City of Portland, Main	ne - Building or Use	Permit Application	on Per	mit No:	Issue Date:	CBL:	
389 Congress Street, 0410	01 Tel: (207) 874-8703	3, Fax: (207) 874-87	/16	04-1211		296 D002001	
Location of Construction: Owner Name:			Owner Address:		Phone:		
314 Warren Ave Baker Dwight		P 336		Warren Ave			
Business Name: Contractor Name Steve Macken		:	Contra	actor Address:	Phone		
		sie	74 G	74 Gertrude Portland		2077977706	
Lessee/Buyer's Name Phone:			Permit Type:		Zone:		
				HVAC B-U			
Past Use: Proposed Use:		·	Permit Fee: Cost of Work: CEO District:			CEO District:	
Commercial	Commercial-	Install Airco metal		\$66.00	\$4,500.0	0 5	
			Signat	-	Denied Us	se Group: Type: HEATTA G 9/1/14 gnature: CHUTCH	
				PEDESTRIANACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved Approved w/Conditions Denied			
			Signat	ure:		Date:	
Permit Taken By: Date Applied For: 08/18/2004			•	Zoning	Approval		
1. This permit application	does not preclude the	Special Zone or Rev	views	Zonin	g Appeal	Historie Preservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District or Landmark	
2. Building permits do no septic or electrical wor		Wetland		Miscellar	neous	Does Not Require Review	
 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 		Flood Zone		Condition	nal Use	Requires Review	
		Subdivision		Interpreta	ation	Approved	
		Site Plan		Approved	1	Approved w/Conditions	
		Maj 🗍 Minor 🗌 M		Denied		Denied	
		Date: 8/19	64	Date:		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

City of Portland, Maine - Building or Use Permit				Permit No:	Date Applied For:	CBL:	
389 Con	gress Street, 04101	Tel: (207) 874-8703, Fax: ((207) 874-871 <u>6</u>	04-1211	08/18/2004	296 D002001	
Location o	f Construction:	Owner Name:	0	Wher Address:		Phone:	
3 14 War	rren Ave	Baker Dwight P	3	336 Warren Ave			
Business N	lame:	Contractor Name:		Contractor Address:	Phone		
		Steve Mackensie	7	74 Gertrude Portlan	nd	(207) 797-7706	
Lessee/Buyer's Name Phone:		Phone:	Permit Type:				
				HVAC			
Proposed U	Use:		Proposed	Project Description:			
Commer	cial- Install Airco me	tal Chimney	Install A	ll Airco metal Chimney			
Dept: Note:	Zoning Sta	tus: Approved	Reviewer:	Marge Schmucka	1 Approval D	ate: 08/19/2004 Ok to Issue: 🗹	
Dept:	Building Sta	tus: Approved with Condition	s Reviewer :	Mike Nugent	Approval D	ate: 09/01/2004	
Note:						Ok to Issue: 🗹	
Dept: Note:	Fire Sta	tus: Approved with Condition	Reviewer:	Lt. MacDougal	Approval D	ate: 08/30/2004 Ok to Issue:	
1) the chimney shall be installed in accordance with the manufactors recommendations							
,	•						



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in

296	8002

Date _3/9/04/

accordance with the Laws of Maine, the Building Code of		1
Location / CBL <u>314 WArren AVE Real</u> Name and address of owner of appliance <u>SKIP 34</u>		
Installer's name and address Stive MACKen 74 GerTrude AV	ZL'O_HPATIÀS	
Location of appliance:	Type of Chimney:	
Basement Floor	Masonry Lined	
C Attic D Roof	Factory built	
Type of Fuel:	Metal	
Gas C Oil Golid	Factory Built U.L. Listing #	
Appliance Name: <u>AITCO(Chimuu</u>) U.L. Approved & Yes D No	Direct Vent Type UL#	
Will appliance be installed in accordance with the manufacture's installation instructions? U Yes D No	Type of Fuel Tank Dr Oil Gas	
IF <u>NO</u> Explain:	Size of Tank 330	
The Type of License of Installer:	Number of Tanks [
Master Plumber #	71	n'
$\Box \text{Solid Fuel #} \\ \Box \text{Oil #} \square \textbf{3} \leftarrow / \leftarrow $	Distance from Tank to Center of Flame	
	Cost of Work: \$	
Gas # Other	Permit Fee: $\$ (c)$	
	Permit Fee: $\qquad \qquad \qquad$	
Addroved	Approved with Conditions	
Fire:	See attached letter or requireme	
	See attached fetter of requireme	111
Ele.:		
Bldg.:	Inspector's Signature	Date App
	N	

Date Approved

fæt.

White - Inspection

-7/

w

Signature of Installer ____

Yellow - File Pink - Applicant's

Inte

Gold - Assessor's Copy

CK#511



LIMITED LIFETIME WARRANTY: Selkirk LLC ("Selkirk", "we", "us", "our") warrants to the original purchaser/consumer that Metalbestos Model; UT, GT & ST Type HT Chimney, DT Direct Vent, DS, VP, Type B Gas Vent, AFCL, SFCL, DWC and SWC products are to be free from defects in material and workmanship for the life or the product when properly connected to an applicable appliance listed by an accredited safety certification agency and installed in accordance with our installation instructions and specifications.

- * For products installed after January 1, 2000, for a period of Ten (10) years from original installation, we will provide replacement product to the original consumer for the product proven defective with a similar or like quantity of available Selkirk LLC product, free of charge.
- * From the Eleventh (11) through Fifteenth (15) years we will provide replacement product to the original consumer at a cost of 75% off of the published Retail Price in effect on the date the claim is received.
- At expiration of the Fifteen (15) year term, we will provide replacement product to the original consumer at a cost of 50% off of the published Retail Price in effect on the date the claim is received.

WARNING: FAILURE TO INSTALL SELKIRK PRODUCTS ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS WILL VOID ALL APPLICABLE WARRANTIES AND MAY RESULT IN FIRE, CARBON MONOXIDE POISONING OR DEATH. SEE OUR SELKIRK LLC PRODUCTS INSTALLATION INSTRUCTIONS FOR COMPLETE INSTRUCTIONS. Call 800-992-8368 for a free copy. WE DO NOT GUARANTEE OR INANY WAY WARRANT THE INSTALLATION OF SELKIRK PRODUCTS DUE TO THE WIDE VARIANCE IN INSTALLATION PRACTICES AND OTHER CONDITIONS BEYOND OUR CONTROL.

THIS LIMITED WARRANTY DOES NOT COVER:

- (a) costs (labor or otherwise) asociated with either removing a previously installed product, installing a replacement product, transportation or return of a roduct, or transportation of replacement product;
- (b) damage to the finish of produs caused by the use of improper solvents/chemicals or improper cleaning methods;
- (c) damage resulting from failure reasonably clean, care for or maintain products in accordance with our installation instructions/ recommendations;
- (d) damage (to products, applianc or structure) based on or resulting from improper installation or repair, misuse or abuse (including, but not limited to, excessive onproper operating condition), or alteration or adjustments other than in conformity with our installation instructions and specifications between performed by a contractor, service company, technician, or yourself;
- (e) any products that have been med from their original installation site;
- (f) damge resulting when driftwoogarbage, or any other prohibitive material has been burned in the appliance served by the chimney;
- (g) datage to your chimney that rets from accidents such as fire, flood, high winds, "acts of God", or any other contingency beyond our corrol.

CLA:MPROCEDURE: If you believhat a product fails to meet the above limited warranty, notify us in writing at the following location:

SELKIRK LLC Attn: WARRANTY CLAIMS DEPARTMENT 14801 Quorum Drive, Dallas, TX 75254 Fax: (877) 393-4145 Ph: (800) 992-8368

Notification should include a description the product, mode and part number and how the product fails to meet the above warranty. Upon raceipt of a written claim under this lind warranty and evidence of the date of purchase or installation, at our option and in our sole discretion, we will either repair or replace product with sinilar or like quantity of available Selkirk LLC product per this warranty. Selkirk LLC reserves the right to inspect or invigate any warranty claims prior to determining whether to repair or replace a product. If, as determined by Selkirk LLC repair or replace not of the product is not commercially practicable or cannot be completed in a timely manner, we may refud the prorated purchase pricipaid for the product upon verification by providing a copy of your invoice, receipt of bill of sale.

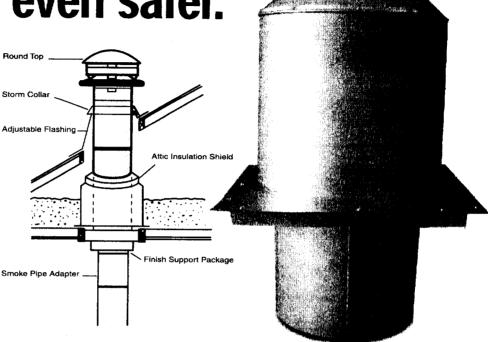
ANY IMPLIED WARRANTY OF MERCHANBILITY OR FINESS FOR A PARTICULAR PURPOSE IS LIMITED IN DURATION TO THE WARRANTY PERIOD SPECIFIED ABOVE. E DISCLAIM ANY LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES AND ANY LOSS OR EXPENSES(S), NOT SPECIFIED OVE. SOME TATES MAY NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, OR HOVONG AN IMPLIED WARRANTY LASTS, SO THE ABOVE EXCLUSIONS OR LIMITATIONS MAY NOT APPLY TO YOU. THIS WARRANT GIVES YO SPECIFIC LEGAL RIGHTS AND YOU MAY ALSO HAVE LEGAL RIGHTS WHICH VARY FROM STATE TO STATE.

Please register your arrany on our web site at w.selkirkinc.com

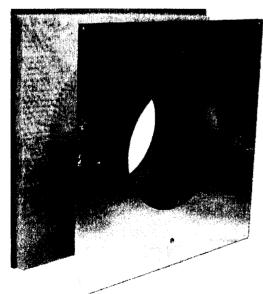
"We've made going thru the ceiling even safer."

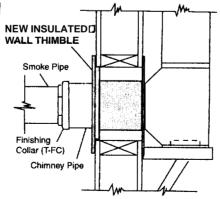
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"We've made going thru the wall even easier."





Insulated Wall Thimble keeps out the draft so you don t have to

Use our **NEW** Insulated Wall Thimble to make your installation quick and easy. The **IWT** eliminates the need to box in and insulate the wall opening, and is telescopic, so it adjusts to different wall thicknesses. An Alternative to using our TCS - Fire Stop/Trim Collar and **WS** - Fire Stop/Wall Spacer. Order today by calling **800.992.8368** or log on to www.selkirkinc.com.





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