

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0881	Issued Date: PERMIT ISSUED JUL 14 2005	369 B004001
-----------------------	---	-------------

Location of Construction: 1 DAVIS FARM RD	Owner Name: DAVISON ROBERT C REVOCAB	Owner Address: 71 WALNUT HILL AVE	Phone: 207/7541531
Business Name:	Contractor Name: Mechanical Services, Inc	Contractor Address: 400 Presumpscot St Portland	Phone: 207/7541531
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: I-M
Past Use: Commercial	Proposed Use: Commercial/ add Trane Condensing unit to roof of building	Permit Fee: \$624.00	Cost of Work: \$66,237.00
Proposed Project Description: add Trane Condensing unit to roof of building		CEO District: 5	INSPECTION: Use Group B Type: HUPZ
		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: 7/13/05 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: Idobson	Date Applied For: 06/28/2005	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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>[Signature]</i> 7/13/05	<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: _____	<input checked="" type="checkbox"/> Not in District or Landmar <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: 05-0881	Date Applied For: 0612812005	CBL: 369 B004001
------------------------------	--	----------------------------

Location of Construction: 1 DAVIS FARM RD	Owner Name: DAVISON ROBERT C REVOCAB	Owner Address: 71 WALNUT HILL AVE	Phone:
---	--	---	---------------

Business Name:	Contractor Name: Mechanical Services, Inc	Contractor Address: 400 Presumpscot St Portland	Phone: (207) 774-1531
-----------------------	---	---	---------------------------------

Lessee/Buyer's Name	Phone:	Permit Type: HVAC
----------------------------	---------------	-----------------------------

Proposed Use: Commercial/ add Trane Condensing unit to roof of building	Proposed Project Description: add Trane Condensing unit to roof of building
---	---

Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 0711312005

Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 0711212005

Note: **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 0710512005

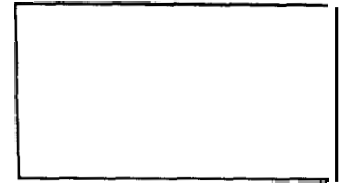
Note: **Ok to Issue:**

- 1) Installation to comply with NFPA 90A



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 / CBL 1 Davis Farm Road 369 B 4 Use of Building Commercial Date 6/24/05
 Name and address of owner of appliance Robert C. Davison Trust, Mr. Richard Thorne
95 Market Street Manchester New Hampshire 03101
 Installer's name and address Mechanical Services, Inc. 400 Presumpscot Street
Portland Maine 04103 Telephone 774-1531

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: Trane - Condensing Unit
 U.L. Approved Yes No

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

IF **NO** Explain: _____

Type of Chimney:
 Masonry Lined
 Factory built _____

Metal
 Factory Built U.L. Listing # _____

Direct Vent
 Type _____ UL# _____

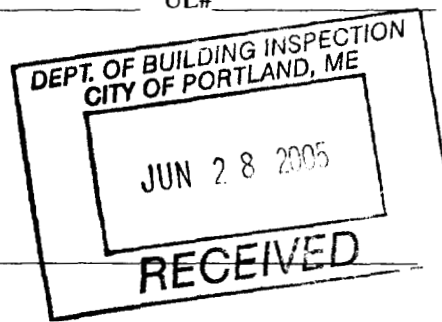
Type of Fuel Tank
 Oil
 Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$66,237.00
 Permit Fee: \$ 624.00



