BLOCK 547 LOT 6 ADDRESS (SITE) 451 Brick Blvd. PERMIT NO 2541-92

RECEIVED
DEC 14 1992
DAY OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 451 Brick Blvd - (Gen Store)
2. Name of Owner in Fee: Alex Amodio Tel. (908) 531-7389
   Address 1905 Bloomfield Ave, Denv. (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Affordable Heating Tel. (908) 449-9152
   Address 918 Claridge Dr. Sp. Lk. Hts., N.J. 07762
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2340722 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work Charles LoCascio Tel. (908) 449-9152

Check attached / will come / Denied

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		40 -	
3. Plumbing		33	
4. Fire Protection			
5. Other			
6. Subtotal	$	73 -	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		8 -	
10. Subtotal	$		
11. Cert. of Occupancy		20 -	
12. Other			
13. TOTAL	$	101 -	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	94.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
DC	12/14/92						
			12-18-92				
			12-17-92	JAR			

III. DO YOU WANT: (optional) 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10409526

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(e)1.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Charles Lo Cascio

Address 918 Claridge Drive, Spring Lake Hts., N.J. 07762

Telephone (908) 449-9152

Signature Charles M. Lo Cascio Jr. Date 11/23/92

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	

(Original Stock)

CONSTRUCTION PERMIT

Date Issued 12/13/92
Control #
Permit # 3541-92

IDENTIFICATION Block 547 Lot 6

Work Site Location 451 Brick Blvd

Owner in Fee [illegible]
Address [illegible]
Tele. ( ) [illegible]

Contractor [illegible] Heating
Address [illegible]
Tele. ( ) [illegible]
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. [illegible]
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [—] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

furnace

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 $ 1500

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only) 2541##	
Building	BLOCK .00
Plumbing	547 6
Electrical	LOT .00
Fire Protection	25 - A #
Other	PLUMBING 40.00
Other	FIRE 35.00
DCA Training Fee	3.00
Cert. of Occ.	20.00
Other	TOTAL 10.00
Total 101	CHECK 10.00
Check No.	ORIGINAL .00
Cash	
Collected By:	

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

929-2087 Bob Rocheo Will Call 8-9 A.m.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV 24 92 0 14963

Brick

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

Block 547 Lot 6
Work Site Location 451 Brick Blvd.
Owner in Fee Alex Amadio
Address
Tele. ( )
Contractor ARKAY ELECTRICAL-CONT.
Address P. O. BOX-771 OAKHURST, NJ 07755
Tele. ( ) #5985-5985
Lic. No.
Federal Emp. No. 22808109 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Line Dept.				

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-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
1		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $
Paid [ ] Check # CASH Minimum Fee $
Collected by: TOTAL FEE $ 40.-

M

U.C.C. Form F-120A 1 White - Office Copy 2 Canary - Office Copy

Agreed Stay

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/18/92
Date Issued
Control #
Permit # 2541-92

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

Block 547 Lot 6
Work Site Location 451 Brick Blvd.

Owner in Fee Alex Amodio
Address 1005 Bloomfield Ave
Local, N.J.
Tele. (908) 531-7389
Contractor Affordable Heating + Cooling
Address 918 Clinridge Dr. Sp Lk. Apts N.J.

Tele. (908) 449-9152
Lic. No. ~~20-23407~~
Federal Emp. No. 22-2340722 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: Combustible air
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 12-18-92
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work furnace

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	33
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by _____ TOTAL FEE $ _____

U.C.C. Form F-140A

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

Mineral Springs

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/18/92
Control #
Permit # 2541 92

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

Block 347 Lot 6
Work Site Location 451 Buck Blvd

Owner in Fee Alex Amodio
Address 1005 Bloomfield Ave
Dover, N.J
Tele. (908) 531-7389
Contractor Affordable Gut. Inc.
Address 918 Claridge Dr, Sp. Lk. Hts., NJ 07762

Tele. (908) 449-9152
Lic. No.
Federal Emp. No. 22-2340722 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 12-17-92
Approved by: JA

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

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

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.

