



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is *Exempt from Release* under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information *MUST* be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 828

LOT 19

QUALIFICATION CODE

ADDRESS (SITE) 1624 Harvard Avenue

PERMIT NO.

21-3030



CONSTRUCTION PERMIT APPLICATION

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

C21-004050

I. IDENTIFICATION

1. Proposed Work Site at: 1624 Harvard Avenue Brick, NJ 08724

2. Name of Owner in Fee: Charles A. Kaiser

Tel. [REDACTED]

e-mail [REDACTED]

Address SAME

3. Ownership in Fee: Public ☐ Private ☒ X

4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservi

East Brunswick, NJ 08816

License No. OR, if new home, Builder Reg. No. 12777 / 1694 Exp. Date

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

Federal Emp. ID No. 843313183 FAX: (732) 390-3793

5. Architect or Engineer Contact

Address e-mail

Tel. FAX:

6. Responsible Person in Charge once Work has Begun Joseph Todaro

Tel. (732) 390-3725 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$15000		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices	Mech 12500		
6. Subtotal			
7. Less 20% for State Plan Review \$			
8. Subtotal	\$1900		
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$20400		

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

Replace Boiler

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
3,000								
6,700								
500								

SUBCODES

(Check all that apply)

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

TOTAL COST \$10,200

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

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

RECEIVED

BUILDING

OCT 18 2021

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electric, Inc

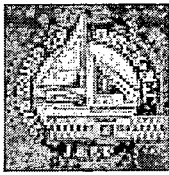
Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-3725

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 12/17/2021
Control Number C-21-004050
Permit Number 21-3030
Permit Issue Date 11/19/2021
Certificate Number 21-3030

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1624 HARVARD AVE. Brick Township, NJ Block: 828 Lot: 19 Qual: _____
Owner in Fee: KAISER, CHARLES A.
Owner Address: 1624 HARVARD AVE BRICK NJ 08724
Telephone: [REDACTED]
Contractor GOLD MEDAL PLUMBING HEATING/COOLING ELECTRIC INC
Address 11 COTTERS LN EAST BRUNSWICK NJ 08816
Telephone: (732) 390-3725 Fax: (732) 390-3791 Federal Emp. Number: 830-357354
License Number or Builders Registration 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:

David Newman Jr

Construction Official

Date Printed: 12/17/2021

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

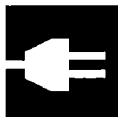
Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 828 Lot 19 Qualification Code _____

Work Site Location 1624 Harvard Avenue
Brick, NJ 08724

Owner in Fee: Charles A. Kaiser

Tel. _____ e-mail _____

Address SAME street municipality zip code

Contractor: Gold Medal Service, LLC Tel. (732) 390-3725

Address 11 Cotters Lane e-mail: permits@goldmedalservice.

East Brunswick, NJ 08816

Contractor License No. 18342 Exp. Date _____

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

Federal Emp. ID No. 843313183 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Rough	_____	_____	_____	_____
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: <u>12-8-21</u>		Annual Pool Inspection	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		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: _____

Print name here: Joseph Toparo

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace boiler

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
<u>1</u>	_____	Receptacles
<u>1</u>	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
<u>2</u>	_____	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
<u>1</u>	_____	<u>Boiler</u>

FEE (Office Use Only)

\$ _____

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



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

11/19/21
21-3030

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

Block 828 Lot 19 Qualification Code _____

Work Site Location 1624 Harvard Avenue
Brick, NJ 08724

Owner in Fee: Charles A. Kaiser

Tel. _____ e-mail _____

Address same

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservice.c
East Brunswick, NJ 08816

Contractor License No. or Builder Registration No. 12777 / 1694 Exp. Date _____

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

Federal Emp. ID No. 843313183 FAX: (732) 390-3793

B. MECHANICAL CHARACTERISTICS

Use Group Present: _____ Proposed: _____
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 \$ 6,700

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Gas Piping	_____	_____	_____	_____
☐ Mechanical Plans Approved		Appliance	_____	_____	_____	_____
Date: _____ Approved by: _____		Chimney/Vent	_____	_____	_____	_____
Joint Plan Review Required:		Oil Piping	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.		Oil Tank	_____	_____	_____	_____
☐ Elev.		LPG Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Hydronic Piping	_____	_____	_____	_____
Date: _____		Fireplace	_____	_____	_____	_____
Approved by: _____		Chimney Cert.	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Other <u>final</u>	_____	_____	_____	_____
☒ CA ☐ CCO						
Date: <u>12-10-2021</u>						
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Joe Todaro

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace boiler

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
<u>1</u>	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

FEE (Office Use Only)

\$ _____

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



CONSTRUCTION PERMIT

Date Issued 11/19/11
Control # C-21-004050
Permit # 91-3050

IDENTIFICATION Block: 828 Lot: 19 Qualifier
Work Site Location: 1624 HARVARD AVE. Brick Township, NJ Contractor GOLD MEDAL PLUMBING HEATING/COOLING
Address 11 COTTAGE LN EAST BRUNSWICK NJ 08816
Owner in Fee KAISER, CHARLES A. Telephone: (732) 390-3725
1624 HARVARD AVE BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. 13VH02738600 9734 19HC00169400
Telephone: [REDACTED] Federal Employee No. 830-357354

