

City of Portland, Maine - Building or Use Permit Application

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

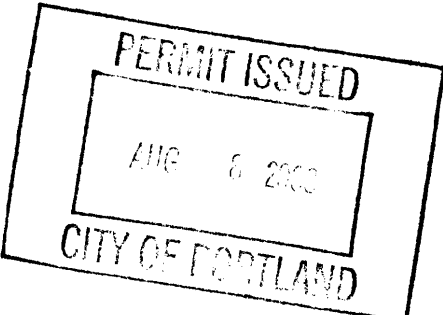
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|-----------------------|-----------------------|----------------------|
| Permit No: 08-0978 | Issue Date: 8/8/08 | CBL: 380A C007001 |
|-----------------------|-----------------------|----------------------|

| | | | |
|---|--|--|---------------------|
| Location of Construction: 77 ALPINE RD | Owner Name: STAPLES SUSAN M & TIMOTHY | Owner Address: 77 ALPINE RD | Phone: |
| Business Name: | Contractor Name: Chim Tech / Scott Scott Meikle | Contractor Address: 29 Plamer Road Buxton | Phone 2072050350 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | Zone: |

| | | | | |
|---------------------------------|--|--|--|--------------------|
| Past Use: single Family Home | Proposed Use: Single Family Home - install a keystone Hearth Fireplace insert | Permit Fee: \$40.00 | Cost of Work: \$1,450.00 | CEO District: 5 |
| | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R-3 Type: SB IMC-2003 NFPA 211 54 | |

| | | |
|--|------------|--------------------------------|
| Proposed Project Description: install a keystone Hearth Fireplace insert | Signature: | Signature: <i>CA DA 8/8/08</i> |
| 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: ldobson | Date Applied For: 08/08/2008 | 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 <i>OK</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>8/8/08</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>C</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>8/8/08</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.

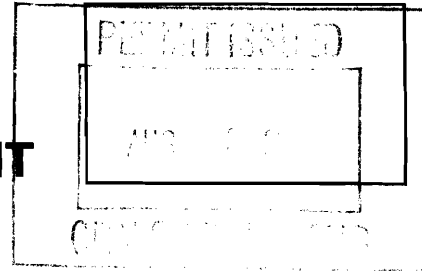
SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



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 _____ Use of Building single-family Date 8/8/08
 Name and address of owner of appliance Timothy H. / Susan M. Staples
77 Alpine Rd. Portland 04103
 Installer's name and address ChimTech
20 Dundee Circle Buxton 04093 Telephone 207-205-0350

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: KeystokerHearth Stove
Insert
 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 # PNT3855
- Other _____

Type of Chimney:

- Masonry Lined
Factory built using existing chimney
- 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: \$ 1450.00

Permit Fee: \$ _____

Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

- See attached letter or requirement

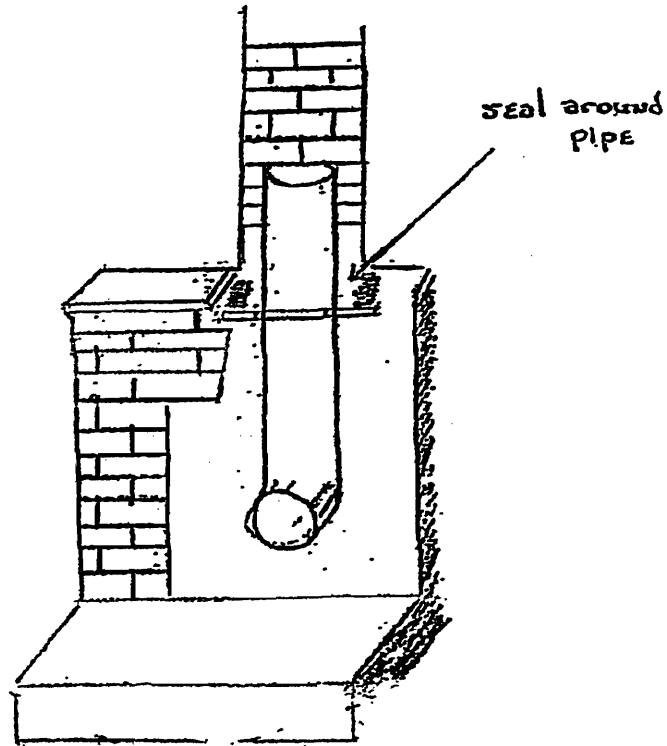
[Signature]
 Inspector's Signature

8/8/08
 Date Approved

Signature of Installer Susan M. Staples

**INSTALLATION INSTRUCTIONS
KEYSTOKER HEARTH STOVE**

Insert 3 lengths of 6" 24 gauge stovepipe up into chimney, with an elbow and short piece of pipe on bottom. Secure the stovepipe together with screws. Stuff fibreglass insulation all around pipe to effect a seal. Or use a flexible stainless steel pipe.