Charles M. Lascio Jr.
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

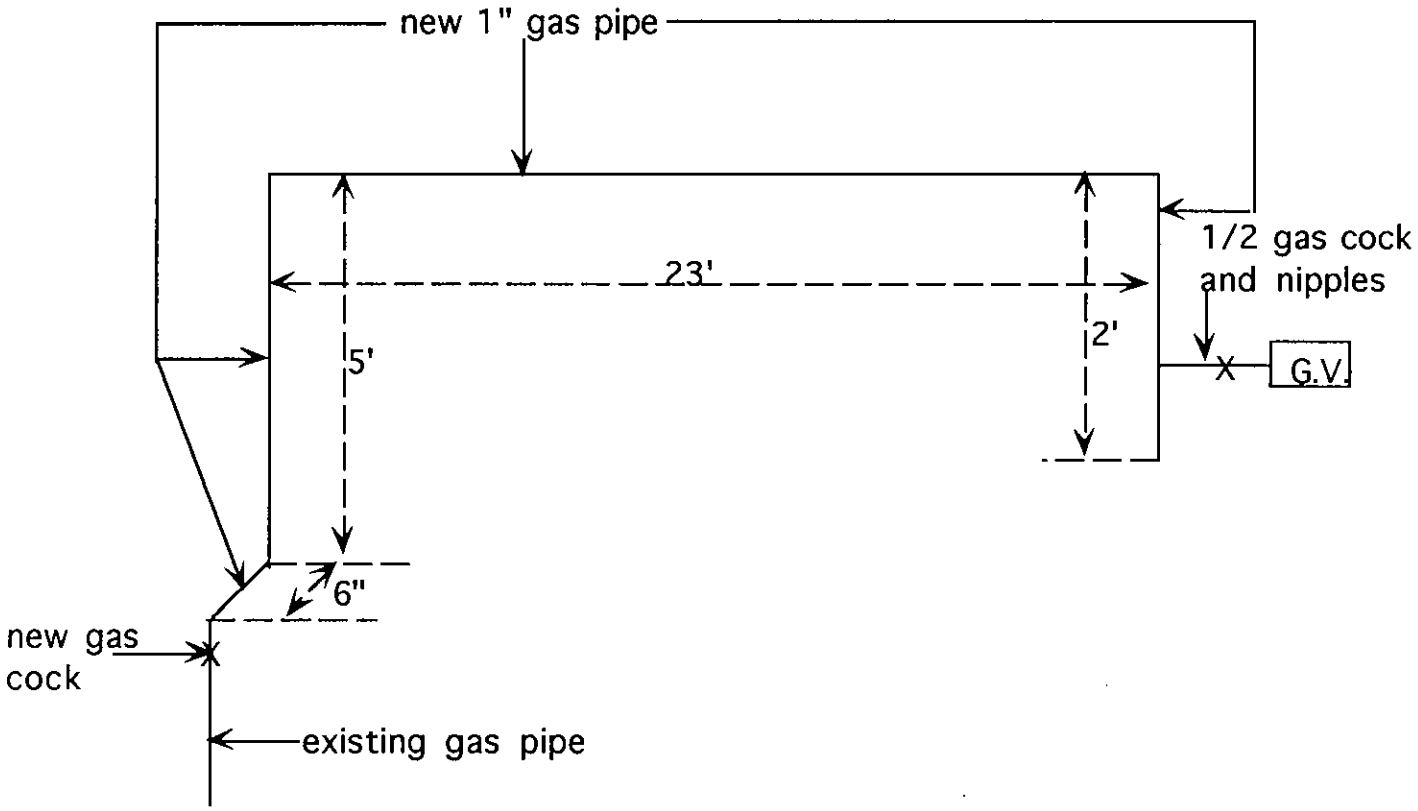
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15
~~1~~	Fuel Oil Piping	
	Water Heater	
1	~~Steam Boiler~~ FURN	15
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 40

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

AFFORDABLE HEATING & COOLING

GAS PIPING DIAGRAM FOR THE GENERAL STORES



HEATING MODEL NUMBER IDENTIFICATION GUIDE:

MODEL NUMBER	N	H	G	K	100	A	H

BRAND INDICATOR

PRODUCT GROUP

U – UPFLOW	L – LOWBOY
D – DOWNFLOW	M – MULTIPOSITION
F – FLOOR FURNACE	W – WALL FURNACE

***PRODUCT TYPE** (Fuel)*

G – GAS (Natural)	L – L.P.
E – ELECTRIC	O – OIL

NOMINAL AIR FLOW (Tons)

