SF
new 2 family
basement as apt.

20141987

BLOCK 774.04

PARCEL 14.03

189-189A Pine St

FINAL INSPECTIONS:

Type	Date
BUILDING X	
PLUMBING	
FIRE	
ELECTRICAL	
MECHANICAL	
OCEAN COUNTY SOILS	
ENGINEERING	
TEMPORARY C. of O. ISSUED	
FOR	
PERMANENT C.of O. ISSUED	6/24/15
DEMOLITION	

THE FOLLOWING INSPECTIONS ARE NEEDED:

BUILDING ✓ PLUMBING

ELECTRIC MECHANICAL 6/3/15

FIRE ✓ 6/8/15

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732-3643760

CERTIFICATE
IDENTIFICATION

Date Issued: 06/24/2015
Control #: 98472
Permit #: 20141987

Block: 774.04 Lot: 14.03 Qual:
Work Site Location: 189-189A Pine Street
Lakewood
Owner in Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701
Telephone: 732 644-2171
Agent/Contractor: Matt's Construction
Address: 14 Irene Ct
Lakewood NJ 08701
Telephone: 732 905-4494
Lic. No./ Bldrs. Reg.No.: 038035 Federal Emp. No.: 36-4494910
Social Security No.:

Home Warranty No: 3340162
Type of Warranty Plan: [ ] State [X] Private
Use Group: R-5
Maximum Live Load: 40
Construction Classification: 5B
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
New 2 Family Dwelling with basement as apartment and framed attic

Update Desc. of Wk/Use:
PLUMBING ALTERATION/ GAS PIPING/ WATER HEATER/ FURNACE, smoke and carbon , update layout changes, update garage, Hot Air Furnace, Electrical alt

[X] **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 will be subject to fine or order to vacate:

Michael Saccomanno Construction Official

[ ] **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

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: $60.00
Paid[X]Check No.:
Collected by: kt

BLOCK 774.04 LOT 14.03 QUALIFICATION CODE _____ ADDRESS (SITE) 98472 _____ PERMIT NO. 2014987

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: [illegible] Laurel St
2. Name of Owner in Fee: Shawl Halpern Tel. ( ) 367-9346
   Address 16 Hazlewood Lakewood NJ 08701
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Matts Const. Tel. (732) 905-4494
   Address 14 Irene Ct
   License No. OR, if new home, Builder Reg. No. 038035 Exp. Date _____
   Federal Employee No. _____
5. Architect or Engineer _____ FAX: ( ) _____
   Address _____ Tel. ( ) _____
6. Responsible Person in Charge once Work has Begun Matt Gross Contact _____
   Tel. (908) 910-3071 FAX: (732) 901-6653

V. FEE SUMMARY (for office use only)

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

2918

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	30'	
3. Area — Largest Floor	2332 ft.	
4. New Building Area	5645 sq. ft.	
5. Volume of New Structure	cu. ft.	55,734
6. Construction Classification	5B	
7. Total Land Area Disturbed	5000 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load	40	
12. Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☑ New Building	350,000				2/24/15				
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing ☐ Mechanical									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1) IBC 2009 NJ
2. ☐ Multi-Family (R-2) IBC 2009 NJ
3. ☐ Two-Family (R-3) IBC 2009 NJ
4. ☒ Two-Family (R-5) IRC 2009 NJ
5. ☐ One-Family (R-3) IBC 2009 NJ
6. ☐ One-Family (R-5) IRC 2009 NJ

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

B. NON-RESIDENTIAL

1. State Specific Use: R5
2. Use Group: 1 D
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N J A C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

SITE PLAN OR SURVEY MUST BE ATTACHED TO THIS APPLICATION $35 FEE

PAID: CASH CHECK # CREDIT CARD CC

DATE RECEIVED 5-16-14		RECEIVED BY	
WORK SITE LOCATION 189 Pine St.			OWN RENT
BLOCK 774.04	LOT 14.03	ZONE	

APPLICANT NAME Shaul Halpern	TELEPHONE 367-9346
ADDRESS 16 Hazlwood Oakwood NJ	

PERMIT REQUESTED FOR

NEW CONSTRUCTION DECK ADDITION POOL FENCE SHED AWNING

SEPTIC WELL CITY SEWER WATER

DESCRIPTION: 2- Family Home

SIGNS WALL	FAÇADE HEIGHT 30	WIDTH 52	TOTAL AREA 5070
FREE STANDING	DIMENSIONS 52 X 60'4"	SETBACKS 40'	

OTHERS:

DO NOT WRITE BELOW THIS LINE

REVIEWED BY	DATE:

☑ APPROVED ☐ DENIED

DATE 5/20/14	ZONING OFFICER

REFERRED TO:

ZONING BOARD OF ADJUSTMENT PLANNING BOARD OF APPROVAL

WETLANDS OTHER _____

Township of Lakewood

OFFICE OF THE MUNICIPAL ENGINEER AND PLANNING BOARD

PLOT PLAN REVIEW CHECKLIST

BLOCK 774.04 LOT 14.01 current/14.03 proposed DATE RECEIVED July 21, 2014

PROPERTY ADDRESS 189 Pine Street

PROJECT # SD 1918 PROJECT NAME _____ CONTROL # 98472

APPLICANT Shaul Halpern PHONE 732-367-9346 FAX/EMAIL _____

CONTRACTOR Matt Gross PHONE 908-910-3071 FAX/EMAIL 732-901-6653

DATE OF PLAN April 9, 2014 LAST REVISION July 17, 2014 TYPE OF WORK SFD

		YES	NO	N/A
1	PLANS SIGNED, SEALED (2 COPIES), APPROPRIATE SIZE SCALE 1"-40', MIN SIZE 8-1/2"X14"	X		
2	ROAD OPENING PERMIT REQUIRED (80.04 FT)	X		
3	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	X		
4	NORTH ARROW (WRITTEN AND GRAPHIC SCALE)	X		
5	EXISTING/PROPOSED EASEMENTS & DEDICATIONS	X		
6	EXISTING/PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	1		
7	EXISTING/PROPOSED SIDEWALK, CURB, DRIVEWAYS (WIDTH/TYPE) & RETAINING WALLS	2		
8	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	X		
9	STREET NAME, STREET WIDTH, RIGHT-OF-WAY WIDTH	X		
10	PROPERTY ADDRESS/LOT & BLOCK NUMBER/NAME OF APPLICANT IN TITLE BLOCK	X		
11	LIMITS OF CLEARING AND SOIL DISTURBANCE	X		
12	EXISTING TREES TO BE PROTECTED AND REMAIN		X	
13	ENVIRONMENTAL CONSTRAINTS (WETLANDS, STREAMS, ETC)		X	
14	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	X		
15	SUFFICIENT SPECIFIC SITE ELEVATIONS, FF/GF/BF ELEVATIONS, CONTOURS, ETC.	X		
16	EXISTING/PROPOSED ELEVATIONS & CONTOURS (1' INCREMENTS) - MINIMUM SLOPE 1.0%	X		
17	STORMWATER RUNOFF WITH DRAINAGE ARROWS		3	
18	LOCATION OF STORM DRAINAGE PIPES W/IN 25' OF PROPERTY (PIPE SIZE, GRADE & INVERT)		X	
19	UTILITY AND CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	X		
20	PRIOR APPROVAL: ARMY CORP/NJDEP/NJDOT/SOIL EROSION, ETC.	X		
21	SOIL BORINGS (INCLUDING ESHWT)	X		

PLAN REVIEW:

APPROVED X REJECTED _____ SIGNED _____ DATE July 24, 2014

COMMENTS 1- Basement is configured for the potential of two rentable apartments, only one rentable apartment is permitted.

2 - There should be two feet between the edge of the property line and the driveway. Driveway accesses a garage in the rear of the dwelling. Based on the size of the garage and the driveway accessing it with vehicular traffic to the garage is not anticipated.

. 3 - Drywell or recharge trenches shall be provided. Calculations should be provided prior to construction.

* This approval is for a single family unit. Any other use will require approval from the Planning Board for a change of use.

REQUIRED REVIEW FEE:

NEW CONSTRUCTION ($100.00) _____ ADDITION ($50.00) _____ WAIVED X

JACKET PICKED UP BY APPLICANT (INITIAL & DATE) _____

*** ANY CHANGES FROM THE APPROVED PLOT PLAN MAY DELAY THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

cc: Shaul Halpern - 16 Hazlewood Lane, Lakewood, NJ 08701; Matt Gross

PRIOR APPROVALS CHECKLIST FORM

												COMPLIANCE		
DATE:	7/15/14		RVV PROJECT #:	1515-I-			SD/SP/ZB #:	SD# 1918				YES	N/A	NO
BLOCK #:	774.04		LOT #:	14.01										
PROJECT NAME:	Zolikovitz's Subdivision													
LOCATION:	Pino Stroot													
DESCRIPTION & SCOPE:	Minor Subdivision													
CONTACT PERSON:	Matt Gross					TELEPHONE #:	908-910-3074							
1. PERFORMANCE GUARANTEE:					AMOUNT OF GUARANTEE:									
BOND INFORMATION:														
2. ENGINEERING INSPECTION ESCROW ACCOUNT:									Dated:				X	
AMOUNT POSTED:	$500.00				TOTAL ESTIMATED ESCROW:			$500.00						
3. RESOLUTION COMPLIANCE:					Dated:	6/18/14						X		
a. TOWNSHIP BOARD RESOLUTION OF APPROVAL:														
i. Board Engineer's Resolution Compliance Letter												X		
ii. Board Escrow Account Current & Board Secretary has No Objection														
b. OCEAN COUNTY PLANNING BOARD APPROVAL:					6/18/14									
c. NJDEP APPROVALS:														
i. CAFRA PERMIT					FILE NUMBER(S):							X		
ii. FRESHWATER WETLANDS					DATE(S):								X	
iii. STREAM ENCROACHMENT														
iv. OTHER	Treatment Works Approval No.:				LOI	SGP	TAW	EXEMPT						
d. NJDOT APPROVALS:														
Highway Access					PERMIT NUMBER(S):									
Drainage	Occupancy				DATE(S):								X	
e. OCEAN COUNTY SOIL CONSERVATION DISTRICT:														
i. Certified SESC Plan					SCD #:	16241						X		
ii. RFA Stormwater Discharge					Permit #:									
4. ENGINEERING DEPARTMENT PRE-CONSTRUCTION SUBMITTALS:														
a. TWO (2) Sets of Record Blueprints:									(Latest Revision:		)			
b. Final Plat of Subdivision:			Minor						(Latest Revision:	5/22/14	)		X	
Recording Data:	7/7/14											X		
c. Insurance Certificate with Additional Insured Rider					IG06A001784-00 (lot 14.03 only)									
d. Homeowners Association Documents												X		
e. Contact List													X	
REMARKS:														
W-9												X		
Proconstruction Mooting														

Township of Lakewood

OFFICE OF THE MUNICIPAL ENGINEER AND PLANNING BOARD
231 THIRD STREET
LAKEWOOD, NEW JERSEY 08701
(732) 364-2500 EXTENSION 5235; FAX (732) 905-5968

JEFFREY W. STAIGER, P.E., P.P., C.M.E.
TOWNSHIP ENGINEER

ALLY MORRIS
PLANNING BOARD ADMINISTRATOR

To: Michael Saccomanno, Director of Code Enforcement

RECOMMENDATION FOR ISSUANCE OF CONSTRUCTION PERMITS

DATE: July 15, 2014

DEVELOPER: Shaul Halpern

APPLICATION NUMBER: SD# 1918 (Pine Street)

BLOCK #: 774.04 **LOT(S) #:** 14.01

The developer of the captioned project has requested that the Lakewood Township Engineering Department recommend to your office that permission be granted to allow the initiation of construction of onsite improvements. We have reviewed the plans and documentation provided by the developer and prepared an estimate of the engineering inspection escrows to be posted with the Township. The attached Engineering Department Prior Approvals Checklist indicates the submittals provided by the developer in support of this construction project. Any deficient items are noted on that checklist.

Based upon the documentation submitted by the developer, I have no objection to your Department issuing the developer the following:

Permission for site clearing, site construction and construction of building for Lot 14.03 only.

(Note: Plot plan review/approval by this office is required prior to issuance of building permits)

As construction of site improvements is to proceed concurrently with the construction of the buildings, I further recommend that no certificates of occupancy be issued until this department has submitted to you our written recommendation for their issuance.

Should you have any questions or require additional information regarding this matter, please do not hesitate to contact this office.

Very truly yours,
Remington, Vernick & Vena Engineers, Inc.

Jeffrey W. Staiger, PE, PP, CME
Township Engineer

Enclosure:
1. Engineering Department Prior Approvals Checklist

Cc: Shaul Halpern – 16 Hazelwood, Lakewood NJ 08701

OCEAN COUNTY
SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731 Tel (609) 971-7002 Fax (609) 971-3391
www.SoilDistrict.org

SOIL EROSION AND SEDIMENT CONTROL CERTIFICATION
N.J.S.A. 4:24-39, ET. SEQ., CHAPTER 251, P.L.1975

CERTIFICATION DATE: April 29, 2014

Saul Halpern
16 Hazelwood Lane
Lakewood, NJ 08701

Re: SCD# 16241; Halpern, One-Lot, Two Unit; Block 774.04, Lot 14.03; Pine Street; Lakewood Township

Pursuant to Chapter 251, Soil Erosion and Sediment Control Act, P.L. 1975, the Ocean County Soil Conservation District, hereby, grants certification of the soil erosion and sediment control plan for the above-referenced project, subject to the following:

1. The applicant is required to schedule a pre-construction meeting with the District prior to the start of soil disturbance activities. The applicant must also notify the District, by mail or fax, at least 48 hours prior to initial land disturbance.

2. Any changes to the certified Soil Erosion and Sediment Control Plan will require the submission of a revised Soil Erosion and Sediment Control Plan to the District for review and approval.

3. The applicant must notify the District when the project is completed.
NOTE: No certificate of occupancy can be granted by a municipality until a report of compliance is issued by the District.

4. The applicant must carry out all land disturbance activities in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey, promulgated by the State Soil Conservation Committee. A copy of the certified plan and a copy of these provisions must be kept on the job site at all times.

5. Any conveyance of the project (or portion thereof) will transfer full responsibility for compliance to subsequent owner(s). The District must be notified in writing of any change of ownership.

6. This certification is limited to the controls specified in this plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency. THIS CERTIFICATION SHALL EXPIRE IN 3-1/2 YEARS.

Failure to comply with any of the conditions listed may result in the issuance of a Stop Construction Order.

NOTE: (1) Install and maintain a stone pad and silt fence along the street. Additional measures shall be required if erosion problems develop.

NOTE: (2) All sediment spilled, dropped, washed or tracked onto roadways (public or private), or other impervious surfaces must be removed immediately.

NOTE: (3) At the time of the final inspection you are required to provide confirmation that the proper type and amount of seed, lime and fertilizer have been used for permanent stabilization work.

NOTE: (4) The revised standards for Soil Erosion and Sediment Control in NJ require applicants to perform a soil test to determine the lime application rate prior to permanent stabilization.

SUPERVISOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 14-1057 Date 6/16/15

CONTRACTOR

Final - PASS

Attic is only

Framed.

Stone ... not

complete.

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 14-1967 Date 6/16/15

CONTRACTOR

Final - PASS

Attic is only

Framed.