Place stove on hearth, slide stove back toward short piece of pipe. Ease pipe out to connect onto stove outlet. Secure with screws. Slide stove back against fireplace.

Install wall thermostat according to the instructions packed with it and wire with #18-2 thermostat wire to terminals marked T.T. in Honeywell relay.

Plug power supply cord into any 115V outlet.

Hopper end of stove should be plumbed with level.

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| Business Name: | Contractor Name: Chim Tech / Scott Scott Meikle | Contractor Address: 29 Plamer Road Buxton | Phone (207) 205-0350 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | |

| | |
|---|--|
| Proposed Use: Single Family Home - install a keystone Hearth Fireplace insert | Proposed Project Description: install a keystone Hearth Fireplace insert |
|---|--|

| | | | |
|--|---|-------------------------------|----------------------------------|
| Dept: Zoning | Status: Approved | Reviewer: Chris Hanson | Approval Date: 08/08/2008 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Chris Hanson | Approval Date: 08/08/2008 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| <ol style="list-style-type: none"> 1) The appliance shall be installed in accordance with the IMC 2003 and NFPA 211 2) The heating appliance/stove shall be installed, maintained and operated in accordance with the terms of the listing. 3) Prior to installing the solid fuel appliance, the product information which includes the UL listing shall be submitted. The heating unit shall be installed per the Listing, NFPA 211, IMC 2003 and the manufacturers instructions. 4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. 5) Installation shall comply with 2003 International Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules | | | |



Complete Repairs & Restorations
Over 15 Years Experience

- Chimney Lining
- Chimney Cleaning
- Chimney Caps
- Patios & Walkways

"Installing Gas, Wood & Pellet Stoves"

CULTURED STONE APPLICATIONS
Buxton, ME 207-205-0350

im Tech
& CHIMNEY SERVICE
line 04093 207-205-0350



Address _____
City PTHO State _____ Zip _____
Phone 207-7422
E-mail _____
Date _____ Time _____
Directions to Home Exit 10 right
1 mile Eddie's

| | | | |
|---|--------------|----------------|----------------|
| 20 Dundee Circle Buxton ME. 04093 | Satisfactory | Unsatisfactory | Not Applicable |
| CHIMNEY | | | |
| 1. Height | | | |
| 2. Chimney Cap Spark Arrestor | | | |
| 3. Crown / Wash | | | |
| 4. Brick / Mortar | | | |
| 5. Flashing | | | |
| 6. Flue Liner | | | |
| 7. Moisture Resistance | | | |
| 8. Hearth Protection | | | |
| 9. Misc. | | | |
| FIRE BOX DIMENSIONS: | | | |
| Height | | | |
| Width | | | |
| Depth | | | |
| Width of Back Wall | | | |

- Wood Stove Pellet Stove Gas Stove
- Insert Free Standing
- Propane / NG / Oil / Other _____
- Type of Chimney: Prefab Masonry Modular
- No. of Stories: 1 2 3 4
- Last Cleaned: _____ Year(s) Ago Never
- Flue Size: _____
- Outside Chimney Dimensions: 3 1/2 x 2 1/2

NEXT SERVICING SCHEDULED

on _____ / _____ / _____ at _____ : _____

Note: This is the result of visual inspection done at the time of cleaning. It is intended as a convenience to our customer, not as certification of fire worthiness or safety. Since conditions of use and hidden construction defects are beyond our control, we make no warranty of the safety or function of any appliance and none is implied.

CONTRACT/RECEIPT/INVOICE

Coal Stove into
open Fire Place
7/11/10

| DESCRIPTION | PRICE |
|---------------------------------------|-----------------------|
| 6" SS 4Ever Flex Chimney Liner (Full) | 1100 |
| CROWN SEAL | |
| CAP SS Lifeline | |
| Repoint Horizontal and End wall | |
| Stove Install | 350 |
| 50% Deposit + | |
| 50% upon completion | |
| SUBTOTAL | |
| DATE COMPLETED | TOTAL \$ 1450. |

The National Fire Protection Association Standard states the fireplace and chimney should be inspected yearly for any structural faults.

CUSTOMER VERIFICATION

I have read this form and now understand which areas of my chimney system appear to be satisfactory and which areas are not satisfactory. I agree to this document as a contractual agreement between Chim Tech and myself for said work to be performed.

Signed: _____ Date: _____

Chimney Professional's Signature: _____