

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|-----------------------|----------------------------|---------------------|
| Permit No: 03-1491 | Issue Date: DEC 18 2003 | CBL: 052 C006001 |
|-----------------------|----------------------------|---------------------|

| | | | |
|---|--|---|----------------------------|
| Location of Construction: 295 Park Ave | Owner Name: Firehouse Five | Owner Address: 295 Park Ave | Phone: CITY OF PORTLAND |
| Business Name: n/a | Contractor Name: Avery Services, Inc. | Contractor Address: 7 Thomas Drive Westbrook | Phone: 2077728687 |
| Lessee/Buyer's Name n/a | Phone: n/a | Permit Type: HVAC | Zone: W/A |

| | | | | |
|--|---|---|--|--------------------|
| Past Use: Medical Offices | Proposed Use: Medical Offices / Install direct vent natural gas on roof top. | Permit Fee: \$129.00 | Cost of Work: \$11,550.00 | CEO District: 2 |
| Proposed Project Description: Install direct vent natural gas on roof top. | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: B Type: VA 12/12/03 Signature: [Signature] | |
| | | Signature: [Signature] | Signature: [Signature] | |
| 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: gg | Date Applied For: 12/09/2003 | Zoning Approval | | |
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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: _____ | 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 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: _____ |

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 |

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| Permit No: 03-1491 | Date Applied For: 12/09/2003 | CBL: 052 C006001 |
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| Location of Construction: 295 Park Ave | Owner Name: Firehouse Five | Owner Address: 295 Park Ave | Phone: |
| Business Name: n/a | Contractor Name: Avery Services, Inc. | Contractor Address: 7 Thomas Drive Westbrook | Phone (207) 772-8687 |
| Lessee/Buyer's Name n/a | Phone: n/a | Permit Type: HVAC | |

| | |
|---|---|
| Proposed Use: Medical Offices / Install direct vent natural gas on roof top. | Proposed Project Description: Install direct vent natural gas on roof top. |
|---|---|

| | | | |
|-------------------------|------------------------|-------------------------|---|
| Dept: Zoning Note: | Status: Not Applicable | Reviewer: Mike Nugent | Approval Date: 12/12/2003 Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Building Note: | Status: Approved | Reviewer: Mike Nugent | Approval Date: 12/12/2003 Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Fire Note: | Status: Approved | Reviewer: Lt. MacDougal | Approval Date: 12/15/2003 Ok to Issue: <input checked="" type="checkbox"/> |



IN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



052 0006

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 295 Park Ave Use of Building MEDICAL OFFICES Date 12/9/03
 Name and address of owner of appliance FIREHOUSE FIVE c/o J Michael Taylor, MD
295 PARK AVENUE - PORTLAND, ME 04102
 Installer's name and address EVERY SERVICES, INC. 7 THOMAS DRIVE
WESTBORO, ME 04092 Telephone 772-8087 - FAX 874-0933

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: CARRIER GAS/ELECTRIC ROOFTOP UNITS
 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 # _____
- Solid Fuel # _____
- Oil # _____
- Gas # PNT1431
- Other _____

Type of Chimney:

- Masonry Lined
Factory built N/A
- Metal
Factory Built U.L. Listing # N/A
- Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil N/A NAT. GAS
- Gas

Size of Tank N/A

Number of Tanks N/A

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 11,550.00

Permit Fee: \$ 129.00

Approved

Fire: 12/11/03
 Ele.: _____
 Bldg.: 12/12/03

Approved with Conditions

- See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer Douglas Clancy

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

PROPOSAL

517

AVERY SERVICES, INC.
7 Thomas Drive
WESTBROOK, MAINE 04092
(207) 772-8687

FAX (207) 874-0933

TO: Firehouse Five
c/o J. Michael Taylor, M.D.
Attn: Ann Casey
295 Park Avenue
Portland ME 04102

| | |
|--|------------------|
| PHONE 775-3526, FAX 775-5658 | DATE 12/05/03 |
| JOB NAME / LOCATION Emergency RTU Change outs | |
| JOB NUMBER DCA- | JOB PHONE |

We hereby submit specifications and estimates for:

Avery Services, Inc. is pleased to quote on the emergency replacements of (2) of your existing 18 year old York Gas/Electric Roof Top Units. Scope of work as follows:

Removal and disposal of the existing (2) Units(one with Breach Heat Exchanger & other worst one) as per EPA laws.

