821 19

BLOCK ~~821-22~~ LOT ~~25-26~~ QUALIFICATION CODE _____ ADDRESS (SITE) 1595 Larson St PERMIT NO. 07-3256

CONSTRUCTION PERMIT APPLICATION

07-1004/100

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

I. IDENTIFICATION

1. Proposed Work Site at: 1595 Route 88 west @ Larson street
2. Name of Owner in Fee: Laurelton Park Baptist church
   Tel. (732) 477-6577 e-mail _____
   Address same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Owen Plumbing and Heating Tel. (732) 919-3997
   Address 456 Preventorium rd. Howell NJ e-mail _____
   License No. OR, if new home, Builder Reg. No. 11641 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 200043664 FAX: (732) 919-3998
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun Robert Owen
   Tel. (732) 919-3997 FAX: (732) 919-3998

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		100	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$	14	
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	114	

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 _____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

- ☐ Building
- ☐ Electrical
- ☑ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	SC	9/25/07						
				10/9/07		10-26-07		

TOTAL COSTS 10,000-

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*

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

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

III. PLAN REVIEW (optional)

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

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

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

called 10/10/07 2/nc

LDS BR-B 10328008

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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.

(X) Check if contractor.

Agent Name Owen Plumbing and Heating inc.
Address 456 Preventorium rd. Howell NJ

Telephone (732) 919-3997
Signature Robert Owen Jr.

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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	10/26/2007
Control Number	C-07-004760
Permit Number	07-3256
Permit Issue Date	10/17/2007
Certificate Number	07-3256

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1595 LARSEN ST. , NJ Block: 821 Lot: 19 Qual:

Owner in Fee: LAURELTON PARK BAPTIST CHURCH INC

Owner Address: 1595 LARSEN ST. BRICK NJ

Telephone: (732) 477-6577

Contractor OWEN PLUMBING & HEATING

Address 456 PREVENTORUM ROAD HOWELL NJ 07731

Telephone: (732) 919-3997 Fax: (732) 919-3998

License Number or Builders Registration Number: 11641 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: REPLACEMENT BOILER REPLACE EXISTING

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/26/2007

CONSTRUCTION PERMIT

Date Issued 10/17/2007
Control # C-07-004760
Permit # 07-3256

IDENTIFICATION Block: 821 Lot: 19 Qualifier
Work Site Location: 1595 LARSEN ST. , NJ
Owner in Fee LAURELTON PARK BAPTIST CHURCH INC
1595 LARSEN ST. BRICK NJ
Telephone: (732) 477-6577

Contractor OWEN PLUMBING & HEATING
Address 456 PREVENTORUM ROAD HOWELL NJ 07731
Telephone: (732) 919-3997
Lic. No. or Bldrs. Reg. No. 11641
Federal Employee. No. 20-0043664

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT BOILER REPLACE EXISTING

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $10,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$100
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$114
Check No.	6065
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

1595 Larsen Street

Date Received / Control # 07-3256

Date Issued / Permit # 10-17-07

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

Block 821-~~26~~ Lot ~~25-26~~ 19 Qualification Code _____

Work Site Location 1595 Route 88 West Brick

Owner in Fee Laurelton Baptist church

Address 1595 Route 88 West

Tel (732) 477-6577

Contractor Owen Plumbing And Heating INC.

Address 456 Preventorium rd. Howell

Tel (732) 919-3997 FAX (732) 919-3998

Contractor License No. 11641

Federal Emp. No. 200043664

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 $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 10/9/07

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10-26-07

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			10/25/07	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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.

Robert Owen Jr.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
2	Hot Water Boiler replace existing
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks _____
	Other _____
	Other _____

Direct Vent

COMMERCIAL

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

U.C.C. F130 (rev. 01/04)

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

1595 Larsen Street

Date Received
Control #

07-3256

Date Issued
Permit #

10-17-07

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

Block 821-LOT 14 Lot ~~5~~ 26 Qualification Code

Work Site Location 1595 Route 88 West Brick

Owner in Fee Lauretton Baptist church

Address 1595 Route 88 West

Tel (732) 477-6577

Contractor Olsen Plumbing And Heating INC.

Address 456 Preventorium rd. Howell

Tel (732) 919-3997 FAX (732) 914-3998

Contractor License No. 116411

Federal Emp. No. 210043664

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 $ 110,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 10/9/07

Approved by:

SUBCODE APPROVAL

[ ] 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				
			11/1/07	

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.

Thomas Olsen Jr.

Applicant's Signature/Contractor's Seal and Signature

[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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
1	LPGas Tank	
	Steam Boiler	
2	Hot Water Boiler replace existing	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

PLAN REVIEW

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

U.C.C. F130 (rev. 01/04)

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

Bldg Elect Fire (Plumbing) (Please mark subcode)

CONTROL NUMBER 07-004760

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1595 BL. 88 - (LARSON ST.)

