BLOCK 819 LOT 12 QUALIFICATION CODE C12-12 ADDRESS (SITE) _____ PERMIT NO. 00-4764

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY

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

I. IDENTIFICATION

1. Propsed Work Site at: 1587 W. Princeton Ave Brick NJ 08724
2. Name of Owner in Fee: Robert Sowinski Tel. [redacted]
   Address 1587 W. Princeton Ave. Brick, NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Air Experts, Inc. Tel. (732) 681-9090
   Address 727-C 17th Ave. So. Belmar, NJ 07719
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223-324-128 FAX: (732) 280-2213
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Michael J. Corbett
   Tel. (732) 681-9090 FAX (732) 280-2213

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	59.00	$	35	
2. Electrical			95	
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. DCA Training Fee			4	
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL		$	134	

VI. BUILDING/SITE CHARACTERISTICS

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

Oil to gas conversion

All work by resident

Called Contractor 12.14.00 ar

II. PROPOSED WORK

	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									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	3800				12-14-00	DW	1/2/01		OK
7. ☒ Electrical					12/3/00	MM	1/2/01		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10102453

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Air Experts Inc.

Address 727C 17th Ave

S. Belmar N.J.

Telephone (732) 681-9090

Signature Michael J. Pontecorvo

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/15/2000
Control #
Permit # 00-4764

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 819 Lot 12 Qual

Work Site Location 1587 W PRINCETON AVE
OIL TO GAS CONVERSION
Owner in Fee SOWINSKI, ROBERT
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor AIR EXPERTS INC
Address 727C 17TH AVE
S BELMAR, NJ 07719-
Telephone (732)681-9090
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3324128

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
OIL TO GAS CONVERSION
(BOILER)

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

Estimated Cost of Work $ 4,500

Construction Official

12/15/2000
Date

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

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	95
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	
Total	134
Check No.	5970
Cash	
Collected By	LRT

12/15/00

1:53PM 00000H0924 XXD2
XXXTOTAL $134.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/12/2000
Date Issued 12/15/00
Control # C12-12
Permit # 00-4764

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

Block 819 Lot 12 Qual
Work Site Location 1587 W PRINCETON AVE
OIL TO GAS CONVERSION
Owner in Fee SOWINSKI, ROBERT
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor AIR EXPERTS INC
Address 727C 17TH AVE
S BELMAR, NJ 07719-
Tele.(732)681-9090
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3324128

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/13/00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other Furnace			12/01	
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/12/2000
Date Issued 12/15/00
Control # C12-12
Permit # 00-4764

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

Block 819 Lot 12 Qual
Work Site Location 1587 W PRINCETON AVE
OIL TO GAS CONVERSION
Owner in Fee SOWINSKI, ROBERT
Address SAME
BRICK, NJ 08724-
Tel: [redacted]
Contractor AIR EXPERTS INC
Address 727C 17TH AVE
S BELMAR, NJ 07719-
Tele.(732)681-9090
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3324128

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/13/00
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/12/2000
Date Issued 12/15/00
Control # C12-12
Permit # 00-4764

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

Block 819 Lot 12 Qual
Work Site Location 1587 W PRINCETON AVE
OIL TO GAS CONVERSION
Owner in Fee SOWINSKI, ROBERT
Address SAME
BRICK NJ 08724-
Tele [redacted]
Contractor AIR EXPERTS INC
Address 727C 17TH AVE
S BELMAR, NJ 07719-
Tele.(732)681-9090
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3324128

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/13/00
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #	Administrative Surcharge	$ 0
Collected by:	Minimum Fee	$ 0
	TOTAL FEE	$ 35
	DCA Training Fee	$ 1

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12-15-00
Date Issued
Control #
Permit # 00-4764

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

Block 819 Lot 12
Work Site Location 1587 W. Princeton Ave.
Brick, NJ 08724
Owner in Fee Robert Sawinski
Address 1587 W. Princeton Ave.
Brick NJ 08724
Tele. [redacted]
Contractor CARL VANDEWITZ PLBG.
Address 104 LAKEWOOD RD
NEPTUNE N.J.
Tele. (732) 774-2059 Fax ( ) _____
Lic. No. 12,0
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 3500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 12-14-00
Approved by: DW

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-2-01
Approved by: DW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			1-2-01	DW
Gas Piping			12-20-00	DW
Solar				
TCO				

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.

Carl Vandewitz
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
X	Water Heater	
	Fuel Oil Piping	
X	Gas Piping 18' 1" 140 CFH	
	Steam Boiler	
X	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 819 LOT 12 PERMIT # _____

WORK SITE ADDRESS 1587 W. Princeton Ave. Brick, NJ 08724

Applicant Robert Sawinski

Certifying Individual Michael J. Bondurant Company Air Experts, Inc.

