BLOCK 190.08 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 367 Church Rd PERMIT NO. 18-3477

CONSTRUCTION PERMIT APPLICATION

C-18-004638

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

I. IDENTIFICATION

1. Proposed Work Site at: 367 Church Rd
2. Name of Owner in Fee: Frances Crangle
   Tel. ([redacted]) e-mail _____
   Address 367 Church Rd (street) Brick (municipality) NJ (zip code) 08723
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: J. Holmes E llc Tel. (848) 992-6997
   Address 131 Tumpike Dr e-mail GSKJack2@comcast.net
   Brick NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00810500
   Federal Emp. ID No. _____ FAX: (___) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150	
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mechanical		125	
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		2-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	277-	

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ 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)

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
☐ Building									
☐ Electrical									
☑ Plumbing	1250	CW	12/17/18						
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1250								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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. (Jack)

Agent Name John G Helmstetter

Address 131 Truman Dr
Brick NJ 08724

Telephone (732) 848-992-6997

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/11/2019
Control Number C-18-004638
Permit Number 18-3477
Permit Issue Date 12/21/2018
Certificate Number 18-3477

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 367 CHURCH RD Brick Township, NJ Block: 190.08 Lot: 19 Qual:

Owner in Fee: CRANGLE, FRANCES E

Owner Address: 367 CHURCH RD BRICK NJ 08723

Telephone: [redacted]

Contractor J. Helmstetter

Address 131 Truman Brick NJ 08724

Telephone: (732) 899-9422 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT BOILER

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: 1/11/2019

U.C.C. F260 (rev. 09/05)

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 12/21/18

Date Issued / Permit # 18-3477

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

Block 190.08 Lot 19 Qualification Code

Work Site Location 367 Church St Bordentown NJ 08723

Owner in Fee: Frances Cressole

Tel. [redacted]

Address 367 Church St Bordentown 08723
street municipality zip code

Contractor: RAY BELANGER PLBG Tel.

Address 218 HARDING AVE e-mail RAYBELANGER9@GMAIL.COM
TOMS RIVER NJ 08753

Contractor License No. 5806 Exp. Date 6-2019

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

Federal Emp. ID No. 22-3316489 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 [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 1250

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [redacted]

Print name here: [redacted] OWNER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BOILER REPLACEMENT
OWNER SUPPLIED USED
BOILER

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 APPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 12-31-18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final 12/26/18		12/26/18		MD

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
1	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

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

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.

ELECTRICAL SUBCODE
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 190.08 Lot 19 Qualification Code

Work Site Location 367 Church Rd
Barnegat NJ 08005

Owner in Fee: Francis Craigle

Tel. [redacted] e-mail

Address 367 Church Rd Barnegat
street municipality zip code

Contractor: SS Electric Tel. 908 309-7013

Address 63 Hospitality Lane e-mail
Toms River NJ 08753

Contractor License No. 11413 Exp. Date 3-31-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 146-72-5038 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Shaw

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigat[illegible] [ ] Owner-Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Boiler

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. 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	
1		Boiler	

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:
[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/27/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-26-18 MA	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

CONSTRUCTION PERMIT

Date Issued 12/21/18
Control # C-18-004638
Permit # 18-3477

IDENTIFICATION Block: 190.08 Lot: 19 Qualifier
Work Site Location: 367 CHURCH RD Brick Township, NJ
Contractor J. Helmstetter
Address 131 Truman Brick NJ 08724

Owner in Fee CRANGI F. FRANCES F
367 CHURCH RD BRICK NJ 08723
Telephone: [redacted]

Telephone: (732) 899-9422
Lic. No. or Bldrs. Reg. No. 13VH00810500 13VH00810500
Federal Employee. No.

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$277
Check No.	1104
Cash	$0
Credit	$0
Collected By	

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 $1,400

Daniel F Neuman (MF) 12/19/18
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
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.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 190.08 LOT 19 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 367 Church Rd

Owner in Fee Tracee Cranglen

Verifying Individual John Helmstetter Company John Helmstetter LLC

Address 131 Truman Dr Beck NJ 08234
(City, State, Zip Code)

Tel [redacted] Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size 6"

- [x] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	_____	Oil / Gas / Other: _____	_____
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

[signature] Signature 11/28/18 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

UTICA BOILERS

MGB / MGC

There are some things you can always depend on...

Gas Fired Hot Water Boiler

Up to 83.9% AFUE

Energy saving features include the electronic ignition system and motorized vent damper to reduce your heating costs.

