BLOCK 836 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) 1668B Harvard Ave. PERMIT NO. 17-3709

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-17-004873

I. IDENTIFICATION

1. Proposed Work Site at: 1668 B Harvard Ave, aka 1672 Harvard Ave.
2. Name of Owner in Fee: Premium Enterprises LLC
   Tel. 732-278-6436 e-mail galinoa@live.com
   Address PO Box 411 (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: BODE Mech Tel. 732-237-3300
   Address 312 Hayes Ave e-mail _____
   Bayville, N.J. 08721
   License No. OR, if new home, Builder Reg. No. BIO-8957 Exp. Date 6/19
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 22-3640638 FAX: 732-237-3300
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun MARC BODE
   Tel. 732-237-3360 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. ~~Plumbing~~ Mechanical		125	
4. Fire Protection			
5. Elevator Devices			
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	$	127-	

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									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/17/2017
Control Number C-17-004873
Permit Number 17-3709
Permit Issue Date 11/6/2017
Certificate Number 17-3709

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1672 HARVARD AVE. aka 1668B HARVARD AVE. Brick Township, NJ Block: 836 Lot: 26 Qual:

Owner in Fee: PREMIUM ENTERPRISES LLC

Owner Address: PO BOX 4117 BRICK NJ 08723

Telephone: (732) 278-6436

Contractor BODE MECHANICAL

Address 312 HAYES AVE BAYVILLE NJ 08721-

Telephone: (732) 237-3300 Fax: (732) 237-3300

License Number or Builders Registration Number: BIO 8957 Federal Emp. Number: 22-3640638

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 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

Fee: $0.00
Check Number:
Collected By:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

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

(X) Check if contractor.

Agent Name BODE Mech

Address 312 Hayes Ave, Bayville, N.J. 08721

Telephone 732-237-3300

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 11/6/17
Control #
Date Issued
Permit # [redacted]

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

Block 836 Lot 26 Qualification Code

Work Site Location 1668B Harvard Ave Brick NJ 08724

aka 1672 Harvard Ave

Owner in Fee: Premium Enterprises LLC

Tel. 732 278-6436 e-mail galino@comcast.net

Address PO Box 417 Brick NJ 08723
(street) (municipality) (zip code)

Contractor: Bode Mechanical Tel. 732-237-3300

Address 312 Hayes Ave e-mail

Bayville NJ 08721

Contractor License No. or Builder Registration No. BIO-8957 Exp. Date 6/19

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

Federal Emp. ID No. 22-3640638 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 $ 850

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 APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 12-14-17
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			12/14/17	[initials]

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of re[redacted] application.

Sign here: [signature]

Print name here: Mark Bode

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Heater replacement

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 $

1 White = Inspector 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.

CONSTRUCTION PERMIT

Date Issued 11/16/17
Control # C-17-004873
Permit # 17-3709

IDENTIFICATION Block: 836 Lot: 26 Qualifier

Work Site Location: 1672 HARVARD AVE. aka 1668B HARVARD AVE.
Brick Township, NJ

Owner in Fee PREMIUM ENTERPRISES LLC
PO BOX 4117 BRICK NJ 08723

Telephone: (732) 278-6436

Contractor BODE MECHANICAL
Address 312 HAYES AVE BAYVILLE NJ 08721-
Telephone: (732) 237-3300
Lic. No. or Bldrs. Reg. No. BIO 8957 BIO 8957 BIO 8957
Federal Employee. No. 22-3640638

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 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 $850

Daniel F Newman (MFF)
Construction Official

10/1/17
Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$127
Check No.	2034
Cash	$0
Credit	$0
Collected By	M. Tugin

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.

#3709
MECH $125.00
$2.00
CHECK $127.00

☑ 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 836 LOT 26 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1668 B Harvard Ave Brick NJ 08724

Owner in Fee Premium Enterprises LLC

Verifying Individual Mark BODE Company BODE Mech

Address 312 Hayes Ave (Street) Bayville (City) NJ (State) 08721 (Zip Code)

Tel: (732) 237-3300 Fax: (732) 237-3300

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:

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

Size 8"

- [X] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water Heater	Oil / (Gas) / Other:	38,000.00
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 10-20-17 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.

COMMERCIAL-GRADE
RESIDENTIAL GAS WATER HEATERS

PROLINE® ATMOSPHERIC VENT
COMMERCIAL-GRADE RESIDENTIAL

INTELLIGENT CONTROL LOGIC*
- The internal microprocessor provides enhanced operating parameters and tighter differentials for precise sensing and faster heating response to optimize performance.
- Uses a thermopile to generate the power needed to operate the electronic gas control without requiring an external power source.
- The electronic gas control incorporates an LED status indicator that monitors system operation and service diagnostics.
- *Not available on 60,000 BTU input models (GCRX-50 and GCRX-55).

