•	<b>Maine - Building or Use</b> , 04101 Tel: (207) 874-870:			048 B007001
Location of Construction:		<del></del>	Owner Address:	Phone:
76 PARK AVE	PARKSIDE A	APARTMENTS LLC	757 CONGRESS ST	207-883-4060
Business Name: Contractor Na		e:	Contractor Address:	Phone
	Joe Henrikson	n	1 Henrikson Raod Scarbo	orough
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:
			HVAC	K£
Past Use:	Proposed Use:	<del></del>	Permit Fee: Cost of	Work: CEO District:
Commercial	Commercial -	Install Lears Mascot	\$420.00	10,000.00 2
	Direct Vent C	as Burner	FIRE DEPT: Approv	ved INSPECTION:
			Denied	Use Group: A Type:
legAluse;	six resident	al D.u		gwg e
Proposed Project Descript			( )	
Install Lears Mascot I	Direct Vent Gas Burner		Signature O CO CAS	Signature:
			PEDESTRIAN ACTIVITIES	<b>/</b> \
			Action: Approved	Approved w/Conditions Denied
			Signature:	Date:
Permit Taken By:	Date Applied For:		Zoning Appr	
lmd	10/28/2008			
	cation does not preclude the	Special Zone or Revie	ews Zoning Appea	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	☐ Variance	Not in District or Landmar
	2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland ☐ Miscellaneous	
	are void if work is not started on the of the date of issuance.	Flood Zone	Conditional Use	Requires Review
` '	may invalidate a building	Subdivision	☐ Interpretation	Approved
		Site Plan	Approved	Approved w/Conditions
	)	Mai ☐ Minor ☐ MM	Denied	Denied
	7	10 W2 170 10	7750	
		Date: Date:		Date:
		10/2	29/09	
		t		
	The second second			
	Approximate the second			
v1 1		CERTIFICATI		
I have been authorized jurisdiction. In addition	by the owner to make this apple, if a permit for work describe	lication as his authorized in the application is is	d agent and I agree to confossued, I certify that the cod	ized by the owner of record and that orm to all applicable laws of this e official's authorized representative provision of the code(s) applicable to
suon permit.				
SIGNATURE OF APPLICA	ANT	ADDRES	S D	PHONE PHONE
PESPONSIBLE BEDSON	IN CHARGE OF WORK, TITLE			DATE PHONE
ALDI ONDIDLE FERBON	III CHARGE OF WORK, THEE		D	ALL FRUNE



### **APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT**



White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.  The undersigned hereby applies for a permit to instance accordance with the Laws of Maine, the Building Code of the	all the following heating, cooking or power equipment in he City of Portland, and the following specifications:
Name and address of owner of appliance Greg Johnson	Use of Building AP+ Date 10-28-0
Installer's name and address Joe Henridson	1 Henritson Rd Sonsberough M Telephone 883 4060
Location of appliance:  Basement Floor Roof  Type of Fuel: Gas Oil Selid 2.8 2008  Appliance Name: Locats Masc+  U.L. Approved Yes No  Will appliance be installed in accordance with the manufacture's installation instructions? Yes No  IF NO Explain:	Type of Chimney:  Masonry Lined Factory built  Metal Factory Built U.L. Listing #  Direct Vent Type UL#  Type of Fuel Tank  Gas  Size of Tank
The Type of License of Installer:    Master Plumber #	Number of Tanks feet.  Distance from Tank to Center of Flame feet.  Cost of Work: \$ \( \frac{4c}{coc} \) \( - \)  Permit Fee: \$ \( \frac{4D}{D} \) \( - \)  Approved with Conditions
Fire:  Ele.:  Bldg.:  Signature of Installer  Approved  Fire:  Hutter	See attached letter or requirement  Inspector's Signature Date Approved

City of Doutland Mains	Duilding on Hos Downi	<b>.</b>	Permit No:	Date Applied For:	CBL:		
City of Portland, Maine 389 Congress Street, 04101	9		00 1272	10/28/2008	048 B007001		
					Phone:		
Location of Construction:	Owner Name:			Owner Address:			
76 PARK AVE	PARKSIDE APARTI	MENTS LLC	757 CONGRESS	757 CONGRESS ST			
Business Name: Contractor Name: Joe Henrikson			Contractor Address:		Phone		
			1 Henrikson Raod Scarborough				
Lessee/Buyer's Name	Phone:		Permit Type:				
			HVAC				
Proposed Use:		Prop	osed Project Description	ı;			
Commercial six residential dw	elling units- Install Lears Mas	scot Inst	all Lears Mascot Dir	ect Vent Gas Burner	r		
Direct Vent Gas Burner							
Dept: Zoning Sta	itus: Approved with Condition	ns Review	er: Marge Schmuck	(al Approval l	Date: 10/28/2008		
Note:	rus. Approved with Condition	is iteview.	. Margo Sommaon	tai ripprovari	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 Sta	tus: Approved with Condition	ns Review	er: Tammy Munsor	n Approval l	Date: 11/07/2008		
•	reproved with Condition	iis iceriew	.i. ranning withisti	т другочаг і	Ok to Issue:		
Note:							
1) All penetratios through rat or UL 1479, per IBC 2003	ed assemblies must be protected Section 712.	ed by an appro	ved firestop system	installed in accordan	ce with ASTM 814		
2) The installation must comp	oly with the State of Maine Ga	s Regulations.					
Dept: Fire Sta	tus: Approved with Condition	ns <b>Review</b> e	er: Capt Greg Cass	Approval l	Date: 10/28/2008		

Ok to Issue:

Note:

1) Install shall comply with all manufacture's specifications.



# 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:

Authorized by: Kenzo 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.



Certificate: 176

1701307 1701307 Master Contract: 231405

Date: August 11, 2005

### **PRODUCTS**

Project:

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:

]	Brand Name	Model	<u>Description</u>	Altitude (*)	Input Rating (B Max	tu/hr) Min
Ma	Mascot	HT 330	Condensing gas fired wall mounted combination boiler	N	126376	37192
				Н	120358	37192
Mas	Mascot	HT 1.330	Condensing gas fired wall mounted boiler	N	126376	37192
				н	120358	37192
Ma	Mascot	HT 1.450	Condensing gas fired wall mounted boiler	N	167262	<i>55</i> 618
				Н	159297	55618
Ma	Mascot	HT 1.650	Condensing gas fired wall mounted boiler	N	241600	73361
				н	230096	73361

### Notes:,

1. (\*) Altitude: N - Normal altitude

H - High altitude

2. 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 in 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