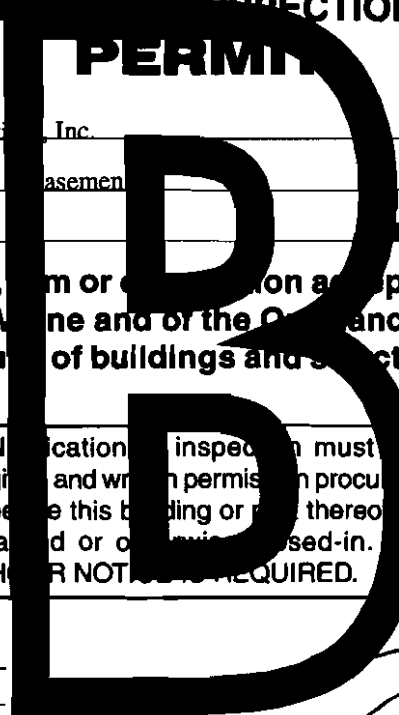


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 051421



This is to certify that Barr Peter L. & /Avery Services, Inc.

has permission to Install a gas heating system in basement

AT 144 Pine St L 062 B001001

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 laid out or occupied. **HOOR NOTICES REQUIRED.**

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

### OTHER REQUIRED APPROVALS

- Fire Dept. \_\_\_\_\_
- Health Dept. \_\_\_\_\_
- Appeal Board \_\_\_\_\_
- Other \_\_\_\_\_

Department Name

*[Signature]*  
10/12/05  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



FILL IN AND SIGN WITH INK

62 B 001

# 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 \_\_\_\_\_ Use of Building Residence S/P Date 9-28-05

Name and address of owner of appliance 144 Pine St

Installer's name and address Avery Services Inc. 7 Thomas Dr Westbrook me 04092 Telephone 772-8687 Fax 8740937

### Location of appliance:

- Basement
- Floor
- Attic
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Carrier

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 # PN11431
- Other \_\_\_\_\_

### Type of Chimney:

Masonry Lined  
Factory built \_\_\_\_\_

Metal  
Factory Built U.L. Listing # \_\_\_\_\_

Direct Vent  
Type PVC

### Type of Fuel Tank

- Oil
- Gas

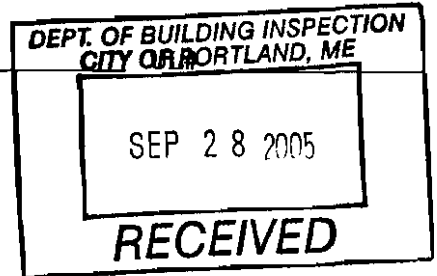
Size of Tank NA

Number of Tanks NA

Distance from Tank to Center of Flame NA feet.

Cost of Work: \$ 24,668

Permit Fee: \$ \_\_\_\_\_



Approved

Approved with Conditions

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer \_\_\_\_\_

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

11/030910

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 05-1421	<b>Date Applied For:</b> 09/30/2005	<b>CBL:</b> 062 B001001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 144 Pine St	<b>Owner Name:</b> Barr Peter L &	<b>Owner Address:</b> 144 Pine St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Avery Services, Inc.	<b>Contractor Address:</b> 7 Thomas Drive Westbrook	<b>Phone</b> (207) 772-8687
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Single Family	<b>Proposed Project Description:</b> Install a gas heating system in basement
---------------------------------------	--

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Tammy Munson      **Approval Date:** 10/12/2005  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 10/12/2005  
**Note:**      **Ok to Issue:**

1) The installation must comply with the State of Maine Gas Regulations.

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 05-1421	<b>Date Applied For:</b> 09/30/2005	<b>CBL:</b> 062 B001001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 144 Pine St	<b>Owner Name:</b> Barr Peter L &	<b>Owner Address:</b> 144 Pine St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Avery Services, Inc.	<b>Contractor Address:</b> 7 Thomas Drive Westbrook	<b>Phone:</b> (207) 772-8687
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Single Family	<b>Proposed Project Description:</b> Install a gas heating system in basement
---------------------------------------	--

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Tammy Munson      **Approval Date:** 10/12/2005  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 10/12/2005  
**Note:**      **Ok to Issue:**

1) The installation must comply with the State of Maine Gas Regulations.

