				PERMIT ISSI		
•	<b>laine - Building or Use</b> 14101 Tel: (207) 874-8703			Issue Date:	CBL: 382A D	026001
Location of Construction:	Owner Name:	······································	Owner Address:	THE THE	Phone:	
17 LONGVIEW DR	NIAL CONST	TRUCTION INC	191 STATE RD			
Business Name:	Contractor Name		Contractor Address TY OF PORTLAN Phone			
		Plumbing & Heating PO Box 6308 Searborough		<del>20732</del> 12261		
Lessee/Buyer's Name	Phone:		Permit Type: HVAC			Zone: P-2
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	1
Single Family	ngle Family Single Family install a direct vent		\$39.00	\$1,100.00	5	
	fireplace w/ L	P gas	FIRE DEPT:	Approved INSP	ECTION:	11.4
Proposed Project Description:				Denied USE	Group: R.3/V State Gras	Roys
Installing a direct vent fireplace w/ LP gas			Signature: Signature:			
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
			Action: Approved Approved w/Conditions Denied			
			Signature:		Date:	
Permit Taken By: Date Applied For:			Zoning Approval			
dmartin	12/30/2005					
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Revi	ews Zoni	ng Appeal	Historic Proc	rvation
		Shoreland		ce	Not in Distric	t or Landmark
2. Building permits do not include planbag septic or electrical work.		Away	☐ M scell	aneous	Does Not Rec	juire Review
3. Building permits are	e void if work is not thated ins of the date of		onditi	onal Use	Requires Rev	iew
False information may invalidate a building permit and stop all work		- Rubartinon	☐ Interpre	etation	Approved	
•		Site Plan	Approv	ed	Approved w/0	Conditions
		Maj Minor MM	□ □ Dவி	74/11	Denied	/
		Date: 1 13/06	Date:	` `	Date: 01/13	106

## 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

389 Congress Street, 04101	- Building or Use Perm Tel: (207) 874-8703, Fax:		Permit No: 05-1840	Date Applied For: 12/30/2005	CBL: 382A D026001
Location of Construction: Owner Name:			Owner Address:		Phone:
17 LONGVIEW DR	NIAL CONSTRUCT	TION INC	191 STATE RD # 2		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Pine State Plumbing	Pine State Plumbing & Heating		PO Box 6308 Scarborough	
Lessee/Buyer's Name	Phone:		Permit Type: HVAC		
Proposed Use:		Propose	d Project Description:		
Single Family install a direct ve	ent fireplace w/ LP gas	Install	ing a direct vent fire	eplace w/ LP gas	
Dept: Zoning Stat Note:	us: Approved	Reviewer:	Tammy Munson	Approval Da	te: 01/13/2006 Ok to Issue: ✓



**Approved** 

White - Inspection

Fire: \_\_\_\_\_

Signature of Installer

### 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 Long view Drive Use of Building Home Date /2-23-05

Name and address of owner of appliance Nikis Construction Installer's name and address RICHARD A. PROFERNO HEMTMA 58 CHRISTY RA PORT, ONE Telephone 7974953 - CHIL GRYLOS Location of appliance: Type of Chimney: **D** Basement Masonry Lined ☐ Floor ☐ Roof ☐ Attic Factory built \_\_\_\_\_ Type of Fuel: ☐ Metal Oil ☐ Gas ☐ Solid Factory Built U.L. Listing #\_\_\_\_\_ ☐ Direct Vent U.L. Approved Ves Ves No Type \_\_\_\_\_\_ UL#\_\_\_\_ Will appliance be installed in accordance with the manufacture's Type of Fuel Tank installation instructions? Yes Oil ☐ Gas IF NO Explain:\_\_\_ Size of Tank 275 Number of Tanks \_\_\_\_\_ The Type of License of Installer: ☐ Master Plumber #\_\_\_\_\_ ☐ Solid Fuel # \_\_\_\_\_ Distance from Tank to Center of Flame \_\_\_\_\_\_ feet. Oil # MS 30060 600 Cost of Work: \$ 5000,000 ☐ Gas # \_\_\_\_\_ □ Other\_\_\_\_\_ Permit Fee: **Approved with Conditions** 

Yellow - File

☐ See attached letter or requirement

Date Approved

Inspector's Signature

Pink - Applicant's Gold - Assessor's Copy

PINE STATE PLUMBING & HEATING, INC. P.O. Box 6308 Scarborough, ME 04070-6308 Tel: 207-321-2261 Fax: 207-321-2270 5 Industry Rd South Portland, ME 04106



# **FAX**

teve McCuhen Company: **Pages**: 874-8716 Date: Faxe Subjects

Comments:

