

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 09-1142	Issue Date:	CBL: 386A B040001
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Location of Construction: 14 GARSOE DR	Owner Name: HAMMOND TOBY B ETAL JTS	Owner Address: PO BOX 488	Phone:
Business Name:	Contractor Name: Quality Insulation	Contractor Address: 65 Downeast Drive Yarmouth	Phone 2078467745
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zoning: R5

Past Use: Single Family Home	Proposed Use: Single Family Home - install a Lennox Direct Vent Hearth	Permit Fee: \$40.00	Cost of Work: \$1,200.00	CEO District: 5
Proposed Project Description: install a Lennox Direct Vent Hearth		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: HVAC IRC 2003 ST ME GAS Regs Signature: <i>Jm</i> 10/16/09	
		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: L.dobson	Date Applied For: 10/14/2009	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>Jm</i> 10/16/09	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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: 10/16/09
	<i>Re</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.

**PERMIT ISSUED**

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE **OCT 16 2009** PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE **City of Portland** PHONE \_\_\_\_\_

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

<b>Permit No:</b> 09-1142	<b>Date Applied For:</b> 10/14/2009	<b>CBL:</b> 386A B040001
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<b>Location of Construction:</b> 14 GARSOE DR	<b>Owner Name:</b> HAMMOND TOBY B ETAL JTS	<b>Owner Address:</b> PO BOX 488	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Quality Insulation	<b>Contractor Address:</b> 65 Downeast Drive Yarmouth	<b>Phone:</b> (207) 846-7745
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Single Family Home - install a Lennox Direct Vent Hearth	<b>Proposed Project Description:</b> install a Lennox Direct Vent Hearth
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 10/16/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.			
2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 10/16/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The installation must comply with the State of Maine Gas Regulations.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

PERMIT ISSUED

OCT 16 2009

City of Portland



FILL IN AND SIGN WITH INK

PERMIT ISSUED

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

OCT 16 2009

386-AB 40

City of Portland

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 2 GARSOE DR. PORTLAND Use of Building HOME Date 10/14/09  
 Name and address of owner of appliance TOBY HAMMOND  
PO BOX 458 NAPLES, ME  
 Installer's name and address QUALITY INSULATION  
65 DANDEAST DR. YARMOUTH, ME. Telephone 207-846-7745

**Location of appliance:**

- Basement
- Floor
- Attic
- Roof

**Type of Fuel:**

- Gas
- Oil
- Solid

Appliance Name: LENOX

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 # PNT 4272
- Other \_\_\_\_\_

**Type of Chimney:**

- Masonry Lined  
Factory built \_\_\_\_\_

- Metal  
Factory Built U.L. Listing # \_\_\_\_\_

Direct Vent  
Type METAL UL# \_\_\_\_\_

Type of Fuel Tank  
 Gas

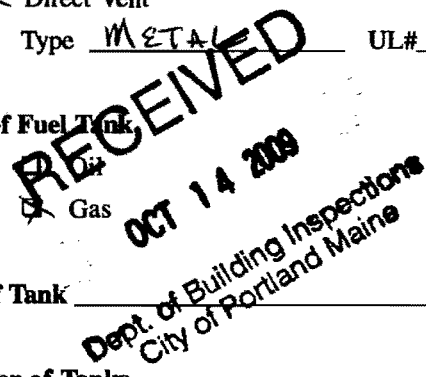
Size of Tank \_\_\_\_\_

Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ 1200.00

Permit Fee: \$ 7.00



**Approved**

Fire: \_\_\_\_\_  
 Ele.: \_\_\_\_\_  
 Bldg.: \_\_\_\_\_

**Approved with Conditions**

- See attached letter or requirement

Inspector's Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Signature of Installer Tony Anderson

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

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.

#### MODELS

##### Millivolt Models

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

MPD-4035CNM  
MPD-4035CNM-B  
MPD-4035CPM  
MPD-4540CNM  
MPD-4540CNM-B  
MPD-4540CPM

##### Electronic Models

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

**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.



OTL Report No. 116-F-13-4

NOTE: DIAGRAMS & ILLUSTRATIONS NOT TO SCALE.

**VERTICAL VENT FIGURES/TABLES**

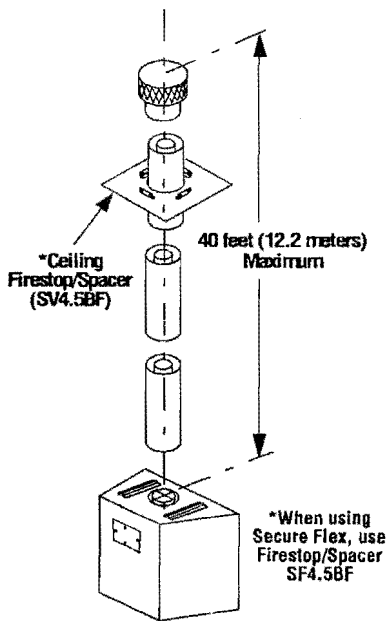
*Note: Secure Vent (rigid vent pipe) is shown in the figures; Secure Flex (flexible vent pipe) may also be used.*