# City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1421	Issue Date:	CBL: 062 B001001
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Location of Construction: 144 Pine St	Owner Name: Barr Peter L &	Owner Address: 144 Pine St	Phone:
Business Name:	Contractor Name: Avery Services, Inc.	Contractor Address: 7 Thomas Drive Westbrook	Phone: 2077728687
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Single Family	Permit Fee: \$246.00	Cost of Work: \$24,668.00	CEO District: 2
Proposed Project Description: Install a gas heating system in basement		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Heating</i> <i>State Gas Regs</i>	
		Signature: <i>[Signature]</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: gad	Date Applied For: 09/30/2005	<b>Zoning Approval</b>	
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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..

<b>Special Zone or Reviews</b> <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>10/12/05</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input checked="" 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>10/12/05</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
---	------	-------

# PROPOSAL

1039

## AVERY SERVICES, INC.

7 Thomas Drive  
WESTBROOK, MAINE 04092  
(207) 772-8687

FAX (207) 874-0933

TO: Connie Barr  
144 Pine St.  
Portland ME 04107

PHONE 772-0700	DATE 9/16/05
JOB NAME / LOCATION Central Heating & A/C in Portland	
JOB NUMBER MSD	JOB PHONE

We hereby submit specifications and estimates for:

Avery Services, Inc. is pleased to submit a quote to perform the following work:

Provide & install a Carrier 58MVP gas fired furnace with variable speed blower that uses 80% less electricity and is 12 times quieter than a standard unit.

Provide and install a Carrier cased cooling coil.

Provide and install a Carrier 38HDL condensing unit.

Provide and install refrigerant lines between the two components. Low voltage wiring included.

Provide and install a Carrier Humidifier fan powered.

Provide and install a Carrier Mechanical Air Cleaner.

Provide and install a Carrier UV Light.

Provide and install a State power vented water heater.

Provide and install a Carrier Infinity zoning system comprised of five zones.

Provide and install a galvanized duct work system comprised of seven floor supplies for the first floor. In the basement there will be two supplies grilles and one return grille. On the second floor there will be four supplies and one return grille. On the third floor there will be three supplies and one return grille. All duct work in the Attic areas will be wrapped with 1 1/2" Insulation with a vapor barrier.

Provide and install gas piping to furnace and State hot water heater, the two gas fireplaces and kitchen range.

OPTION DEDUCT: UV Light \$450.00 \_\_\_\_\_ Initials

EXCLUSIONS: Power wiring, soffitng, structural, carpentry, domestic plumbing, appliance connection or conversion.

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

Twenty Four Thousand Six Hundred Sixty Eight and 00/100 Dollars dollars (\$) 24,668.00

Payment to be made as follows:

**25% upon acceptance - Progress billing/net ten (10) days - All balances due upon substantial 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