Room Above garage

Leun 2 10' > vent Window

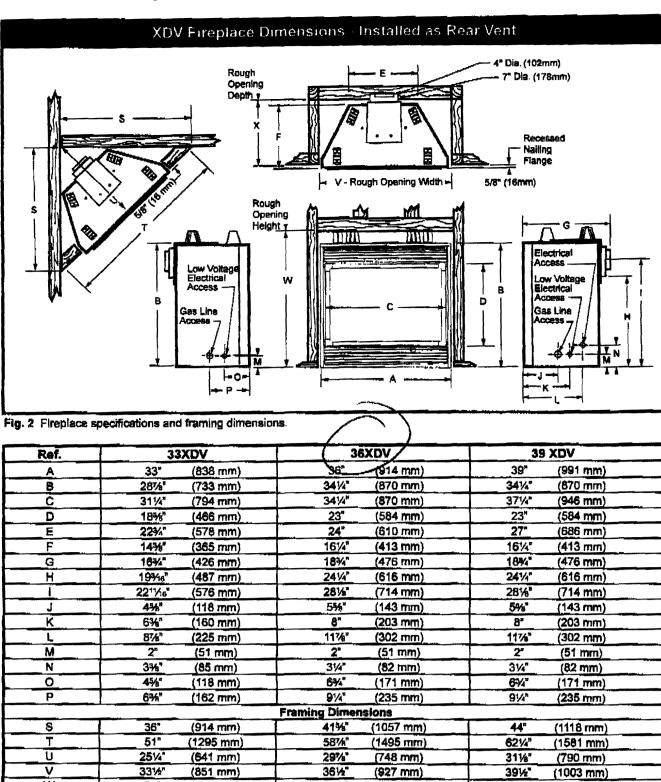
DEC. 22 '05 (FRI) 16:51 COMMUNICATION No: 17 PAGE. 1 W

31"

14%

(787 mm)

(378 mm)



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38%

16¾\*

(980 mm)

(426 mm)

(980 mm) (426 mm)

10007920

38%"

16%

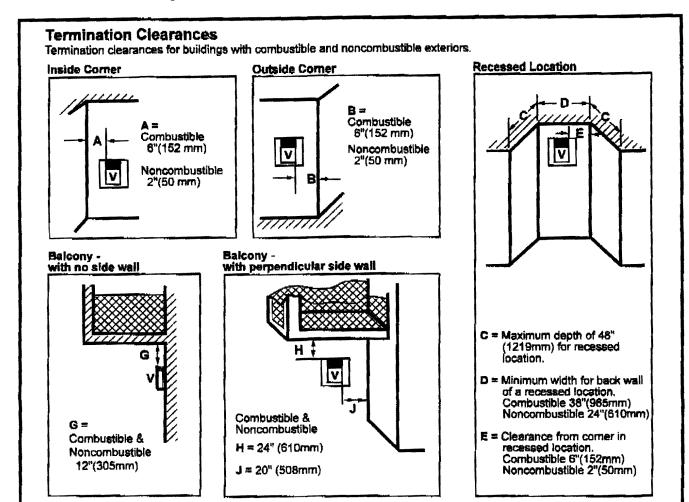


Fig. 16 Termination clearances.

## General Information Assembling Vent Pipes \* Be sure the flex vent is flat and flush with the flue or

### Canadian Installations:

Venting system must be installed in accordance with the current CSA-B149.1 installation code.

USA Installations:

### The venting system must conform with local codes and/

or the current National Fuel Gas code ANSI Z223.1/ NFPA 54. Only venting components manufactured by CFM Corporation can be used in Direct Vent systems.

Flex Vent Pipes
Before joining the flex vent pipe to the unit, apply a

bead of high temperature sealant\* (provided) to the 4" pipe exiting the fireplace. Secure flex vent piep in place with a hose clamp (provided).
\*Be sure the flex pipe overlaps at least 1" (25mm) onto the collars of the fireplace and termination. If the ter-

mination has an internal bead, be sure to overlap and secure 1" (25mm) past the bead.

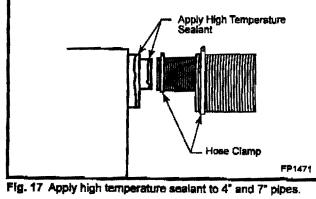
14

the vent will not slip off the collars.

Repeat process with 7" flex vent pipe. The same procedure must be performed on the vent side.

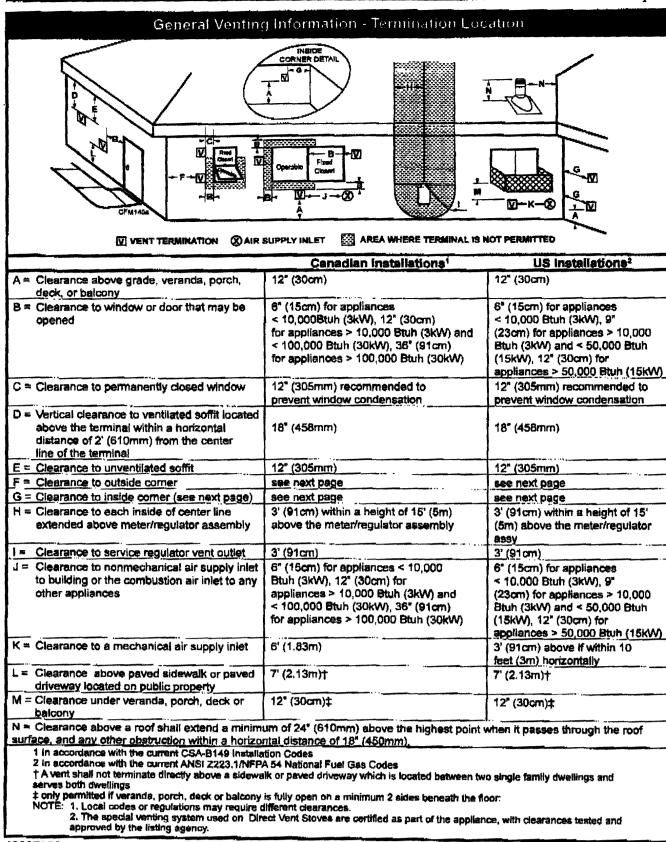
outer collar before proceeding. Apply a tug to be sure

