERTY LINE YAW BUILD w M N. LAKE SHORE SIDREWALL  $\hat{}$ RO House SHED 2 +++ 1 1 1 Ł 1045 -6sjt Plumb.ng Z-ning **Plan Review** Electrical Firè Building Energy DIMENSIONS ARE APPOX ÷ BRICK TOWNSHIP Class 42/82 Date PROP. LINE And Вy :

BLOCK 446. 2_ LOT	10	QUALIFIC		E	AC	DRESS (S	SITE)	83N.(	ALC	DORE PERMIT NO 02	-3003		
U		ONST PPLIC	RUC	TION			<b>V. FEE</b> 1. B 2. E 3. P	V. FEE SUMMARY (for office use only)  1. Building 2. Electrical 3. Plumbing					
Application Completes: Sections I, II, III (optional), IV, VI, and VII         I. EDENTIFICATION         1. Propeed Work Site at:								ire Protection levator Devices ubtotal ess 20% for tate Plan Revie ubtotal CA Training Fe ubtotal ert. of Occupal ther OTAL	w	s s s			
License No. OR, if new home Federal Employee Ni 5. Architect or Engineer Address 6. Responsible Person in Charg Tel. ( <u>73.</u> ) <u>2109</u>	e of Work	L.Joh	NLA	FAX: ( Tel. (	) _)		1. N 2. H 3. A 4: N 5. V 6. C 7. T 8. F 9. B 10. V	eight of Structu rea — Largest ew Building Arr olume of New S onstruction Cla otal Land Area tood Hazard Zo ase Flood Elev /etlands yes	es re Floor ea Structure ssification Disturbed ne ation	ft.       sq. ft.       sq. ft.       cu. ft.       sq. ft.       cu. ft.       rt.	(office use only)		
· · · / - · · ·	T	· · -		091			ha						
IL PROPOSED WORK	Est. Cost	Plans	Date	Rejection	IONAL (for of Approval	Re-	· · · · · · · · · · · · · · · · · · ·	eion Datan	—	VII. DESCRIPTION OF BUILDING			
1. Minor Work		Rec'd by	Rec'd	Date	Date	rte- viewer		ssion Dates	Re- viewer	A. RESIDENTIAL	5 USE		
2. I New Building			<u> </u>				$\neg \uparrow \uparrow$	1	TRE (10)	1 D Hotels (R-1)			
3. Addition					<u>├──</u> ──		<del>\\\</del> /	10	┠╧━━─┤	2. D Multi-Family (R-2)			
4. Sk Attention				· · · · · · · · · · · · · · · · · · ·	<u> </u>	-		₽·	╂╾──┤	3. Two-Family (R-3) BOCA			
5. Fire Protection					<u> </u>			<u>†</u>	<u>├───┤</u>	4. 🗋 Two-Family (R-4) CABO			
6. C Plumbing								<u> </u>	┢╼┈┈┥	5. One-Family (R-3) BOCA			
7. Electrical		F		<u> </u>	<u> </u>	┢╴──┤	<u> </u>	<u> </u>	┟───┤	6. One-Family (R-4) CABO			
8. Elevetor Devices					f			<u> </u>	┠───┤	No. of dwelling units:			
9. Asbestos Abet, Subch, 8			-				· · ·		┝───┤	Before Construction	<u> </u>		
10, C Lead Hazard Abatement				<u> </u>		<u> </u>		<u> </u>	╞───┤	After Construction			
1				·			, <u> </u>		┟───┤	Net Gain or Loss	·		
	0200.0		<u> </u>	J	I			<u> </u>	<u> </u>	B. NON-RESIDENTIAL			
TOTAL COSTS	2200.00	IV. DOES	OR WILL YO	UR BUILDING	G CONTAIN A	NY OF THI		IG?		1. State Specific Use:			
III. DO YOU WANT: (optional 1.	()	1. 🗌 Elev Dum 2. 🗌 Higt 3. 🗌 Pres	ators/Escalat hbwaiters/Mo Pressure Bo sure Vessels igeration Sys	tors/Lifts/ ving Walks oilers s		5. Cro 6. Cro 7. Spr 8. Smith	ss-Connectio ardous Uses inklers oke Control S	Is-Connections/Backflow Preventers 2. Use Group:					
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LDS BR 10503710

#### CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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, EM-PLOY, 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.

Date

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

Signature\_\_\_\_\_

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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	a Motass; marko	ofing Sve	TIALS	Tohn Lap	ham
Address 40	Snyder Ave	Jomsk.	inn		
Telephone (23c	+ ) 2404133		<u> </u>		
Signature	- Alle			· · ·	
HI ( ) FAD H	AZARD ABATEMENT Ind	lude Homeowner or	Building Owner Aff	davit as per NJA (	C 5.17

UCC F100-2 (rev 3/96)

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	Utility Dig No.	N.J. Department of     Environmental Protection	I N.J. Department of Transportation	N.J. Department of     Community Affairs	Soil Conservation	Health Department	Police Department	Water Authority	Sewer Authority	C Zoning Board	Planning Board	Zoning Officer	CHECKLIST (office use only)	VIII. PRIOR APPROVALS
			X	X									Prelimin. Initial	LOCAL APPROVAL
•		X	$\left  \right\rangle$	$\left  \right\rangle$									Final Date	CAL OVAL
	X	X	X	X			$\mathbb{N}$			$\Big $		$\setminus$	Prelimin. Initial	COUNTY APPROVAL
	$\mathbb{X}$	X	X	X			$\mathbb{N}$			$\Big $		$\Big $	Final Date	NTY OVAL
	X	X	X			X	X			$\Big $		$\Big $	Prelimin. Initial	REGIONAL APPROVAL
	X	X	X	X			X				<b>^</b> -	$\mathbb{X}$	Final Date	OVAL
	$\mathbb{X}$				X		X	X	$\mathbb{X}$		$\mathbb{X}$	$\mathbb{X}$	Prelimin. Initial	STATE
	X				X		X	X	$\left  \right\rangle$	$\left  \right\rangle$	$\left  \right\rangle$	X	Final. Date	ATE OVAL
														COMMENTS

	×
	SUBCODE
	<b>X. SUBCODES AND SPECIAL REGULATIONS A</b>
	CIAL RE
	GULATI
	IONS AP
	APPLICABLE (office use o
	E (office u
	se only
	optional)

Name of Code & Edition		Name of Code & Edition	3		
Building	Energy		Other		
Electrical	Barrier Free				
Plumbing	Flood Hazard				
Fire Protection	As Built Elevation Cert.	vation Cert.			
Mechanical	Other				
X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
Temporary Certificate of Occupancy	No				
[1] Temporary Certificate of Compliance	No				
Continued Certificate of Occupancy	No.				
Certificate of Compliance	No.				
Certificate of Occupancy	No				
Certificate of Approval	No.				-
C Lead Abatement Clearance Certificate	<b>N</b>				

U.C.C. F100-3 (nev 3/96)

U.C.C. FITO (rev. 3/96)	nvit: it construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) sonths, this perait is void. Edited and fork 5 2.200 Construction Official 08/08/2002		Work Site Lacation <u>583 N LAKESHORE AR</u> Owner in Fee <u>DAVIS</u> Address <u>SAME</u> RRICK, NJ 08723- Telephone Federal Eap. Federal Eap.	CONSTRUCTION PERMITE IDENTIFICATION Block 446.02 Lot 10 Gual	TONNSHIP OF BRICK 401 CHANBERS BAIDSE RD 91VISION OF INSPECTIONS 1100 HER NEW SECTIONS		
	suance, iotal <u>67</u> void. Check Ho. Cash <u>Cash</u> Collected By <u>ERP</u>	PAYNEWIS (Office Use Only) Building Electrical Plushing Fire Protection Elevator Devices Other DCA Training Fee Cert. of Occupancy Other	AAA PROFESSIONAL ROOFING 40 GAVYRER AVE 1085 RIVER, NJ 08753- 17321R46-4133 r Bldrs, Reg. No. p, No.		Date Issued 08/08/2002 Control 0 Permit 0 02-3003	h M	
		10/08/02 9125AH 000000063896 4023003 ↔ \$65.00 0CA \$65.00 0CA \$2,00 0CA \$2,00 0CA \$2,00 0CA \$2,00 0CASH \$67.00 0CASH \$67.00			•		

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b. pollution communication (1997) Use Group Present Proposed Constr. Class Present Proposed No. of Stories 0 Height of Structure 0 Area Largest Floor 0 New Bldg. Area/All Floors 0 Volume of New Structure 0 Total Land Area Disturbed 0	B SUMMARY (Office Use Unity) AN REVIEW Bate Initial AN Plans Req	ite Location <u>583 N LAKESHORE</u> <u>ROOF</u> <u>SAME</u> <u>BRICK, NJ 08723-</u> <u>BRICK, NJ 08723-</u> <u>Ctor AAA PROFESSIONAL RODFINE</u> <u>5 40 SNYDER AVE</u> <u>10MS RIVER, NJ 08753-</u> <u>732)240-4133</u> <i>Fax</i> () 0. of Bldrs. Reg. No.	TOWNSHIP OF BRICK UCC NEW JERSEY 401 CHAMBERS BRIDGE RD BUILDING DIVISION OF INSPECTIONS TECHNICAL SECTION A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: Black 446.02 Lat 10 Dual
ied       R-3       Est. Cost of Bldg. Work:         ied       1. New Bldg. \$       0         0       Ft.       2. Alteration \$       2.200         0       Sq. Ft.       3. Total (1+2)\$       2.200         0       Sq. Ft.       Industrialized Building:         0       Sq. Ft.       Industrialized Approved         0       Sq. Ft.       I J State Approved	INSPECTIONS       Dates (Month/Day)         Type       Failure Failure Approval Initial         Footing		INFORMATION. 4 1-800-272-100
<u>.0</u> Administrative Surcharge Paid [X] Check <b># Cash</b> Collected by: <u>ERP</u> DCA Training Fee	<pre>tial TYPE OF WORK [ ] New Building [ ] Addition [ ] Addition [ ] Addition [ ] Roofing [ ] Siding [ ] Fence 0 Height (exceeds 6') [ ] Sign 0 Sq. Ft. [ ] Pool [ ] Absestos Abatement Subchapter 8 [ ] Lead Haz. Abatement NJAE 5:17 [ ] Demolition [] Demolition</pre>	<pre>start of record and an authorized to make this application. Signature D. TECHNICAL SITE DATA DESCRIPTION OF WORK RE ROOF RE ROOF</pre>	Date Received 08/08/2002 Date Issued 08/08/2002 Control # Permit # 02-3003 HEN CHANGING C. CERTIFICATION IN LIEU OF DATH 0 I hereby certify that I am the (apent of) mener
<b>5</b> 0 <b>6</b> 0 <b>5</b> 65 <b>5</b> 65 <b>6</b> 75 <b>6</b> 75 <b>7</b> 75	FEE (Office Use Only)		••••••••

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# Township of Brick Counter Form

