BLOCK 836 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1680 Tilford Blvd PERMIT NO. 08-0592

CONSTRUCTION PERMIT APPLICATION COF: 007415

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

Called 3/6/08

I. IDENTIFICATION

1. Proposed Work Site at: 1680 Tilford Blvd.
2. Name of Owner in Fee: Sharon Marinucci
   Tel. ( ) e-mail
   Address 1680 Tilford Blvd. Brick, NJ 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Inside Air Tel. (908) 333-8486
   Address 243 Throckmorton Lane, Old Bridge, NJ 08857
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH03986000
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45		
2. Electrical	1741		
3. Plumbing	45		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 4		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	94-		
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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

IIa. PROPOSED WORK

☐ Minor Work Furnace (Direct Replacement) ☐ 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		SC	2/6/08						
☒ Electrical	1500				3 5 08	MW	4-4-08		
☐ Plumbing									
☒ Fire Protection	1500				2-29-08	DB	4-4-08		
☐ Elevator									
TOTAL COSTS	3000-								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/08/2008
Control Number C-08-000745
Permit Number 08-0592
Permit Issue Date 03/13/2008
Certificate Number 08-0592

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1680 TILFORD BLVD Brick Township, NJ Block: 836 Lot: 1 Qual:

Owner in Fee: MARINUCCI, SHARON

Owner Address: 1680 TILFORD BLVD BRICK NJ 08724

Telephone:

Contractor INSIDE AIR LLC

Address 243 THROCK MARTON LANE OLD BRIDGE NJ 08857

Telephone: (908) 333-8986 Fax: (732) 636-7026

License Number or Builders Registration Number: 13VH03986000 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT HOT AIR FURNACE DIRECT REPLACEMENT

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/08/2008 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 3/13/08
Date Issued
Permit # 08-0592

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

Block 836 Lot ____ Qualification Code ____
Work Site Location 1680 Tilford Blvd.

Owner in Fee Sharon Marinucci
Address 1680 Tilford Blvd
Brick, NJ 08724
Tel (____)
Contractor Inside Air
Address 243 Throckmorton la.
Old Bridge NJ. 08857
Tel (908) 333-8986 FAX (732) 636-7026
Contractor License No. 13VH03986000
Federal Emp. No. 061798256

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 1500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3 5 08
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4 4 08
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Furnace			4 4 08	[initial]
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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.

[signature]
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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		Furnace (Direct Replacement)	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3/13/08
Permit # 08-0592

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

Block 836 Lot
Work Site Location 1680 Tilford Blvd
Qualification Code

Owner in Fee Sharon Marinucci
Address 1680 Tilford Blvd
Brick, NJ 08724
Tel ( )
Contractor Inside Air
Address 243 Throckmorton Ln.
Old Bridge NJ. 08857
Tel (908) 333-8986 FAX (732) 636-7026
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

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

Total Cost of Fire Protection Work $ 1500-

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. Sharon Marinucci
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Direct Replacement of Furnace
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		
Fired Appliances [✓] Gas or [ ] Oil	1	
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
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2-29-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4-4-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			4/4/08	VSD
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/4/08	VSD
Other				

HEATING & COOLING PRODUCTS

Deluxe 80
Single Stage

Flexibility

- 40" high for more noise reduction and ease of installation.
- Factory shipped for natural gas, with LP Gas conversion kits available.
- Four position – upflow/downflow/ horizontal installation.
- Category I venting.
- Three position inducer capability.
- Common venting with water heater.

Service

- Self diagnostics.
- Entire blower assembly mounted on rails.

