

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that CHRISTOPHER T BARTLETT

Located At 18 TAYLOR ST

Job ID: 2012-06-4361-HVAC

CBL: 057- B-008-001

has permission to HVAC install Daikin wall and condenser unit 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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-06-4361-HVAC	Date Applied: 6/28/2012	CBL: 057- B-008-001	
Location of Construction: 18 TAYLOR ST	Owner Name: CHRISTOPHER T BARTLETT	Owner Address: 16 TAYLOR ST #1 PORTLAND, ME 04102	Phone:
Business Name:	Contractor Name: Scott Clemmons	Contractor Address: 50 Indian Trail, Brownfield, ME 04010	Phone: 462-7995
Lessee/Buyer's Name:	Phone:	Permit Type: HVAC	Zone: R-6
Past Use: Six Residential Condos	Proposed Use: Same: Six Residential Condos - to install Daikin HVAC on side of bldg.	Cost of Work: \$2,000.00	CEO District:
		Fire Dept: 7/19/12 <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>[Signature]</i> (58)	Inspection: Use Group: R-2 Type: HVAC ASHRAE62 Signature: <i>[Signature]</i> 7/18/12
Proposed Project Description: HVAC install of Daikin wall unit and condens unit		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Brad		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: <i>OK</i> 7/2/12</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation <i>with</i></p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input checked="" type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>approval based on location shown</i></p> <p>Date: 7/9</p> <p><i>D. Andrews</i></p>
	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 appication 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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection Required

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Acting Director of Planning and Urban Development
Jeff Levine, AICP, Director

Job ID: 2012-06-4361-HVAC

Located At: 18 TAYLOR ST

CBL: 057- B-008-001

Conditions of Approval:

Historic

1. Approval is based on location shown in application materials. Any alternative location will require reconsideration.

Building

1. Equipment shall be installed in compliance with the manufacturer's specifications and the UL listing.
2. All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating per Sec. 712 of IBC.
3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

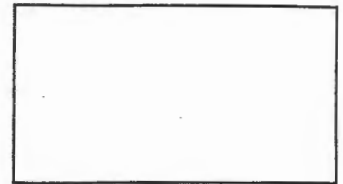
Fire

1. Installation shall comply with City Code Chapter 10; NFPA 70, *National Electrical Code*; and the manufacturer's published instructions.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



2012-06-4361-HVAC
~~3785D-Attic~~

Entered 6/28/12
R-6
B

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: #16 Taylor St, Portland, ME Use of Building: 057 Room Date: 6-13-2012
Name and address of owner of appliance: Christopher Bartlett
16 Taylor Street, Portland, ME 04102
Installer's name and address: Scott Clemens
Soundline Trail, Brown Field, ME 04010 Telephone: 207-462-7995

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name:

Duck
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 # MS 2002192
- Gas # PNT 1127
- 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: 2000
~~\$ 1598.00~~

Permit Fee: \$ 40.00

RECEIVED
JUN 28 2012
Dept. of Building Inspections
City of Portland Maine

Approved

Fire: _____
Ele.: _____
Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Signature of Installer: Scott Clemens Inspector's Signature: _____ Date Approved: _____



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , Check Number: 2023

Tender Amount: 40.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 6/28/2012

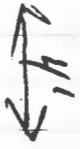
Receipt Number: 45473

Receipt Details:

Referance ID:	7087	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	40.00	Charge Amount:	40.00
Job ID: Job ID: 2012-06-4361-HVAC - HVAC install of Daikin wall unit and condens unit			
Additional Comments: 16 Taylor			

Thank You for your Payment!

6' H Fence



A/C Condenser



Grass
Common Area

6' H Fence

30' Back of Building →

16 Taylor St.

80'

← 10' →

← 20'

DRIVEWAY
ASPHALT

Scott Clemons

50 Indian Trail
Brownfield, ME. 04010



clemons.hvac@gmail.com

Bill To:
Shepard Bosworth
Glendale Corp.
532 Plains Rd.
Hollis, ME 04042

Date: 5/11/2012
Terms: 2/3 Down, Balance on
Completion
Quote: 2013-48
PO #: #20 Taylor St. Port

Description	Price	Quantity	Quote Total
CONTRACT	1598.00	1	1,598.00
<i>FURNISH AND INSTALL ONE 9000 BTU MINI SPLIT HIGH WALL A/C UNIT. THIS UNIT WILL BE INSTALLED ON AN OUTSIDE WALL IN THE NEWLY REMODELED BEDROOM, WITH THE LINE SET RUNNING DOWN THE OUTSIDE WALL TO THE CONDENSER SETTING ON AN ULTRA LITE PAD.</i>			
<i>LINE VOLTAGE MUST BE RUN FROM THE SERVICE PANEL TO THE CONDENSER DISCONNECT BY A LICENSED PROFESSIONAL AND IS NOT INCLUDED IN THIS QUOTE.</i>			
<i>1 DAIKIN 9000 BTU HIGH WALL EVAPORATOR</i>			
<i>1 DAIKIN 9000 BTU CONDENSER</i>			
<i>1 INSULATED LINE SET W/DRAIN</i>			
<i>1 HVAC PERMIT CITY OF PORTLAND</i>			

Amount of Sale	1,598.00
Total	\$1,598.00

Acceptance of Proposal

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strike, accidents or delays beyond our control.