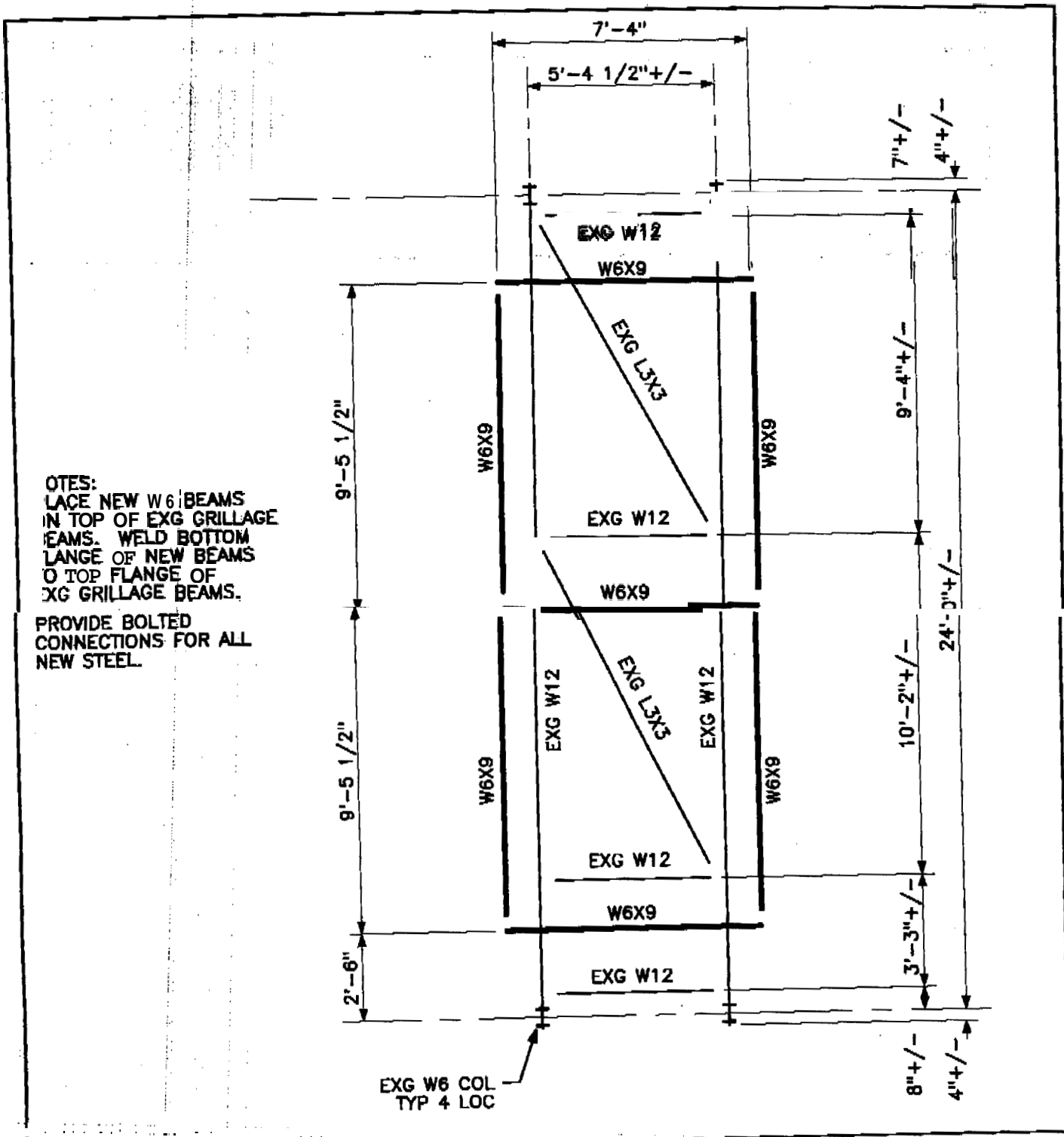
The Type of License of Installer:
 Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # _____
 Other Universal R. Refrigerant
2624/31100625

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

Signature of Installer Francis M. Wheeler, Mechanical Services, Inc.

rove with Conditions
 See attached letter or requirement

Inspector's Signature _____ Date Approved _____



NOTES:
 LACE NEW W6 BEAMS
 IN TOP OF EXG GRILLAGE
 BEAMS. WELD BOTTOM
 FLANGE OF NEW BEAMS
 TO TOP FLANGE OF
 EXG GRILLAGE BEAMS.
 PROVIDE BOLTED
 CONNECTIONS FOR ALL
 NEW STEEL.

GRILLAGE FRAMING PLAN



Scale 1/4" = 1'-0"

Architects + Engineers
HARRIMAN ASSOCIATES
 One Auburn Business Park
 Auburn, Maine 04210
 207.784.5100 tel
 207.784.3017 fax