Stone in front not

complete

INSPECTOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 20141987

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

Block 774.04 Lot 14.03 Qualification Code
Work Site Location 156 Pine Street
OAKWOOD NJ 07775
Building Owner Shaul Halpern
Address 16 Hazelwood
OAKWOOD NJ [redacted]
Tel. (732) [redacted] 367-9345
Contractor Matt Gross
Address Gross 14 Forge ct
Ocean NJ 07712
Tel. (732) 905-4494 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No 038035

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.
Matt Gross
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2-Family Home with Basement an apartment
-finished attic
Framed

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[✓] All — 8/20/14 — KMS
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[✓] CO [ ] COO [ ] CA
Date: 6/17/15
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing			9-19-14	TG
Footing Bonding			9-19-14	TG
Foundation			10/1/14	SG
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			2/13/15	TG
Finishes-Base Layer				
Finishes-Final				
~~Energy~~ Roof	11/17/14		11/18/14	KD
Mechanical				
TCO				
Other Deck Footing	12-22-14		12-23-14	TG
Final			6/17/15	KD
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed ~~R3~~ R5
Constr. Class Present ____ Proposed ~~5B~~ 5B
No. of Stories 2
Height of Structure 30 Ft.
Area—Largest Floor 2932 Sq. Ft.
New Bldg. Area/All Floors ~~5070~~ 3648 Sq. Ft.
Volume of New Structure ~~50,700~~ 85,734 Cu. Ft.
Total Land Area Distributed 5000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+2) $ 350,000

FEE (Office Use Only)
$ _____

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 20141487

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

Block 774.04 Lot 14.03 Qualification Code

Work Site Location (AKLWOOD NEW JERSEY)

Building Owner Shaul Hallelian

Address 16 MAZELWOOD

(OAKWOOD NJ

Tel. (732) 987-3647 367-4248

Contractor

Address

Tel. (___) FAX (___)

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	8/20/14	EMS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			2/13/15	TG
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present RT Proposed R3 R5
Constr. Class Present ___ Proposed 5B
No. of Stories 2
Height of Structure 30 Ft.
Area—Largest Floor 2532 Sq. Ft.
New Bldg. Area/All Floors ~~5070~~ 8648 Sq. Ft.
Volume of New Structure ~~50,700~~ Cu. Ft. 85,734
Total Land Area Distributed 5,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 350,000

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2- Family Home with Basement as apartment - finished attic Framed

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

FEE (Office Use Only)
$

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 109422

Date Issued
Permit # 14-1957 /3

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

Block 774.04 Lot 14.03 Qualification Code
Work Site Location 189 PINE Street
Ikwd NJ 08701
Building Owner MR Hufgesn
Address 116 Hazelwood
Ikwd NJ 08701
Tel. (732) 367-9346
Contractor Mats Corcoran
Address 14 Inman ct.
Ikwd NJ 08701
Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	1/15/13	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 2/13/13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing			1/24/13	
~~Barrier-Free~~ P/S	1/24/13		2/6/13	
Insulation				
Finishes-Base Layer - Tenant			2/13/13	
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			6/10/13	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Distributed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

update layout changes

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

FEE (Office Use Only)
$

Administrative Surcharge	$ 40 -
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10942

Date Issued
Permit # 141-1957 B

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

Block 724.04 Lot 14.02 Qualification Code

Work Site Location

Building Owner

Address

Tel. ( )

Contractor

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	1/12/04	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Distributed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Update layout

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

FEE (Office Use Only)
$

Administrative Surcharge	$ 40 -
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 102668

Date Issued
Permit # 14-1987

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

Block 774.04 Lot 14.03 Qualification Code
Work Site Location 189 pine st
lkwd NJ 08701
Building Owner MR. Halpern
Address 14 hazelwood
lkwd NJ 08701
Tel. ( )
Contractor Matt Gross
Address 14 Jessie ct.
lkwd NJ 08701
Tel. (732) 928 905-4494 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
update Garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[x] All	2/2/15	MS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/17/15
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final			2/17/15	MS
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			5/19/15	MS

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

FEE (Office Use Only)
$ 83.20

Administrative Surcharge	$ 40
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories		
Height of Structure		Ft.
Area—Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Distributed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $

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

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

RECEIVED
JAN 22 '15
INSPECTION DEPT.
LAKEWOOD

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 1/6/08

Date Issued
Permit # 14-1957

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

Block 774.04 Lot 14.03 Qualification Code

Work Site Location

Building Owner

Address

Tel. ( )

Contractor

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	2/22/08	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Distributed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

update Energy

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

FEE (Office Use Only)

Administrative Surcharge	$ 40 -
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 20141987

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

Block 774.04 Lot 14.03 Qualification Code

Work Site Location Lakewood New Jersey

Owner in Fee Shani Halpin

Address 16 Hazlewood Lakewood

Tel (732) [redacted] 367 9346

Contractor

Address Same

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present RJ Proposed JB

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
1		Alarm Devices/F.A.C. Panel
#4	Resi	w/ ground wire
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date: 8/20/14		
Approved by: MS		

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9/19/14

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/10/14	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 20141987

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

Block 77 U-52 V Lot N-12 Qualification Code

Work Site Location

Owner In Fee

Address

Tel ( )

Contractor

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
2		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		

Date:
Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 2014 1987 Date 9-19-14

CONTRACTOR

774.04 14.03

189 pine st.

Footing OK

Binding OK

INSPECTOR

Anthony F. Zero, R.A.

ARCHITECT

317 Monmouth Avenue- Suite 7
Lakewood, NJ
PHONE# (732) 961-1202 FAX# (732) 961-1203

November 17, 2014

Township of Lakewood
Building Division
212 4TH Street
Lakewood, NJ 08701

Re; New Residence- Roof Trusses
Block: 774.04 Lot: 14.01
Lakewood, NJ

Dear Mr. Saccomanno

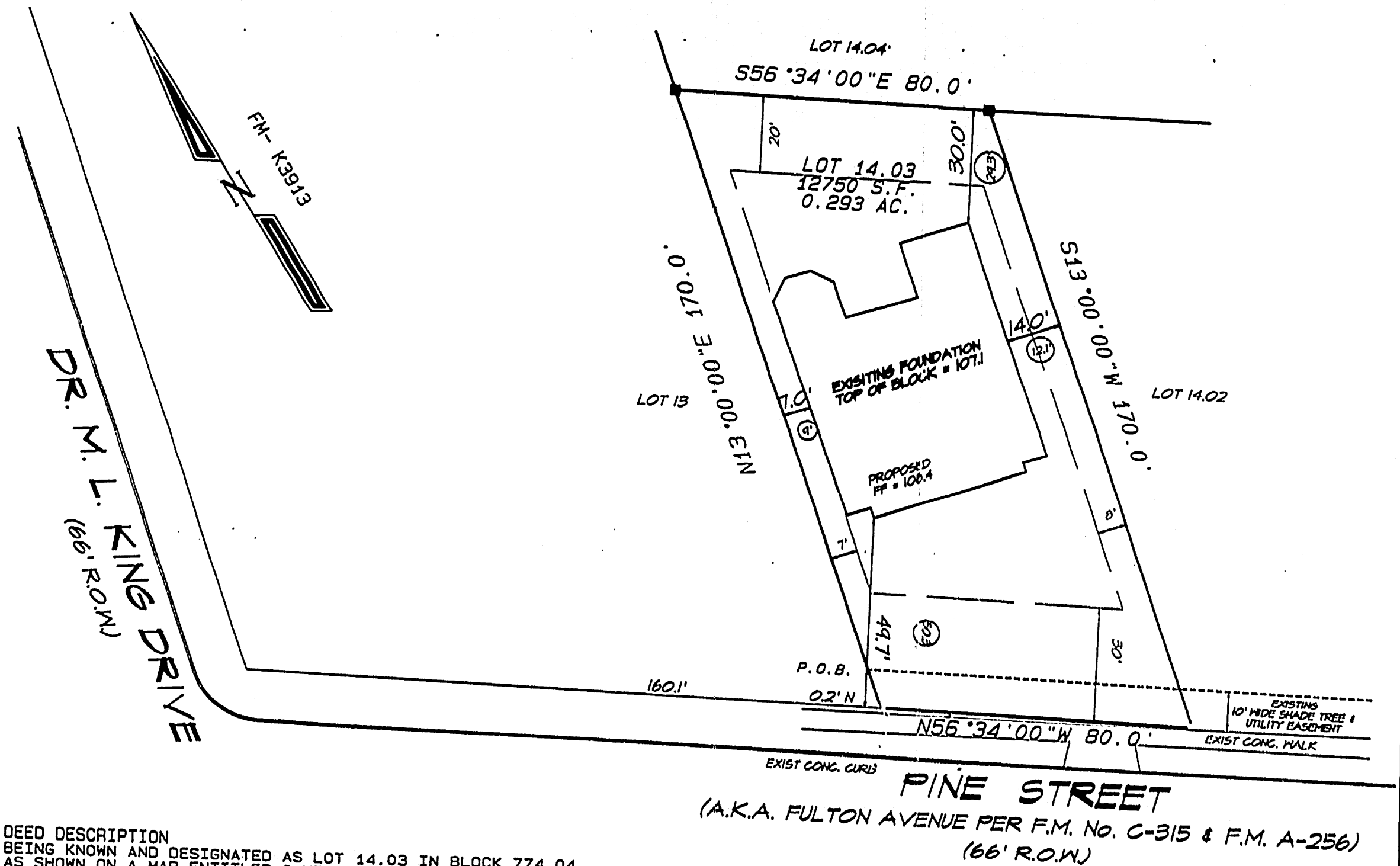
The ½" plywood roof sheathing with "h" clips may remain on the 16" oc conventional rafters in lieu of the 5/8" plywood shown on plans.

Should you have any questions or concerns please feel free to call me or Mr. Baruch Framovitz at (732) 961-1202

With regards,

Anthony F. Zero, R.A.

I:\DATA\4009\40090001\40090001plot plan.pro 1 Oct 2014



DEED DESCRIPTION
BEING KNOWN AND DESIGNATED AS LOT 14.03 IN BLOCK 774.04 AS SHOWN ON A MAP ENTITLED " MINOR SUBDIVISION LOT 14.01 BLOCK 774.04 TAX MAP SHEET NO. 107. REVISED THROUGH 11-2010. SITUATED IN LAKEWOOD TWP., OCEAN CO., N.J.", RECORDED IN THE OCEAN COUNTY CLERKS OFFICE ON 07/07/2014 AS MAP NO. K-3913. ALSO BEING KNOWN AND DESIGNATED AS LOT 14.03 BLOCK 774.04 AS SHOWN ON THE LAKWOOD TOWNSHIP TAX MAP. BEING FURTHER DESCRIBED IN DEED BOOK 11341 PAGE 1064.

A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P.L. 2003, C.14 (N.J.S.A. 45:8-36.3) AND N.J.C. 13:40-5.1(d).

I hereby certify that this survey was actually mad
description. This Survey does not purport to ident
utilities, service lines or structures below grade,
noted hereon. Subject to such facts as a current a
reveal. Property subject to documents of record. O
of this survey marked with an original of the Land
be considered to be valid copies. Signature and em
survey was prepared in accordance with the existin
by the N.J. State Board of Professional Engineers
certification is made only to parties named on thi
mortgage of property and are not transferable to a
subsequent owners. Unauthorized alteration or addi
licensed Land Surveyor's seal is illegal and punis
or liability is assumed by Surveyor for any other
limited to use of survey for survey affidavit, resa
person not listed in the certification either dire
was made to determine if any portion of this prope
N.J. as Tidelands. Offsets shown hereon are not to
construction of any permanent structures such as f

DATE	REVISION

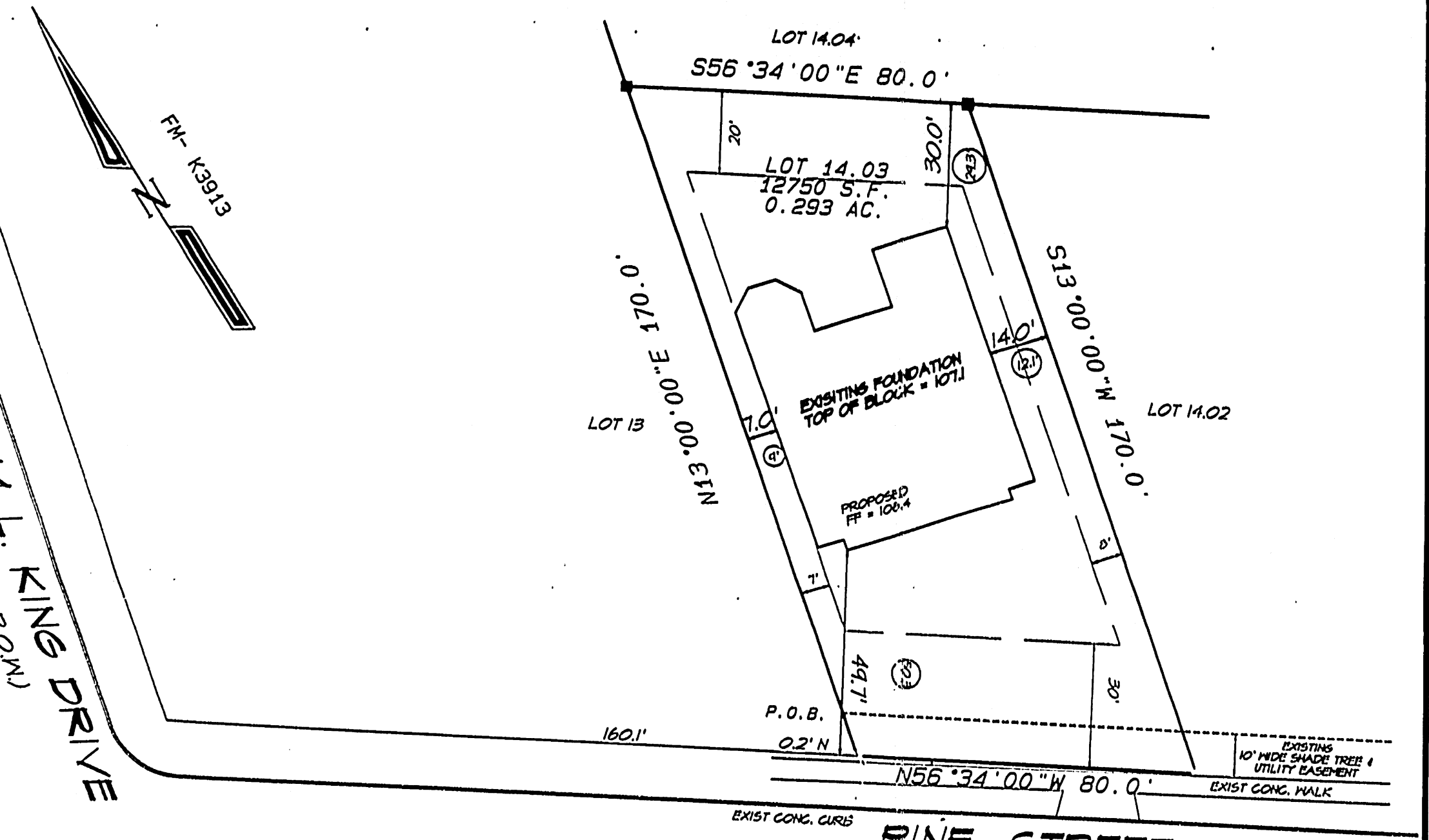
ASBUILT PLA

LOT 14.03, BLOCK
SITUATED IN
LAKEWOOD TWP., OCEAN

FWH
ASSOCIATES, P.A.

BRIAN S. FLANNERY

PROFESSIONAL LAND SURVEYOR
N.J. LIC. NO. 29283



CRIPTION
OWN AND DESIGNATED AS LOT 14.03 IN BLOCK 774.04
ON A MAP ENTITLED " MINOR SUBDIVISION
BLOCK 774.04 TAX MAP SHEET NO. 107. REVISED
1-2010, SITUATED IN LAKEWOOD TWP., OCEAN CO., N.J.",
IN THE OCEAN COUNTY CLERKS OFFICE
/2014 AS MAP NO. K-3913. ALSO BEING KNOWN
GNATED AS LOT 14.03 BLOCK 774.04 AS SHOWN ON THE
OWNSHIP TAX MAP. BEING FURTHER
IN DEED BOOK 11341 PAGE 1064.

AIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE
ER PURSUANT TO P.L. 2003, C.14 (N.J.S.A. 45:8-36.3) AND N.J.C. 13:40-5.1(d).

I hereby certify that this survey was actually made on the ground as per record description. This Survey does not purport to identify encroachments, wetlands utilities, service lines or structures below grade, if any, except as specifically noted hereon. Subject to such facts as a current and complete Title Report may reveal. Property subject to documents of record. Only copies from the original of this survey marked with an original of the Land Surveyor's embossed seal shall be considered to be valid copies. Signature and embossed seal signify that this survey was prepared in accordance with the existing code of practice adopted by the N.J. State Board of Professional Engineers and Land Surveyors. This certification is made only to parties named on this survey for purchase and/or mortgage of property and are not transferable to additional institutions or subsequent owners. Unauthorized alteration or addition to a survey map bearing a licensed Land Surveyor's seal is illegal and punishable by law. No responsibility or liability is assumed by Surveyor for any other purpose including, but not limited to use of survey for survey affidavit, resale of property, or to any other person not listed in the certification either directly or indirectly. No attempt was made to determine if any portion of this property is claimed by the State of N.J. as Tidelands. Offsets shown hereon are not to be used as a basis for construction of any permanent structures such as fences, sheds, buildings, etc.

DATE	REVISION	DRAWN	CHECKED	RELEASED

ASBUILT PLAN

LOT 14.03, BLOCK 774.04
SITUATED IN
LAKEWOOD TWP., OCEAN CO., N.J.

FWH
ASSOCIATES, P.A.

