

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0594	Issue Date: MAY 23 2005	CBL: 386A B035001
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Location of Construction: 15 ALICE CT	Owner Name: GILBERT HEATHER L & CHRIS	Owner Address: 1851 WASHINGTON ST CITY OF PORTLAND	Phone: [Blank]
Business Name:	Contractor Name: Avery Services, Inc.	Contractor Address: 7 Thomas Drive Westbrook	Phone: 2077728687
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R2

Past Use: Single Family Home	Proposed Use: Single Family Home/ Install a Carrier Gas furnace in Basement	Permit Fee: \$183.00	Cost of Work: \$17,560.00	CEO District: 5
Proposed Project Description: Install a Carrier Gas furnace in Basement		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: HVAC JMC-2003 Signature: JMB 5/17/05	
		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: 05/16/2005	Zoning Approval	
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<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 <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: JMB 5/17/05	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: JMB
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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

AVERY SERVICES, INC.
 7 Thomas Drive
 WESTBROOK, MAINE 04092
 (207) 772-8687

PROPOSAL

848

Page 1 of 2

FAX (207) 874-0933

TO: Douglas B. Candage Builders
 PO Box 142
 So. Windham ME 04082

PHONE 893-1320	DATE 2/1/05
JOB NAME / LOCATION HVAC installation at Chris & Heather Gilbert's new home. 15 Alice Court, Portland, ME 04103	
JOB NUMBER DCA	JOB PHONE

We hereby submit specifications and estimates for:

Avery Services, Inc. is pleased to quote, as requested, on the installation of a central HVAC system for your new home. Scope of work to include:

- Supply & install a Carrier 58MVP LP 2-stage gas furnace with a variable speed blower (it is 12 times quieter and uses 80% less electricity than a standard unit) set in the basement mechanical area, as per meeting with customers.
- Supply & install a Carrier cooling coil set in top of the furnace.
- Supply & install a Carrier 38TKB 2.5 ton R22 condensing unit set on a polymer pad. Includes disconnect, whip, and interconnecting refrigerant piping.
- Supply & install a Carrier mechanical air cleaner, UV light air purifier, and humidifier.
- Supply & install PVC flue venting piping from the furnace out the side wall of the building.
- Supply & install a PVC condensate line from the system into the floor or pump to an indirect waste (indirect waste provided by others).
- Supply & install gas piping system from the regulator (regulator provided by others) to the furnace, water heater, gas fireplace, and two (2) 3/4" taps for future use.
- Supply & install a Rinnai Continuum water heater, and flues (plumbing by others).
- Supply & install a Carrier Infinity Zone system; consists of one (1) master control for first floor, two (2) remote room sensors (one (1) for 2nd floor, one (1) for basement), dampers, and wiring.
- Supply & install a galvanized metal duct system, supply trunk to feed 1st floor with pipe/flex run outs to floor diffusion, basement - short run and damper only at this time, and a chase up to attic to feed 2nd floor with pipe/flex run outs to ceiling diffusion. The ductwork (only) in attic will be insulated with 1-1/2" insulation with a vapor barrier. The return system will have three (3) returns; one (1) in basement sidewall, one (1) low return on 1st floor,

We Propose hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of:

Cont'd _____ dollars (\$ Cont'd _____).

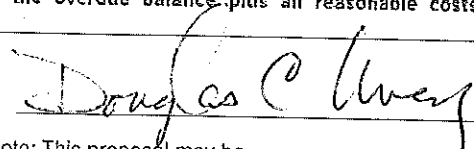
Payment to be made as follows:

25% upon acceptance - Progress billing/net ten (10) days - All balances due upon substantial completion.

If payment is not made as outlined above, a service charge of 2% per month on the overdue balance, plus all reasonable costs of collection, including attorney's fees will be paid.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation insurance.