Project title
**ONE DAVIS FARM ROAD
 VERIZON BUILDING
 PORTLAND, MAINE**

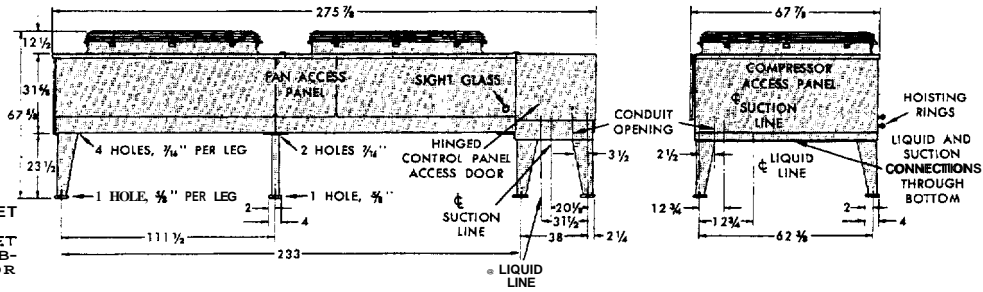
HA Project No
05111

Drawing Number
S1

Date
06-09-06

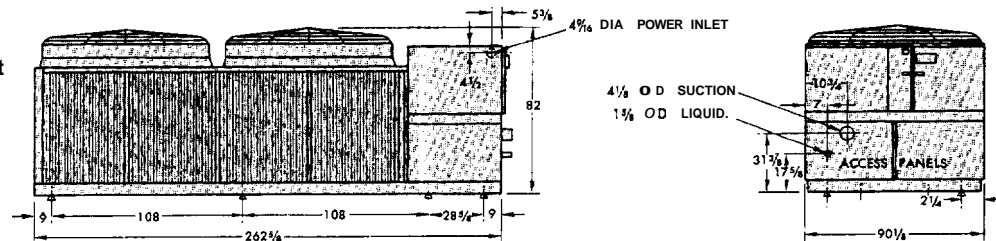
2 Old Units

FIGURE 4—RA 750 and 900
Condensing Units



- NOTES
1. MINIMUM CLEARANCE IS 5 FEET ALL SIDES
 2. MINIMUM CLEARANCE IS 10 FEET BETWEEN UNITS OR WHEN OBSTRUCTIONS EXIST ON TWO OR MORE SIDES

FIGURE 5—RA 1000 Condensing Unit



- NOTES
1. MINIMUM CLEARANCE IS 8 FEET ALL SIDES
 2. MINIMUM CLEARANCE IS 16 FEET BETWEEN UNITS OR WHEN OBSTRUCTIONS EXIST ON TWO OR MORE SIDES

FIGURE 6—Leg Weight Loading for Condensing Units

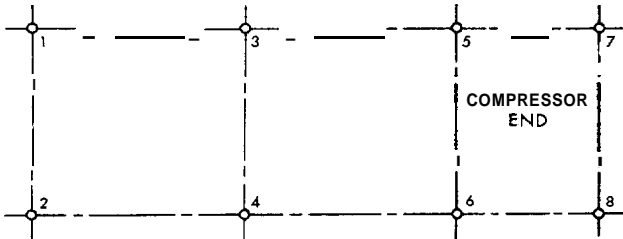


TABLE 16—Mounting Leg Loading Data

MODEL	NO OF COMP.	WEIGHT CONCENTRATED ON LEG								OPERATING WEIGHT
		1	2	3	4	5	6	7	8	
RAUA 200-M	1	142	142	176	176	210	210	230	230	1,516
RAUA 250-M	1	172	172	214	214	258	258	279	279	1,846
RAUA 300-M	1	178	178	225	225	271	271	293	293	1,934
RAUA 400-F	1	261	261	346	346	432	432	477	477	3,032
RAUA 500-E	1	352	352	466	466	582	582	638	638	4,076
RAUA 600-E	1	392	392	511	511	629	629	689	689	4,442
RAUA 400-M	2	274	274	365	365	455	455	502	502	3,192
RAUA 500-M	2	314	314	417	417	521	521	571	571	3,646
RAUA 600-M	2	346	346	450	450	554	554	606	606	3,912
RA 750-E	1	388	338	562	562	752	752	804	804	5,012
RA 900-E	1	408	408	590	590	790	790	843	843	5,262
RA 1000-E	1	660	660	795	795	970	970	970	970	6,800