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(PLEASE	(PRINT)
Site Location: 583 N. La Reshane	e dR
Block: <u>446.2</u> Lot:	10
Owner's Name: Thank & David S	<u> </u>
Owner's Name: <u>Thomas</u> DAVIS Owner's Mailing Address: <u>583N</u> . CAKeSh	
Owner 3 Manning Address. 30 570 000	
Phone	
	· · · · · · · · · · · · · · · · · · ·
DUUL DINC	ELECTRICAL
BUILDING	<u>Bille Huerus</u>
Contractor: AAA Protessional Doning Suc	Contractor
	Contractor:Address:
Address: 40 wyde AVC	Address
Phone#: 732340432	Phone#:
Lis #	Lis #:
Federal Emp # or S	Federal Emp # or SSN
	· · · · · · · · · · · · · · · · · · ·
Technical Data	Technical Data
Description of Work:	Item Quantity
Rezoof	
RE 200	Lighting Fixtures
	Receptacles
	Switches
	Detectors
	Light Poles
	Motors w/ Fract. HP
· · · ·	Emergency & Exit Lights
	Communication Points
	Alarm Devices/FAC Panel
Type of Work	Pool (Receptacles, Switches, Lights, Motor 1HP)
New BuildingSiding	Spa/Hot Tub/Storable Pool
AdditionFence	KIECTRIC KANDE
Alteration Pool	Oven/Surface Unit
Roofing Demolition	
Asbestos AbatementSignsq ft	Electric DryerKw
	Disitwusher
Building Characteristics	Garbage Disposal HP A/C Unit - Central Air KW
Use Group Present: Proposed:	Space Heater/Air HandlerKW
	Baseboard HeatingKW
No of Stories: Height of Structure:	Motors 1+ HP
Area of the largest floor:	Transformer/Generator KW
Area of New Structure:	Light Stander Alvir
Volume of New Structure:	
Volume of New Structure: Total Land Disturbed:	Subpanel AMP Motor Control Center AMP
	KW
Cost of Alteration: \$ 2200.00	Furnace
	Steam Boiler
Cost of New Building: \$	Other:
Total Cost of New Building Work: \$	
Potal Cost of New Building Work.	· · · · · · · · · · · · · · · · · · ·
I hereby certify that I am the agent/owner of record and am	Estimated Cost of Electrical Work:
authorized to make this application and perform the work	Dominated Cost of Electrical Work.
listed on this application.	I hereby certify that I am the agent/owner of record and am
	authorized to make this application and perform the work
Signature And	listed on this application.
Signature One	
Please Print Name C. J. Crohm	Signature:
	Please Print Name
	CONTRACTOR'S SEAL

вLOCK <u>446.20</u> LOT _	10	QUALIFICA			AD[	DRESS (S	ITE) <u>583</u>	U.Lake S	Shore !	Dr PERMIT NO 09-2235	<u></u>	
	CC AF	DNSTI PPLIC	RUCT ATION	ION			V FEE SUMMARY (for office use only)					
Applicant Completes: Sections	I, II, III (optio	nal), IV, VI, an	d VII				5. Ele	vator Devices	6		-	
1. IDENTIFICATION 1. Proposed Work Site at: 58	3N.I.k	e Shan	D.			_	6. Su	btotal ss 20% for Sta	ate Plan Re	eview \$	-	
	•						8. Su	btotal		\$		
2. Name of Owner in Fee: Jan Tel.	n <i>o</i> c <u>neg</u>	<u>el Zel Ce</u>	yle				9. Sta	ite Permit Sur	charge Fe	e s		
Address Spid M. Lak	a Shore I	Do Roj	ie le			12		rt. of Occupar	ncy		- ,	
3. Ownership in Fee: Public	<u>×</u>	muni Drivete	icipality	•	ODIC zip co	xde	12. Oth 13. TO			51	-	
4. Principal Contractor: Same					`				ARACTE	RISTICS (office use on	v)	
Address							1. Nu	mber of Storie	es		_	
			0 111				2. Hei	ight of Structu	ire	ft.	-	
License No. OR, if new home,	Builder Reg	No.	·····	Evo	Date						-	
Home Improvement Contractor										sq. ft.   cu. ft.	÷,	
Federal Emp. ID No.         FAX: ()           5. Architect or Engineer											4	
Address e-mail										state Approved HUD	4	
Tel. ( ) FAX: ( )										sq. ft.	<u> </u>	
6. Responsible Person in Charge	B. Responsible Person in Charge once Work has Begun Same as above									ft.	7	
Tel. ( )			X: ()		·····		11. Base Flood Elevationft.        ft.           12. Wetlands yes no					
IIa. PROPOSED WORK								ands yes				
Minor Work		Г	New Buildin	a	□ Ad	dition	П	Demolition		VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL (primary use)		
S→- Repair			Alteration	9		enovation		Reconstruc	tion	1. State Specific Use:		
☐ Asbestos At	at Subah a			6 h et e						2. Use Group, Proposed:		
		 	Lead Hazard		FICE USE O		regianon Annual Fermit					
IIb. SUBCODES (Check all that apply)	Est. Cost	Plans		Rejection	Approval	Re-	1	sion Dates	Re-	4. No. of dwelling units: Total Units Income-restr	<u>icted</u>	
		Rec'd by	Rec'd	Date	Date	viewer	Approval	Rejection	viewer	Gained, Sale		
	\$500-	12		. , , , , , , , , , , , , , , , , , , ,						Gained, Rental		
		111								Lost, Sale		
Plumbing	· · · · ·	111		1 .						B. NON-RESIDENTIAL (primary use)		
										1. State Specific Use:		
☐ Fire Protection	L	1.2.2					· .		· ·	2. Use Group, Proposed:		
Elevator			111	and and a second se		a.				3. Change in Use Group, Indicate Present:		
TOTAL COST	45000			<u> </u>	l		1	l	<u> </u>	C. MIXED USE -List secondary use(s):		
III. PLAN REVIEW (optional)					CONTAIN AN			G? No		D. Construct. Classification: Present Proposed		
DO YOU WANT: 1. □ Partial Releases 2. □ Prototype Processing U.C.C. F100-1 (rev. 12/07)		1.  Elevato	ors/Escalators/ vaiters/Moving ressure Boilers	Lifts/ Walks	4. 5. 6.	□ Refrig	eration Syste -Connections/ rdous Uses/P	ms Backflow Pre	mbly 1	8. ☐ Smoke Control Systems in Open Wells 9. ☐ Underground Storage Tanks 10. ☐ Swimming Pools, Spas and Hot Tubs 11. ☐ LPGas Tanks		

J.	Ċ.	C.	F1	00-1	(rev.	12/07)	

#### 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. (≯) 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 <u>Sept. 15, 2009</u>

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.

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

U.C.C. F100-2 (rev. 10/2005)

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1000	and the second

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,Owner in Fee:COYLE, JAMES G & HEDELIZA MOwner Address583 N LAKE SHORE DR BRICK NJ 08723Telephone:COYLE, JAMES G & HEDELIZA MContractorCOYLE, JAMES G & HEDELIZA MAddress583 N LAKE SHORE DR BRICK NJ 08723Telephone:Fas:											
Telephone:          License Number or Builders Registration Number:          Federal Emp. Number:											
	Classification: cupancy Load: _0										
Certificate Comments:											
<ul> <li>Certificate of Occupancy</li> <li>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.</li> <li>Certificate of Approval</li> <li>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.</li> <li>Certificate of Continued Occupancy</li> <li>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.</li> <li>Temporary Certificate of Compliance</li> <li>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:</li> </ul>	<ul> <li>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.     </li> <li>Total removal of lead-based paint hazards in scope of work</li> <li>Partial or limited time period (years); see file</li> <li>Certificate of Clearance - Asbestos Abatement</li> <li>This serves notice that based on written certification, asbestos abatement was performed to the following extent.</li> <li>Total removal of asbestos hazards in scope of work</li> <li>Partial or limited time period (years); see file</li> <li>Certificate of Clearance - Asbestos Abatement</li> <li>This serves notice that based on written certification, asbestos abatement was performed to the following extent.</li> <li>Total removal of asbestos hazards in scope of work</li> <li>Partial or limited time period (years); see file</li> <li>Certificate of Compliance</li> <li>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</li> <li>Temporary Certificate of Occupancy</li> <li>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:</li> </ul>										

**Construction Official** 

Fee:	\$0.00	

Check Number:

Collected By:

,

	CTION	Date Issued Control # Permit #	09/15/2009 C-09-003290 09-2235
IDENTIFICATION       Block: 446.20       Lot: 10         Work Site Location: 583 N, LAKE SHORE DR. Brick Township, NJ         Owner in Fee       COYLE, JAMES G & HEDELIZA M         583 N LAKE SHORE DR BRICK NJ 08723         Telephone:		SHORE DR BRICK NJ	
Is hereby granted permission to perform the following work:		PAYMENTS (Office	Use Only)
		J • • • •	\$50
	LEAD HAZARD ABATEMENT	Electrical	
ELECTRICAL FIRE PROTECTION		Plumbing	
	OTHER	Fire Protection	\$0
(Subchapter 8 only)		Elevator Devices _	\$0
DESCRIPTION OF WORK:		Other	\$0.00
NEW ROOF		DCA Training Fee	<u>\$1</u>
		CO Fee	
		Other	\$ <u>0</u>
Note: If constuction does not commence within one (1) year of		Total	\$51
construction ceases for a period of six (6) months, this permit Estimated Cost of Work \$500	is void.	Check No.	999
		Cash	\$0
		Credit	\$0
Construction Official Date		Collected By	Mary Jane Rinaldi
U.C.C. F170 equiv (rev 8/03)		L	
1 WHITE - INSPECTOR 2 CANARY - OFFICE	3 PINK - TAX ASSES	SOR 4 GO	LD - APPLICANT

# **REQUIRED INSPECTIONS**

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

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

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

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

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

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

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

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

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

Max. Occupancy Load	3. Total (1+ 2)	2 Rehabilitation	oors sq. ft.	Area — Largest Floor sq. ft. Est. Cost of Blda. Work:	Height of Structure ft. State Approved HUD	<u>.</u>	B DIIII DIVIC CUADACTEDICTICS	ved by:			SUBCODE APPROVAL for CERTIFICATE Mechanical	Approved by: Energy		E APPROVAL for PERMIT	ire [] Elevator in	Joint Plan Review Required: Barrier-Free	 [ ] Exterior Frame		otings/Foundations		[ ] No Plans Required Type: Failure Failure Approval Initial	Date Initial INSPECTIONS	Federal Emp. ID No FAX: ()	or Exemption Reason (if applicab	Contractor License No. or Builder Registration No. N/A Exp. Date	N/A Amail dramby cu	Contractor: Home OWNこス municipality Tel (コタン、スクンドラフ)	iress 587 N. LAKE SHORE D	-	OWING CITY LE	BRICK NJ OG723	583 N.		A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING				
1 White = Inspector Copy 3 Pink = Office Copy					•		[ ] Radon Remediation	[ ] Lead Haz. Abateme	[ ] Asbestos Abatement Subchapter 8						[*] Roofing	_		I I New Building									re roo (ing	DESCRIPTION OF WORK	D. TECHNICAL SITE DATA		Signature	record and am authorized to make this application.	I hereby certify that I am the (agent of) owner of	C. CERTIFICATION IN LIEU OF OATH				
2 Canary = Office Copy 4 Gold = Applicant Copy		TOTAL FEE	State Permit Surcharge Fee \$	Minimum Fee S	Administrative Surcharge \$			z. Abatement NJAC 5:17	t Subchapter 8	4 	Ω	L odi Lt.	_ Height (exceeds 6')						· ·								1 over lanity room			•		make this application.	(agent of) owner of	OF OATH	Date Issued Permit #		Date Received Control #	
			S		e C												•										1 ( DOW								10-c1-h	いうつ	UT-dats	ろうこうへ

