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.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 832 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 1646 Tilford Blvd PERMIT NO. 14-2263

CONSTRUCTION PERMIT APPLICATION C-13-00504

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1646 Tilford Blvd
2. Name of Owner in Fee: Dawn Snyder
   Tel. [redacted] e-mail _____
   Address _____ (street) Brick (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
5. NJR Home Services
   1415 Wyckoff Rd., Wall NJ 07719
   Tel. 1.877.466.3657 Fax. 732-938-3010
   Contractor License No. 13VH00361500
   Federal Employee No. 22-3609806
6. JOSEPH MARAZZO TEL. 732-919-8090

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical	120		
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	$ 2		
11. Cert. of Occupancy			
12. Other	160		
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)

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		JAN	23 2013						
☐ Electrical					1-29-13	JT			
☐ Plumbing				1/24/13	3-7-14				
☐ 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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/16/14
Control #

Date Issued
Permit # 14-2263

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

Block 832 Lot 7 Qualification Code

Work Site Location 1646 Tilford Blvd
Brick

Owner in Fee: Dawn Snyder

Tel. ([redacted]) e-mail

Address
street municipality zip code

Contractor: NJR Plumbing Services Tel. (732) 938-1155

Address 1415 Wyckoff Road
Wall NJ 07719 e-mail

Contractor License No. 9692 Exp. Date 6/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present x Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 3-7-14 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-7-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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: Ed Fyles

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
direct repalcmnt of gas boiler & backflow prev

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/16/14
Control #
Date Issued
Permit # 14-2263

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

Block 832 Lot 7 Qualification Code

Work Site Location 1646 Tilford Blvd
Brick

Owner in Fee: Dawn Snyder

Tel. ([redacted] e-mail

Address
street municipality zip code

Contractor: NJR HOME SERVICES Tel 732(938-1105

Address 1415 WYCKOFF RD e-mail
WALL, NJ 07719

Contractor License No. 12312 Exp. Date 8/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH00361500

Federal Emp. ID No. 22-3609806 FAX 732(938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group Present x Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1-29-31
Approved by: JT
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Print name here: Daniel J Neary

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
direct replacmnt of gas boiler

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		boiler	

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

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

CONSTRUCTION PERMIT

Date Issued 7/16/14
Control # C-13-000504
Permit # M-3263

IDENTIFICATION Block: 832 Lot: 7 Qualifier

Work Site Location: 1646 TILFORD BLVD Brick Township, NJ

Owner in Fee: SNYDER, DAWN E
1646 TILFORD BLVD BRICK NJ 08724

Telephone:

Contractor: NJR PLUMBING SERVICES
Address: 1415 WYCKOFF RD WALL NJ 07719

Telephone: (732) 938-1155
Lic. No. or Bldrs. Reg. No. 36BI00969200
Federal Employee. No. 22-3609806

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:

BOILER

Note: If constuction 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 $1,200

Daniel F Newman Jr
Construction Official

3/7/14
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$120
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$162
Check No.	3454
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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 832 Lot 7 Qualification Code

Work Site Location 1646 Tilford Blvd
Brick

Owner in [redacted] Dawn Snyder

Tel. ([redacted] e-mail

Address

Contractor: NJR HOME SERVICES (street / municipality) Tel. (732) 919-8090 (zip code)

Address 1415 WYCKOFF RD e-mail
WALL NJ 07719

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing
[X] OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 600.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: direct replacmnt of gas boiler
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 832 LOT 7 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1446 Tilford Blvd

Owner in Fee Dawn Snyder

Verifying Individual Joseph Marazzo Company NJR Home Services

Address 1415 Wyckoff Rd (Street) Wall (City) 07719 (State / Zip Code)

Tel: (732) 919-8172 Fax: (732) 938-3010

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 _____

- [ ] 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: Gas	133K
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 1/17/13 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.

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark, NJ 07102

JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

November 27, 2012

TO WHOM IT MAY CONCERN

Our records indicate that the holder of License and Business Permit No.12312A has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

Daniel J. Neary
NJR Home Services
1415 Wyckoff Road
Wall, NJ 07719

This letter will be rendered invalid 180 days after the date of its issuance.

