



MANCINI ELECTRIC

179 Sheridan Street
Portland, Maine 04101-2636
Tele: (207) 774-5829
Fax: (207) 772-1686
"We Appreciate Your Business"

- Electrical Contractors
- AMI Telecommunications
- Electrical Contractors Management Systems

TO: Mainland Structures Corporation
11A Bartlett Road
Gorham, Maine 04038

DATE: 12-14-06

ATTENTION: Frank Grondin

RE: Wilson Heights
56 Wilson Street
Portland, Maine

LETTER OF CERTIFICATION

To Whom it may Concern,

Anthony Mancini, Inc has installed the fire alarm system at the above referenced project and found the system to be fully operational at the time of inspection, and was installed in accordance with the project's plans, specifications, approved submittals and all codes that pertain to NFPA 72 and 101.

Signed:

Print Name: Michael Gino Mancini

Date: December 14, 2006

If you have any questions regarding this matter, please contact me at my office.

Thank you,

Michael Gino Mancini

NFPA 72, Chapter 8 - Central Station

Prime contractor: _____

Central station location: _____

Means of transmission of signals from the protected premises to the central station:

____ McCulloch _____ Multiplex _____ One-way radio
____ Digital alarm communicator _____ Two-way radio _____ Others

Means of transmission of alarms to the public fire service communications center:

(a) _____

(b) _____

System Location: _____

NFPA 72, Chapter 9 - Auxiliary

Indicate type of connection: _____ Local energy _____ Shunt _____ Parallel telephone

Location of telephone number for receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by Sybil Davis on 8/8/06 includes the devices shown in 5 and 6, and has been in service since 8/8/06

____ NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

____ NFPA 70, National Electrical Code, Article 760

Manufacturer's Instructions

Other (specify): _____

Signed: Sybil Davis

Date: 8/8/06

Organization: Protection Professionals

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached _____

All operational features and functions of this system were tested by _____ on _____, and found to be operating properly in accordance with the requirements of:

____ NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

____ NFPA 70, National Electrical Code, Article 760

Manufacturer's Instructions

Other (specify): _____

Signed: Sybil Davis

Date: 8/8/06

Organization: Protection Professionals

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system (see NFPA 72, Table 6.6.1).

Quantity: 1 Style: Y Class: _____

5. Alarm-Initiating Devices and Circuits

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5)

Quantity 11 Style _____ Class _____

MANUAL

(a) Manual stations Noncoded _____ Transmitters _____ Coded _____ Addressable 10

(b) Combination manual fire alarm and guard's tour coded stations _____

AUTOMATIC

Coverage: Complete: Partial: _____

Selective: _____ Nonrequired: _____

(a) Smoke detectors Ion _____ Photo 2 Addressable 3

(b) Duct detectors Ion _____ Photo _____ Addressable _____

(c) Heat detectors FT _____ RR _____ FT/RR _____ RC _____ Addressable _____

(d) Sprinkler waterflow indicators: Transmitters _____ Noncoded _____ Coded _____ Addressable 1

(e) The alarm verification feature is disabled _____ or enabled _____, changed from _____ seconds to _____ seconds.

(f) Other (list): Addressable Tamper

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

(a) _____ Coded Stations

(b) _____ Noncoded Stations

(c) _____ Compulsory guard tour system comprised of _____ transmitter stations & intermediate stations

NOTE: Combination devices recorded under 5(b), Manual, and 6(a), Guard Tour.

SPRINKLER SYSTEM

(a) 1 Valve supervisory switches

(b) _____ Building temperature points

(c) _____ Site water temperature points

(d) _____ Site water supply level points

Electric fire pump:

(e) _____ Fire pump power

(f) _____ Fire pump running

(g) _____ Phase reversal

Engine-driven fire pump:

(h) _____ Selector in auto position

(i) _____ Engine or control panel trouble

(j) _____ Fire pump running

Engine-driven generator:

(k) _____ Selector in auto position

(l) _____ Control panel trouble

(m) _____ Transfer switches

(n) _____ Engine running

Other supervisory function(s) (specify) _____

7. Annunclator(s)

Number: 1 Type: 20 Location: Front

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 - Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

Quantity and class of notification appliance circuits connected to system (see NFPA 72, Table 6.7)

Quantity: _____ Style: _____ Class: _____

Types and quantities of notification appliances installed:

(a) Bells _____ With Visible _____

(b) Speakers _____ With Visible _____

(c) Horns 11 With Visible 11

(d) Chimes _____ With Visible _____

(e) Other: _____ With Visible _____

(f) Visual appliance without audible: _____

9. System Power Supplies

(a) Fire Alarm Control Unit: Nominal voltage: 120V Current rating: 200A

Overcurrent protection: Type 113 Current rating: 20.12 Location: Electrical Panel

(b) Secondary (standby):

Storage battery: 12V Amp-hour rating: 7

Calculated capacity to drive system, in hours: _____

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

(c) Emergency system used as backup to primary power supply: _____

Emergency system described in NFPA 70, Article 700: _____

10. Comments:

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA Standard(s): _____

System deviations from the referenced NFPA standard(s) are: _____

[Signature] (signed) for installation contractor/supplier Title: ADs Mgr Date: 7-8-06

(signed) for alarm service company Title: _____ Date: _____

(signed) for central station Title: _____ Date: _____

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the Authority Having Jurisdiction): _____

(signed) Representative of the Authority Having Jurisdiction Title: _____ Date: _____

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Sprinkler Systems, Inc.