BRIAN S. FLANNERY
PROFESSIONAL LAND SURVEYOR
N.J. LIC. NO. 28283

DRAWN BY CAE	DATE 9/30/14
	SCALE 1"=30'
CHECKED BY WPS	DRAWER NO. SA-XXXX
RELEASED BY BSF	PROJECT NO. 4009.0001
SHEET NO. 1	OF 1

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 14-1987 Date 1/28/15

CONTRACTOR

Frame - OK

need check list

Fire stop in Basement

Final

INSPECTOR

PERMIT #: 14-1987 LOT: 1403 BLOCK: 774.04

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

135

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:
   - BOLTS
     - [B] [I] SPACING
     - [B] [I] SIZE
   - STRAPS
     - [B] [I] SPACING (PER MANUFACTURER'S SPECS)
     - [B] [I] SIZE

2. SILL PLATES:
   - [B] [I] SIZE
   - [B] [I] GRADE, SPECIES
   - [B] [I] TREATMENT
   - [B] [I] LAPS
   - [B] [I] SILL SEALER
   - [B] [I] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
   - [B] [I] TERMITE PROTECTION

3. BEAM POCKETS:
   - [B] [I] BEARING/SHIMS
   - [B] [I] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
   - [B] [I] SIZED PER PLAN
   - [B] [I] ATTACHMENT/PLATES
   - [B] [I] SPACING/LOCATION
   - [B] [I] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

	1st	2nd	3rd	4th
[B]	☒	☒	☒	☐ FLOOR SIZE
[I]	☒	☒	☒	☐
[B]	☒	☒	☒	☐ GRADE, SPECIES
[I]	☒	☒	☒	☐
[B]	☒	☒	☒	☐ SINGLE OR DOUBLE
[I]	☒	☒	☒	☐
[B]	☐	☒	☐	☐ PRE-ENGINEERED PER MANUFACTURER'S SPECS
[I]	☐	☒	☐	☐
[B]	☐	☐	☐	☐ CANTILEVERS AS PER DESIGN
[I]	☐	☐	☐	☐

2. GIRDERS AND BEAMS:
   - [B] [I] SIZED PER PLAN
   - [B] [I] TYPE
   - [B] [I] GRADE, SPECIES
   - [B] [I] LOCATION AND RELATION TO THE PLAN
   - [B] [I] NAILING
   - [B] [I] ATTACHMENT SCHEDULE
   - [B] [I] BEARING
   - [B] [I] LAPPING

3. FLOOR JOIST:

	1st	2nd	3rd	4th
[B]	☒	☐	☐	☐ FLOOR
[I]	☒	☐	☐	☐
[B]	☒	☐	☐	☐ SIZED PER PLAN
[I]	☒	☐	☐	☐
[B]	☒	☐	☐	☐ GRADE, SPECIES
[I]	☒	☐	☐	☐
[B]	☐	☐	☐	☐ PRE-ENGINEERED COMPONENTS AS SPECIFIED
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ BEARING
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ NAILING
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ BRIDGING
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ CUTTING AND NOTCHING (AS PER CODE)
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ POINT LOADS - SUPPORTED AS PER PLAN
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ SPAN HANGERS
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ HEADERS
[I]	☐	☐	☐	☐
[B]	☐	☐	☐	☐ FRAMED OPENINGS
[I]	☐	☐	☐	☐

4. FLOORING, SHEATHING, OR DECKING:

	1st	2nd	3rd	4th
MATERIAL	☒	☒	☒	☐ FLOOR
PANEL SPAN, THICKNESS	☐	☐	☐	☐

SPECIAL REQUIREMENTS

	1st	2nd	3rd	4th
[B]	☒	☐	☒	☐ EDGE BLOCKING (IF REQUIRED)
[I]	☒	☐	☒	☐
[B]	☒	☐	☐	☐ GAPPING
[I]	☒	☐	☐	☐
[B]	☐	☐	☒	☐ LAYOUT
[I]	☐	☐	☒	☐

5. STAIR ATTACHMENT:

	1st	2nd	3rd	4th
FLOOR	☒	☒	☒	☐
BEARING	☐	☐	☐	☐
NAILING	☐	☐	☐	☐

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23

Responsible Person in Charge of Work: _____ Date: JAN 26

Building Inspector Initials: _____ Date: _____

U.C.C. F390-1 (rev 03/09)

PERMIT # 14-1937 LOT: 1463 BLOCK: - 774.04

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	4TH	FLOOR
☒	☒	☒	☐	SIZE
☒	☒	☒	☐	SPACE
☒	☒	☒	☐	SPECIES AND GRADE
☒	☒	☒	☐	CUTTING, NOTCHING AND BORING
☒	☒	☒	☐	HEADER SIZES
☒	☒	☒	☐	JACK STUD BEARING
TOP PLATES:				
☒	☒	☒	☐	NAILING
☒	☒	☒	☐	LAPS
☒	☒	☒	☐	RAFTER TIES
☒	☒	☒	☐	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	4TH	FLOOR
☒	☒	☒	☐	SIZE
☒	☒	☒	☐	SPACE
☒	☒	☒	☐	LAYOUT - SUPPORT BELOW PER CODE
☒	☒	☒	☐	SPECIES AND GRADE
☒	☒	☒	☐	CUTTING, NOTCHING AND BORING
☒	☒	☒	☐	FIRE BLOCKING
☒	☒	☒	☐	HEADER SIZES
☒	☒	☒	☐	JACK STUD BEARING
TOP PLATES:				
☒	☒	☒	☐	NAILING
☒	☒	☒	☐	LAPS
☒	☒	☒	☐	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD	4TH	FLOOR
☒	☒	☒	☐	SIZE
☒	☒	☒	☐	SPACE
☒	☒	☒	☐	SPECIES AND GRADE
☒	☒	☒	☐	CUTTING, NOTCHING AND BORING
☒	☒	☒	☐	FIRE BLOCKING
☒	☒	☒	☐	HEADER SIZES
☒	☒	☒	☐	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- ☒ ☐ LAYOUT PLANS
- ☒ ☐ TRUSS MEMBERS
- ☒ ☐ CONNECTION SCHEDULE
- ☒ ☐ PERMANENT BRACING DETAILS
- ☒ ☐ DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- ☒ ☐ EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
- ☒ ☐ LOCATION AS PER LAYOUT
- ☒ ☐ ALIGNMENT
- ☒ ☐ BEARING
- ☒ ☐ SPACING
- ☒ ☐ CONNECTIONS TO BEARING POINTS
- ☒ ☐ NO CONNECTION TO NON-BEARING POINTS
- ☒ ☐ DAMAGE AND DEFECTS
- ☒ ☐ ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- ☒ ☐ LAYOUT
- ☒ ☐ SIZE
- ☒ ☐ TYPE
- ☒ ☐ NAILING
- ☒ ☐ OVERLAP
- ☒ ☐ TERMINATION
- ☒ ☐ TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

- ☒ ☐ LAYOUT
- ☒ ☐ SIZE
- ☒ ☐ TYPE
- ☒ ☐ NAILING
- ☒ ☐ OVERLAP
- ☒ ☐ TERMINATION

4. SOLID SAWN ROOF FRAMING:

- ☒ ☐ SIZE
- ☒ ☐ GRADES, SPECIES

LAYOUT

- ☒ ☐ SPACING
- ☒ ☐ SPAN
- ☒ ☐ BEARING
- ☒ ☐ FASTENING
- ☒ ☐ DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- ☒ ☐ CUTTING, NOTCHING, AND BORING
- ☒ ☐ BRIDGING
- ☒ ☐ RIDGE SIZE
- ☒ ☐ HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- ☒ ☐ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS:

- ☒ ☐ GAPPING
- ☒ ☐ LAYOUT
- ☒ ☐ CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- ☒ ☐ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- ☒ ☐ BLOCKING, EDGE (IF REQUIRED)
- ☒ ☐ CLIPS (IF REQUIRED)
- ☒ ☐ GAPPING
- ☒ ☐ LAYOUT

SHEATHING, NRTA - ROOF

- ☐ ☐ FOUR FEET FROM FIREWALL
- ☐ ☐ NON-CORROSIVE FASTENERS

135

U.C.C. F300 2 (rev. 03/88)

Initials Roof Persons or Truss of Work _____ Building Inspector _____

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 14-1967 Date 6/16/15

CONTRACTOR

- No Stone on front of house
need hangers on porch.
NO carpet second floor
Hallway
- Attic is only Framed.
no Ductwork or Returns
in Second unit.
Final - Final

INSPECTOR

June 16, 2015

To whom it may concern:

Please be advised that we are awaiting the carpets to come in for the second floor hallway. We have been told by the carpet supplier and installer that the particular carpet we chose will come into their warehouse and be installed in our house mid-July. This is no longer the responsibility of the contractor. I will be personally taking care of the installation.

Also, please be aware that I will be personally taking care of the decorative stone on the foundation. The delay is caused by the stone being back ordered. Again, this is no longer the responsibility of the contractor. I will be taking care of the installation.

SH

S. Halpern
189 Pine Street
Lakewood NJ

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 2014 1987 Date 2-5-15

CONTRACTOR

774,04 14,03

189 Pine st.

Insulation OK (ALL)

Basement Draftstop Inst

INSPECTOR TC

Josh
948
294
2647

UPDATE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 102522
Date Issued / Permit # 2014/1987/4
2014-1989

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

Block 774.04 Lot 14.03 Qualification Code
Work Site Location 189 PINE
Owner in Fee PAUL HALPRIN
Address 189 PINE ST
Tel (732) 730 7030
Contractor TRALEK ELECTRIC
Address 326 3RD
Tel (732) 730 7030 FAX ( )
Contractor License No. 15738
Federal Emp. No. 20-4754445

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 48000

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
105		Lighting Fixtures
155		Receptacles
75		Switches
18		Detectors
		Light Poles
12		Motors—Fract. HP BATH.
		Emergency & Exit Lights
41		Communications Points
50		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
356		Pool Permit/with UW Lights
—		Storable Pool/Spa/Hot Tub
—		KW Elec. Range/Receptacle
—		KW Oven/Surface Unit
—		KW Elec. Water Heater
4		KW Elec. Dryer/Receptacle
—		KW Dishwasher
5		HP Garbage Disposal
5		KW Central A/C Unit
1		HP/KW Space Heater/Air Handler
—		KW Baseboard Heat
1		HP Motors 1/+ HP WELL
2	300+	KW Transformer/Generator
1	100	AMP Service
—		AMP Subpanels
—		AMP Motor Control Center
—		KW Elec. Sign/Outline Light
1		

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1/14/15
Approved by: SG

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/3/15
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough Bath Units			1/22/15	
Barrier-Free				
Trench				
Temp. Serv.			2/20/15	
Constr. Serv.				
TCO				
Other				
Service				
Fina.			6/3/15	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 2/20/15
Final Pool Inspection
Date of Grounding and Bonding Certification

FEE (Office Use Only)
'15 JAN 14 AM 9:44
$
677

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

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

UPDATE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/25/22
Control # 20141487
Date Issued 4/4/2014
Permit # 1989

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

Block 7404 Lot 1402 Qualification Code
Work Site Location 189 PINE
Owner in Fee PAUL HALPRIN
Address 189 PINE ST
Tel (732) 222-7020
Contractor T. HALPRIN ELECTRIC
Address 221-223
Tel (732) 222-7020 FAX ( )
Contractor License No. 13778
Federal Emp. No. 20-4726402

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 48000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[X] Licensed Elec. Contractor [ ] Certfd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
105		Lighting Fixtures
155		Receptacles
71		Switches
18		Detectors
13		Motors—Fract. HP BATH FAN
41		Emergency & Exit Lights
50		Communications Points
		Alarm Devices/F.A.C. Panel
236		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
4		KW Dishwasher
		HP Garbage Disposal
5		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
1		KW Baseboard Heat
		HP Motors 1/+ HP WELL
2	300+	KW Transformer/Generator
1	100	AMP Service
		AMP Subpanels
		AMP Motor Control Center
1		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$15 APR 14
$ 72.50
677

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/16/14
Approved by: SG

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 101423

Date Issued
Permit # 14-1987 / 1

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

Block 774.04 Lot 14.03 Qualification Code

Work Site Location 189-189A Pine St, Lkwd NJ 08701

Owner in Fee: Shaul Halpern

Tel. (732) 367 9346 e-mail

Address 16 Hazelwood

Contractor: NJPD PLUMBING & HEATING LLC. Tel. ( )

Address 150 N. OBERLIN AVE. UNIT 12, LAKEWOOD, NJ 08701 e-mail

OFFICE: (732)719-5048 CELL: (732)309-5166

FAX: (732)534-7330 EMAIL: njpdplumbing@gmail.com

Contractor Lic. No. LIC # 12703 Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): FID # 272408737

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R5

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 11-7-

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-7-15

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab			12/14	
Rough			1-14-15	
Water / Sewer			12-22-	
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6-7-15	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Alex Papiernik

14 Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Construction

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
11	Water Closet	$
	Urinal/Bidet	
8	Bath Tub	
11	Lavatory	
1	Shower	
	Floor Drain	
10	Sink	
3	Dishwasher	
	Drinking Fountain	
4	Washing Machine	
2	Hose Bibb	
3	Water Heater	
	Fuel Oil Piping	
16	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
2	Sewer Connection	
2	Water Service Connection	
4	Stacks 2" VTR.	
	Other	

RECEIVED NOV - 7 2014

Administrative Surcharge $
Minimum Fee $ 1,033
State Permit Surcharge Fee $
TOTAL FEE $

1163

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10/12/23

Date Issued
Permit # / /

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

Block 77.01 Lot 11.02 Qualification Code

Work Site Location 350 Pine St.

Owner in Fee:

Tel. ( ) e-mail

Address

Contractor: NJPD PLUMBING & HEATING LLC Tel. ( )

Address 150 N. OBERLIN AVE. UNIT 12 e-mail
LAKEWOOD, NJ 08701
OFFICE: (732)719-5048 CELL: (732)309-3166
FAX: (732)534-7330 EMAIL: njpdplumbing@gmail.com

Contractor Lic. # LIC # 13703 Exp. Date

Home Improvement Contractor Registration # Exemption Reason (if applicable):
FID # 272406737

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R5

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[✓] Licensed Plumbing Contractor (ref. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Construction

QTY.	FIXTURE/EQUIPMENT
11	Water Closet
	Urinal/Bidet
8	Bath Tub
11	Lavatory
1	Shower
	Floor Drain
10	Sink
3	Dishwasher
	Drinking Fountain
11	Washing Machine
2	Hose Bibb
3	Water Heater
	Fuel Oil Piping
16	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
1	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
2	Sewer Connection
2	Water Service Connection
11	Stacks 2"-3"
	Other

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $ 105
State Permit Surcharge Fee $
TOTAL FEE $

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 102539

Date Issued
Permit # 14- 1987 12

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

Block 774.04 Lot 14.03 Qualification Code

Work Site Location 189 Pine St. Howell NJ 07731

Owner in Fee: S. Hulpern

Tel. (732) 367 9346 e-mail

Address 150 Hurlwood (street) Howl (municipality) NJ 07731

Contractor: Victory Air Corp.

Address 144 Cross St. Howell NJ 07731 Tel. (732) 405 1021 e-mail

Contractor License No. or Builder Registration No. 13VH00335202 Exp. Date

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

Federal Emp. ID No. 22 350 9345 FAX: ( )

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 18 K

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4 Zone HVAC

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Mechanical Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11-14

Approved by:

SUBCODE APPPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date: 6-7-15

Approved by: Joseph McGuckin

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent			1-22-15	
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			6-7-15	

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
4	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Other

FEE (Office Use Only)
$ 130

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

REC'D FEE

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 101559

Date Issued
Permit # [illegible] 12

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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

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

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date: _____

Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4 2 [illegible]

NO.	FIXTURE/EQUIPMENT
____	Water Heater
____	Fuel Oil Piping Connections
____	Gas Piping Connections
____	Steam Boiler
____	Hot Water Boiler
____	Hot Air Furnace
____	Oil Tank
____	LPG Tank
____	Fireplace
____	Other

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 14-1987

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

Block 774.04 Lot 14.03 Qualification Code

Work Site Location 189-189A Main Pine St.
Ikwd NJ 08701

Owner in Fee: Shaul Halpe CN

Tel. (732) 367 9346 e-mail

Address 16 Hazelwood
street municipality zip code

Contractor: NJPD PLUMBING & HEATING LLC. Tel. ( )

Address 150 N. OBERLIN AVE. UNIT 12
LAKEWOOD, NJ 08701 e-mail
OFFICE: (732)719-5048 CELL: (732)309-5166
FAX: (732)584-7330 EMAIL: njpdplumbing@gmail.com

Contractor Licensed No. or Builder Registration # LIC # 12703 Exp. Date

Home Improvement Contractor Registration # HIC # 27 Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or (R-5) *(circle one)*

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1-14-16
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 6-7-15
Approved by: Joseph McGinley

INSPECTIONS Type:	DATES Failure	Failure	Approval	
Gas Piping			1-14-16	
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			6-7-15	

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

Sign here:
Print name here: Alex Papinik

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

3 - water heaters
5 - Ranges
4 - Dryers
4 - Furnaces

NO.	FIXTURE/EQUIPMENT
3	Water Heater
	Fuel Oil Piping Connections
16	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
4	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Other

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $ 130
State Permit Surcharge Fee $
TOTAL FEE $

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 77.04 Lot 11.08 Qualification Code

Work Site Location 801 Pine St.

Owner in Fee:

Tel. ( ) e-mail

Address street municipality zip code

Contractor: NJPD PLUMBING & HEATING LLC Tel. ( )

Address 150 N. OBERLIN AVE. UNIT 12 LAKEWOOD, NJ 08701 e-mail

OFFICE: (732)719-5048 CELL: (732)309-5166
FAX: (732)534-7330 EMAIL: njpdplumbing@gmail.com

Contractor License No. or Builder Registration No. LIC # 12703 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner(s) [redacted] and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

3 - Water heaters
5 - Pumps
4 - Boilers
4 - Furnaces

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

NO.	FIXTURE/EQUIPMENT
3	Water Heater
	Fuel Oil Piping Connections
16	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
4	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Other

FEE (Office Use Only)

$

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

U.C.C. F145 (rev. 11/09) Internet version

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

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 14-1987 Date 6-3-15

CONTRACTOR

189 / 189A Pine St.