Supply and install an adaptor curb per unit set onto the existing Roof Curb.

Supply and install (1) Carrier (4 ton) Gas/Electric Roof Top Unit set onto the new adaptor curb.

Reconnect to existing systems, ie: Power Wiring, Gas Piping, Duct System, and Control System.

Start up and test.

Option #1) To add an economizer at time of unit replacement(affords fresh air & free cooling), recommended by ASI & Federal Government. Add \$870.00. EA _____ Initial.

Option #2) To add expediting cost of adaptor curbs as discussed. Add \$350.00. EA _____ Initial.

Exclusion: Roof Work, Power Wiring, if major changes/code upgrades are required, structural, overtime labor, and adequacy of existing systems.

We Propose hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of:

Eleven Thousand Five Hundred Fifty and 00/100 Dollars dollars (\$ 11,550.00).

Payment to be made as follows:

25% upon acceptance - Progress billing/net 10 days - all balances due upon completion.

If payment is not made as outlined above, a service charge of 2% per month on the overdue balance plus all reasonable costs of collection, including attorney's fees will be paid.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within 30 days

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

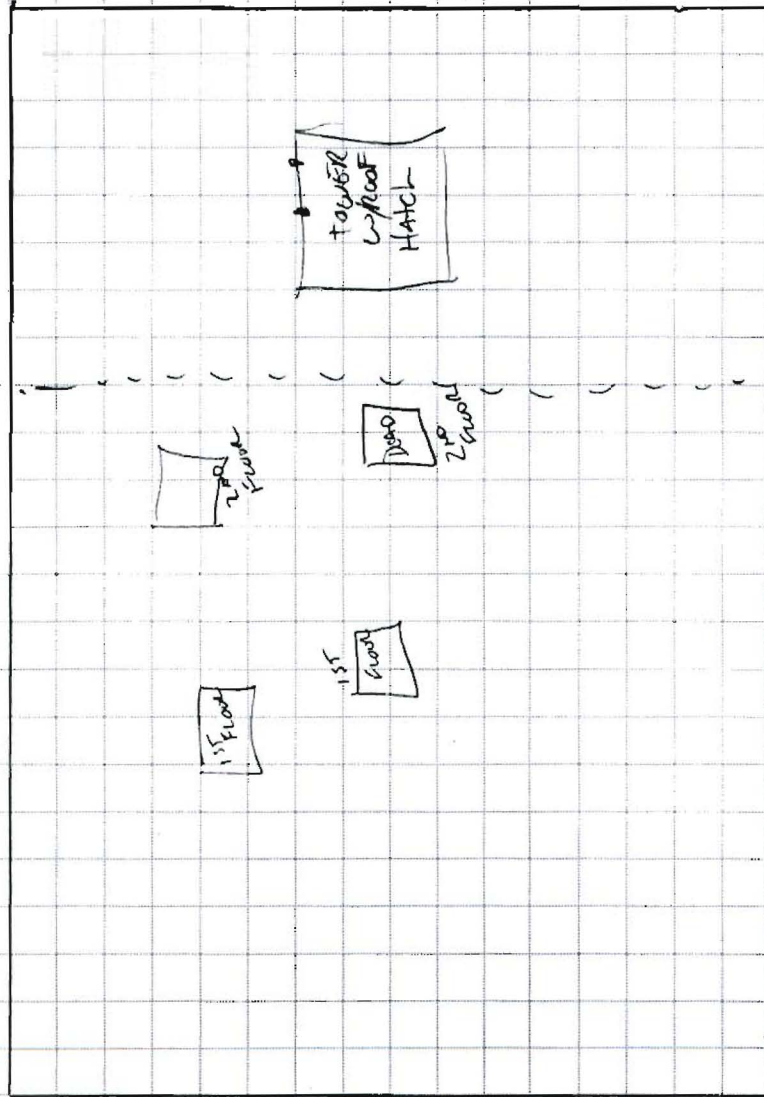
Signature _____

Date of Acceptance: _____

To Reorder:
800-225-6380 or nebs.com

AVERY SERVICES, INC.
7 Thomas Drive
WESTBROOK, MAINE 04092
(207) 772-8687
FAX (207) 874-0933