FIGURE 7—BRCA 200-500 Fan Coil Units

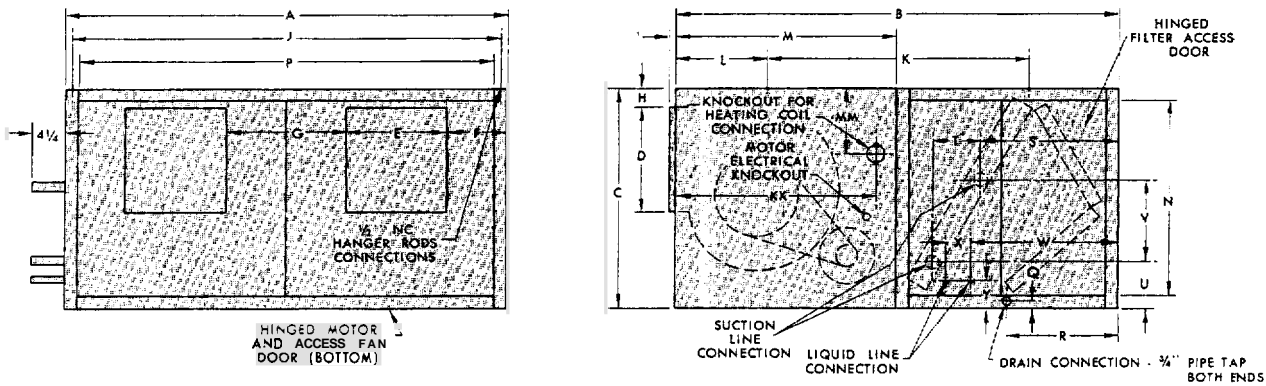


TABLE 17—BRCA 200-500 Blower Coil Dimensions

MODEL	WID. DEP. HGT.			AIR SUPPLY								MOUNTING				AIR RETURN		DRAIN CONN.		SUCTION CONN.						LIQUID CONN.				HEATING COIL SUPPLY		NET WT. LBS.
	A	B	C	D	E	F	G	H	J	K	L	M	N	P	Q	R	OD	S	T	U	V	W	X	Y	KK	MM						
BRCA 200	80	80	40	15 1/4	18 1/4	10 1/8	22	3 5/8	7 7/8	40	20	40	35 1/2	75 1/2	1 3/8	20	1 3/8	24 1/8	9	8 1/8	15 3/8	7/8	26 1/2	4 1/2	5	35 1/2	12	1100				
BRCA 250	96	80	40	16 3/8	20 1/4	12	31 1/2	3 5/8	9 3/8	40	20	40	35 1/2	91 1/2	1 3/8	20	1 3/8	25 1/2	9	6	15 3/8	7/8	24 1/2	4 1/2	7 1/8	35 1/2	12	1300				
BRCA 300	112	80	40	19	22 1/8	18 1/8	31 5/8	3 5/8	10 9/8	40	20	40	35 1/2	107 1/2	1 3/8	20	1 3/8	25 3/8	9	6	15 1/2	7/8	24 1/2	4 1/2	7 1/8	35 1/2	12	1500				
BRCA 400	112	104	52	20 3/8	24 3/8	17 1/8	29 1/8	3 5/8	10 9 1/2	52	26	52	47	107	1 3/8	26	2 1/8	34 1/8	12	6 1/8	20 3/8	1 3/8	29 3/8	4 1/2	8 3/8	46 1/2	14 1/2	1800				
BRCA 500	112	116	58	24 3/8	30	10	32	3 5/8	10 9 1/2	58	29	58	53	107	1 3/8	29	2 1/8	38 1/8	13 1/2	7 3/8	23 3/8	1 3/8	33 3/8	4 1/2	8 3/8	52 1/2	17 1/2	2000				