189 F. Pl. Approved
F. gas
F. Mech. Not

189A F. Pl. Approved
F. gas.
F. Mech Not

Finish Furnace Vents
Return in study
No Tank Cond. attic.

6-7-15.
Approved

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
732-364-3760

OWNER

PERMIT # 14-1987 Date 1-22-15

CONTRACTOR

189 Pine St

R. Mack

Base R. Mack Approved

INSPECTOR

TOWNSHIP OF LAKEWOOD

INSPECTION DEPARTMENT

212 Fourth Street

732-364-3760

OWNER

PERMIT # 14-1987 Date 1-14-15

CONTRACTOR

189 Pine St

R. Pl. approved

R. gas

R. Mech. Not Ready

Rev P.P. approved

R. gas.

R. Mech Not Ready

INSPECTOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UPDATE.

Date Received
Control # 102705

Date Issued
Permit # 2014-1927 /6

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

Block 774.04 Lot 19.03 Qualification Code _____

Work Site Location 189 PINE

Owner in Fee: HALPERN

Tel. (732) 730 7030 e-mail _____

Address 189 PINE

Contractor: THALER ELEC municipality Tel. ( ) zip code

Address 326 3RD e-mail _____

LAKEWOOD

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

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

Fire Alarm Contractor No. 15738 Exp. Date _____

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

Federal Emp. ID No. 20-4759403 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 600

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-26-15

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CC [ ] CA

Date: 6-17-15

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6-17-15	CO
Other _____				

U.C.C. F140 (rev. 11/09) Internet version

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

DESCRIPTION OF WORK: SMOKE & C.O

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	12	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	12	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Each unit must have an electric service independent of the other unit with own circuit breaker

Administrative Surcharge $ 3

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

RECEIVED '15 JAN 26 P3:30

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UPDATE.

Date Received
Control # 107705

Date Issued
Permit # 2014 - 1737

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

Block 716.11 Lot 12.03 Qualification Code _____

Work Site Location 189 PINE

Owner in Fee: HARPER

Tel. (732) 710 7020 e-mail _____

Address 189 PINE

Contractor: TITAN INC (211 street municipality) Tel. (____) zip code

Address 226 RID e-mail _____

LAKEWOOD

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

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

Fire Alarm Contractor No. 15728 Exp. Date _____

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

Federal Emp. ID No. 26-4711743 FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 600

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

DESCRIPTION OF WORK: NEW WORK & C.O

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	12	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	12	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Each unit must have an electric service independent of the other unit with own circuit breaker

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 1/6/15
Approved by: _____

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

INSPECTIONS

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

U.C.C. F140 (rev. 11/09) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UPDATE
UPDATE

Date Received
Control # 102705

Date Issued
Permit # 214-1987/6

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

Block 174.01 Lot 14.03 Qualification Code _____

Work Site Location 189 A PINE
HALPERN

Owner in Fee: F

Tel. (732) 730 70 30 e-mail _____

Address 189 PINE

Contractor: municipality Tel. (732) 730 70 30

Address 826 3RD LAKEWOOD e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. [573]

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-4759413 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 600

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[✓] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/15

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 6/15

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/15	[signature]
Other _____				

U.C.C. F140 (rev. 11/09) Internet version

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: _____

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)	4	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	4	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Each unit must have an electric service independent of the other unit with own circuit breaker

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UPDATE
UPDATE

Date Received
Control # 102705

Date Issued
Permit # 7-14-1997

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

Block 134.01 Lot 14.03 Qualification Code _____

Work Site Location 187A PINE
HADDON

Owner in Fee: _____

Tel. (732) 720 70 30 e-mail _____

Address 187 PINE

Contractor: _____ municipality Tel. (732) 938 2020

Address 326 3RD LAKEWOOD e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 15431

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

Fire Alarm Contractor No. _____

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

Federal Emp. ID No. 22-4159412 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 6,200

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	11	
Supervisory Devices (i.e., tampers, low/high air)	6	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	17	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Each unit must have an electric service independent of the other unit with own circuit breaker

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7/21/97
Approved by: _____

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

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

U.C.C. F140 (rev 11/09) Internet version

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

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 - 3643760

Permit Number: 20141987
Update Number: 6
Control Number: 102705
Application Date: 01/26/2015
Permit Date: 01/29/2015

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 774.04 Lot: 14.03 Qualification Code:
Work Site Location: 189-189A Pine Street Lakewood

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: (732) 644-2171

Use Group(s): R-5

Contractor: Thaler Electric
Address: 326 THIRD ST
Lakewood NJ 08701

Telephone: (732) 370-6910
Lic. No./ Bldrs. Reg. No.: 15738
Federal Emp. No.: 20-4759403

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
smoke and carbon

ESTIMATED COST OF WORK:

Cost of Construction:	1,200.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$1,200.00

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

Michael Saccomanno
Construction Official

Date

Note:

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	$75.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$75.00
All Fees Waived:	No

Amount to be Paid: $75.00

CC amount: $75.00

Collected by: kt
Receipt No:
Total Cash Amount:
Total Check Amount:
Total CC Amount: $75.00
Grand Total: $75.00

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 - 3643760

Permit Number: 20141987
Update Number: 4
Control Number: 102522
Application Date: 01/14/2015
Permit Date: 01/16/2015

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 774.04 Lot: 14.03 Qualification Code:
Work Site Location: 189-189A Pine Street Lakewood

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: (732) 644-2171

Use Group(s): R-5

Contractor: Thaler Electric
Address: 326 THIRD ST
Lakewood NJ 08701

Telephone: (732) 370-6910
Lic. No. / Bldrs. Reg. No.: 15738
Federal Emp. No.: 20-4759403

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
Electrical alt

ESTIMATED COST OF WORK:

Cost of Construction:	48,000.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$48,000.00

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

Michael Saccomanno
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$677.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$677.00
All Fees Waived:	No

Amount to be Paid: $677.00

CC amount:	$677.00
CC Type:	VISA
Collected by:	CL
Receipt No:	
Total Cash Amount:	
Total Check Amount:	
Total CC Amount:	$677.00
Grand Total:	$677.00

Note:

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 - 3643760

Permit Number: 20141987
Update Number: 3
Control Number: 102422
Application Date: 01/08/2015
Permit Date: 01/14/2015

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 774.04 Lot: 14.03 Qualification Code:
Work Site Location: 189-189A Pine Street Lakewood

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: (732) 644-2171

Use Group(s): R-5

Contractor: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: (732) 644-2171

Lic. No./Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
update layout changes

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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

Michael Saccomanno
Construction Official

Date

Note:

PAYMENTS (Office Use Only)

Building	$40.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$40.00
All Fees Waived:	No

Amount to be Paid: $40.00

CC amount: $40.00

Collected by: JA
Receipt No:
Total Cash Amount:
Total Check Amount:
Total CC Amount: $40.00
Grand Total: $40.00

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 - 3643760

Permit Number: 20141987
Update Number: 2
Control Number: 101539
Application Date: 11/12/2014
Permit Date: 11/14/2014

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 774.04 Lot: 14.03 Qualification Code:
Work Site Location: 189-189A Pine Street Lakewood

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: (732) 644-2171

Use Group(s): R-5

Contractor: Victory Air Corp.
Address: 133 Cross Street
Lakewood NJ 08701

Telephone: (732) 905-1031
Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 22-3508395

is hereby granted permission to perform the following work :

[ ]BUILDING
[ ]ELECTRICAL
[ ]ELEVATOR DEVICES
[ ]ASBESTOS ABATEMENT
(Subchapter 8 only)

[ ]PLUMBING
[ ]FIRE PROTECTION
[X]MECHANICAL
[ ]LEAD HAZARD ABATEMENT

[ ]DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
Hot Air Furnace

ESTIMATED COST OF WORK:

Cost of Construction:	1,815.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$1,815.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$130.00
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	Yes

Amount to be Paid:

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

Michael Saccomanno
Construction Official

Date

Note:

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 - 3643760

Permit Number: 20141987
Update Number: 1
Control Number: 101423
Application Date: 11/07/2014
Permit Date: 11/14/2014

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 774.04 Lot: 14.03 Qualification Code:
Work Site Location: 189-189A Pine Street Lakewood

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: (732) 644-2171

Use Group(s): R-5

Contractor: NJPD Plumbing
Address: 150 Oberlin Ave. Suite 12
Lakewood NJ 08701

Telephone: (732) 719-5048

Lic. No. / Bldrs. Reg. No.: 12703

Federal Emp. No.: 27-2406737

is hereby granted permission to perform the following work :

[ ]BUILDING
[ ]ELECTRICAL
[ ]ELEVATOR DEVICES
[ ]ASBESTOS ABATEMENT
(Subchapter 8 only)

[X]PLUMBING
[ ]FIRE PROTECTION
[X]MECHANICAL
[ ]LEAD HAZARD ABATEMENT

[ ]DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
PLUMBING ALTERATION/ GAS PIPING/ WATER HEATER/ FURNACE

ESTIMATED COST OF WORK:

Cost of Construction:	14,000.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$14,000.00

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

Michael Saccomanno
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$1,033.00
Fire Protection	
Elevator Devices	
Mechanical	$130.00
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$1,163.00
All Fees Waived:	No

Amount to be Paid: $1,163.00

CC amount: $1,163.00

Collected by: kt
Receipt No:
Total Cash Amount:
Total Check Amount:
Total CC Amount: $1,163.00
Grand Total: $1,163.00

Note:

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 - 3643760

Permit Number: 20141987
Update Number: 5
Control Number: 102668
Application Date: 01/22/2015
Permit Date: 02/03/2015

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 774.04 Lot: 14.03 Qualification Code:
Work Site Location: 189-189A Pine Street Lakewood

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: (732) 644-2171

Use Group(s): R-5

Contractor: Matt's Construction
Address: 14 Irene Ct
Lakewood NJ 08701

Telephone: (732) 905-4494
Lic. No. / Bldrs. Reg. No.: 038035
Federal Emp. No.: 36-4494910

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
update garage

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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

Michael Saccomanno
Construction Official

Date

Note:

PAYMENTS (Office Use Only)	
Building	$40.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$40.00
All Fees Waived:	No

Amount to be Paid: **$40.00**

CC amount:	$40.00
Collected by:	KT
Receipt No:	
Total Cash Amount:	
Total Check Amount:	
Total CC Amount:	$40.00
Grand Total:	$40.00

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 - 3643760

Permit Number: 20141987
Update Number:
Control Number: 98472
Application Date: 05/20/2014
Permit Date: 08/21/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 774.04 Lot: 14.03 Qualification Code:
Work Site Location: 189-189A Pine Street Lakewood

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: ()

Use Group(s): R-5

Contractor: Shaul Halpern
Address: 16 Hazelwood
Lakewood NJ 08701

Telephone: ()
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

New Single Family Dwelling with basement as apt and finished attic

ESTIMATED COST OF WORK:

Cost of Construction:	85,734.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$85,734.00

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

Michael Saccomanno
Construction Official

Date

Note:

PAYMENTS (Office Use Only)	
Building	$2,572.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	$286.00
AltFee (DCA)	
Other Fees	
CO Fee	$60.00
CCO Fee	
DCA Minimum	$0.00
Minimum Fee	
Total	$2,918.00
All Fees Waived:	No

Amount to be Paid: **$2,918.00**

CC amount: $2,918.00

Collected by: kt
Receipt No:
Total Cash Amount:
Total Check Amount:
Total CC Amount: $2,918.00
Grand Total: $2,918.00

TOWNSHIP OF LAKEWOOD
212 4 TH STREET
LAKEWOOD, NJ 08701
732 3643760

Permit #: 20141987
Date Issued: 08/21/2014

Control #: 98472

Certificate Application Received: 6/18/2015

APPLICATION FOR CERTIFICATE

IDENTIFICATION

Work Site Location: 189-189A Pine Street

Block: 774.04 Lot: 14.03 Qual:

Agent: Matis Construction / E. Gross

Owner In Fee: Shaul Halpern
Address: 16 Hazelwood

Address: 14 Irene Ct
Lakewood, NJ 08201

Lakewood NJ 08701

Telephone: 732 905 4494

Telephone: 732 644-2171

Lic. No. / Bldr. Reg. No.:

Final Cost of Construction: $431,250.00

Federal Emp. No.:

(Include value of any structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

ACTION

[X]CERTIFICATE OF OCCUPANCY
[]CERTIFICATE OF CONTINUED OCCUPANCY
[]LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
[]TEMPORARY CERTIFICATE OF OCCUPANCY
[]CERTIFICATE OF APPROVAL
[]CERTIFICATE OF COMPLIANCE

USE GROUP _____ Previous R-5 Current

Describe below any substantive deviation in dimension, layout or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

Description Of Work/Use: New 2 Family Dwelling with basement as apt and ~~finished~~ FRAMED attic

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary certificate of Occupancy will be completed by the date on the certificate.

Signed: _____
Shaul Halpern

[ ] Owner [ ] Agent

Township of Lakewood

OFFICE OF THE MUNICIPAL ENGINEER AND PLANNING BOARD
231 THIRD STREET
LAKEWOOD, NEW JERSEY 08701
(732) 364-2500; FAX (732) 905-5968

JEFFREY W. STAIGER, P.E., P.P., C.M.E.
TOWNSHIP ENGINEER

ALLY MORRIS
PLANNING BOARD ADMINISTRATOR

To: Township of Lakewood
Attention: Michael Saccomanno, Director of Code Enforcement
212 Fourth Street
Lakewood, NJ 08701

6/18/2015
RV&V Job No. 1515I517

CERTIFICATE OF OCCUPANCY

Application Number: SD 1918
Block #: 774.04 **Lot #:** 14.03
Address: 189 Pine Street
Permit #:

Dear Mr. Saccomanno,

Please be advised that this office recently inspected the site improvements for the above referenced property for the purpose of issuance of a ***Certificate of Occupancy (CO).*** All items were found to be satisfactory. Therefore, I recommend that a CO be issued.

This inspection was for site improvements only. Soil Erosion, Water and Sewer inspections should be completed by the appropriate agency and their approval should be obtained prior to the issuance of the CO. Please note that approval by this office for purpose of the CO in no way releases the Developer from any of his obligations with the Township of Lakewood.

Should you have any questions or require additional information regarding this matter, please do not hesitate to contact this office.

Very truly yours,
Remington, Vernick & Vena Engineers, Inc.

Jeffrey W. Staiger, PE, PP, CME
Township Engineer

JWS:
cc: Applicant

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.soildistrict.org

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL

MUNICIPALITY: Lakewood

PROJECT: Halpern Lot

SCD NO: 16241

BLOCK NO.(S): /

LOT NO.(S): /

Final Compliance ☒

Conditional Compliance ☐

Block No.	Lot No.	Conditions
		Applicant remains responsible for permanent stabilization
774.04	14.03	189 Pine Street (2-Units)

TOTAL FEES DUE: $ -

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 06-16-15

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

Revised 06/13

A5703

RWC

RESIDENTIAL WARRANTY COMPANY, LLC

5300 Derry Street, Harrisburg, PA 17111 • 800-247-1812 • Fax 717-561-4494 • www.rwcwarranty.com

14-1987

TO: Municipal Construction Official

FROM: Residential Warranty Company, LLC

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**
RWC Builder #: 141517 NJ DCA #: 038035

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Company, LLC program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: **MATT'S CONSTRUCTION LLC**

Purchaser(s) Name: **Shaul Halpern**

Legal Address of Home Enrolled:
14.03 Lot **774.04** Block ____ Development
159 Pine Street Street Address
Lakewood City **NJ** State **08701** Zip
Ocean County

RWC Application for Warranty No: **3349162**

Date: **6-16-2015**

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Sweigert
Sandra Sweigert

NEW JERSEY
AMERICAN WATER

June 23, 2015

Lakewood Township Construction Office
Lakewood Municipal Building
231 Third Street
Lakewood, New Jersey
Attn: Michael Saccomanno

Re: Metered Service
Property Address: 189 Pine St., Lakewood NJ 08701
Block: 774.04
Lot: 14.03

Dear Mr. Saccomanno:

This letter will confirm that a water service tap to the above referenced project has been completed and conforms to New Jersey American Water requirements, standards and specifications. Specifically, New Jersey American Water has tapped the main which will supply service to the above referenced property and set up a metered account as requested on NJAW's NSI (New Service Inquiry). If the property owner has extended their service line(s) from the tap to the building then metered domestic and, if requested, fire service are now available for this building.

If you require additional information, please do not hesitate to contact us.