Quality

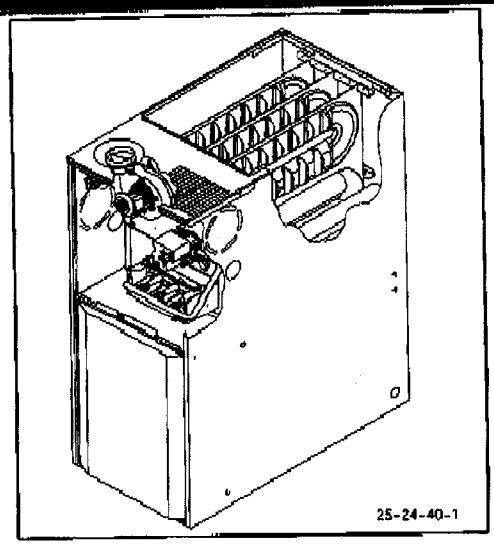
- RPJ III Aluminized steel heat exchanger.
- 20 year limited warranty on heat exchangers and 5 years on parts.
- High temperature limit control prevents overheating.
- Hot surface pilot ignition device.
- Flame roll-out sensors standard.
- Louvered doors.
- One piece prepainted steel cabinet.
- Masonry chimney adapter available.

Comfort

- Adjustable timed blower Off delay.
- Humidifier terminal
- Electronic air cleaner terminal.

Efficiency

- 80% AFUE efficiency range. +
- Single stage gas valve operation.
- Single stage fan timer.
- Multispeed, prelubricated PSC motors.
- Induced draft blower.
- In-shot burners.



Representative drawing only, some models may vary in appearance.

WARNING

This furnace is not designed for use inside mobile homes, trailers, or recreational vehicles. Such use could result in property damage, bodily injury, and/or death.

Model Number	Heat Exchangers #	Dimensions H x W x D (In.)	Price
H8MPN050B12A	20 year	40 x 15 1/2 x 29	
H8MPN075B12A	20 year	40 x 15 1/2 x 29	
H8MPN075F16A	20 year	40 x 19 1/8 x 29	
H8MPN100F14A	20 year	40 x 19 1/8 x 29	
H8MPN100F20A	20 year	40 x 19 1/8 x 29	
H8MPN100J20A	20 year	40 x 22 3/4 x 29	
H8MPN125J20A	20 year	40 x 22 3/4 x 29	
H8MPN150J20A	20 year	40 x 22 3/4 x 29	

20 YEAR LIFETIME WARRANTY

Model Number	Input (MBTUH)	Efficiency AFUE +	Cooling Cap. @ .5" W.C.
*8MPN050B12A	50,000	80%	1.5 - 3.0 TON
*8MPN075B12A	75,000	80%	1.5 - 3.0 TON
*8MPN075F16A	75,000	80%	2.5 - 4.0 TON
*8MPN100F14A	100,000	80%	2.0 - 3.5 TON
*8MPN100F20A	100,000	80%	3.5 - 5.0 TON
*8MPN100J20A	100,000	80%	3.5 - 5.0 TON
*8MPN125J20A	125,000	80%	3.5 - 5.0 TON
*8MPN150J20A	150,000	80%	3.5 - 5.0 TON

* Denotes Brand

ENERGUIDE

THIS MODEL

LIMITED 5 YEAR WARRANTY

Gama EFFICIENCY RATING CERTIFIED

441 11 2310 03 (03/2004)

FURNACE SPECIFICATIONS MULTI-POSITION

Model Number NATURAL GAS	*8MPN							
	050B12	075B12	075F18	100F14	100F20	100J20	125J20	150J20
INPUT (btuh)	50,000	75,000	75,000	100,000	100,000	100,000	125,000	150,000
HTG. CAP. (btuh)	40,000	60,000	60,000	81,000	81,000	81,000	101,000	121,000
AFUE % (ICS)	80%	80%	80%	80%	80%	80%	80%	80%
TEMP. RISE (deg. F)	35-65	30-60	30-60	35-65	35-65	35-65	35-65	35-65
VOLTS/PH/HZ	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60
RATING PLATE AMPS.	8.8	9.5	10.1	9.9	13.9	12.6	13.9	13.9
TRANSFORMER (V.A.)	40	40	40	40	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
VENT COLLAR SIZE	4"	4"	4"	4"	4"	4"	4"	4"
COOLING CAP.	3.0	3.0	4.0	3.5	5.0	5.0	5.0	5.0
SHIPPING WEIGHT (LBS.)	128	134	140	140	156	166	172	188
DIMENSIONS (in.) HEIGHT	40	40	40	40	40	40	40	40
WIDTH X DEPTH	$15^1/_2$ x 29	$15^1/_2$ x 29	$19^1/_8$ x 29	$19^1/_8$ x 29	$19^1/_8$ x 29	$22^3/_4$ x 29	$22^3/_4$ x 29	$22^3/_4$ x 29

