

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1205	Issue Date:	CBL: 331 AOOIOOI
Location of Construction: 1039 Riverside St	Owner Name: 1039 Riverside Llc	Owner Address: 340 Fore St
Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland
Lessee/Buyer's Name	Phone:	Permit Type: HVAC
Past Use: commercial - mftg	Proposed Use: commercial - mftg	Permit Fee: \$588.00
Proposed Project Description: install Lennox rooftop system		Cost of Work:
		CEO District: 5
		DEPT: <i>Energy</i>
		INSPECTION: Use Group: <i>H/A</i> Type: <i>10/22/04</i> Signature: <i>[Signature]</i>
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 05/18/2004	Zoning Approval		
<ol style="list-style-type: none"> 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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK 5/23/04</i>	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 checked="" type="checkbox"/> Not in District or Landmark <input 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: <i>[Signature]</i>

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

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

Permit No: 04-1205	Date Applied For: 08/18/2004	CBL: 331 AOOIOOI
------------------------------	--	----------------------------

Location of Construction: 1039 Riverside St	Owner Name: 1039 Riverside Llc	Owner Address: 340 Fore St	Phone:
Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone (207) 774-2300
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: commercial - mftg	Proposed Project Description: install Lennox rooftop system
---	---

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 08/23/2004
Note:			Ok to Issue: <input type="checkbox"/>

Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>

Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 08/30/2004
Note:			Ok to Issue: <input type="checkbox"/>

Dept: Historical	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 10/18/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
10/18/2004-mjn: Looking for engineering loading info, Called J. Leasure again....

Phone 874 8763



HARDYPOND CONSTRUCTION

TEL: (207) 797-6066
FAX: (207) 797-8986
EMAIL: info@hardypond.com

1039 Riverside Street ~ Suite 11, Portland, ME 04103

FAX INFORMATION AND INSTRUCTION SHEET

Name of Individual: MICHAEL HUBERT

Name of Firm: PORTLAND INSPECTIONS DEPT

Fax Number: 874.8716

Date Transmitted: 9/23/04

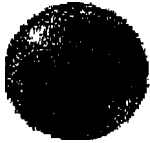
From: BOB GAUDREAU

Reference: Water Pumping Bldg 1039 RIVERSIDE

Total Pages (including cover) 2

If you do not receive all pages, please call back as soon as possible

Comments _____



CANAM
Joists and Steel Deck

50 Eastman St
Easton, MA 02334
TEL: (508) 238-4500
FAX: (508) 238-8491
E-MAIL: easton_detail@canammanac.com

September 20, 2004

L&L Structural Engineering Services, Inc
6 Q St.
South Portland, ME 04106


Re: J. Weston Walch

Dear Mark,

The following letter is in reference to the RTU equipment supported by Canam's joists for the above project. The joists have been designed to accommodate the RTU's as shown on our erection plans submitted and stamped "for construction". The joists will support the loads shown with no additional field work required.

If you have any further questions concerning this or any other issue please feel free to contact me.

Sincerely,
Canam Steel Corp.



Timothy R. Thoresen
Manager of Project Coordinators
Engineering



FILL IN AND SIGN WITH INK

21 4 001

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 1039 Riverside St Use of Building Commercial Date 8.4.00
Name and address of owner of appliance _____

Installer's name and address F in KMP, 11 Ballard Ave S. Portland ME
Telephone 774-2300

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Lennox Boil top

U.L. Approved Yes No

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

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # PR 1199
- Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # 1E

Directvent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tanks 500 ea

Number of Tanks 2

Distance from Tank to Center of Flame 40 feet.