Sincerely,

Carol Saunders

Carol Saunders
Operation Specialist
New Jersey American Water
100 James St
Lakewood, NJ 08701
732-730-5845

NEW JERSEY
AMERICAN WATER

June 23, 2015

Lakewood Township Construction Office
Lakewood Municipal Building
231 Third Street
Lakewood, New Jersey
Attn: Michael Saccomanno

Re: Metered Service
Property Address: 189 A Pine St., Lakewood NJ 08701
Block: 774.04
Lot: 14.03

Dear Mr. Saccomanno:

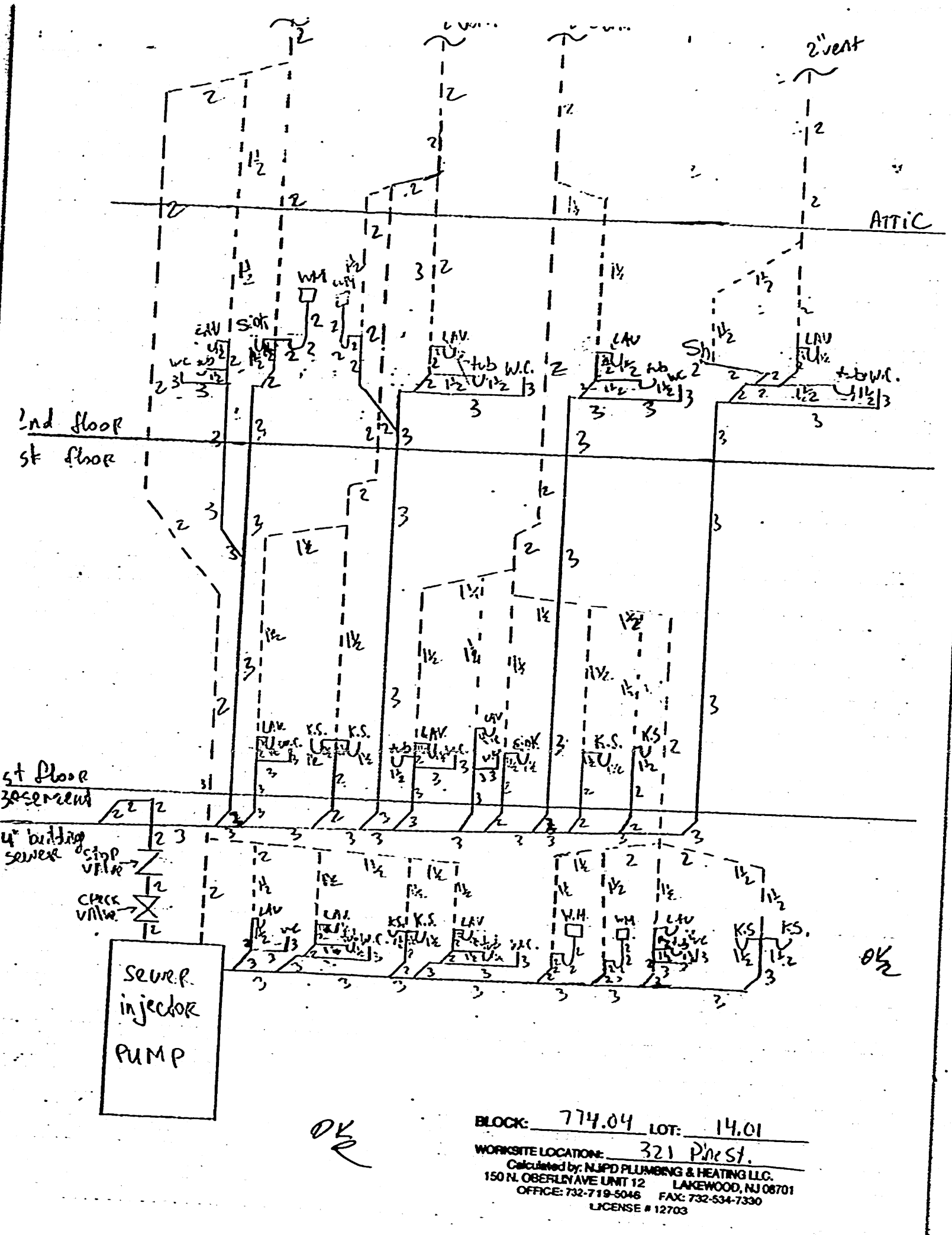
This letter will confirm that a water service tap to the above referenced project has been completed and conforms to New Jersey American Water requirements, standards and specifications. Specifically, New Jersey American Water has tapped the main which will supply service to the above referenced property and set up a metered account as requested on NJAW's NSI (New Service Inquiry). If the property owner has extended their service line(s) from the tap to the building then metered domestic and, if requested, fire service are now available for this building.

If you require additional information, please do not hesitate to contact us.

Sincerely,

Carol Saunders

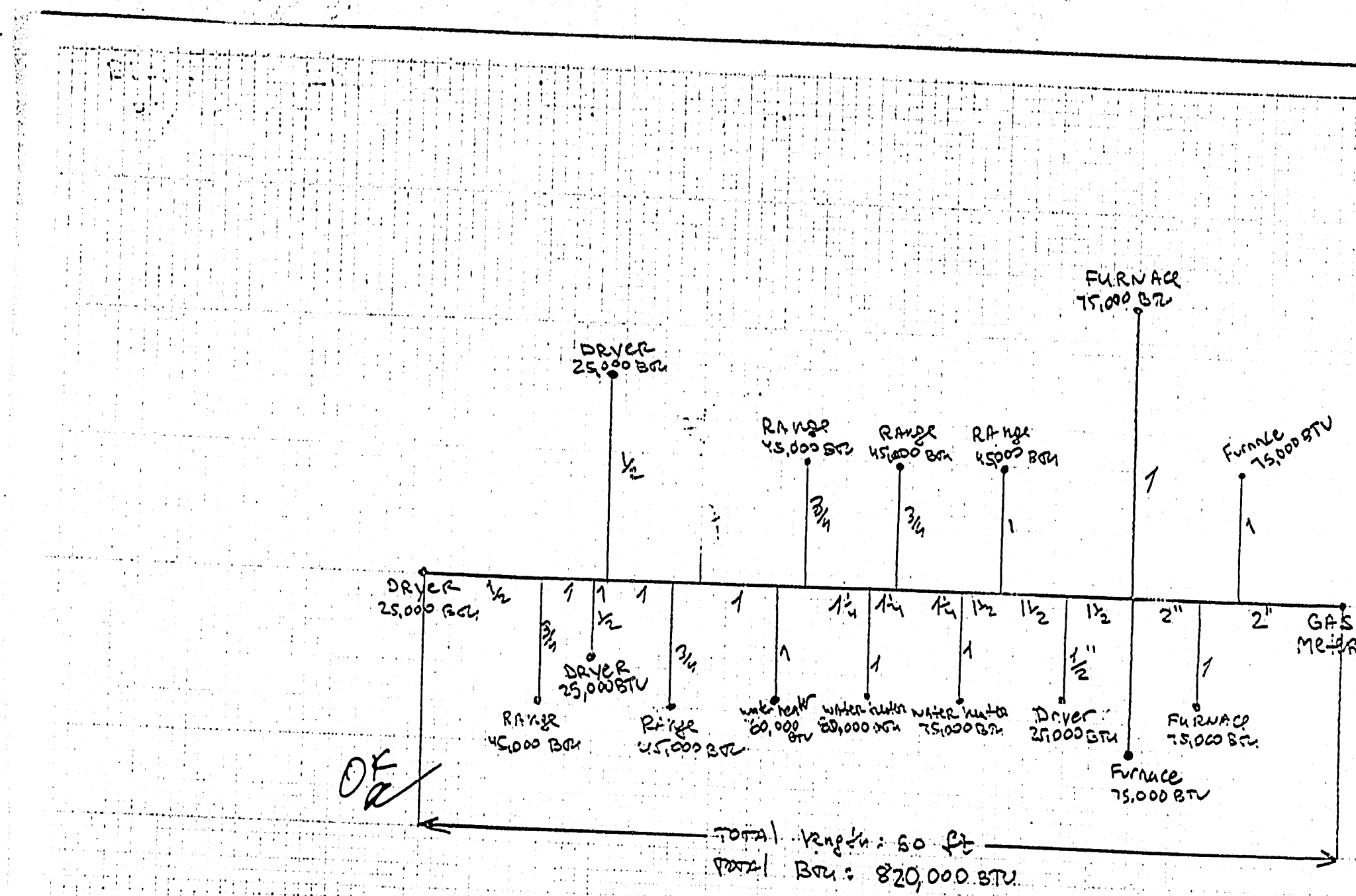
Carol Saunders
Operation Specialist
New Jersey American Water
100 James St
Lakewood, NJ 08701
732-730-5845



BLOCK: 774.04 LOT: 14.01

WORKSITE LOCATION: 321 Pine St.

Calculated by: NJPD PLUMBING & HEATING LLC.
150 N. OBERLIN AVE UNIT 12 LAKEWOOD, NJ 08701
OFFICE: 732-719-5046 FAX: 732-534-7330
LICENSE # 12703



BLOCK: 771.04 LOT: 14.03

WORKSITE LOCATION: 189-189A Pine St.

Calculated by: NJPD PLUMBING & HEATING LLC.
150 N. OBERLIN AVE UNIT 12 LAKEWOOD, NJ 08701
OFFICE: 732-719-5048 FAX: 732-534-7330
LICENSE #12703

RES*check* Software Version 4.5.0

Compliance Certificate

Project Prosposed Two Family Residence

Energy Code:	**2009 IECC**
Location:	**Lakewood, New Jersey**
Construction Type:	**Multi-family**
Project Type:	**New Construction**
Orientation:	**Unspecified**
Conditioned Floor Area:	**5,070 ft2**
Glazing Area	**15%**
Climate Zone:	**4 (5294 HDD)**
Permit Date:	
Permit Number:	

Construction Site:
Lot: 14.01 Block: 774.04
Lakewood, NJ

Owner/Agent:
Mr. & Mrs. Halpern
Lakewood, NJ

Designer/Contractor:
AFZ Architecture & Design
BF Design
6 Renee Court
Lakewood, NJ 08701
732-961-1202

Compliance Passes using UA trade-off

Compliance: **20.2% Better Than Code** Maximum UA: **620** Your UA: **495**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules. It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont R-Value	Glazing or Door U-Factor	UA
Wall 1: Wood Frame, 16" o.c. Orientation: Unspecified	690	0.0	13.0	0.057	37
Window 1: Wood Frame:Double Pane with Low-E Orientation: Unspecified	23			0.310	7
Door 1: Solid Orientation: Unspecified	20			0.090	2
Wall 2: Wood Frame, 16" o.c. Orientation: Unspecified	486	0.0	13.0	0.057	23
Window 2: Wood Frame:Double Pane with Low-E Orientation: Unspecified	47			0.310	15
Door 2: Glass Orientation: Unspecified	40			0.320	13
Wall 3: Wood Frame, 16" o.c. Orientation: Unspecified	1,026	0.0	13.0	0.057	48
Window 3: Wood Frame:Double Pane with Low-E Orientation: Unspecified	84			0.320	27
Window 4: Wood Frame:Double Pane with Low-E Orientation: Unspecified	39			0.310	12
Window 5: Wood Frame:Double Pane with Low-E Orientation: Unspecified	7			0.320	2
Door 3: Glass Orientation: Unspecified	40			0.320	13

AUG 20 2014

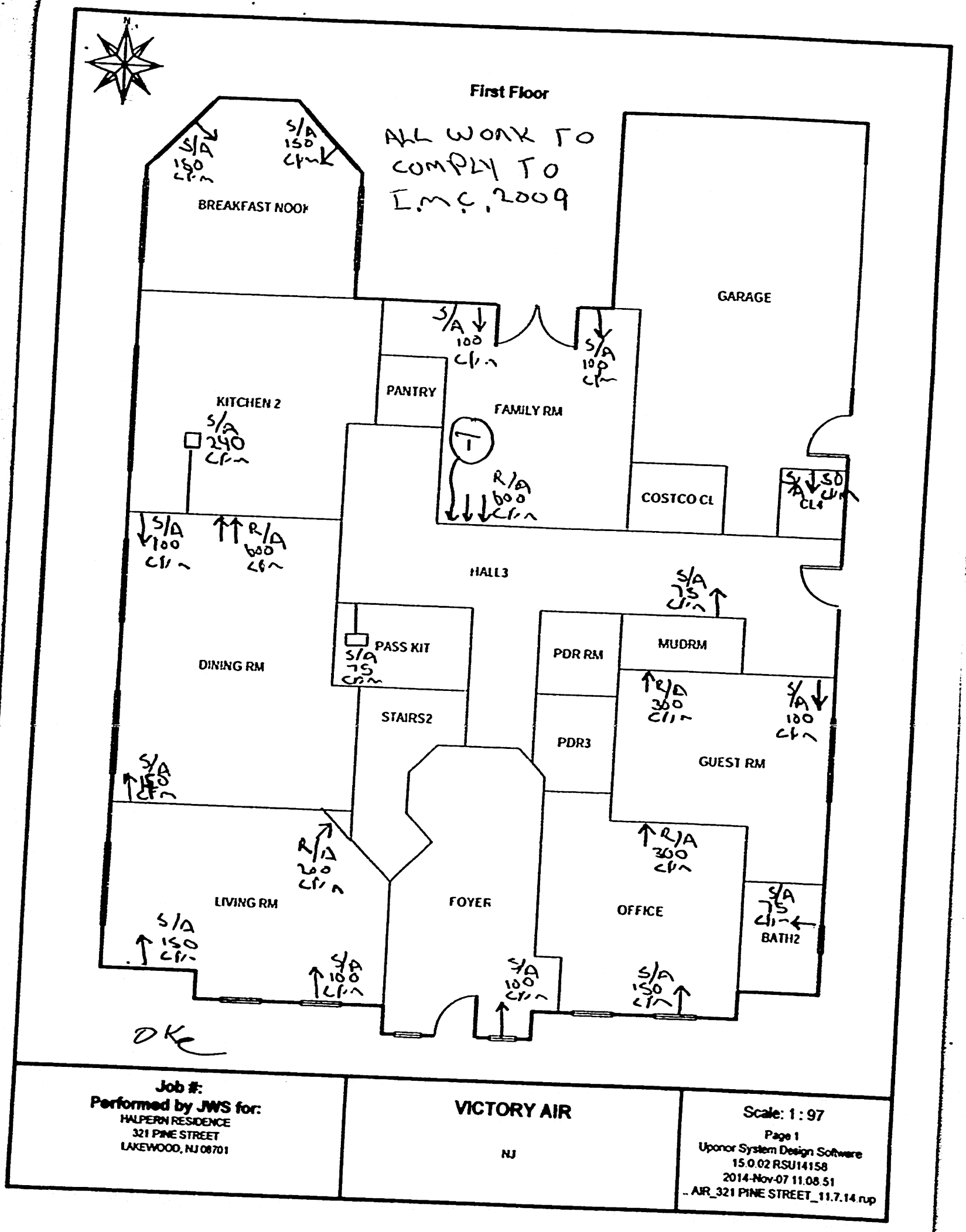
Assembly	Gross Area or Perimeter	Cavity R-Value	Cont R-Value	Glazing or Door U-Factor	UA
Door 5: Glass Orientation: Unspecified	20			0.320	6
Wall 4: Wood Frame, 16" o.c. Orientation: Unspecified	140	0.0	13.0	0.057	6
Door 4: Solid Orientation: Unspecified	40			0.320	13
Wall 5: Wood Frame, 16" o.c. Orientation: Unspecified	486	0.0	13.0	0.057	22
Window 6: Wood Frame:Double Pane with Low-E Orientation: Unspecified	60			0.310	19
Window 7: Wood Frame:Double Pane with Low-E Orientation: Unspecified	40			0.320	13
Wall 6: Wood Frame, 16" o.c. Orientation: Unspecified	680	0.0	13.0	0.057	32
Window 8: Wood Frame:Double Pane Orientation: Unspecified	84			0.310	26
Window 9: Wood Frame:Double Pane with Low-E Orientation: Unspecified	40			0.320	13
Wall 7: Wood Frame, 16" o.c. Orientation: Unspecified	1,026	0.0	13.0	0.057	47
Window 10: Wood Frame:Double Pane with Low-E Orientation: Unspecified	68			0.310	21
Window 11: Wood Frame:Double Pane with Low-E Orientation: Unspecified	68			0.310	21
Door 6: Glass Orientation: Unspecified	40			0.320	13
Door 7: Solid Orientation: Unspecified	20			0.090	2
Ceiling 1: Flat Ceiling or Scissor Truss	502	30.0	0.0	0.035	18
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	502	19.0	0.0	0.047	24

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2009 IECC requirements in RES*check* Version 4.5.0 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