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 _____

For all your Heating & Cooling needs

Project Name: _____
 Location: _____
 Engineer: _____
 Submitted to: _____
 Submitted by: _____
 Reference: _____

Approval: _____
 Date: _____
 Construction: _____
 Unit #: _____
 Drawing #: _____

Performance

Indoor Unit Model No: FTKN09JEVJU
 Outdoor Unit Model No: RKN09JEVJU
 Cooling Capacity (Btu/hr): 8500
 Sensible Capacity (Btu/hr): 5270
 Cooling Input Power (kW): 0.915
 Cooling EER (Btu/hr / kW): 9.3
 SEER: 13
 Heating Capacity (Btu/hr): 0
 Heating Input Power (kW): _____
 Heating COP (Btu/hr / Btu/hr): _____
 HSPF: _____

Indoor Unit Type: Wall Mounted
 Condensing Unit Type: Std SEER Cool Only
 Cooling Nominal Conditions: Indoor: 80°F DB/67°F WB
 Outdoor: 95°F DB/75°F WB
 Water Cooled: _____
 Heating Nominal Conditions: Indoor: _____
 Outdoor: _____
 Water Cooled: _____
 Nominal Piping Length: 25
 Nominal Height Separation: 0
 Nominal Water Flow Rate: _____

Indoor Unit Details

Power Supply (V/Hz/Ph): 208-230/60/1ph
 Power Supply Connections: L1, L2, Ground
 Min. Circuit Amps MCA (A): _____
 Max. Fusible Amps MFA (A): _____
 Dimensions (HxWxD): 11-1/8x30-1/4x7-3/4
 Panel (HxWxD): N/A
 Net Weight (lbs): 15.4
 Weight with Panel (lbs): _____

Airflow Rate (CFM wet coil): 325/261/187
 Moisture Removal (pt/h): _____
 Gas Pipe Connection (inch): 3/8
 Liquid Pipe Connection (inch): 1/4
 Condensate Connection (inch): 11/16
 Sound Pressure Level (dBA): 40
 Sound Power Level (dBA): 56
 Nominal External Static Pressure (inH2O): 0
 Max Ext Static Pressure (inH2O): 0

Condensing Unit Details

Power Supply (V/Hz/Ph): 208-230/60/1ph
 Power Supply Connections: L1, L2, Ground
 Min. Circuit Amps MCA (A): 8.3
 Max. Fusible Amps MFA (A): 15
 Max. Starting Current MSC(A): _____
 Rated Load Amps RLA (A): 6.1
 Total Overcurrent Amps (A): _____
 Dimensions (HxWxD): 21-5/8x25-7/8x10-7/8
 Net Weight (lbs): 68.3
 Compressor Type: Inverter
 Capacity Control Range (%): _____
 Capacity Index Limit: _____

Airflow Rate (CFM): 921
 Gas Pipe Connection (inch): 3/8
 Liquid Pipe Connection (inch): 1/4
 H/L Pressure Connection (inch): _____
 H/L Equalizing Connection (inch): _____
 Water Inlet Connection (inch FPT): _____
 Water Outlet Connection (inch FPT): _____
 Condensate Drain Outlet (inch FPS): _____
 Sound Pressure Level (dBA): 48
 Sound Power Level (dBA): 60
 Unit Heat Rejection (kW): _____
 Max. No. of Indoor Units: _____

System Details

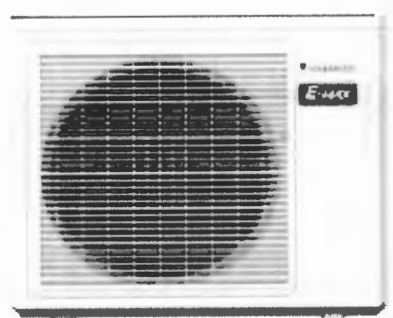
Refrigerant Type: R-410A
 Holding Refrigerant Charge (lbs): 2.2
 Additional Charge (oz/ft): 0.22
 Pre-charge Piping (Length ft): 33 ft
 Max. Pipe Length (Total ft): 49ft
 Max. Pipe Length (Vertical ft): 39ft