(ICS) = Isolated Combustion System

ACCESSORIES

Model Number	Description	Used With Models
TWINNING KIT		
NAHA003WK	Twinning kit. Allows operation of two identical-size model furnaces.	ALL *8MPN FURNACES
GAS CONVERSION KITS		
NAHL002LP 1160991 *	Natural gas to LP (propane) conversion Kit. Allows field conversion to LP (propane) gas.	ALL *8MPN FURNACES
NAHF002NG 1009510 *	LP (Propane) to natural gas conversion kit. Allows field conversion to natural gas. (Single Stage)	ALL *8MPN FURNACES
FILTER KITS		
NAHA001FF	External filter frame. 16" x 25"	Side Return (All Furnaces) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
NAHA002FF	Bottom return filter frame kit 20" x 25".	(All "J" $22^3/_4$" Furnaces)
NAHA003FF	Bottom or side return filter frame kit 14" x 25".	(All "B" $15^1/_2$" Furnaces)
NAHA001TK	Duct Standoff Filter Kit. To adapt 20" x 25" filter for single side return.	Side Return (All single return applications with 1650 CFM or greater) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
COMBUSTIBLE FLOOR SUBBASES		
NAHH001SB	Subbase Furnace ONLY: All $15^1/_2$" wide furnace models	*8MPN050-075B
NAHH002SB	Subbase Furnace ONLY: All $19^1/_4$" wide furnace models	*8MPN075-100F
NAHH003SB	Subbase Furnace ONLY: All $22^3/_4$" wide furnace models	*8MPN100-125J
NAHH004SB	Subbase Furnace w/$15^1/_2$" cased coil	Counterflow furnace *8MPN050-075B
NAHH005SB	Subbase Furnace w/$19^1/_4$" cased coil	Counterflow furnace *8MPN075-100F
NAHH006SB	Subbase Furnace w/$22^3/_4$" cased coil	Counterflow furnace *8MPN100-125J
MASONRY CHIMNEY ADAPTER		
NAHA001DH	Chimney adapter (6")	*8MPN050, 075, 100
NAHA002DH	Chimney adapter (7")	*8MPN125 & 150
VENT GUARD		
NAHA002VG	Downflow vent guard	All downflow applications
COIL ADAPTER		
NAHA001CA	Coil Adapter for Downflow Furnaces	All Multi- Position Furnaces in the Downflow Application

* Fast part number

** Applications of *8MPN125 above 1650 CFM requires two side returns or NAHA001TK 20 x 25 duct stand-off filter kit or bottom return applications with the *8MPN125 & 150 use the 20 x 25 bottom return filter kit, NAHA002FF.

To achieve 2000 CFM with the stand-off filter kit you will still need a bottom return or 2 side filters.

BLOWER PERFORMANCE MULTI-POSITION

Model Number	*8MPN							
	050B12	075B12	075F16**	100F14	100F20**	100J20	125J20**	150J20**
BLOWER TYPE AND SIZE	11x8	11x8	11 x 10	11 x 10	11 x 10	11 x 10	11x10	12x12
MOTOR H.P. (TYPE)	1/2/PSC	1/2/PSC	1/2/PSC	1/2/PSC	1/2/PSC	1/2/PSC	1/2/PSC	3/4/PSC
MOTOR SPEEDS	4	4	4	4	4	4	4	4