Authorized Signature



Note: This proposal may be withdrawn by us if not accepted within

30 days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

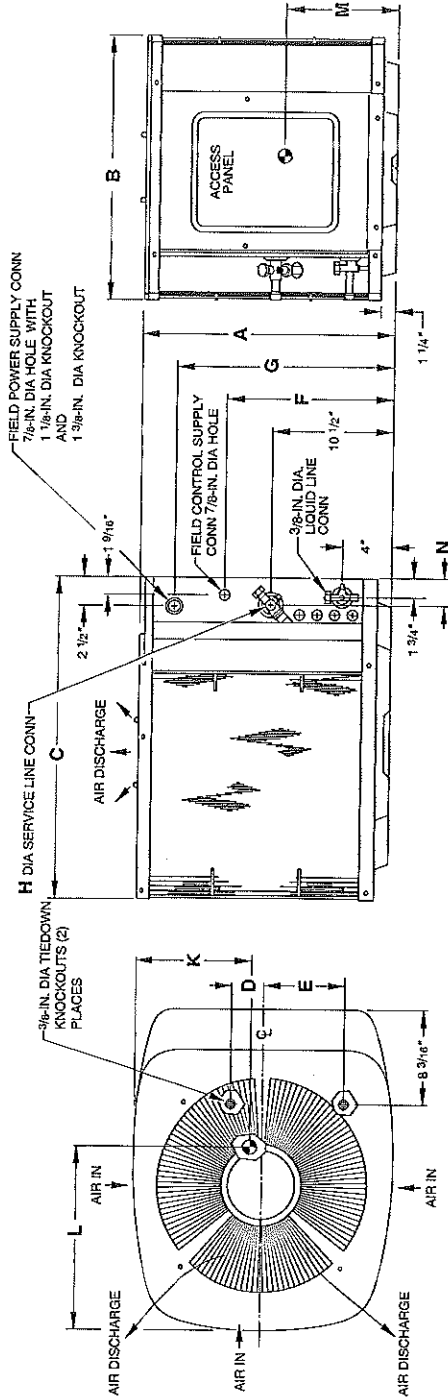
Signature _____

Date of Acceptance: _____

Dimensions

NOTES:

1. Allow 30 in. clearance to service side of unit, 48 in. above unit, 6 in. on one side, 12 in. on remaining side, and 24 in. between units for proper airflow.
2. Minimum outdoor operating ambient in cooling mode is 55°F (unless low-ambient control is used) max 125°F.
3. Series designation is the 13th position of the unit model number.
4. Center of gravity



A97000

38TAB

DIMENSIONS (IN.)

UNIT SIZE	UNIT DIMENSIONS													MINIMUM MOUNTING PAD DIMENSIONS
	SERIES	A	B	C	D	E	F	G	H	K	L	M	N	
018	33	21-7/8	22-1/2	27-1/2	2-13/16	6-15/16	13-3/8	17-7/8	5/8	12-3/16	14-1/2	10-3/8	2-3/8	20 x 27
024	33	21-7/8	22-1/2	27-1/2	2-13/16	6-15/16	13-3/8	17-7/8	5/8	12-3/16	14-1/2	10-3/8	2-3/8	20 x 27
030	33	25-7/8	22-1/2	27-1/2	2-13/16	6-15/16	15-1/2	21-7/8	3/4	12-3/16	14-3/4	12-9/16	2-3/8	20 x 27
036	34	31-7/8	22-1/2	27-1/2	2-13/16	6-15/16	21-1/2	27-7/8	3/4	12-3/16	14-3/4	14-1/16	2-3/8	20 x 27
042	33	25-7/8	30	34-15/16	4	9-3/4	15-1/2	21-7/8	7/8	15-3/4	19	12-13/16	2-15/16	26 x 32
048	37	31-7/8	30	34-15/16	4	9-3/4	21-1/2	27-7/8	7/8	15-3/4	19	14-1/16	2-15/16	26 x 32
060	35	37-7/8	30	34-15/16	4	9-3/4	27-1/2	33-7/8	7/8	15-3/4	19	17-1/16	2-15/16	26 x 32