Cooling Operation Range (°F): 50 - 114.8
 Cooling Range w/Baffle (°F): N/A
 Heating Operation Range (°F): N/A
 Heating Range w/Baffle (°F): N/A
 Cooling Inlet Water Temp (°F): _____
 Heating Inlet Water Temp (°F): _____
 Water Flow Range (GPM): _____

Submittal Data Sheet

Project Name: _____
Location: _____
Engineer: _____
Submitted to: _____
Submitted by: _____
Reference: _____

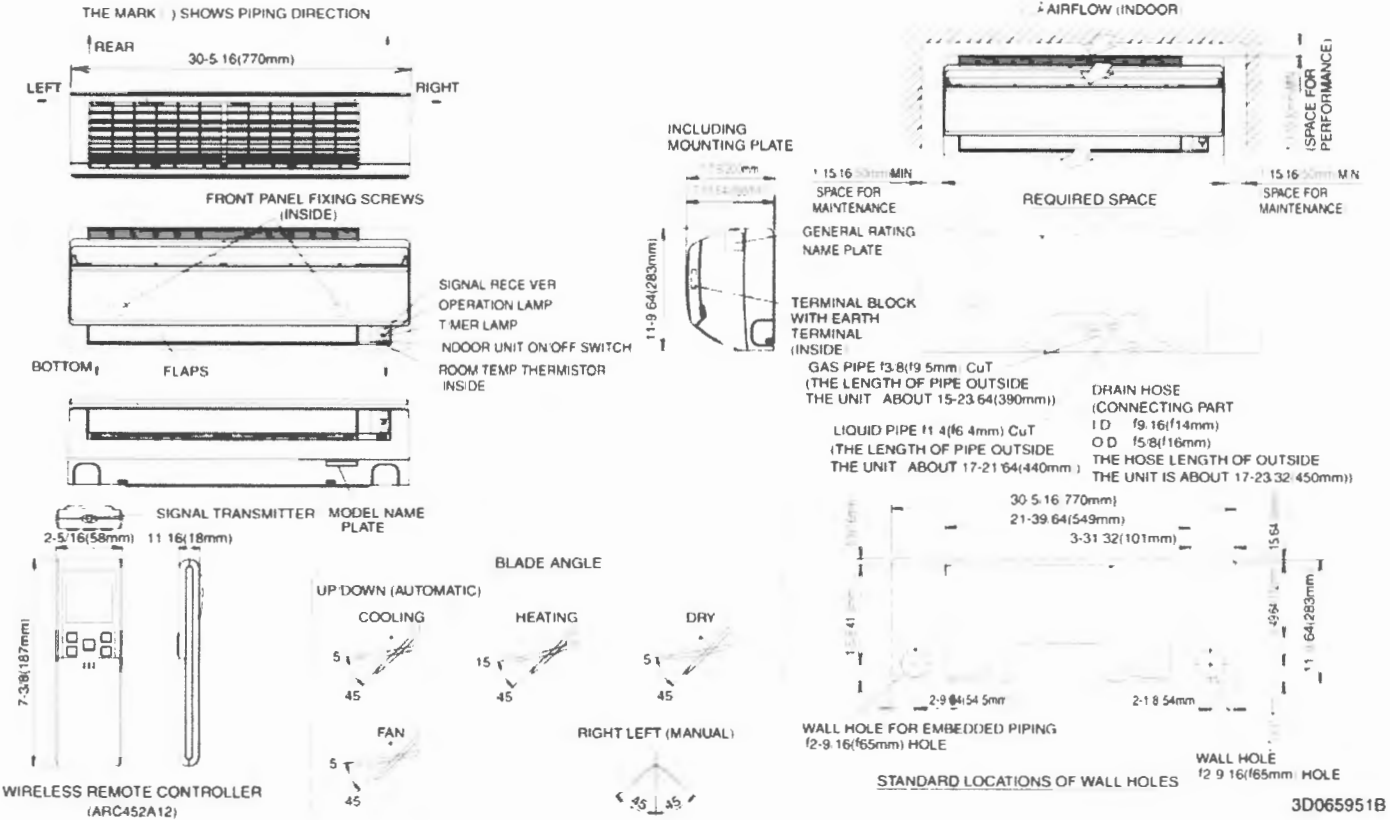
Approval: _____
Date: _____
Construction: _____
Unit #: _____
Drawing #: _____



Project Name: _____
 Location: _____
 Engineer: _____
 Submitted to: _____
 Submitted by: _____
 Reference: _____

Approval: _____
 Date: _____
 Construction: _____
 Unit #: _____
 Drawing #: _____

