BLOCK 848 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) 1715 W. Princeton Ave. PERMIT NO. 18-3054

CONSTRUCTION PERMIT APPLICATION C-18-004054

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

I. IDENTIFICATION

1. Proposed Work Site at: 1715 West Princeton Ave. Brick NJ 08724
2. N[redacted] MARIBETH MONTE
   Te[redacted] e[redacted]
   Address 1715 West Princeton Ave. Brick NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: H/O Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   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			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices	✓		
6. Subtotal	MARIB		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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
- ☒ Repair (Marib Mth)
- ☐ New Building
- ☐ Alteration
- ☐ Addition
- ☐ Renovation
- ☐ Demolition
- ☐ 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		LNT							
☑ Electrical		10/26/18			10/31/18	PS			
☒ Plumbing					11-1-18				
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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

U.C.C. F100-1 (rev. 8/08)

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. (X) Electrical C.4. (X) 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 Mary Beth Monte Date 10/25/18

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/15/2018
Control Number C-18-004054
Permit Number 18-3054
Permit Issue Date 11/2/2018
Certificate Number 18-3054

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1715 W. PRINCETON AVE. Brick Township, NJ Block: 848 Lot: 26 Qual:

Owner in Fee: MONTE, MARY BETH

Owner Address: 1715 W PRINCETON AVENUE BRICK NJ 08724

Telephone: [redacted]

Contractor MONTE, MARY BETH

Address 1715 W PRINCETON AVENUE BRICK NJ 08724

Telephone: [redacted] 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: * AUGUST 2018 FLOOD *, ALTERATION - RESIDENTIAL - ...COMBI UNIT

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: 11/15/2018

U.C.C. F260 (rev. 08/05)

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 11/2/18

Date Issued / Permit # 18-3054

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

Block 848 Lot 26. Qualification Code

Work Site Location 1715 West Princeton Ave Brick NJ 08724

Owner in Fee: [redacted] e-mail [redacted]

Address 1715 West Princeton ave 08724
(street / municipality / zip code)

Contractor: #10 Tel.

Address e-mail

Contractor License 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 ($) 2000

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: 11-1-18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 11-9-18
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			11-9-18	LM

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: MaryBeth Monte

Print name here: MaryBeth Monte

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Boiler and water Heater.
Instal ComBi Boiler/DWH

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
1	Hot Water Boiler Combi Unit	
	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 11/2/18
Control #
Date Issued
Permit # 18-3054

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

Block 848 Lot 26 Qualification Code

Work Site Location 1715 West Princeton Ave. Brick NJ 08724

Owner in Fee:

Tel [redacted] e-mail [redacted]

Address 1715 West Princeton Ave Brick NJ 08724
(street / municipality / zip code)

Contractor: H10 Tel.

Address e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] 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: 10/31/18

Approved by: H10

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11/9/18

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-9-18	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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: MaryBeth Monte

Print name here: MARYBETH MONTE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

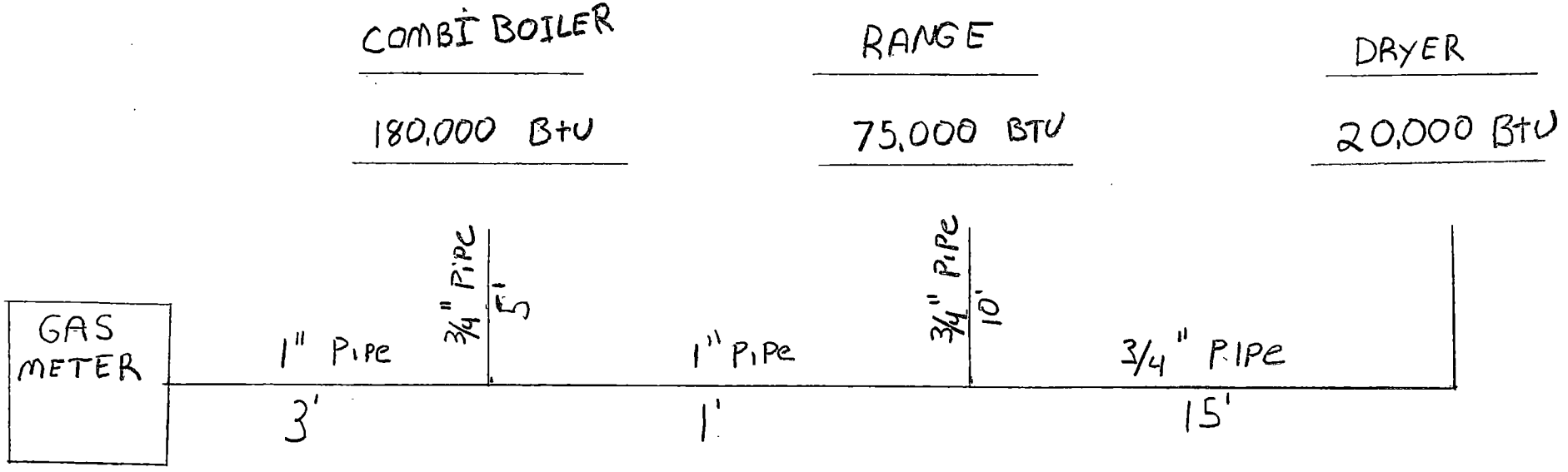
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	$
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	3	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	

