City of Portland, Maine	- Building or Use	Permit Application	on P	ermit No:	Issue Date:	CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-87	16	09-1347		167 A007001	
Location of Construction:	Owner Name:		Own	er Address:		Phone:	
33 JOHANSEN ST	BLANCHARI	) KATRINA & JORI	33 .	JOHANSEN S	Г		
Business Name: Contractor Name:		:	Cont	tractor Address:		Phone	
	Ryan Littlefiel	d	<b>8</b> 5E	3 Running Hill	Road Scarboroug	h 2072398987	
Lessee/Buyer's Name	Phone:		Pern	nit Type:		Zone:	
			HV	VAC			
Past Use: Proposed Use:			Perr	mit Fee:	Cost of Work:	CEO District:	
Single Family Home Single Family		Home - Install a		\$30.00	\$1,000.00	4	
	Napoleon GDS	S25P Direct vent stov	e FIR	E DEPT:	Apployed	CCTION:	
					Denied Use G	roup: R3 Type: HV	
					-	RC 2003 MEGAS RESS	
					1		
Proposed Project Description:					ST	MEGASINGS	
Install a Napoleon GDS25P D	Direct vent stove		-	ature:		ure: m 12/7/0	
			PED	ESTRIAN ACTIV	VITIES DISTRICT (	(P.A.D.)	
			Acti	on: Approve	ed 🗌 Approved w	/Conditions Denied	
			Sign	nature:		Date:	
Permit Taken By:	Date Applied For:		Sign				
Ldobson 11/25/2009				Zoning	Approval		
		Special Zone or Rev	iews	Zonin	g Appeal	Historic Preservation	
1. This permit application d							
Applicant(s) from meetin Federal Rules.	g applicable State and	Shoreland		Variance		Not in District or Landm	
		to remain	$\gamma$	· ) ·			
2. Building permits do not include plumbing,		Wetland				Does Not Require Review	
septic or electrical work.		Flood Zone	*.	Condition		Requires Review	
3. Building permits are void within six (6) months of t				Conditional Use			
False information may in		Subdivision		Interpreta	ution	Approved	
permit and stop all work.	•						
		Site Plan			. I	Approved w/Conditions	
		Maj 🚛 Minor 📃 M	M	Denied		Denied	
RECEIVED		Date:	>	Date:		Date:	
		1/257	(1	_1		and the second s	
		10,10	,7				
DEC	; -7 2009		(				

### Dept. of Building Inspections City of Portland Maine

### 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

	Sign with Ink			
AT A A A A A A A A A A A A A A A A A A				
APPLICATION FOR PERMIT RECEIVED				
	10 -7 mm 1.			
accordance with the Laws of Maine, the Building Code of the	Dept. of Building Inspections Il the following heating, cooking an power equipments are City of Portland, and the following specifications:			
Location / CBL Name and address of owner of applianceKatrina_ + Jordin 33 \$\$ Tohansen Street, Portland, m Installer's name and address Scarborough, ME 04074	E DYIU3 221 (339. 85 B Running Hill Road			
Location of appliance:	Type of Chimney:			
BasementFloorAtticRoof	Masonry Lined     Factory built			
Type of Fuel: Gas Oil Solid	Metal     Factory Built U.L. Listing #			
Appliance Name: Nopoleon GD525P U.L. Approved Q Yes Q No	J Direct Vent Type Napolesn UL# Gひにてん			
Will appliance be installed in accordance with the manufacture's installation instructions? X Yes D No	Type of Fuel Tank PRECEIVED Sa Gas			
IF <u>NO</u> Explain:	Size of Tank / OO gallon			
The Type of License of Installer:	Dept. of Building Inspections Number of Tarity of Portland Maine			
Solid Fuel #	Distance from Tank to Center of Flame15 feet.			
$\square \text{ Oil #} \square \text{ Gas # } \underline{PNT5379} \square \text{ Other}$	Cost of Work: \$ <u>1000.00</u> Permit Fee: \$ <u>30</u>			
Approved	Approved with Conditions			
Fire:	See attached letter or requirement			
Ele.: Bldg.:	Inspector's Signature Date Approved			
Signature of Installer				
	nk - Applicant's Gold - Assessor's Copy			

• ·	aine - Building or Use Permit 4101 Tel: (207) 874-8703, Fax: (2		Permit No: 09-1347	Date Applied For: 11/25/2009	CBL: 167 A007001
Location of Construction: 33 JOHANSEN ST	Owner Name: BLANCHARD KATR		Owner Address: 33 JOHANSEN ST	<u> </u>	Phone:
Business Name:	Contractor Name: Ryan Littlefield		Contractor Address: 85B Running Hill	Road Scarborough	Phone (207) 239-8987
Lessee/Buyer's Name	Phone:		Permit Type: HVAC		
Proposed Use: Single Family Home - Ir	istall a Napoleon GDS25P Direct ven	t stove Install	a Napoleon GDS2	5P Direct vent stove	
Dept: Zoning Note:	Status: Approved	Reviewer:	Marge Schmucka	• •	ate: 11/25/2009 Ok to Issue: 🗹
<b>Dept:</b> Building <b>Note:</b> 1) This appliance/stove	Status: Approved with Condition shall be installed, operated and main		Tom Markley anufacturers specif		Ok to Issue: 🗹
· · · ·	comply with the State of Maine Gas	-	·		C C
<ol> <li>Application approva and approrval prior t</li> </ol>	l based upon information provided by o work.	applicant. Any	deviation from app	roved plans requires	separate review

### 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 <u>DO</u> 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

Signature of Inspections Official

Date

Date

INSTALLER: LEAVE THIS MANUAL WITH THE APPLIANCE. CONSUMER: RETAIN THIS MANUAL FOR FUTURE REFERENCE.



