

BLOCK

1170.06 lot 8.

QUALIFICATION CODE

ADDRESS (SITE)

179 John St. Brck

PERMIT NO.

17-1260



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 179 John St. Brck.

2. Name of Owner in Fee: Lerner

Tel. (908) 461-8723 e-mail _____

Address 8 APT street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: T. Garm Tel. (732) 9205721

Address 409 Crosswicks Turn e-mail _____
Brck

License No. OR, if new home, Builder Reg. No. 9677 Exp. Date 4/17

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

Federal Emp. ID No. 22-3767862 FAX: (732) 9200334

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun T. Garm

Tel. (732) 9205721 FAX: (732) 9200334

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
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 ☐ 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

TOTAL COST

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
1990								

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.

Agent Name Thomas Garm

Address 409 Crosthwaite

Buck NJ

Telephone (732 920 5721)

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

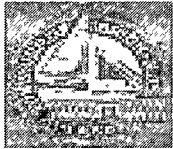
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning 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	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. _____	_____	_____	_____	_____

04-14-17 not in flood zone.

4/17/17 Called Garon T (Barbua) Ready for plw 



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/11/2017
Control Number C-17-001539
Permit Number 17-1250
Permit Issue Date 4/21/2017
Certificate Number 17-1250

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 179 JOHN ST. Brick Township, NJ Block: 1170.06 Lot: 8 Qual: _____
Owner in Fee: LERNER
Owner Address: 179 JOHN STREET BRICK NJ 08724
Telephone: (908) 461-8723
Contractor GARON T PLUMBING LLC
Address 409 CRESTVIEW TERR BRICK NJ 08723
Telephone: (732) 920-5721 Fax: _____
License Number or Builders Registration Number: 9677 Federal Emp. Number: 22-3767562

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: WATER HEATER

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

Date Printed: 5/11/2017

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received
Control #

4/21/17

Date Issued
Permit #

17-1250

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

Block 1170.06 Lot 8 Qualification Code _____
Work Site Location 179 John St. Brck

Owner in Fee: Lerner
Tel. 908-461-8783 e-mail _____

Address 5 A.A.
street municipality zip code

Contractor: T. Genn Tel. 732 9205721

Address 409 Crestview Ter e-mail _____
Brck

Contractor License No. or Builder Registration No. 9677 Exp. Date 10/17

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

Federal Emp. ID No. 22 3767562 FAX: 732 9200334

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 \$ 1990.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required ADP

[] 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

[] CA [] CCO

Date: 5-10-17

Approved by: [Signature]

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other FINANC

DATES

Failure

Failure

Approval

Initial

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: [Signature]

Print name here: Thomson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 40 gal. gas hwh

NO.

1

FIXTURE/EQUIPMENT

Water Heater (gas)

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

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 4/21/17
Control # C-17-001539
Permit # 17-1850

IDENTIFICATION Block 1170.06 Lot 8 Qualifier _____
Work Site Location 179 JOHN ST. Brick Township, NJ Contractor GARON T PLUMBING LLC
Owner in Fee LERNER Address 409 CRESTVIEW TERR BRICK NJ 08723
179 JOHN STREET BRICK NJ 08724 Telephone (732) 920-5721
Telephone: (908) 461-8723 Lic No or Bldrs Reg No. 9677 9677 9677
Federal Employee No. 22-3767562

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:

WATER HEATER

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 \$1,990

D. J. Hunsicker Jr.
Construction Official

4/17/17
Date

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	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$129
Check No.	<u>10577</u>
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.



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received
Control #

4/21/17

Date Issued
Permit #

17-1250

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

Block 1170-DIR Lot 6 Qualification Code _____
Work Site Location 179 John St. Kuch

Owner in Fee: Lerner

Tel. 908-441-5783 e-mail _____

Address 544 street municipality zip code

Contractor: T. G. G. G. Tel. 132 970-131

Address 404, 1st St. Kuch e-mail _____

Contractor License No. or Builder Registration No. 9677 Exp. Date 12/17

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

Federal Emp. ID No. 32 3767502 FAX: 132 9250334

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 \$ 1900 w

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES			
☒ No Plans Required		Type:	Failure	Failure	Approval	Initial	
☐ Mechanical Plans Approved		Gas Piping	_____	_____	_____	_____	
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____	
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____	
☐ Bldg ☐ Elec. ☐ Plumb. ☐ Fire.		Oil Piping	_____	_____	_____	_____	
☐ Elev.		Oil Tank	_____	_____	_____	_____	
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____	_____	
Date: _____		Hydronic Piping	_____	_____	_____	_____	
Approved by: _____		Fireplace	_____	_____	_____	_____	
SUBCODE APPPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____	
☐ CA ☐ CCO		Other _____	_____	_____	_____	_____	
Date: _____							
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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 40 gal. gas hot water heater

NO

FIXTURE/EQUIPMENT

FEE (Office Use Only)

1

Water Heater

\$ _____

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration 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 \$ _____

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

☐ CA ☐ CCO

Date: _____

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other _____

DATES

Failure

Failure

Approval

Initial

Date Received

Control #

Date Issued

Permit #

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Home /AO Smith XCRL-40 40 Gallon - 40,000 BTU ProMax Plus High Efficiency Residential Gas Water Heater - Short Model, Nat Gas



Zoom

AO Smith XCRL-40 40 Gallon - 40,000 BTU ProMax Plus High Efficiency Residential Gas Water Heater - Short Model, Nat Gas



Be the first to review this product

SKU: SMIXCRL40

27 In Stock. Ships in 1-3 Business Days.

[Click Here](#) for shipping cost by destination



Add to Wishlist



[Details](#) [Additional Info](#) [Reviews](#) [Specification Sheets](#)

AO Smith XCRL-40 ProMax 40-Gallon Gas Water Heater

The ProMax 300/301 Series gas water heater is designed to deliver an economical performance that can lower your energy bills and also provide long-lasting value. Featuring a 40-gallon tank and a 40,000 BTU gas burner, the XCRL-40 Standard Vent delivers a first hour rating of 70 gallons and a recovery rate of 41 gallons per hour. With an 0.62 Energy Factor, this water heater is not ENERGY STAR qualified. It carries a 10-year limited tank warranty, and meets Low NOx emission requirements.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 117006 LOT 8 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 179 John St. Brck
Owner in Fee Lerner
Verifying Individual J. GARN Company Garn T. Plbg & Htg LLC
Address 469 Crestview Dr. Brck NJ 08723
Tel: (732) 920 5721 Fax: (732) 920 0334

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 4"

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined

☒ Other Masonry clay lined

Type

Fuel Type

Appliance 1: hot water heater Oil / Gas / Other: gas
Appliance 2: _____ Oil / Gas / Other: _____
Appliance 3: _____ Oil / Gas / Other: _____

BTU Rating (input/hour)

40,000

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.

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.