DATE REVIEWED: 10/2/07

REVIEWED BY: MARK HIBBARD 732-262-1241

CONTACT CALLED/FAXED: - OWEN - 732 919-3998

O. ATKINSON CERTIFICATION RECEIVED

Resubmit 10/5/07

Direct

Frank/plan review template

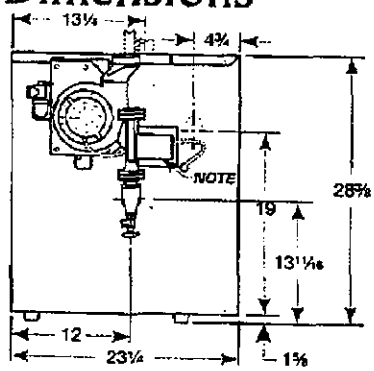
Ratings

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)	Approx. Shipping Weight (Lbs)	Boiler Water Content (Gal)	Minimum Vent Connector Diameter (4)
CGi-25	50	42	37	84.0	200	1.5	4" I.D
CGi-3	67	57	50	84.3	200	1.5	4" I.D
CGi-4	100	85	74	84.0	240	2.1	5" I.D
CGi-5	133	112	97	83.7	280	2.7	5" I.D
CGi-6	167	140	122	83.3	325	3.3	5" I.D
CGi-7	200	167	145	83.0	370	3.8	5" I.D
CGi-8	233	194	169	82.7	425	4.4	5" I.D

Notes: (1) Add "PIN" for natural gas, "PIL" for propane.
(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.
(4) Refer to National Fuel Gas Code, ANSI Z223.1-latest edition for chimney sizing and vent connector lengths.
CGi boilers are C.S.A. design certified for installation on combustible flooring. Tested for 50 psi working pressure.

Dimensions

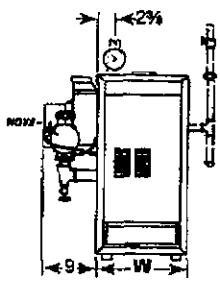


71046 LEFT SIDE

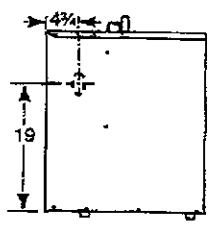
Boiler Model	Dimension Inches W	Supply Piping In. (1)	Return Piping In. (1)	Nat or LP Gas Connection Size Inches	Crate Dimensions (Outside Measurements - In.) Length	Width	Height
CGi-25	10	¾	¾	½	27	27 ½	31 ½
CGi-3	10	1	1	½	27	27 ½	31 ½
CGi-4	13	1	1	½	27	27 ½	31 ½
CGi-5	16	1	1	½	30	27 ½	31 ½
CGi-6	19	1¼	1¼	½	33	27 ½	31 ½
CGi-7	22	1¼	1¼	¾	36	27 ½	31 ½
CGi-8	25	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.

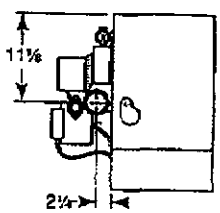
NOTE:
Boiler circulator is shipped loose. Circulator may be mounted on either boiler supply or return piping. See dimension chart for pipe size of circulator flange provided.



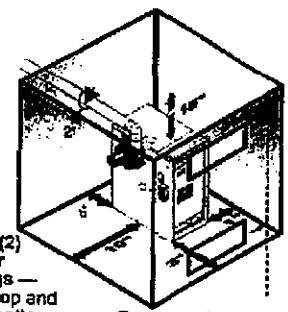
FRONT



RIGHT SIDE



TOP VIEW



Provide (2) fresh air openings — 6" from top and 6" from bottom located on wall next to boiler front.

Each opening must have free area of 1 square inch per 1,000 Btuh of CGi boiler input.

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
Steel Base
Integrated Boiler Control Module with
  Intermittent Electronic Ignition System &
  Indicator / Diagnostic Lights
Inducer Assembly
Flue Gas Collector / Transition Assembly
Combination Gas Valve for 24 Volt
Wiring Harness
Air Pressure Switch
Non-Linting Pilot Burner
High-Grade Stainless Steel Burners
40VA Transformer
Electrical Junction Box
Rollout Thermal Fuse Element
High-Limit Temperature Control
Circulator (when ordered)
30 PSI ASME Relief Valve
  (boiler sections tested for 50 PSI working pressure)
Combination Pressure-Temperature Gauge
Drain Valve

Additional Equipment:

CGi AL29-4C® Starter (same as CGs Starter)
Taco 110 Circulator
B&G 100 Circulator
Expansion Tank Package (expansion tank, fill & check valve, auto air vent and fittings)
  #109 - sizes 3 thru 5; #110 - sizes 6 thru 8.
  Shipped in separate carton.
High Altitude Kits
W-M 5 & 10 Year Homeowner Protection Plan
W-M Indirect-fired Water Heaters
W-M Maxiflo® Pool Heaters
W-M AlumiPex® 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

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

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