Exceptional Heat Exchanger Design

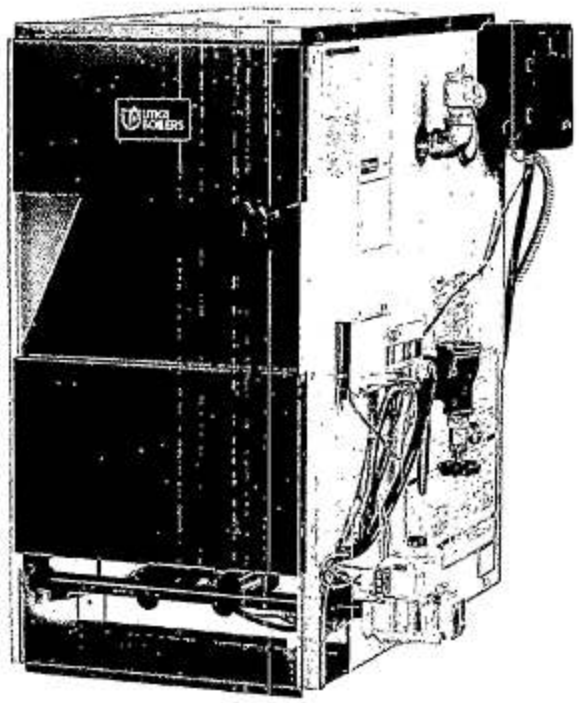
Features a dependable cast iron heat exchanger with cast iron push nipple connections. The sections and push nipples expand at the same rate when heated. By using similar materials instead of less expensive gaskets or steel push nipples, the boiler maintains a water tight seal.

Hydrolevel Operating Control

- Features digital display and diagnostics
- Adjusts the water temperature based on your heating system demand which further reduces your heating costs
- Built-in low water cut-off (LWCO) to protect the boiler from potentially dangerous low water conditions

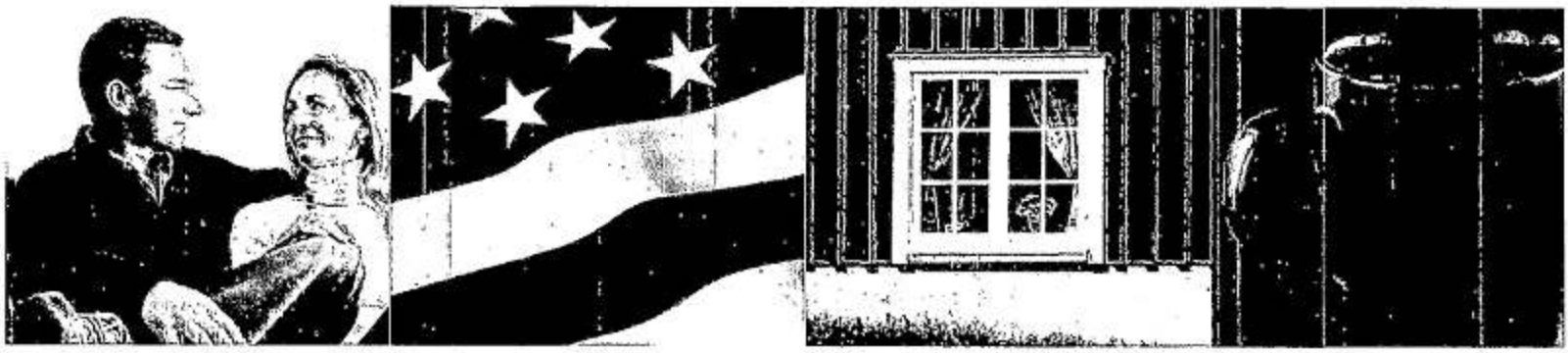
Integral Draft Diverter

- Features factory installed integrated draft hood diverter, which reduces the risk of improper draft hood installation and unsafe CO levels
- Low profile reduces installation height by up to 30" as compared to models with external draft diverter hood

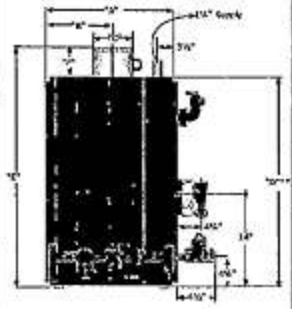


Limited Lifetime Heat Exchanger Warranty

Built by American Craftsmen since 1928



Dimensional Diagram	Model	Input Rate (MBH) [1]	Heating Capacity (MBH) [1]	Net AHRI Rating, Water (MBH) [2]	Expansion Tank [3]	No. of Burners	AFUE %
MGB Front	MGB-50J	50	42	37	15	1	83.5%
	MGB-75J	75	63	55	15	2	83.1%
	MGB-100J	100	83	72	30	2	83.0%
	MGB-125J	125	104	90	30	3	82.0%
	MGB-150J	150	124	108	30	3	83.0%
	MGB-170J	170	139	121	30	4	82.0%
	MGB-200J	200	165	143	30	4	82.0%
	MGC-8D/DP*	262.5/245	220/206	191/179	60	7	83.9%
	MGC-9D/DP*	299/280	251/235	218/204	60	8	83.7%

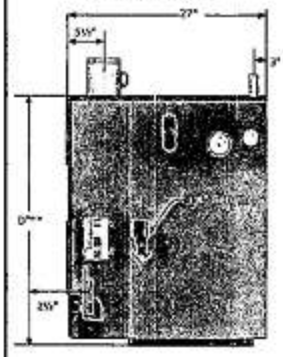


*D=Natural Gas, DP=LP Gas
The MCG has distinct input rates for Natural and LP gas versions. 8D/9D rates shown are for Natural gas. 8DP/9DP rates are for LP gas.
(1) Input rating for sea level to 2,000 ft. (610m) above sea level. United States, over 2000 ft (610m) above sea level. Reduce input rate 4% for every 1000 ft (304m) above sea level.