JOB FIREHOUSE FIVE
SHEET NO. _____ OF _____
CALCULATED BY _____ DATE _____
CHECKED BY _____ DATE _____
SCALE NOT TO SCALE



SEE NOTES ON
REVERSE SIDE

PARR AVE

EXISTING YORK UNITS

MDD # D2EC040N14025B

WEIGHT 829 lbs EA

New units 482 lbs ea

Physical data — 48TF004-007



| UNIT SIZE 48TF | E/F/M/N004 | D/E/F/L/M/N005 | D/E/F/L/M/N006 | D/E/F007 |
|---|--|--|--|--|
| NOMINAL CAPACITY (tons) | 3 | 4 | 5 | 6 |
| OPERATING WEIGHT (lb) | | | | |
| Unit | | | | |
| Al/Al* | 460 | 470 | 490 | 565 |
| Al/Cu* | 465 | 476 | 497 | 578 |
| Cu/Cu* | 468 | 482 | 505 | 587 |
| Economizer | | | | |
| Durablade | 34 | 34 | 34 | 34 |
| EconoMi\$er | 47 | 47 | 47 | 47 |
| Roof Curb† | 115 | 115 | 115 | 115 |
| COMPRESSOR | | Reciprocating | | Scroll |
| Quantity | 1 | 1 | 1 | 1 |
| No. Cylinders (per Circuit) | 2 | 2 | 2 | 2 |
| Oil (oz) | 50 | 50 | 50 | 54 |
| REFRIGERANT TYPE | | R-22 | | |
| Expansion Device | | Acutrol™ Metering Device | | |
| Operating Charge (lb-oz) | | | | |
| Circuit 1 | 4-4 | 6-6 | 6-14 | 9-0 |
| Circuit 2 | — | — | — | — |
| CONDENSER COIL | | Enhanced Copper Tubes, Aluminum Lanced Fins | | |
| Rows...Fins/in. | 1...17 | 2...17 | 2...17 | 2...17 |
| Total Face Area (sq ft) | 8.36 | 8.36 | 10.42 | 10.42 |
| CONDENSER FAN | | Propeller Type | | |
| Nominal Cfm | 3500 | 4000 | 4000 | 4000 |
| Quantity...Diameter (in.) | 1...22.0 | 1...22.0 | 1...22.0 | 1...22.0 |
| Motor Hp...Rpm | 1/4...1100 | 1/4...1100 | 1/4...1100 | 1/4...1100 |
| Watts input (Total) | 325 | 325 | 325 | 325 |
| EVAPORATOR COIL | | Enhanced Copper Tubes, Aluminum Double-Wavy Fins | | |
| Rows...Fins/in. | 2...15 | 2...15 | 3...15 | 4...15 |
| Total Face Area (sq ft) | 4.17 | 5.5 | 5.5 | 5.5 |
| EVAPORATOR FAN | | Centrifugal Type | | |
| Quantity...Size (in.) | Std 1...10 x 10 Alt 1...10 x 10 High-Static 1...10 x 10 | Std 1...10 x 10 Alt 1...10 x 10 High-Static 1...10 x 10 | Std 1...11 x 10 Alt 1...10 x 10 High-Static 1...11 x 10 | Std 1...10 x 10 Alt — High-Static 1...10 x 10 |
| Type Drive | Std Direct Alt Belt High-Static Belt | Std Direct Alt Belt High-Static Belt | Std Direct Alt Belt High-Static Belt | Std Belt Alt — High-Static Belt |
| Nominal Cfm | 1200 | 1600 | 2000 | 2400 |
| Maximum Continuous Bhp | Std .34 Alt 1.00 High-Static 2.40 | Std .75 Alt 1.00 High-Static 2.40 | Std 1.20 Alt 1.30/2.40** High-Static 2.90 | Std 2.40 Alt — High-Static 2.90 |