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

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 \$9,700

Construction Official

Date 11/14/11

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$19
CO Fee	
Other	\$0
Total	\$294
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



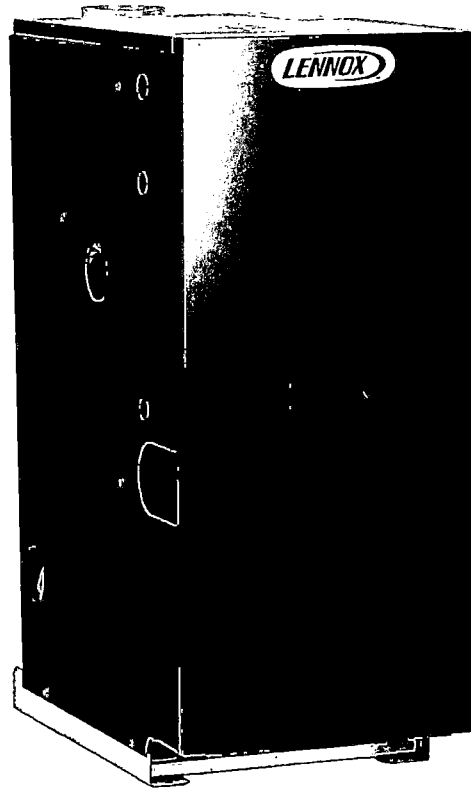
**RESIDENTIAL
PRODUCT SPECIFICATIONS**

WATER HEATING / BOILERS

GWB84-E

Gas-Fired Water Boiler - 60 Hz

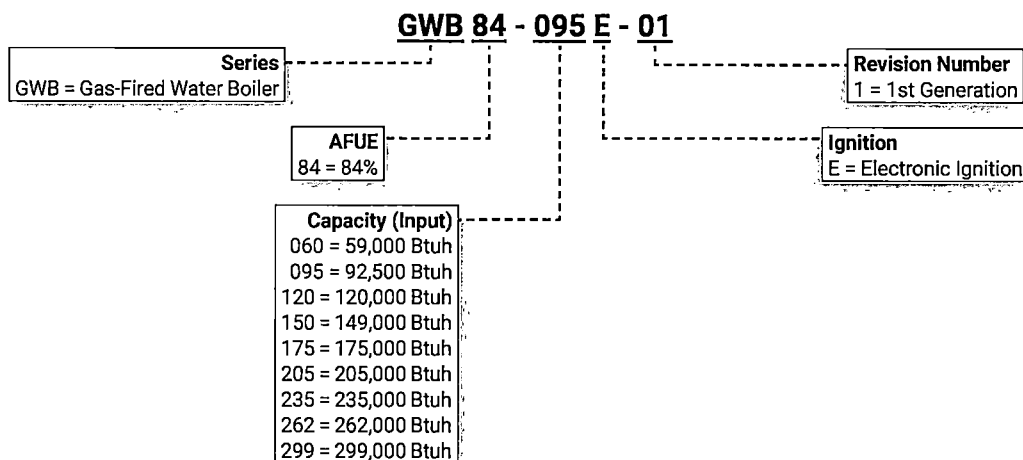
Bulletin No. 210926
January 2021



(NOTE - GWB84-060 through 235
models shown)

AFUE - 84.0%
Heating Input - 59,000 to 299,000 Btuh

MODEL NUMBER IDENTIFICATION



SPECIFICATIONS

Model No.		GWB84-060E	GWB84-095E	GWB84-120E	GWB84-150E	GWB84-175E	
Gas Heating Performance	Heating capacity input - Btuh	59,000	92,500	120,000	149,000	175,000	
	Heating capacity output - Btuh	50,000	78,000	101,000	125,000	147,000	
	¹ Net AHRI rating - Btuh	43,000	68,000	88,000	109,000	128,000	
	² AFUE	84.0%	84.0%	84.0%	84.0%	84.0%	
Boiler Data	Number of boiler sections	3	4	5	6	7	
	Boiler capacity - U.S. gallons	1.9	2.3	2.8	3.2	3.7	
Connections in.	Flue Size diameter (round)	4	5	6	6	7	
	Gas piping size I.P.S.	Natural gas	1/2 NPT	1/2 NPT	1/2 NPT	1/2 NPT	1/2 NPT
		LPG/Propane	1/2 NPT	1/2 NPT	1/2 NPT	1/2 NPT	1/2 NPT
	Water supply and return size	1-1/4 NPT	1-1/4 NPT	1-1/4 NPT	1-1/4 NPT	1-1/4 NPT	
	Drain connection size	3/4 NPT	3/4 NPT	3/4 NPT	3/4 NPT	3/4 NPT	
Electrical characteristics		120 volts - 60 hertz - 1 phase (less than 12 amps)					
Shipping Data	lbs. - 1 package	215	250	295	335	385	

¹ Net AHRI ratings indicate the amount of heat each boiler will produce under normal conditions and thermostatic control.