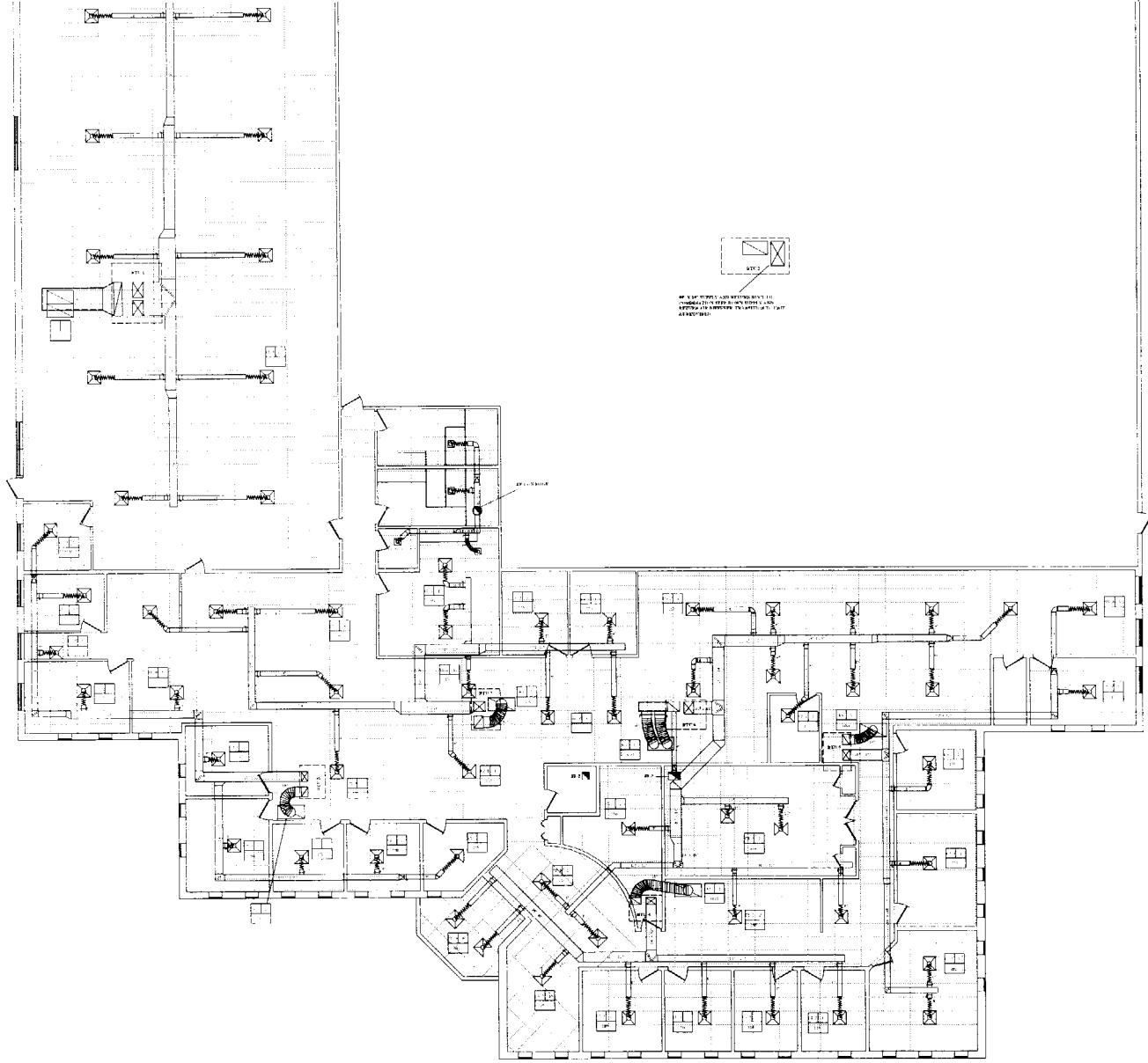
total

Approved
Fire: _____
Ele.: _____
Bldg.: _____

Approved with Conditions
 See attached letter or requirement

Signature of Installer [Signature]