AIRFLOW DATA

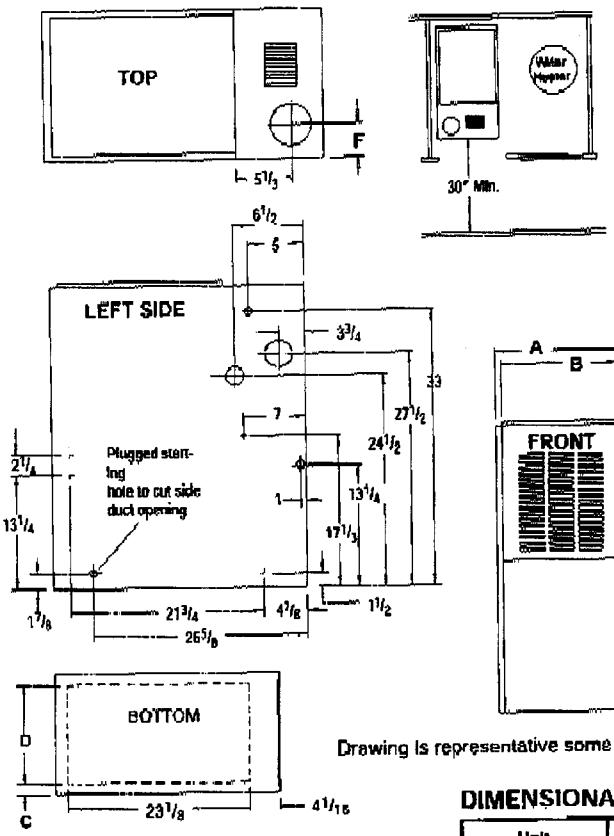
.10 ESP IN. W.C.	LOW	472	695	590	770	831	773	860	1656
	MEDIUM LOW	704	963	841	949	1125	1045	1149	1915
	MEDIUM HIGH	1167	1220	1427	1328	1582	1453	1666	2168
	HIGH	1397	1559	1861	1760	2216	2147	2147	2385
.20 ESP IN. W.C.	LOW	419	644	499	709	823	764	848	1620
	MEDIUM LOW	671	928	795	911	1124	1041	1154	1851
	MEDIUM HIGH	1135	1183	1406	1282	1595	1461	1622	2129
	HIGH	1338	1463	1816	1718	2216	2137	2137	2360
.30 ESP IN. W.C.	LOW	365	644	400	649	814	755	836	1593
	MEDIUM LOW	638	928	748	873	1123	1037	1158	1787
	MEDIUM HIGH	1102	1103	1384	1235	1588	1469	1577	2090
	HIGH	1288	1463	1770	1675	2179	2128	2126	2335
.40 ESP IN. W.C.	LOW	328	616	345	596	798	734	821	1545
	MEDIUM LOW	605	901	709	823	1120	1029	1149	1742
	MEDIUM HIGH	1089	1151	1364	1175	1583	1459	1569	2044
	HIGH	1241	1412	1724	1613	2127	2078	2137	2274
.50 ESP IN. W.C.	LOW	290	588	289	544	781	712	805	1507
	MEDIUM LOW	572	873	667	772	1117	1020	1140	1697
	MEDIUM HIGH	1035	1118	1343	1115	1577	1459	1561	1997
	HIGH	1194	1361	1677	1551	2074	2078	2148	2212
.60 ESP IN. W.C.	LOW	250	564	238	501	749	680	782	1449
	MEDIUM LOW	547	822	624	728	1085	999	1111	1647
	MEDIUM HIGH	987	1068	1299	. 1076	1559	1441	1539	1927
	HIGH	1132	1300	1612	1476	1992	2020	2035	2149
.70 ESP IN. W.C.	LOW	209	540	---	457	717	647	758	1390
	MEDIUM LOW	522	771	582	684	1053	979	1081	1596
	MEDIUM HIGH	939	1017	1254	1036	1541	1424	1516	1856
	HIGH	1070	1239	1547	1404	1909	1963	1922	2085
.80 ESP IN. W.C.	LOW	---	502	---	409	663	601	710	1301
	MEDIUM LOW	483	723	530	629	1009	936	1045	1521
	MEDIUM HIGH	880	959	1192	966	1457	1385	1472	1756
	HIGH	1004	1161	1454	1310	1827	1879	1845	1992
.90 ESP IN. W.C.	LOW	463	463	---	361	609	554	661	1212
	MEDIUM LOW	443	675	477	572	964	894	1009	1445
	MEDIUM HIGH	820	900	1129	895	1373	1347	1428	1654
	HIGH	937	1083	1360	1215	1745	1795	1767	1898
1.00 ESP IN. W.C.	LOW	413	413	---	308	561	497	614	1125
	MEDIUM LOW	370	615	436	507	888	828	925	1337
	MEDIUM HIGH	753	835	1016	811	1307	1262	1357	1561
	HIGH	858	998	1262	1093	1641	1705	1663	1777

NOTE: Applications of *8MPN125 above 1650 CFM requires two side returns or use accessory stand-off filter kit for single return.