AHRI water ratings are based on an allowance of 1.15 in accordance with the factors shown in the Operations Manual of the AHRI Residential Boilers Certification Program.

Selection of boiler size should be based on "Net AHRI Rating" being equal to or greater than the calculated heat loss of the building.

² Heating Capacity and AFUE (Annual Fuel Utilization Efficiency) based on US DOE test procedures and FTC labeling regulations.

SPECIFICATIONS

Model No.		GWB84-205E	GWB84-235E	GWB84-262E	GWB84-299E	
Gas Heating Performance	Heating capacity input - Btuh	205,000	235,000	262,000	299,000	
	Heating capacity output - Btuh	172,000	197,000	221,000	251,500	
	¹ Net rating - Btuh	150,000	172,000	192,000	219,000	
	² AFUE	84.0%	84.0%	84.0%	84.0%	
Boiler Data	Number of boiler sections	8	9	8	9	
	Boiler capacity - U.S. gallons	4.1	4.6	10.3	11.6	
Connections in.	Flue Size diameter (round)	7	7	7	7	
	Gas piping size I.P.S.	Natural gas	3/4 NPT	3/4 NPT	1/2 NPT	1/2 NPT
		LPG/Propane	3/4 NPT	3/4 NPT	1/2 NPT	1/2 NPT
	Water supply and return size	1-1/4 NPT	1-1/4 NPT	1-1/4 NPT	1-1/4 NPT	
	Drain connection size	3/4 NPT	3/4 NPT	3/4 NPT	3/4 NPT	
Electrical characteristics		120 volts - 60 hertz - 1 phase (less than 12 amps)				
Shipping Data		lbs. - 1 package	420	465	651	722

¹ Net AHRI ratings indicate the amount of heat each boiler will produce under normal conditions and thermostatic control.

AHRI water ratings are based on an allowance of 1.15 in accordance with the factors shown in the Operations Manual of the AHRI Residential Boilers Certification Program.

Selection of boiler size should be based on "Net AHRI Rating" being equal to or greater than the calculated heat loss of the building.

² Heating Capacity and AFUE (Annual Fuel Utilization Efficiency) based on US DOE test procedures and FTC labeling regulations.

732-262-1030

Replace boiler

View Important Coronavirus Updates

TAX BOARD

\$10,200

Tax List Details - Current Year			
Municipality:	Brk	Deed date:	6/5/1990
Owner:	KAISER, CHARLES A.	Block:	828
Mailing address:	1624 HARVARD AVE	Lot:	19
City/State:	BRICK, NJ 08724	Qual:	
Location:	1624 HARVARD AVE.		
Prop class:	2	Land val:	111,700
Bldg desc:	1SF 0544	Improvement val:	52,500
Land desc:	50X150	Exemption 1:	
Addtl lots:		Exemption 2:	
Zone:	R75	Exemption 3:	
Map:	45.2	Exemption 4:	
Year blt:	1940	Net value:	164,200
Book/page:	4840/877	Last yr taxes:	3873.48
Sale price:	92,000	Prev block:	00828 17
Nonusable code:		Prev lot:	00019
Spcl tax codes:	F02, , ,	Prev qual:	
Exmt Prop Code	000	Init/Fur file date	NA / NA
Statue:		Facility:	

Assessment History				
Year	Prop cls	Land Value	Imprv Val	Net Val
2020	2	111,700	52,500	164,200
2019	2	111,700	52,500	164,200
2018	2	111,700	52,500	164,200
2017	2	111,700	52,500	164,200

Cama Details			
Type/use:	One Family	Story hgt:	1 Story
Design:	Ranch	Roof type:	Gable
Roof mtrl:	Asphalt Shingle	Ext Finish:	Wood Shingle
Foundation:	Block/Concrete	Basement:	76
Heating src:	Gas	Heat system:	HotWtr BB
Electric:	Adequate	A/C:	None
Plumbing:			
Fireplace:	1 Story(1)	SFLA:	544
Attic area:	0	Unf area:	0
# bedrooms:	1	# bathrooms:	1
Attchd items:	Open Porch, Encl Porch, Open Porch	Total # rooms:	4
Detchd items:			

Sr1a Details			
Prop loc:	1624 HARVARD AVE.		
Book/page:	4840/877	Deed date:	6/5/1990
Sales price:	92,000	Year built	1940



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 828 LOT 19 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1624 Harvard Avenue Brick, NJ 08724

Owner in Fee Charles A. Kaiser

Verifying Individual Joseph Todaro

Company Gold Medal PHCE

Address 11 Cotters Lane

East Brunswick

NJ

08816

Street

City

State

Zip Code

Tel: (732) 390-3725

Fax: (732) 390-3793

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster

Size 6"

- ☐ Chimney-Interior
☒ Chimney-Exterior
☒ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type
Appliance 1: Boiler

Fuel Type
Oil / Gas / Other: _____

BTU Rating (input/hour)
95K

Appliance 2: Water Heater

Oil / Gas / Other: _____

40K

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 10/14

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.