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

U.C.C. F120 (rev. 11/09)
Internet version

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

Existing gas - Removing WH pipe



275 000

20'

PLUMBING
NOV 01 2018
APPROVED

1715 Princeton Ave
Brick, NJ

CONSTRUCTION PERMIT

Date Issued 11/2/18
Control # C-18-004054
Permit # 18-3054

IDENTIFICATION Block: 848 Lot: 26 Qualifier
Work Site Location: 1715 W. PRINCETON AVE. Brick Township, NJ
Owner in Fee MONTE, MARY BETH
1715 W PRINCETON AVENUE BRICK NJ 08724
Telephone: [redacted]

Contractor MONTE, MARY BETH
Address 1715 W PRINCETON AVENUE BRICK NJ 08724
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
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:
* AUGUST 2018 FLOOD *, ALTERATION - RESIDENTIAL ...COMBI UNIT

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 $3,000

D. Newman Jr. — Construction Official
11/2/18 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

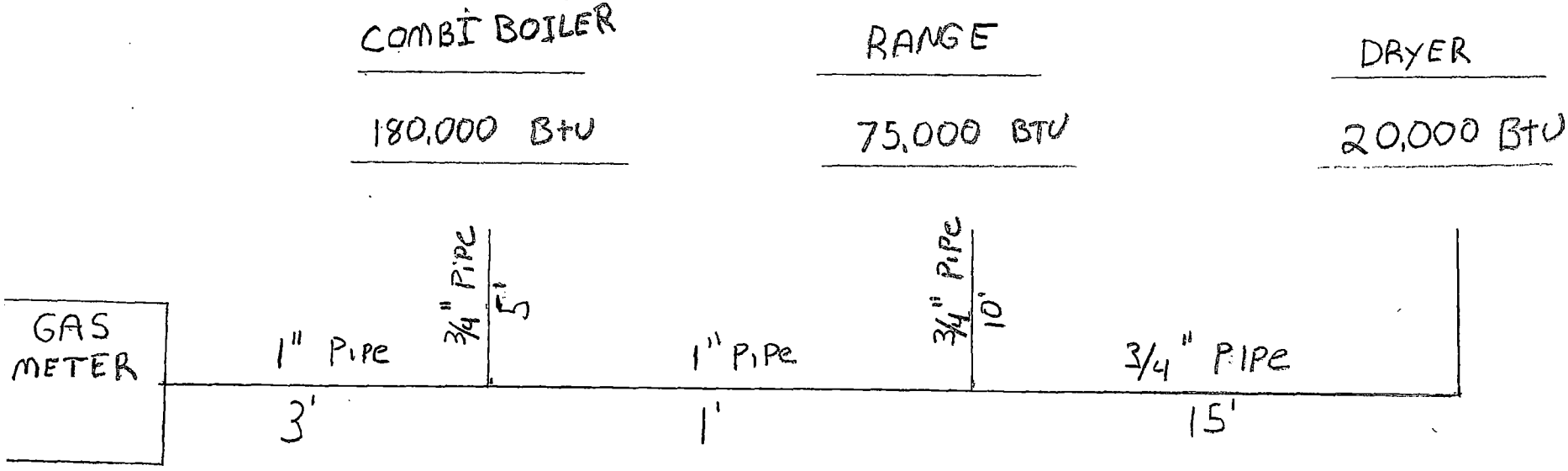
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ 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.