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Contractor License No. or Builder Registration No. Work Site Location 583 N. LAKE SHORE A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Volume of New Structure **B. BUILDING CHARACTERISTICS** Federal Emp. ID No. Contractor: Owner in Eee Block -Max. Occupancy Load New Bldg. Area/All Floors Area — Largest Floor Use Group Present. Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Address Tel. Max. Live Load Height of Structure No. of Stories Address Approved by: Date: SUBCODE APPROVAL for CERTIFICATE [ ] co SUBCODE APPROVAL for PERMIT Joint Plan Review Required: JOB SUMMARY (Office Use Only) Date: ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Insulation PLAN REVIEW Approved by: Interior No Plans Required Footings/Foundations ≧ Exterior Structural/Framework 58 3 N. LAKE SHORE DR 146,20 BRICK NJ [ ] cco HOMEDWNER street N/A **TECHNICAL SECTION BUILDING SUBCODE** Date Proposed alko. 62180 Initial 5 Type: Other INSPECTIONS Final TCO Slab Mechanical Energy Finishes -Final e-mail Finishes -Base Layer Foundation Frame Footing Bonding Footing Barrier-Free Truss Sys./Bracing Barrier-Free . sq. ft. cu. ft. sq. ft. BRICK nunicipality ∼/A DR If Industrialized Building: Constr. Class Present Total (1+ 2) 1. New Bldg. Est. Cost of Bldg. Work: 2. Rehabilitation \$ State Approved e-mail givenpy coy 12 & ya hoo to Failure Qualification Code 2 FAX: ( \_\_\_\_ Tel. Failure Dates (Month/Day) 132 )262 (51/ Exp. Date Approval 38 62180 Proposed (rev. 12/07) U.C.C. F110 HUD 200 Initial **D. TECHNICAL SITE DATA** C. CERTIFICATION IN LIEU OF OATH record and am authorized to make this application. Signatur I hereby certify that I am the (agent of) owner of to Cartle DESCRIPTION OF WORK TYPE OF WORK: 3 Pink = Office Copy 1 White = Inspector Copy re rooting over family room New Building Sign\_ Fence Siding Pool Rehabilitation Addition Demolition Other Lead Haz. Abatement NJAC 5:17 Asbestos Abatement Subchapter 8 Retaining Wall Roofing Radon Remediation Jon MC . Sq. Ft. Height (exceeds 6') State Permit Surcharge Fee \$ 2 Canary = Office Copy 4 Gold = Applicant Copy Administrative Surcharge \$ Sq. Ft. Permit # Date Issued Control # Date Received Minimum Fee \$ TOTAL FEE FEE (Office Use Only) 09-2235 9-15-04

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 UR. BRICK W 08723
Block: 446.20 Lot: 10
Contractor: HOMEOWNER
Contractor's Address: NA
Type of Construction minor new home):
Type of Debris (shingles) siding, wood, etc.):
Party responsible for removal: GOT TRASH REMOUAL
Dumpster size: NOT KhOWN
Destination of debris: UMKAOWN

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.

**Jan Ceuff** Signatzire

9. 15.09 Date

<u>James & Coyle</u> Jr. Print Name

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

# <u>TOWNSHIP OF BRICK</u> <u>Debris Form</u>

Work Site Address: 583 N. LAKE SHORE DR. BRICK NJ 08123
Block: 446.20 Lot: 10
Contractor: N/A (
Contractor's Address: N/A
Type of Construction (minor, new home): <i>minor</i>
Type of Debris (shingles, siding, wood, etc.):
Party responsible for removal: GOT TRASH REMOVAL
Dumpster size: NOT KNOWN
Destination of debris:

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

Tames & Coyle Jr. Print Name

Height of Structure      ft.       State Approved      HUD         Area      sq. ft.       Est. Cost of Bldg. Work:         New Bldg. Area/All Floors      sq. ft.       1. New Bldg. \$         Volume of New Structure      cu. ft.       2. Rehabilitation \$         Max. Live Load        Gu. ft.       3. Total (1+ 2)         Max. Occupancy Load	I ] Footings/Foundations       Foundation         I ] Structural/Framework       Stab         I ] Structural/Framework       Stab         I ] Exterior       Frame         I ] Interior       Truss Sys./Bracing         Joint Plan Review Required:       Barrier-Free         I J Elec. [ ] Plumb. [ ] Fire [ ] Elevator       Insulation         SUBCODE APPROVAL for PERMIT       Finishes -Base Layer         Date:       Energy         SUBCODE APPROVAL for CERTIFICATE       Energy         J CO [ ] CO [ ] CA       Other         Date:       Final         Approved by:       Energy         Date:       TCO         J CO [ ] CO [ ] CA       Other         Date:       Final         Approved by:       Barrier-Free         Barrier-Free       Energy         No. of Stories       Forposed	ress $f = J$ $k = L + l + k = C + l + k = C + l + k = C + l + k = C + l + l + l + l + l + l + l + l + l +$	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 <u>44 ( 20 L0 L0</u>
Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$ 3 Pink = Office Copy 4 Gold = Applicant Copy	TYPE OF WORK:       FEE (Office Use Only)         [ ] Addition       *         [ ] Rehabilitation       *         [ ] Rehabilitation       *         [ *] Renabilitation       *         [ *] Renabilitation       *         [ *] Renabilitation       *         [ *] Renabilitation       *         [ ] Siding       *         [ ] Retaining Wall Sq. Ft.       *         [ ] Asbestos Abatement Subchapter 8       *         [ ] Cher	LESCRIPTION OF WORK	Date Received       Control #         Control #       Date Issued         Permit #       G         Inserve certify that I am the (agent of) owner of record and am authorized to make this application.       G         Signature       Signature

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UE	- AF	PLIC	CATIO		1 PER	MIT 725	1. B 2. E 3. P	SUMMARY (fo luilding lectrical Numbing ire Protection	or office us	se only) s <u>UD</u> Update Update s <u>UD</u>
Applicant Completes: Section I. DENTIFICATION I. Proposed Work Site at: 54 2. Name of Owner in Fee: 7ai Address 58.3 March, A street 3. Ownership in fee: Public	B3 North L mes Cay Lake Shore nes Cayle me ne, Builder Reg. 1	nai), IV, VI, 1 le Dr. Pr. No.	re Driv Brick municipality ivate X	<u>e</u> R	. Date	23 zip code	5. E 6. S 7. L 8. S 9. S 10. S 11. C 12. O 13. T 13. T 13. T 14. N 2. H 3. Au 4. N 6. C 6. C 6. C 7. C 7. B 9. B 10. S	ilevator Device subtotal ess 20% for St iubtotal tate Permit Fe iubtotal ert. of Occupa ther OTAL <b>LDING/SITE C</b> umber of Storid eight of Structurea — Largest ew Building Arro olume of New St onstruction Cita tat Land Area ood Hazard Zc ase Flood Elev	tate Plan R e Surcharg incy HARACTE es Floor Structure _ assification Disturbed one ration	\$
							10. W			
					(for office use onl	<u></u>	11. M 12. M	no ax. Live Load ax. Occupancy	y Load	
	Est. Cost	Plans Resid by	Date Recd	Rejection	(for office use onl Approval Date	y) Re- viewer	11. M 12. M	no ax. Live Load		
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<ol> <li>Minor Work</li> <li>New Building</li> <li>Addition</li> </ol>	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL 1. State Specific Use:
<ol> <li>Minor Work</li> <li>New Building</li> <li>Addition</li> <li>a. Repair</li> <li>b. Alteration</li> <li>c. Renovation</li> </ol>	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL 1. State Specific Use: 2. Use Group:
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<ol> <li>Minor Work</li> <li>New Building</li> <li>Addition</li> <li>a. Repair         <ul> <li>b. Atteration</li> <li>c. Renovation</li> <li>d. Reconstruction</li> </ul> </li> <li>Fire Protection</li> <li>Plumbing</li> </ol>	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer JL	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE         A. RESIDENTIAL         1. State Specific Use:         2. Use Group:         3. Change in Use Group, Indicate Former:         4. No. of dwelling units:         Before Construction
<ol> <li>Minor Work</li> <li>New Building</li> <li>Addition</li> <li>a. Repair         <ul> <li>b. Atteration</li> <li>c. Renovation</li> <li>d. Reconstruction</li> </ul> </li> <li>Fire Protection</li> <li>Plumbing</li> <li>Electrical</li> </ol>	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE         A. RESIDENTIAL         1. State Specific Use:         2. Use Group:         3. Change in Use Group, Indicate Former:         4. No. of dwelling units:         Before Construction         After Construction
<ol> <li>Minor Work</li> <li>New Building</li> <li>Addition</li> <li>a. Repair         <ul> <li>b. Atteration</li> <li>c. Renovation</li> <li>d. Reconstruction</li> </ul> </li> <li>Fire Protection</li> <li>Plumbing</li> </ol>	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer JL	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE         A. RESIDENTIAL         1. State Specific Use:         2. Use Group:         3. Change in Use Group, Indicate Former:         4. No. of dwelling units:         Before Construction         After Construction         Net Gain or Loss
1.       Minor Work         2.       New Building         3.       Addition         4.       a. Repair         b. Alteration       c. Renovation         c. Reconstruction       d. Reconstruction         5.       Fire Protection         6.       Plumbing         7.       Electrical         8.       Elevator Devices         9.       Asbestos Abat. Subch. 8	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer JL	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE         A. RESIDENTIAL         1. State Specific Use:         2. Use Group:         3. Change in Use Group, Indicate Former:         4. No. of dwelling units:         Before Construction         After Construction         Net Gain or Loss         B. NON-RESIDENTIAL         1. State Specific Use:
1.       Minor Work         2.       New Building         3.       Addition         4.       a. Repair         b. Alteration       c. Renovation         c. Renovation       d. Reconstruction         5.       Fire Protection         6.       Plumbing         7.       Electrical         8.       Elevator Devices	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer JL	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE         A. RESIDENTIAL         1. State Specific Use:         2. Use Group:         3. Change in Use Group, Indicate Former:         4. No. of dwelling units:         Before Construction         After Construction         Net Gain or Loss         B. NON-RESIDENTIAL         1. State Specific Use:         2. Use Group:
1.       Minor Work         2.       New Building         3.       Addition         4.       a. Repair         b. Alteration       c. Renovation         c. Renovation       d. Reconstruction         5.       Fire Protection         6.       Plumbing         7.       Electrical         8.       Elevator Devices         9.       Asbestos Abat. Subch. 8         10.       Lead Hazard Abatement	Est. Cost		Rec'd	Rejection	Approval Date	Re- viewer JL	11. M 12. M Resubmis	no ax. Live Load ax. Occupancy ssion Dates	y Load	VII. DESCRIPTION OF BUILDING USE         A. RESIDENTIAL         1. State Specific Use:         2. Use Group:         3. Change in Use Group, Indicate Former:         4. No. of dwelling units:         Before Construction         After Construction         Net Gain or Loss         B. NON-RESIDENTIAL         1. State Specific Use:

# CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

A. ( ) | 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, EM-PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

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: **B** .  $(\mathbf{X})$ 

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.2. ( ) Fire Protection

C.1.  $(\chi)$  Building

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

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

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

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

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

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 ()		<u> </u>		
Signature	· · · · · · · · · · · · · · · · · · ·			

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

UCC F100-2 (rev 3/96)

Brick Township 401 Chambersbridge Rd Brick, NJ 08723	ificate	Date Issued Control Number Permit Number Permit Issue Date Certificate Number	01/26/2010 C-09-003725 09-2665 10/26/2009 09-2665
	n Code Division		
	e of Approval)		
Ident	ification		
Work Site Location: 583 N. LAKE SHORE DR. Brick Township,	NJ Block: 446.20	Lot: 10 Q	ual:
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			
		dowel From Neurobern	
License Number or Builders Registration Number:	Feo	deral Emp. Number:	
Home Warranty Number:			
Type of Warranty Plan: State Private			
Use Group: R-5 Construction			
	cupancy Load: 0		
Description of Work/Use: INTERIOR ALTERATION(S) REMOVE S FRAME IN A RECESSED AREA WITH T PAINT.	5HEETROCK FROM CEILIN TECO HANGERS. INSULAT	g, cut aporx 4' fr E, hang drywall !	OM 6 JOIST, SPACKLE &
Certificate Comments:			
<ul> <li>Certificate of Occupancy</li> <li>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.</li> <li>Certificate of Approval</li> <li>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.</li> <li>Certificate of Continued Occupancy</li> <li>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.</li> <li>Temporary Certificate of Compliance</li> <li>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:</li> </ul>	Certificate of Clear This serves notice that b abatement was performe extent. Total removal of lea Partial or limited tim Certificate of Clear This serves notice that b abatement was performe Total removal of ast Partial or limited tim Certificate of Comp This serves notice that sa has been installed and/ou New Jersey Uniform Com- until Temporary Certific The following conditions or the owner will be subj This certificate has an ex Conditions to be met:	ased on written certi ed as per NJAC5:17 t d-based paint hazard e period (years) <b>ance - Asbestos A</b> ased on written certi ed to the following er pestos hazards in sco e period (years) <b>bliance</b> aid potentially hazard r maintained in acco struction Code and is <b>ate of Occupancy</b> must be met no late ect to fine or order t	ification, lead to the following ds in scope of work ; see file <b>batement</b> fication, asbestos ktent. uppe of work ; see file dous equipment rdance with the s approved for use
	Fee:	\$0.00	