| Motor Frame Size | Std 48 Alt 48 High-Static 56 | Std 48 Alt 48 High-Static 56 | Std 48 Alt 56 High-Static 56 | Std 56 Alt — High-Static 56 |
| Nominal Rpm High/Low | Std 860/800 Alt 1620 High-Static 1725 | Std 1075/970 Alt 1620 High-Static 1725 | Std 1075/970 Alt 1725 High-Static 1725 | Std — Alt — High-Static 1725 |
| Fan Rpm Range | Std — Alt 760-1000 High-Static 1075-1455 | Std — Alt 835-1185 High-Static 1075-1455 | Std — Alt 900-1300 High-Static 1300-1685 | Std — Alt 1070-1460 High-Static 1300-1685 |
| Motor Bearing Type | Std Ball Alt 2100 | Std Ball Alt 2100 | Std Ball Alt 2100 | Std Ball Alt 2100 |
| Maximum Allowable Rpm | — | — | — | — |
| Motor Pulley Pitch Diameter Min/Max (in.) | Std — Alt 1.9/2.9 High-Static 2.8/3.8 | Std — Alt 1.9/2.9 High-Static 2.8/3.8 | Std — Alt 2.4/3.4 High-Static 3.4/4.4 | Std — Alt — High-Static 3.4/4.4 |
| Nominal Motor Shaft Diameter (in.) | Std 1/2 Alt 1/2 High-Static 5/8 | Std 1/2 Alt 1/2 High-Static 5/8 | Std 5/8 Alt 5/8 High-Static 5/8 | Std 5/8 Alt — High-Static 5/8 |
| Fan Pulley Pitch Diameter (in.) | Std — Alt 4.5 High-Static 4.5 | Std — Alt 4.0 High-Static 4.5 | Std — Alt 4.5 High-Static 4.5 | Std — Alt — High-Static 4.5 |
| Belt, Quantity...Type...Length (in.) | Std — Alt 1...A...34 High-Static 1...A...39 | Std — Alt 1...A...34 High-Static 1...A...39 | Std — Alt 1...A...39 High-Static 1...A...40 | Std — Alt — High-Static 1...A...40 |
| Pulley Center Line Distance (in.) | Std — Alt 10.0-12.4 High-Static 10.0-12.4 | Std — Alt 10.0-12.4 High-Static 10.0-12.4 | Std — Alt 14.7-15.5 High-Static 14.7-15.5 | Std — Alt — High-Static 14.7-15.5 |
| Speed Change per Full Turn of Movable Pulley Flange (rpm) | Std — Alt 48 High-Static 65 | Std — Alt 70 High-Static 65 | Std — Alt 80 High-Static 60 | Std — Alt — High-Static 60 |
| Movable Pulley Maximum Full Turns From Closed Position | Std — Alt 5 High-Static 6 | Std — Alt 5 High-Static 6 | Std — Alt 5 High-Static 5 | Std — Alt — High-Static 5 |
| Factory Setting | Std — Alt 3 High-Static 3 1/2 | Std — Alt 3 High-Static 3 1/2 | Std — Alt 3 High-Static 3 1/2 | Std — Alt — High-Static 3 1/2 |
| Factory Speed Setting (rpm) | Std — Alt 856 High-Static 1233 | Std — Alt 975 High-Static 1233 | Std — Alt 1060 High-Static 1396 | Std — Alt — High-Static 1396 |
| Fan Shaft Diameter at Pulley (in.) | Std — Alt 5/8 | Std — Alt 5/8 | Std — Alt 5/8 | Std — Alt 5/8 |