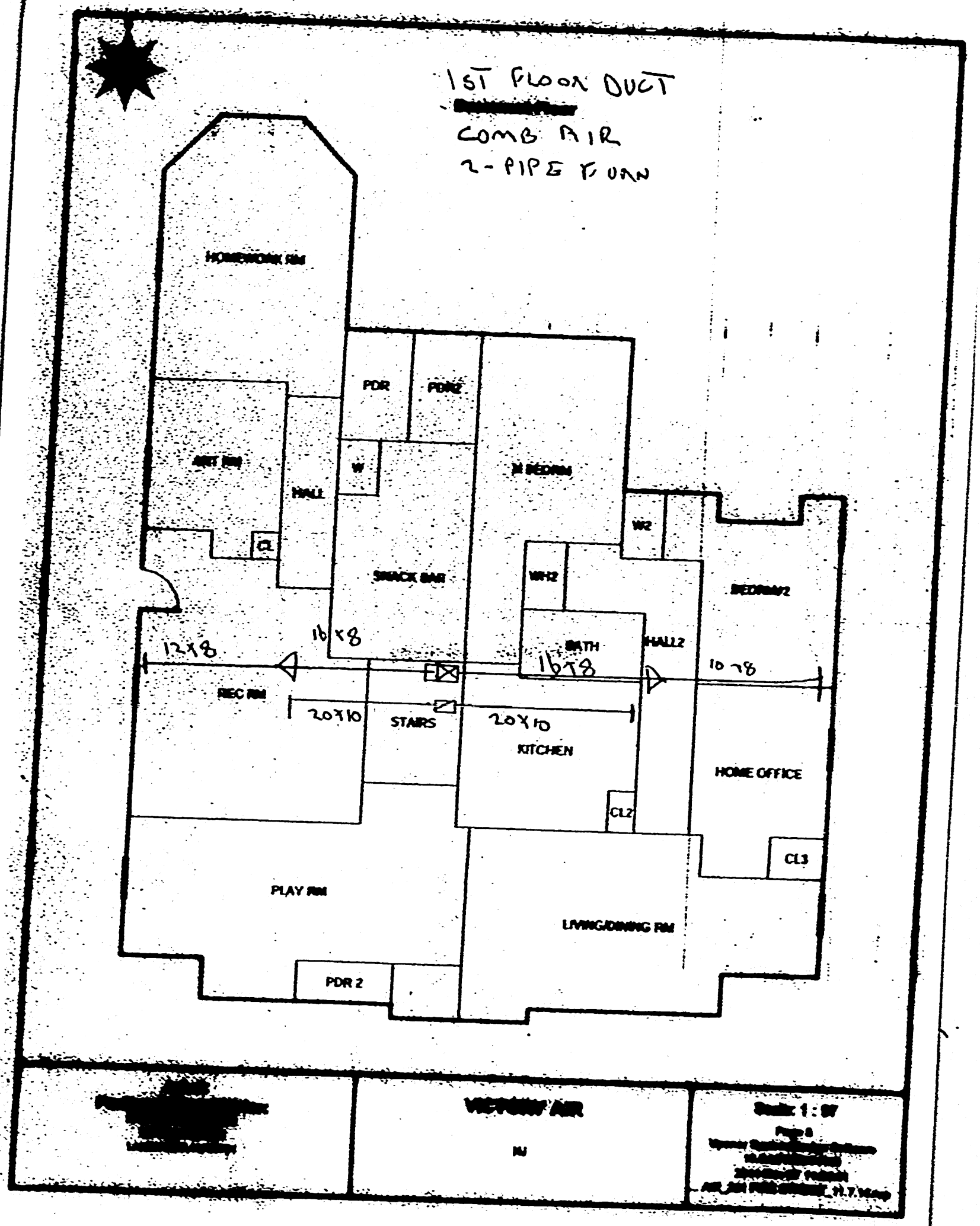
Anthony Zerr, RA
Name - Title

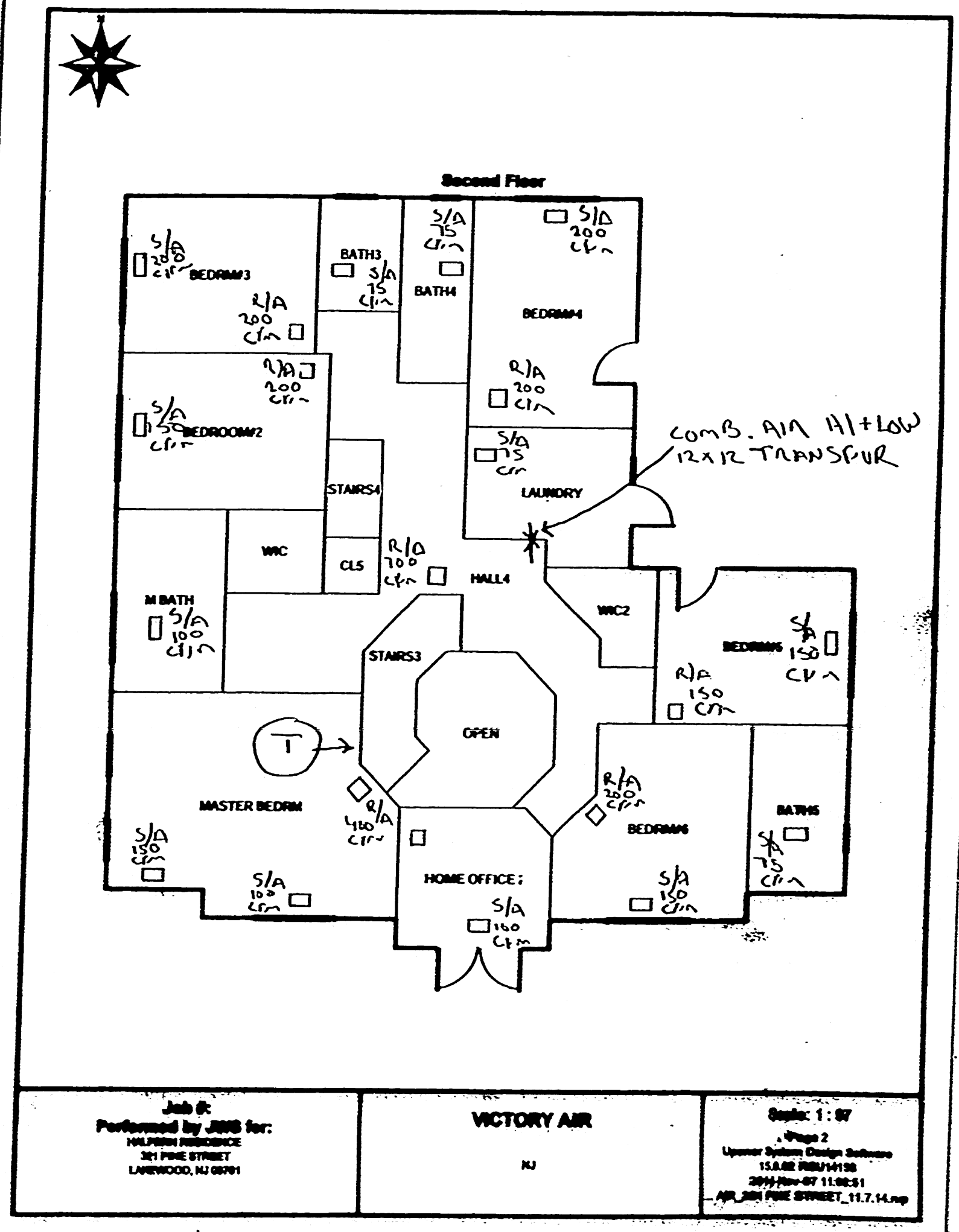
Signature

3/20/14
Date



Job #: **Performed by JWS for:** HALPERN RESIDENCE 321 PINE STREET LAKEWOOD, NJ 08701	**VICTORY AIR** NJ	Scale: 1 : 97 Page 1 Uponor System Design Software 15.0.02 RSU14158 2014-Nov-07 11.08.51 - AIR_321 PINE STREET_11.7.14.rup


1ST FLOOR DUCT
COMB AIR
2-PIPE RUN
HOMEWORK RM
PDR
PDR2
ART RM
HALL
W
M BEDRM
W2
WH2
BEDRM2
SNACK BAR
16x8
12x8
BATH
HALL2
16x8
10x8
REC RM
20x10
STAIRS
20x10
KITCHEN
HOME OFFICE
CL2
CL3
PLAY RM
LIVING/DINING RM
PDR 2


Second Floor
BEDRM#3
BATH3
BATH4
BEDRM#4
BEDROOM#2
STAIRS4
LAUNDRY
COMB. A/A HI+LOW
12x12 TRANSFER
WIC
CL5
HALL4
M BATH
STAIRS3
WIC2
BEDRM#5
OPEN
MASTER BEDRM
HOME OFFICE:
BEDRM#6
BATH5
Job #:
Performed by JBS for:
HALPERN RESIDENCE
321 PINE STREET
LAKEWOOD, NJ 08701
VICTORY AIR
NJ
Scale: 1 : 97
Page 2
Upper System Design Software
15.0.02 RBI/14158
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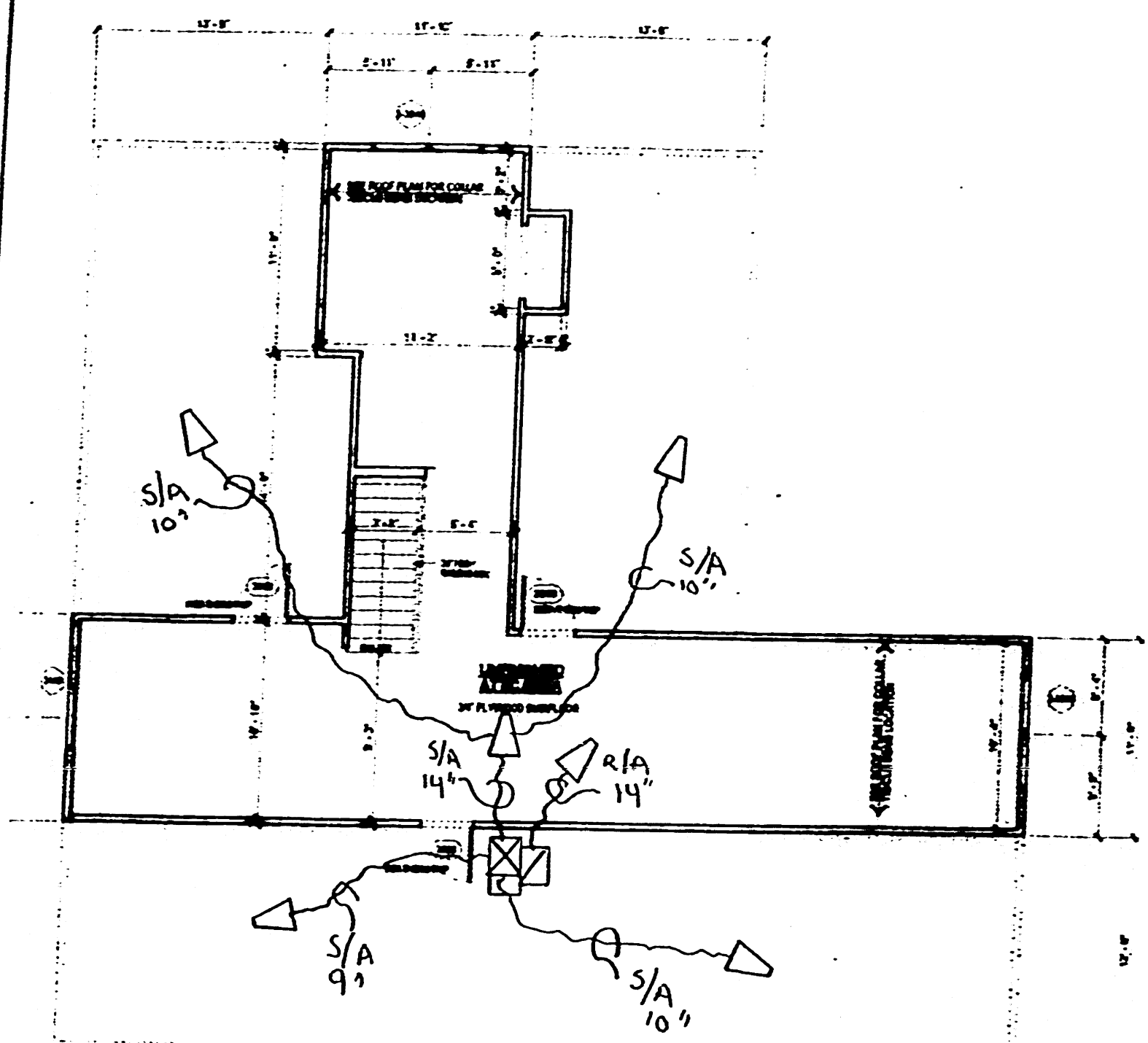
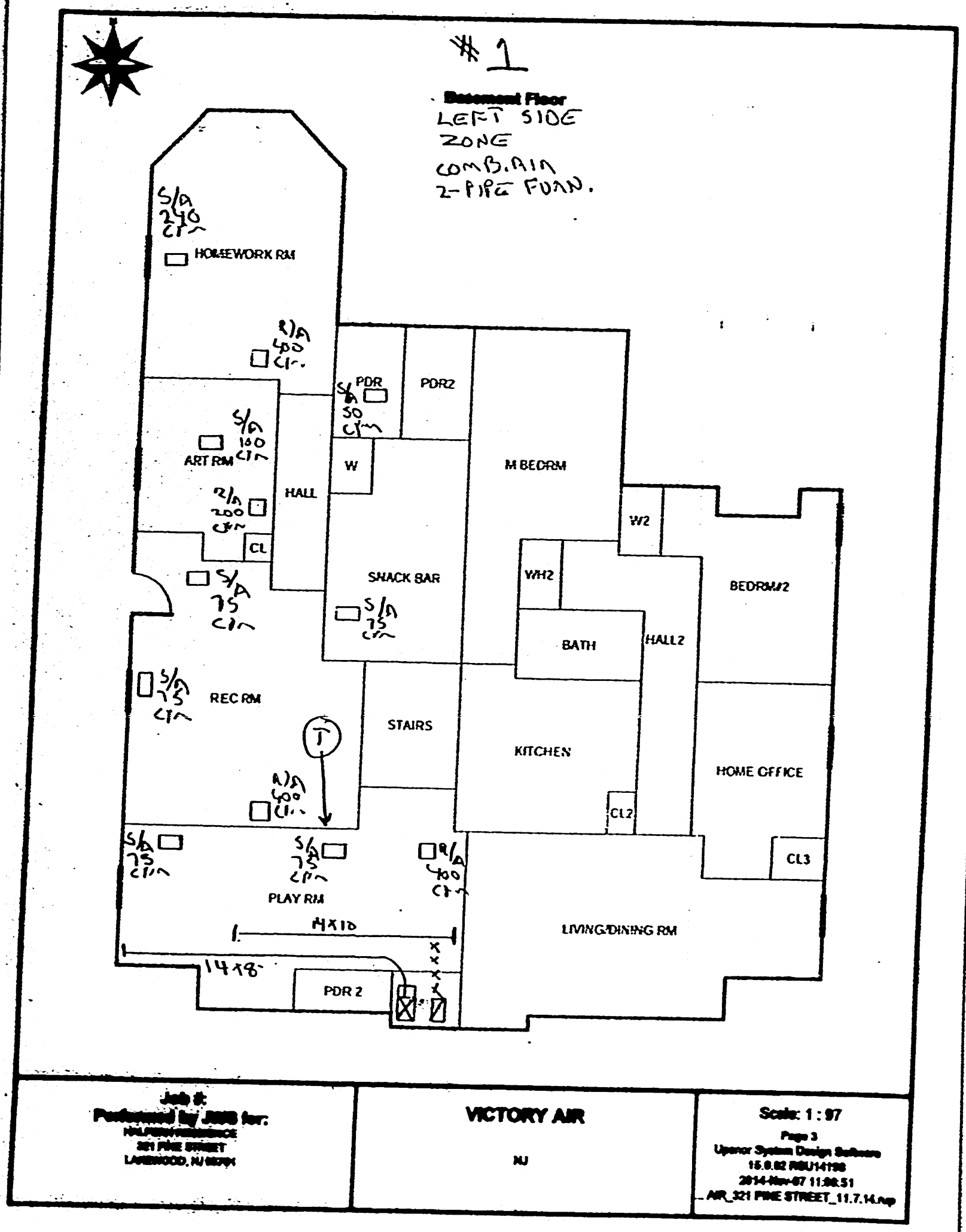


Unfinished Attic Floor
Scale 1/2" = 1'-0"