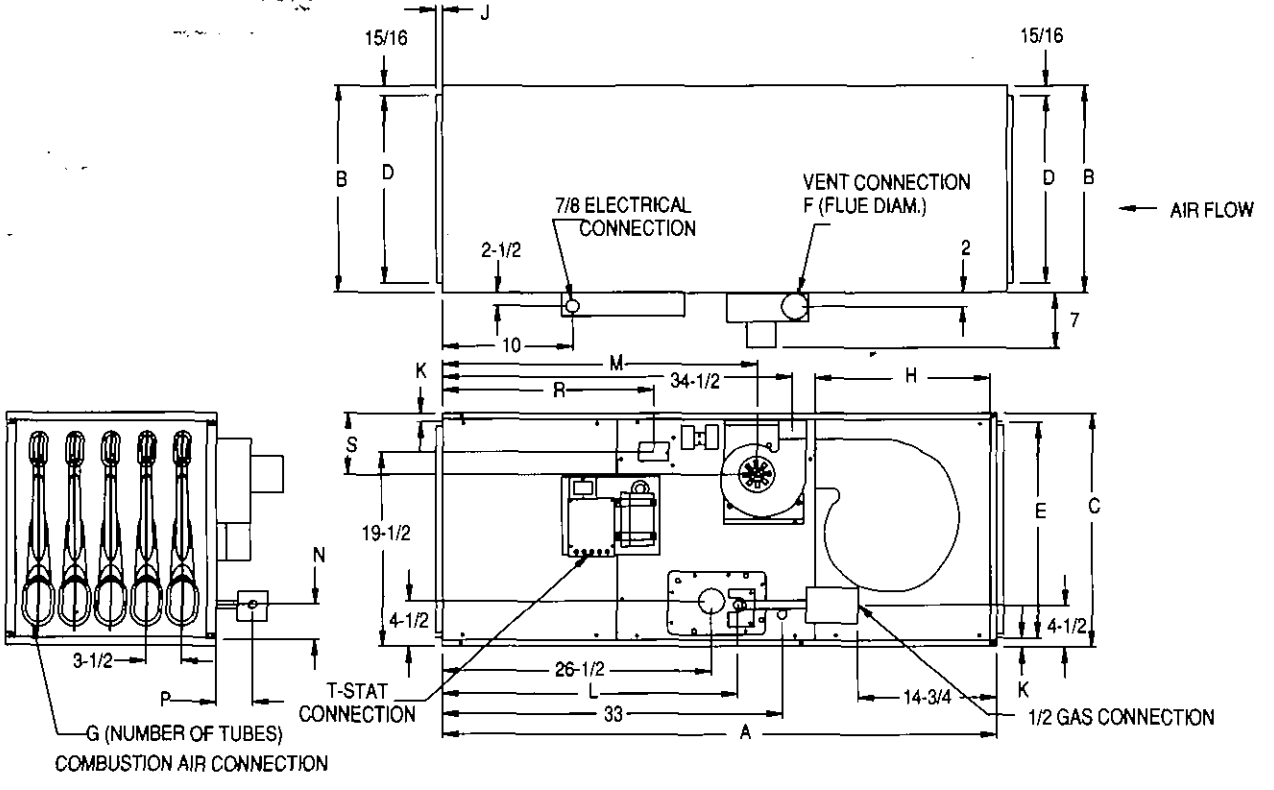
A – Htg	G – 3.5
B – 1	H – 4
C – 1.5	J – 4.5
D – 2	K – 5
E – 2.5	L – 5.5 – 7.0
F – 3	M – 7.5 – 10.0

FEATURE CODE

NOMINAL INPUT BTU (In Thousands)

SERIES

DIMENSIONS



Input	Unit Dimensions			Duct Supply and Return Openings		Flue Dia.										
	Length	Width	Height													
BTU / Hr	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S
50,000	55	13-1/2	23-1/8	11-1/8	21-3/8	2	2	18	5/8	7/8	28-7/8	31	4-1/4	2-3/4	19-1/4	6
75,000	55	13-1/2	23-1/8	11-1/8	21-3/8	2	3	18	5/8	7/8	28-7/8	31	4-1/4	2-3/4	19-1/4	6
100,000	55	17	23-1/8	14-5/8	21-3/8	3	4	18	5/8	7/8	28-7/8	31	4-1/4	2-3/4	19-1/4	6
125,000	55	20-1/2	23-1/8	18-1/8	21-3/8	3	5	18	5/8	7/8	28-7/8	31	4-1/4	2-3/4	19-1/4	6

ALL DIMENSIONS IN INCHES

"BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER."

HEIL®
HEATING & COOLING PRODUCTS

RESIDENTIAL AND COMMERCIAL SYSTEMS • SPLIT SYSTEMS • PACKAGED AIR CONDITIONERS • COMBINATION GAS / ELECTRIC UNITS • HEAT PUMPS • AIR HANDLERS • MANUFACTURED HOME AIR CONDITIONERS • GAS, OIL AND ELECTRIC FURNACES

INTER-CITY PRODUCTS CORPORATION (USA)
P.O. BOX 3005
LAVERGNE, TENNESSEE 37086–1965

PART NO. 1144300600 (1/92)

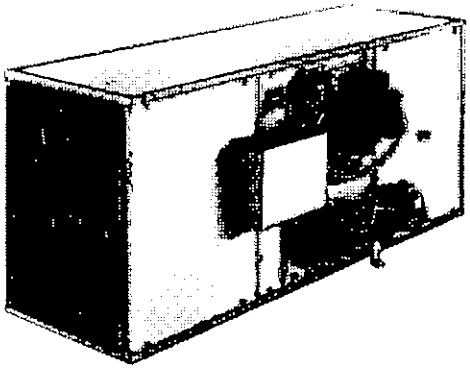
Printed in U.S.A.