Address 727-C 17th Ave. So. Belmar, NJ 07719
(City, State, Zip Code)

Te [redacted]

Check the Appropriate Box

Type of Replacement:

- [✓] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

Michael J. Bondurant
Signature Date

Oil to Oil or Gas to Gas Replacements:

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

_____
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

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

U.C.C. F370
(rev. 3/96)
call OCS Printing at 609-398-4375 to re-order

Ratings

DOE

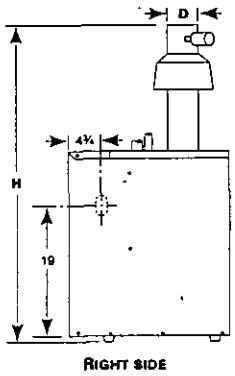
Boiler Model (1)	Input MBH (2)	DOE Heating Capacity MBH (2)	Net I=B=R Water Ratings MBH (3)	DOE Seasonal Efficiency Percent (AFUE) SPDN	SPDL	PIDN	Approx. Shipping Weight (Lbs)	Boiler Water Content (Gal)	Chimney Size
CGa-25	52	44	38	81.5	83.3	84.0	200	1.5	4" I.D. x 20'
CGa-3	70	59	51	81.6	83.7	84.0	200	1.5	4" I.D. x 20'
CGa-4	105	88	77	81.7	83.7	84.0	240	2.1	5" I.D. x 20'
CGa-5	140	117	102	81.8	83.7	83.5	280	2.7	6" I.D. x 20'
CGa-6	175	146	127	81.9	83.6	83.2	325	3.3	6" I.D. x 20'
CGa-7	210	175	152	82.0	83.6	83.0	370	3.8	7" I.D. x 20'
CGa-8	245	204	177	82.1	83.6	82.7	425	4.4	7" I.D. x 20'

Notes: (1) Add "SPD" for boiler with standing pilot; "PID" for boiler with electronic ignition system. For SPD models, add "N" for natural gas, "L" for propane (propane not available for PID).
(2) Based on standard test procedures prescribed by the United States Department of Energy.
(3) Net I=B=R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pick-up. Ratings are based on a piping and pick-up allowance of 1.15. An additional allowance should be made for unusual piping and pick-up loads.
CGa boilers are C.S.A. design certified for installation on combustible flooring. Tested for 50 psi working pressure.

Dimensions

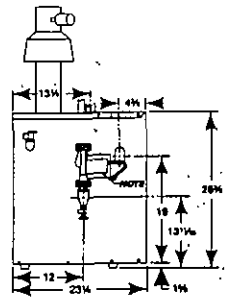
Boiler Model	Dimensions Inches A	D	W	H	Supply Piping In. (1)	Return Piping In. (1)	Nat or LP Gas Connection Size Inches	Crate Dimensions (Outside Measurements - In.) Length	Width	Height
CGa-25	5	4	10	45 3/8	¾	¾	½	27	27 ½	31 ½
CGa-3	5	4	10	52 3/8	1	1	½	27	27 ½	31 ½
CGa-4	6½	5	13	54 3/8	1	1	½	27	27 ½	31 ½
CGa-5	8	6	16	57 7/8	1	1	½	30	27 ½	31 ½
CGa-6	9½	6	19	60 7/8	1¼	1¼	½	33	27 ½	31 ½
CGa-7	11	7	22	62 1/8	1¼	1¼	¾	36	27 ½	31 ½
CGa-8	12½	7	25	64 7/8	1½	1½	¾	42	27 ½	31 ½

Notes: (1) Circulator flange supplied with boiler is same size as recommended pipe size. For supply and return boiler tapping size, see installation manual.

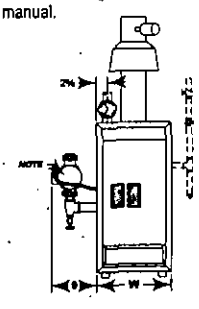


RIGHT SIDE

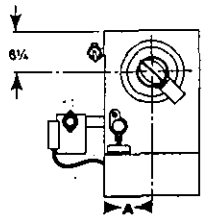
NOTE:
Boiler circulator is shipped loose. Circulator may be mounted on either boiler supply or return piping. See dimension chart for pipe size of circulator flange provided.



