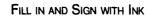
City of Portland, Maine				Issue Date:	CBL:	
389 Congress Street, 04101					294 E009001	
Location of Construction:	Owner Name:	Owner Name:		Owner Address:		
20 RANGE ST	RUSSELL M	ARGARET E	20 RANGE ST		797-4034	
Business Name:	Contractor Name	Contractor Name:			Phone	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: HVAC		
Past Use:	Proposed Use:		Permit Fee: Cost of Work: CEO District:			
Two Family Home Two family ho		ome with propane charmglow model		\$0.00	5	
Proposed Project Description: install propane space heater -	CGL300TQ, C	CSA certified.	FIRE DEPT: Approved INSPECTION: Use Group: Signature: Signature:		e Group: P. 3/V Type: HV	
certified.	Ū		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Del			
			Signature:		Date:	
	Date Applied For:		Zoning	Approval		
lmd	11/21/2007	Special Zone or Revie	wa Tanin	ng Appeal	Historic 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 not include plumbing, septic or electrical work.		Wetland	Miscellaneous		Does Not Require Review	
3. Building permits are void within six (6) months of the		Flood Zone	[] Condition	onal Use	Requires Review	
False information may inv permit and stop all work	alidate a building	Subdivision	[] Interpret	tation	Approved	
		Site Plan	[] Approve	ed	Approved w/Conditions	
		Maji Minor MM	Denied		Denied	
		Date: 1/3010	Date:		Date:	
I hereby certify that I am the ow I have been authorized by the or jurisdiction. In addition, if a pe shall have the authority to enter such permit.	wner to make this applermit for work describe	ication as his authorized d in the application is is	ne proposed work is I agent and I agree sued, I certify that	to conform to al the code official	Il applicable laws of this l's authorized representative	
SIGNATURE OF APPLICANT		ADDRESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

w 3 0

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersign	ed hereby applies for	a permit to insta	ll the following hed	ating, cooking or pov	ver equipment in
accordance with the I	aws of Maine, the Bu	iilding Code of th	ne City of Portland,	and the following sp	ecifications:

Location / CBL 20 RANGE STREET	Use of Building DWELLING Date 11/21/07
Name and address of owner of appliance MARIAGET	two FAMILY DER COLO
Installer's name and address W. II am PLANTE/MARKE	Telephone 799-4034
Location of appliance: Basement Floor Roof	Type of Chimney: (NONE) Masonry Lined Factory built
Type of Fuel: Gas	☐ Metal Factory Built U.L. Listing #
Appliance Name: Profesh Spack Heater U.L. Approved Yes Not Harman Model CSA Christic Harman Harman Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain: Master Plumber # Solid Fuel # Oil # Other Ownsel	Direct Vent Type
Approved Fire:	Approved with Conditions ☐ See attached letter or requirement
Ele.: Bldg.: Signature of Installer W. Plante	Inspector's Signature Date Approved
	ink - Applicant's Gold - Assessor's Copy (15793)

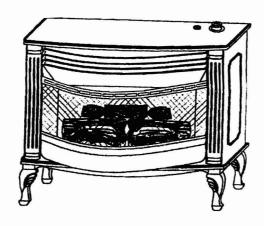
11 1/2 23 X 8 /2

VENT-FREE GAS STOVE

Charmglow.

OWNER'S OPERATION AND INSTALLATION MANUAL

CGN300TQ CGL300TQ



A WARNING: If the information in this manual is not followed exactly, a fire or explosion may result causing property damage, personal injury, or loss of life.

A WARNING: This is an unvented gas-fired heater. It uses air (oxygen) from the room in which it is installed. Provisions for adequate combustion and ventilation air must be provided. Refer to Air for Combustion and Ventilation section on page 4 of this manual.

Do not store or use pasoure or other familiane vapors and liquids in this vicinity of this or any other access

WHAT TO DO IF YOU SWELL SAS

- Do not try to light any accessor
- Do not touch any e-ecross seems as a seems. phone in your building
- Immediately call your gass summer neighbor's phone. Fore the supplier's instructions.
- If you cannot reach your pass department.

installer, service agency or the passa

A WARNING: Improper installation, adjustment, alteration, service or maintenance can cause a Refer to this manual for correct installation and operational procedures. For assistance or according to ified installer, service agency, or the gas supplier.

This appliance may be installed in an aftermarket*, permanently located, manufactures makes local codes.

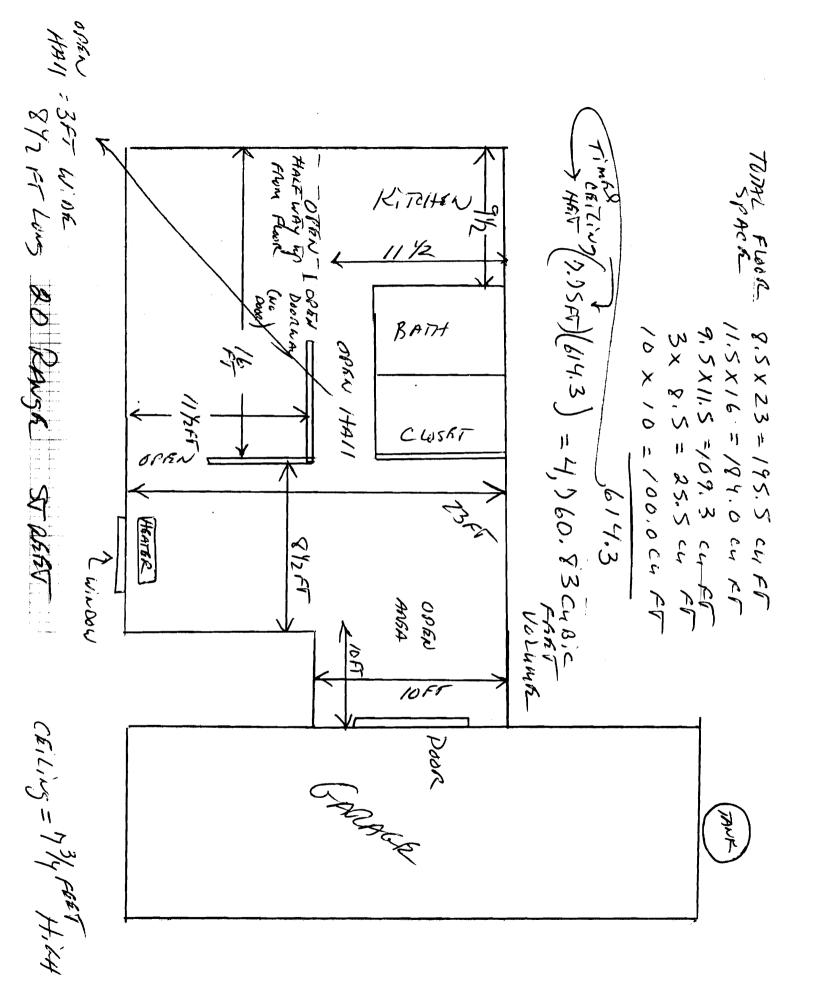
This appliance is only for use with the type of gas indicated on the rating plate. This about after a work after the control of the rating plate. other gases.

*Aftermarket: Completion of sale, not for purpose of resale, from the manufacturer

CHARMS LOW Tol

READ AND SAVE THIS MANUAL FOR FUTURE FEFER WEE

1-888-515-2585



•		ding or Use Permit 207) 874-8703, Fax: (20	07) 874-871	Permit No: 07-1458	Date Applied For: 11/21/2007	CBL: 294 E009001
Location of Construction:		Owner Name:		Owner Address:	Owner Address:	
20 RANGE ST		RUSSELL MARGARET E		20 RANGE ST		() 797-4034
Business Name:		Contractor Name:		Contractor Address:		Phone
Lessee/Buyer's Name		Phone:	Permit Type: HVAC			
Proposed Use: Two family home with CGL300TQ, CSA cert		e heater - charmglow mod	1 -			odel CGL300TQ, CSA
Dept: Zoning Note:	Status: A	pproved.	Reviewe	r: Marge Schmuck	al Approval I	Ok to Issue: ✓
Dept: Building Note: 1) The installation mu		approved with Conditions the State of Maine Gas F		r: Tammy Munson	Approval l	Oate: 11/30/2007 Ok to Issue: ✓

City of Portland, Maine	Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101	Tel: (207) 874-8703, Fax:	: (207) 874-8716	07-1458	11/21/2007	294 E009001
Location of Construction:	Owner Name:	Owner Name: O		Owner Address:	
20 RANGE ST	RUSSELL MARGA	RUSSELL MARGARET E 2		20 RANGE ST	
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:	
Lessee/Buyer's Name	Phone:		Permit Type: HVAC		
Proposed Use: Two family home with propa CGL300TQ, CSA certified.	ne space heater - charmglow r	,		ter - charmglow mo	odel CGL300TQ, CSA
Dept: Zoning St Note:	tatus: Approved	Reviewer:	Marge Schmucka	l Approval I	Oate: 11/30/2007 Ok to Issue: ✓
Note:	ratus: Approved with Conditional parts of Maine G		Tammy Munson	Approval I	Ok to Issue: ✓