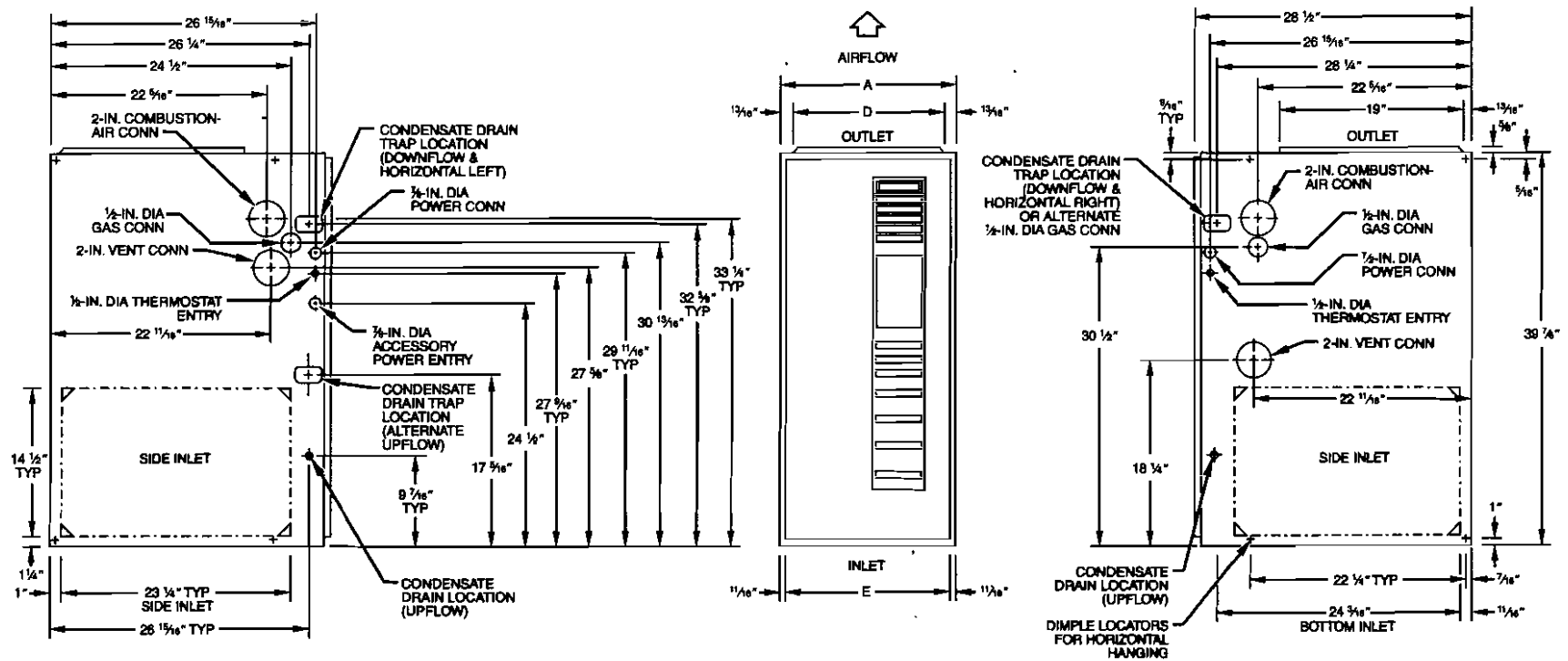
Note: This proposal may be withdrawn by us if not accepted within 30 days.

Signature

Signature

**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.

Date of Acceptance: 09/26/05



- NOTES:**
1. Minimum return-air openings at furnace, based on metal duct. If flex duct is used, see flex duct manufacturer's recommendations for equivalent diameters.
  2. Minimum return-air opening at furnace:
    - a. For 800 CFM—16-in. round or 14½ x 12-in. rectangle.
    - b. For 1200 CFM—20-in. round or 14½ x 19½-in. rectangle.
    - c. For 1800 CFM—22-in. round or 14½ x 23¼-in. rectangle.
    - d. For airflow requirements above 1800 CFM, see Air Delivery table in Product Data literature for specific use of single side inlets. The use of both side inlets, a combination of 1 side and the bottom, or the bottom only will ensure adequate return air openings for airflow requirements above 1800 CFM.

A99111

**DIMENSIONS (In.)**

A	D	E
24-1/2*	22-7/8*	23*
17-1/2	15-7/8	16
21	19-3/8	19-1/2
21	19-3/8	19-1/2
21	19-3/8	19-1/2
24-1/2	22-7/8	23

\* These dimensions reflect the wider casing for the 96.6% AFUE furnace.