GREEN CHOICE® GAS BURNER
- Patented eco-friendly burner design reduces NOx emissions by up to 33% and complies with Low-NOx emission requirements of less than 40 ng/J.

DYNACLEAN™ DIFFUSER DIP TUBE
- Reduces lime and sediment buildup and maximizes hot water output. Made from long-lasting PEX cross-linked polymer.

COREGARD™ ANODE ROD
- Our anode rods have a stainless steel core that extends the life of the anode rod allowing superior tank protection far longer than standard anode rods.

PUSH-BUTTON PIEZO IGNITOR
- Makes lighting the pilot fast and easy with one-hand push-button spark ignition.

HEAT TRAP NIPPLES
- Factory-Installed for faster installation.

BLUE DIAMOND® GLASS COATING
- Provides superior corrosion resistance compared to industry standard glass lining.

ENHANCED-FLOW BRASS DRAIN VALVE
- Our residential water heaters have a solid brass, tamper resistant, enhanced-flow, ball type, drain valve.
- Uses a standard female hose fitting that allows for fast and easy draining during maintenance.
- Designed for easy operation, this valve includes an integral screwdriver slot that features a 1/4 turn (open/close) radius, which not only permits full straight-through water flow but also a quick and positive shut off.

CODE COMPLIANCE
- Meets UBC, CEC and HUD National Codes.
- Meets the thermal efficiency and standby loss requirements of the U. S. Department of Energy and current edition of ASHRAE/IES 90.1.
- Complies with the Federal Energy Conservation Standards effective April 16, 2015, in accordance with the Energy Policy and Conservation Act, (EPCA), as amended.

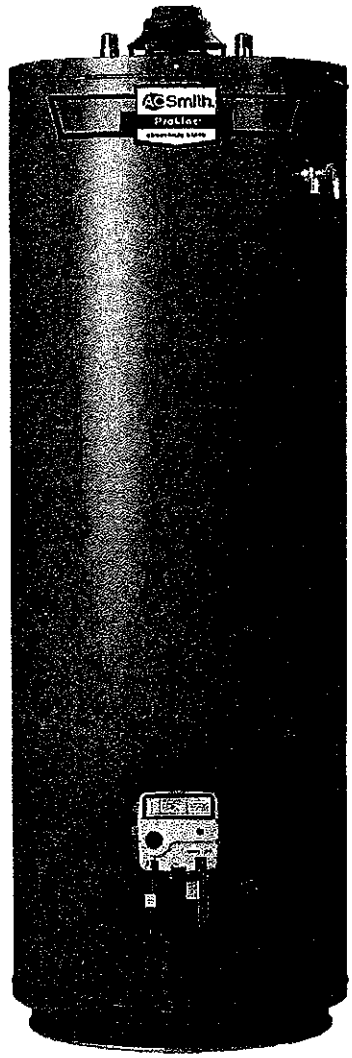
HIGH ENERGY FACTORS
- Eco-Friendly non-CFC foam insulation, external heat traps and specially designed combustion chamber combine to produce a high Energy Factor for maximum savings on operating costs.

CSA CERTIFIED AND ASME RATED T&P RELIEF VALVE

MAXIMUM HYDROSTATIC WORKING PRESSURE 150 PSI

DESIGN-CERTIFIED BY CSA INTERNATIONAL
- Certified at 300 PSI test pressure and 150 PSI working pressure. Listed according to ANSI Z21.10.1-CSA 4.1 standards governing storage tank-type gas water heaters.

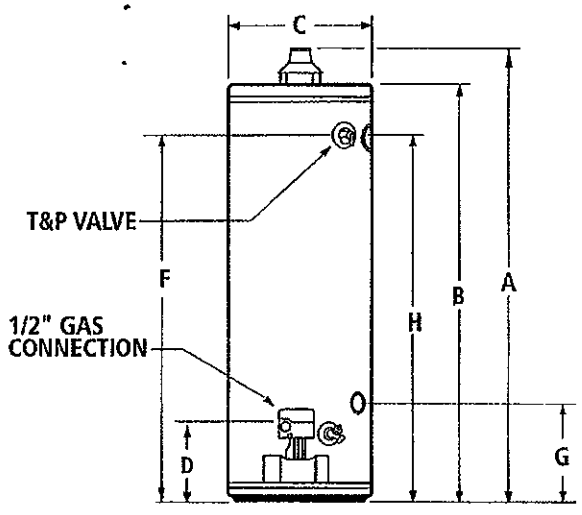
6-YEAR LIMITED TANK AND PARTS WARRANTY
- For complete information, consult written warranty or go to hotwater.com