LEGEND

Al — Aluminum
Bhp — Brake Horsepower
Cu — Copper

*Evaporator coil fin material/condenser coil fin material. Contact your local representative for details about coated fins

†Weight of 14-in. roof curb.

**Single phase/three-phase.

††Rollout switch lockout is manually reset by interrupting power to unit or resetting thermostat.

|| Single-phase units have a single-stage gas valve. The heating input values are as follows:

48TFF004, 115,000 Btuh
48TFF005, 150,000 Btuh
48TFF006, 150,000 Btuh

NOTES:

1. The 48TF004-014 units have a loss-of-charge switch located in the liquid line
2. High-static motor not available on single-phase units.

Base unit dimensions — 48TF004-007



| UNIT 48TF | STANDARD UNIT WEIGHT | | DURABLADE ECONOMIZER WEIGHT | | ECONOMISER WEIGHT | | CORNER WEIGHT (A) | | CORNER WEIGHT (B) | | CORNER WEIGHT (C) | | CORNER WEIGHT (D) | | "A" PANEL LENGTH |
|--------------------|----------------------------|-----|-----------------------------------|------|----------------------|------|-------------------------|------|-------------------------|------|-------------------------|------|-------------------------|------|---|
| | Lb | Kg | Lb | Kg | Lb | Kg | Lb | Kg | Lb | Kg | Lb | Kg | Lb | Kg | |
| E/F/M/N004 | 460 | 209 | 34 | 15.4 | 47 | 21.3 | 140 | 63.5 | 105 | 47.6 | 159 | 72.1 | 56 | 25.4 | 1'-10 ³ / ₁₆ " [568.0] |
| D/E/F/L/ M/N005 | 470 | 213 | 34 | 15.4 | 47 | 21.3 | 142 | 64.4 | 106 | 48.1 | 162 | 73.5 | 60 | 27.2 | 1'-10 ³ / ₁₆ " [568.0] |
| D/E/F/L/ M/N006 | 490 | 222 | 34 | 15.4 | 47 | 21.3 | 150 | 68.0 | 115 | 52.2 | 160 | 72.6 | 65 | 29.5 | 1'-0 ⁹ / ₁₆ " [315.0] |
| D/E/F007 | 565 | 256 | 34 | 15.4 | 47 | 21.3 | 165 | 74.8 | 136 | 61.7 | 200 | 90.7 | 64 | 29.0 | 1'-0 ⁹ / ₁₆ " [315.0] |

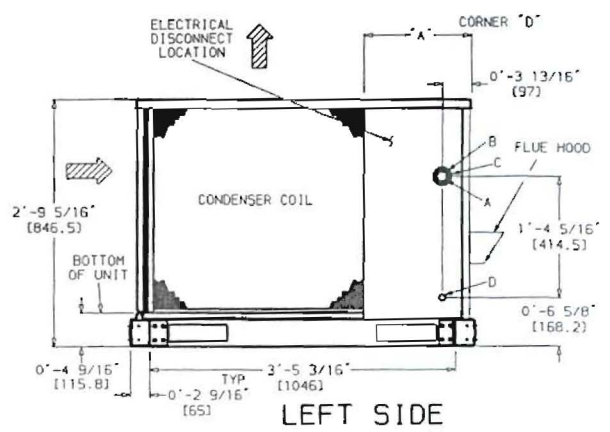
BOTTOM POWER CHART, THESE HOLES REQUIRED FOR USE WITH ACCESSORY PACKAGES — CRBTMPWR001A00 (POWER AND CONTROL), 3A00 (POWER, CONTROL, AND GAS)

| THREADED CONDUIT SIZE | WIRE USE | REQUIRED HOLE SIZES (MAX.) |
|-----------------------|------------|----------------------------|
| 1/2" | 24 V Power | 7/8" [22.2] |
| 3/4" | Power Gas | 1 1/8" [28.4] |
| 1/2" FPT | | 1 1/4" [31.8] |