# 58MVP

Carrier Corporation • Syracuse, NY 13221

ODS CATALOG ORDERING NO.*	RATED HEATING OUTPUT (BTUH)†		HEATING			COOLING CFM @ 0.5 ESP‡	MOTOR HP-SPEED (VARIABLE SPEED)	MEDIA CABINET SUPPLIED (IN.)	APPROX SHIP. WT (LB)
	Low	High	CFM‡ (Low Heating)	CFM (High Heating)	ESP				
58MVP040-F-1-14	25,000	37,000	585	800	0.10	1400	1/2	24	231
58MVP060-F-1-14	36,000	56,000	500	1065	0.12	1400	1/2	16	189
58MVP080-F-1-14	49,000	75,000	720	1500	0.15	1395	1/2	20	218
58MVP080-F-1-20	49,000	75,000	705	1500	0.15	1990	1	20	221
58MVP100-F-1-20	61,000	93,000	920	1525	0.20	2000	1	20	243

\* 14 designates 1400 CFM air model. 20 designates 2000 CFM air model.

† Capacity in accordance with DOE test procedures. Ratings are position dependent. See rating plate.

‡ Low heat CFM when low-heat rise adjustment switch (SW 1-3) and comfort/efficiency adjustment switch (SW1-4) on control center are OFF

ESP - External Static Pressure

OPTIONAL EXTENDED WARRANTIES	NET PRICE
Labor Only - 2nd through 5th yr	
Parts and Labor - 6th through 10th year (requires 2nd through 5th year labor)	
Parts Only (Excludes heat exchanger) - 6th through 10th year	<b>See Optional</b>
Eligible Carrier Thermostat, Electronic Air Cleaner, Humidifier, Strip Heater, and TXV covered under the above warranties at NO ADDITIONAL CHARGE when included with registration.	<b>Warranties</b>
Heat Exchanger Parts Only - through 20th year	<b>Price Section</b>
<i>Purchase within 5 yrs from date of installation</i>	



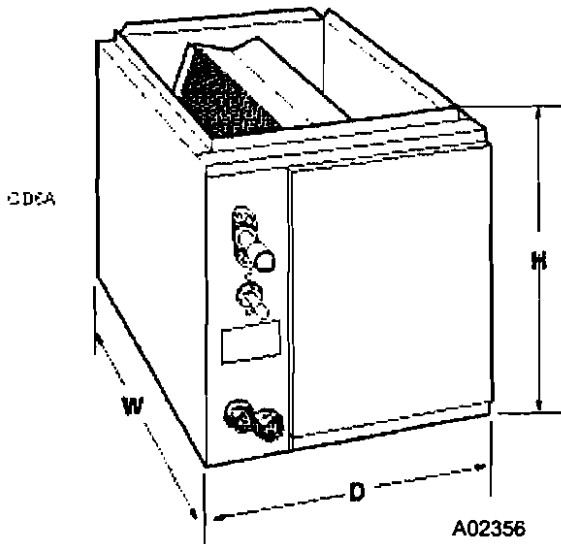


# CD5A/P

Carrier Corporation • Syracuse N.Y. 13221  
SUBJECT TO CHANGE WITHOUT NOTICE

Model CD5A Cased A-Coils are designed for either upflow or downflow applications. The casing is prepainted steel.

The coils are equipped with an AccuRater® for refrigerant metering, sweat type connections, and have grooved copper tube/aluminum plate fin design. A thermo-plastic condensate pan has primary and secondary drain connections.

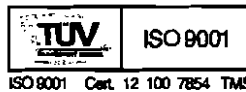


### STANDARD FEATURES

- Painted finish casing matches furnace
- Brass inserts for leak-free condensate connections
- Easily attaches to furnace
- AC and Heat pump duty coil with AccuRater®
- Coil designed to meet strict condensate removal requirements
- Grooved copper tube/aluminum fin
- Sweat refrigerant connections
- Works with R-22 or Puron®

### LIMITED WARRANTY

- 5 year warranty on all parts



OPTIONAL EXTENDED WARRANTIES	NET PRICE
Labor Only — 2nd through 5th year Parts and Labor — 6 <sup>th</sup> through 10 <sup>th</sup> year (requires 2 <sup>nd</sup> through 5 <sup>th</sup> year labor) Parts Only — 6th year through 10th year Purchase within 5 years from date of installation	<b>See Optional Warranty Price Section</b>