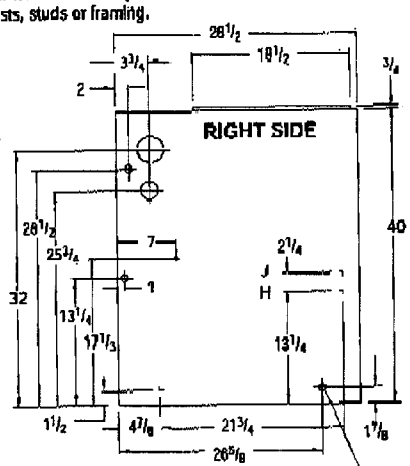
* Denotes Brand

** 075F16 - Reduce airflow by 5% if bottom return ONLY.
100F20 - Reduce airflow by 10% if bottom return ONLY.
125J20 - Reduce airflow by 5% if bottom return ONLY.
150J20 - Reduce airflow by 10% if bottom return ONLY.

UNIT DIMENSIONS



Drawing is representative some models may vary



MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS FOR ALL UNITS	
REAR	0
FRONT	3"
Recommended For Service	30"
ALL SIDES Of SUPPLY PLENUM	1"
SIDES	0
VENT	
Single Wall Vent	6"
Type B-1 Double Wall Vent	1"
TOP OF FURNACE	1"

Horizontal position: Line contact is permissible only between lines formed by intersections of top and two sides of furnace jacket, and building joists, studs or framing.

NOTE: Evaporator "A" coil drain pan dimensions may vary from furnace duct opening size. Always consult evaporator specifications for duct size requirements.

Unit is designed for bottom return or side return.

Return air through back of unit is NOT allowed.

ALL DIMENSIONS IN INCHES (millimeters)

DIMENSIONAL INFORMATION

Unit Capacity	Cabinet A	Cabinet B	Top F	Bottom C	Bottom D	Duct Size
*8MPN050B12 *8MPN070B12	15 1/2	14	6	1 3/8	12 5/8	H
*8MPN075F16 *8MPN100F14 *8MPN100F20	19 1/8	17 5/8	7 3/4	2 1/8	14 3/4	J
*8MPN100J20 *8MPN125J20 *8MPN150J20	22 3/4	21 1/4	9 1/2	1 15/16	18 3/4	J

MODEL NUMBER IDENTIFICATION GUIDE

*	8	MP	N	075	B	12	A	#

Brand

Brand Efficiency
8 = Non-Condensing, 80+% Gas Furnace
9 = Condensing, 90+% Gas Furnace

Installation Configuration
UP = Upflow DN = Downflow
UH = Upflow/Horizontal HZ = Horizontal
DH = Downflow/Horizontal
MP = Multiposition, Upflow/Downflow/Horizontal

Major Design Feature
1 = One (Single) Pipe N = Single Stage
2 = Two Pipe P = PVC Vent
D = 1 or 2 Pipe T = Two Stage
L = Low NOx V = Variable Speed

Input (Nominal MBTUH)

Cabinet Width
B = 15.5" Wide J = 22.8" Wide
F = 19.1" Wide L = 24.5" Wide

Cooling Airflow
08 = 800 CFM 16 = 1600 CFM
12 = 1200 CFM 20 = 2000 CFM
14 = 1400 CFM

Marketing Digit
Denotes minor change

Engineering Rev.
Denotes minor changes

* Denotes Brand

Home Improvement Contractors

This data is current as of February 20, 2008.
If your search did not reveal the name you were looking for try again using just the town.

Please be aware that it will take 10 - 15 business days to receive your physical license.
If you need proof of licensure, please dial our License Verification Line at 973-273-8090 to receive a faxed verification of your license status.

If your search did not reveal the name you were looking for try again using just the town.

Your search for **Home Improvement Contractors** with the name **inside air** generated 1 match.

Name:	Inside Air LLC
Address:	Old Bridge, NJ 08857
License Number:	13VH03986000
License Status:	Active
Expiration Date:	31-DEC-08