Existing Gas - Removing only WH pipe



PLUMBING
NOV 01 2018
APPROVED

1715 Princeton Ave
Brick, NJ

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 348 LOT 26 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1715 West Princeton Ave.

Owner in Fee MaryBeth Monte

Verifying Individual Marybeth Monte Company _____

Address _____

[redacted] City State Zip Code

[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 _____

- [ ] "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:	Boiler	Oil / (Gas) / Other:	180K
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 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. Chimney to be abandoned.

MaryBeth Monte
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.

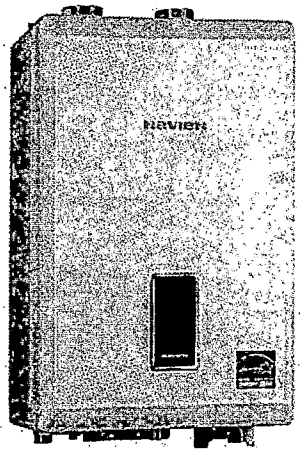
This form may not be submitted by a homeowner in lieu of the required inspection.

Navien

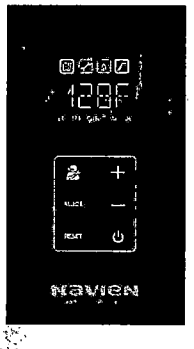
Condensing *Gas*
Combination Boiler

NCB Series Combination Boilers
Specification Sheet

- Certified design according to **ANSI Z21.13 - CSA 4.9-2014** standards for indoor residential applications
- Gas Input Ranges (Space Heating / DHW)
  NCB-150E - 60,000 (120,000 for DHW) to 12,000 BTUh
  NCB-180E - 80,000 (150,000 for DHW) to 14,000 BTUh
  NCB-210E - 100,000 (180,000 for DHW) to 18,000 BTUh
  NCB-240E - 120,000 (199,900 for DHW) to 18,000 BTUh
- Domestic Hot Water Flow Rate Capacity (*based on 77°F temperature rise)
  NCB-150E - 2.6 GPM
  NCB-180E - 3.4 GPM
  NCB-210E - 4.0 GPM
  NCB-240E - 4.5 GPM
- **Dual Primary and Secondary Stainless Steel Heat Exchangers** for optimum efficiency and durability
- **Stainless Steel Flat Plate Heat Exchanger*** for **DHW**
  (* certified to IAPMO PS 92-2013 standards)
- **Domestic Hot Water Priority**
- Compatible with **2" PVC vent up to 60 ft**** and **3" PVC vent up to 150 ft****
  (** with no elbows)
- **Backlit Front Panel** - allows adjustment of hot water temperatures and boiler functions including Outdoor Reset Curve settings, heating setback, Integrated Low Water Safety Control, water fill pressure, and output capacity
- **Ready-Link Cascade Compatibility** with Navien water heater models - can be connected with **up to 15 tankless water heaters** for increased DHW output
- Compatible with NaviLink Wi-Fi Control
- **Internal Circulation Pump** - comes included with a primary circulation pump and air vent for added value and convenience
- **Low Voltage Terminal Strip** - contacts for thermostat or zone controller, outdoor reset, 24 VAC device relay, air handler interrupt, and LWCO
- **Temperature Options** - two boiler setpoints: hydronic heating temperature settings range from **77°F up to 194°F** and from **86°F to 140°F** for DHW temperatures
- **Outdoor Reset Sensor** (included) - when installed with an NCB Series model, the unit controls will sense outdoor ambient temperatures and adjust the boiler operation for maximum comfort and efficiency
- **AFUE** Ratings
  NCB-150E/-180E/-210E/-240E - 95.0% (NG/LPG)
- Compatible with **Natural Gas (NG)** and **Propane (LPG)*****
  (*** requires installation of included Field Conversion Kit by a qualified gas servicer)
- Certified by **CSA, ASME, NSF/ANSI 372** for Low Lead **(DHW only)**, **SCAQMD** (Rule 1146.2 Type 1 - Complies with 14 ng/J or 20 ppm NOx @ 3% O2)
- **CRN** - 2002.9YT **(NCB-150E)**, 2003.9YT **(NCB-180E)**, 0H6835.4 and 2004.9YT **(NCB-210E)**, 0H6835.4 and 2005.9YT **(NCB-240E)**
- **10-Year** Heat Exchanger and **5-Year** Parts Warranty****
  (**** see Navien Limited Residential Warranty)
- **Optional accessories** are available *(see below)*