# CDA/P ACCESSORIES

## CASED A-COILS

ODS CATALOG ORDERING NO.	FACTORY INSTALLED PISTON NO.	DIMENSIONS (IN.)			APPROX SHIP. WT (Lb)	PRICE
		Width (W) In.	Height (H) In.	Depth (D) In.		
CD5AXA018014	52	14-3/16	14-5/8	21	27	
CD5AXA024014	59	14-3/16	14-5/8	21	29	
CD5AXW024017	59	17-1/2	17	21	37	
CD5AXA030014	67	14-3/16	17	21	32	
CD5AXW030017	67	17-1/2	17	21	37	
CD5AXA036017	70	17-1/2	20-1/2	21	43	
CD5AXW036021	70	21	19	21	45	
CD5AXA042021	78	21	20-1/2	21	45	
CD5AXW042024*	78	24-1/2	20-1/2	21-15/16	49	
CD5AXA048021	84	21	26-3/8	21	57	
CD5AXC048021	84	21	22	21	48	
CD5AXW048024*	84	24-1/2	22	21-15/16	53	
<del>CD5AXW048021</del>	<del>84</del>	<del>21</del>	<del>26-3/8</del>	<del>21</del>	<del>57</del>	
CD5AXW060031*	90	31-1/2	22	21-15/16	66	
CD5PXX060024	N/A (4)	24-1/2	26-11/16	21-15/16	73	

*Mike*

\* These units (4) rotate coil 90 degrees inside cabinet as compared with picture. Tubing and drain connections still come out front.