**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.*

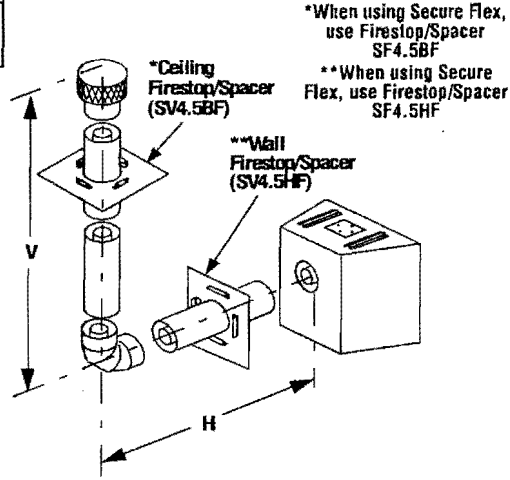
*Note: Two 45 degree elbows may be used in place of one 90 degree elbow. The same rise to run ratios, as shown in the venting figures for 90 elbows, must be followed if 45 degree elbows are used.*



**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**

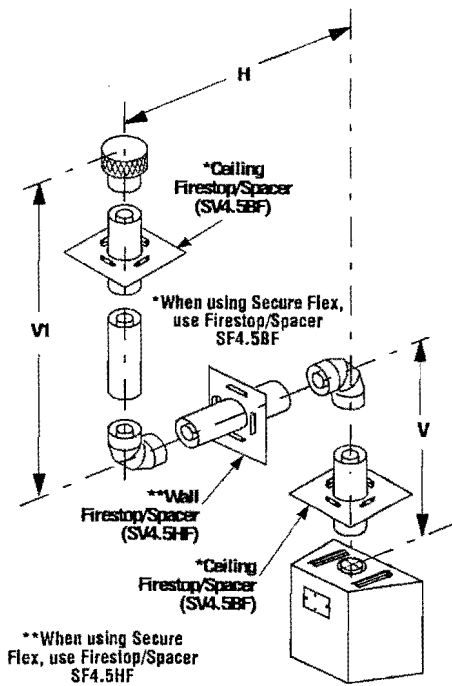


TABLE B			
V Minimum		H Maximum	
feet	(meters)	feet	(meters)
1	(0.305)	5	(1.52)
2	(0.610)	10	(3.1)
3	(0.914)	15	(4.65)
4	(1.22)	20	(6.2)

V + V<sub>1</sub> + 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 <sub>1</sub> 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<sub>1</sub>+H+H<sub>1</sub> = 40 feet (12.4 m) Max.  
H = 8 feet (2.48 m) Max.  
H + H<sub>1</sub> = 20 feet (6.2 m) Max.

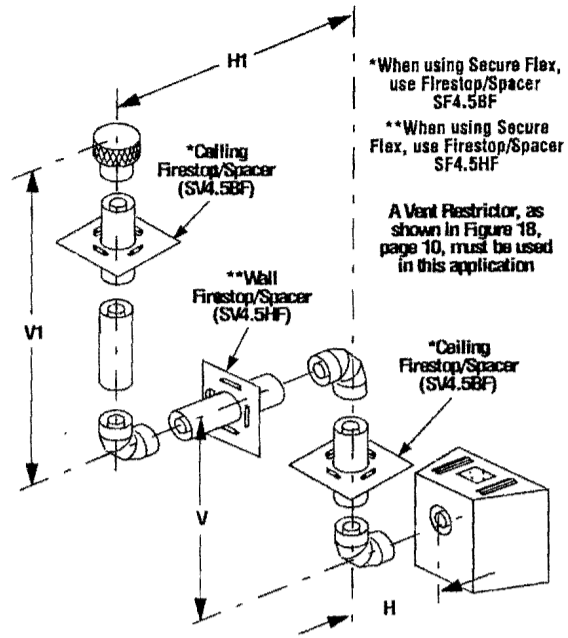


Figure 30 - Rear Vent - THREE ELBOWS

V Minimum		H + H <sub>1</sub> 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<sub>1</sub> = 20 feet (6.2 m) Max.  
V+V<sub>1</sub>+H+H<sub>1</sub> = 40 feet (12.4 m) Max.

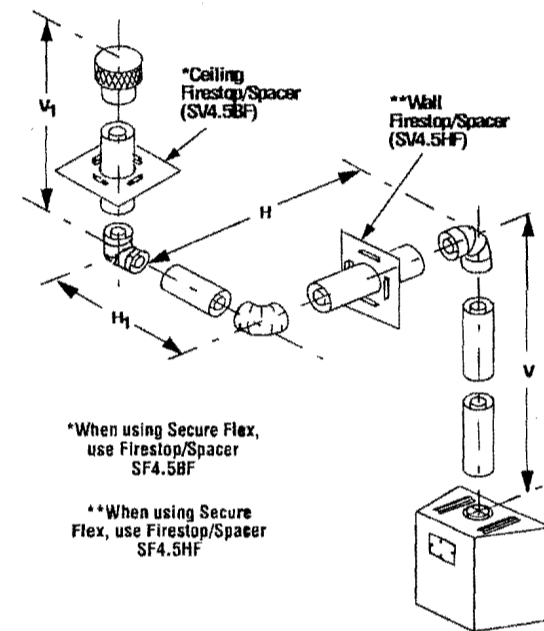


Figure 31 - Top Vent - THREE ELBOWS



**CITY OF PORTLAND, MAINE**

Department of Building Inspections

**Original Receipt**

10.14.2009

Received from Terry Andrews

Location of Work 2 - 14 Gougeon

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: \$40

Building (I2) \_\_\_\_\_  Plumbing (I5) \_\_\_\_\_  Electrical (I2) \_\_\_\_\_  Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 386-AB40

Check #: CC Total Collected \$ \$40

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: F. D.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy