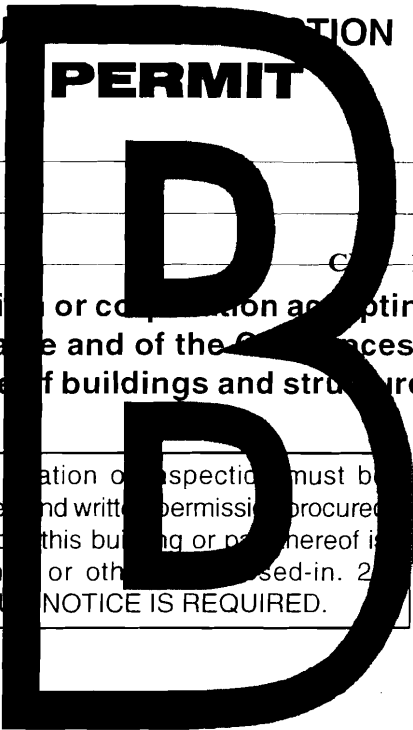


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

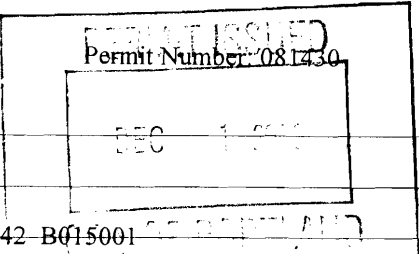
CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT



Please Read Application And Notes, If Any, Attached



This is to certify that WOJCIK JOSEPH B JR

has permission to install a fume removal system

AT 985 FOREST AVE

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 lathed or otherwise used-in. 24 HOUR NOTICE IS 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

12/01/08 Chita M
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1430	Issue Date: 12/01/08	CBL: 142 B015001
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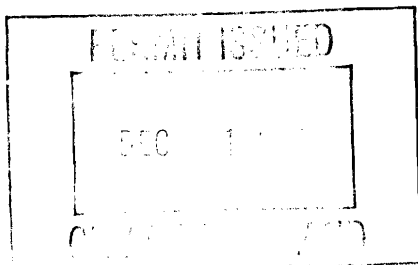
Location of Construction: 985 FOREST AVE	Owner Name: WOJCIK JOSEPH B JR	Owner Address: 211 FALMOUTH RD	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: B-2

Past Use: Commercial - Connected w/ permit#081380	Proposed Use: Commercial - install a fume removal system	Permit Fee: \$30.00	Cost of Work: \$100.00	CEO District: 4
Proposed Project Description: install a fume removal system		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: SB IMC-2003 Signature: [Signature] 12/01/08	
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: ldobson	Date Applied For: 11/07/2008	Zoning Approval
-----------------------------	---------------------------------	------------------------

- 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..

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 <i>G.K.</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 12/01/08 [Signature]	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 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: 12/01/08 [Signature]
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CERTIFICATION

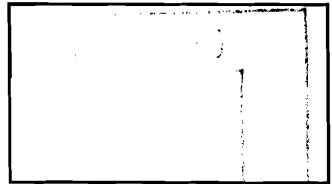
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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



FILL IN AND SIGN WITH INK

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 999 Forest Ave #12-B-15 # Use of Building Professional Office Date KAB
 Name and address of owner of appliance Northeast Laboratory Services
227 China Rd. Winslow, Maine
 Installer's name and address Andrew P. Davidson Facilities Manager
 Telephone 803-7711 ext 328

Location of appliance:

Basement Floor
 Attic Roof

Type of Fuel: N/A

Gas Oil Solid

Appliance Name: HAMILTON SAFEMIRE
 U.L. Approved Yes No
CONTROL # 2MCG

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer: NA

Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # _____
 Other _____

Type of Chimney:

Masonry Lined
 Factory built _____

Metal
 Factory Built U.L. Listing # _____

Direct Vent
 Type PVC 12" UL# NA

Type of Fuel Tank NA HAMILTON INDUSTRIES
 Oil PHONE 414-593-1121
 Gas PT. # 70532 USA

Size of Tank NA

Number of Tanks NA

Distance from Tank to Center of Flame NA feet.

Cost of Work: \$ 100.00 Approx.

Permit Fee: \$ 30

Approved

Fire: _____
 Ele.: _____
 Bldg.: _____

Signature of Installer [Signature]

Approved with Conditions

See attached letter or requirement

[Signature]
 Inspector's Signature

12/01/08
 Date Approved

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1430	Date Applied For: 11/07/2008	CBL: 142 B015001
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Location of Construction: 985 FOREST AVE	Owner Name: WOJCIK JOSEPH B JR	Owner Address: 211 FALMOUTH RD	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Commercial - install a fume removal system	Proposed Project Description: install a fume removal system
--	---

Dept: Zoning	Status: Approved	Reviewer: Chris Hanson	Approval Date: 12/01/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 12/01/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The appliance shall be installed in accordance with the IMC 2003 and NFPA 211			

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

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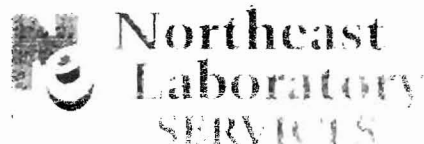
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date



**STATE CERTIFICATIONS
CHEMISTRY & ENVIRONMENTAL MICROBIOLOGY DIVISIONS**

State	Contact	Address	Certification Number	Date of Expiration	Matrix				
					Waste Water	Drinking Water	Ground Water	Solid Waste	Other
Arizona	Arizona Department of Health Services	State Laboratory Services Office of Laboratory Licensure and Certification 1740 W. Adams, Suite 203 N Phoenix, Arizona 85007	AZ0711	10/29/08		X			Micro Only
Colorado	Ken Johnson	Colorado Department of Public Health and Environment/Lab Services Division/Pending Certification 8100 Lowry Boulevard Denver, Colorado 802030-6928	N/A	06/30/09		X			Chemistry only
Connecticut	Mr. Jeffrey Curran, Supervising Environmental Laboratory Consultant	Environmental Laboratory Certification Division of Environmental Health, MS#51Lab 410 Capitol Avenue PO Box 340308 Hartford, CT 06134-0308	PH-0264	06/30/09	X	X	X	X	
Florida	Mr. Stephen Arms	Florida Dept. of Health Bureau of Laboratories PO Box 210 Jacksonville, FL 32231	E87820	06/30/09	X	X	X	X	
Maine	Mr. Matthew Sica	State of Maine Division of Health Engineering, Bureau of Health Department of Health and Human Services 11 State House Station 288 Water Street, 3 rd Floor Key Plaza Augusta, ME 04333	ME009	10/04/09	X	X			
Massachusetts	Ms. Anne Marie Allen	Laboratory Approval Program Massachusetts DEP Lawrence Experiment Station 37 Shattuck Street Lawrence, MA 01843	M-ME009	08/30/09	X	X			
Michigan	Mr. George L. Krisztian Certification Officer	DEQ Environmental Science & Services Division Michigan Department of Environmental Quality Laboratory Services Section, Bldg 44, 3 rd Floor 3350 N. Martin Luther King Jr. Blvd. Lansing, MI 48906-2933	9965	06/30/09		X			Organic & Inorganic Chemistry
New Hampshire	Mr. William Hall	State of New Hampshire Dept. of Environmental Services 29 Hazen Dr., PO Box 95 Concord, NH 03302-0095	253403	12/07/08	X	X			
New Jersey	Amy Bowman Certification Officer	State of New Jersey Department of Environmental Protection Office of Quality Assurance 9 Ewing St., 2 nd Flr, P.O. Box 424 Trenton, NJ 08625	ME003	6/30/09		X			Micro Only
New York	Ms. Joyce Reilly	New York State Dept. of Health Wadsworth Center Environmental Laboratory Approval Program (ELAP) PO Box 509 Albany, NY 12201-0509	11786	4/01/09	X	X	X		Micro Only



Northeast Laboratory SERVICES

Pennsylvania	Stacy Howerter, Certification Officer	Commonwealth of Pennsylvania Department of Environmental Protection Bureau of Laboratories P.O. Box 1487 Harrisburg, PA 17105-1467	68-04295	06/30/09		X			Micro Only
Rhode Island	Dr. Henry Leibovitz, Ph.D.	State of Rhode Island and Providence Plantations Rhode Island Dept. of Health Laboratory 50 Orms Street Providence, RI 02904	00272	12/30/08	X	X			
Texas	Frank Jamison	Texas Commission on Environmental Quality P.O. Box 13087 Austin, TX 78711-3087	T104704288- 08-TX	10/31/09		X			Micro Only
Vermont	George Mills	State of Vermont Department of Health Drinking Water Certification-Public Health Laboratory 195 Colchester Ave. P. O. Box 1125 Burlington, VT 05402-1125	VT 87820	1/11/09		X			
Virginia	R. Tracy Hunter	Commonwealth of Virginia Division of Consolidated Laboratory Services 800 North 5 th Street Richmond, Virginia 23219-3691	00046	6/09		X			Chemistry only
A2LA	Mr. Randy Query	The American Association for Laboratory Accreditation 5301 Buckeystown Pike, Suite 350 Frederick, MD 21704-8373	2371.01	10/31/09					Food Micro



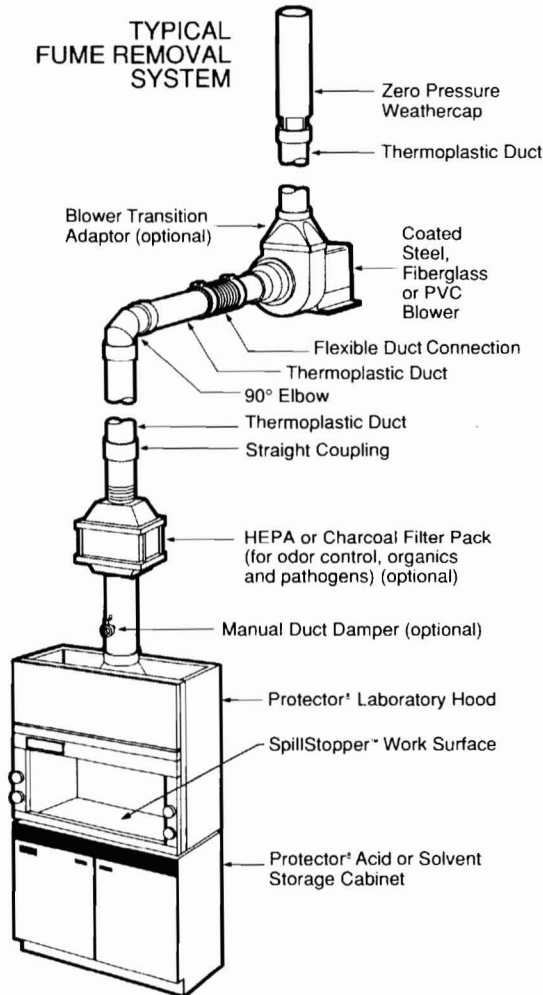
g Your Fume Removal System

laboratory hood has been selected, a major part in a fume removal system is complete. However, a system works well only if the blower, ductwork and accessories are sized properly. It is very important that these be selected carefully. This brochure is designed to make the selection of a blower and accessories for your hood easier.

Labconco blowers are designed and manufactured to give you performance and long life when subjected to harsh environments. Our blowers are engineered and sized to work with Labconco Laboratory Hoods. You may also use Labconco Blowers with other fume hoods and in other applications. This brochure includes product performance data, dimensional drawings and selection information for our blowers. A blower sizing example appears on page 9.

The diagram at right details the many components that are required to complete a typical fume removal system. All of these components and other ductwork configurations are available from Labconco. Ordering information for all types of blowers and accessories can be found in the last section of this brochure.

For additional assistance in the selection of blowers, ductwork, accessories, or any other Labconco product, contact your Labconco supply dealer or call us at 1-800-821-5525.



The Blower Selection Guide is a simple straightforward method for selecting the Coated Steel or Fiberglass Blower to provide 100 fpm face velocity in your laboratory hood. A PVC Blower Selection Guide appears on page 9. When using the Blower Selection Guides, it is necessary to include the equivalent resistance factors for all the ductwork.

Equivalent Ductwork		
Face Velocity = 100 fpm		
Hood		
Protector 48 Hood with vertical-rising sash @ 735 CFM	10"	
Protector 48 Hood with horizontal-sliding sashes @ 385 CFM	10"	
Protector 48 Hood with Guardian VAV System @ 810 CFM	12"	
Protector 60 Hood with vertical-rising sash @ 960 CFM	12"	
Protector 60 Hood with horizontal-sliding sashes @ 490 CFM	12"	
Protector 60 Hood with Guardian VAV System @ 1050 CFM	12"	
Protector 72 Hood with vertical-rising sash @ 1170 CFM	12"	
Protector 72 Hood with horizontal-sliding sashes @ 610 CFM	12"	
Protector 72 Hood with Guardian VAV System @ 1290 CFM	12"	
Protector 96 Hood with vertical-rising sashes @ 1660 CFM with "Y" duct	10x10x12"	
Protector 96 Hood with horizontal-sliding sashes @ 1000 CFM with "Y" duct	10x10x12"	
Protector 96 Hood with Guardian VAV System @ 1825 CFM with "Y" duct	12x12x16"	
Protector 48 Radioisotope Hood @ 920 CFM**	10"	
Protector 60 Radioisotope Hood @ 1200 CFM**	10"	
Protector 72 Radioisotope Hood @ 1460 CFM**	10"	
Protector 60 Walk-In Hood @ 900 CFM	12"	
Protector 72 Walk-In Hood @ 1120 CFM	12"	
Protector 96 Walk-In Hood @ 1965 CFM with "Y" duct	10x10x12"	
Fiberglass 28 Hood @ 340 CFM	6"	
Corner Hood @ 425 CFM	8"	

*Explosion-Proof Blower **CFM for Protector Radioisotope