CK# 20412



13

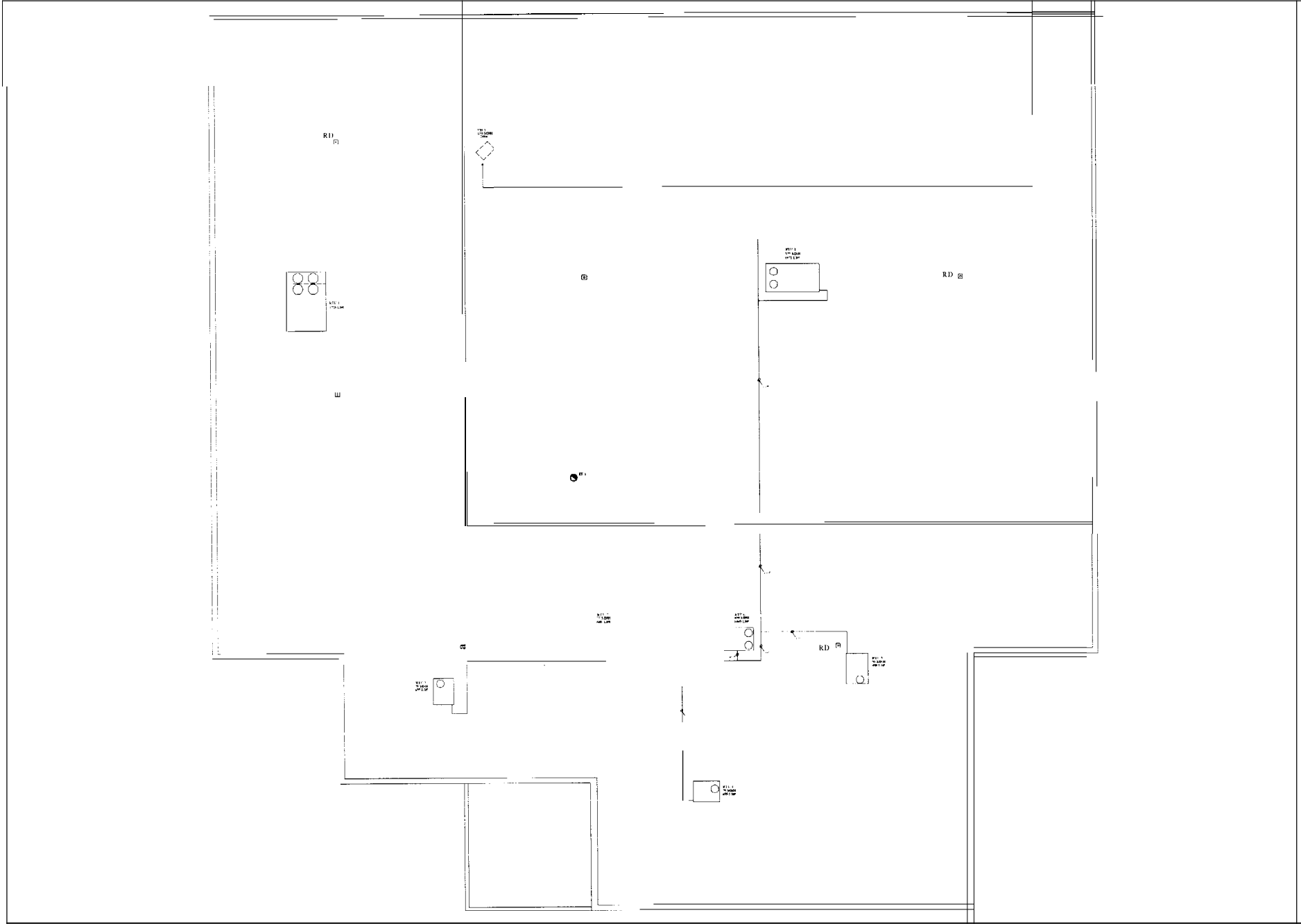
ARTEMP MECHANICAL CONTRACTORS
 44 WALLACE AVENUE
 SOUTH PORTLAND, MAINE 04106




WALCH PUBLISHING
 1039 RIVERSIDE STREET
 PORTLAND, MAINE

DATE: JUN 14, 2004
 DRAWING NO: M-1
 PROJECT: MECHANICAL FLOOR PLAN

SCALE: 1/8" = 1'
 SHEET: M-1



AIRTEMP MECHANICAL CONTRACTORS 11 WALLACE AVENUE SOUTH PORTLAND, MAINE 04106	
	
WALCH PUBLISHING 1039 RIVERSIDE STREET PORTLAND, MAINE	
Project: _____ Date: _____ Drawn by: _____ Check by: _____ Scale: _____ Date: _____	Title: _____ Scale: _____ Date: _____
MECHANICAL ROOF PLAN	
1/8" = 1'	
M-2	

ROOF-TOP UNIT SCHEDULE

NO.	AREA SERVED	COOLING TONS	HEATING MBH IN	MANUFACTURER	MODEL NUMBER	ELECTRIC VOLTS/PHASE	MCA AMPS	WEIGHT	STAGES	REMARKS
1	LABORATION	17.5	----	LENNIX	LCC210H2	208 / 3	94	2725 LBS	2H / 2L	1, 2, 4
2	WAREHOUSE	15	375	LENNIX	GCS16-18B-375	208 / 3	79	1972 LBS	2H / 2L	1, 3, 4
3	OFFICE W PERIMETER	4	75	LENNIX	GCS-16-4B-75	208 / 3	23	655 LBS	1H / 1L	1, 4
4	OFFICE SW PERIMETER	4	75	LENNIX	GCS-16-4B-75	208 / 3	23	655 LBS	1H / 1L	1, 4
5	OFFICE S PERIMETER	3	90	LENNIX	GCS-16-3B-90	208 / 3	18	498 LBS	1H / 1L	1, 4
6	OFFICE INTERIOR	7.5	104	LENNIX	TKA090S28M	208 / 3	42	1485 LBS	2H / 2L	1, 4
7	OFFICE INTERIOR	5	75	LENNIX	GCS-16-6B-75	208 / 3	29	685 LBS	1H / 1L	1, 4

REMARKS:
 1. FZONE
 2. RETURN EXHAUST
 3. 200V 30KVA DIFFERENTIAL
 4. 15/1

UNIT HEATER SCHEDULE

NO.	AREA SERVED	COOLING TONS	HEATING MBH IN	MANUFACTURER	MODEL NUMBER	ELECTRIC VOLTS/PHASE	MCA AMPS	WEIGHT	STAGES	REMARKS
1	LOADING DOCK HEAT	----	150	LENNIX	LF-24	110 / 1	<15	50 LBS	1H	4
2	VESTIBULE HEAT	----	4 KW	UMARK	VH440B/SE192	208 / 3	19.2	----	----	----