COMMERCIAL-GRADE
RESIDENTIAL GAS WATER HEATERS

Model Number	Gallon Capacity	First Hour Rating Gallon	Energy Factor	BTU Input Natural Gas	BTU Input Propane Gas	Recovery 90°F Rise Gallon Per Hour	Dimensions in Inches									Approx. Shipping Weight (lbs)
							A	B	C	D	E	F	*G	*H	Draft Hood	
Tall Models																
†GCB-30	30	64	0.63	35,500	32,000	37	61-1/2	58	16	12-1/4	8	51-3/4	N/A	N/A	3 or 4	123
GCR-30	30	67	0.63	35,500	32,000	37	61-1/2	58	18	12-1/4	8	51-3/4	N/A	N/A	3 or 4	132
‡GCRH-40	40	67	0.62	35,500	N/A	38	61-3/4	58-1/4	20	12-1/4	8	52	N/A	N/A	3 or 4	138
†GCB-40	40	70	0.62	40,000	36,000	42	61-3/4	58-1/4	18	12-1/4	8	52	N/A	N/A	3 or 4	130
GCR-40*	40	70	0.62	40,000	36,000	42	61-3/4	58-1/4	20	12-1/4	8	52	14-1/4	51-3/4	3 or 4	138
GCG-50*	50	88	0.60	40,000	37,000	41	60-3/4	57-1/4	21	12-1/4	8	50 1/2	14-1/4	50-1/2	3 or 4	148
GCR-50*	50	88	0.62	40,000	37,000	43	60-3/4	57-1/4	22	12-1/4	8	50-1/2	14-1/4	50-1/2	3 or 4	165
GCRT-50*	50	92	0.60	50,000	45,000	54	60-3/4	57-1/4	22	12-1/4	8	50-1/2	14-1/4	50-1/2	4	165
†GCRX-50*	50	98	0.60	60,000	54,000	65	65-1/2	61	22	13-1/2	8	54-1/4	14-1/4	54-1/4	4	182
GCRX-55*	55	106	0.59	60,000	54,000	65	59-3/4	55-1/4	24	13-1/2	8	48	14-1/4	48	4	185
Short Models																
†GCBL-30	30	56	0.63	35,500	32,000	37	50	46-1/2	18	12	8	40	N/A	N/A	3 or 4	110
GCRL-30	30	62	0.63	35,500	32,000	37	50	46-1/2	20	12	8	40	N/A	N/A	3 or 4	118
†GCBL-40	40	67	0.62	40,000	36,000	41	51-1/2	48	20	12	8	41-1/4	N/A	N/A	3 or 4	134
GCRL-40	40	68	0.62	40,000	36,000	41	51-1/2	48	22	12	8	41-1/4	N/A	N/A	3 or 4	135
GCRL-50	50	93	0.60	40,000	40,000	43	53-1/4	49-3/4	24	12	8	41-3/8	N/A	N/A	3 or 4	177

Recovery capacities based on actual performance tests.
Water connection is 3/4" on all models
†Models ship with supplied insulation blanket.
For 10-year tank and 6-year parts warranty, change "G" to "X" in model number (example: XGCR-30).
‡ LP models not available on GCRH-40.
*For optional side-mounted recirculating taps, add "L" to the suffix (example: GCR-40L).
All models approved for installation from sea level to 10,100 ft. elevation.
Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

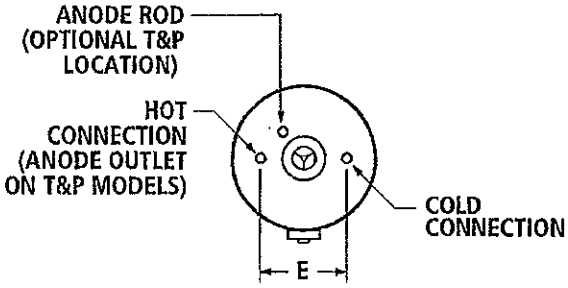


Maximum Hydrostatic Working Pressure: 150 PSI

FLAMMABLE VAPOR IGNITION RESISTANT (FVIR) WATER HEATERS

A. O. Smith FVIR design meets the American National Standards Institute standards (ANSIZ21.10.1-CSA 4.1) that deal with the accidental or unintended ignition of flammable vapors, such as those emitted by gasoline.

Features a sealed combustion chamber with intake air filter and a flame arrestor built into the water heater base. In addition, a thermal cutoff (TCO) device, is designed to shut off gas flow to the burner and pilot if poor combustion is detected.



For technical information call 800-527-1953. A. O. Smith Corporation reserves the right to make product changes or improvements without prior notice.