Contractor's Material & Test Certificate for Aboveground Pipe

Procedure

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Name WILSON HEIGHTS CONDOMINIUMS Date 10-20-06

Property Address 56 WILSON ST PORTLAND MAINE

Plans Accepted by approving authorities (Names) _____
 Address _____
 Installation conforms to accepted plans Yes No
 Equipment used is approved, if no, explain deviations Yes No
 Has person in charge of fire equipment been instructed as to location of control valve and care and maintenance of this new equipment? Yes No
 If no, explain: _____

Instructions Have copies of the following been left on the premises?
 1. System components instructions Yes No
 2. Care and maintenance instructions Yes No
 3. NFPA 25 Yes No

Location of System Supplies Buildings: _____

| | Make | Model | Year of Mfg. | Orifice Size | Quantity | Temp Rating |
|------------|----------|---------|--------------|--------------|----------|-------------|
| Sprinklers | RELIABLE | FIER | 2006 | 1/2 | 15 | 200°F |
| | RELIABLE | FIER 44 | 2006 | 1/2 | 44 | 155°F |
| | RELIABLE | FIER | 2006 | 1/2 | 1 | 155°F |

Pipe and Fittings Type of pipe AS PER NFPA-13R Type of fittings AS PER NFPA-13R

| Alarm Valve or Flow Indicator | Alarm Device | | | Maximum time to operate through test connection | |
|-------------------------------|--------------|--------|-------|---|-----|
| | Type | Make | Model | Min | Sec |
| | FLOW SWITCH | POTTER | VSR-F | | |

| Dry Pipe Operating Test | Dry Valve | | | QOD | | |
|-----------------------------------|--------------------------------------|----------------|--------------|-------------------------|--------------------------------|-------------------------|
| | Make | Model | Serial # | Make | Model | Serial # |
| | N/A | | | | | |
| | Time to trip through test connection | Water Pressure | Air Pressure | Trip Point Air Pressure | Time Water Reached Test Outlet | Alarm Operated Properly |
| | With QOD MIN SEC PSI PSI PSI | | | | MIN SEC | YES NO |
| W/O QOD MIN SEC PSI PSI PSI | | | | MIN SEC | YES NO | |

If no, explain: _____

| | | | | | | | | | | |
|--------------------------------|--|-------|---|------------------|--|--------------------|---------------------------------|-------------------|--------------|------------|
| Deluge & Preaction Valve | Operation: <u>N/A</u> | | Circle One: Pneumatic | | Electric | | Hydraulic | | | |
| | Piping Supervised | | Yes | No | Detecting Medium Supervised | | Yes | No | | |
| | Does valve operate from the manual trip, remote, or both control stations? | | | | | | | Yes | No | |
| | Is there an accessible facility in each circuit for testing? If no, explain. | | | | | | | Yes | No | |
| | Make | Model | Does each circuit operate supervision loss alarm? | | Does each circuit operate valve release? | | Maximum time to operate release | | | |
| | | Yes | No | Yes | No | Min | Sec | | | |
| Pressure Reducing Valve | Location & Floor | | Make & Model | | Setting | Static Pressure | | Residual Pressure | | Flow Rate |
| | <u>N/A</u> | | | | | Inlet (psi) | Outlet (psi) | Inlet (psi) | Outlet (psi) | Flow (gpm) |
| Test Description | <p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and drop, which will not exceed 1 1/2 psi (.01 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (.01 bars) in 24 hours.</p> | | | | | | | | | |
| | <p>All piping hydrostatically tested at <u>200</u> psi (<u> </u> bars) for <u>2</u> hours If no, state reason:</p> <p>Dry piping pneumatically tested (circle one) <u>N/A</u> Yes No</p> <p>Equipment operates properly (circle one) <u>Yes</u> No</p> <p>Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives or sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? Circle one: <u>Yes</u> No</p> <p>Drain Test: Reading of gauge located near water supply test connection: <u>42</u> psi (<u> </u> bars) Residual pressure with valve in test connection open wide: <u>42</u> psi (<u> </u> bars)</p> | | | | | | | | | |
| Hydraulic Data Nameplate | Nameplate provided: <u>Yes</u> No | | If no, explain: | | | | | | | |
| Remarks | Date left in service with all control valves open: <u>12/13/06</u> | | | | | | | | | |
| Signatures | Sprinkler Contractor: Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, Maine 04243-1285 Phone: 207-782-0104 Fax: 207-783-4865 | | | | | | | | | |
| | Property Owner Signature | | | Title | | | Date | | | |
| | <u>[Signature]</u> | | | <u>Gen. Mgr.</u> | | | <u>12/13/06</u> | | | |
| Sprinkler Contractor Signature | | | Title | | | Date | | | | |
| <u>[Signature]</u> | | | <u>[Signature]</u> | | | <u>[Signature]</u> | | | | |

Additional Explanations and Notes:

**THE HEARTH DOCTOR, INC.
P.O. Box 257
GRAY PLAZA
GRAY, ME 04039
(207) 657-5397**

December 14, 2006

Mainland Structures
11A Bartlett Road
Gorham, ME 04038
207-856-1817

Re: 56 Wilson Street
Unit 2
Portland, ME

This letter is to certify that the P36D-NG1 gas-fired heating appliance that was installed at the above location is a listed appliance (see attached document) and has been installed by an NFI certified and Maine state licensed installer in a manner consistent with it's listing to all required clearances. Furthermore the appliance is approved for use in multi-unit dwellings.