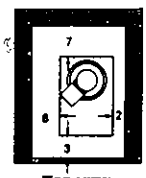
LEFT SIDE



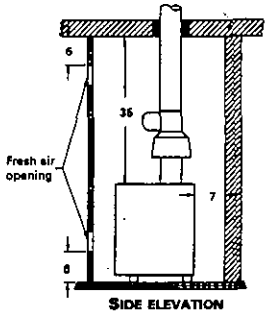
FRONT



TOP VIEW



TOP VIEW



SIDE ELEVATION

Standard and Additional Equipment

Standard Equipment:

Factory Tested
Two-Piece Top Jacket Panel
Insulated Extended Steel Jacket
Cast Iron Sections with Built-in Air Separator
Radiation Plates
Vertical Draft Hood
Automatic Vent Damper
Combination Gas Valve for 24 Volt
Wiring Harness
Non-Linting Pilot Burner
Stainless Steel Burners
Electrical Junction Box
Rollout Thermal Fuse Element
High-Limit Temperature Control
Circulator (when ordered)
Spill Switch
30 PSI ASME Relief Valve (boiler sections tested for 50 PSI working pressure)
Combination Pressure-Temperature Gauge
Drain Valve

HIGH EFFICIENCY MODEL - SPD
- Constant Burning, Thermally-Supervised Pilot System
- Thermocouple
- Combination Relay Receptacle and 40VA Transformer
- Plug-in Circulator Relay

HIGHEST EFFICIENCY MODEL - PID
- Integrated Boiler Control Module with Intermittent Electronic Ignition System & Indicator / Diagnostic Lights
- 40VA Transformer
- Plug-in Connector and Wiring

Additional Equipment:

Taco 110 Circulator
B&G 100 Circulator
Expansion Tank Package (expansion tank, fill & check valve, auto air vent and fittings): #109 - sizes 25 thru 5; #110 - sizes 6 thru 8. Shipped in separate carton.
W-M 5 & 10 Year Homeowner Protection Plan
W-M Indirect-fired Water Heaters
W-M Maxiflo® Pool Heaters
W-M Radiant Heating Products
W-M Baseboard Units

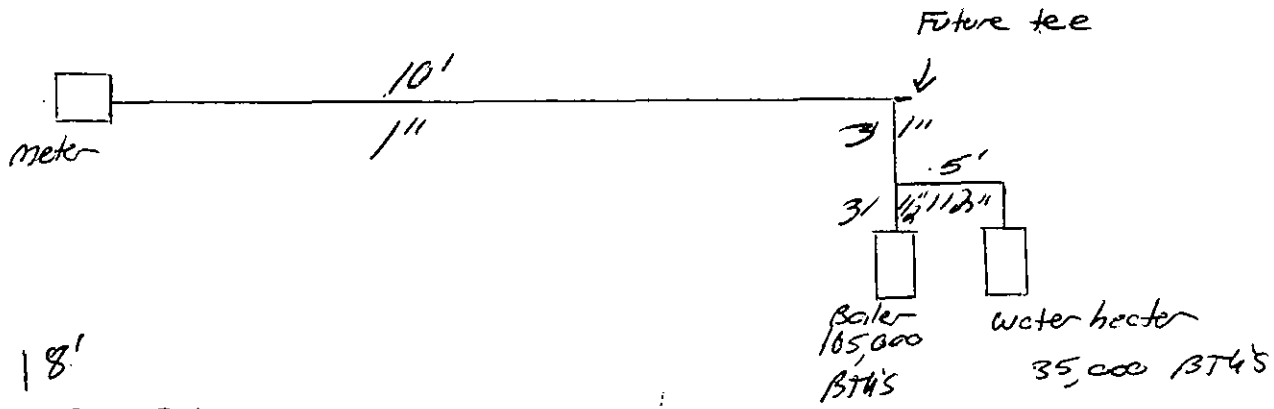
In the interest of continual improvements in product and performance, Weil-McLain reserves the right to change specifications without notice.

WEIL-McLAIN
A United Dominion Company

Locate our Sales Offices by visiting our website:
www.weil-mclain.com

Weil-McLain
500 Blaine Street
Michigan City, IN 46360-2388

Form No. C-848(0300)



18'
140 CFH

Dan
12-14-00

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1587 W. Princeton Ave.
Block: 819 Lot: 12
Owner's Name: Robert Sowinski
Owner's Mailing Address: 1587 W Princeton Ave
Brick, NJ 08724
Phone: (732) 458-7321

BUILDING

Contractor: Air Experts, Inc
Address: 220 - 14th Ave.
So. Belmar, NJ 07719
Phone#: (732) 681-9040
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other: Boiler	

Estimated Cost of Electrical Work: $700.00

Signature: Arnold M. Bordenant

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

ntractor:_____
ldress:_____
_____
one #:_____
: #:_____
deral Emp # or SSN_____

Technical Data

ctures Quantity

ater Closets_____
inals/Bidets_____
ith Tub_____
ivatory_____
ower_____
oor Drain_____
nk_____
ishwasher_____
rinking Fountain_____
ashing Machine_____
ose Bib_____
as Piping_____
el Oil Piping_____
ater Heater_____
eam Boiler_____
ot Water Boiler_____
ewer Pump_____
terceptor/Separator_____
ackflow Preventer_____
reasetrap_____
ater Cooled A/C or Refrig. Unit_____
eptic Tank Closure_____
ewer Service Connection_____
Vater Service Connection_____
ctive Solar System_____
uxiliary Meter_____
prinkler Heads_____
ump Pump_____
)ther:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____