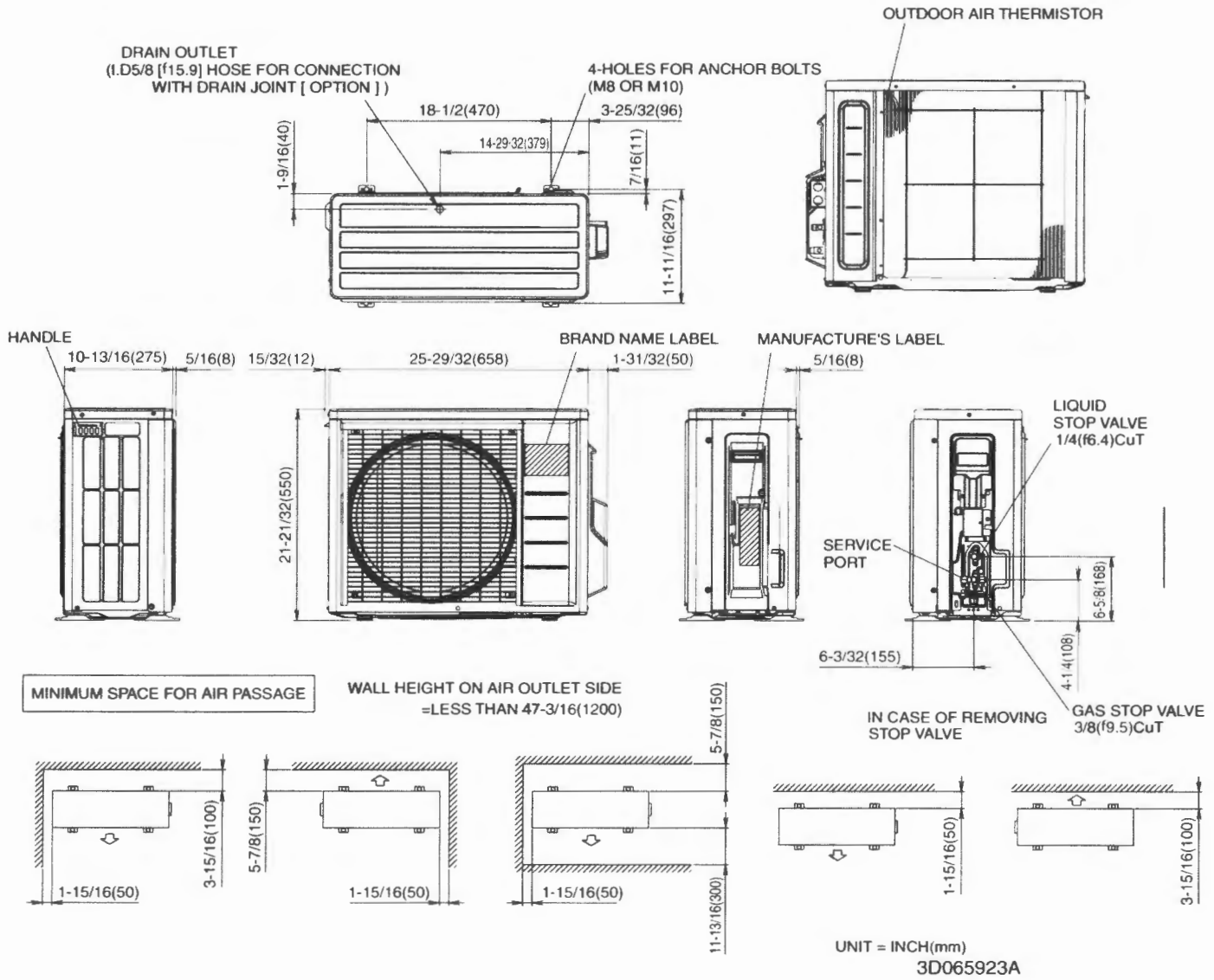
Dimensional Drawing - Indoor Unit



Project Name: _____
 Location: _____
 Engineer: _____
 Submitted to: _____
 Submitted by: _____
 Reference: _____

Approval: _____
 Date: _____
 Construction: _____
 Unit #: _____
 Drawing #: _____

Dimensional Drawing - Condensing Unit





Submittal Data Sheet

Project Name: _____
Location: _____
Engineer: _____
Submitted to: _____
Submitted by: _____
Reference: _____

Approval: _____
Date: _____
Construction: _____
Unit #: _____
Drawing #: _____

Notes

Std U.S. Warranty: 6yrs Compressor, 2yrs Parts, No Labor



Shepard Bosworth
shepard@glendalecorp.com
cell (207) 229-0190





Scott Clemons
clemons.hvac@gmail.com
207-462-7995

CONFIDENTIALITY NOTICE: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.