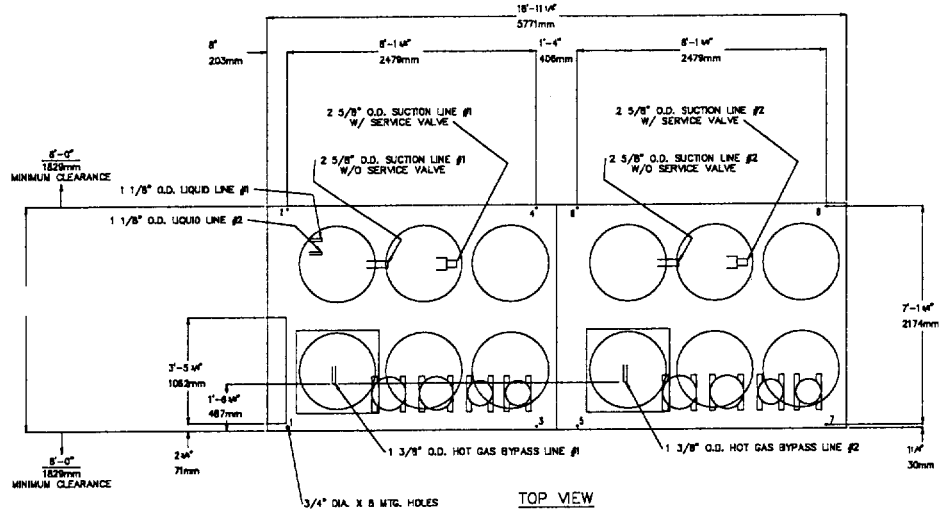


1 New Unit

Dimensional Data

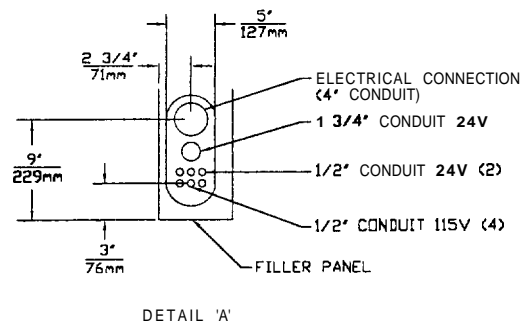
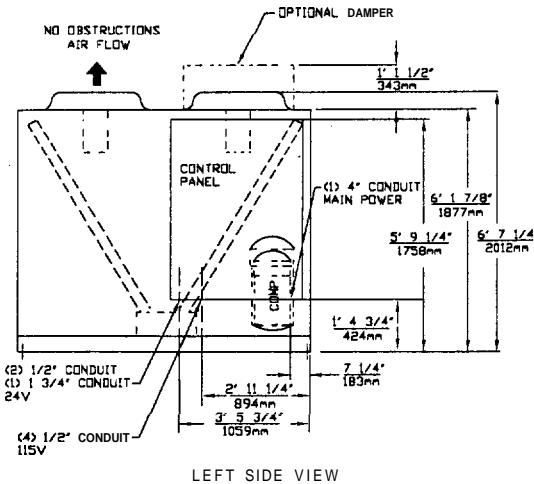
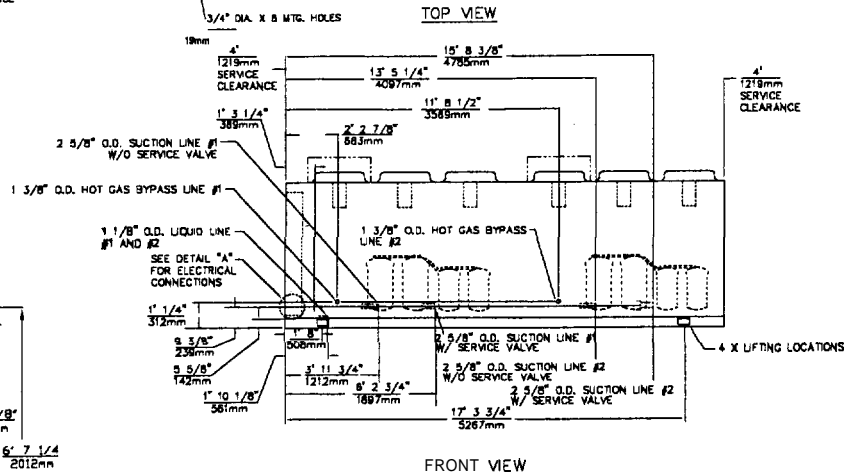
100 Ton
Condensing Unit