**NOTES:**

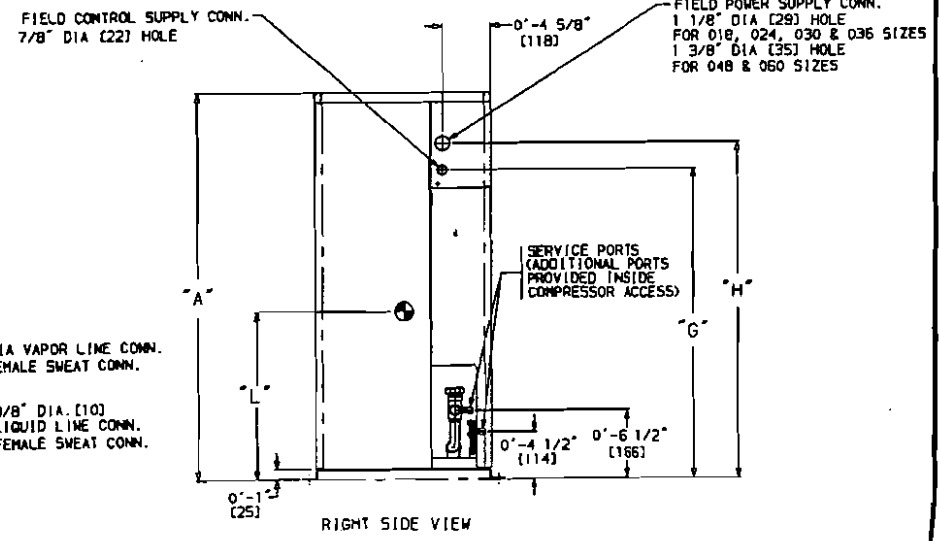
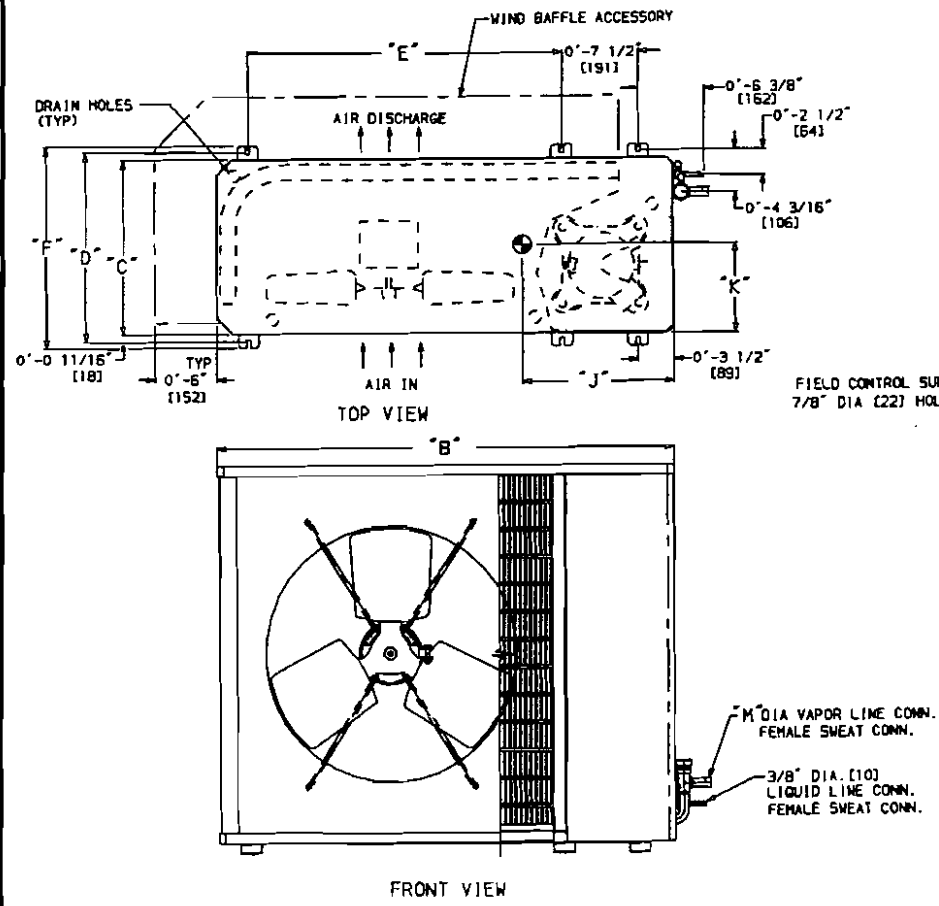
1. "W" in 6<sup>th</sup> digit in ordering number represents wide cabinet versions.
2. "C" represents compact (narrower) version.  
EXAMPLE: CD5AXW048021 is wide cabinet  
CD5AXC048021 is compact (narrower) version.
3. See latest Product Data Digests for SEER and system capacity ratings.
4. Shipped with factory installed Puron TXV.

