Location of Construction:	Owner Name:	(207) 874-8703, Fax: (207) 874-871 Owner Name:		Owner Address:		Phone:	
988 Washington Ave	Rre Tamarlan	Rre Tamarlane Holdings Llc		One Crescent Dr Ste 203			
Business Name: Contractor Nam Waltz, Richar			Contractor Address:		Phone		
		d	536 Washington Ave Portland		2077722801		
Lessee/Buyer's Name			Permit Type:		Zone:		
			HVAC			6	
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	Seen	
Multi Family / tewnty one plus ur		Multi Family / Install 2 Rinnai gas direct vent wall furnaces.		\$873.00	4		
	direct vent wa	II furnaces.	FIRE DEPT:	Approved Use Gr	CTION:	Thomas of	
0	11 1	1 11		Denied Ose Gr	oup R4D	Heal	
legal usp: 115 A	ostmet?	in 24 blogs	See Co	nditions.	(2 m2 1	Applia	
Proposed Project Description:	includ	1 Acommunity	Rely C		C-2002	25	
Install 2 Rinnai gas direct vent wa	all furnaces.	Licensia	Signature: (Klar	Signati	ire: Sun B	10 30	
	9	PEDESTRIANACT	TIVITIES DISTRICT (P.A.D.			
			Aetion Appro	oved Approved w	/Conditions	Denied	
			Signature.		Date:		
			Zoning Approval				
gg 1	0/26/2009	6 1 7 P	7		Iri e i B		
1. This permit application does		Special Zone or Revie		ing Appeal	Historic Prese		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	Varian	nce	Not in Distric	t or Lan d m	
 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. 		Wetland	Miscel	llaneous	Does Not Rec	uire Reviev	
		Flood Zone	The Condit	tional Use	Requires Rev	iew	
		Subdivision	Interpr	retation	Approved		
		Site Plan	ПАррго	ved	Approved w/0	Conditions	
		Maj Minor MM	Denied	1	Denied		
		Date: O - Wilh	Date:	D	ate.		
		11/21	(09				
					L		
		CERTIFICATION	ON				
hereby certify that I am the owne							
have been authorized by the own							
urisdiction. In addition, if a perm shall have the authority to enter all							
such permit.	arous covered by si	aon pointit at any reason		L. Foldials		The latest	
,							
SIGNATURE OF APPLICANT	ADDRESS		DATE OCT	2 6 2009 PHO	NE		
SIGNATURE OF ATTEMENT		ADDRES.		Dan	THO.		
				City	of Portland		
RESPONSIBLE PERSON IN CHARGE		DATE	PHO	NE			

City of Portland, M	aine - Building or Use Pern	Permit No:	Date Applied For:	CBL:	
389 Congress Street, 0	09-1173	10/26/2009	161 B025001		
Location of Construction: Owner Name: Oc			wner Address:		Phone:
988 Washington Ave	Rre Tamarlane Hole	Rre Tamarlane Holdings Llc		One Crescent Dr Ste 203	
Business Name:			Contractor Address:		Phone
	Waltz, Richard	5	536 Washington Ave Portland		(207) 772-2801
Lessee/Buyer's Name	Phone:	P	Permit Type:		A. Carrie
			HVAC		
Proposed Use:		Proposed	Project Description:		
Multi Family / Install 2	Rinnai gas direct vent wall furnace:		F	vent wall furnaces.	
		1	-		
		}			
		 			 _
Dept: Zoning	Status: Approved with Condit	ions Reviewer:	Marge Schmucka	Approval D	Date: 10/26/2009
Note:					Ok to Issue:
	oval for an additional dwelling uni such as stoves, microwaves, refrige				nt including, but
2) This property shall r	emain 115 apartments in 24 building ication for review and approval.	**			shall require a
This permit is being work.	approved on the basis of plans sub	mitted. Any deviati	ons shall require a	separate approval b	pefore starting that
Dept: Building	Status: Approved with Condit	ions Reviewer:	Jeanine Bourke	Approval D	Date: 10/30/2009
Note:				11	Ok to Issue:
	anting shall be installed in asserte	naa with tha III ligti	no IMC 2002 and	NEDA 211	ON to toode,
i) The appliance and v	enting shall be installed in accorda	nce with the OL listi	ng, tivic 2003 and	INCPAZII.	
The installation mus	t comply with the State of Maine C	as Regulations.			
Dept: Fire	Status: Approved with Condit	ions Reviewer:	Capt Keith Gautre	eau Approval D	Date: 10/28/2009
Note:					Ok to Issue: 💆
1) Install shall comply	with all manufacture's specification	18.			
2) Install shall comply					
A compliance letter	is required				