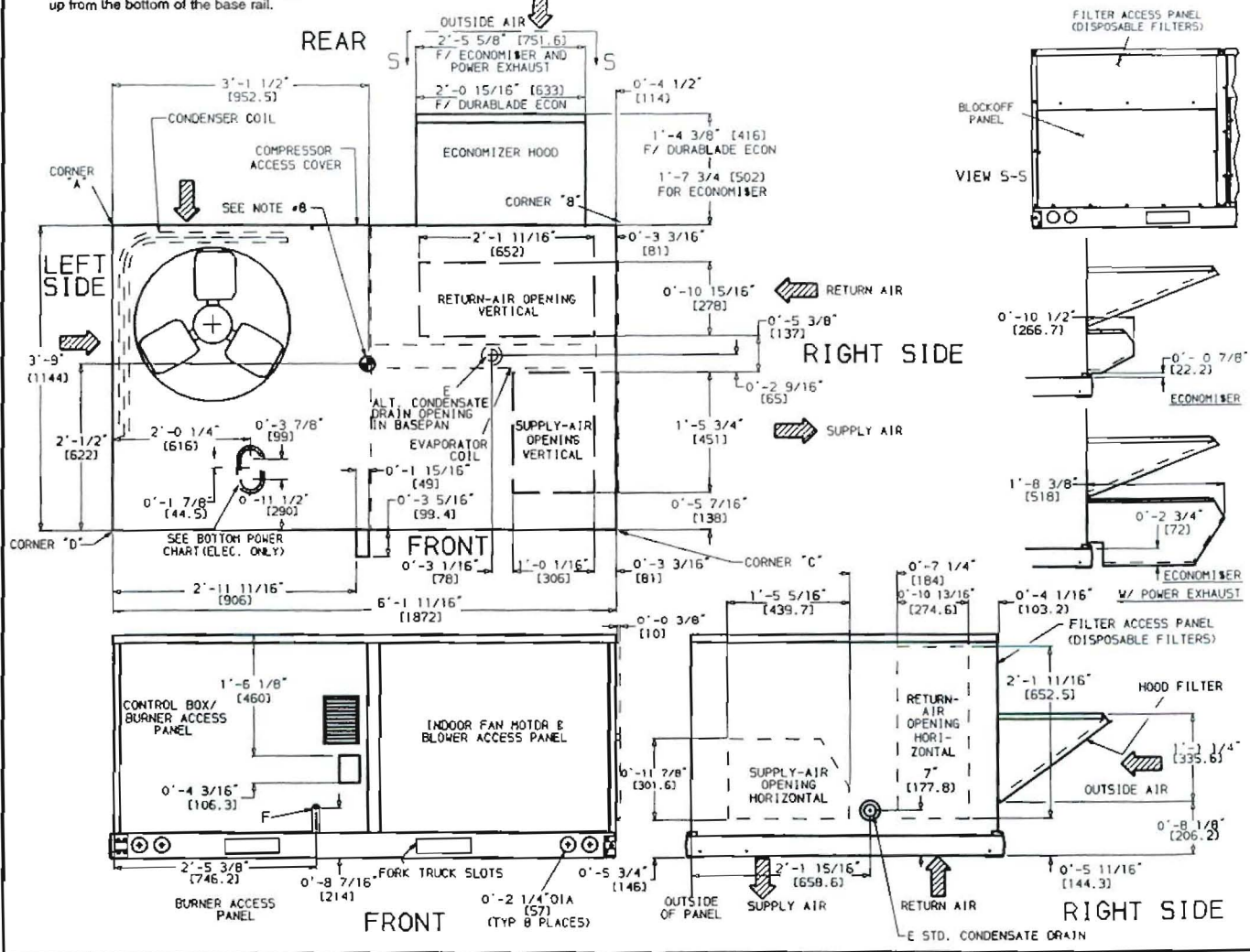
| CONNECTION SIZES | |
|------------------|--|
| A | 1 3/8" Dia [357] Field Power Supply Hole |
| B | 2" Dia. [51] Power Supply Knockout |
| C | 2 1/2" Dia. [64] Power Supply Knockout |
| D | 7/8" Dia. [22] Field Control Wiring Hole |
| E | 3/4"-14 NPT Condensate Drain |
| F | 1/2"-14 NPT Gas Connection |

NOTES:

- Dimensions in [] are in millimeters
- Center of gravity.
- Direction of airflow.
- On vertical discharge units, ductwork to be attached to accessory roof curb only. For horizontal discharge units, field-supplied flanges should be attached to horizontal discharge openings, and all ductwork should be attached to the flanges.
- Minimum clearance (local codes or jurisdiction may prevail):
 - Between unit, flue side and combustible surfaces, 36 inches.
 - Bottom of unit to combustible surfaces (when not using curb), 1 inch.
 - Bottom of base rail to combustible surfaces (when not using curb) 0 inches.
 - Condenser coil, for proper airflow, 36 in. one side, 12 in. the other. The side getting the greater clearance is optional.
 - Overhead, 60 in. to assure proper condenser fan operation.
 - Between units, control box side, 42 in. per NEC.
 - Between unit and ungrounded surfaces, control box side, 36 in. per NEC.
 - Between unit and block or concrete walls and other grounded surfaces, control box side, 42 in. per NEC.
 - Horizontal supply and return end, 0 inches.
- With the exception of the clearance for the condenser coil and combustion side as stated in notes 5a, b and c, a removable fence or barricade requires no clearance.
- Units may be installed on combustible floors made from wood or Class A, B, or C roof covering material if set on base rail.
- The vertical center of gravity is 1'-6" [457] up from the bottom of the base rail.



LEFT SIDE



FRONT

RIGHT SIDE



CITY OF PORTLAND, MAINE
Department of Building Inspections

Dec. 9 2003

Received from Query Services, Inc.

Location of Work 295 Park Circle

Cost of Construction \$ _____

Permit Fee \$ 109.00

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other None

CBL: 059 006

Check #: 098734

Total Collected \$ 109.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

May 6