Signed



William Robinson
President
The Hearth Doctor, Inc.

SAFETY LABEL

This is a copy of the label that accompanies each P36D-1 Zero Clearance Direct Vent Gas Fireplace. We have printed a copy of the contents here for your review. The safety label is located on the front inside base of the unit, visible when the bottom louver is open.

NOTE: FPI units are constantly being improved. Check the label on the unit and if there is a difference, the label on the unit is the correct one.

COPY OF SAFETY DECAL FOR P36D-1

306 Duplicate S/N 306

DO NOT REMOVE THIS LABEL. NE PAS ENLEVER CETTE ÉTIQUETTE

Serial No./ No de serie **306**

Listed: VENTED GAS FIREPLACE HEATER
Certified for/Certifié pour: CANADA and U.S.A.
 Tested to: Gas-Fired Appliances For Use At High Altitudes CAN/CGA-2.17-M91,
 Vented Gas Fireplace Heaters ANSI Z21.885-2003/CSA 2.336-2003
 Report No. 476-3059100 (June 2004)

APPAREIL FONCTIONNANT AU NATUREL GAZ
CONÇU POUR ÊTRE POÉLE: Modèle P36D-1G1
 Pression d'alimentation minimum
 Pression à la tubulure d'échappement élevée
 Pression à la tubulure d'échappement basse
 Grandeur de l'injecteur
 Débit Calorifique minimum selon
 Débit Calorifique maximum selon
 Altitude

NATURAL GAS: Model P36D-1F1

| | | |
|-------------------------|--------|-----------------|
| Minimum supply pressure | 5" | WC(1.25 kPa) |
| Manifold pressure high | 3.8" | WC(0.95 kPa) |
| Manifold pressure low | 1.4" | WC(0.27 kPa) |
| Orifice size | # 37 | DMS |
| Minimum input | 15,000 | Btu/h (4.54 kW) |
| Maximum input | 30,000 | Btu/h (8.79 kW) |
| Altitude | 0-4500 | ft/pt(0-1372 m) |

PROpane: Model P36D-1F1

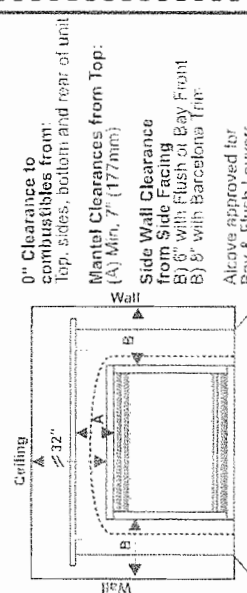
| | | |
|-------------------------|--------|-----------------|
| Minimum supply pressure | 12" | WC(3.00 kPa) |
| Manifold pressure high | 11" | WC(2.74 kPa) |
| Manifold pressure low | 2.9" | WC(0.72 kPa) |
| Orifice size | # 52 | DMS |
| Minimum input | 15,000 | Btu/h (3.96 kW) |
| Maximum input | 30,000 | Btu/h (7.91 kW) |
| Altitude | 0-4500 | ft/pt(0-1372 m) |

VENTING: This appliance must be installed in accordance with local codes, if any, if none, follow the National Fuel Gas Code, ANSI Z223.1/NFPA 54, or Natural Gas and Propane Installations Codes, CSA B149.1. For Manufactured Home Installation: This Direct Vent System Appliance must be installed in accordance with the manufacturer's installation instructions and Manufactured Home Construction and Safety Standard Title 24 CFR, Part 3280, or the current Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities ANS/NFPA 501A, and with CAN/CSA Z240 MH Mobile Home Standard in Canada, Optional Fan (Part # 432-917) Optional Bay Window (Part #510-930) Optional Heat Wave Kit # 946-556 Electrical supply 115VAC, 1, 13 A, 60Hz.

NOT FOR USE WITH SOLID FUELS. This vented gas fireplace is not for use with filters.

MAY BE INSTALLED IN MANUFACTURED (MOBILE) HOMES AFTER FIRST SALE.

Minimum Clearances to Combustibles / Dégauchement Minimum De Matériaux Combustibles



The "Bay Louvers" MUST be used with the Bay Glass option

BEFORE SEALING, please check that the door is properly sealed

(See Instruction Manual for Detailed Instructions)

FPI Fireplace Products International Ltd.
 Delta, BC, Canada
 Made in Canada/Fabrique au Canada 919-500

For the State of Massachusetts, installation and repair must be done by a plumber or gasfitter licensed in the Commonwealth of Massachusetts.

For the State of Massachusetts, flexible connectors shall not exceed 36 inches in length.

For the State of Massachusetts, the appliances individual manual shut-off must be a t-handle type valve.

The State of Massachusetts requires the installation of a carbon monoxide alarm in accordance with NFPA 720 and a CO alarm with battery back up in the same room where the gas appliance is installed.

**THE HEARTH DOCTOR, INC.
P.O. Box 257
GRAY PLAZA
GRAY, ME 04039
(207) 657-5397**

December 14, 2006

Mainland Structures
11A Bartlett Road
Gorham, ME 04038
207-856-1817

Re: 56 Wilson Street
Unit 3
Portland, ME

This letter is to certify that the P36D-NG1 gas-fired heating appliance that was installed at the above location is a listed appliance (see attached document) and has been installed by an NFI certified and Maine state licensed installer in a manner consistent with it's listing to all required clearances. Furthermore the appliance is approved for use in multi-unit dwellings.

Signed,



William Robinson
President
The Hearth Doctor, Inc.

This is a copy of the label that accompanies each P36D-1 Zero Clearance Direct Vent Gas Fireplace. We have printed a copy of the contents here for your review. The safety label is located on the front inside base of the unit, visible when the bottom louver is open.

NOTE: FPI units are constantly being improved. Check the label on the unit and if there is a difference, the label on the unit is the correct one.

COPY OF SAFETY DECAL FOR P36D-1

Duplicate S/N 306

DO NOT REMOVE THIS LABEL FROM THE FIREPLACE

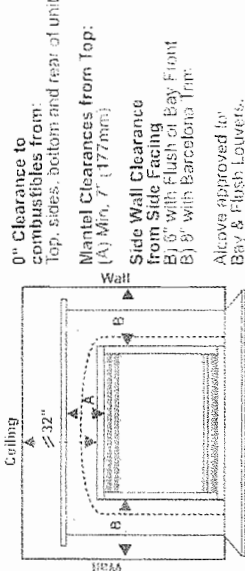
Serial No./ No de serie

306



MAY BE INSTALLED IN MANUFACTURED (MOBILE) HOMES AFTER FIRST SALE.

Minimum Clearances to Combustibles / Degagement Minimum De Matériaux Combustibles



The "Bay Louvers" **MUST** be used with the Bay Glass option

See Instruction Manual for Detailed Instructions

FPI Fireplace Products International Ltd.
Delta, BC, Canada
Made in Canada / Fabriqué au Canada
919-500

For the State of Massachusetts, installation and repair must be done by a plumber or gasfitter licensed in the Commonwealth of Massachusetts.

For the State of Massachusetts, flexible connectors shall not exceed 36 inches in length.

For the State of Massachusetts, the appliances individual manual shut-off must be a t-handle type valve.

The State of Massachusetts requires the installation of a carbon monoxide alarm in accordance with NFPA 720 and a CO alarm with battery back up in the same room where the gas appliance is installed.

APPAREIL FONCTIONNANT AU NATUREL GAZ CONCU POUR ETRE POELE: (Mod. P36D-1)
Pression d'alimentation minimum
Pression à la tubulure d'échappement élevée
Pression à la tubulure d'échappement basse
Grandeur de l'injecteur
Débit Calorifique minimum selon l'altitude
Débit Calorifique maximum selon l'altitude

| | | |
|-------------------------|--------|-----------------|
| Minimum supply pressure | 5" | WC(1.25 kPa) |
| Manifold pressure high | 3.8" | WC(0.95 kPa) |
| Manifold pressure low | 1.1" | WC(0.27 kPa) |
| Orifice size | # 37 | DMS |
| Minimum input | 15,500 | Btu/h (4.54 kW) |
| Maximum input | 30,000 | Btu/h (8.79 kW) |
| Altitude | 0-4500 | ft/pt(0-1372 m) |

APPAREIL FONCTIONNANT AU GAZ PROPANE CONCU POUR ETRE POELE: (Mod. P36D-1)
Pression d'alimentation minimum
Pression à la tubulure d'échappement élevée
Pression à la tubulure d'échappement basse
Grandeur de l'injecteur
Débit Calorifique minimum selon l'altitude
Débit Calorifique maximum selon l'altitude

| | | |
|-------------------------|--------|-----------------|
| Minimum supply pressure | 12" | WC(3.00 kPa) |
| Manifold pressure high | 11" | WC(2.74 kPa) |
| Manifold pressure low | 2.9" | WC(0.72 kPa) |
| Orifice size | # 52 | DMS |
| Minimum input | 15,000 | Btu/h (3.96 kW) |
| Maximum input | 30,000 | Btu/h (7.91 kW) |
| Altitude | 0-4500 | ft/pt(0-1372 m) |

NOT FOR USE WITH SOLID FUELS. This vented gas fireplace is not for use with filters.

**THE HEARTH DOCTOR, INC.
P.O. Box 257
GRAY PLAZA
GRAY, ME 04039
(207) 657-5397**

December 14, 2006

Mainland Structures
11A Bartlett Road
Gorham, ME 04038
207-856-1817

Re: 56 Wilson Street
Unit 4
Portland, ME

This letter is to certify that the P36D-NG1 gas-fired heating appliance that was installed at the above location is a listed appliance (see attached document) and has been installed by an NFI certified and Maine state licensed installer in a manner consistent with it's listing to all required clearances. Furthermore the appliance is approved for use in multi-unit dwellings.

Signed



William Robinson
President
The Hearth Doctor, Inc.

SAFETY LABEL

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NOTE: FPI units are constantly being improved. Check the label on the unit and if there is a difference, the label on the unit is the correct one.

COPY OF SAFETY DECAL FOR P36D-1

For the State of Massachusetts, installation and repair must be done by a plumber or gasfitter licensed in the Commonwealth of Massachusetts.

For the State of Massachusetts, flexible connectors shall not exceed 36 inches in length.

For the State of Massachusetts, the appliances individual manual shut-off must be a t-handle type valve.

The State of Massachusetts requires the installation of a carbon monoxide alarm in accordance with NFPA 720 and a CO alarm with battery back up in the same room where the gas appliance is installed.