Construction Official

Check	Number:	

Collected By:

Page 1

IDENTIFICATION Block: 446.20			-09 <sup>£</sup> 003976 <b>*</b> 9-2665+A
Work Site Location: 583 N. LAKE SHORE DR. Brick Towns		1ES G & HEDELIZA M SHORE DR BRICK NJ 0872	3
Owner in Fee COYLE JAMES G & HEDELIZA M 583 N LAKE SHORE DR BRICK NJ 08			·
elephone:			
hereby granted permission to perform the following w		PAYMENTS (Office Use	Only)
-	OFK:	Building	
BUILDING DLUMBING	LEAD HAZARD ABATEMENT	Electrical	
		Plumbing	
ELEVATOR DEVICES ASBESTOS ABATEMENT		Fire Protection	
(Subchapter 8 only)		Elevator Devices	
ESCRIPTION OF WORK:		Other	\$0,00
ECTRICAL ALTERATIONS		DCA Training Fee	
1		CO Fee	
		Other	\$0
te: If constuction does not commence within one (1) y	ear of date of issuance, or if	Total	\$40
nstruction ceases for a period of six (6) months, this p timated Cost of Work \$225	ermit is void.	Check No.	
*		Cash	· · · · ·
		Credit	
Construction Official Da	ate	Collected By	
		SOR 4 GOLD - A	PPLICANT
	JIRED INSPECTIONS		
REQU enstruction work must be inspected in accordance with the t such periodic inspections during the progress of work as a iform Construction Code. e owner or other responsible person in charge of work must quests for inspections must be made at least 24 hours prior ys of the time for which they are requested. The work must proval granted. Required inspections for all subcodes for one- and two-fail	<b>JIRED INSPECTIONS</b> State Uniform Construction Code Regulatio are necessary to insure that the work install st notify this agency when work is ready for or to the time the inspection is desired. Insp t not proceed in a manner which will precluc mily dwellings are as follows:	ans N.J.A.C. 5:23-2.18. This a led conforms with the requirer any required inspections spe ections will be performed with the the inspection, until it has b it could ELECTRIC	gency will carry nents of the cified below 43 in[three]business] een made and
REQU onstruction work must be inspected in accordance with the t such periodic inspections during the progress of work as a iform Construction Code. e owner or other responsible person in charge of work must quests for inspections must be made at least 24 hours price ys of the time for which they are requested. The work must proval granted.	<b>JIRED INSPECTIONS</b> State Uniform Construction Code Regulatio are necessary to insure that the work install st notify this agency when work is ready for or to the time the inspection is desired. Insp t not proceed in a manner which will precluc mily dwellings are as follows:	ans N.J.A.C. 5:23-2.18. This a led conforms with the requirer any required inspections spe- ections will be performed with the inspection, until it has be include ELECTRIC XXTUTAL ons, inspections shall be mac	gency will carry nents of the Sified Below 43 in[three]Bilsiness] een made and \$4 \$40 40 \$4
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REQU      onstruction work must be inspected in accordance with the     t such periodic inspections during the progress of work as a     inform Construction Code.     e owner or other responsible person in charge of work must     guests for inspections must be made at least 24 hours prior     ys of the time for which they are requested. The work must     proval granted.     Required inspections for all subcodes for one- and two-fai     The bottom of footing trenches before placement of fo     accordance with the requirements of the building subc     .     Foundations and all walls up to grade level prior to bai     All structural framing, connections, wall and roof shear     plumbing. The framing inspection shall take place afte     ventilation and /or air conditioning duct system. The in     prior to the installation of any interior finish material.     Installation of all finished materials, sealings of exterior     mechanical systems equipment.	<b>JIRED INSPECTIONS</b> State Uniform Construction Code Regulation are necessary to insure that the work install st notify this agency when work is ready for for to the time the inspection is desired. Inspir t not proceed in a manner which will preclud mily dwellings are as follows: botings, except that in cases of pile foundation code. ck filling. thing and insulation; electrical rough wiring, or the rough electrical and plumbing inspect insulation inspection shall be performed after projoints, plumbing piping, trim and fixtures; of uction, for other than one- and two-family dw if applicable.	ans N.J.A.C. 5:23-2.18. This a led conforms with the requirer any required inspections spe- ections will be performed with be the inspection, until it has be it 250 ELECTRIC XXTITTAL ons, inspections shall be mad CHANGE 11/12/09 3:59PM C panel and service installation ions and after the installation r all other subcode rough insp electrical wiring, devices and vellings, are fire suppression s	gency will carry nents of the cified below 43 in[three]business] een made and 9 4 0 9 4 0
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IDENTIFICATION Work Site Location	Block: <u>446.20</u> Lot: <u>583 N. LAKE SHORE DR. Brick Towns</u>		IES G & HEDELIZA M	
Owner in Fee	COYLE, JAMES G & HEDELIZA M		SHORE DR BRICK NJ 08723	
Telephone:	583 N LAKE SHORE DR BRICK NJ 08			
Is hereby granted	permission to perform the following v	vork:	PAYMENTS (Office Use Only)	
			Building\$40 Electrical\$0	
			Plumbing	
	—	_	Fire Protection\$0	
· ·	(Subchapter 8 only)		Elevator Devices\$0	
DESCRIPTION OF	FWORK: RATION(S) REMOVE SHEETROCK FRO	M CEILING, CUT APORX 4' FROM 6	Other\$0.00 DCA Training Fee\$1	
JOIST, FRAME IN SPACKLE & PAIN	A RECESSED AREA WITH TECO HAN	GERS. INSULATE, HANG DRYWALL		
			Other\$0	
Note: If constucti construction cea	ion does not commence within one (1) ses for a period of six (6) months, this	year of date of issuance, or if permit is void.	Total	
Estimated Cost o			Check No	
	Roll And	101509	Cash <u>\$0</u> Credit \$0	
Constru	ction Official	Date	Collected By	an S
	E - INSPECTOR 2 CANARY - (			•
	RFOI		SSOR 4 GOLD - APPLICANT	
out such periodic i	must be inspected in accordance with the nspections during the progress of work as	UIRED INSPECTIONS	ons N J A C 5:23-2 18 This agency will carry	
Out such periodic i Uniform Construct The owner or othe Requests for inspe	must be inspected in accordance with the nspections during the progress of work as ion Code. r responsible person in charge of work mu ections must be made at least 24 hours pr	UIRED INSPECTIONS e State Uniform Construction Code Regulations are necessary to insure that the work instal ust notify this agency when work is ready for for to the time the inspection is desired. Insp to the time the inspection is desired.	ons N.J.A.C. 5:23-2.18. This agency will carry lled conforms with the requirements of the 10/24/09 4:07PM 001558#4248 any required inspections specified below, and bections will be performed within three business de the inspection Sintil it has been made and	40 5
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U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy		Approved by:	Date: 17770 441					Approved by:	Date:	[ ] Elec. Plans Approved	[ ] Fire [ ] Elevator	[ ] Building [ ] Plumbing	Joint Plan Review Required:	THIN Plans Required /1-4-8,25	PLAN REVIEW Date Initial	JOB SUMMARY (Office Use Only)		Est. Cost of Elec. Work \$ 2/2/2		[ ] Pote/Pad # [	Use Group Present	<b>B. ELECTRICAL CHARACTERISTICS</b>	Federal Emp. No.			JHHE	Address	Contractor comes (.ey.e	Tel	Address SAME	Fee James + Hede	K 15-	site Location SB3. A		A. IDENTIFICATION—APPLICANT: COMPLICONTRACTORS, NOTIFY THIS OFFICE, CA	TECHNICAL SECTION	ELECTRICAL SUBCODE	ſ		
y 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy		Date of Grounding and Bonding Certification	Annual Pool Inspection	Final Cut-In-Card Date issued	Temp. Cut-in-Card Date Issued	Barrier-Free	Final			Constr. Serv.	Temp. Serv	Trench	Rough 1	Type: Failure Failure	INSPECTIONS Dates (Month)					] Temporary [ ] Other	Proposed				FAX ()						liza Coyle		Lake Shore Drive	(D Qualification Code	A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.		SUBCODE			
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TOTAL FEE	State Permit Surcharge Fee	Administrative Suicheres			KW Elec. Sign/Outline Light	AMP Motor Control Center	AMP Subpanels	AMP Service	HP Motors 1/+ HP	KW Baseboard Heat	HP/KW Space Heater/Air Handler	KW Central A/C Unit	HP Garbage Disposal	KW Elec. Diyel/Receptacle	KW Elec. Water Heater	KW Oven/Surface Unit	KW Elec. Range/Receptacle	Storable Pool/Spa/Hot Tub	Pool Permit/with UW Lights	TOTAL NUMBERS		Alarm Devices/F.A.C. Panel	Communications Points	Emergency & Exit Lights	Motors-Fract. HP	Detectors	Switches	Receptacles	Lighting Fixtures	ITEMS	D TECHNICAL SITE DATA	Applicant's Senature/Contractor's Seal and Signature		application and perform the work listed on this application.	I hereby certify that I am the (agent of) owner of record and am authorized to make i		Date Issued Permit #		Date Received	
		88 \$ 1	; <b>!-</b>																	\$							-			FEE (Office Use Only)					am authorized to make this	019-00 30-011	11/10/	1/C////	0000-10	) > >
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Brick Township 401 Chambersbridge Rd Brick, NJ 08723

### **Inspection Activity Report** Inspections for Permit Number 09-2665

09-2665 Permit Number

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

Inspection Comments

INTERIOR ALTERATION(S)

INTERIOR ALTERATION(S)

12/07/2009

INSULATION

Pass

583 N. LAKE SHORE DR

Page 1

Use Group       Present       Proposed       Est. Cost of Bldg. Work:         Constr. Class       Present       Proposed       1. New Bldg.       \$	Indation Foundation Foundation Slab Slab Frame er Truss Sys./Bracing Truss Sys./Bracing Barrier-Free Barrier-Free Energy I CO LO Mechanical TCO Other Final Barrier-Free Barrier-FreeBarrier-Free	Tel.	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 UTILITY DIG NO: 1-800-272-1000. Block 446, 20 Lot 10 Outification Code Work Site Location 583 North Lake Share Drive
Administrative Surcharge \$         Minimum Fee \$         State Permit Surcharge Fee \$         TOTAL FEE \$         U.C.C. F110         1 White = Inspector Copy       2 Canary = Office Copy         (rev. 07/03)       3 Pink = Office Copy         3 Pink = Office Copy       4 Gold = Applicant Copy	TYPE OF WORK:       FEE (Office Use Only)         [ ] Addition	DESCRIPTION OF WORK Remove Shectrock from ceiling. Cut obtopproximately 4'from six(6) joist, Frame in a reccossed area, with teco hangers. insulate. hang drywall Speekle + paint.	Date Received Control # $O$ $A = A U$ $U S$ Date Issued Permit # $O$ $A = M U S$ C. CERTIFICATION IN LIEU OF OATH thereby certify that I am the (agent of) owner of record and am authorized to make this application. Signature

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C. CERTIFICATION IN LIEU OF OATH C. CERTIFICATION IN LIEU OF OATH Linereby 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.	Mplicant's Munature/Contractor's Seal and Signature [ ] Licensed Elec. Contractor [ ] Certifid Landscape Irrigation Cont'r [ ] Exempt Applicant	FEE (Office Use Only)			act. HP • E-usi Linhue	communications Points	Alarm Devices/F.A.C. Panel	ABERS \$\$	Pool Permit/with UW Lights	KW Elec. Range/Receptacle	KW Oven/Surface Unit	KW Elec. Water Heater	Isher	e Disposal	AC Unit	HP/KW Space Heater/Air Handler KW Baseboard Heat	1/+ HP	KW Transformer/Generator		AMP Motor Control Center	KW Elec. Sign/Outline Light		Administrative Surcharge \$	Minimum Fee \$
	[ ] Licensed Elec. Contractor [ ] Certifid Landscape Ir	D. TECHNICAL SITE DATA QTY. SIZE ITEMS / Lighting Fixtures	Receptacles	Detectors	MotorsFract. HP	Communica	Alarm Devi	TOTAL NUMBERS	Pool Permi	KW Elec. F	KW Oven/S		Initial KW Dishwasher	HP Garbage Disposal	KW Central A/C Unit	HP/KW Space Heate     KW Baseboard Heat	HP Motors 1/+ HP	KW Transf	AMP Service		KW Elec. S			
LE INFORMATION WHEN CHANGING 0: 1-800-272-1000 Qualification Code							Proposed	[ ] Other				Dates (Month/Day)	Failure Failure Approval In								Date Issued	Date Issued	and Bonding	
ELECTRICAL SUBCODE     ELECTRICAL SUBCODE     TECHNICAL SECTION     A. IDENTIFICATION - APPLICANL SECTION     A. IDENTIFICATION - APPLICANLE SUBJECT SECTION     A. IDENTIFICATION - APPLICANLE     A. IDENTIFICANLE     A. IDENTIF	Brick N.J. Owner in Fee Jomes & Hedeliza Coyle	SAME	Contractor Ornes ( 'on / re	SAME ENVI	lei ()	Federal Emp. No. Be el ectreica i characteristics		# [ ] Temporary	Est. Cost of Elec. Work \$ 225 00		JOB SUMMARY (Office Use Only)	Date Initial INSPECTIONS	T No Plans Required (- 4- 5 ALS Type:		I Plumping Trench	Elec. Plans Approved Constr. Serv.	TCO	Other	Service Final	1	SUBCODE APPROVAL [] CO [] CA Temp. Cut-in-Card Date Issued	Final Cut-in-Card Date Issued Annual Pool Inspection	Date of Grounding and Bonding	Certification

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U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy	Certification	Approved by:	Date: Annual Pool Inspection	[] CO [] CO [] CA Temp. Cut-in-Card Date Issued	SUBCODE ADDROVAL Barrier-Free	Final Final	Approved by: Outlet			Plans Approved	[] Elevator	[] Building [] Plumbing	R	Type: Failure Failure Approval Initial	PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)				4 \$ 22 5 60		[ ] Pole/Pad # [ ] Temporary [ ] Other	Use Group Present Proposed	B. ELECTRICAL CHARACTERISTICS	Federal Emp. No.	Contractor License No.	Tel ()	AME	Address	Contractor Tames Courte		NH III E	Address	Owner in Fee James + Madeliza Coyle	A AND	Work Site Location 5 0.3 Conth Lake Shore Linive		CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	TECHNICAL SECTION	ELECTRICAL SUBCODE	
State Permit Surcharge Fee \$ TOTAL FEE \$				KW Elec Sim/Outline Linht	AMB Mater Control Conter	AMP Service	KW Transformer/Generator	HP Motors 1/+ HP	KW Baseboard Heat	HP/KW Space Heater/Air Handler	KW Central A/C Unit	HP Garbage Disposal	KW Dishwasher		KW Elec. Water Heater	KW Oven/Surface Unit	KW Elec. Range/Receptacle	Storable Pool/Spa/Hot Tub	Pool Permit/with UW Lights	TOTAL NUMBERS \$		Alarm Devices/F.A.C. Panel	Communications Points	Emergency & Exit Lights	MotorsFract. HP	Light Poles	Detectors	Switches	Receptacles	Lighting Fixtures	QTY. SIZE ITEMS .* FEE (Office Use Only)		[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant	Applicant's Signature/Contractor's Seal and Signature	the Cartle	application and perform the work listed on this application.	I hereby certify	C. CERTIFICATION IN LIEU OF OATH	Permit #	Date Issued	

Called 11/5-109

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Date Received Control #

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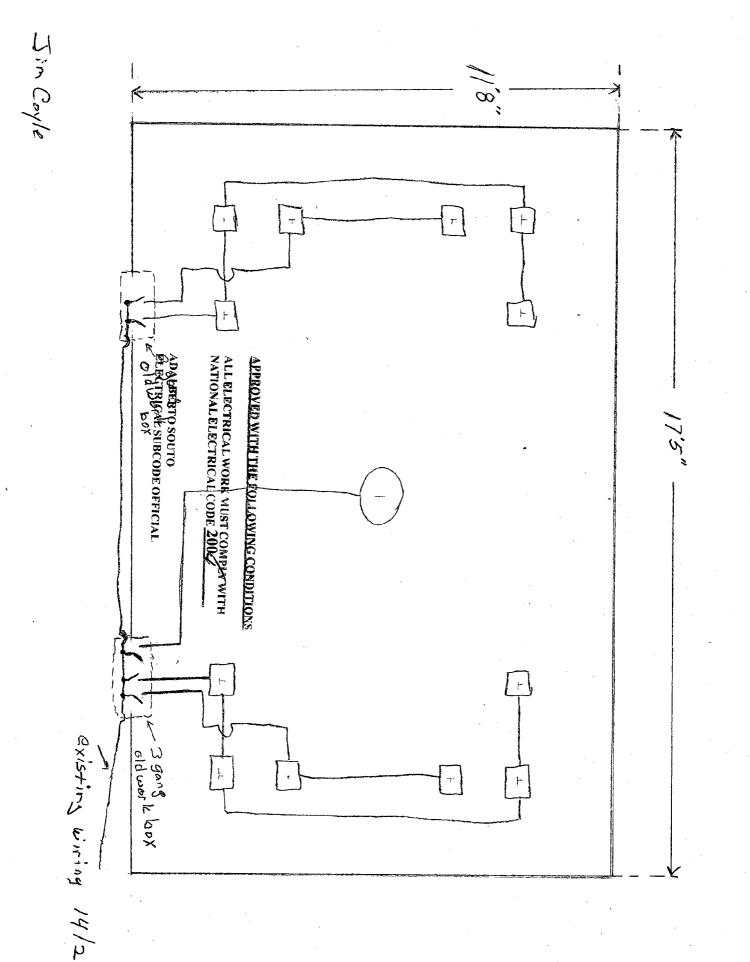
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Constr. Class       Present       Proposed       1. New Bldg.       \$	Approved by: Other Final	tion	Tel.	BULLDING SUBCODE TECHNICAL SECTION A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Block the source of the sou
U.C.C. F110 (rev. 07/03)	<ul> <li>Asbestos Abatement Subchapter 8</li> <li>Lead Haz Abatement NJAC 5:17</li> <li>Other</li> <li>Other</li> </ul>	TYPE OF WORK: [ ] New Building [ ] Addition [ ] Rehabilitation [ ] Roofing [ ] Siding [ ] Fence	DESCRIPTION OF WORK Resnore Sheetrock from Ceiling. Cut out oppositionstely 4 from Si Joist France in a reasonable area, with tero hangers insulate boing dry Spuckle + point. Spuckle + point.	D C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) record and am authorized to make this Signature
State Permit Surcharge Fee \$ TOTAL FEE \$ 1 White = Inspector Copy 2 Ca 3 Pink = Office Copy 4 Go	nt NJAC 5:17	_ Height (exceeds 6') _ Sq. Ft.	ION OF WORK Restove Sheetrock from Cut out opproximately 4 from six(6) and in a reacossed area, with angers insulate boing drywall t paint.	Date Received Control # Date Issued Permit # TION IN LIEU OF OATH that I am the (agent of) owner of authonized to make this application.
Minimum Fee \$		FEE (Office Use Only)           \$	entrock from area, with bong dry wall	0/26/01

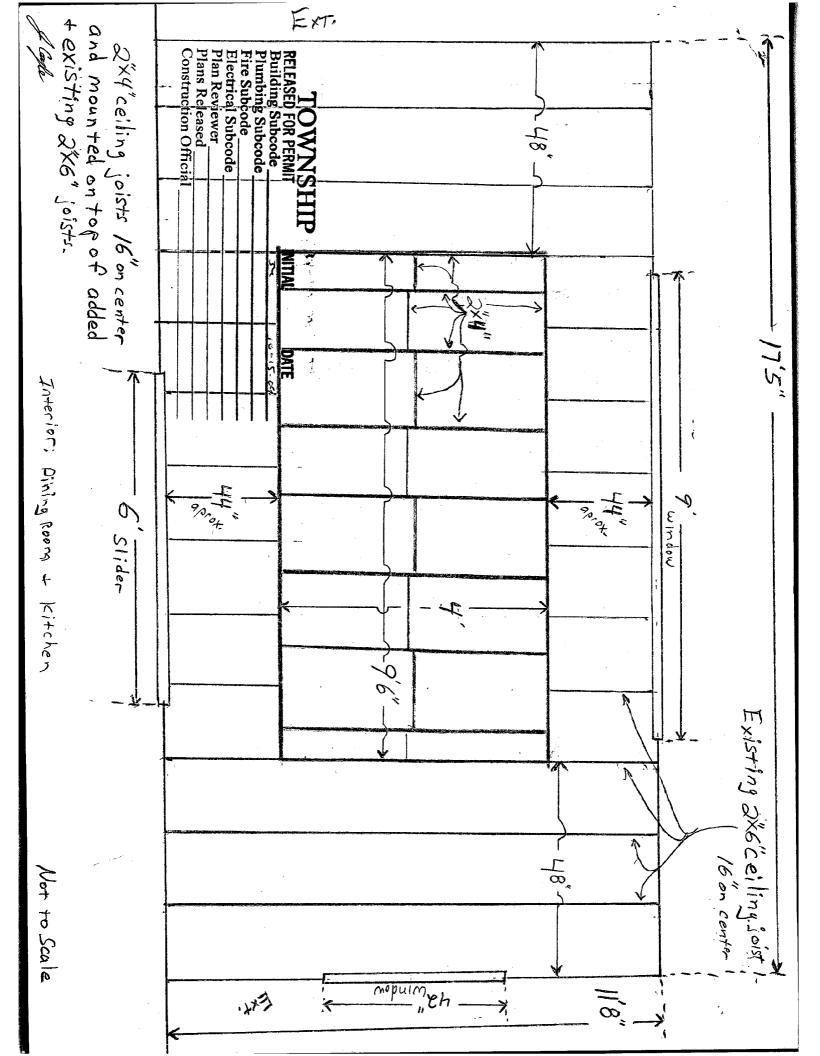
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Ledgend - Recessed lighting fixture Halo HSICAT 1200 ) Incandoset ceiling fixture 2 gang old work box plastic) 3 gang old work box (plastic) Single pole dimmer switch Lutron 030-976 Single pole Switch Pass + Seymour TMB70-16610 14/2 ga wire Note: Existing wire from crawl space is on a 15 Amp breaker that ends at a single pole switch. J. Coyle



& Caryle 11'8' 2%6" 9 Double View from attic space. 1/2" Drywall 2×4 ⋞ 2×6 17'5" 2×2 2×4/ r2×6" 2 2 9×6" Not to Scale Double 2×6"

EOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MUNIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. THE AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTALINING A FUEL BURNING APPLIENCE 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 installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.         N######PLEASE READ AND SIGN##### Hereby certify that a minimum of oue smole detector is installed and is operational on each level of this residential structure in the immediate visiting of the singular the line to install and is operational on each level of this residential structure is the visiting of the signantrue Code 5/3 and may subject me to penalulate as prescribed by law.         NAME:       Cap de SIGNATURE:       John the code is a non-structure of the residential condition is a violation of the New Jerey Administrative Code 5/3 and may subject me to penalulate as prescribed by law.	-

**ENGINEERING PERMIT APPLICATION** 

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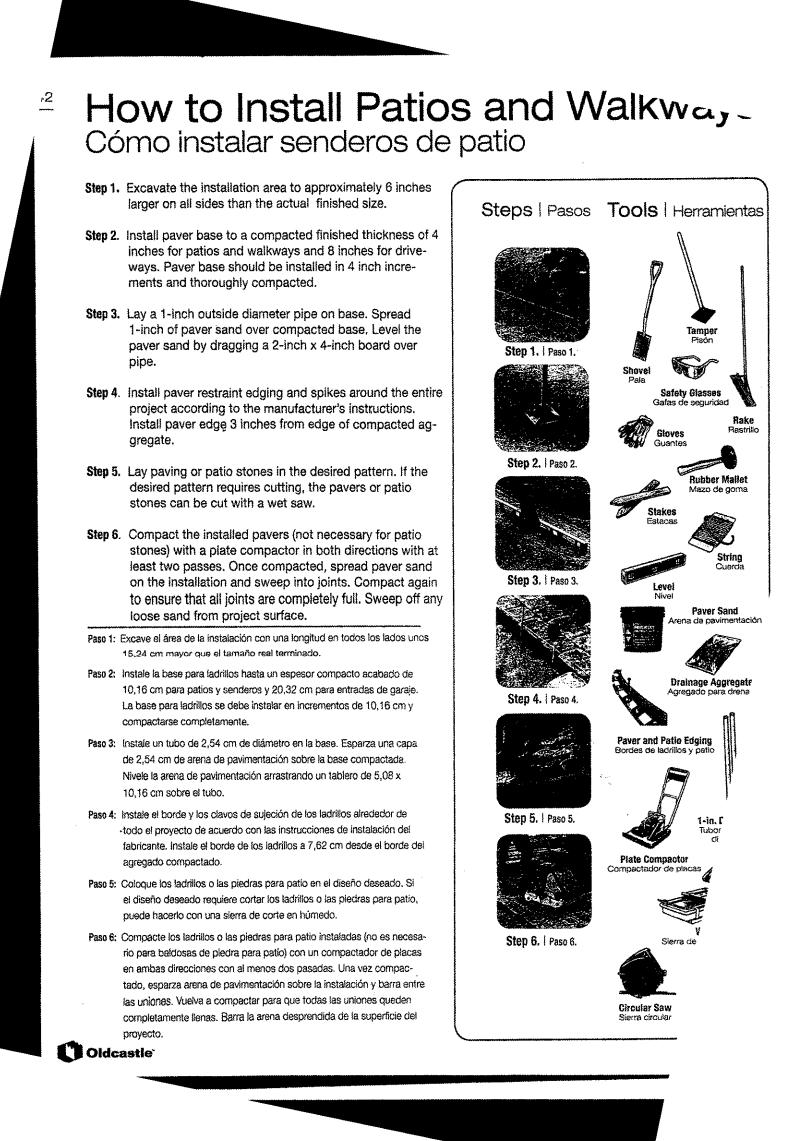
RECEIVING CLERK:

PERMIT #:

BLOCK: 446. 20 LOT: 10 ADDRESS: 583 N. Lake Shore Dr.

and and accordent against grant to be with the property of the

IDENTIFICATION: 1. WORK SITE ADDRESS: <u>583 N Lake Shore Dr</u> 2. NAME OF OWNER IN FEE: <u>Hobolizas James Coyk</u> ADDRESS: <u>SAME</u> PHONE FAX #: ( 3. PRINCIPAL CONTRACTOR: <u>Jemes Coyle</u> ADDRESS: <u>583 N Loke Shore Dr</u> PHONE #	FEE SUMMARY:         APPLICATION FEE:       \$
$\frac{Brick}{NJ} = FAX #: (_) = f$	SPECIAL CONDITIONS:   OCEAN COUNTY SOILS:   DRAINAGE EASEMENTS:   DRAINAGE EASEMENTS:   UTILITY EASEMENTS:   CONSERVATION EASEMENTS:   FEMA REQUIREMENTS:   D.E.P. PERMITS:   D.E.P. PERMITS:   BOARD APPROVAL:   PB   IZB   APPLICATION NUMBER:   APPROVED DATE:
ENGINEERING REVIEW: DATE RECEIVED: 3/8/13 DATE REJECTED: DATE DATE REJECTED:	ATE APPROVED: 3/8/13 INITIALS: 51



	401 CHAMBERS BRIDGE ROAD BRICK, NEW JERSEY 08723	ڻڻ جات
Township Engir	(732) 262-1040, FAX (732) 262-2941 CLEAK (RG/BRADING # 1 CHECKI # 1 CHECKI # 1 CHECKI	99.EK 1 - 3
	APPLICATION FOR GRADING AND	
	CLEARING PERMIT	
Date of Applica		
Date received b	y Engineer's office: 3/8/13 (to be assigned by Engineer)	
Application is h	ereby made by:	
Name of compan		
Address of comp	any or individual 583 N. Lake Share Dr. Brick, NJ 08723	
Phone number(s)		
Name of contract	tor James Coyle	
Address of contra		
Phone number(s)		
	***************************************	
Address of loca	tion of work to take place: 583 N Leke Shore Dr. Brick	
~		
Please check th	nber(s) of location of work:       Block <u>446.20</u> Lot(s) <u>10</u> ne corresponding box & please fill out the appropriate section(s) that follow:         Trees (Clearing)       Trading of Site       Both Grading and Clearing         below       See Part B below       See Parts A and B	
Please check th Removal of See Part A PART A – TR	ne corresponding box & please fill out the appropriate section(s) that follow: Trees (Clearing) Grading of Site Both Grading and Clearing below See Part B below See Parts A and B EE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED. INCOMPLETE PERMITS WILL NOT BE REVIEWED!	
Please check th Removal of See Part A	Trees (Clearing) Grading of Site Departs A and B Both Grading and Clearing below See Part B below See Parts A and B EE REMOVAL - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED.	
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4.

		Permit No.
Signature of C	ontracto	r Date
PART B GRAD	DING	- PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED! INCOMPLETE PERMITS WILL <u>NOT</u> BE CONSIDERED!
Requirements:	1	I) 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 patte
		required by Engineer.
		f) Total area of disturbance + 8505+ ***over 2 acres requires Planning Board approval
		2a) Approximate quantities of cut or fill material
		<ul><li>b) Type of fill material to be used (to conform to requirements of</li></ul>
		Chapters 168 and 383)
		Sources: Name of Facility
		Address
		3) Brief explanation and description of grading work and its/purpose Helly power poto 5 224×23/12×18 Lemme La Conc ANN on report of povers
		4) Description of final ground cover to be established $1000000000000000000000000000000000000$
	-	
		5) Start of work date: <u>ISL</u>
		6) Approximate completion date: <u>151</u>
		7) Permits obtained (where applicable)
		NJDEP
		County Soil District
		Other
	NHA	8) Information on any retaining walls including plan showing location,
	/ Ҭ"	heights, length, cross-sections, type of material, backfill, safety barri
		and all other information as required by Engineer.
		Note: any wall (s) over 30 inches high requires a drawing by a
i		licensed Professional Engineer or Architect, as per Chapter 168

Page 3	of 3	
Perm	it No. (ccV-(3-00022	-
Date	it No. <u>CCV-(3</u> -00022 <u>3/8/3</u>	

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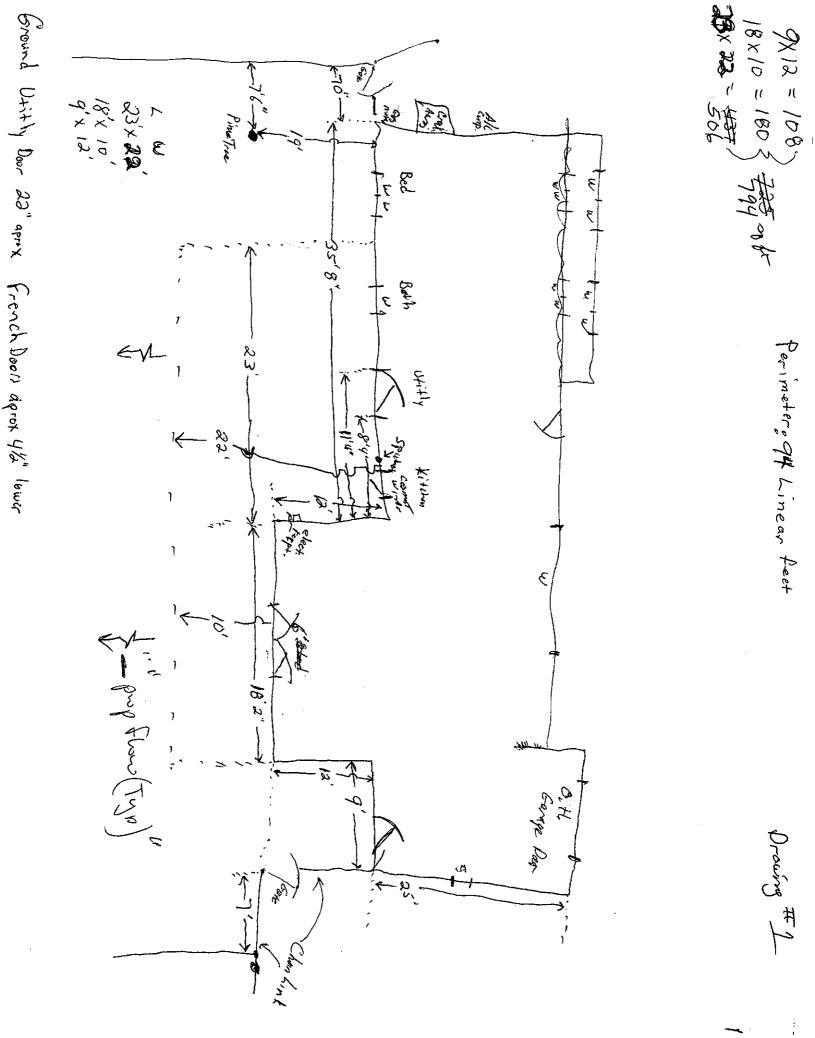
Date

### Following permit fees non-refundable

j	FEES: 1) Tree F	Removal - \$100	Paid	on:	
	Check	No	Received by		(date)
	2) Gradin	ng - \$100 per acre	Amount: \$_	Uson	Paid on: $3/8/13$
	Check	No. <u>318</u>	Received by	<u>KS</u>	date
	-	ning Wall Review on (date) :			Initials
	4) Escro <u>TYPE</u>	w & Inspection Fe	ees		
	Plan review	Amount: \$	Pa	id on (date)	):
	Inspection fee	Amount: \$	Pa	uid on (date	):
	Bond	Amount: \$	Pa	uid on (date	):
All wor		ed in conformanc			learing work as described above. ck Township Land Use

Form G&C2007 1/07

P:\engineering\forms\new\grading&clearing 2007.doc



ENGINEERING REVIEW: DATE RECEIVED: $\frac{3}{8}/3$ DATE REJECTED: DATE A	ESS: 5B3 N Lake Share D IN FEE: Heddlizes Sames Coyle PHONE FAX #: (_) CACTOR: Tenes Coyle FAX #: (_) CACTOR: Tenes Coyle FAX #: (_) PHONE #: (_) SON FOR WORK: Sames Coyle PHONE: # (_) FAX #: (_) FAX #: (_) E-MAIL: FAX #: (_) C RETAINING WALL CPOOL C NETAINING WALL CPOOL WIDTH: 24/14/0 HEIGHT:	ENGINEERING PERMIT APPLICATION
DATE APPROVED: 3/8/13 INITIALS: KSJ	FEE SUMMARY:         APPLICATION FEE:       \$         APPLICATION FEE:       \$         REVIEW FEE:       \$         INSPECTION FEE:       \$         OTHER       \$         INSPECTION FEE:       \$         OTHER       \$         SPECIAL CONDITIONS:       \$         OCEAN COUNTY SOILS:       \$         DRAINAGE EASEMENTS:       \$         UTILITY EASEMENTS:       \$         CONSERVATION EASEMENTS:       \$         PEMA REQUIREMENTS:       \$         DE.P. PERMITS:       \$         APPLICATION NUMBER:       \$         APPLICATION NUMBER:       \$         APPLICATION NUMBER:       \$         APPROVED DATE:       \$	NEERING PERMIT APPLICATION RECEIVING CLERK: KSS

ENGINEERING PERMIT APPLICATION

DENTIFICATION:	FEE SUMMARY:
. WORK SITE ADDRESS: 563 N. Lake Shorp Drive	APPLICATION FEE: \$ \$100.00
NAME OF OWNER IN FEE: James + Hedeliza Coyle	REVIEW FEE: \$
ADDRESS: 583 N. Loke Shore Dr. PHONE #:	INSPECTION FEE: \$
Brick	OTHER : \$
_	
. PRINCIPAL CONTRACTOR: James Coyle	BOND(S):
ADDRESS: Same PHONE #:	TOTAL: \$ 4100.00
FAX #:()	
ARCHITECT OR ENGINEER:	SPECIAL CONDITIONS:
	OCEAN COUNTY SOILS:
ADDRESS:PHONE: # ()	DRAINAGE BASEMENTS:
. RESPONSIBLE PERSON FOR WORK: James Cayle	
ADDRESS: SAME	UTILITY EASEMENTS:
,	CONSERVATION EASEMENTS:
PHONE #: () FAX #: () E-MAIL:	FEMA REQUIREMENTS:
ROJECT DESCRIPTION: CRADING/CLEARING CRAD OPENING	D.E.P. PERMITS:
SOIL REMOVAL/FILL I RETAINING WALL POOL	BOARD APPROVAL: DPB DZB
BULKHEAD/DOCK DWELLING TREE REMOVAL	
OTHER Pave- Walkway	APPLICATION NUMBER
	APPROVED DATE:
ENGTH: WIDTH: HEIGHT:	
BINGINEERING REVIEW:	

• • •	401 CHAMBERS BRIDGE ROAD BRICK, NEW JERSEY 08723
	(732) 262-1040, FAX (732) 262-2941
Department of Comm	unity Development & Land Use/Division of Engineering
· . · ·	APPLICATION FOR GRADING AND
·   ·	CLEARING PERMIT
Date of Application: -	06/13/2019 Permit No. : GCP-14-0014 (to be assigned by Engineer
Date received by Eng	incer's office: 6/13/19 & Finalized 6/27/14
Application is hereby	
Name of company or in	arvianar <u>Names Covie</u>
Address of company or	individual 583 North Lake Shore Prive Brick O
Phone number(s)	
Name of contractor	James Coule
Address of contractor	SAME
Phone number(s)	
Address of location of	work to take place: <u>583 N. Lake Shore Dr.</u>
Block / Lot number(s)	of location of work: Block <u>446.20</u> Lot(s) <u>10</u>
	esponding box & please fill out the appropriate section(s) that follow
Requirements:	<ol> <li>INCOMPLETE PERMITS WILL <u>NOT</u> BE REVIEWED</li> <li>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, wet)</li> </ol>
	2) Written explanation of purpose of tree removal:
Number	3) Number of *healthy trees over 9" in caliper to be removed (Note: 10 more trees requires Planning Board Approval) *dead trees do not requa 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)
	(type of permit, permit number and date) County Soil District (permit number and date)

, ,		Permit No.
Signature of Co		.Date
PART B GRAD		- 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
1		d) drainage flow arrows as required by Engineer
		e) all other information on grading, topography and drainage patter
		required by Engineer.
		f) Total area of disturbance <u>10 sq. fr.</u> ***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) <u>Output Blond</u> <u>Concrete Sand</u>
		Pareos
		Sources: Name of Facility M. J. Gravel & Sand
		Address Hwy 34
		Wall UJ
	7	3) Brief explanation and description of grading work and its purpose
	ſ	-
		To lovel ground along garage
	أحر	4) Description of final ground cover to be established <u>Concrete</u>
	L	
	-	Paver walknoy along grangarage
ĩ		5) Start of work date:
	P	6) Approximate completion date: <u>09/2014</u>
		7) Permits obtained (where applicable)
		NJDEP
•		
		County Soil District
		Other
		8) Information on any retaining walls including plan showing location,
		heights, length, cross-sections, type of material, backfill, safety barrie:
		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 App	licant	Jen Couft Date 06/13/2014
7	./	
L. L	-	

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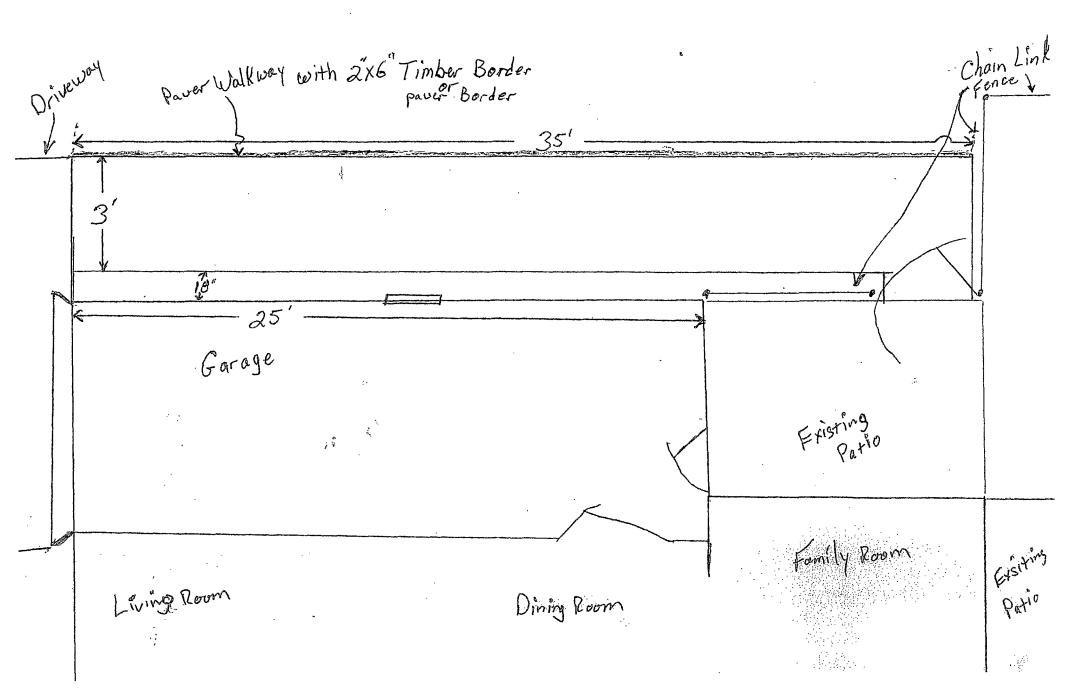
••

· .	Page 3 of 3 Permit No GCP-14-0014
	Signature of Contractor Confle Date Date Date Color7/14
1 7 1	(To be filled out by receiving office)
, ,	Following permit fees non-refundable
	<u>FEES:</u> 1) Tree Removal - \$100 Paid on:
	(date) Check No Received by
	AD2) Grading - \$100 per acre Amount: \$ 100.00 Paid on: 1627/19
	Check No. 357 Received by 14
	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
	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.
· · ·	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.
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Block: 446, 20 Lot: 10

Updated 6/24/14 fle.



Min. Length Equal to Base Thickness

Plastic Edge Restraint

Compacted Soil Subgrade

Stake

Concrete Paver - 23/8" (60MM) Min. Thickness

" to 11/2" (25 to 40 MM) Bedding Sand

Compacted Aggregate Base 2

Geotextile as Required – Turn Up at Sides of Base



### TYPICAL INSTALLATION

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

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

### INSTALLATION SUMMARY

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

- STEP 1: Determine Amount of Materials: Determine the area (length x width) and select the type of paver you are going to use. Measure length of "open" edges, i.e., areas not against a house, curb or another rigid pavement, as this will be the linear feet of edging needed. See a Clayton representative with your measurements to calculate, bedding sand and base.
- **STEP 2: Excavate the Area:** Before digging, call the local utility company and have them mark out underground utilities. The minimum excavation depth on patios and walks is 7 inches: 4 inch base, 1 inch sand and 2<sup>3</sup>/8 inch paver. Driveways or heavily trafficked areas should be significantly deeper, and in either case, base should slope away from the house at 14 inch per foot.
- STEP 3: Install the Geotextile and Base: Gover the compacted, sloped sub-base with geotextile and turn it up along the sides of the excavation. Place the first two inches of aggregate base on top and take out evenly. Material should be moist, but not soaked, for proper compaction. Gontinue adding and compacting the base in layers, making sure to leave enough room for the bedding sand and payers. It is important to maintain the slope away from the house on the subsequent layers of base material.

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

Violations					(All	(All Data, Location Ad
Location Address Block 583 N. LAKE 446.20 SHORE DR.	10	<u>Qualifier</u>	<u>Owner Name</u> DAVIS, THOMAS	<u>Issue Date</u> 02/12/1999	<u>Compliance Date</u> 03/30/1999	<u>Status</u> Closed
					•	
Date Printed: 6/12/2024						

# Summary Statute

7621 -SANITATION: ALL EXTERIOR PROPERTY AND 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.

### Summary <u>Statute</u>

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.

Iress Block Lot Qualifier Owner Name Issue Date	Violations
Issue Date Compliance Date Status	(All Data, Location Ad

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 3/3/99

INSPECTION STICKER.