Physical data

UNIT SIZE-SERIES	018-33	024-33	030-33	036-34	042-33	048-37	060-35
OPERATING WEIGHT (Lb)	138	140	160	169	222	241	258
REFRIGERANT Control Charge (Lb) @ 15 Ft	3.50	3.80	4.75	5.30	5.50	7.00	8.75
CONDENSER FAN Air Discharge Air Qty (CFM) Motor HP Motor RPM	1500 1/12	1500 1/12	1800 1/10	2100 1/4	2800 1/4	2800 1/4	2800 1/4
CONDENSER COIL Face Area (Sq Ft) Fins per In. Rows Circuits	7.27 20 1 1	8.72 25 1 1	10.89 20 1 2	12.16 25 1 2	15.19 25 1 2	18.30 25 1 3	18.30 25 1 4
VALVE CONNECT (In. ID) Vapor Liquid	5/8	3/4	3/8	7/8	3/8	7/8	3/8
REFRIG TUBES* (In. OD) Vapor (0-50 Ft Tube Length) Vapor (Max Diameter for Long-Line Applications) Liquid (0-50 Ft. Tube Length)† Liquid (For Long-Line Applications)	5/8 3/4	5/8 3/4	3/4 7/8	3/4 7/8	7/8 1-1/8	7/8 1-1/8	1-1/8 1-1/8
COMPRESSOR Type	Recip				Scroll		

NOTE: See unit Installation Instructions for proper installation.

* For tube sets between 50 and 175 ft horizontal and/or 20 ft vertical differential, consult Residential Split Systems Long-Line Application Guideline.
 † 3/8-in. liquid tube must be used on capillary type coils.

METERING DEVICE

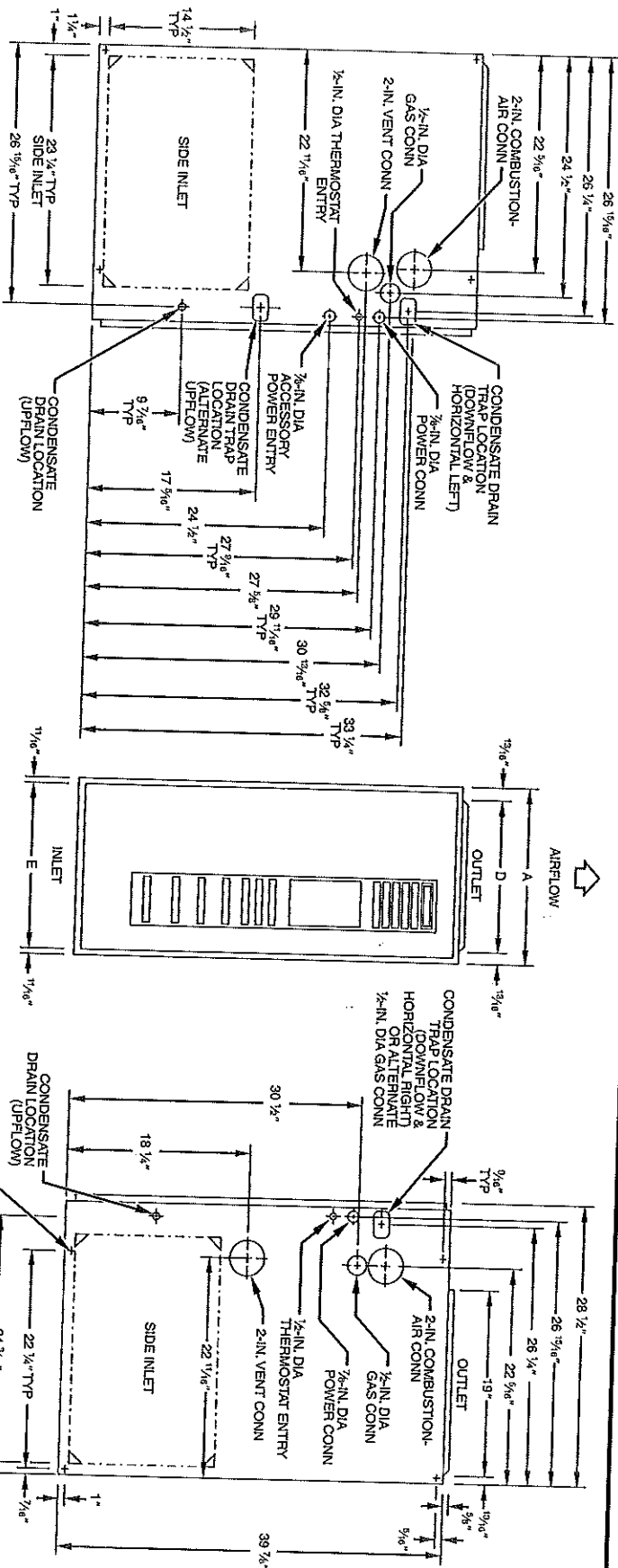
UNIT SIZE-SERIES	PISTON* IDENTIFICATION NO.
018-33	52
024-33	57
030-33	65
036-34	73
042-33	78
048-37	82
060-35	93

* Piston listed is for any approved non-capillary tube non-TXV coil combination. Piston is shipped with outdoor unit and must be installed in an approved indoor coil.