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

GAS FURNACE

HEIL HEATING & COOLING PRODUCTS

ULTRA HIGH EFFICIENCY FURNACE
9000



Representative photo only, some models may vary in appearance.

MANUFACTURED FOR NATURAL GAS

NOTE: These furnaces are not designed for installation in a corrosive atmosphere, containing Chlorine, Fluorine, or any other damaging chemicals

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.

Design Certified by A.G.A.

EFFICIENCY RATING CERTIFIED gama

HORIZONTAL DIRECT VENT CONDENSING

EFFICIENCY

- Electronic intermittent ignition device.
- Induced combustion blower.
- Electronic timed on/timed off fan control responds fast to circulate heated air.

HEAT EXCHANGER

- Four pass aluminized primary.
- 29-4C stainless steel tube aluminum fin secondary.
- 20 year limited heat exchanger warranty.

VENTING

- Horizontal or vertical.
- 100% outside air for combustion.
- Standard PVC pipe.

BURNER ASSEMBLY

- In-shot monoport.
- Aluminized steel.

BLOWER ASSEMBLY

- Multispeed, prelubricated PSC motors. Dynamically balanced. Heavy duty motor brackets. Resilient mounted motors.

WIRING CENTER

- 40VA transformer. Heating/cooling relay.
- Color coded wiring.
- Low voltage terminal board.
- Factory pre-wired.

CABINET

- Baked enamel, steel cabinet. Foil faced glass fiber heat exchanger compartment insulation.

SAFETY

- AGA design certified.
- Flame sensor.
- 100% safety shut off. Redundant gas valve.
- High temperature limit control.
- Flue blockage pressure switch.
- Blower door interlock switch.

INSTALLATION

- Controls totally reversible.
- Designed to permit multiple installation options.
- Compact design for AGA minimum clearances.

FURNACE SPECIFICATIONS (NATURAL GAS)

Model No.	NHGK050AF	NHGK075AF	NHGK100AH	NHGK125AK
Input (BTUH)	50	75	100	125
Htg. Cap. (BTUH)	47	69.75	92	115
AFUE % (ICS)	94	93	93	93
CSE	84.1	83.3	84.6	85.6
Temp. Rise (deg. F)	40–70	40–70	45–75	50–80
Volts/ph/hz	115/60/1	115/60/1	115/60/1	115/60/1
F.L.A.	–	–	–	–
Transformer (V.A.)	40	40	40	40
Gas Pipe Size (in.)	1/2	1/2	1/2	1/2
Flue Size (in.)	2	2	3	3
Cooling Cap.	3	3	4	5
Filter Size (in.)	23 x 13 x 1/2	23 x 13 x 1/2	23 x 16-1/2 x 1/2	23 x 20 x 1/2
Shipping Weight (lbs.)	168	180	201	221

BLOWER PERFORMANCE

Model No.		NHGK050AF	NHGK075AF	NHGK100AH	NHGK125AK
Blower Type And Size		DD12–8	DD12–8	DD12–9	DD12–12
Motor H.p. (type)		1/3–PSC	1/3–PSC	3/4–PSC	3/4–PSC
Motor Speeds		3	3	3	3
AIRFLOW DATA					
.10 Esp In. W.C.	Low	905	860	1330	1490
	Medium	1210	1160	1690	1985
	High	1450	1485	1805	2240
.20 Esp In. W.C.	Low	885	850	1285	1455
	Medium	1170	1140	1635	1925
	High	1410	1445	1755	2170
.30 Esp In. W.C.	Low	865	830	1230	1430
	Medium	1130	1125	1585	1865
	High	1355	1395	1695	2100
.40 Esp In. W.C.	Low	845	825	1215	1375
	Medium	1100	1095	1520	1800
	High	1300	1345	1640	2040
.50 Esp In. W.C.	Low	820	800	1165	1315
	Medium	1060	1065	1455	1740
	High	1235	1300	1600	1975
.60 Esp In. W.C.	Low	785	775	1110	1265
	Medium	1005	1035	1380	1670
	High	1175	1245	1495	1875
.70 Esp In. W.C.	Low	745	745	1040	1205
	Medium	950	995	1310	1595
	High	1100	1190	1420	1795
.80 Esp In. W.C.	Low	690	710	980	1140
	Medium	890	950	1185	1515
	High	1040	1130	1335	1710
.90 Esp In. W.C.	Low	625	665	915	1070
	Medium	825	895	1135	1415
	High	960	1065	1245	1600
1.0 Esp In. W.C.	Low	560	615	860	995
	Medium	745	835	1035	1305
	High	875	990	1140	1475

NOTE: Air flow data without filters.

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE