

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes. If Any, Attached

Permit Number: 1041308

OCT 24 2008

CITY OF PORTLAND

This is to certify that PARKSIDE APARTMENTS LLC / Joe H
 has permission to Install Lears Mascot Direct Vent Gas Burner
 AT 82 PARK AVE

City of Portland 048 B006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise enclosed-in. 24 HOURS NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Craig Cross
 Health Dept. _____
 Appeal Board _____
 Other _____
Department Name

[Handwritten Signature]
 10/29/08
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1308	Issue Date:	CBL: 048 B006001
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Location of Construction: 82 PARK AVE	Owner Name: PARKSIDE APARTMENTS LLC	Owner Address: 757 CONGRESS ST	Phone: 207-883-4060
Business Name:	Contractor Name: Joe Henrikson	Contractor Address: 1 Henrikson Raod Scarborough	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R-6

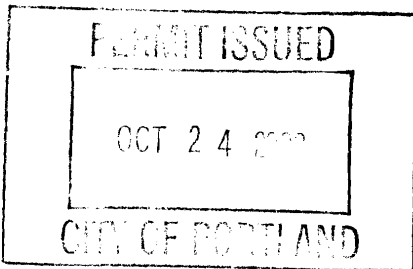
Past Use: Commercial	Proposed Use: Commercial - Install Lears Mascot Direct Vent Gas Burner.	Permit Fee: \$420.00	Cost of Work: \$40,000.00	CEO District: 2
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Proposed Project Description: Install Lears Mascot Direct Vent Gas Burner.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>see conditions</i>	INSPECTION: Use Group: <i>1)</i> Type: <i>HVAC</i> <i>State Gas Reg's</i>
	Signature: <i>Greg Cox</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: Imd	Date Applied For: 10/14/2008	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>10/16/08</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1308	Date Applied For: 10/15/2008	CBL: 048 B006001
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Location of Construction: 82 PARK AVE	Owner Name: PARKSIDE APARTMENTS LLC	Owner Address: 757 CONGRESS ST	Phone: 207-883-4060
Business Name:	Contractor Name: Joe Henrikson	Contractor Address: 1 Henrikson Raod Scarborough	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Commercial - Install Lears Mascot Direct Vent Gas Burner.	Proposed Project Description: Install Lears Mascot Direct Vent Gas Burner.
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/16/2008

Note: **Ok to Issue:**

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a six (6) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 10/20/2008

Note: **Ok to Issue:**

- 1) The installation must comply with the State of Maine Gas Regulations.
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 10/17/2008

Note: **Ok to Issue:**

- 1) Install per Manufacturers specification

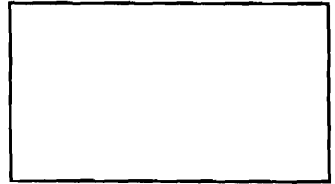
Comments:

10/16/2008-mes: The 1955 Directory shows six (6) residential dwelling units - nothing in microfiche - permit out back no use defined



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 82 Park Ave Use of Building APT. Date 10-14-08
 Name and address of owner of appliance Greg Johnson 82 Park Ave
Portland Me
 Installer's name and address Joe Henriksen 1 Henriksen Rd Email
Scarborough Me 04079 Telephone 883 4660

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Hears Mascot

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # 01943
- Solid Fuel # _____
- Oil # _____
- Gas # PNT 2773
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____

- Metal
Factory Built U.L. Listing # _____

Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 40,000.-

Permit Fee: \$ 420-

Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer Joe Henriksen

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy



FAX COVER SHEET

PORTLAND

172-174 St. John Street
Portland, ME 04102

BRANCHES: ME: AUGUSTA, BATH, BANGOR, LEWISTON, PORTLAND, PRESQUE_ISLE, ROCKLAND, WINDHAM
N.H: LACONIA, MANCHESTER, PORTSMOUTH
P.A: ALTOONA, GROVE CITY
MD: CUMBERLAND

DATE: 10/14/08 # OF PAGES: 2 RETURN FAX # 207-772-2957

TO: Lisa FROM: TOM CUMMINGS

PLEASE FIND THE CSA CERTIFICATE OF COMPLIANCE FOR
THE LAAB BOILER THAT HENDIXSON P/H IS PUTTING IN.



CSA INTERNATIONAL

Certificate of Compliance

Certificate: 1701307

Master Contract: 231405

Project: 1701307

Date Issued: August 11, 2005

Issued to: LAARS
20 Industrial Way
Rochester, NH 03867
USA

Attention: Mr. Josh Roberts

The products listed below are eligible to bear the CSA Mark shown with adjacent indicators 'C' and 'US'



Issued by:

John Jakob
J. L. Jakob, P. Eng.

Authorized by:

Renzo Pupulin
Renzo Pupulin, C.E.T.
Product Group Manager

The 'C' and 'US' indicators adjacent to the CSA Mark signify that the product has been evaluated to the applicable CSA and ANSI/UL Standards, for use in Canada and the U.S., respectively. This 'US' indicator includes products eligible to bear the 'NRTL' indicator. NRTL, i.e. National Recognized Testing Laboratory, is a designation granted by the U.S. Occupational Safety and Health Administration (OSHA) to laboratories which have been recognized to perform certification to U.S. Standards.



CSA INTERNATIONAL

Certificate: 1701307

Master Contract: 231405

Project: 1701307

Date: August 11, 2005

PRODUCTS**CLASS 1502-01 Boilers (Gas) Steam and Hot Water - Residential**

Low pressure boiler for use with natural gas or propane gas, electrical rating B, as follows:

<u>Brand Name</u>	<u>Model</u>	<u>Description</u>	<u>Altitude (*)</u>	<u>Input Rating (Btu/hr)</u>	
				<u>Max</u>	<u>Min</u>
Mascot	HT 330	Condensing gas fired wall mounted combination boiler	N	126376	37192
			H	120358	37192
Mascot	HT 1.330	Condensing gas fired wall mounted boiler	N	126376	37192
			H	120358	37192
Mascot	HT 1.450	Condensing gas fired wall mounted boiler	N	167262	55618
			H	159297	55618
Mascot	HT 1.650	Condensing gas fired wall mounted boiler	N	241600	73361
			H	230096	73361

Notes:

- (*) Altitude: N - Normal altitude
H - High altitude
- Electrical rating B refers to a rating of 120V, 60Hz, 12A or less.

HT

Condensing gas boilers

Chaudières à condensation à gaz

CONVERSION GAS KIT INSTRUCTION KIT CHANGE DU GAZ

“WARNING

This conversion kit shall be installed by a qualified service agency in accordance with the manufacturer's instructions and all applicable codes and requirements of the authority having jurisdiction.

The information in these instructions must be followed to minimize the risk of fire or explosion or to prevent property damage, personal injury or death. The qualified service agency is responsible for the proper installation of the kit. The installation is not proper and complete until the operation of the converted appliance is checked as specified in the manufacturer's instructions supplied with the kit.”

‘AVERTISSEMENT

Cette trousse de conversion ne doit être installée que par le représentant d'un organisme qualifié et conformément aux instructions du fabricant et à tous les codes et exigences pertinents de l'autorité compétente. Les instructions de cette notice doivent être suivies afin de réduire au minimum le risque d'incendie ou d'explosion, de dommage matériel, de blessure ou de mort. L'organisme qualifié est responsable de l'installation adéquate de cette trousse. L'installation n'est pas adéquate ni complète tant que le bon fonctionnement de l'appareil converti n'a pas été vérifié selon les instructions du fabricant fournies avec la trousse. ‘

In case of change of gas the following label has to be placed on the appliance. The previous label has to be removed.

Dans le cas de changement du gaz l'étiquette suivante doit être placée sur l'appareil. L'étiquette précédente doit être enlevée.

THIS GAS BOILER IS CONVERTED FOR USE WITH LPG GAS
SUPPLY PRESSURE 11 in w.c. / 27.4 mbar

CETTE CHAUDIERE A GAZ EST REGLEE POUR FONCTIONNER AU GPL
PRESSION D'ALIMENTATION DU GAZ 11 in w.c. / 27,4 mbar