Figure DD-8 - Air-Cooled Condensing Unit - RAUC 100 Ton



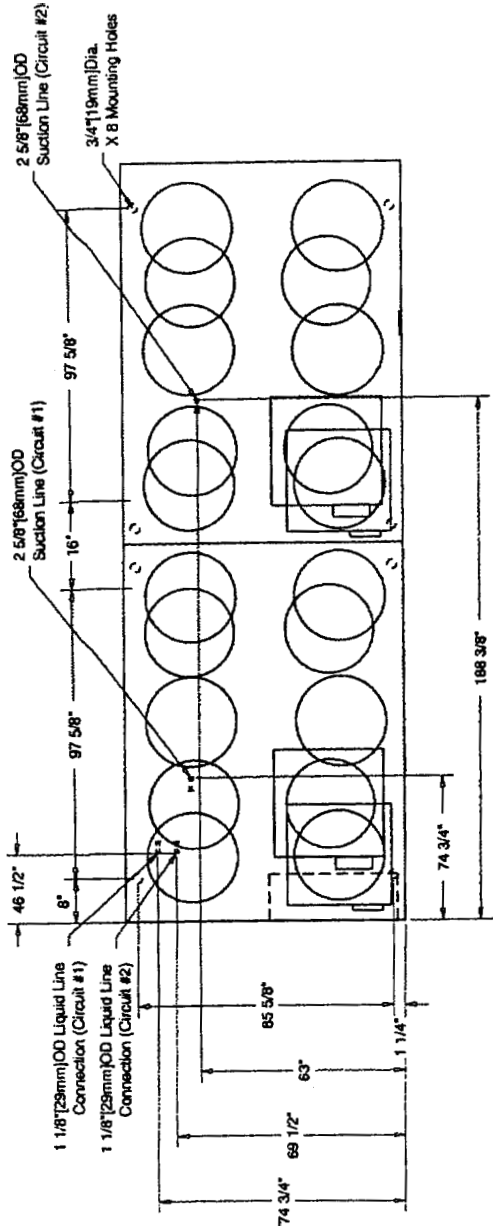
NOTES:

- Hot gas bypass, suction and liquid line connection locations shown in the front view do not represent holes in the unit panel. Access to these connections are provided by the customers.
- Dimensional tolerance is $\pm 1/8"$.

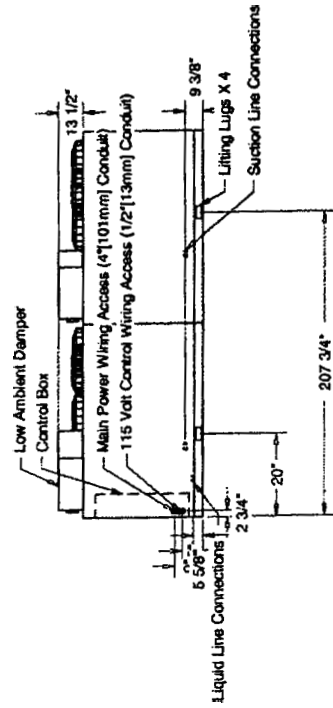
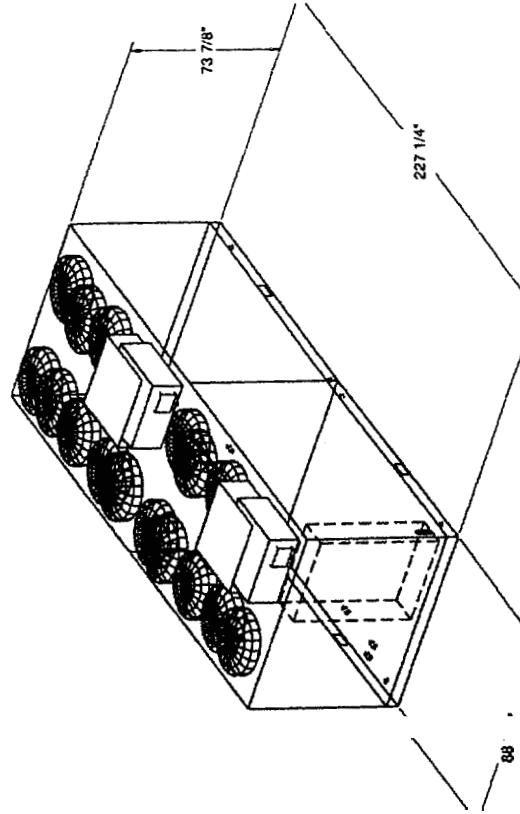


100 TON RAUC		
WEIGHT:	ALUMINUM FINS	COPPER FINS
SHIPPING	6360 lbs	7160 lbs
SHIPPING	2885 kg	3248 kg
OPERATING	6472 lbs	7272 lbs
OPERATING	2936 kg	3299 kg