306

Duplicate S/N

Serial No./ No de serie

306

Listed: VENTED GAS FIREPLACE HEATER
Certified for/Certifiée pour: CANADA and U.S.A.
 Tested to: Gas-Fired Appliances For Use At High Altitudes CAN/CGA-2.17-M91,
 Vented Gas Fireplace Heaters ANSI Z21.88b-2003/CSA 2.33b-2003
 Report No. 476-3059100 (June 2004)



| | | | | | | | | | | | | |
|---|--|--|--|----|----|-----|----|----|-----|----|----|--|
| <p>APPAREIL FONCTIONNANT AU NATUREL GAZ CONCU POUR ETRE POELE: Mod. P36D-01</p> <p>Pression d'alimentation minimum Pression à la tubulure d'échappement élevée Pression à la tubulure d'échappement basse Grandeur de l'injecteur Débit Calorifique minimum selon l'altitude Débit Calorifique maximum selon l'altitude</p> | | <p>APPAREIL FONCTIONNANT AU GAZ PROPANE CONCU POUR ETRE POELE: Mod. P36D-01</p> <p>Pression d'alimentation minimum Pression à la tubulure d'échappement élevée Pression à la tubulure d'échappement basse Grandeur de l'injecteur Débit Calorifique minimum selon l'altitude Débit Calorifique maximum selon l'altitude</p> | | | | | | | | | | |
| <p>Minimum supply pressure 5" WC(1.25 kPa) Manifold pressure high 3.8" WC(0.95 kPa) Manifold pressure low 1.1" WC(0.27 kPa) Orifice size # 37 Minimum input 15,500 Btu/h (4.54 kW) Maximum input 30,000 Btu/h (8.79 kW) Altitude 0-4500 ft(0-1372 m)</p> | <p>Minimum supply pressure 12" WC(3.00 kPa) Manifold pressure high 11" WC(2.74 kPa) Manifold pressure low 2.9" WC(0.72 kPa) Orifice size # 52 Minimum input 15,000 Btu/h (3.96 kW) Maximum input 30,000 Btu/h (7.91 kW) Altitude 0-4500 ft(0-1372 m)</p> | <p>VENTING: This appliance must be installed in accordance with local codes, if any; if none, follow the National Fuel Gas Code, ANSI Z223.1/NFPA 54, or Natural Gas and Propane Installation Codes, CSA B149.1. For Manufactured Home Installation: This Direct Vent System Appliance must be installed in accordance with the manufacturer's installation instructions and Manufactured Home Construction and Safety Standard Title 24 CFR, Part 3280, or the current Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities ANSI/NFPA 501A, and with CAN/CSA Z240 MH Mobile Home Standard in Canada. Optional Fan (Part # 432-917) Optional Bay Window (Part #510-930) Optional Heat Wave Kit # 946-956 Electrical supply 115VAC, 1.13 A, 60Hz.</p> | | | | | | | | | | |
| <p>NATURAL GAS: Mod. P36D-01</p> | | <p>PROPANE: Mod. P36D-01</p> | | | | | | | | | | |
| <p>VENTING: This appliance must be installed in accordance with local codes, if any; if none, follow the National Fuel Gas Code, ANSI Z223.1/NFPA 54, or Natural Gas and Propane Installation Codes, CSA B149.1. For Manufactured Home Installation: This Direct Vent System Appliance must be installed in accordance with the manufacturer's installation instructions and Manufactured Home Construction and Safety Standard Title 24 CFR, Part 3280, or the current Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities ANSI/NFPA 501A, and with CAN/CSA Z240 MH Mobile Home Standard in Canada. Optional Fan (Part # 432-917) Optional Bay Window (Part #510-930) Optional Heat Wave Kit # 946-956 Electrical supply 115VAC, 1.13 A, 60Hz.</p> | | | | | | | | | | | | |
| <p>Minimum Clearances to Combustibles / Degagement Minimum De Matériaux Combustibles</p> <p>0" Clearance to combustibles from top, sides, bottom and rear of unit (A) Min. 7" (177mm) Mantel Clearances from Top: Side Wall Clearance from Side Facing B) 6" with Flush of Bay Front B) 8" with Barcelona Trim Alcove approved for Bay & Flush Louvers.</p> <p>Alcove Clearances: Max. Depth 36" (914mm) Min. Width 48" (1219mm) Min. Height 72" (1829mm)</p> <p>Minimum Vent Clearances: Horizontal Top 2-1/2" (64mm) Horizontal Side 1-1/2" (38mm) Horizontal Bottom 1-1/2" (38mm)</p> | | <p>The "Bay Louvers" MUST be used with the Bay Glass option</p> <table border="1"> <tr> <td>CR</td> <td>AL</td> <td>ETS</td> </tr> <tr> <td>KT</td> <td>TH</td> <td>201</td> </tr> <tr> <td>FS</td> <td>ED</td> <td></td> </tr> </table> <p>(See Instruction Manual for Detailed Instructions)</p> | | CR | AL | ETS | KT | TH | 201 | FS | ED | |
| CR | AL | ETS | | | | | | | | | | |
| KT | TH | 201 | | | | | | | | | | |
| FS | ED | | | | | | | | | | | |
| <p>MAY BE INSTALLED IN MANUFACTURED (MOBILE) HOMES AFTER FIRST SALE.</p> | | | | | | | | | | | | |
| <p>FPI Fireplace Products International Ltd. Delta, BC, Canada Made in Canada / fabrique au Canada 019-500</p> | | | | | | | | | | | | |

**THE HEARTH DOCTOR, INC.
P.O. BOX 257
GRAY PLAZA
GRAY, ME 04039
(207) 657-5397**

December 14, 2006

Mainland Structures
11A Bartlett Road
Gorham, ME 04038
207-856-1817

Re: 56 Wilson Street
Unit 1
Portland, ME

This letter is to certify that the P36D-NG1 gas-fired heating appliance that was installed at the above location is a listed appliance (see attached document) and has been installed by an NFI certified and Maine state licensed installer in a manner consistent with it's listing to all required clearances. Furthermore the appliance is approved for use in multi-unit dwellings.

