

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1094	Issue Date:	CBL: 335 B007001
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Location of Construction: 45 Beverly St	Owner Name: Diversified Properties Inc	Owner Address: Po Box 10127	Phone:
Business Name:	Contractor Name: Quality Insulation	Contractor Address: 65 Downeast Drive Yarmouth	Phone 2078467745
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R-2

Past Use: Single Family	Proposed Use: Single Family / Install a Lennox, metal, direct vent gas heating system on the floor.	Permit Fee: \$40.00	Cost of Work: \$1,825.00	CEO District: 5
Proposed Project Description: Install a Lennox, metal, direct vent gas heating system on the floor.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: HVAC IRC 2003 STME. GAS REGS Signature: <i>DM</i> 10/5/09
new S.F. under # 09-0770		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: gg	Date Applied For: 10/02/2009	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..		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>10/2/09</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: _____

PERMIT ISSUED

OCT 5 2009

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

PERMIT ISSUED

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

OCT 5 2009

City of Portland

335 B 009

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 45 BEVERLY ST. Use of Building Home Date 10/2/09
 Name and address of owner of appliance LEN ANDERSON
543 ALLEN AVE., PORTLAND
 Installer's name and address QUALITY INSULATION CO. MAID
65 DOWNEAST PR., YARMOUTH ME Telephone 207-846-7745

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name: LENNOX

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 # PNT4272
 Other _____

Type of Chimney:

- Masonry Lined
 Factory built _____
 Metal
 Factory Built U.L. Listing # _____
 Direct Vent
 Type METAL UL# _____

Type of Fuel Tank

- Oil
 Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 1825.00

Permit Fee: \$ 40.00

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer

Jerry Anclous

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

LENNOX®

HEARTH PRODUCTS

INSTALLATION INSTRUCTIONS

DIRECT VENT MPD-33/35/40/45 SERIES

VENTED GAS FIREPLACE HEATERS - DIRECT VENT MODELS
P/N 850,014M REV. L 10/2004

RETAIN THESE INSTRUCTIONS
FOR FUTURE REFERENCE

MODELS

This appliance may be installed in an aftermarket permanently located, manufactured home (USA only) 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.

Millivolt Models

MPDT-3328CNM MPD-4035CNM
MPDT-3328CPM MPD-4035CNM-B
MPDR-3328CNM MPD-4035CPM
MPDR-3328CPM MPD-4540CNM
MPD-3530CNM MPD-4540CNM-B
MPD-3530CNM-B MPD-4540CPM
MPD-3530CPM

Electronic Models

MPDT-3328CNE MPD-4035CNE
MPDT-3328CPE MPD-4035CPE
MPDR-3328CNE MPD-4540CNE
MPDR-3328CPE MPD-4540CPE
MPD-3530CNE
MPD-3530CPE

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.

FOR YOUR SAFETY: Do not store or use gasoline or other flammable vapors or liquids in the vicinity of this or any other appliance.

FOR YOUR SAFETY: What to do if you smell gas:

- DO NOT light any appliance.
- DO NOT touch any electrical switches.
- DO NOT use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow your gas suppliers instructions.
- If your gas supplier cannot be reached, call the fire department.

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

AVERTISSEMENT: ASSUREZ-VOUS DE BIEN SUIVRE LES INSTRUCTIONS DONNÉ DANS CETTE NOTICE POUR RÉDUIRE AU MINIMUM LE RISQUE D'INCENDIE OU POUR ÉVITER TOUT DOMMAGE MATÉRIEL, TOUTE BLESSURE OU LA MORT.

POUR VOTRE SÉCURITÉ: Ne pas entreposer ni utiliser d'essence ni d'autre vapeurs ou liquides inflammables dans le voisinage de cet appareil ou de tout autre appareil.

POUR VOTRE SÉCURITÉ: Que faire si vous sentez une odeur de gaz:

- Ne pas tenter d'allumer d'appareil.
- Ne touchez à aucun interrupteur. Ne pas vous servir des téléphones se trouvant dans le bâtiment où vous vous trouvez.
- Evacuez la pièce, le bâtiment ou la zone.
- Appelez immédiatement votre fournisseur de gaz depuis un voisin. Suivez les instructions du fournisseur.
- Si vous ne pouvez rejoindre le fournisseur de gaz, appelez le service des incendies.