COMB. AIR FROM VENTED ATTIC
2ND FLOOR DUCT


#1
Basement Floor
LEFT SIDE
ZONE
COMB. AIR
2-PIPE FAN.
S/A 240 CFM
HOMEWORK RM
S/A 40 CFM
S/A 160 CFM
ART RM
S/A 200 CFM
HALL
CL
S/A 75 CFM
REC RM
S/A 75 CFM
PDR
S/A 50 CFM
PDR2
W
M BEDRM
W2
SNACK BAR
S/A 75 CFM
WH2
BEDRM#2
BATH
HALL2
STAIRS
KITCHEN
HOME OFFICE
CL2
CL3
S/A 40 CFM
S/A 75 CFM
S/A 75 CFM
PLAY RM
R/A 400 CFM
14X16
14X8
PDR 2
LIVING/DINING RM
Job #:
Performed by JBBS for:
321 PINE STREET
LAKEWOOD, NJ 08701
VICTORY AIR
NJ
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Uponor System Design Software
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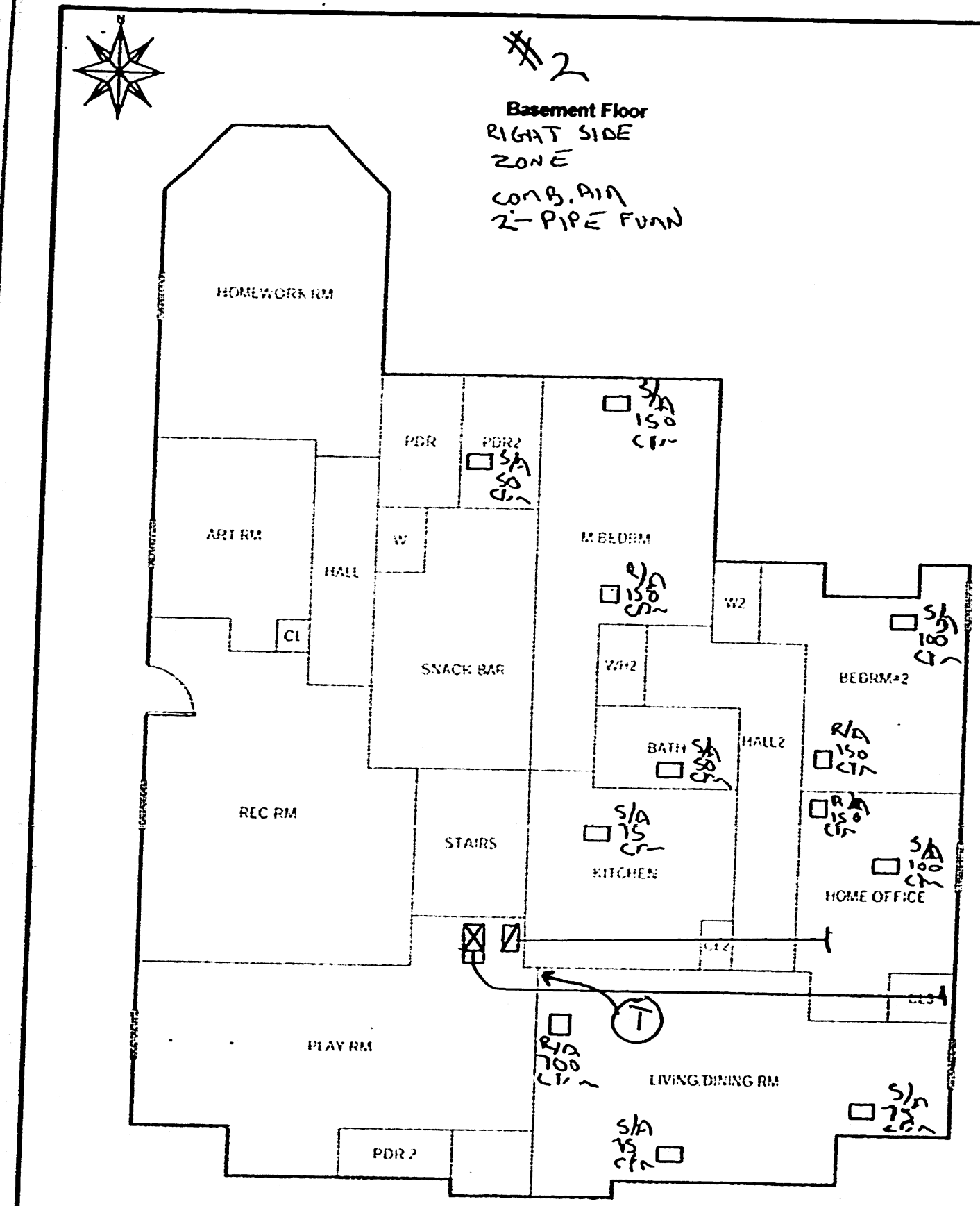
#2

Basement Floor

RIGHT SIDE
ZONE

COMB. AIR
2-PIPE FURN



Job #: **Performed by JWS for:** HALPERN RESIDENCE 321 PINE STREET LAKEWOOD, NJ 08701	**VICTORY AIR** NJ	Scale: 1 : 97 Page 3 Uponor System Design Software 15.0.02 RSU14158 2014-Nov-07 11.08.51 .. AIR_321 PINE STREET_11.7.14.rup

FERGUSON ENTERPRISE

Project Summary
FIRST FLOOR
VICTORY AIR

Job:
Date: 11.7.14
By: JWS

NJ

Project Information

For: HALPERN RESIDENCE
321 PINE STREET, LAKEWOOD, NJ 08701

Notes:

Design Information

Weather: Belmar-Farmingdale, NJ, US

Winter Design Conditions

Outside db	*10* °F
Inside db	70 °F
Design TD	60 °F

Summer Design Conditions

Outside db	88 °F
Inside db	75 °F
Design TD	13 °F
Daily range	M
Relative humidity	50 %
Moisture difference	31 gr/lb

Heating Summary

Structure	26268 Btuh
Ducts	23840 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	50108 Btuh

Sensible Cooling Equipment Load Sizing

Structure	26511 Btuh
Ducts	24860 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.93
Equipment sensible load	47827 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	2702	2702
Volume (ft³)	27880	27880
Air changes/hour	0.26	0.14
Equiv. AVF (cfm)	120	64

Latent Cooling Equipment Load Sizing

Structure	2733 Btuh
Ducts	2891 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	5625 Btuh
Equipment total load	53451 Btuh
Req. total capacity at 0.70 SHR	5.7 ton

Heating Equipment Summary

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 °F
Temperature rise	0 cfm
Actual air flow	0 cfm/Btuh
Air flow factor	0 in H2O
Static pressure	n/a
Space thermostat	

Cooling Equipment Summary

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

FERGUSON ENTERPRISE

Load Short Form
FIRST FLOOR
VICTORY AIR

Job:
Date: 11.7.14
By: JWS

NJ

Project Information

For: HALPERN RESIDENCE
321 PINE STREET, LAKEWOOD, NJ 08701

Design Information

	Htg	Clg
Outside db (°F)	*10*	88
Inside db (°F)	70	75
Design TD (°F)	60	13
Daily range	-	M
Inside humidity (%)	30	50
Moisture difference (gr/lb)	25	31

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

HEATING EQUIPMENT

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 °F
Temperature rise	0 cfm
Actual air flow	0 cfm/Btuh
Air flow factor	0 in H2O
Static pressure	
Space thermostat	n/a

COOLING EQUIPMENT

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
BREAKFAST NOOK	199	11595	10360	358	395
KITCHEN 2	274	4649	6562	143	250
FAMILY RM	244	2160	610	67	23
PANTRY	25	0	0	0	0
CL4	25	832	384	26	15
COSTCO CL	35	165	312	5	12
DINING RM	354	5764	13314	178	507
PASS KIT	60	0	0	0	0
STAIRS2	73	317	168	10	6
LIVING RM	270	7780	7023	240	267
FOYER	222	5432	3030	168	115
OFFICE	212	3554	3363	110	128
BATH2	48	2480	1560	77	59
GUEST RM	200	3526	3930	109	150
PDR3	41	0	0	0	0
HALL3	350	1722	652	53	25

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

MUDRM		36	132	103	4	4
PDR RM		36	0	0	0	0
FIRST FLOOR	p	2702	50108	51371	1546	1956
Other equip loads			0	0		
Equip. @ 0.93 RSM				47827		
Latent cooling				5625		
TOTALS		2702	50108	53451	1546	1956

FERGUSON ENTERPRISE

Project Summary
SECOND FLOOR
VICTORY AIR

Job:
Date: 11.7.14
By: JWS

NJ

Project Information

For: HALPERN RESIDENCE
321 PINE STREET, LAKEWOOD, NJ 08701

Notes:

Design Information

Weather: Belmar-Farmingdale, NJ, US

Winter Design Conditions

Outside db	*10* °F
Inside db	70 °F
Design TD	60 °F

Summer Design Conditions

Outside db	88 °F
Inside db	75 °F
Design TD	13 °F
Daily range	M
Relative humidity	50 %
Moisture difference	31 gr/lb

Heating Summary

Structure	24498 Btuh
Ducts	22233 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	46730 Btuh

Sensible Cooling Equipment Load Sizing

Structure	18813 Btuh
Ducts	17641 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.93
Equipment sensible load	33939 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	2121	2121
Volume (ft³)	19085	19085
Air changes/hour	0.37	0.20
Equiv. AVF (cfm)	117	62

Latent Cooling Equipment Load Sizing

Structure	2694 Btuh
Ducts	2269 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	4964 Btuh
Equipment total load	38902 Btuh
Req. total capacity at 0.70 SHR	4.0 ton

Heating Equipment Summary

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 °F
Temperature rise	0 cfm
Actual air flow	0 cfm/Btuh
Air flow factor	0 in H2O
Static pressure	n/a
Space thermostat	

Cooling Equipment Summary

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

FERGUSON ENTERPRISE

Load Short Form
SECOND FLOOR
VICTORY AIR

Job:
Date: 11.7.14
By: JWS

NJ

Project Information

For: HALPERN RESIDENCE
321 PINE STREET, LAKEWOOD, NJ 08701

Design Information

	Htg	Clg
Outside db (°F)	*10*	88
Inside db (°F)	70	75
Design TD (°F)	60	13
Daily range	-	M
Inside humidity (%)	30	50
Moisture difference (gr/lb)	25	31

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

HEATING EQUIPMENT

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 °F
Temperature rise	0 cfm
Actual air flow	0 cfm/Btuh
Air flow factor	0 in H2O
Static pressure	
Space thermostat	n/a

COOLING EQUIPMENT

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
BEDRM#3	154	5144	4286	159	163
BATH4	65	1301	592	40	23
BEDRM#4	192	5537	2063	171	79
LAUNDRY	108	1991	1448	61	55
BEDROOM#2	165	3238	3950	100	150
M BATH	104	3109	3298	96	126
WIC	42	154	118	5	4
MASTER BEDRM	303	8461	9433	261	359
WIC2	40	425	165	13	6
BEDRM#5	154	4981	3823	154	146
BATH5	84	3317	1660	102	63
BEDRM#6	177	3975	3239	123	123
HOME OFFICE 2	108	2154	609	66	23
HALL4	334	1221	938	38	36
CL5	16	59	45	2	2
STAIRS4	28	103	79	3	3

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

BATH3		48	1562	709	48	27
SECOND FLOOR	p	2121	46730	36454	1442	1388
Other equip loads			0	0		
Equip. @ 0.93 RSM				33939		
Latent cooling				4964		
TOTALS		2121	46730	38902	1442	1388

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

FERGUSON ENTERPRISE

Project Summary
BASEMENT 1
VICTORY AIR

Job:
Date: 11.7.14
By: JWS

NJ

Project Information

For: HALPERN RESIDENCE
321 PINE STREET, LAKEWOOD, NJ 08701

Notes:

Design Information

Weather: Belmar-Farmingdale, NJ, US

Winter Design Conditions

Outside db	*10* °F
Inside db	70 °F
Design TD	60 °F

Summer Design Conditions

Outside db	88 °F
Inside db	75 °F
Design TD	13 °F
Daily range	*M*
Relative humidity	50 %
Moisture difference	31 gr/lb

Heating Summary

Structure	5275 Btuh
Ducts	4788 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	10063 Btuh

Sensible Cooling Equipment Load Sizing

Structure	6874 Btuh
Ducts	6446 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.93
Equipment sensible load	12400 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	1247	1247
Volume (ft³)	3007	3007
Air changes/hour	0.14	0.07
Equiv. AVF (cfm)	7	4

Latent Cooling Equipment Load Sizing

Structure	1877 Btuh
Ducts	1334 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	3211 Btuh
Equipment total load	15612 Btuh
Req. total capacity at 0.70 SHR	1.5 ton

Heating Equipment Summary

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 °F
Temperature rise	0 cfm
Actual air flow	0 cfm/Btuh
Air flow factor	0 in H2O
Static pressure	
Space thermostat	n/a

Cooling Equipment Summary

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Load Short Form
BASEMENT 1

[illegible]

Project Information

[illegible]

Design Information

	Htg	Clg
Outside db (°F)	[illegible]	[illegible]
Inside db (°F)	[illegible]	[illegible]
Design TD (°F)	[illegible]	[illegible]
Daily range		[illegible]
Inside humidity (%)	[illegible]	[illegible]
Moisture difference (gr/lb)	[illegible]	[illegible]

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

HEATING EQUIPMENT

Make	n/a	
Trade	n/a	
Model	n/a	
AHRI ref	n/a	
Efficiency	n/a	
Heating input		
Heating output	0	Btuh
Temperature rise	0	°F
Actual air flow	0	cfm
Air flow factor	0	cfm/Btuh
Static pressure	0	in H2O
Space thermostat	n/a	

COOLING EQUIPMENT

Make	n/a	
Trade	n/a	
Cond	n/a	
Coil	n/a	
AHRI ref	n/a	
Efficiency	n/a	
Sensible cooling	0	Btuh
Latent cooling	0	Btuh
Total cooling	0	Btuh
Actual air flow	0	cfm
Air flow factor	0	cfm/Btuh
Static pressure	0	in H2O
Load sensible heat ratio	0	

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
[illegible]	381	1305	1003	101	72
[illegible]	110	1121	1004	41	69
[illegible]	1	0	0	0	0
HALL	80	80	0	3	0
[illegible]	401	1084	1102	61	206
[illegible]	403	4101	1010	74	70
[illegible]	31	102	17	13	1
[illegible]	118	417	0	7	0
[illegible]	12	10	0	1	0
[illegible]	10	331	12	10	0

BASEMENT 1	p	1247	10063	13319	310	507
Other equip loads			0	0		
Equip. @ 0.93 RSM				12400		
Latent cooling				3211		
TOTALS		1247	10063	15612	310	507

FERGUSON ENTERPRISE

Project Summary
BASEMENT 2
VICTORY AIR

Job:
Date: 11.7.14
By: JWS

NJ

Project Information

For: HALPERN RESIDENCE
321 PINE STREET, LAKEWOOD, NJ 08701

Notes:

Design Information

Weather: Belmar-Farmingdale, NJ, US

Winter Design Conditions

Outside db	*10* °F
Inside db	70 °F
Design TD	60 °F

Summer Design Conditions

Outside db	88 °F
Inside db	75 °F
Design TD	13 °F
Daily range	M
Relative humidity	50 %
Moisture difference	31 gr/lb

Heating Summary

Structure	4956 Btuh
Ducts	4498 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	9453 Btuh

Sensible Cooling Equipment Load Sizing

Structure	2536 Btuh
Ducts	2378 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.93
Equipment sensible load	4574 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	1146	1146
Volume (ft³)	3666	3666
Air changes/hour	0.11	0.06
Equiv. AVF (cfm)	7	4

Latent Cooling Equipment Load Sizing

Structure	76 Btuh
Ducts	1226 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	1302 Btuh
Equipment total load	5877 Btuh
Req. total capacity at 0.70 SHR	0.5 ton

Heating Equipment Summary

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 °F
Temperature rise	0 cfm
Actual air flow	0 cfm/Btuh
Air flow factor	0 in H2O
Static pressure	n/a
Space thermostat	

Cooling Equipment Summary

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

FERGUSON ENTERPRISE

Load Short Form
BASEMENT 2
VICTORY AIR

Job:
Date: 11.7.14
By: JWS

NJ

Project Information

For: HALPERN RESIDENCE
321 PINE STREET, LAKEWOOD, NJ 08701

Design Information

	Htg	Clg
Outside db (°F)	*10*	88
Inside db (°F)	70	75
Design TD (°F)	60	13
Daily range	-	M
Inside humidity (%)	30	50
Moisture difference (gr/lb)	25	31

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

HEATING EQUIPMENT

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	n/a

COOLING EQUIPMENT

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
PDR2	40	331	12	10	0
M BEDRM	201	1495	55	46	2
W2	15	184	7	6	0
KITCHEN	141	226	0	7	0
BATH	45	72	0	2	0
CL2	6	10	0	0	0
BEDRM#2	143	2430	1621	75	62
HOME OFFICE	125	1335	1573	41	60
CL3	12	179	7	6	0
LIVING/DINING RM	295	2994	1638	92	62
WH2	15	24	0	1	0
HALL2	108	173	0	5	0

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

BASEMENT 2	p	1146	9453	4913	292	187
Other equip loads			0	0		
Equip. @ 0.93 RSM				4574		
Latent cooling				1302		
TOTALS		1146	9453	5877	292	187

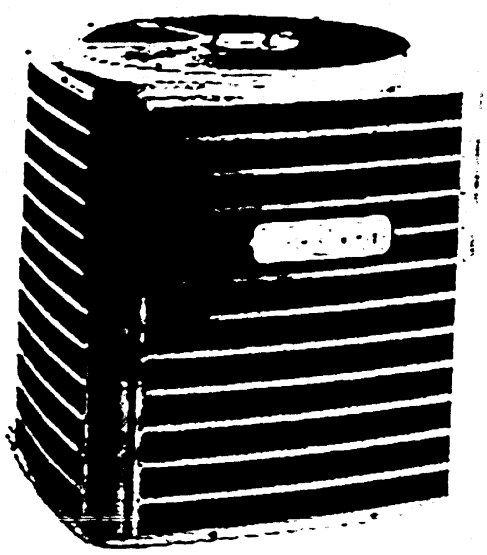
Goodman
Air Conditioning & Heating

GSX13

Split System Air Conditioner
13 SEER / 1½ to 5 Tons

Cooling Capacity: 18,000 - 60,000 BTU/h

Contents



Standard Features

- R-410A chlorine-free refrigerant
- Energy-efficient compressor
- Factory-installed filter drier
- Copper tube/aluminum fin coil
- Service valves with sweat connections and easy-access gauge ports
- Contactor with lug connection
- Ground lug connection
- AHRI Certified
- ETL Listed

Cabinet Features

- Goodman® brand louvered sound control top design
- Steel louver coil guard
- Heavy-gauge galvanized-steel cabinet
- Attractive Architectural Gray powder-paint finish with 500-hour salt-spray approval
- Top and side maintenance access
- Single-panel access to controls with space provided for field-installed accessories
- When properly anchored, meets the 2010 Florida Building Code unit integrity requirements for hurricane-type winds (Anchor bracket kits available.)