# INSTALLATION AND OPERATING INSTRUCTIONS

CERTIFIED UNDER CANADIAN AND AMERICAN NATIONAL STANDARDS: ANSI Z21.88, CSA 2.33 FOR VENTED GAS FIREPLACE HEATERS.



GDS25P PROPANE

CERTIFIED FOR CANADA AND UNITED STATES USING ANSI/CSA METHODS.

## SAFETY INFORMATION

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.

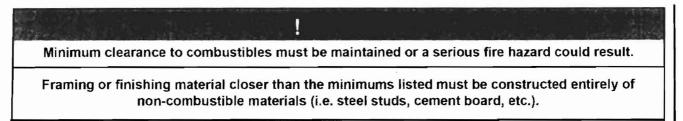
- WHAT TO DO IF YOU SMELL GAS:
- Do not try to light any appliance.
- Do not touch any electrical switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbour's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.
- Installation and service must be performed by a qualified installer, service agency or the supplier.





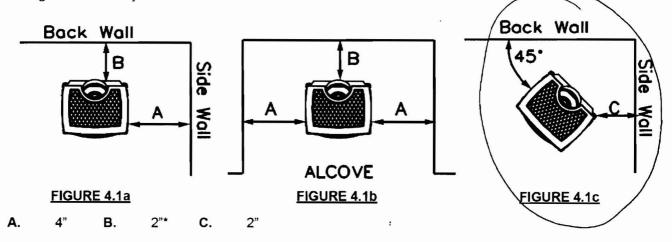
Wolf Steel Ltd., 24 Napoleon Rd., Barrie, ON, L4M 4Y8 Canada / 103 Miller Drive. Crittenden, Kentucky, USA, 41030 Phone (705)721-1212 • Fax (705)722-6031 • www.napoleonfireplaces.com • ask@napoleon.on.ca

# **4.0 MINIMUM CLEARANCE TO COMBUSTIBLES**



#### Never obstruct the front opening of the heater.

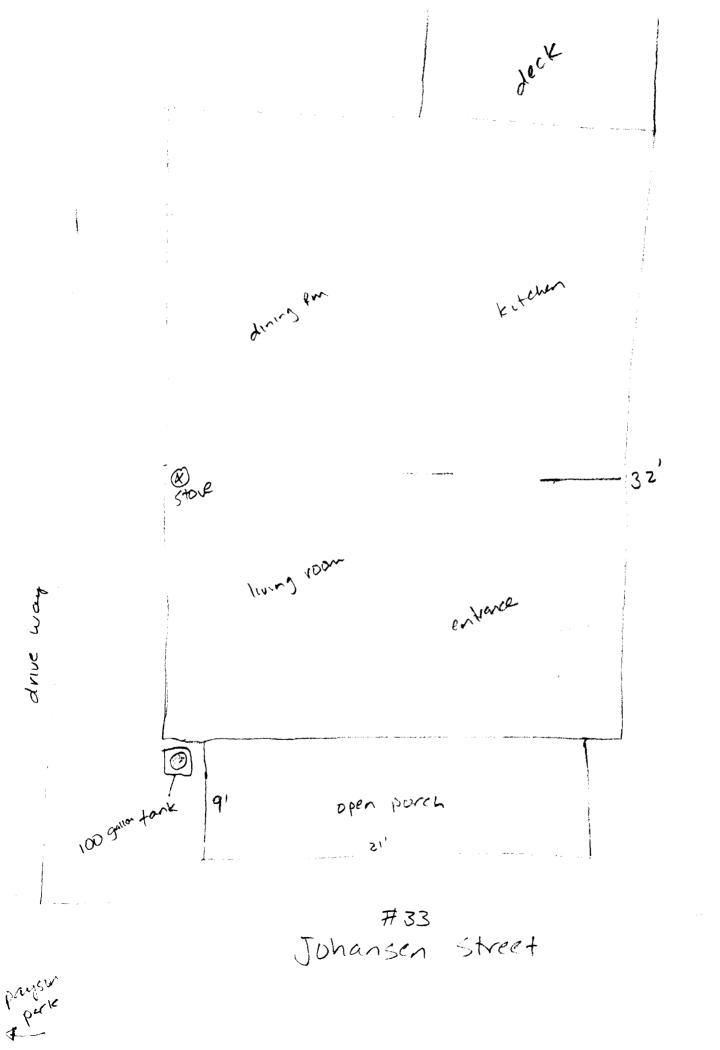
As long as clearance to combustibles is kept within the required distances, the most desirable and beneficial location for a Napoleon® stove is in the centre of a building, thereby allowing the most efficient use of the heat created. The location of windows, doors and the traffic flow in the room where the stove is to be located should be considered. If possible, you should choose a location where the vent will pass through the house without cutting a floor or roof joist.



Stove should not be installed directly on carpeting.

To ceiling from stove top	48"
Horizontal vent	
Sides and bottom	1"
Тор	2"
Vertical vent	
All sides	1"

\*At a distance of 2" from the wall, installation or service to the blower may not be practical. A minimum of 5" will be required in order to install the blower. If less than 5" clearance is maintained between the back of the stove and the back wall, it will be necessary to disconnect the venting and gas pipe to move the stove out for installation or service of the blower.



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