L'installation et service doit être exécuté par un qualifié installateur, agence de service ou le fournisseur de gaz.



OMNI-Test Laboratories, Inc.

OTL Report No. 116-F-13-4

NOTE: DIAGRAMS & ILLUSTRATIONS NOT TO SCALE.

VERTICAL VENT FIGURES/TABLES

Note: *Secure Vent (rigid vent pipe)* is shown in the figures; *Secure Flex (flexible vent pipe)* may also be used.

WARNING: UNDER NO CIRCUMSTANCES MAY SEPARATE SECTIONS OF CONCENTRIC FLEXIBLE VENT PIPE BE JOINED TOGETHER.

Note: It is very important that the horizontal/inclined run be maintained in a straight (no dips) and recommended to be in a slightly elevated plane, in a direction away from the fireplace of 1/4" rise per foot (20 mm per meter) which is ideal, though rise per foot run ratios that are smaller are acceptable all the way down to at or near level.

Note: SV4.5BF (Secure Vent), SF4.5BF (Secure Flex) firestop/spacer must be used anytime vent pipe passes through a combustible floor or ceiling. SV4.5HF (Secure Vent), SF4.5HF (Secure Flex) firestop/spacer must be used anytime vent pipe passes through a combustible wall.

Note: Two 45 degree elbows may be used in place of one 90 degree elbow. The same rise to run ratios, as shown in the venting figures for 90 elbows, must be followed if 45 degree elbows are used.

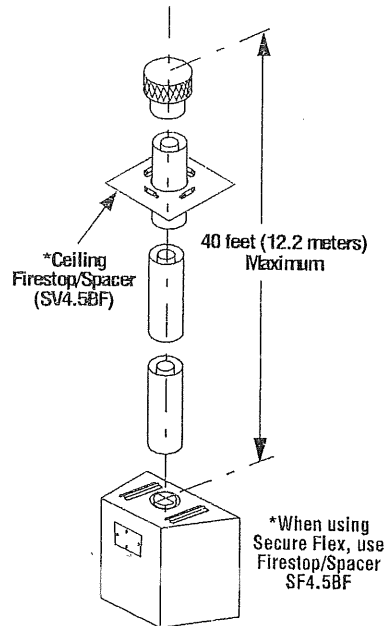


Figure 27 - Top Vent - STRAIGHT

TABLE A

V MINIMUM		H MAXIMUM	
feet	(m)	feet	(m)
1	(0.305)	2	(0.61)
2	(0.61)	4	(1.222)
3	(0.914)	6	(1.86)
4	(1.22)	8	(2.4)

V + H = 40 feet (12.4 m) Max.
H = 8 feet (2.4 m) Max.

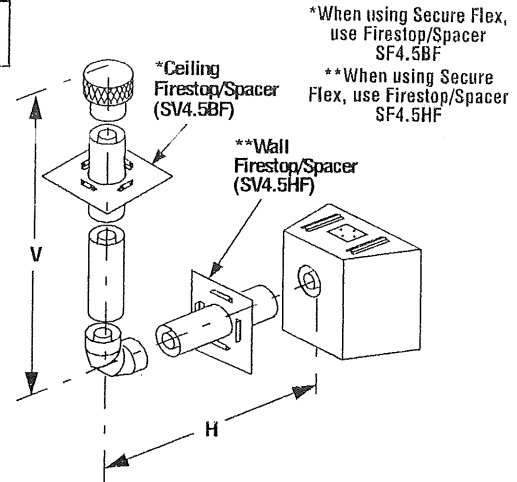


Figure 28 - Rear Vent - ONE 90 DEGREE ELBOW

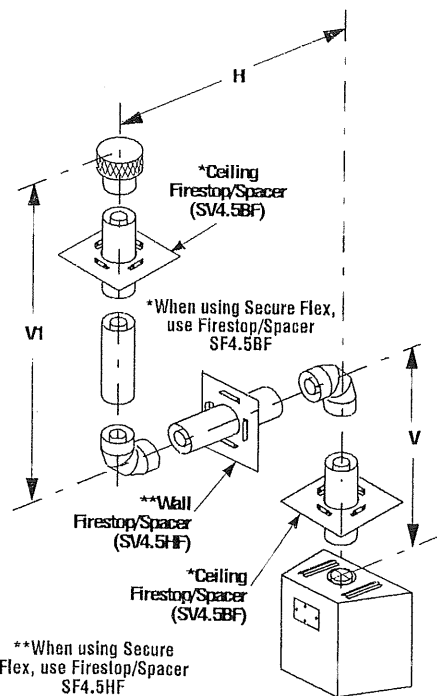


TABLE B

V MINIMUM		H MAXIMUM	
feet	(meters)	feet	(meters)
1	(0.305)	5	(1.52)
2	(0.610)	10	(3.1)
3	(0.914)	15	(4.65)
4	(1.22)	20	(6.2)