Apply Likely Temporal and



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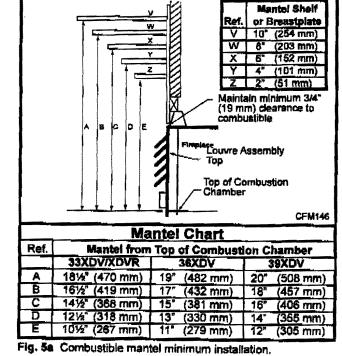
Clearance to Combus	stibles
Top of Unit to Ceiling	
Front of Unit to Combustibles	36* (914 mm)
Appliance	
Top of Standoff	(mm Q) "Q
Bottom	0" (0 mm)
Side	0" (0 mm)
Back	0" (0 mm)
Venting	
Concentric sections of DV Vent Nonconcentric sections of DV Vent	1" (25 mm)
Sides and Bottom	1" (25 mm)
Тор	

#### Mantels

The height that a combustible mantel is fitted above the fireplace is dependent on the depth of the mantel. This also applies to the distance between the mantel leg (if fitted) and the fireplace.

For the correct mounting height and widths refer to Figs. 5a and 5b, and the following Mantel Charts. The fitting of a bay window trim kit does not effect the distances and reference points referred to in the diagram and chart.

Noncombustible mantels and legs may be installed at any height and width around the appliance. When using paint or lacquer to finish the mantel, such paint or lacquer must be heat resistant to prevent discoloration.



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Black Surround Face Mantel CFM164a Leg Side of Combustion Chamber Mantel Mantel Leg FromSide Ref. F Ref. Leg Depth of Comb. Opening 10" (254mm) 11½" (292mm) Ġ 8" (203mm) 91/2" (241mm) H 6" (152mm) M 7½" (191mm) 5½" (140mm) 4" (101mm) N

Hearth

31/2" (89mm)

Fig. 5b Combustible mantel leg minimum installation.

A hearth is not mandatory but is recommended for aesthetic purposes. We recommend a noncombustible hearth which projects out 12" (305mm) or more from the front of the fireplace. Cold climate installation recommendation:

When installing this unit against a non-insulated exterior wall or chase,

2" (50mm)



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it is mandatory that the outer walls be insulated to conform to applicable insulation codes. Proposition 65 Warning: Fuels used in gas, woodburning or oil fired appliances, and the products of

combustion of such fuels, contain chemicals known to the State of California to cause cancer, birth defects and other reproductive harm. California Health & Safety Code Sec. 25249.6

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## INSTALLER/CONSUMER SAFETY INFORMATION

PLEASE READ THIS MANUAL BEFORE INSTALLING AND USING APPLIANCE

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.

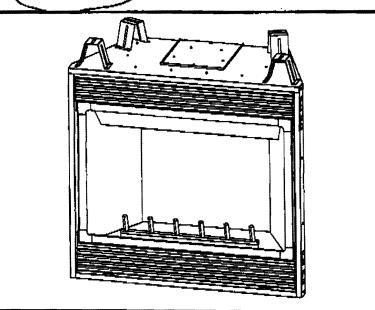
FOR YOUR SAFETY
Installation and service must
be performed by a qualified
installer, service agency or
the gas supplier.

#### WHAT TO DO IF YOU SMELL GAS:

- Do not try to light any appliance.
   Do not touch any electric switch; do not use any phone in your building.
- Immediately call your gas supplier from your neighbor's phone. Follow the gas suppliers instructions.
- If you cannot reach your gas supplier call the fire department.

DO NOT STORE OR USE GASOLINE OR OTHER FLAMMABLE VAPORS AND LIQUIDS IN THE VICINITY OF THIS OR ANY OTHER APPLIANCE.





Installation Instructions and Homeowner's Manual

CFM Specialty Home Products

410 Admirel Blvd. - Mississauga, Ontario, Canada LST 2N6 - 905-670-7777

www.majesticproducts.com - www.vermontcastings.com

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INSTALLER: DO NOT DISCARD THIS MANUAL - LEAVE FOR HOMEOWNER