Sleek Design - Compatible with 2" PVC Vent

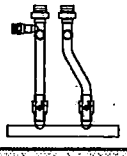
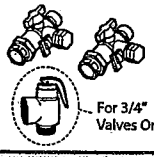
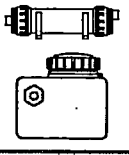
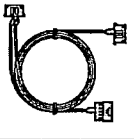
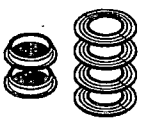


INCLUDED Illuminated Front Panel with Advanced Hydronic and DHW Operation

AHRI CERTIFIED www.ahridirectory.org

Most Efficient 2017 ENERGY STAR www.energystar.gov

ASME H · DESIGN CERTIFIED · CSA CERTIFIED · NSF Certified to NSF/ANSI 372

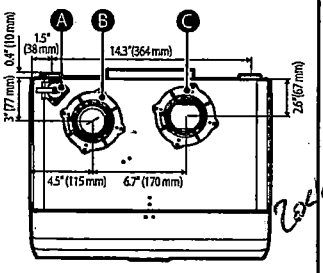
						
NCB Primary Manifold (GFFM-MCOZUS-001)	**Plumb Easy Valve Set** (30010950A - 1" Standard) (30009323A - 3/4" Lead Free) (30012581A - 3/4" for Pipe Cover)	**Condensate Neutralizer** (GXXX001322 - Single Unit) (GXXX001324 - Up to 6 Units) (GXXX001325 - Up to 16 Units)	**Ready-Link Cascade Communication Cable** (GXXX000546)	**NaviLink™ Wi-Fi Control** (PBCM-AS-001)	**SmartZone+ Pump Controller** (PFMZ-02P-001 - For 2 Zones) (PFMZ-03P-001 - For 3 Zones) (PFMZ-04P-001 - For 4 Zones) (PFMZ-06P-001 - For 6 Zones)	**3" Vent Termination Caps and Wall Flanges** (GXXX3873B)

Navien

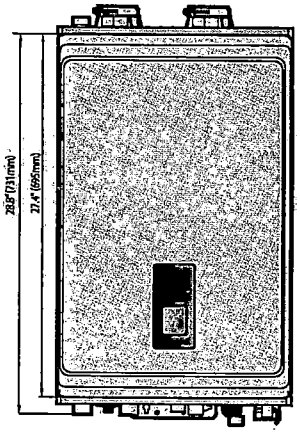
Condensing *Gas*
Combination Boiler

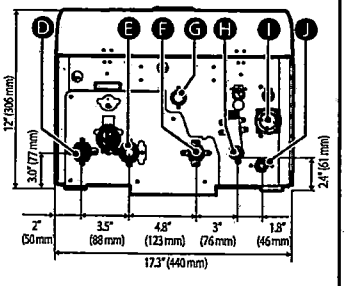
NCB Series Combination Boilers
Specification Sheet

Dimensions



Connection Size	
Ⓐ Pressure Relief Valve Adapter	Φ 3/4"
Ⓑ Air Intake	Φ 2"
Ⓒ Exhaust Gas Vent	Φ 2"





Connection Size	
Ⓓ Heating Supply Outlet	Φ 1"
Ⓔ Heating Return Inlet	Φ 1"
Ⓕ DHW Hot Water Outlet	Φ 3/4"
Ⓖ Gas Supply Inlet	Φ 3/4"
Ⓗ DHW Cold Water Inlet	Φ 3/4"
Ⓘ Condensate Outlet	Φ 1/2"
Ⓙ Auto Feeder Inlet	Φ 1/2"