Sincerely,

David Freed
Acting Executive Director

DF:es

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

NJR Home Services Company
Joseph Marazzo
1415 Wyckoff Road
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/08/2012 TO 12/31/2013
VALID

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

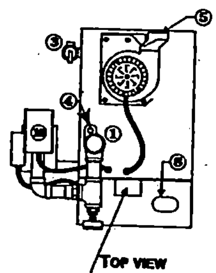
Ratings

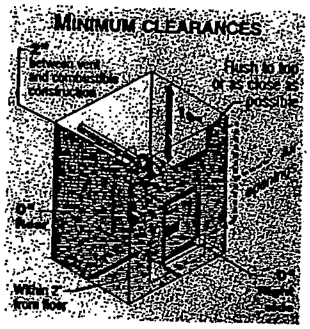
Boiler model number	DOE Heating capacity Btuh (Note 1)	Input Btuh	Output Btuh	Net I=B=R ratings (Note 2)	Boiler water content gallons	DOE Seasonal efficiency (AFUE)	Direct exhaust vent size (Note 3)	Chimney draft vent size
CGt-PIN	108,000	133,000	108,000	94,000	3.1	81.0	3"	5"
	Tankless heater: Connections ¾" NPT I=W=H Intermittent Draw Rating = 2.6 GPM (40 – 140°F with 200°F in boiler)							
Notes	1. Based on standard test procedures prescribed by the United States Department of Energy. 2. Net I=B=R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pickup. Ratings are based on a piping and pickup allowance of 1.15. An additional allowance should be made for unusual piping and pickup loads. 3. Direct exhaust CGt boilers require special venting, consistent with Category III boilers. Use only the vent materials and methods specified in this manual. Chimney draft vented CGt boilers may use type B vent or other materials suitable for venting Category I boilers.							

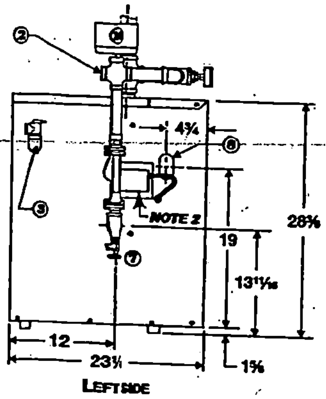
Dimensions

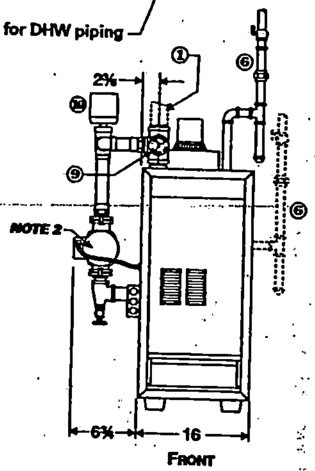
1. Supply connection, 1 ¼" NPT (*note 1*)
2. Return connection, 1" NPT (*note 1*)
3. Relief valve, ¾" NPT
4. ½" NPT to expansion tank/air vent
5. 3" Diameter vent connection
6. Gas supply piping
7. Drain valve
8. Gas supply entrance (top or side)
9. Pressure/temperature gauge
10. 3-way valve

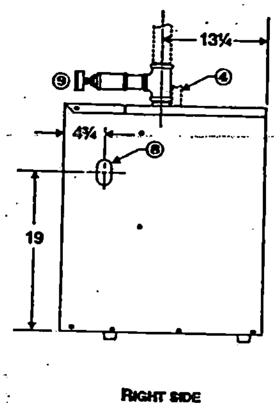
ALL DIMENSIONS IN INCHES











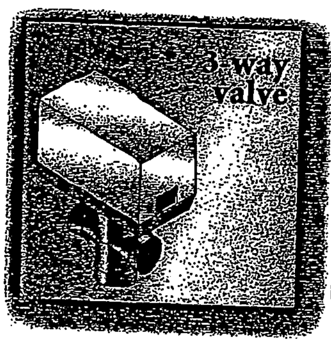
Note 1: Boiler supply connection (to tee) is 1¼" NPT. Return connection (to 3-way valve port) is 1" NPT copper tube.

Note 2: Boiler circulator, 3-way valve, piping and trim are shipped loose for field assembly. Circulator must be mounted on return line as shown in this manual.