Signed



William Robinson
President
The Hearth Doctor, Inc.

SAFETY LABEL

This is a copy of the label that accompanies each P36D-1 Zero Clearance Direct Vent Gas Fireplace. We have printed a copy of the contents here for your review. The safety label is located on the front inside base of the unit, visible when the bottom louver is open.

NOTE: FPI units are constantly being improved. Check the label on the unit and if there is a difference, the label on the unit is the correct one.

COPY OF SAFETY DECAL FOR P36D-1

Duplicate S/N

306

DO NOT REMOVE THIS LABEL. NE PAS ENLEVER CETTE ÉTIQUETTE

Serial No./ No de serie



306

For the State of Massachusetts, installation and repair must be done by a plumber or gasfitter licensed in the Commonwealth of Massachusetts.

For the State of Massachusetts, flexible connectors shall not exceed 36 inches in length.

For the State of Massachusetts, the appliances individual manual shut-off must be a t-handle type valve.

The State of Massachusetts requires the installation of a carbon monoxide alarm in accordance with NFPA 720 and a CO alarm with battery back up in the same room where the gas appliance is installed.

Listed: VENTED GAS FIREPLACE HEATER

Certified for/Certifiée pour: CANADA and U.S.A.

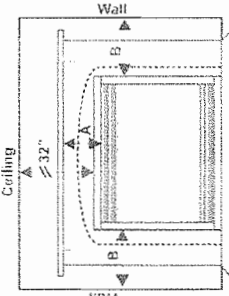
Tested to: Gas-Fired Appliances For Use At High Altitudes CAN/CGA-2.17-M91.

Vented Gas Fireplace Heaters ANSI Z21.88b-2003/CSA 2.33b-2003

Report No. 476-3059100 (June 2004)



| | | |
|---|---|--|
| <p>MAY BE INSTALLED IN MANUFACTURED (MOBILE) HOMES AFTER FIRST SALE.</p> <p>Minimum Clearances to Combustibles / Dégagement Minimum De Matériaux Combustibles</p> <p>0" Clearance to combustibles from top, sides, bottom and rear of unit (A) Min. 7" (177mm)</p> <p>Mantel Clearances from Top: Side Wall Clearance from Side Facing B) 6" with Flush or Bay Front B) 8" with Barcelona Top</p> <p>Alcove approved for Bay & Flush Louvers.</p> <p>Alcove Clearances: Max. Depth 36" (914mm) Min. Width 48" (1219mm) Min. Height 72" (1829mm)</p> <p>Minimum Vent Clearances: Horizontal Top 2-1/2" (64mm) Horizontal Side 1-1/2" (38mm) Horizontal Bottom 1-1/2" (38mm)</p> | <p>APPAREIL FONCTIONNANT AU NATURAL GAZ CONCU POUR ETRE POELE; Mod. P36D-1G1</p> <p>Pression d'alimentation minimum Pression à la tubulure d'échappement élevée Pression à la tubulure d'échappement basse Grandeur de l'injecteur Débit Calorifique minimum selon l'altitude Débit Calorifique maximum selon l'altitude</p> | <p>APPAREIL FONCTIONNANT AU GAZ PROPANE CONCU POUR ETRE POELE; Mod. P36D-1P1</p> <p>Pression d'alimentation minimum Pression à la tubulure d'échappement élevé Pression à la tubulure d'échappement basse Grandeur de l'injecteur Débit Calorifique minimum selon l'altitude Débit Calorifique maximum selon l'altitude</p> |
| <p>NATURAL GAS: Model P36D-1G1</p> <p>Minimum supply pressure 5" WC (1.25 kPa)</p> <p>Manifold pressure high 3.8" WC (0.95 kPa)</p> <p>Manifold pressure low 1.1" WC (0.27 kPa)</p> <p>Orifice size # 37 DMS</p> <p>Minimum input 15,500 Btu/h (4.54 kW)</p> <p>Maximum input 30,000 Btu/h (8.79 kW)</p> <p>Altitude 0-4500 ft (0-1372 m)</p> | <p>PROANE: Model P36D-1P1</p> <p>Minimum supply pressure 12" WC (3.00 kPa)</p> <p>Manifold pressure high 11" WC (2.74 kPa)</p> <p>Manifold pressure low 2.9" WC (0.72 kPa)</p> <p>Orifice size # 52 DMS</p> <p>Minimum input 15,000 Btu/h (3.96 kW)</p> <p>Maximum input 30,000 Btu/h (7.91 kW)</p> <p>Altitude 0-4500 ft (0-1372 m)</p> | <p>VENTING: This appliance must be installed in accordance with local codes, if any; if none, follow the National Fuel Gas Code, ANSI Z223.1/NFPA 54, or Natural Gas and Propane Installations Codes, CSA B149.1. For Manufactured Home Installation: This Direct Vent System Appliance must be installed in accordance with the manufacturer's installation instructions and Manufactured Home Construction and Safety Standard Title 24 CFR, Part 3289, or the current Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities ANSI/NFPA 501A, and with CAN/CSA Z240 MH Mobile Home Standard in Canada. Optional Fan (Part # 432-917) Optional Bay Window (Part #510-930) Optional Heat Wave Kit # 946-556 Electrical supply 115V/AC, 1, 13 A, 60Hz.</p> <p>NOT FOR USE WITH SOLID FUELS. This vented gas fireplace is not for use with filters.</p> |