REMARKS: 1. 15/1

AIR-CONDITIONING UNIT SCHEDULE

NO.	AREA SERVED	COOLING TONS	HEATING MBH IN	MANUFACTURER	MODEL NUMBER	ELECTRIC VOLTS/PHASE	MCA AMPS	WEIGHT	STAGES	REMARKS
1	SERVER ROOM	2	----	MITSUBISHI	MSB4WV	208 / 1	20	152 LBS	1C	5, 6, 7

REMARKS:
 1. 12" SEC. 120 / 5/8
 2. 24" AMBIENT KIT
 3. INDOOR UNIT REQUIRES 11 AMPS AT 115/1










EXHAUST FAN SCHEDULE

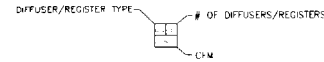
AREA SERVED	CFM	MANUFACTURER	MODEL NUMBER	ELECTRIC VOLTS/PHASE	AMPS	WEIGHT	REMARKS
TOILETS	400	COOK	AGE200C150H	120 / 1	<15	35 LBS	ROOF
RESTROOM	75	COOK	GEM 31	120 / 1	<15	----	CEILING
CONFERENCE ROOM	260	COOK	GC-420	120 / 1	<15	----	CEILING

AIR DEVICE SCHEDULE

NO.	SIZE	MAX CFM	MAX INCH	THROW @500 FPM	REMARKS
1	8"	98-157	<15-15	1-2-4	SQUARE CONE DIFFUSER T-BAR LAY-IN
2	10"	175-279	<15-19	2-3-6	SQUARE CONE DIFFUSER T-BAR LAY-IN
3	12"	273-436	<15-21	3-4-8	SQUARE CONE DIFFUSER T-BAR LAY-IN
4	14"	373-600	<15-24	4-6-12	SQUARE CONE DIFFUSER T-BAR LAY-IN
5	16" x 4"	----	----	----	EGGCRATE RETURN GRILLE T-BAR LAY-IN
6	12" x 20"	----	----	----	EGGCRATE RETURN GRILLE T-BAR LAY-IN
7	10" x 8"	----	----	----	EGGCRATE RETURN GRILLE T-BAR LAY-IN

SYMBOL LEGEND

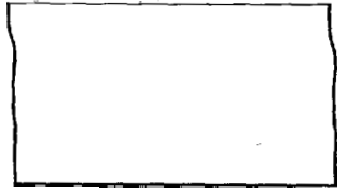
-  4-WAY SUPPLY DIFFUSER
-  RETURN REGISTER
-  CEILING EXHAUST FAN
-  ROOF MOUNTED EXHAUST FAN
-  ELBOW WITH TURNING VANES
-  SQUARE TO ROUND TRANSITION
-  STANDARD SIZE REDUCTION
-  SPIN-IN TAKE-OFF WITH DAMPER
-  FLEX DUCT





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 1039 Riverside St Use of Building Commercial Date 8-1-11
Name and address of owner of appliance _____

Installer's name and address Air-Tech, 11 Wallard Ave S Portland, ME
Telephone 774 7300

Location of appliance:

Basement Floor
 Attic Roof

Type of Fuel:

Gas Oil Solid

Appliance Name: Lennox Boxtop

U.L. Approved Yes No

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

IF NO Explain: _____

The Type of License of Installer:

Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # PM 1199
 Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct vent
Type _____ uL# _____

Type of Fuel Tank

Oil
 Gas

Size of Tanks 500 ea

Number of Tanks 2

Distance from Tank to Center of Flame 40 feet,
total

Approved

Fire: _____
Ele.: _____
Bldg.: _____

Signature of Installer [Signature]

Approved with Conditions

See attached letter or requirement

#

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1205	Issue Date: OCT 23 2004	CBL: 331 A001001
-----------------------	----------------------------	---------------------

Location of Construction: 1039 Riverside St	Owner Name: 1039 Riverside Llc	Owner Address: 340 Fore St	Phone: 767 6060
Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone: 2077742300
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: I-M

Past Use: commercial - mftg	Proposed Use: commercial - mftg	Permit Fee: \$588.00	Cost of Work:	CEO District: 5
Proposed Project Description: install Lennox rooftop system		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: HVAC Type: Signature: [Signature] Date: 10/22/04	
		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: dmartin	Date Applied For: 08/18/2004	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p>		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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: OK 8/23/04	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 checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Denied Date: [Signature]

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