(2) Net AHRI Water Ratings shown based on piping and pickup allowance of 1.15. Consult manufacturer before selecting boiler for installations having unusual piping and pickup requirements, such as intermittent system operation, extensive piping systems, etc.
For forced hot water systems where boiler and all piping within area to be heated, boiler may be selected on basis of its heating capacity.

(3) Recommended tank sizes for non-ferrous baseboard or radiant panel systems. Increase size for cast iron baseboard and radiation.

MGB Side



General Information (See Installation, Operation and Maintenance Manual for complete instructions)

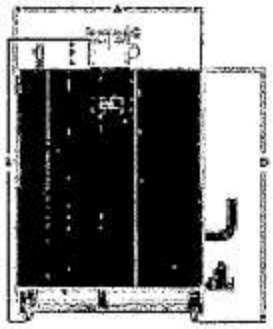
Clearances (4) Required distances measured from boiler.

*Definition of Alcove is three sided space with no wall in front of boiler. ANSI standard for alcove is 18 inches from appliance to leading edge of side walls as shown in IOM.

	Combustible Materials (Required) [4]	
	MGB	MGC
Top	18" (457 mm)	6" (152 mm)
Control Side	9" (229 mm)	7" (178 mm)
Other Side	3" (76mm)	6" (152 mm)
Front	Alcove*	18" (457 mm)
Rear	4" (102 mm)	6" (152 mm)
Flue Connector	6" (152 mm)	6" (152 mm)

Connections (All Models)	Return/Supply Water 1-1/4", Gas In 1/2" NPT
Electrical	120 Volts AC, 60 hertz, 1 phase, Less than 12 amps (15 amp circuit recommended)
Water Content	50 - 2.4 Gallons, 75/100 - 4.0 Gallons, 125/150 - 5.6 Gallons, 170/200 - 7.2 Gallons, 262.5 - 12.7 Gallons, 299 - 14.4 Gallons

MGC Front



Dimensions/ Weights

Model	A	B	C	D	Weight
MGB-50J	11-1/8"	4"	30-3/4"	36-1/4"	205 lbs.
MGB-75J	15"	5"	30-3/4"	37-3/4"	253 lbs.
MGB-100J	15"	6"	30-3/4"	37-1/4"	253 lbs.
MGB-125J	18-7/8"	6"	30-3/4"	37-1/4"	315 lbs.
MGB-150J	18-7/8"	7"	30-3/4"	37-3/4"	315 lbs.
MGB-170J	22-3/4"	7"	30-3/4"	38-3/4"	377 lbs.
MGB-200J	22-3/4"	8"	30-3/4"	38-3/4"	377 lbs.

Model	A	C	D	E	Weight
MGC-8D/DP	27-1/2"	7"	36-3/8"	41-7/8"	552 lbs.
MGC-9D/DP	30-3/4"	7"	36-3/8"	41-7/8"	616 lbs.

MGC Side

Standard Equipment	Boiler Control Module: Hydrolevel Fuel Smart Control - combination Low Water Cut Off with boiler temperature reset and circulator control. User Display Interface: Digital Temperature Display Heat Exchanger: Cast Iron Sections with Cast Iron Push Nipples. Combustion: Stainless Steel Main Gas Burners (MGB)/Titanium Composite Burners (MGC), Combination 24 Volt Gas Control (Includes: Automatic Gas Valve, Gas Pressure Regulator, Automatic Pilot,Safety Shutoff, Pilot Flow Adjustment, Pilot Filter), Intermittent Pilot Control, Continuous Retry, Combination Pilot Burner/Electrode/Flame Sensor. Safety: Spill Switch and Roll-Out Switch for safety, Automatic Vent Damper. Other: Insulated Boiler Jacket, Integral Draft Diverter, Combination Temperature/Pressure Gauge, 3/4" Drain Valve, 30lb. ASME Relief Valve. MAWP Maximum Allowable Working Pressure 100 psi (MGB) & 50 psi (MGC).
Options	Available in both natural gas or propane models. Central Heating Pump (Taco, Grundfos, B&G or Less Pump), LP Conversion Kit, Combustible Floor Plate, Fill-Trol.
Certifications	C.S.A. Certified For Natural Gas Or Propane C US Tested for 100 psi (MGB) / 50 psi (MGC) ASME Working Pressure AHRI CERTIFIED

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