Unit Dimensions - Air-Cooled Condensing Units (industrial)
Item: A1 Qty: 1



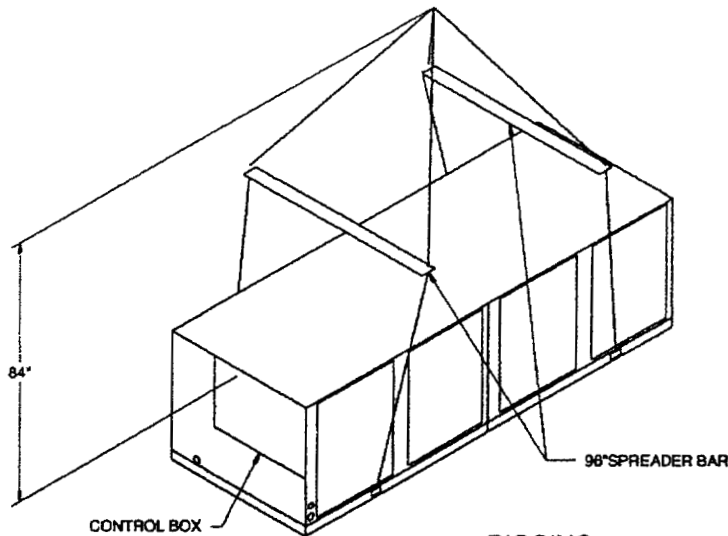
TOP VIEW



FRONT VIEW

Weight, Clearance & Rigging Diagram - Air-Cooled Condensing Units (Industrial))

Item: A1 Qty: 1



WARNING!!!

TO PREVENT INJURY OR DEATH AND POSSIBLE EQUIPMENT DAMAGE. DO NOT USE CHAIN (CABLES) OR SLINGS EXCEPT AS SHOWN AND USE CABLES STRONG ENOUGH TO SUPPORT UNIT WEIGHT. TEST LIFT UNIT TO ENSURE PROPER BALANCE AND RIGGING.

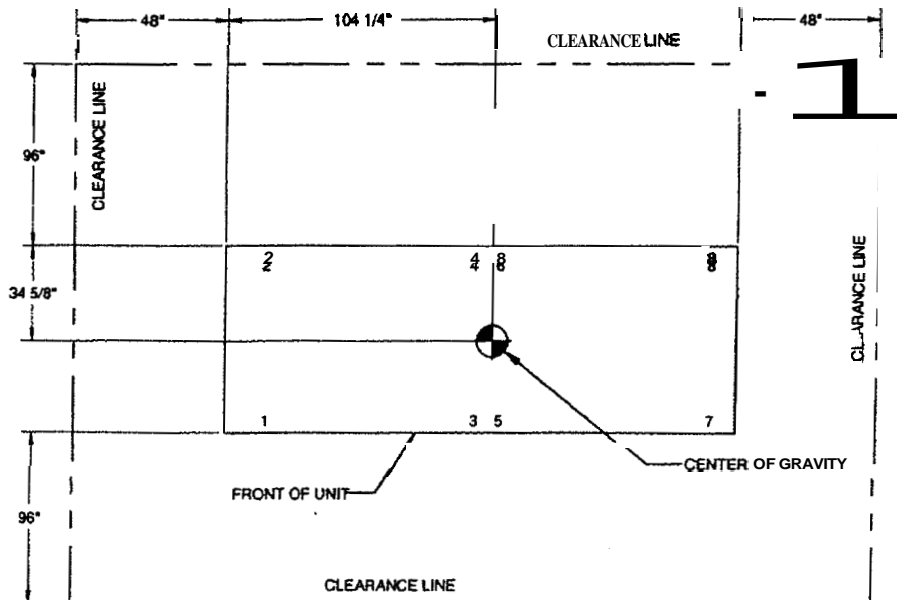
RIGGING

CENTER OF GRAVID AND UNIT WEIGHTS SCHEDULE

		OPERATING WEIGHT WEIGHT DISTRIBUTION AT MOUNTING POINTS							
SHIPPING	6360.0 lb								
TOTAL OPERATING	8472.0 lb	1/4" (1/4")	556.0 lb	983.0 lb	639.0 lb	979.0 lb	636.0 lb	951.0 lb	518.0 lb

NOTES:

1. OPERATING WEIGHT INCLUDES REFRIGERANT, OIL AND WATER.
2. SHIPPING WEIGHT INCLUDES REFRIGERANT AND OIL CHARGES.
3. IF THE UNIT IS INSTALLED IN A WELL, THE DEPTH OF THE WELL MUST NOT EXCEED THE HEIGHT OF THE UNIT. THE TOP OF THE UNIT MUST HAVE UNRESTRICTED AIRFLOW.



CENTER OF GRAVID AND CLEARANCES