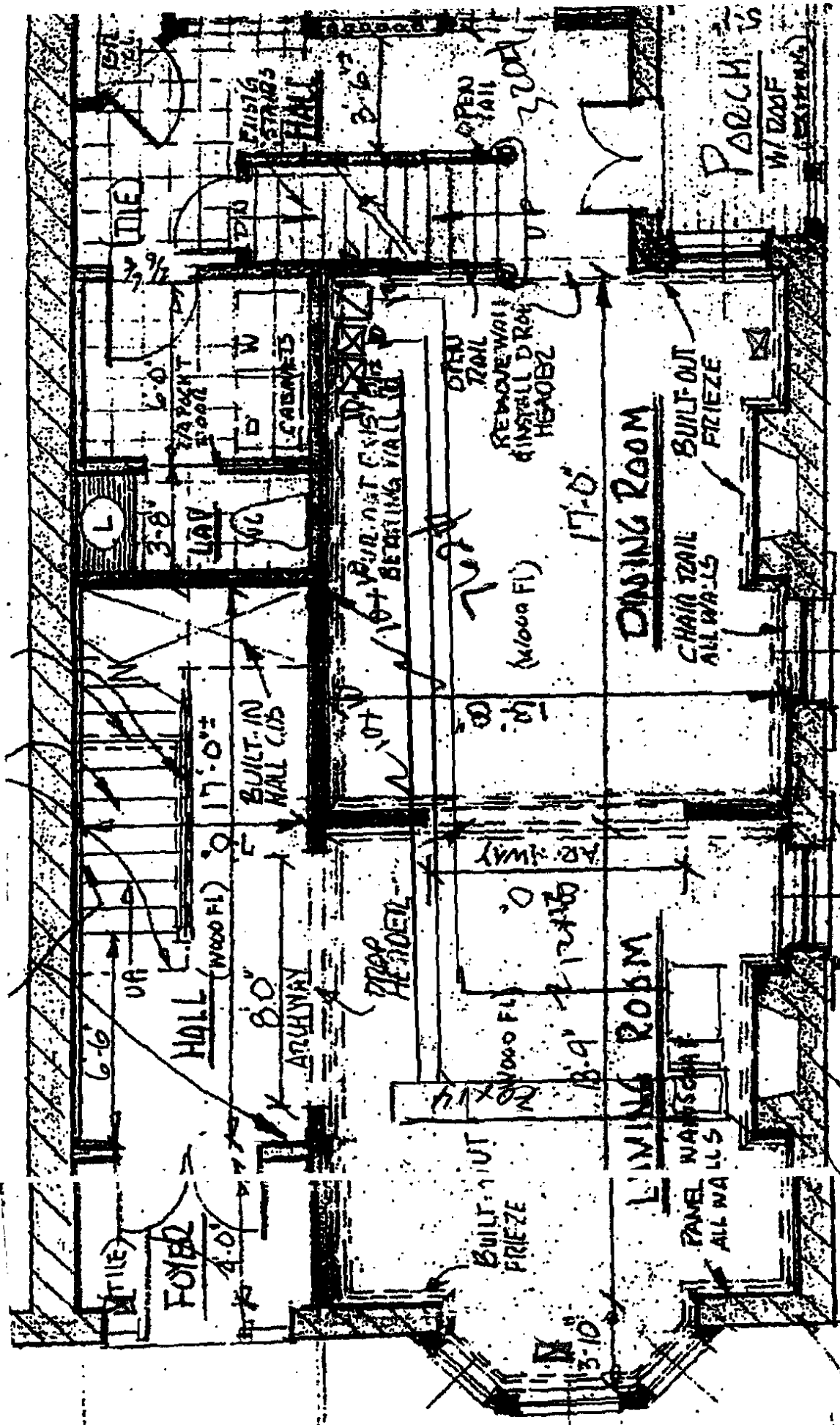


UNIT 38HDL	A		B		C		D		E		F		G		H		J		K		L		M		OPERATING WEIGHT	
	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	ft-in.	mm	lb	kg
018	2-1 <sup>1</sup> / <sub>8</sub>	638.2	3-0 <sup>15</sup> / <sub>16</sub>	938.2	1-2 <sup>9</sup> / <sub>16</sub>	369.9	1-4	406.4	1-11 <sup>7</sup> / <sub>16</sub>	595.3	1-5 <sup>3</sup> / <sub>16</sub>	436.6	1-5 <sup>1</sup> / <sub>2</sub>	444.5	1-8 <sup>1</sup> / <sub>8</sub>	511.2	1-1	330.2	0-6 <sup>5</sup> / <sub>8</sub>	168.3	0-11 <sup>1</sup> / <sub>4</sub>	285.8	0-0 <sup>5</sup> / <sub>8</sub>	15.88	130	58.9
024	2-1 <sup>1</sup> / <sub>8</sub>	638.2	3-0 <sup>15</sup> / <sub>16</sub>	938.2	1-2 <sup>9</sup> / <sub>16</sub>	369.9	1-4	406.4	1-11 <sup>7</sup> / <sub>16</sub>	595.3	1-5 <sup>3</sup> / <sub>16</sub>	436.6	1-5 <sup>1</sup> / <sub>2</sub>	444.5	1-8 <sup>1</sup> / <sub>8</sub>	511.2	1-1	330.2	0-6 <sup>5</sup> / <sub>8</sub>	171.5	0-11 <sup>5</sup> / <sub>8</sub>	295.3	0-0 <sup>5</sup> / <sub>8</sub>	15.88	136	61.6
030	2-1 <sup>1</sup> / <sub>8</sub>	638.2	3-0 <sup>15</sup> / <sub>16</sub>	938.2	1-2 <sup>9</sup> / <sub>16</sub>	369.9	1-4	406.4	1-11 <sup>7</sup> / <sub>16</sub>	595.3	1-5 <sup>3</sup> / <sub>16</sub>	436.6	1-5 <sup>1</sup> / <sub>2</sub>	444.5	1-8 <sup>1</sup> / <sub>8</sub>	511.2	1-1	330.2	0-6 <sup>5</sup> / <sub>8</sub>	171.5	0-11 <sup>5</sup> / <sub>8</sub>	295.3	0-0 <sup>3</sup> / <sub>4</sub>	19.05	161	73.0
036	2-1 <sup>1</sup> / <sub>8</sub>	638.2	3-0 <sup>15</sup> / <sub>16</sub>	938.2	1-2 <sup>9</sup> / <sub>16</sub>	369.9	1-4	406.4	1-11 <sup>7</sup> / <sub>16</sub>	595.3	1-5 <sup>3</sup> / <sub>16</sub>	436.6	1-5 <sup>1</sup> / <sub>2</sub>	444.5	1-8 <sup>1</sup> / <sub>8</sub>	511.2	1-1	330.2	0-6 <sup>5</sup> / <sub>8</sub>	171.5	0-11 <sup>5</sup> / <sub>8</sub>	295.3	0-0 <sup>3</sup> / <sub>4</sub>	19.05	185	83.9