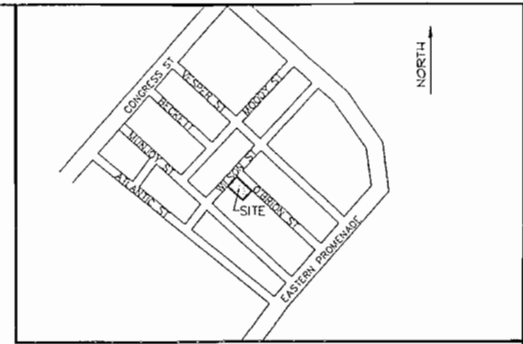


The "Bay Louvers" **MUST** be used with the Bay Glass option

FOR SEAL: leave contact with floor properly sealed

(See Instruction Manual for Detailed Instructions)

FPI Fireplace Products International Ltd.
Delta, BC, Canada
Made in Canada / fabriqué au Canada
919-500



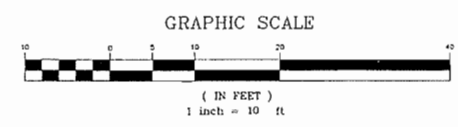
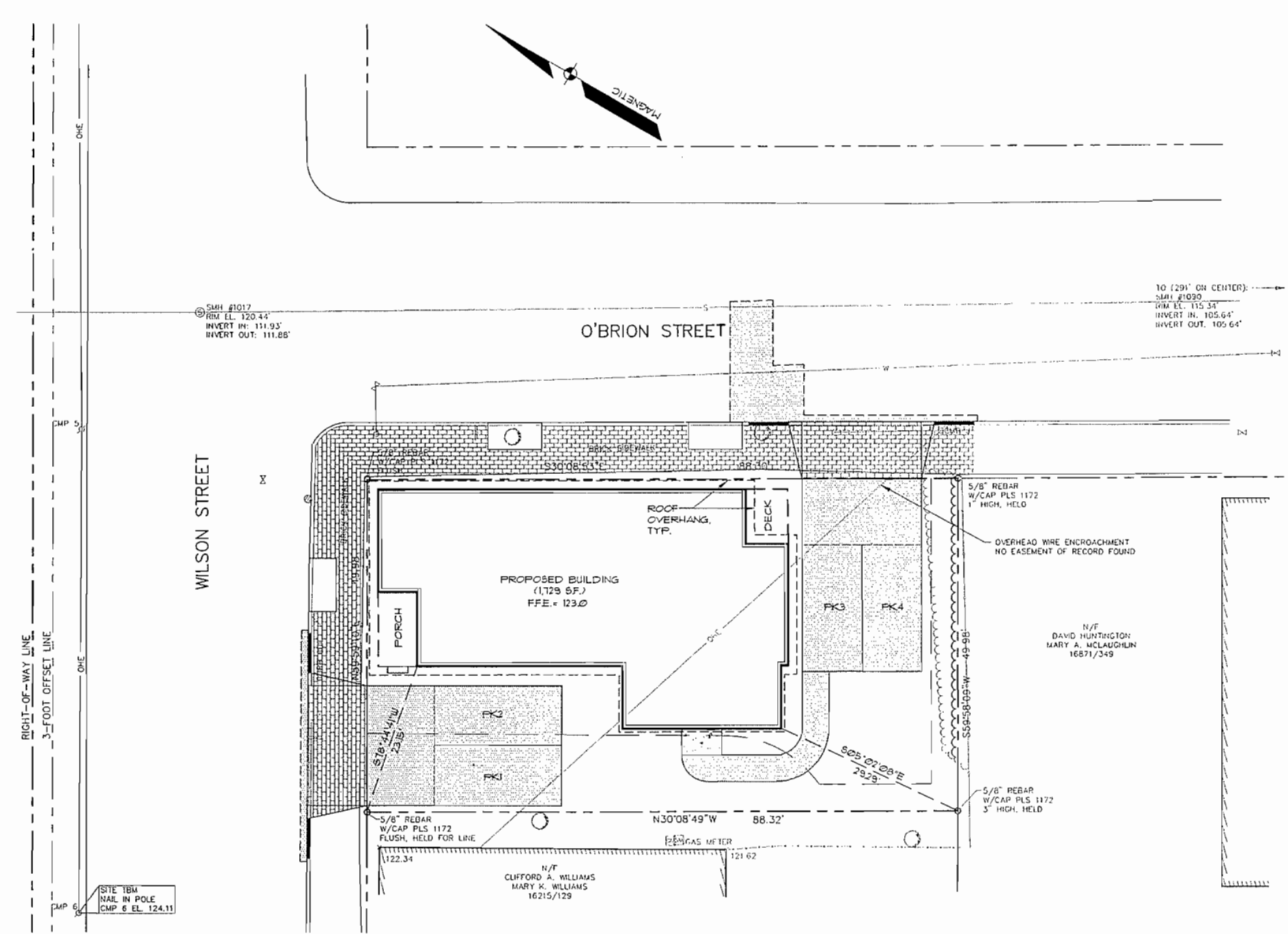
LOCATION MAP N.T.S.