Navien Combination Boiler Space Heating Ratings

AHRI CERTIFIED

Model Number[1]	Heating Input, MBH		Heating Capacity[2], MBH	Net AHRI Rating, Water[3], MBH	AFUE[2], %	Other Specifications: Water Pressure	Other Specifications: Water Connection Size (Supply, Return)
	Min	Max					
NCB-150E	12	60	56	49	95.0	12-30 psi	1 in NPT
NCB-180E	14	80	75	65	95.0		
NCB-210E	18	100	94	82	95.0		
NCB-240E	18	120	112	97	95.0		

1 Ratings are the same for Natural Gas models converted to Propane use.
2 Based on U.S. Department of Energy (DOE) test procedures.
3 The NET AHRI Water Ratings shown are based on a piping and pickup allowance of 1.15. Consult Navien before selecting a boiler for installations having unusual piping and pickup requirements, such as intermittent system operation, extensive piping systems, etc.

Specifications

Item		NCB-150E	NCB-180E	NCB-210E	NCB-240E
Gas Input	Space Heating	12,000-60,000 BTU/H	14,000-80,000 BTU/H	18,000-100,000 BTU/H	18,000-120,000 BTU/H
	Domestic Hot Water	12,000-120,000 BTU/H	14,000-150,000 BTU/H	18,000-180,000 BTU/H	18,000-199,900 BTU/H
Flow Rate (DHW)	77°F (43°C) Temp Rise	2.6 GPM (9.8 L/m)	3.4 GPM (12.9 L/m)	4.0 GPM (15.1 L/m)	4.5 GPM (17.0 L/m)
Dimensions		17"(W) x 28"(H) x 12"(D)	17"(W) x 28"(H) x 12"(D)	17"(W) x 28"(H) x 12"(D)	17"(W) x 28"(H) x 12"(D)
Weight		66 lbs (30kg)	74 lbs (34kg)	84 lbs (38kg)	84 lbs (38kg)
Installation Type		Indoor Wall-Hung			
Venting Type		Forced Draft Direct Vent			
Ignition		Electronic Ignition			
Water Pressure (Hydronic/DHW)		12-30 PSI / 15-150 PSI			
Natural Gas Supply Pressure (from source)		3.5"-10.5" WC			
Propane Gas Supply Pressure (from source)		8.0"-13.5" WC			
Natural Gas Manifold Pressure (min-max)		-0.08" WC to -0.34" WC	-0.07" WC to -0.66" WC	-0.05" WC to -0.36" WC	-0.06" WC to -1.2" WC
Propane Gas Manifold Pressure (min-max)		-0.08" WC to -0.30" WC	-0.06" WC to -0.62" WC	-0.1" WC to -0.66" WC	-0.03" WC to -0.98" WC
Minimum Flow Rate (DHW)		0.5 GPM (1.9 L/m)			
Connection Sizes	Heating Supply/Return	1" NPT			
	DHW Inlet/Outlet	3/4" NPT			
	Gas Inlet	3/4" NPT			
	Auto Feeder	1/2" NPT			
	Condensate Outlet	1/2" NPT			
Power Supply	Main Supply	120V AC, 60Hz			
	Maximum Power Consumption	200W (up to 2 amperes)			
Materials	Casing	Cold Rolled Carbon Steel			
	Heat Exchangers	Primary/Secondary Heat Exchanger: Stainless Steel DHW Heat Exchanger: Stainless Steel			
Venting	Exhaust	2" or 3" PVC, CPVC, Approved Polypropylene 2" or 3" Special Gas Vent Type BH (Class II, A/B/C)			
	Intake	2" or 3" PVC, CPVC, Polypropylene 2" or 3" Special Gas Vent Type BH (Class II, A/B/C)			
	Vent Clearances	0" to Combustibles			
Safety Devices		Flame Rod, APS, Gas Valve Operation Detector, Ignition Operation Detector, Water Temperature High Limit Switch, Exhaust Temperature High Limit Sensor			

Navien reserves the right to change specifications at any time without prior notice