Comments:

10/30/2009-jmb: After the fact, already inspected

PERMIT ISSUED

OCT 2 6 2009



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

DCT 2 6 2009

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

accordance with the Laws of Maine, the Building Code of t				
Location / CBL 16 A Zame lone	Use of Building Laure Date 10/12/00			
Name and address of owner of appliance	acpedico			
41 B Tomalan	1			
Installer's name and address Kich and P. 179 Presumpsion Struct Portland	WE Telephone 172-2801			
Location of appliance:	Type of Chimney:			
☐ Basement 🕒 Floor	☐ Masonry Lined			
☐ Attic ☐ Roof	Factory built			
Type of Fuel:	☐ Metal			
☐ Gas ☐ Oil ☐ Solid	Factory Built U.L. Listing #			
6				
Appliance Name: Ring 556 ATT	☐ Direct Vent			
U.L. Approved Yes Y No	Type UL#			
	DECEIVED			
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank			
installation instructions? Yes	Oil OCT 2 6 2009			
	Gas 0C1 2 6 2003			
IF NO Explain:	Size of Tank Dept. of Building Inspections City of Portland Maine			
The Type of License of Installer:	Number of Tanks			
Master Plumber #				
☐ Solid Fuel #	Distance from Tank to Center of Flame feet.			
Oil #	Cost of Work: \$ \$ 3.00			
Other	Permit Fee: As + 30.00 after the			
C Olici	Total 6000 Paco			
Approved	Approved with Conditions			
Fire:	 See attached letter or requirement 			
Ele.:				
Bldg.:	Inspector's Signature Date Approved			
Signature of Installer				

Yellow - File

White - Inspection

Pink - Applicant's

Gold - Assessor's Copy

HOME OWNER / INSTALLER FOR YOUR SAFETY

THIS MANUAL MUST BE READ IN ITS ENTIRETY BEFORE OPERATING HEATER



RHFE-556FAM / FTRAM



ENERGYSAVER GAS DIRECT VENT WALL FURNACE

Owner's Operation and Installation Manual

WARNING: If the information in these instructions are not followed exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

-- WHAT TO DO IF YOU SMELL GAS

- · Do not try to light any appliance.
- Do not touch any electrical switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone.
 Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.

 Installation and service must be performed by a qualified installer, service agency or the gas supplier.

This appliance may be installed in an aftermarket, permanently located, manufactured home (USA) or mobile home, where not prohibited by local codes.

This appliance is only for use with the type of gas indicated on the rating plate. This appliance is not convertible for use with other gases, unless a certified kit is used.

INSTALLER: Leave this manual with the appliance. CONSUMER: Retain this manual for future reference.



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

<u>C</u>	DC6 26 2009				
Received from Rucha	dwalt				
Location of Work 988 U	Joshung/2				
Cost of Construction \$	Building Fee:				
Permit Fee \$	Site Fee:				
Certificate of Occupancy Fee:					
	Total:				
Building (IL) Plumbing (I5)	Electrical (I2) Site Plan (U2)				
Other	- June				
CBL: 16/ B025	E FED				
Check #: 47385	Total Collected \$ 60.00				

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by:

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