* Complete warranty details available from your local dealer or at www.goodmanmfg.com. To receive the 10-year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Quebec.

SPECIFICATIONS

BASEMENT X2 ZONES

1ST + 2ND X2 - ZONES

	GSX13 0181E*	GSX13 0241D*	GSX13 0301B*	GSX13 0361C*	GSX13 0361E*	GSX13 0421B*	GSX13 0481B*	GSX13 0601B*	GSX13 0611A*
CAPACITIES									
Nominal Cooling (BTU/h)	18,000	24,000	30,000	36,000	36,000	42,000	48,000	60,000	60,000
SEER / EER	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13/11
Decibels	75	75	73	74	74	75	76	77	72
COMPRESSOR									
RLA	6.7	13.5	12.8	14.1	14.1	17.9	19.9	25.0	26.4
LRA	41	58.3	64	77	77	112	109	134	134
CONDENSER FAN MOTOR									
Horsepower	1/8	1/8	1/8	1/6	1/4	1/4	1/4	1/4	1/4
FLA	0.7	0.7	0.7	1.1	1.5	1.5	1.5	1.5	1.5
REFRIGERATION SYSTEM									
Refrigerant Line Size [1]									
Liquid Line Size (" O.D.)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Line Size (" O.D.)	¾"	¾"	¾"	⅞"	⅞"	1⅛"	1⅛"	1⅛"	⅞"
Refrigerant Connection Size									
Liquid Valve Size (" O.D.)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Valve Size (" O.D.) [4,5]	¾"	¾"	¾"	⅞" [4]	⅞" [4]	⅞" [5]	⅞" [5]	⅞" [5]	⅞"
Valve Type	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge	73	76	78	89	75	90	104	111	130
Shipped with Orifice Size	0.051	0.057	0.061	0.070	0.070	0.076	0.080	0.085	0.086
ELECTRICAL DATA									
Voltage	208/230	208/230	208/230	208/230	208/230	208/230	208/230	208/230	208/230
Minimum Circuit Ampacity [2]	9.1	17.6	16.7	18.7	19.1	23.9	26.4	32.8	34.5
Max. Overcurrent Protection [3]	15 amps	30 amps	25 amps	30 amps	30 amps	40 amps	45 amps	50 amps	60 amps
Min / Max Volts	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253
Electrical Conduit Size	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"
EQUIPMENT WEIGHT (LBS)	106	113	142	139	139	188	191	207	284
SHIP WEIGHT (LBS)	120	130	159	157	157	206	209	225	301

[1] Line sizes denoted for 25' line sets, tested and rated in accordance with AHRI Standard 210/240. For other line set lengths or sizes, refer to the installation & Operating instructions and/or the long line-set guidelines.

[2] Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes

[3] Must use time-delay fuses or HACR-type circuit breakers of the same size as noted.

[4] Installer will need to supply ¾" to ⅞" adapters for suction line connections.

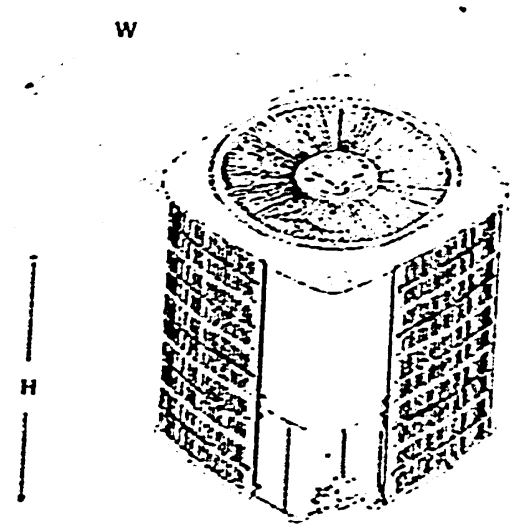
[5] Installer will need to supply ⅞" to 1⅛" adapters for suction line connections.

NOTES

- Always check the S&R plate for electrical data on the unit being installed.
- Unit is charged with refrigerant for 15' of ⅜" liquid line. System charge must be adjusted per Installation Instructions Final Charge Procedure.

Product Specifications

Dimensions



Model	Dimensions		
	W"	D"	H"
GSX130181E*	23	23	25¾
GSX130241D*	23	23	25¾
GSX130301B*	26	26	27½
GSX130361C*	29	29	28¾
GSX130361E*	26	26	27½
GSX130421B*	29	29	36¾
GSX130481B*	29	29	36¾
GSX130601B*	29	29	40
GSX130611A*	35½	35½	38¾

Accessories

Model	Description	GSX13 018D*	GSX13 018E*	GSX13 024C*	GSX13 024D*	GSX13 030B*	GSX13 036**	GSX13 042B*	GSX13 048B*	GSX13 060B*	GSX13 061A*
ABK-20	Anchor Bracket Kit [A]		X	X		X	X	X	X	X	X
ABK-21	Anchor Bracket Kit [A]	X			X						
ASC-01	Anti-Short Cycle Kit [1]	X	X	X	X	X	X	X	X	X	X
CSR-U-1	Hard-start Kit		X	X	X	X	X	X	X	X	X
CSR-U-2	Hard-start Kit	X									
CSR-U-3	Hard-start Kit										
FSK01A[1]	Freeze Protection Kit	X	X	X	X	X	X	X	X	X	X
LSK02A[2]	Liquid Line Solenoid Kit	X	X	X	X	X	X	X	X	X	X
TX2N4[2]	TXV Kit	X	X								
TX2N4A[2]	TXV Kit	X	X	X	X						
TX3N4[2]	TXV Kit					X	X				
TX5N4[2]	TXV Kit							X	X	X	X

[A] Contains 20 brackets; four brackets needed to anchor unit to pad

[1] Installed on indoor coil

[2] Field installed, non-bleed, expansion valve kit — Condensing units and heat pumps with reciprocating compressors require the use of start-assist components when used in conjunction with an indoor coil using a non bleed thermal expansion valve refrigerant metering device or liquid line solenoid kit.

Anthony F. Zero, R.A.

ARCHITECT

317 Monmouth Avenue- Suite 7
Lakewood, NJ
PHONE# (732) 961-1202 FAX# (732) 961-1203

November 17, 2014

Township of Lakewood
Building Division
212 4TH Street
Lakewood, NJ 08701

Re; New Residence- Roof Trusses
Block: 774.04 Lot: 14.01
Lakewood, NJ

Dear Mr. Saccomanno

The ½" plywood roof sheathing with "h" clips may remain on the 16" oc conventional rafters in lieu of the 5/8" plywood shown on plans.

Should you have any questions or concerns please feel free to call me or Mr. Baruch Framovitz at (732) 961-1202

With regards,

Anthony F. Zero, R.A.

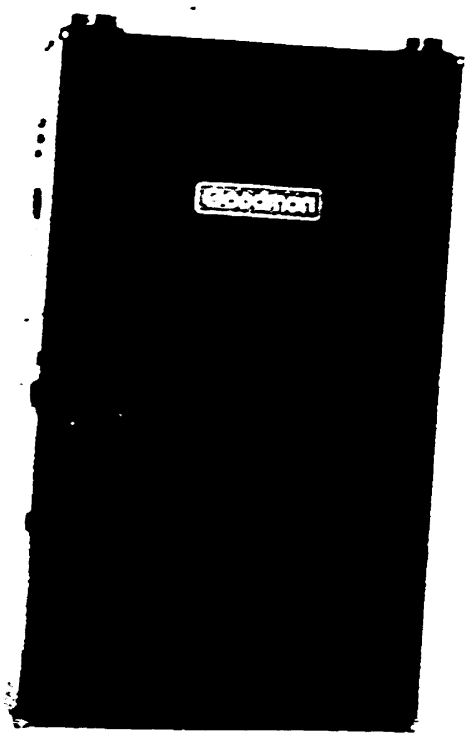
Goodman
Air Conditioning & Heating

GPD Series

Upflow Multi-Position, Multi-Speed Gas Furnace

UP TO 92.1% AFUE

Heating Input:
46,000–115,000 BTU/H



Standard Features

- Dual-diameter tubular heat exchanger
- Single-stage combination redundant gas valve
- Hot surface igniter and adaptive learning control for long igniter life
- Quiet, four-speed direct-drive circulator blower motor
- Furnace control board with self-diagnostics and low-voltage terminal block
- Dual-certified for sealed combustion direct vent (2-pipe) or non-direct vent (1-pipe) applications
- Quiet, single-speed induced draft blower
- All models comply with California NOx emissions standards

Cabinet Features

- Foil-faced insulation lines the heat exchanger
- Designed for upflow installation; can be converted to horizontal left or right with a pressure switch kit (sold separately)
- Easy-to-install top venting is standard
- Airtight solid bottom for side return applications and easy-cut tabs for effortless removal in bottom air inlet applications
- Coil and furnace fit flush for most installations

Contents

* Complete warranty details available from your local dealer or at www.goodmanmfg.com. To receive the Lifetime Heat Exchanger Limited Warranty (good for as long as you own your home) and 10 Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Quebec.

3/11
Supersedes 3/11

SPECIFICATIONS

BASEMENT x2 ZONES

2ND FL ZONE

1ST FL ZONE

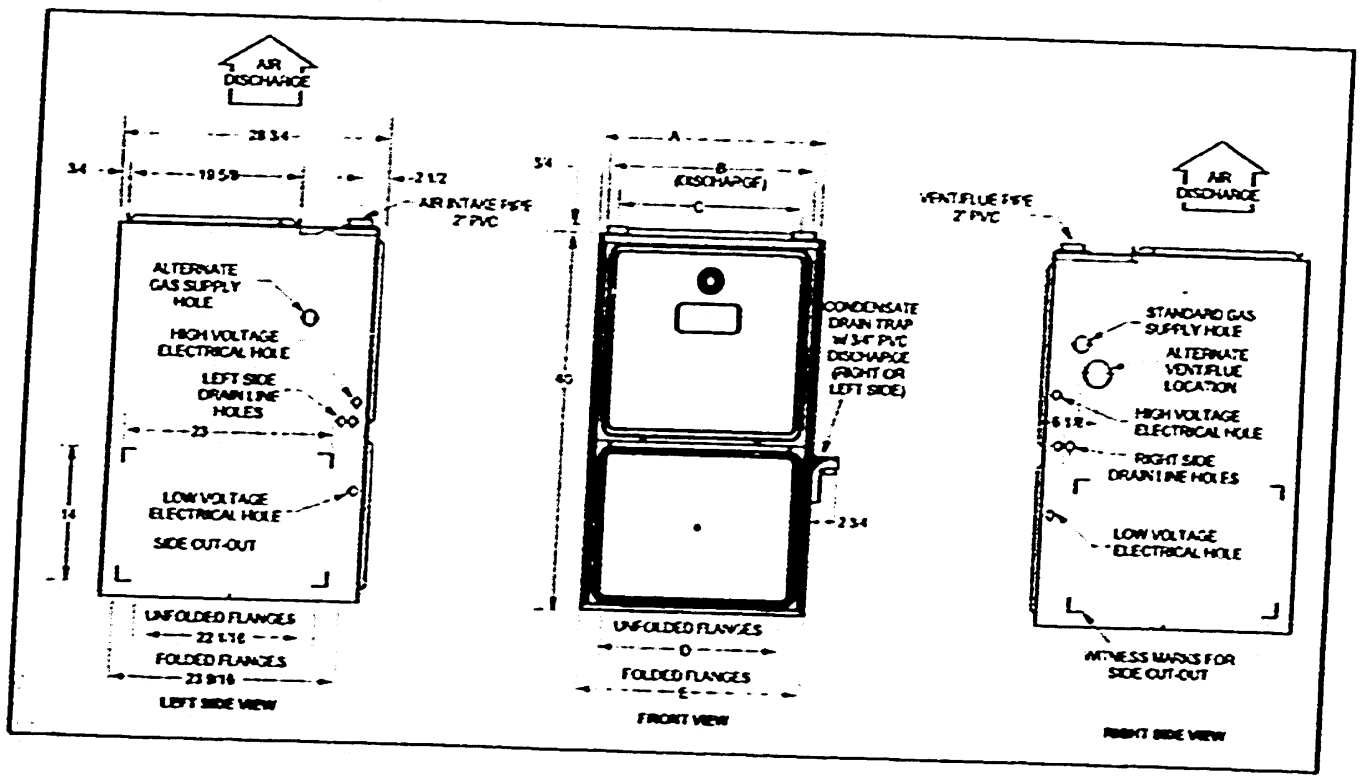
	GKS9 04538X*	GKS9 07038X*	GKS9 0704CX*	GKS9 0904CX*	GKS9 0905DX*	GKS9 1155DX*
HEATING CAPACITY						
Input[1]	46,000	69,000	69,000	92,000	92,000	115,000
Natural Gas Output [1]	42,800	64,400	64,400	86,000	86,000	106,500
LP Gas Output [1]	38,502	57,753	57,753	77,004	77,004	96,255
AFUE [2]	92.1	92.1	92.1	92.1	92.1	92.1
Available AC @ 0.5" ESP	3	3	4	4	5	5
Temperature Rise Range (°F)	35 - 65	35 - 65	35 - 65	35 - 65	35 - 65	35 - 65
CIRCULATOR BLOWER						
Size (D x W)	10" x 8"	10" x 8"	10" x 10"	10" x 10"	11" x 10"	11" x 10"
Horsepower @ 1075 RPM	½	½	½	½	¾	¾
Speed	4	4	4	4	4	4
Vent Diameter [3]	2"	2"	2"	2"	2"	3"
No. of Burners	2	3	3	4	4	5
FILTER SIZE (IN²)						
Permanent	288	282	376	376	470	470
Disposable	576	564	752	752	940	940
ELECTRICAL DATA						
Min. Circuit Ampacity [4]	9.4	9.4	13.8	13.8	13.2	13.2
Max. Overcurrent Device (amps) [5]	15	15	15	15	15	15
SHIP WEIGHT (LBS)	132	135	153	158	170	175

1. Natural Gas BTU/h. For altitudes above 2,000', reduce input rating 4% for each 1,000' above sea level.
2. DOE AFUE based upon Isolated Combustion System (ICS)
3. Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC. Vent connector diameter is 2". Refer to the installation & operation manual shipped with the furnace for applicable vent and combustion air pipe lengths.
4. Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.
5. Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

NOTES

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

Dimensions



Model	A	B	C	D	E
GKS904538X*	17½"	16"	13¾"	12¾"	13¾"
GKS907038X*	17½"	16"	13¾"	12¾"	13¾"
GKS90704CX*	21"	19½"	16¾"	16"	17½"
GKS90904CX*	21"	19½"	16¾"	16"	17½"
GKS909050X*A	24½"	23"	20¾"	19¾"	20¾"
GKS91155DX*	24½"	23"	20¾"	19¾"	20¾"

Notes:

- Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.
- Line voltage wiring can enter through the right or left side of the furnace. Low voltage wiring can enter through the right or left side of furnace.
- Conversion kits for high altitude natural gas operation are available. Contact your Goodman distributor or dealer for details.
- Installer must supply following gas line fittings, according to which entrance is used:
  Left—Two 90° elbows, one close nipple, straight pipe
  Right—Straight pipe to reach gas valve
- For bottom return: Failure to unfold flanges may reduce airflow by up to 18%. This could result in performance and noise issues.

Minimum Clearances to Combustible Materials

Position	Sides	Rear	Front	Bottom	Flue	Top
Upflow	0"	0"	1"	C	0"	1"
Horizontal	6"	0"	1"	C	0"	4"

C = If placed on combustible floor, the floor MUST be wood ONLY.

Notes

- For servicing or cleaning, a 24" front clearance is recommended.
- Unit connections (electrical, flue and drain) may necessitate greater clearances than the minimum clearances listed below.
- **In all cases, accessibility clearance must take precedence over clearances from the enclosure where accessibility clearances are greater.**

43-Zone
~~20~~ K

22 350 8395
13VH00335200
144 Cross st.

SEE LARGE

DOCUMENTS

ON 35MM

FILM