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE-SERIES	REQUIRED SUBCOOLING (°F)
018-33	20
024-33	20
030-33	20
036-34	20
042-33	20
048-37	20
060-35	15

DECORATIVE CAPILLARY



- NOTES:**
1. Minimum return-air openings at furnace, based on metal duct. If flex duct is used, see flex duct manufacturer's recommendations for equivalent diameters.
 2. Minimum return-air opening at furnace:
 - a. For 800 CFM—16-in. round or 14 1/2 x 12-in. rectangle.
 - b. For 1200 CFM—20-in. round or 14 1/2 x 19 1/2-in. rectangle.
 - c. For 1600 CFM—22-in. round or 14 1/2 x 23 1/2-in. rectangle.
 - d. For airflow requirements above 1800 CFM, see Air Delivery table in Product Data literature for specific use of single side inlets. The use of both side inlets, a combination of 1 side and the bottom, or the bottom only will ensure adequate return air openings for airflow requirements above 1800 CFM.

DIMENSIONS (In.)

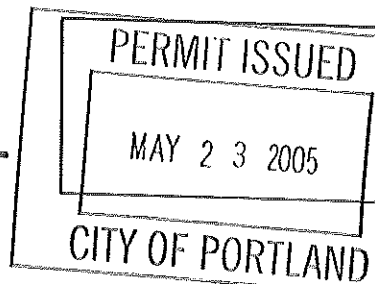
UNIT SIZE	A	D	E
040-14*	24-1/2*	22-7/8*	23*
060-14	17-1/2	15-7/8	16
080-14	21	19-3/8	19-1/2
080-20	21	19-3/8	19-1/2
100-20	21	19-3/8	19-1/2
120-20	24-1/2	22-7/8	23

* These dimensions reflect the wider casing for the 96.6% AFUE furnace.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



386 AB 35

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 Residential Date 5/13/05
 Name and address of owner of appliance Chris & Heather Gilbert
15 Alice Court Portland, Me 04103
 Installer's name and address Avery SERVICES, INC. 7 Thomas Drive
Westbrook, Me 04092 Telephone 207-772-8687
 FAX 874-0933

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Carrier Gas Furnace

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 # PNR 1431
- Other _____

Type of Chimney:

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

Type of Fuel Tank

- Oil
- Gas

Size of Tank unknown - Done by third Party Supplier

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 17,500

Permit Fee: \$ 183.00

Approved

Approved with Conditions

Fire: _____

Ele.: _____

Bldg.: JMB

See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer Douglas C Avery

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street	15 Alice Ct
Subdivision Lot #	
PROPERTY OWNERS NAME	
Edward Carlwood	
Last: Carlwood	First: Edward
Applicant Name:	Edward Carlwood
Mailing Address of Owner/Applicant (if Different)	15 Alice Ct ST

2005 8181

PORTLAND PERMIT # 9400 TOWN COPY

Date Permit Issued: 5/20/05 \$ 1,120 If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0649

386AB 35

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 07992

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
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0, 2	Hosebibb / Sillcock	0, 2	Bathtub (and Shower)
	Floor Drain	0, 1	Shower (Separate)
	Urinal	0, 1	Sink
	Drinking Fountain	0, 1, 5	Wash Basin
	Indirect Waste	0, 3	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	0, 1	Clothes Washer
	Grease / Oil Separator		Dish Washer
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other: _____		Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
MAY 20 2005

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

120
+ 10
= 130

19	Fixtures (Subtotal) Column 2
19	Total Fixtures
	Fixture Fee
	Transfer Fee
1	Hook-Up & Relocation Fee
120	Permit Fee (Total)