048	3-1 <sup>3</sup> / <sub>16</sub>	944.6	3-8 <sup>9</sup> / <sub>16</sub>	1131.9	1-5 <sup>1</sup> / <sub>16</sub>	433.4	1-6 <sup>7</sup> / <sub>16</sub>	468.3	2-6 <sup>1</sup> / <sub>2</sub>	774.7	1-7 <sup>5</sup> / <sub>8</sub>	498.5	2-5 <sup>5</sup> / <sub>8</sub>	752.5	2-8 <sup>3</sup> / <sub>16</sub>	817.6	1-1 <sup>7</sup> / <sub>8</sub>	352.4	0-8 <sup>1</sup> / <sub>2</sub>	209.5	0-4	406.4	0-0 <sup>7</sup> / <sub>8</sub>	22.22	222	100.5
																								22.22	249	112.3

UNIT SIZE 38HDL	MINIMUM MOUNTING PAD DIMENSIONS	
	Support Feet	
	ft-in.	mm
018,024,030 and 036	1-11 x 3-6	584.2 x 1066.8
048 and 060	2-0 x 4-2	609.6 x 1270.0

- NOTES:
- Required clearances: With coil facing wall, allow 6" (156.4 mm) minimum clearance on coil side and coil, end, and 3 ft (914.4 mm) minimum clearance on compressor end and fan side. With fan facing wall, allow 8" (203.2 mm) minimum clearance on fan side and coil end, and 3 ft (914.4 mm) minimum clearance on compressor end and coil side. With multi-unit application, arrange units so discharge of one does not enter inlet of another.
  - Dimensions in parenthesis are in millimeters.
  - Center of gravity





10'-0"  
 INSTALL WINDOW SHUTTERS (TYP)  
 BRILL  
 SIDERALIC  
 33'-4"  
 6'-0"  
 3'-8"  
 4'-0"  
 6'-6"  
 17'-0"  
 8'-0"  
 13'-10"  
 12'-4"  
 17'-0"  
 10'-0"  
 10'-0"  
 12'-4"  
 3'-8"  
 6'-0"  
 3 3/4



# CITY OF PORTLAND, MAINE

Department of Building Inspections

Sept 28 20 05

Received from Avery Services

Location of Work 144 Pine St.

Cost of Construction \$ 21,668

Permit Fee \$ 246

Building (U)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other HVAC

Call 62 13 001

Check # 030910

Total Collected \$ 246.00

## 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.

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