Equipment

Standard Equipment
- Factory fire test
- Two-piece jacket top panel
- Insulated extended steel jacket
- Cast iron sections with built-in air separator
- Radiation plates
- Steel base
- Integrated boiler control module with intermittent electronic ignition system and indicator/diagnostic lights
- Inducer assembly
- Flue gas collector/transition assembly
- Combination gas valve for 24V
- Wiring harness
- 3-way valve & piping tree components
- Air pressure switch
- Ambient temperature switch
- High-grade stainless steel burners
- Tankless heater and controls
- 40 VA transformer
- Electrical junction box
- Rollout thermal fuse element
- High temperature limit control
- Circulator
- Thermostatic mixing valve (¾" sweat union connections)
- 30 PSIG ASME relief valve
- Combination pressure/temperature gauge
- Drain valve

Additional Equipment
- CGt AL29-4C vent starter (use when direct exhaust venting boiler)
- Expansion tank package
- Weil-McLain's 5 to 10 Year Homeowner Protection Plan

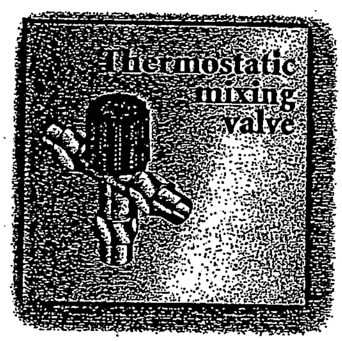


3-way valve for domestic priority

If the tankless heater low limit senses boiler water is too cool to provide domestic water from the tankless coil, the 3-way valve diverts all of the hot water flow from the boiler back to the return, dedicating all available heat for domestic hot water.

Thermostatic mixing valve for domestic hot water

Supplied with the boiler, the thermostatic mixing valve helps to maintain a constant domestic hot water temperature, mixing the hot water output from the coil with fresh cold water fill.



In the interest of continual improvements in product and performance, Weil-McLain reserves the right to change specifications without notice.

WEIL-McLAIN

Locate our Sales Offices by visiting our website:
www.weil-mclain.com

Weil-McLain
500 Blaine Street
Michigan City, IN 46360-2388

1/30/13 fax 732·938·3010

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, January 24, 2013

To: SNYDER, DAWN E
1646 TILFORD BLVD
BRICK, NJ 08724

RE: Plumbing Subcode
Block: 832 Lot: 7 Qual:
1646 TILFORD BLVD
Permit Number: Control Number: C-13-000504
Last Submit Date: Thursday, January 24, 2013

Dear SNYDER, DAWN E,

The following comments were made during the Plan Review process:
1-Submit b.t.u. input&output of both new&old units or heat loss for new unit also tonage of existing and new a/c or heat gain.

Sincerely,

Mark Hibbard, Subcode Official

CC:

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	4090
DESTINATION ADDRESS	97329383010
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	01/30 09:49
USAGE T	00'17
PGS.	1
RESULT	OK

1/30/13 fax 732·938·3010

Brick Township
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Mark Hibbard, Subcode Official

CC:

AUG 7 2013

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027
Fax: 732-262-2941
www.twp.brick.nj.us

133 ca
110 00T
.83

H/o #(732) 202-0803
Phone out of service no other number to contact - NJR Home services says work was cancelled by H/o

FAX CORRESPONDENCE

DATE: 8/6/13

TO FAX #: 732-938-3016

PAGES TO FOLLOW: 1 (no AC work done)

ATTENTION: To Whom it may Concern @ NJR Home Service

FROM: Jhané - Building dept.

MESSAGE: Re: 1646 Tilford Blvd -
Please fax over a letter stating
work has been either Completed or Cancelled -
To make corrections in file.

311 ACCESS BRICK TOWNSHIP

- Thank you

1/30/13 fax 732-938-3010

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, January 24, 2013

To: SNYDER, DAWN E
1646 TILFORD BLVD
BRICK, NJ 08724

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Block: 832 Lot: 7 Qual:
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Sincerely,

Mark Hibbard, Subcode Official

CC:

NO AC WORK DONE

1 5

NJR Home Services

Lot - 7
Block-832

New Unit-

- ❑ Input- 133K
- ❑ Output-110K
- ❑ Efficiency-83%

Old Unit-

- ❑ Input- 133K
- ❑ Output-110K
- ❑ Efficiency-83%

Thank you
Carrie

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027
Fax: 732-262-2941
www.twp.brick.nj.us

FAX CORRESPONDENCE

went through @ 9:07 am see date below

DATE: 8/6/13

TO FAX #: 732-938-3016

PAGES TO FOLLOW: 1

ATTENTION: To Whom it may Concern @NJR Home Service

FROM: Jhané - Building dept.

MESSAGE: Re: 1646 Tilford Blvd. —
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311 ACCESS BRICK TOWNSHIP

- Thank you