GENERAL NOTES:

1. THE RECORD OWNERS OF THE PROPERTY ARE LAURENCE V. TIRRELL AND BEVERLY W. TIRRELL AS DESCRIBED IN A DEED OF WILLIAM RUBIN DATED DECEMBER 6, 1975, RECORDED AT THE CUMBERLAND COUNTY REGISTRY OF DEEDS IN BOOK 4538 PAGE 271.
2. PLAN REFERENCE:
3. THE BEARINGS SHOWN HEREON ARE BASED UPON MAGNETIC NORTH OBSERVATION TAKEN IN JANUARY OF 2004. CONTOURS AND ELEVATIONS SHOWN HEREON ARE BASED UPON NAVD, 1928 VERTICAL DATUM ESTABLISHED BY THE CITY OF PORTLAND ENGINEERING DEPARTMENT ON A MONUMENT LOCATED AT THE INTERSECTION OF HORNBY STREET AND WILSON STREET.
4. COMMON AREAS OUTSIDE OF THE INDIVIDUAL UNITS EXCEPT FOR LIMITED COMMON AREAS ASSOCIATED WITH EACH UNIT SHALL BE OWNED BY A CONDOMINIUM ASSOCIATION COMPRISED OF ALL THE UNIT OWNERS.
5. PARKING AREAS (PK) ARE LIMITED COMMON ELEMENTS TO THE UNIT NUMBERS SHOWN. LIMITED COMMON ELEMENTS INCLUDE DECK/PATIO/PORCH AREAS.
6. ALL IMPROVEMENTS SHOWN MUST BE BUILT.
7. TO THE BEST OF MY KNOWLEDGE, THIS PLAN IS BASED ON A STANDARD BOUNDARY SURVEY IN CONFORMANCE WITH THE MAINE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS STANDARDS OF PRACTICE, CATEGORY I, CONDITION II, WITH THE FOLLOWING EXCEPTIONS: NO REPORT OF SURVEY AND PROPOSED MONUMENTATION HAS NOT BEEN SET AT THE ISSUANCE OF THIS PLAN.
8. BUILDING TIES TO THE PROPERTY LINE ARE SHOWN FOR PURPOSES OF DETERMINING PROPOSED LOCATIONS AND WILL VARY DEPENDING ON ACTUAL CONSTRUCTION OF THE UNIT. THE CONSTRUCTED LOCATION OF THE UNITS IS INTENDED TO BE AS SHOWN HEREON BUT SHOULD THE LOCATION OF THE CONSTRUCTED UNIT DIFFER FROM THE PROPOSED LOCATION, THE NEW LOCATION WILL TAKE PRECEDENCE AS LONG AS IT IS WITHIN A REASONABLE DIFFERENCE DEFINED AS BEING WITHIN A FOOT, MORE OR LESS OF THE PROPOSED LOCATION.

LEGEND

| EXISTING | DESCRIPTION | PROPOSED |
|----------|-----------------------------------|----------|
| --- | PROPERTY/ROW | --- |
| --- | TIE LINE | --- |
| --- | SETBACK | --- |
| --- | EASEMENT | --- |
| □ | MONUMENT | □ |
| ○ | IRON PIPE/ROD | ○ |
| ▭ | BUILDING | ▭ |
| --- | SIGN | --- |
| --- | EDGE PAVEMENT | --- |
| --- | CURBLINE | --- |
| --- | TREELINE | --- |
| --- | SEWER | --- |
| --- | WATER | --- |
| --- | OVERHEAD ELEC. & TEL. | --- |
| ○ | GATE VALVE | ○ |
| ○ | UTILITY POLE | ○ |
| ○ | HYDRANT | ○ |
| ○ | MANHOLE | ○ |
| ○ | CHAIN LINK FENCE | ○ |
| ○ | STOCKADE FENCE | ○ |
| ○ | DECIDUOUS TREE | ○ |
| ▭ | LIMITED COMMON ELEMENTS - PARKING | PK |



2004-11-14
12-14-06

| REV. | BY: | DATE: | ISSUED TO CLIENT | STATUS: |
|------|-----|----------|------------------|---------|
| A | DOB | 12-14-06 | ISSUED TO CLIENT | |

THIS PLAN SHALL NOT BE ADDED WITHOUT WRITTEN PERMISSION FROM SEBAGO TECHNICS, INC. ANY ALTERATIONS, AUTHORIZED OR OTHERWISE, SHALL BE AT THE USER'S SOLE RISK AND WITHOUT LIABILITY TO SEBAGO TECHNICS, INC.

Sebago Technics
Engineering Experience You Can Build On
One Chubb Street
Westbrook, ME 04098-1339
Tel: (207) 698-0277

PROJECT NO. FIELD BOOK DESIGN CHKD DRAIN
04008 ELECT DOB DOB DOB

CONDOMINIUM PLAT
OF
WILSON HEIGHTS CONDOMINIUMS
O'BRION & WILSON STREET
PORTLAND, MAINE
FRANK D. GRONDIEN BUILDERS, LLC
11A BARTLETT ROAD
GORHAM, ME 04038

STATE OF MAINE
COUNTY SS REGISTRY OF DEEDS
RECEIVED _____ 20____
AT _____ M. AND RECORDED IN
PLAN BOOK _____ PAGE _____
ATTEST _____ REGISTER