

1512 11

BLOCK 25 LOT 73 QUALIFICATION CODE 24213 ADDRESS (SITE) PERMIT NO. 20010545

TOWNSHIP OF PLAINSBORO
641 Plainsboro Road
Plainsboro, NJ 08536
(609) 799-0909



CONSTRUCTION PERMIT APPLICATION

APR -9 2001

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

I. IDENTIFICATION

1. Proposed Work Site at: 47 Edgemoor Ave. Princeton

2. Name of Owner in Fee: Wm. West Tel. (609) 799 0900
Address: same zip code 08536

3. Ownership in Fee: Public Private

4. Principal Contractor: PETRO-PRINCETON Tel. ()
Address: 800 STATE RD 609-924-3530
License No. OR, if new home, Builder Reg. No. PRINCETON N.J. 08542 Exp. Date _____
Federal Employee No. 061207261 FAX: ()
5. Architect or Engineer _____ Tel. ()
Address _____

6. Responsible Person in Charge of Work Nils Nelson
Tel. (609) 924 6512 FAX ()

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input checked="" type="checkbox"/> Fire Protection	100			5-14-01	5-21-01	HL			
6. <input checked="" type="checkbox"/> Plumbing	3500				7/24/01	MM			
7. <input checked="" type="checkbox"/> Electrical	50				8-15-01	MA-1			
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS	5000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

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

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

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

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

U.C.C. F100-1 (rev. 3/98)

NAME:	_____	DATE:	_____
ADDRESS:	_____	NEW SUBMITTAL	()
DESCRIPTION:	_____	REVISION	()
ZONING:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
BUILDING:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
PLUMBING:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
ELECTRIC:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
FIRE:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
CERTIFICATES ISSUED			
BUILDING:	_____	TEMP. ()	FINAL ()
PLUMBING:	_____	TEMP. ()	FINAL ()
ELECTRIC:	_____	TEMP. ()	FINAL ()
FIRE:	_____	TEMP. ()	FINAL ()

PLAN REVIEW SHEET

CERTIFICATION IN LIEU OF OATH.

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name PETRO-PRINCETON
 Address 800 STATE RD 609-924-3530
PRINCETON N.J. 08542

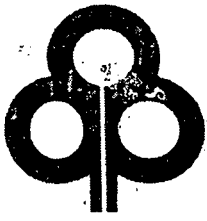
Telephone _____
 Signature [Handwritten Signature]

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

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		Name of Code & Edition	
Building _____	Energy _____	Barrier Free _____	Other _____
Electrical _____	Flood Hazard _____	As Built Elevation Cert. _____	
Plumbing _____	Fire Protection _____	Mechanical _____	

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



Township of Plainsboro
 641 PLAINSBORO ROAD
 PLAINSBORO, NJ 08536
 609 - 799-2700

5-24-01

**CONSTRUCTION PERMIT
 IDENTIFICATION**

20010545
 Control Number: 24213

Application Date: 04/10/2001

5-29-01

OWNER/PROPERTY DETAILS

Block : 25	Lot : 13	Qualifier :	Contractor:	PETRO PRINCETON
Work site Location:	47 Edgemere Avenue Plainsboro		Address:	800 STATE ROAD
Owner In Fee:	Wesp		PRINCETON NJ 08540	
Address:	47 Edgemere Avenue Plainsboro Nj 08536		Telephone:	(609) - 924-3530
Telephone:	(609) - 799-0920		Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3		Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

Alterations oil boiler replacement, backflow preventer, fuel oil piping

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
 Cost of Alteration: 5,000.00
 Cost of Demolition: 0.00

Total Cost: \$5,000.00

PAYMENTS (Office Use Only)

Building	
Electrical	\$9.00
Plumbing	\$78.00
Fire Protection	\$30.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$121.00
All Fees Waived :	No

Amount to be Paid: \$121.00

Pd # 60403394
 29

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

Arthur Nordeen _____
 Arthur Nordeen Date
 Construction Official

- :: Failure to obtain all required inspections may result in administrative action.
- :: Final inspections are required before final payment is to be made to contractor.
- :: An approved set of plans must be kept at the worksite at all times

Note:



Township of Plainsboro
 641 PLAINSBORO ROAD
 PLAINSBORO, NJ 08536
 609 - 799-2700

Permit Number: 20010545
 Permit Date: 05/29/2001
 Update Number:
 Control Number: 24213
 Application Date: 04/10/2001

**CONSTRUCTION PERMIT
 IDENTIFICATION**

OWNER/PROPERTY DETAILS

Block : 25	Lot : 13	Qualifier :		
Work site Location:	47 Edgemere Avenue Plainsboro		Contractor:	PETRO PRINCETON
Owner In Fee:	Wesp		Address:	800 STATE ROAD
Address:	47 Edgemere Avenue Plainsboro Nj 08536			PRINCETON NJ 08540
Telephone:	(609) - 799-0920		Telephone:	(609) - 924-3530
Use Group(s):	R-3		Lic. No. / Bldrs. Reg. No.:	
			Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

Alterations oil boiler replacement, backflow preventer, fuel oil piping

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
 Cost of Alteration: 5,000.00
 Cost of Demolition: 0.00

Total Cost:	\$5,000.00
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 or if construction ceases for a period of six months, this permit is void.

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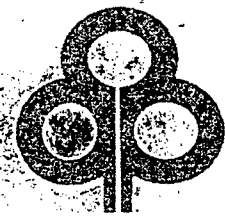
PAYMENTS (Office Use Only)

Building	
Electrical	\$9.00
Plumbing	\$78.00
Fire Protection	\$30.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$121.00
All Fees Waived :	No

Amount to be Paid: \$121.00
 Check Number: 60403394
 Check amount: \$121.00

Collected by: eg
 Receipt No:
 Total Cash Amount
 Total Check Amount \$121.00
 Total CC Amount
 Grand Total \$121.00

Note:



Township of Plainsboro
 641 Plainsboro Road
 Plainsboro NJ 08536
 609-799-2700

**CERTIFICATE
 IDENTIFICATION**

Date Issued: 06/22/2001
 Control #: 24213
 Permit #: 20010545

Block: 25 Lot: 13 Qual: _____

Work Site: 47 Edgemere Avenue
 Plainsboro

Owner in Fee: Wesp

Address: 47 Edgemere Avenue
 Plainsboro, Nj 08536

Telephone: 609 799-0920

Agent/Contractor: PETRO PRINCETON

Address: 800 STATE ROAD
 PRINCETON NJ 08540

Telephone: 609 924-3530

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [] State [] Private

Use Group: R-3

Maximum Live Load: 0.00

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: Alterations oil boiler replacement, backflow preventer, fuel oil piping

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate.

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

Total removal of lead-based paint hazards in scope of work

Partial or limited time period(____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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

Fees \$0.00

Paid Check No 60403394

Collected by eg

Arthur Nordeen Construction Official

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR



TOWNSHIP OF PLAINSBORO
 641 Plainsboro Road
 Plainsboro, NJ 08536
 (609) 799-2700
 Fax: (609) 799-8831



**PLUMBING
 SUBCODE
 TECHNICAL SECTION**



Date Received _____
 Date Issued 2-29-01
 Control # _____
 Permit # 2001054

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

Block 25 Lot 13
 Work Site Location 47 Edgewood Ave.

Owner in Fee Wm. W. W. W.
 Address same

Tele. (609) 799-0920
 Contractor 800 STATE RD 609-924-3530
 Address PRINCETON N.J. 08542

Tele. () () Fax () ()
 Lic. No. _____
 Federal Emp. No. 061207201

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size _____ Public Sewer _____ Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ 3000

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
<u>1</u>	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
<u>1</u>	Hot Water Boiler <u>replacement</u>	<u>10</u>
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
<u>1</u>	Backflow Preventer	<u>9</u>
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type: _____	_____	_____	_____	_____
Joint Plan Review Required:	Slab _____	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough _____	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water _____	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer _____	_____	_____	_____	_____
Date: <u>4/24/01</u>	Fixtures _____	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Gas Equipment _____	_____	_____	_____	_____
SUBCODE APPROVAL	Gas Piping _____	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA	Solar _____	_____	_____	_____	_____
Date: <u>5/4/01</u>	TCO _____	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	_____	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
 Signature — Contractor's Seal

Licensed Plumbing Contractor Exempt Applicant

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ <u>19</u>

DATE

JOB CONDITION / COMMENTS

5/3/01 Bdh Mal tee is domestic

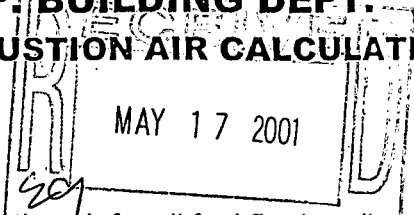
DATE

JOB CONDITION / COMMENTS

5-31-01 @ 9:57 No over haul

47 Edgemoere BL. 25-13 Lot Cont no L 24213

PLAINSBORO TWP. BUILDING DEPT.
RESIDENTIAL HABITABLE COMBUSTION AIR CALCULATION FORM



- Calculate the required amount of combustion air for all fuel fired appliances. The result is the required amount of air in cubic feet. (BTU input ratings are listed on the equipment label on or in the appliance.) Fuel fired appliances are an oil or gas furnace, water heater, or dryer that are located in a confined room or space.

Furnace 1 + furnace 2 + water heater + dryer
 BTU BTU BTU BTU

(95,000 + _____ + _____ + _____) / 1000 X 40 = 3800 cubic feet

- Calculate the cubic content of air available from rooms and/or adjoining spaces through framed openings, transfer grills, or full louvered doors. If transfer grills are used, one located near the top of the room and another located near the bottom of the room must be provided for each area to be connected. The total amount of air available must be equal or exceed the required amount shown on line 1 above.

LENGTH	X	WIDTH	X	HEIGHT	=	CUBIC FEET
<u>34</u>	X	<u>24</u>	X	<u>9</u>	=	<u>7344</u> cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
						<u>7344</u> Total cubic feet

- Calculate the unobstructed area of transfer grills or louvered doors, in square inches. Each opening must be equal to one square inch per 1,000 BTU's of combined appliance input, unobstructed.

LENGTH	X	WIDTH	X	(see below)	=	Unobstructed area
_____	X	_____	X	.75	=	_____ (METAL OPENING)
_____	X	_____	X	.25	=	_____ (WOOD OPENING)

Please note that these openings can be located in any wall or door opening. The transfer grills do not need to be in line with each other but only located so that the air will freely move from one space to the other. It is important to consider furniture layouts when locating the grills so that these openings will not be blocked.