Page 3

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# 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

### Brick Township | 583 N. LAKE SHORE DR.

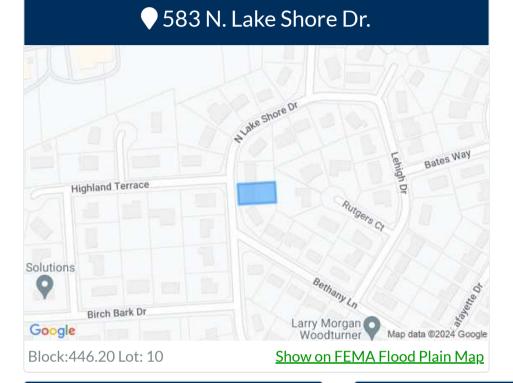
446.20 10 - Residential

Last Updated: 9/12/2018 9:11 AM

### 583 N. Lake Shore Dr.

Block: 446.20 Lot: 10 Residential

### Section Summary





	A Location
Street	583 N. Lake Shore Dr.
City	
Zip	
Block	446.20
Lot	10
Qualifier	

<b>E</b> Details				
Building	1SF1G 1440			
Land	.2337AC			
Acreage	0.230 acres <sup>2</sup>			
Property Class	2 - Residential			
Last Sale Price	\$269000			
Last Sale Date	7/15/2004			

🕅 Geo	oAreas
Ward	
Zoning	
DPW District	
Historic	
Census	

	20wner	C Assesse	d Valuation
Name	****	Land	\$O
Address	583 N Lake Shore Dr	Improvements	\$O
City, State	Brick, NJ	Total	\$O
Zip Code	08723		
Tax Maps			~
Attachmer	nts 🕜		~
Online For	rms 🕕		~
2			

Name	****	Land	\$O		
Address	583 N Lake Shore Dr	Improvements	\$O		
City, State	Brick, NJ	Total	\$O		
Zip Code	08723				
Property Da	ota				
Tax Maps	0		~		
Attachments 0					

Name	Module	Public ID	Created	Status	Location		
I There are no available form submissions for this property							

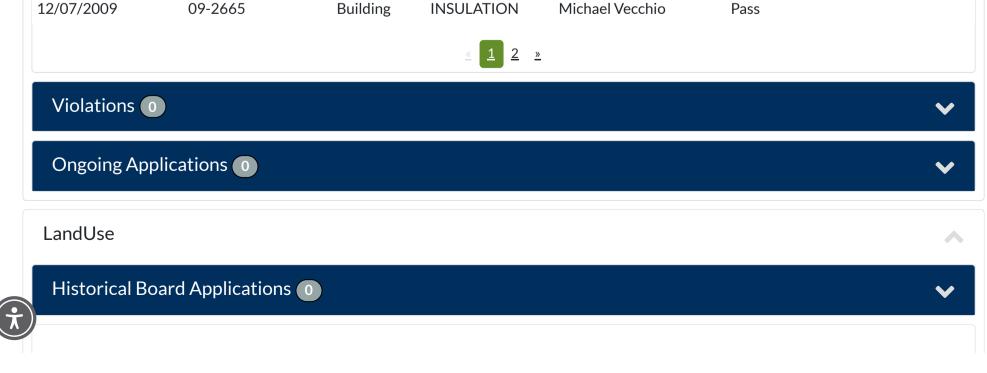
 $\checkmark$ 

### Construction

### Permit Applications 5

View	Control Number	Permit Number	Issue Date	Work Type	Work Description	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
<u>View</u>	C-14- 002527	14-1868	6/19/2014	Alteration	ELECTRICAL ALTERATIONS	Electrical	CA and Close Date Issued	8/11/2014	СА	450	****
<u>View</u>	C-10- 004643	11-0026	1/5/2011	Alteration	AIR CONDITIONER FURNACE	Electrical, Plumbing, Fire	CA and Close Date Issued	3/4/2011	CA	500	****
<u>View</u>	C-09- 003976	09- 2665+A	11/12/2009	Alteration	ELECTRICAL ALTERATIONS	Electrical	Closed with Date	1/26/2010		225	****
<u>View</u>	C-09- 003725	09-2665	10/26/2009	Alteration	INTERIOR ALTERATION(S)	Building	CA and Close Date Issued	1/26/2010	СА	500	****
<u>View</u>	C-09- 003290	09-2235	9/15/2009	Alteration	NEW ROOF	Building	CA and Close Date Issued	12/2/2009	СА	500	****

Inspections	14						~
Inspection Date	Permit Number	Subcode	Туре	Inspector	Result	TA Notes	Findings
07/31/2014	14-1868	Electrical	Final	Thomas Olson	Pass		
06/30/2014	14-1868	Electrical	ROUGH	Thomas Olson	Pass		
03/03/2011	11-0026	Electrical	Final	Douglas Donohue	Pass		
01/24/2011	11-0026	Plumbing	Final	Paul Auth InActive	Pass		
01/24/2011	11-0026	Electrical	Final	Douglas Donohue	Fail		
01/24/2011	11-0026	Fire	Final	Ron Piszar	Pass		
01/14/2010	09-2665+A	Electrical	Final	Douglas Donohue	Pass		
01/14/2010	09-2665	Building	Final	Jack Piizzi	Pass		
01/14/2010	09-2665	Electrical	Final	Douglas Donohue	Pass		



Open Spa	ce App	lications 0						~
Zoning Board Applications 0								
Planning l	Board A	Applications 0						~
Zoning Ap	oplicati	ons 0						~
Zoning Inspections 0								~
Zoning Violations 0							~	
CodeEnfor	cemen	t						~
Property	Inform	ation 🕕						~
Certificat	es 1							~
NumberApp5053*****	olicant ******	Unit Type Rental Certificate of Occupany	<b>Status</b> Approved			pplication Date /24/1997	<b>Issue Date</b> 2/24/1997	Expiration Date
Registrati	ions 🕕	)						~
Certificat	e Inspe	ctions 0						~
Stand Alo	ne Insp	ections 1						^
<b>Date</b> 9/10/2018	Unit	Inspector Gerard DeCicco 732-262-5315	<b>Type</b> Spot		<b>Result</b> Pass	<b>Completed</b> Closed	Comment	s Results
Engineerin	g							~
Open Cor	nplaint	S 0						~
Projects	0							~
Reviews	0							~

### Inspections 0

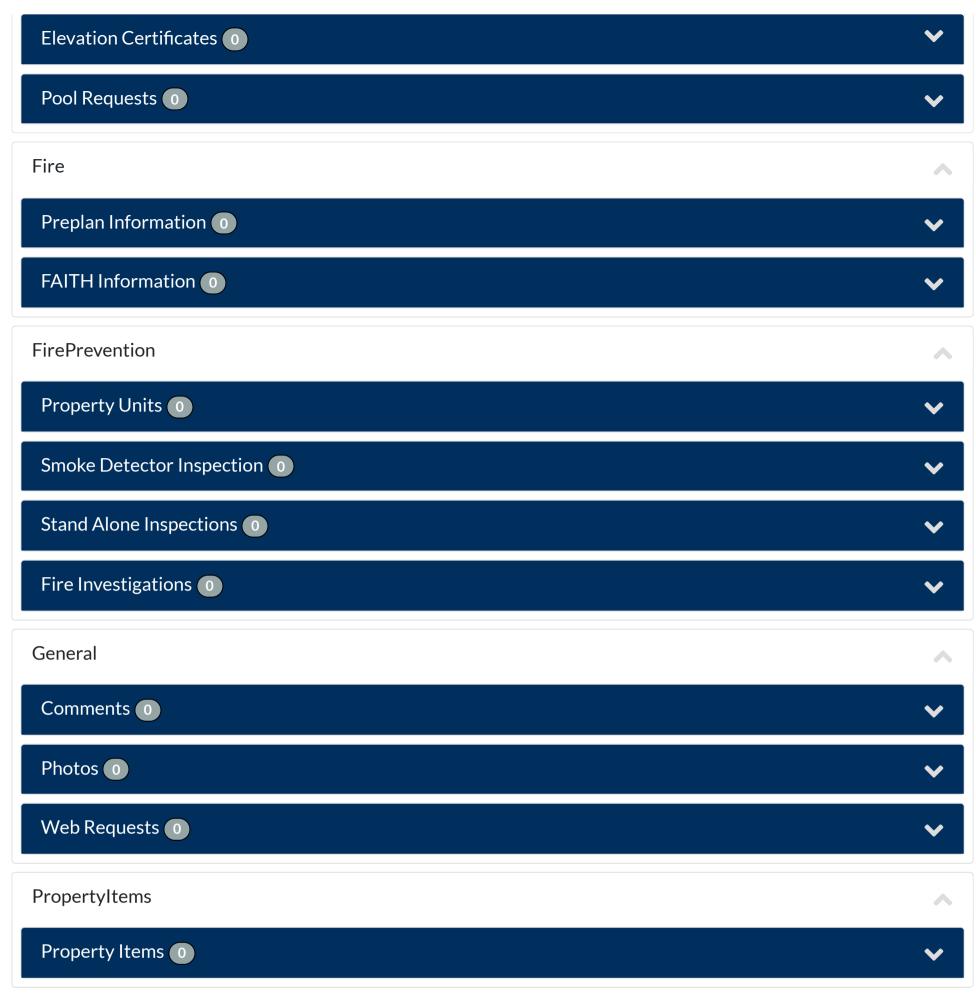
Grading and Clearing 2

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Date Received	Complete By	Status	Clearing	Grading	Conditions	
6/27/2014	6/27/2014		False	True		
3/8/2013	3/8/2013		False	True		
Service Requests 0						
	6/27/2014 3/8/2013	6/27/2014       6/27/2014         3/8/2013       3/8/2013	6/27/2014       6/27/2014         3/8/2013       3/8/2013	6/27/2014       6/27/2014       False         3/8/2013       3/8/2013       False	6/27/2014       6/27/2014       False       True         3/8/2013       3/8/2013       False       True	



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Every effort has been made to offer the most current and correct information possible. Original records may differ from the information on these pages. Verification of information on source documents is recommended.



Inspections 14							
Inspection Date	Permit Number	Subcode	Туре	Inspector	Result	TA Notes	Findings
12/03/2009	09-2665	Building	INSULATION	Michael Vecchio	Not Done		
11/30/2009	09-2665	Building	FRAMING	John Gerrity	Pass		
11/30/2009	09-2665	Electrical	ROUGH	Douglas Donohue	Pass		
09/30/2009	09-2235	Building	ROOFING/FINAL	Michael Vecchio	Pass		





Utility Account:	9316806-0
Block/Lot/Qual:	446.20 10.
Property Location:	583 N. LAKE SHORE DR.
Service Location:	583 N LAKE SHORE DR
Owner Name/Address:	JUNIOR, WILLIAM & KIM
	583 N LAKE SHORE DRIVE
	BRICK, NJ 08723-5041

Make a l	Payment	roject Interest	Last Payment: 05/	13/24					
Current C	harges:								
Service	Due Date	Billed	Balance	Interest	Total Due	Status	Reading	Read Date	Usage
Water	05/26/2024	65.58	0.00	0.00	0.00	PAID	168	04/15/2024	10
Sewer	05/26/2024	117.86	0.00	0.00	0.00	PAID	168	04/15/2024	10
lotal		183.44	0.00	0.00	0.00				
Prior Paid	Charges: Due Date	183.44 Billed	0.00 Balance		0.00 Total Due	Status	Reading	Read Date	Usage
Prior Paid Service						Status PAID	Reading 158	Read Date 01/19/2024	Usage 13
<b>Prior Paid</b> Service Water	Due Date	Billed	Balance	Interest	Total Due				
<b>Prior Paid</b> Service Water Sewer	Due Date 02/28/2024	Billed 86.37	Balance 0.00	Interest 0.00	Total Due 0.00	PAID	158	01/19/2024	13
<b>Prior Paid</b> Service Water Sewer Water	Due Date 02/28/2024 02/28/2024	<b>Billed</b> 86.37 132.38	Balance 0.00 0.00	Interest 0.00 0.00	<b>Total Due</b> 0.00 0.00	PAID PAID	158 158	01/19/2024 01/19/2024	13 13
Prior Paid Service Water Sewer Water Sewer	Due Date 02/28/2024 02/28/2024 11/23/2023	Billed 86.37 132.38 79.44	Balance 0.00 0.00 0.00	Interest 0.00 0.00 0.00	<b>Total Due</b> 0.00 0.00 0.00	PAID PAID PAID	158 158 145	01/19/2024 01/19/2024 10/12/2023	13 13 12
Total Prior Paid Service Water Sewer Water Sewer Water Sewer Water Sewer Sewer	Due Date 02/28/2024 02/28/2024 11/23/2023 11/23/2023	<b>Billed</b> 86.37 132.38 79.44 127.54	Balance 0.00 0.00 0.00 0.00	Interest 0.00 0.00 0.00 0.00	Total Due 0.00 0.00 0.00 0.00 0.00	PAID PAID PAID PAID	158 158 145 145	01/19/2024 01/19/2024 10/12/2023 10/12/2023	13 13 12 12

**Return to Home**