V + V₁ + H = 40 feet (12.4 m) Max.
H = 20 feet (6.2 m) Max.

Figure 29 - Top Vent - TWO 90 DEGREE ELBOWS

NOTE: DIAGRAMS & ILLUSTRATIONS NOT TO SCALE.

VERTICAL VENT FIGURES/TABLES
(continued)

V Minimum		H Maximum		H+H ₁ Maximum	
feet	(m)	feet	(m)	feet	(m)
1	(0.305)	2	(0.610)	5	(1.52)
2	(0.610)	4	(1.22)	10	(3.1)
3	(0.914)	6	(1.86)	15	(4.65)
4	(1.22)	8	(2.48)	20	(6.2)

$V+V_1+H+H_1 = 40$ feet (12.4 m) Max.
 $H = 8$ feet (2.48 m) Max.
 $H + H_1 = 20$ feet (6.2 m) Max.

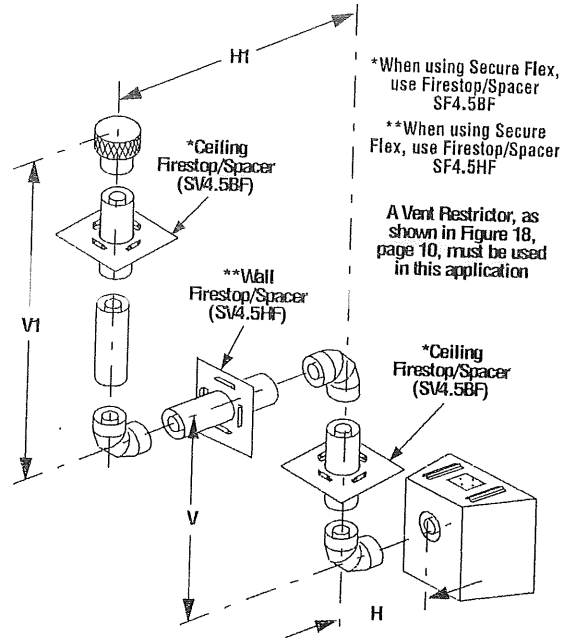


Figure 30 - Rear Vent - THREE ELBOWS

V Minimum		H + H ₁ Maximum	
feet	(m)	feet	(m)
1	(0.305)	5	(1.52)
2	(0.610)	10	(3.1)
3	(0.914)	15	(4.65)
4	(1.22)	20	(6.2)

$H + H_1 = 20$ feet (6.2 m) Max.
 $V+V_1+H+H_1 = 40$ feet (12.4 m) Max.

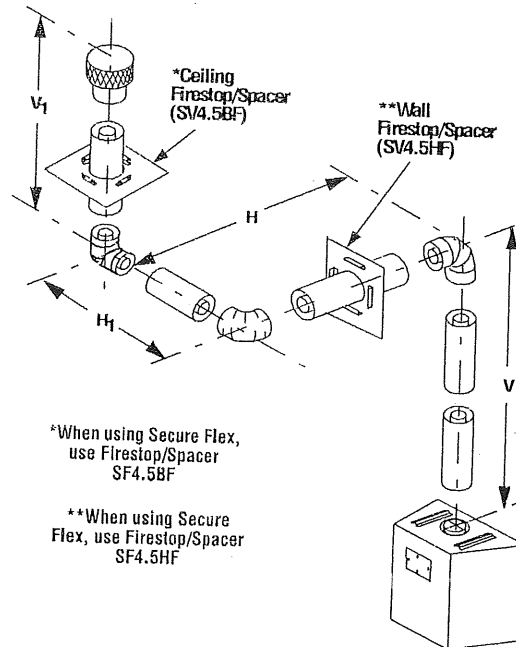


Figure 31 - Top Vent - THREE ELBOWS